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# Resource Guide to Empower Walkers in the Newbury Community

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# RESOURCE GUIDE TO EMPOWER WALKERS IN THE NEWBURY COMMUNITY

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Rotation 2. (May-June 16)  
Wells River Clinic  
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# PROBLEM IDENTIFICATION

- Obesity is an identified target in the Healthy Vermonters 2020. 25% of adults 20 or older are identified as obese. The number of patients with some component of metabolic syndrome and lack of physical activity is astounding in most communities.
- The majority of primary care visits are for diabetes, hypertension, ASCVD, arthritis, and osteoporosis management. These account for many of the encounters here at Wells River Clinic.
- The clinicians practice motivational interviewing techniques to assess levels of activity but find a need in a specific resource to share with patients.
  - A beneficial resource would address most common concerns of patients such as:
    - No safe places to walk in the area: - #1 reason for elderly to not exercise – perception of safety!
    - Lack of motivation
    - Where to begin?
    - Seasonal exercising
- A specific and detailed set of resources can help in most or all of Prochaska's Model of Stages of Change if appropriately recognized by providers.
- This problem is particularly striking in people who could most benefit from physical activity, particularly the elderly and those with limited mobility and engagement outside their homes.

# DESCRIPTION OF NEED

- The AAFP recommends sedentary patients start with walking and gradually improve. For many patients, walking itself would be the end goal with multiple benefits.
- Other patients with greater mobility and engagement could also benefit from a resource guide of walking trails in their community.
- No such resource guide exists in the community here at Wells River. Providers describe the need for one and are excited to use it to motivate their patients.
- Many patients described the lack of space walking areas as a reason for not walking in informal discussions with me. Most agreed that they would utilize that information.
- Other common reasons were lack of walking partner and frequent poor weather.

# PUBLIC HEALTH COST

- A study comparing prevalent health utilization between persons with and without metabolic syndrome were almost double if all the risk factors were accounted for.
- Costs increased 24% with each additional risk.
- The difference between the two groups ranged from \$2200 to \$4000 annually.
- The CDC and Vermont Department of Health have incentives set up to encourage communities to encourage pedestrian use, park use, and walking trails in order to reduce the huge burden of metabolic syndrome on the health care systems.

# COMMUNITY PERSPECTIVE

**Fay Homan, MD:** Dr. Homan has been practicing in this community for 22 years. She expresses much concern about obesity and stresses the need to be active. She encourages many patients to walk as much as possible. She collaborated with me to identify several suitable walking areas which she suggests to patients. Dr. Homan hopes that a comprehensive guide to these walks can help get some of her patients thinking about how easy it could be to get out and walk.

**Courtney Carter, Care Coordinator** at Little River Health Care, on what she sees as a need for our patients when it comes to engaging in physical activity: “I have people asking for resources to exercise and get physically active. I hand them the list of senior classes in the area, which I could give to you. We could definitely use a more definitive guide that everyone could utilize. Expanding this list would be a great place to start. ”

# INTERVENTION AND METHODOLOGY

1. Identify ways for the clinic to provide a concrete and specific set of resources to encourage lifestyle modification in patients with moderate to severe risk factors of metabolic syndrome, arthritis, and osteoporosis.

- I used information from sources such Healthy Vermonter Strategies and the CDC Community Guides

2. Create a booklet that is easy to use and addresses frequently addressed barriers to physical activity.

3. Target patients with greatest need – high users of healthcare, persons with chronic pain, elderly, impaired mobility, and particularly those in pre-contemplative and contemplative stages.

3. Interact with walkers in the community for input on ease of access and other information.

4. Visit sites to assess areas to park and safety.

5. Photograph each site to add visuals to the booklet.

7. Encourage all providers to distribute booklet to patients who express interest, post on screen in waiting room and add to website of the clinic.

# RESULTS

1. A booklet was developed which includes tips to start and stay motivated, classes available to seniors, and where to walk in poor weather.
2. Identified ten safe and easy walking trails and areas. Information to access these were laid out in an easy to read manner.
3. Tools such as a planner and a log of walks was added to aid in motivation.
4. The walks were distributed in most areas of coverage.
5. Safety and tips of winter walking were also addressed.

Please see attached booklet.

# EVALUATION OF EFFECTIVENESS AND LIMITATIONS

1. Since the purpose of the project was to specifically create tools – it is easy to say that it was effective in identifying several ‘SAFE’ spaces to walk.
2. The limitations occur in providing a breadth of options for inclement weather.
3. The effectiveness of handing out a booklet and expecting change only ensures success from one side of the relationship.
4. The community, over time is best equipped to enhance utility of their natural resources.



# RECOMMENDATIONS FOR FUTURE

1. Further expand the list of walks to include all areas of coverage, trails of varying difficulty, and other physical activity options.
2. Identify patients who engage in walking to create walking groups and community run exercise groups.
3. A project in the future could work on drafting legislation to help create an indoor space for people to exercise in the winter.

# REFERENCES

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