

2016

Access to Diet and Exercise Resources

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Blood, Andrea, "Access to Diet and Exercise Resources" (2016). *Family Medicine Clerkship Student Projects*. 177.
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Access to Diet and Exercise Resources

Andrea Blood

Waterbury, VT

Rotation 3: July-August 2016

Preceptor: Dr. Karlitz-Grogin

2. The Problem

- 22% of Vermont adults are obese.
- The 3-4-50 study by the Vermont Department of Health shows that 3 behaviors (no physical activity, poor diet, and tobacco use) lead to 4 diseases (cancer, heart disease & stroke, type 2 diabetes, and lung disease) that result in more than 50% of deaths in Vermont.
- According to a 2014 study, 40% of obese Vermonters report no physical activity and an additional 28% report some but not enough to meet the CDC's recommended 150 minutes of moderate-intensity aerobic exercise per week.
- In Washington County, 21.5% of adults are obese. The death rate of heart disease, stroke, and diabetes are 147, 610, and 97 per 100,000 respectively.

3. The Cost

- In 2008, annual health care cost of obesity for all adults in the US was estimated to be as high as \$147 billion.
- Overall, 11.1% of aggregate health care expenditures in the US adult population were associated with levels of physical activity inadequate to meet current guidelines.
- The estimated adult obesity-attributable medical expenditure for the small state of Vermont is \$141 million.

4A. Community Perspective

- Jennifer Gelbstein, M.D., Family Physician at Waterbury Family Practice:
- *“Obesity can play as important a role as medication [in managing chronic medical conditions like diabetes mellitus and hypertension].”*
- *“Time and money [are two specific barriers that I’ve noticed my patients face when it comes to changing diet or exercise habits].”*

4B. Community Perspective

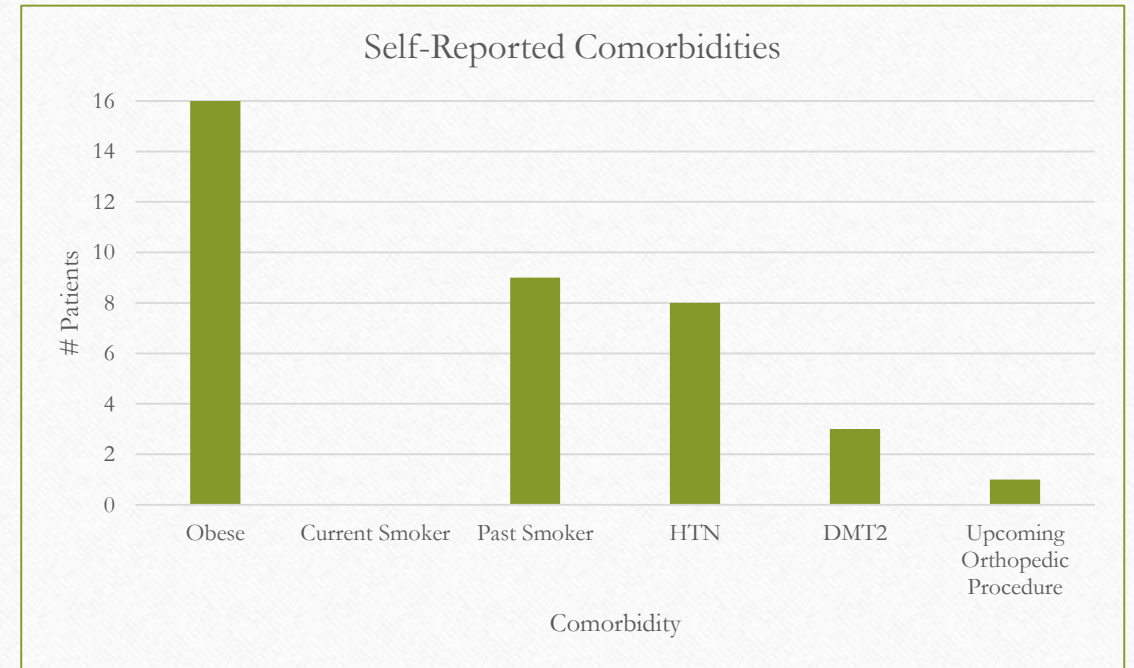
- Walter Ziske, Panel Coordinator at CVMC:
- *“The other barrier is we live in an instant gratification society. We want it all now; we want it fast, that magic pill or food. When patients work to change exercise or diet habits and the weight does not come off immediately, they become discouraged and fall back into the old, unhealthy ways.”*
- *“[The Fitness for Wellness] program started because Physical Therapists were seeing patients who did not have the needed tools emotionally and/or behaviorally to continue what they were taught physically during their time at Physical Therapy. With the addition of a health coach, this team approach works to remove the physical as well as behavioral barriers which will help to promote long term change versus short term results.”*

5. Intervention and Methodology

- Anonymous surveys (Appendix A) were distributed to 27 patients at Waterbury Family Practice with BMI > 30 kg/m².
- These surveys evaluated medical comorbidities, goals for changing diet/exercise, barriers encountered, and interest level in local community resources.
- If patients indicated that they were interested in the specific resources listed in questions 8 and 9, they were given a “Further Information” handout (Appendix B) that described these resources in more detail and gave instructions for how to access them.

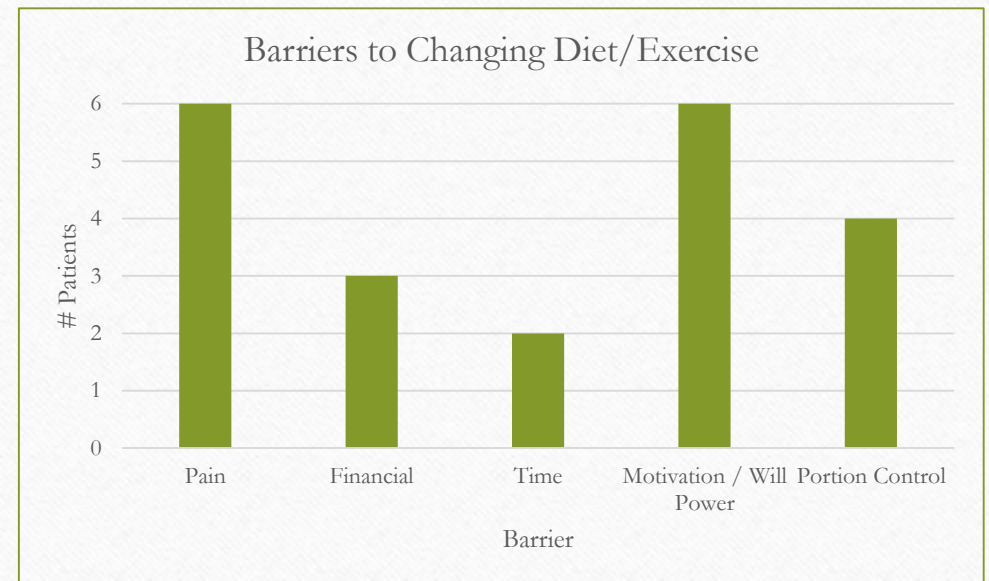
6A. Results/Response

- 9 patients declined filling out the survey after seeing it
- 16 agreed to fill out the survey
 - 8 males, 8 females
 - Average BMI: 33.96 kg/m²
 - Comorbidities described in graphic to the right



6B. Results/Response

- 15/16 felt that they needed to lose weight
- On average, they were more willing to change exercise habits rather than diet habits
- Most common specific goal: more cardio
- Most common barriers: pain and motivation / will power
- Most common resources that they wanted further information on: online resources
- 1 patient signed up for Fitness for Wellness!



7. Evaluation of Effectiveness and Limitations

- The limitations of this project include: a short timeframe to distribute the surveys, small sample size, and lack of follow-up evaluation.
- If more time was available, one possible way to evaluate effectiveness could be a follow up survey distributed 3 months after the original survey. It could ask if the patient remembers filling out the original survey, if they used any of the described resources, and if their diet/exercise habits have changed since then.
- One patient actually did sign up for the Fitness for Wellness program as a result of this project!

8. Recommendations for Future Projects

- Start distributing surveys earlier in order to increase sample size.
- For the goals and barriers questions, give specific options that patients can circle rather than free-text responses. This could allow for data analysis to be more quantitative than qualitative.
- Distribute surveys to patients in multiple practices across Vermont and see if comorbidities, goals, or barriers differ in these different sub-populations.
- If more time allows, a 3 month follow-up survey could be created to determine the effectiveness of this intervention.

9. References

- Carlson et al.: Inadequate physical activity and health care expenditures in the United States. *Progress in Cardiovascular Diseases* 2015; 57(4): pp. 315-323
- CDC: 2008 Physical Activity Guidelines for Americans.
https://www.cdc.gov/physicalactivity/downloads/pa_fact_sheet_adults.pdf
- Finkelstein et al.: Annual medical spending attributable to obesity: payer- and service-specific estimates. *Health Aff (Millwood)* 2009; 28 (5): pp. w822-831
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- Vermont AHEC: Vermont County Profiles for Medical and Health Sciences Students/Residents.
<https://www.uvm.edu/medicine/ahec/documents/VermontCountyProfiles.pdf>
- Vermont Department of Health: 3-4-50 Vermont. <http://healthvermont.gov/prevent/3-4-50/index.aspx>
- Vermont Department of Health: Vermont Behavioral Risk Factor Survey. 2014.
http://healthvermont.gov/research/brfss/documents/data_brief_2014_physical_activity.pdf

10. Interview Consent Form

INTERVIEW CONSENT FORM
Access to Diet and Exercise Resources
Andrea Blood
7/25/16

Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work.

The interviewer affirms that he/she has explained the nature and purpose of this project.

The interviewee affirms that he/she has consented to this interview.

Yes No

Name: Walter P. Ziske

Name: Jennifer Gelbstein

If not consenting as above, please add the interviewee names here for the Department of Family Medicine information only.

Name: _____

Name: _____

Name: _____

If you received informed consent, please upload this page as a separate document entitled: "Name of Project/Interview Consent Form".

If an informed consent was not received, please do not upload this page to ScholarWorks. However, you should include this consent page when submitting your PowerPoint to the Family Medicine Department.

Appendix A. Survey



Exercise and Diet Survey

1. Gender: _____ Height: _____ Weight: _____
2. Please circle any of the following that apply to you:
 - a. Current tobacco smoker
 - b. Past tobacco smoker
 - c. High Blood Pressure
 - d. Diabetes Mellitus Type 2
 - e. Overweight or Obese
 - f. Interested in losing weight to be eligible for an orthopedic procedure
3. Do you think you need to lose weight?
 - 0 - Not at all
 - 1 - Maybe
 - 2 - Yes
4. (If you said yes to 3) How willing are you to change your diet to lose weight?
 - 0 - Not at all
 - 1 - Somewhat
 - 2 - Willing
 - 3 - Very willing
 - 4 - Extremely willing
5. (If you said yes to 3) How willing are you to change your exercise pattern to lose weight?
 - 0 - Not at all
 - 1 - Somewhat
 - 2 - Willing
 - 3 - Very willing
 - 4 - Extremely willing
6. Do you currently have any specific goals in how to change your diet or exercise routine?

Over ⇨

7. Please describe any specific barriers that you have encountered with changing diet or exercise.
8. Would you be interested in a 10 week program called **Fitness for Wellness** that is specifically designed for patients to improve their health status by working with physical therapists and certified professional health and wellness coaches? (We can provide you with more information today!) If not, please describe why not.
9. Are you interested in any of the following resources:
 - a. Free yoga once per week
 - b. Dietitian
 - c. Physical Therapy
 - d. CHT (Community Health Team) member who can assist with social services (i.e. transportation, financial needs, etc.)
 - e. Online resources for healthy eating tips
 - f. Online resources for exercise

Thank you!

Appendix B. Further Information handout



Further Information on Exercise and Diet Resources

1. **Fitness for Wellness**
 - a. 10 weeks, starting September 12th
 - b. Two days per week
 - i. Mondays: Physical Therapy (4:00-4:45)
 - ii. Thursdays: Health Coach (4:00-4:45) AND Physical Therapy (4:45-5:30)
 - c. Cost: \$50
 - d. Location: 1311 Barre-Montpelier Rd, Berlin, VT
 - e. Simply ask your doctor for a referral to sign up!
2. **Free yoga**
 - a. Once per week on Thursdays (through July 28)
 - b. Time: 12:00-1:00
 - c. Location: Field behind Pilgrim II Building behind the train station, Waterbury
3. **Dietitian**
 - a. Assesses your current diet
 - b. Works with you to decide and track specific changes
 - c. Simply ask your doctor for a referral!
4. **Physical Therapy**
 - a. Teaches specific exercises and provides information so you can practice at home
 - b. Simply ask your doctor for a referral!
5. **CHT (Community Health Team) member**
 - a. Evaluates and identifies social services that you qualify for
 - b. This can include: transportation, financial, and insurance needs
 - c. Simply ask your doctor for a referral!
6. **Online resources for healthy eating**
 - a. American Academy of Family Physicians: Practical Tips
<http://www.aafp.org/afp/2010/0615/p1456.html>
 - b. Healthier Eating While Saving Money
http://www.nhlbi.nih.gov/health/educational/wecan/downloads/tip_saving.pdf
 - c. American Heart Association: Healthy Eating
http://www.heart.org/HEARTORG/HealthyLiving/HealthyEating/HealthyEating_UCM_001188_SubHomePage.jsp
7. **Online resources for exercise**
 - a. American Academy of Family Physicians: How to Get Started
<http://www.aafp.org/afp/2006/1215/p2095.html>
 - b. CDC: Exercise Guidelines
<http://www.cdc.gov/physicalactivity/basics/adults/index.htm>
 - c. CDC: Educational and Instructional Videos!
<http://www.cdc.gov/physicalactivity/basics/videos/index.htm>