Access to Diet and Exercise Resources

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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

![Self-Reported Comorbidities](chart.png)
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

- 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
10. Interview Consent Form

Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine rotation. It will be shared on the University of Colorado Medicine website. Your name will be attached to your interview and you may use the data directly or indirectly to conduct research as published work.

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

Name: ____________
Name: ____________
Name: ____________

If not consenting, please print the interviewer names here for the Department of Family Medicine interview only.

Name: ____________
Name: ____________

If you received informed consent, please staple this page to a separate document entitled: "Names of Project Interview Consent Form".

If an additional consent was given, please do not staple this page to the document. However, you should include this consent page when submitting your transcript 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 nicotine
   b. Past tobacco nicotine
   c. High Blood Pressure
   d. Diabetic 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?
     a. No at all
     b. Maybe
     c. Yes

  4. (If you said yes to 3) How willing are you to change your diet to lose weight?
     a. Not at all
     b. Somewhat
     c. Very willing
     d. Completely willing

  5. (If you said yes to 3) How willing are you to change your exercise pattern to lose weight?
     a. Not at all
     b. Somewhat
     c. Very willing
     d. Completely willing

  6. Do you currently have any specific goals to lose weight or exercise routine?

  7. Please list any specific barriers that you have encountered with changing diet or exercise

  8. Would you be interested in a 12-week program called Health for Wellness that is specifically designed to empower you to make health choices by meeting 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 gym membership
     b. Dieticians
     c. Physical Therapists
     d. Health Coach (a health coach who can assist with social services i.e. transportation, financial needs, etc.)
     e. Health resources for healthy eating tips
     f. Online resources or material

   Thank you!
Appendix B. Further Information handout

Further Information on Exercise and Diet Resources

1. Fitness for Lifelong
   a. Includes: starting September 1st
      i. Five-day per week
   b. Meetings: Physical Therapy (tues. 4:45 pm)
   c. Location: Ballroom Coach #360-45-5 & Physical Therapy 1445-50
   d. Cost: $30
   e. Location: 2111 East Madison Rd, Bedford, VT

2. Free Tips
   a.开始 per week: Thursday through May 30
   b. Time: 12:45 - 1:45
   c. Location: Farmer Building 3rd floor behind the union, Kentucky

3. Stanton
   a. Use your manual and
      i. Write down your needs and track specific changes
   b. Mandarin: your choice or a referral?

4. Physical Therapy
   a. Tailored specific exercise and provide information on your practice at home
   b. Supply: your choice or a referral?

5. CDI
   a. Provides and coordinates social services that you input
   b. This can include transportation, financial, and insurance needs
   c. Mandarin: your choice or a referral?

6. Outpatient Clinical Nutrition
   a. American Association of Family Physicians/Practical Tips

7. Quick Tips
   a. American Academy of Family Physicians: How to Eat Smart
   c. CDC: Resource websites
   e. CDC: Nutrition and Weight Status