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Exercise Is Medicine® in Rural Health Centers and Federally Qualified Health Centers

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INTRODUCTION

There is clear scientific evidence proving the benefit of regular physical activity (PA) on both the primary and secondary prevention of numerous diseases and conditions. Regular PA has been shown to be essential in achieving and maintaining weight control. Further, epidemiological studies have consistently demonstrated a relationship between PA and reductions in all-cause mortality.

According to published research, physical activity has been shown to...¹

Reduce the risk of:

- colon cancer by 60%
- heart disease by 40%
- Alzheimer's by one-third
- stroke by 27%

Reduce the incidence of:

- high blood pressure by 50%
- diabetes by 50%
- recurrent breast cancer by 50%
- & is as effective as Prozac for depression

The American College of Sports Medicine (ACSM) in partnership with the American Medical Association (AMA) are making efforts to bring a greater focus on PA and exercise in healthcare settings. Spearheaded by ACSM, the vision of Exercise is Medicine® (EIM) is to make PA and exercise a standard part of a global disease prevention and treatment medical paradigm.¹ EIM advocates for PA to be considered by all health care providers as a vital sign in every patient visit and that patients are effectively counseled and referred to qualified PA specialists, thus leading to overall improvement in the public's health and long-term reduction in healthcare costs. To this end, EIM has developed resources and tools for health care providers to use in assessing PA as a vital sign during patient visits, to conclude each visit with an exercise prescription and referral to a qualified exercise or PA professional, and to facilitate communication between exercise professionals and health care providers between patient visits.

The purpose of the study is to assess health care provider awareness of the EIM initiative, to educate providers about the initiative, and to encourage them to use EIM materials and resources to promote PA among their patient population. Specifically, we are working directly with health care providers in Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs). These facilities serve populations with significant health care needs - most of whom, are among the least physically active. The U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services defines FQHCs as community-based organizations that provide comprehensive primary care and preventive care and serve a variety of Federally designated Medically Underserved Area/Populations, and RHCs as serving non-urban communities defined as medically under-served based largely on health care professional shortage. Currently, there are approximately 4,000 FQHCs and 1,150 RHCs in the United States.²



METHODS

This project is currently underway and will be completed by the end of the semester. This Creative Inquiry project is related to Dr. Williams' service activities – specifically as Co-Chair of the Exercise is Medicine® Community Health Committee. That committee has three working goals, one of which is to determine how to integrate EIM into existing healthcare facilities and health promotion programs. The committee determined that more advocacy work should be done with facilities and providers working within the FQHC and RHC systems.

We obtained lists of FQHCs nationwide from the Health Resources and Services Administration and the Centers for Medicare & Medicaid Services websites, allowing us to identify facilities near Clemson campus to begin our work. Directors and/or office managers from these FQHCs and RHCs are being contacted to set up group interviews (focus groups) with their clinicians. An interview guide was developed to elicit information from clinician informants. The guide is comprised of four sections:

1. clinician EIM awareness and knowledge,
2. PA assessment of patient by clinician,
3. PA counseling/prescription/referral by clinician, and
4. patient PA follow-up by clinician

An initial coding dictionary is developed and additional codes are added during field note coding, which occurs in two steps. First, pairs of coders independently applied codes to segments of text then meet to resolve discrepancies. Next, a separate team member, not involved in the first step of coding, reviews the initial pair's codes for a final consensus before major themes are extracted.³



RESULTS

We have identified five FQHCs and five RHCs within close proximity to Clemson University. These are the healthcare facilities with whom we are currently recruiting clinician groups to give us feedback on the EIM initiative, processes, materials and resources, and to determine the likelihood of use in their practice. Project findings will be shared with the American College of Sports Medicine through the Exercise is Medicine® Community Health Committee. This preliminary work will be used to develop a survey to be conducted with a nationwide sample of FQHCs and RHCs.

DISCUSSION

This HLTH 4970 CI course allows undergraduate students a unique and topically-grounded “hands-on” opportunity to engage in research project planning, data collection, data management, data analysis, interpretation and dissemination while contributing to work by a leading public health organization. The vision of EIM is to make PA and exercise a standard part of a global disease prevention and treatment medical paradigm:

“For PA to be considered by all health care providers as a vital sign in every patient visit, and that patients are effectively counseled and referred as to their physical activity and health needs, thus leading to overall improvement in the public's health and long-term reduction in healthcare cost.”

In time, the EIM initiative will influence national policy for PA counseling reimbursement, influence medical health record companies to include exercise as a HEDIS (Health care Effectiveness Data and Information Set) measure, and produce an expectation among the public that health care providers should and will ask about and prescribe exercise.

REFERENCES

1. <http://exercisemedicine.org/>
2. <http://www.cms.gov/>
3. Saldana, J. (2009). *The coding manual for qualitative researchers*. Los Angeles, CA: SAGE

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“If we had a pill that gave all those benefits and was readily available, we would find a way to make sure every patient took it.”

- Robert E. Sallis, M.D., FACSM Exercise is Medicine Advisory Board Chairman