Exercise is medicine in rural health centers and federally qualified health centers

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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.

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. 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 designated Medically Underserved Area/Populations, who serve a variety of Federally designated Medically Underserved Area/Populations, and who are considered by all health care providers as a vital sign in every patient visit, and that patients are effectively counseled and referred as to patient visit, and that patients are effectively counseled and referred as to ARHQs in the United States.

INTRODUCTION

METHODS

This project is currently underway and will be completed by the end of the semester. 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 designated Medically Underserved Area/Populations, who serve a variety of Federally designated Medically Underserved Area/Populations, and who are 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.

ACKNOWLEDGEMENTS:

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REFERENCES

1. http://exercisesmedicine.org/

RESULTS

This HLTH 4970 CI course allows undergraduate students a unique and topic-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.”

DISCUSSION

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.

REFERENCES

1. http://exercisesmedicine.org/

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

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