


2015

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## Recommended Citation

Triano, Amy I., "Improving Healthy Habits in Berlin, VT" (2015). *Family Medicine Clerkship Student Projects*. Book 86.  
<http://scholarworks.uvm.edu/fmclerk/86>

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# Improving Healthy Habits in Berlin, VT

Amy Triano

July 2015

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# Problems: Obesity, Chronic Illness, Lack of Physical Activity, Poor Diet, Need for Consolidation of Healthy Living Resources in Community

**Obesity**: Defined as a person with a body mass index of 30 or greater.

## **Relationship of Lack of Physical Activity and Poor Diet to Obesity**

It is well studied that the primary cause of obesity is a combination of lack of physical activity and excess calorie consumption typically due to a poor diet. Being overweight increases the risk of chronic diseases significantly. In Vermont the prevalence of diabetes, arthritis, and asthma are highest in overweight and obese adults. (8)

## **Statistics in Central Vermont**

21.5 % of Washington County and 25.5% of Orange County residents are obese, with a 22% prevalence in the state of Vermont. (9) Rates of obesity in Vermont have increased 60% since 1995. (11)

In Vermont, obese adults report the lowest prevalence of eating five servings of fruits and vegetables. (8)

20.2% of Vermont adults reported that they had no physical activity in the past month.(10)

Diabetes related death rate in Washington County is 97:100,000. In comparison 91:100,000 have diabetes overall in the state of Vermont. (9)

According to the “Best of Central Vermont” magazine, exercise, better health, and personal improvement were the top 3 New Year’s Resolutions for Vermonters.

(<http://www.bestofcentralvt.com/2014/12/31/56678/exercise-better-health-and-personal-improvement-top-the-list-of-new-years-resolutions-for-central-Vermonters>)

# Problem: Obesity, Chronic Illness, Lack of Physical Activity, Poor Diet, Need for Consolidation of Healthy Living Resources in Community

## Need in Central Vermont

A significant percentage of patient's at Berlin Family Practice have diagnoses of Type II Diabetes, hypertension, high cholesterol, and/or obesity. Essential to treatment and management of these conditions are a healthy diet and exercise. There are many local and national resources available but no single place where patient's can find links to national as well as local resources in the Central Vermont community. There is also insufficient time for physicians or nurses to counsel patients on relevant resources. And according to members of CVMC's Community Outreach team and a personal trainer at The Rehab Gym in Barre, there are not a large number of referrals from physicians for their patients to engage in self-management workshops or to join gyms.

Therefore it appears there is a need in to community for a resource that provides a multitude of information about local and national resources that patient's can use to live healthier in Central Vermont as well as a need for providers to refer their patient's to the appropriate resources.

# Cost of Obesity

- ▶ Obesity related costs in Vermont alone each year averages 183 million dollars. The health care cost per capita is \$7,503 in Vermont. This is 15% higher than the national average. (11)
- ▶ Medicare and Medicaid pay for almost \$52 million of adult medical expenditures attributable to obesity. (11)
- ▶ On average adults with obesity have \$1,479 more medical expenditures yearly than non-obese adults. (13)
- ▶ Obesity can lead to: Hypertension, High cholesterol, Type 2 diabetes, Coronary heart disease, Stroke, Gallbladder disease, Osteoarthritis, Sleep apnea and respiratory problems, Some cancers (endometrial, breast, and colon. (9)
- ▶ Chronic illnesses as a result of obesity leads to absences from work and sometimes disability costing an average of \$73.1 billion dollars in the workplace in 2010. (13)

# Community Interviews

## **Lisa Champagne CVMC's Self-Management Program Coordinator**

Lisa is in charge of coordinating many of the local groups that promote health and wellness in the Central Vermont Area. Thanks to a Blueprint for Health Grant, these programs are provided for free to community members. Most programs incorporate an action plan that members report on weekly.

She has been working in this department for many years. She believes that the growth of these classes has been slow but she has seen substantial benefit in the people that actively engage or participate. She notes a lack of referrals from primary care offices and notes that though people are satisfied with these groups if they attend, getting the word out to community members and physicians who have the ability to make referrals has been difficult. She notes that some of the classes have to be cancelled due to lack of participants which is normally less than 5 people signing up.

# Community Interviews

## **Hendrick Reinold ACMS Certified Personal Trainer and Membership Manager at The Rehab Gym in Barre**

The Rehab Gym in Barre is a hybrid gym combining physical therapy and regular gym memberships. Every single member of the gym regardless of whether they participate in personal training gets a tour of the facility, medically guided exercises and evaluation, nutrition and lifestyle tips, girth measurements, vital signs, chair stand test, and together goals are made for what they want to achieve.

The Rehab Gym does not get many referrals from doctor's offices. Montpelier Integrated Health has referred patients in the past because their approach is very much centered on exercise and nutrition. It is beneficial when physicians refer patients to the gym.

There is a huge need in the community for healthy lifestyle changes and the gym works on functional movement and getting people to make positive and healthy body changes and not just "lose weight". Every member gets one-on-one time each month.

# Intervention and Methodology

## Intervention:

Provide tips for healthy eating and physical activity to patients in Berlin Family Practice. Consolidate the multitude of local and national resources so that they are easier for community members to access. Educate providers about the available resources.

## Methods:

1. Distribute brochures in the waiting room of Berlin Family Practice with tips for healthy eating on a budget, portion control, and ideas for physical activity.
2. Design a website with links to local and national healthy eating resources for community members. Have information about website on the back of the brochure as well as on separate cards which are available in the waiting room, exam rooms, and at checkout.
3. Design an exercise log for patient's to track their activity level and set goals for themselves and put it on the website.
4. Opportunity for patient's to email via the website with questions and suggestions for improvement.
5. Present to providers in the office about the local resources and where to refer their patients.



# Response

1. Brochures: Were placed in exam rooms so that providers could distribute them to the appropriate patients. Still too early to gauge how helpful they have been in creating discussion and promoting health.
2. Website with compilation of local and national resources: Cards with links to this website listed were placed in exam rooms so that providers can give them to appropriate patients. Thus far they are being used. The website statistics are not available at the present time to see if there has been a spike in activity.
3. Feedback from Website: Thus far there have been no emails with suggestions for improvement on the website. In the future I will potentially link a survey to the website to see if people find it helpful.
4. Presentation to Providers: My project was presented to the providers in the office so that they were aware of all of the resources. They found it to be useful for them to see what types of things were available in the community for their patients since they usually do not have time to find these resources themselves. They created a dot phrase in Prism where they can link the website URL so that patient can have it in their after-visit summary.

# Effectiveness and Limitations

Multitudes of data have demonstrated a link between lack of physical activity and poor diet with obesity. It is also known that obesity can lead to numerous chronic illnesses like diabetes and asthma that are very costly.

## Limitations

Due to the short duration of this project, the effectiveness of the new website in making resources more readily available to community members has yet to be gauged. This would take an additional year to accurately assess as enrollment pre and post intervention would need to be examined.

I did not interview actual patients who were looking to adopt a healthier lifestyle to see if they found this website helpful.

# Recommendations for Future Projects

Look at enrollment data of the self-management workshops in the area to see if this increases after the implementation of the website and meetings with providers informing them about the community resources.

Continued work with the Community Outreach Center and Berlin Family Practice would be beneficial to both parties. Periodic presentations to the providers and office staff will provide reminders of the resources available to their patients.

The opportunity to design a curriculum and teach a workshop on healthy living from a medical perspective could be beneficial to community members. A class incorporating the entire family young and old seems beneficial in this community as families tend to eat the same meals and if they are supportive of each other's health it makes it easier to maintain a healthy lifestyle.

Data could be collected on the participation and satisfaction of community workshops to see where improvements can be made.

A survey can be linked to the Central Vermont Lives Healthy Website in order to determine how helpful it is for community members. Based upon comments the website can be modified with additional pages added.

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# Interview Consent Form

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   X   / No