

# A doctor's referral for better fitness

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People visit physicians to get or stay healthy, but should questions about physical activity be a part of these visits, too -- every time? The American College of Sports Medicine and its Exercise is Medicine program think so. So does Indiana University physical activity expert NiCole Keith.

"Doctors ask their patients about cigarette smoking, [alcohol consumption](#) and dietary habits, because those behaviors habits all affect health," said Keith, associate professor in the Department of Physical Education at Indiana University-Purdue University Indianapolis. "Failure to [exercise](#) or be physically active also is linked to several [chronic diseases](#), and a discussion about those habits also must be part of a general medical visit.

One of the goals of Exercise is Medicine is for physicians to consider [physical activity](#) levels a vital sign that should be checked during office visits, similar to height, weight, blood pressure and other vital signs. If health care providers take just one minute, Keith said, to ask about physical activity levels and counsel patients, if necessary, they could then refer them to an appropriate program in the community or healthcare system for additional help.

"Hearing from a provider that you need to be more physically active or need to exercise will reduce the stigma associated with exercise and physical activity," said Keith.

Keith was invited to discuss her research on this topic at a special workshop during the American College of Sports Medicine's annual

meeting. "The extension of Exercise is Medicine Model: Clinical Interventions for Promoting Physical Activity and Reducing Health Disparities in Medically Underserved Populations," will take place on Wednesday from in Holiday Ballroom 4.

Keith said physicians are reluctant to prescribe exercise for many reasons, including a general lack of training in exercise, uncertainty about how receptive patients will be to the suggestions, a reluctance to add to the patients' health care 'to do' lists, and the pragmatic fact that they can't bill for the counseling. She notes, however, that physicians frequently refer patients to specialists when the physicians lack the necessary expertise.

She also said many fitness experts are interested in seeing physical activity screenings added to HEDIS guidelines. HEDIS stands for Healthcare Effectiveness Data and Information Set, a standardized set of performance measures developed by the National Committee for Quality Assurance to evaluate consumer health care.

Keith will discuss findings from her research involving Take Charge Lite (TCL), a weight management program offered at an urban community health center in Indianapolis that primarily serves low-income and disadvantaged populations.

Participants are referred to the program by their doctors. Keith will discuss referral rates and outcomes of the 4-year-old program.

She and her colleagues are finding that the more contact participants have with the program, the more successful they are at losing weight. When patients contact the program once a month, they maintain their weight, rather than losing or gaining weight, Keith said. When they have six or more contacts, which can include exercising, getting weighed, attending a group meeting or other activities, they lose weight.

She will discuss what she and her colleagues have learned about people who are eligible for TCL but choose not to participate.

Keith also will discuss the need to identify community resources that underserved populations might use to become physically active. In addition to TCL, patients who want to workout at a gym are referred to PARCS Fit for Life, a collaborative effort involving IUPUI, ACSM, the Indianapolis Public Schools and the Indianapolis Housing Agency.

Provided by Indiana University

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