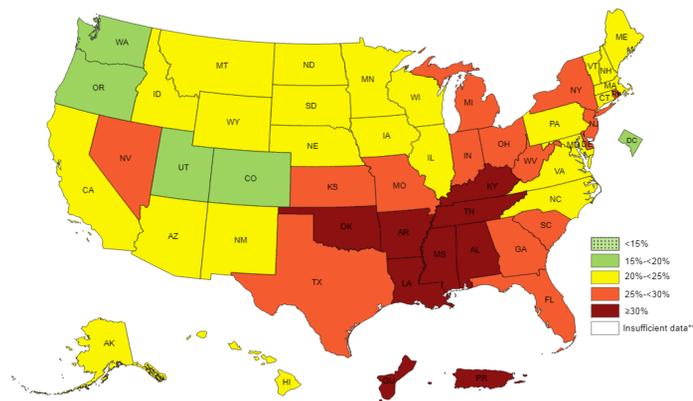


Background

- Physical inactivity has led to 54 billion dollars of additional healthcare cost in the US
- Greater than 80% of the US does not meet the minimum physical activity guidelines
- Physical inactivity contributes to 27% of type 2 DM burden
- Exercise counseling is an effective method for Rx of type 2 DM but few studies have investigated rates and quality of exercise counseling

Rates of Physical Inactivity



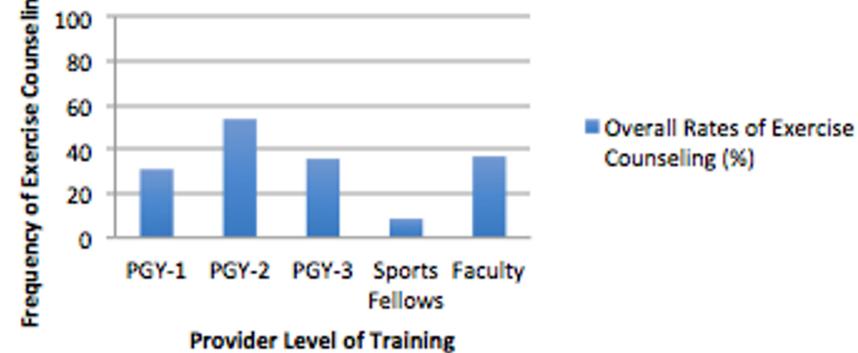
Methods

- Retrospective cross-sectional secondary analysis via chart review
- Frequency and intensity of exercise counseling in management of type 2 DM over a 1 year period was examined at Turley Family Health Center (TFHC)
- Inclusion criteria: Ages 18-65, seen between July 1st 2018 – June 30th 2019, seen at TFHC
- Exclusion criteria: Pregnant, significant limitations to exercise
- Analysis performed using Chi-squared analysis and logistic regression on inter-provider differences on rates and quality of exercise counseling with significant p-value set at 0.05

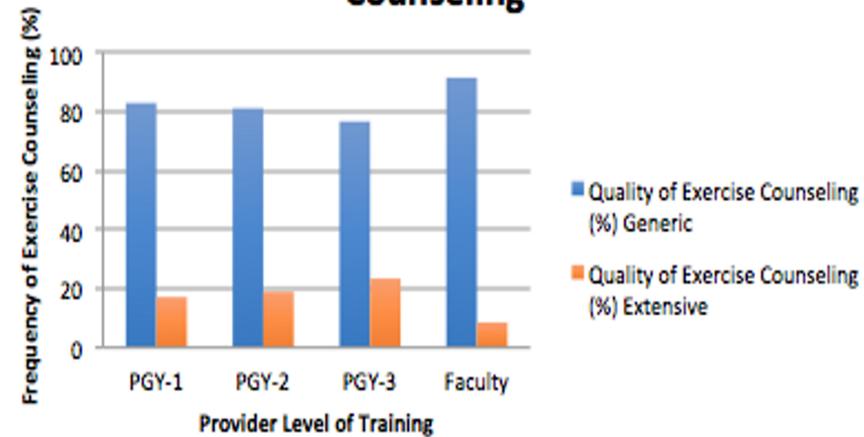
Results

The overall rate of exercise counseling at our facility was roughly 39%. 2nd year residents as compared to faculty for overall frequency of counseling had an odds ratio (OR) of 2.2 (95% CI: 1.6 – 2.9). 2nd and 3rd year residents as compared to faculty for quality of exercise counseling had an OR of 2.5 (95% CI 1.3 – 4.9) and 3.3 (95% CI 1.7 – 6.2) respectively. If the provider was the PCP the OR for the overall frequency of exercise counseling was 1.8 (95% CI 1.4 – 2.4).

Overall Rates of Exercise Counseling (%)



Rates of Generic vs Extensive Exercise Counseling



Discussion

- Exercise counseling at our teaching facility had a rate of 39% compared to 12-40% in private practice settings
- Our study found that as resident training increased the depth/content of counseling increased as well
- Results further suggest that further emphasis needs to be placed on exercise counseling for type 2 DM given relatively low rates even in an academic setting
- Future directions include potentially implementing a prospective cohort and implementing impactful ways to have providers provide exercise counseling to patients with type 2 DM
- Study methodology limitations included: non-random sample, study limited to 1 year, data collection concerning exercise counseling primarily through chart review