Patient perceived barriers to physical activity: personal, social, and environmental

Cristina Fini
CommuniCare, San Antonio, Texas
Introduction

• Chronic illnesses partially attributed to lack of physical activity
• Only 48% of all adults meet the physical activity guidelines of 2.5 hours of moderate PA per week (about 20 minutes/day)
• CDC reports that people in the south, with less education, those in poverty, and Hispanics tend to be less physically active
• To increase patients’ physical activity it is essential to determine why they are not more active
• By determining the barriers the education process and exercise programs can be altered accordingly
Background

• Research has been done in other parts of the country and world on perceived barriers to physical activity
  • But no study has been done on the patient population at Communicare specifically
  • For example:
    • Brazilian study found that money and tiredness were the most prevalent barriers\(^7\)
    • Japanese study found that lack of time was the biggest issue\(^5\)
    • This proves barrier differences based on the patient population and culture

• Object of this study is to determine the most significant barriers including personal, environmental, and social for the patient population at Communicare Health Centers in San Antonio, Texas for those with chronic illnesses
  • Findings could help provide an evidence based strategy of health education for HCPs
Methodology

- 26 participants with chronic illnesses including hypertension, diabetes, and hyperlipidemia
- Inclusion criteria:
  - age 18-75
  - Males and females
  - Patients at Communicare for nonobstetric, nonmalignant, chronic illnesses
- A questionnaire was distributed after each patient was seen by their HCP at West Campus
  - Height, weight, and age were recorded
  - Questioned whether or not they met the CDC guidelines
  - If they wanted to be more physically active
  - Presented a series of 10 statements regarding perceived barriers
Results

- 26 participants (17 females) over 4 weeks
- Avg age of 57.3yo
- Avg BMI of 32.8
- 16 of 26 met the CDC guidelines
- 21 wished they exercised more

<table>
<thead>
<tr>
<th>Average Barriers for each group</th>
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<tbody>
<tr>
<td>Total</td>
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<td>-------</td>
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<tr>
<td>Total</td>
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<tr>
<td>Females</td>
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<tr>
<td>Males</td>
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<td>&gt;45yo</td>
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<td>BMI &gt;30</td>
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Results: Prevalence of perceived barriers

- Total
- Females
- Males
- Age >45YO

- No motivation: 19%
- Do not enjoy it: 7%
- Do not have the skills to be PA: 9%
- No support from partner/spouse: 9%
- No support from family/friends: 5%
- No time to be PA: 4%
- Can't due to place to be PA: 6%
- Don't due to pain: 15%
- Don't feel safe: 15%
- Don't have enough information: 7%
Discussion

- Pain, lack of motivation, and lack of skills are the three most prevalent perceived barriers to physical activity.
- To overcome pain – HCPs should be more aware of the high prevalence of chronic pain inhibiting individuals from exercising.
  - 21 patients felt they had enough information on PA – although there are many different ways to exercise.
  - Chronic pain needs to be addressed more frequently.
  - Arthritis, fibromyalgia, etc should be looked at more closely with further studies.
- To overcome motivation – physically demonstrate the risks they are exposed to by not exercising.
  - Females that did meet the guidelines reported more barriers, than those that did not...
- To overcome skill – more education on different techniques and ways to exercise.
  - Everyone has the skill, just finding their specific exercise regimen.
Recommendations

- To improve physical activity it will take more than just a few extra minutes at each appointment.
- HCPs should set goals for their patients, challenge them, and make sure to follow up with their progress.
  - Diaries and recordings of their physical activity.
- Full time trainer was not used to his full capacity.
  - Involve him in clinic visits.
- Research shows that group-based education courses and exercise classes have success \(^{10}\).
  - Involve the trainer, case manager, nutritionist, diabetic counselor, physician/NP, etc.
- Research shows more success when focusing on one aspect of a patient’s life at a time \(^{3}\).
- Focus on the improvement of their quality of life, rather than just on weight loss and chronic disease progression \(^{11}\).
Conclusion

• An interprofessional approach is necessary to have success in increasing patients’ physical activity
• Need to address their pain at each appointment
• Need to find alternative exercise regimens that would best suit them
• Group-based and self-monitored programs shown to improve physical activity
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