

Assessing Provider Interest in Nutrition and Exercise Education for Use as Prescriptive Interventions

PURPOSE: There are over 1 billion primary care office visits in the United States annually with 76.2% of these visits being for wellness or annual checkups (CDC, 2023). While diet and exercise are discussed, discussions on these topics typically last on average a minute and a half with the provider's focus being encouragement with a broad discussion about benefits of nutritional changes and increasing physical activity (Mendelsohn, 2022). Nutrition and exercise though are a key part of the foundation of health, yet direct evaluation of these as a health aberrance does not routinely occur. Using exercise and nutrition as medicine requires the provider to be knowledgeable in engaging the patient in behavioral self-assessments, barrier exploration, inquiry of experiences in lifestyle and developing individualized nutrition and/or exercise evidence-based interventions as a prescriptive part of the care plan. The 2022 US Preventive Services Task Force (USPSTF) new recommendation on behavioral counseling interventions to promote healthy eating and physical activity, identified that barriers to implementation may include insufficient clinician education about the science of behavioral counseling, nutrition, and physical activity (Mozaffarian, 2022). **OBJECTIVE:** Determine provider interest and comfort level in using nutrition and exercise as interventions. **METHODS:** A needs assessment focusing on providers personal interest and ability to implement prescriptive interventions associated with nutrition and exercise was sent to specialty/primary care providers in the greater Denver Colorado area. Content focused on gaining perspective of the educational foundation of nutrition and exercise as interventions. Provider level of confidence in speaking to the physiology of different nutritional diets as motivation, exercise types and why they are used, current frequency of prescribing specific nutritional diets and or exercise types as an intervention and if providers would be interested in continuing education focusing on nutrition and exercise as prescriptive interventions and use for disease management/reversal. **RESULTS:** Of the 185 surveys returned (n=350) 58% were primary care providers with the remaining 42% of respondents being in specialty care. Responses were not delineated into primary care or specialty focus. Respondents identified that their educational background related to nutrition and exercise mostly occurred from personal interest and not from a formal course (nutrition 38.2%, exercise 46.99%). Level of confidence related to physiology of nutritional diets and exercise types demonstrated some confidence related to nutrition 44.2% and 30.6% reported having a working knowledge of exercise. With respect to prescribing exercise as an intervention, 41.44% reported they do not write prescriptions or know why certain types are used; they discuss the need to increase physical activity. With respect to nutritional diet interventions, 43.65% reported they do not prescribe a specific diet type but rather discuss macronutrient changes needed. Provider interest in receiving continuing education was positively reflected in the survey with nutrition yielding 65.76% and exercise 65.03% of respondents wanting more education on these topics. **CONCLUSION:** The needs assessment affirmed that most providers identified the need for further education and express interest in attending continuing education programs to learn how to prescribe nutrition/exercise as an intervention. Interactive OER is currently under development.

Supportive references:

Center for Disease Control and Prevention National Center for Health Statistics [CDC]. (2023). Percentage of having a wellness visit in past 12 months for adults aged 18 and over, United States, 2019—2021. National Health Interview Survey. https://wwwn.cdc.gov/NHISDataQueryTool/SHS_adult/index.html

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(2022). Implications of the New Recommendation on Behavioral Counseling Interventions to Promote Healthy Eating and Physical Activity [Editorial]. *JAMA* 328(4), 334-335. doi:10.1001/jama.2022.10801