

## EIM in Action

### Story from the Field

*Jessica Montana – Cabarrus Health Alliance*

For the first time in Healthy People 2020, an objective was included to “increase the proportion of physician office visits that include counseling or education related to physical activity.” Cabarrus Health Alliance (CHA), the public health authority for Cabarrus County, NC, recognized that an effective strategy for getting medical providers and health care systems to begin the conversation on exercise with patients was to integrate the Exercise is Medicine® (EIM) model of physical activity (PA) assessment, prescription and referral into their existing workflows.



In 2014, through a Centers for Disease Control and Prevention-funded Racial and Ethnic Approaches to Community Health (REACH) grant, the [Cabarrus Exercise is Medicine](#) initiative was launched to train providers and clinics to integrate the EIM model in healthcare systems, which serve high proportions of African American and Hispanic patients. To date, the Cabarrus EIM team has trained a total of six clinics including the CHA Women’s Health Clinic, the Community Free Clinic, and Cabarrus Rowan Community

Health Centers, Inc., a federally qualified health center with 4 locations. These clinics collectively treat over 5,000 patients.

Each of these sites is administering the 2-item Physical Activity Vital Sign (PAVS), writing exercise prescriptions based on PAVS responses, and referring patients to community resources where they can “fill their exercise prescription.” Because these clinic sites target underinsured and low-income populations, the main focus for the PA prescriptions is walking, with referrals to free and low-cost resources where patients can walk, participate in a supervised fitness class, or be enrolled in an evidence-based, chronic disease prevention program.

The Cabarrus EIM team learned early on that providers at the participating clinics are physically active themselves; yet, this has influenced their counselling practices. Given that provider time is often limited, they are not always able to engage in conversations with patients to the extent that they would like. It therefore became important to engage all clinic staff in PA promotion efforts, many of whom were not active themselves. As a result, a 10-week exercise and coaching program, facilitated by an exercise physiologist, health coaches and nutrition professionals, was tailored for allied health staff such as nurses, nutritionists and case managers. Clinic leadership encouraged their staff to participate in the programs, recognizing

their role as clinic champions, as well as individuals who are “walking the talk” in their clinic and community.

More recently, the initiative’s focus has focused on solidifying referral resources into an EIM Referral Network with the main goal of making it easy for providers and clinic staff to identify appropriate places to refer patients receiving exercise prescriptions. In partnership with Cabarrus County Active Living and Parks (ALP), free resources for walking, including parks, trails, greenways and recreation centers, were identified. As a government entity, ALP offers many free and low cost programs for individuals of all fitness levels, including free access to their community gyms. This makes ALP an ideal partner for direct provider referral. Another partnership, with the Cannon YMCA, also allows for direct provider referral to their 7-week Path to Wellness program, which provides guidance, encouragement and education for participants to reach their fitness and wellness goals. Finally, the Cabarrus EIM Network includes free church-based exercise classes led by volunteers trained over the last seven years through a Healthy Lives Healthy Futures grant.



Plans are in place to train the faith nurses and congregational health promoters in Carolinas HealthCare System’s Faith Community Health Ministry. Working in faith-based settings will extend the reach of this Cabarrus EIM initiative to an additional 1,000+ patients. Due to the uniqueness of integrating the EIM model in a faith-based setting with faith nurses (formerly known as parish nurses), the implementation and effectiveness of attempting to provide church member with written EIM prescriptions, provided by the faith nurse, is being evaluated to determine whether this strategy is effective and could be translated to other church settings.

For more information about Cabarrus Health Alliance’s EIM initiative, please contact Jenn West, REACH Program Manager, at [Jennifer.west@cabarrushealth.org](mailto:Jennifer.west@cabarrushealth.org).