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Motivational Interviewing to Increase Physical Activity in Underserved Women

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ABSTRACT

Regular physical activity (PA) has been shown to reduce the risk of chronic illness. Motivational Interviewing (MI) is an evidence-based practice known to improve PA in low-income women. In this project, 12 low-income women participated in 3 MI interviews oriented toward increasing PA. Of the women who consistently engaged in MI, 43% engaged in PA for 8 weeks. Women also demonstrated significant increases in confidence to engage in PA and a downward trend in pulse rate. MI offers an effective communication pattern for patients and providers interested in working together toward successful chronic disease management.

Keywords: low income, physical activity, Motivational Interviewing, primary care, women

BACKGROUND

The United States is in the midst of an epidemic of chronic illness progression. Recent statistics show that 7 of 10 deaths in the US and 75% of our health care expenditures are linked to chronic illness.[1] An effective strategy to diminish the progression of chronic illness would be to develop programs that engage Americans in more physically active lifestyles. Regular physical activity (PA) has been shown to prevent the onset and control the progression of many chronic illnesses, including cardiovascular disease, obesity, and diabetes mellitus.[2,3] The US Centers for Disease Control and Prevention recommends that adults engage in PA a minimum of 30 minutes per day, 5 days per week.[4] Unfortunately, most Americans (51%) are not successful in meeting this goal.[5] The National Community Health Survey has demonstrated that, as socioeconomic status and educational attainment decline, the frequency with which PA goals are met also declines.[6] Moreover, within the lower socioeconomic groups, women are less likely than men to achieve their PA goals.[6]

Having patients engage in a discussion related to PA with their primary care provider is a first step in encouraging a lifestyle that includes PA.[1] The US Preventive Services Task Force recommends that primary care providers offer PA counseling to those patients who are ready for change. Evidence suggests that patients prefer an approach in which their needs and perspective are central to the health care encounter.[7] Motivational Interviewing (MI), a form of collaborative communication between patient and provider that focuses on strengthening a patients' own motivation to change, has been shown to foster successful and engaging conversations between patients and providers.

Developed in the 1980s, MI was first used successfully to affect behavior change in alcohol cessation programs.[8] Today, MI is increasingly used to guide a variety of health behaviors, including the adoption of PA.[9] The effectiveness of MI at affecting behavior change, including increasing PA, has been demonstrated across multiple groups from multiple settings, including low-income women from primary care clinics.[10,11] Studies have shown that when working with low-income women, nurse practitioners (NPs) can foster PA adoption most effectively by treating these patients with respect and acknowledging their unique situations.[12] Respectful interactions and maintaining a focus on the patient's unique situation are hallmarks of an MI-based

intervention. The purpose of this study is to demonstrate how low-income women in a small primary care clinic were able to adopt a more active lifestyle through the use of communication based in MI.

LOCAL PROBLEM

A clinical project was carried out in a small medical clinic in southeastern Michigan oriented toward caring for the medically underserved. Within this population, like many others, there is a need to implement interventions that are motivational and preventive in nature and that address the progression of chronic illnesses. The MI-based intervention in this study specifically addresses the incorporation of a more physically active lifestyle into the lives of low-income women. Compared with individuals in moderate- to high-income groups, individuals in the lowest economic groups are less apt to engage in PA. According to a 2014 behavioral risk factor survey by the Michigan Department Health and Human Services, state residents had high rates of "no leisure time physical activity" compared with the general US population (25% for Michigan residents compared with 22% for the general US population).[13] The same survey revealed that lower income individuals residing in the vicinity of the clinic used in this project, had some of the lowest rates of no PA (34.1%-41%) in the state.[13]

INTENDED IMPROVEMENT

The intended improvement of the clinical project was 2-fold: (1) to successfully engage low-income women during primary care visits; and (2) to increase the adoption of a more physically active lifestyle through MI-based intervention. Twelve women between the ages of 18 and 65 were recruited into the project via flyers or direct provider contact. These women participated in three 1-hour MI-based sessions focused on the benefits and challenges of incorporating PA into their lives. The sessions occurred once per month and were conducted by an NP trained in MI. All of the interview sessions were 1-on-1 between the NP and the patient and were held independently of other scheduled clinic visits.

METHODS

The Self-Determinism Theory and Cox's Interactive Model of Client Health Behavior both provide theoretical support for MI as a useful intervention for primary care patients, and both support the use of MI as an appropriate intervention to encourage low-income women to incorporate more PA into their lives.[14,15] MI is a communication style appropriate for health promotion. A fundamental aspect of MI is the reciprocal yet directive, patient-centered relationship between the provider and the patient, in which the latter is encouraged to explore self-motivations related to health behavior change. MI occurs within the context of a collaborative conversation in which both provider and patient are actively engaged and both are contributors. MI seeks to have the patient identify his or her motivations for change based on internal drives and explore any ambivalence for change and resolve it, rather than simply accepting external values demanded by the provider.

MI is an evolving technique. The most recent work identified 4 processes that take place in MI interactions: engaging; focusing; evoking; and planning.[16] These processes and a more thorough discussion of the major principles of MI are beyond the scope of this investigation, but they are described elsewhere. Interested readers are encouraged to explore the literature.

At the project setting, the clinic director embraced the project and primary care providers were informed of the intervention via posters and personal contact. The primary care providers were encouraged to recommend the intervention to patients who could safely participate in PA and who may benefit from the intervention. Prior to this, the interventionist had become versed in the concepts and delivery of MI over a 6-month period. Training consisted of attendance at a 3-day MI seminar, completion of 2 online multisession modules focused on MI, and monthly meetings with a member of the Motivational Interviewing Network of Trainers. The network member also acted as a consultant on the project, verified the initial readiness of the PI to conduct MI successfully, and reviewed random taped intervention sessions to insure the integrity of MI during the project's time frame.