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Consequence of Patient Education on Health Habits

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Consequence of Patient Education on Health Habits

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Introduction

- Physician spend an average of 15 minutes with each patient.
- Past studies have correlated education to healthy behavior ¹.
- A study in US, UK, Canada, and Australia showed that a higher socioeconomic status was associated with an increased knowledge that smoking causes health issues such as heart disease or lung cancer ².
- Another study showed, the education gradient accounted for around 30% of health behavior differences ³.
- One past study discusses how behavior can be motivated by considering the pros and cons of a behavior ³.

Hypothesis

Patients who participate in an specific health habit do so due to a lack of knowledge about the consequences of that choice.

Goal

Correlate patient participation in specific health habits with their knowledge of the consequences of these choices. Understand why patients continue to participate in specific habits and what influences their decision. The end goal of my project is to provide insight to encourage physicians to evaluate patient's health education and get physicians to try to apply consequences of these habits on the patient's life to help them understand health outcomes.

Methods

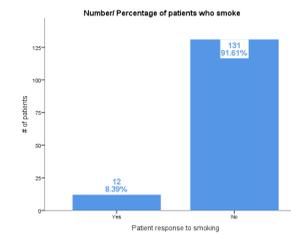
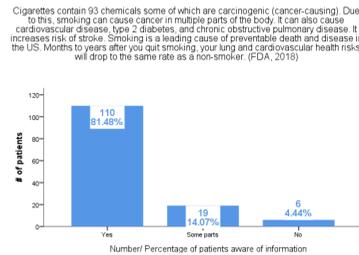
The data was collected through a paper and virtual survey distributed to patients at the four RowanSOM family medicine offices in Stratford, Hammonton, Mt Laurel, and Washington. A total of 150 surveys were collected. The data was inputted into Qualtrics and exported to SPSS for analysis using bivariate spearman rank analysis.

- The health habits studied were smoking, excessive alcohol consumption, exercise, and diet
- Patients given information and asked if they were aware of information
 - Asked about influence of information presented on their future health choices
 - Asked about physician counseling
- Background information collected
 - Age
 - Gender
 - Income level
 - Highest education level
 - Employment status
 - Field of study and/or work
 - Health history
 - Family history

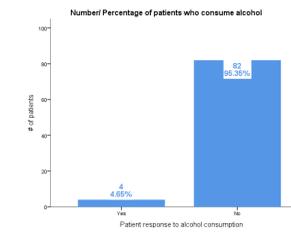
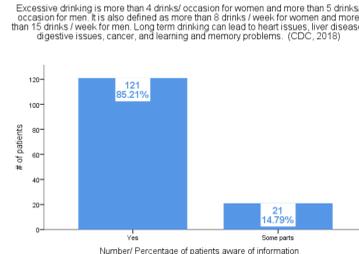
Results: Patient Demographics

- 69% below age of 60
- 57% female
- 46% held associates degree or higher
 - 27% studied science / healthcare
- 52% were employed
 - 22% employed in science / healthcare
- 13% had BMI of 18.5-24.9

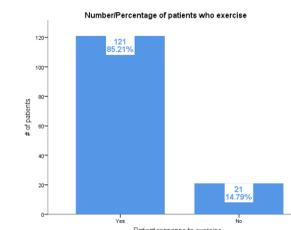
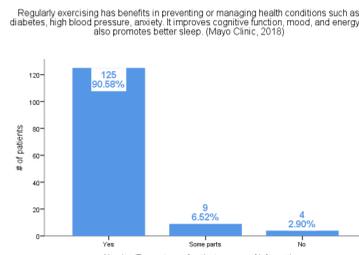
Results: Smoking



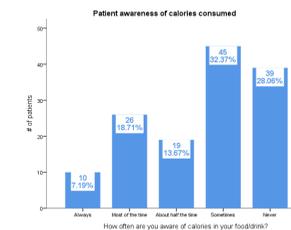
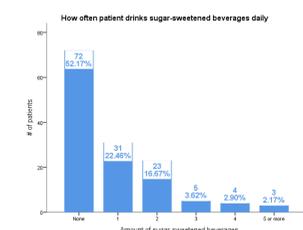
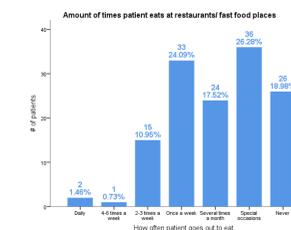
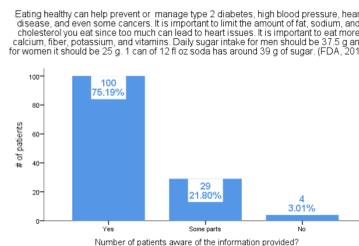
Results: Alcohol Consumption



Results: Exercise



Results: Diet



Results: Summary

- No correlation found with knowledge of the consequences of smoking, increased alcohol consumption, and exercise with participation in the habit
- No correlation between education level and participation in a habit
- Positive correlation between number of health conditions and increased age, increased alcohol consumption, less exercise, and higher BMI (p<0.05)
- Positive correlation found between knowing the importance of a nutritious diet and a patient's eating habits (p<0.05)
- Positive correlation between drinking more sugar-sweetened beverages and eating out (p<0.05)
- Positive correlation between not knowing the number of calories consumed every day and drinking more sugar-sweetened beverages (p<0.01)

Conclusion

This study showed more correlations between health habits related to diet compared to other habits. It may suggest that educating a patient on nutrition may be beneficial in altering their dietary behaviors. However, the study was unable to conclude a correlation in the knowledge of the consequence of a habit with smoking, excessive alcohol consumption, and exercise.

Discussion

- Education on diet can be beneficial to the patient and might be a factor that can be changed during the office visit
- Targeting one habit may be the key to helping patients changing other habits that are not good for their health. For example, if patients are given easy recipes that incorporate vegetables, they might be inclined to eat out less and therefore be exposed to less sugar sweetened beverages served at restaurants.
- Patient participation in smoking, alcohol consumption, and exercise may be due to factors such as time, money, or stress.
 - Due to the qualitative factors in the data, no analysis could be completed on these factors in relation to health habits.

References

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