Exercise counseling in health promotion

Primary care providers have a key role

Despite the clear health benefits that can be attained through adopting a more active lifestyle, most adults in industrial nations remain underactive. Faced with this epidemic, there is a growing need for physical activity interventions that can be widely disseminated to all segments of the population across the life span.

One promising avenue of physical activity counseling and support lies with primary care physicians and other health care professionals. The strengths of incorporating physical activity advice and support as part of routine health care include the ability to reach a substantial portion of the population repeatedly over time, the consistency and continuity of message content and delivery, and the willingness of patients to act on their physicians' advice.^{1,2} Despite these strengths, however, many barriers to physical activity counseling in primary care have been documented, including lack of time, reimbursement, and training in counseling physical activity or behavior change.³ Although such barriers present continuing chal-

lenges to the health promotion and health care fields, the possible public health effects that primary care settings can have on health behavior change, including physical activity, merit continued investigation.

Although a relatively large body of research exists on advice and counseling by physicians for other health behaviors, such as stopping smoking, relatively little systematic research has been conducted to date on the promotion of physical activity in primary care practices. The studies that have been undertaken have had the advantage of a growing body of knowledge that underscores the utility of applying empirically supported behavioral strategies in aiding physical activity change. Such behavioral strategies, derived primarily from social cognitive theory, include identifying specific practical goals tailored to individual patients' physical activity needs and circumstances; structuring initial patient expectations so that they are realistic; identifying those benefits related to becoming more physically active that are most germane to a patient's health

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status; encouraging patients to keep track of their physical activity patterns through simple self-monitoring tools; and providing continual interest, encouragement, and support for physical activity. Some of these behavioral strategies have been used in studies in which primary care physicians have been trained to give brief advice and counseling on physical activity, with encouraging results in the short term.^{4,5} In 1 study, for example, a written goal-oriented exercise prescription from general practitioners, in addition to verbal advice, was particularly effective in promoting increased physical activity during a 6-week period.⁶

More discrepant results obtained from longer term programs involving multiple risk factors, however, suggest that more intensive interventions may be needed to obtain longer term effects in at least some segments of the population. Such interventions could include the use of health educators and professionals in addition to physicians. Health educators and other allied health professionals can provide a level of advice and counseling beyond that which physicians, constrained by time and similar barriers, are typically able to provide.⁷ One promising approach awaiting more investigation involves using brief advice from the physician as a means of setting the stage for physical activity change in conjunction with specific referral to other health care-based or community-based health educators or providers. In this way, the perceived credibility and authority of the physician can be harnessed as a catalyst for change, while the real time constraints facing many physicians are recognized.⁸ The challenge remains to structure the referral network effectively so that patients will successfully follow through with the referral. To maximize the potential benefits of this type of referral network, continuing communication between the physician and the referral source is essential.

In addition, the studies targeting primary care physicians have focused almost exclusively on those involved in family practice and internal medicine. Yet, other primary care specialists, such as pediatricians and obstetrician-gynecologists, reach important segments of the population for whom physical activity information and messages are particularly relevant. Future research should target the full range of primary care practice.

Although face-to-face instruction and counseling for physical activity have traditionally been the norm in most countries, a growing scientific literature has underscored the usefulness of mediated channels for providing physical activity advice and information in an efficient, effective, and possibly less costly manner. For instance, in the United States, at least 13 randomized controlled investigations have systematically evaluated the use of telephone-based physical activity advice and support, either in conjunction with or independent of advice from the physician.^{7,9,10} The telephone-supervised approach

has been effective in both older and younger adult populations, women as well as men, patients with heart disease, older family carers of relatives with dementia, and overweight patients. It has been effective in promoting physical activity of various types (endurance, strength, flexibility, and general conditioning), intensities (moderately intense or more vigorous exercise), and formats (home-based, group-based, or combinations of home- and group-based exercise). Telephone and similar mediated approaches allow both the health professional and the patient a level of convenience and flexibility that is often diminished or lacking in group-based physical activity regimens.

To reach the public health goals on physical activity in the United Kingdom, United States, Australia, and other countries, continued efforts to involve primary care physicians and other health professionals as active facilitators of the physical activity message are strongly indicated. Primary care advice in conjunction with referral to appropriate community organizations may help to facilitate the long-term increases in physical activity participation that are critical for health promotion and disease prevention. Telephone and other mediated approaches to physical activity promotion provide a promising avenue for program delivery, in primary care and other community settings.

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