

## On How to Reach the Widest Demographic Regarding Healthy Lifestyles

Primary care (PC) physicians, (family physicians, FP; and general practitioners, GP) are positioned to impact public health and physical activity (PA) promotion due to the large demographic they serve (both in numbers of patients and the patients' varied backgrounds). A growing number of studies show that PA promotion within the primary care setting is effective and promising (Sanchez, Bully, Martinez & Grandes, 2014). Advice given directly by health professionals especially when including behavioral change methods (goal setting, feedback, writing PA prescriptions/making a plan, motivational interviewing, etc.) was especially impactful and raised physical activity levels (Sanchez et al., 2014).

However, most PCs struggle with time, work overload, and specialized exercise training (Sanchez et al., 2014). PCs would benefit from using a quick, easy method to not only assess/screen a patient's activity level, but also to track their activity level (Khan, Weiler, & Blair, 2011; Weiler, Murray, & Joy, 2013). This would be a great first step towards prescribing PA.

Weiler et al. (2013) noted that PCs could use the "6As" technique--"assess, advise, agree, assist, arrange, and assess again" (p. 273). The Department of Health of the United Kingdom uses the General Practice Physical Activity Questionnaire (GPPAQ) which is a one-page, 3-question survey about the patient's activity levels (Department of Health, U.K., 2013; Khan et al., 2011). Alternatively, the PC might use the Physical Activity Vital Sign (PAVS) questions by the American College of Sports Medicine, ACSM: "On average, how many days per week do you engage in moderate to strenuous exercise (like a brisk walk)" and "On average, how many minutes do you engage in exercise at this level" (ACSM, n.d., p. 15; Khan et al., 2011).

Khan et al. (2011) included some practical steps in their recommendations for exercise prescription in general practice: ask/record PA levels at every consultation like taking vital signs; write an actual prescription for PA; use graphics/media to display (e.g. posters) PA level recommendations for the general public; categorize patients' "frailty" levels and recommend the most frail seek physical therapy (most of the relatively healthy general population might not need medical-based therapeutic exercise); refer patients to other exercise professionals (e.g. physical therapists, trainers, etc.); give information about local PA resources/locations; promote walking (it is free); help patients set goals and plan for PA; support PCs by providing behavioral change strategy training as part of continuing education.

Encouraging PCs to make small changes at a time, will provide great impact in the long-run.

## References

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