



Health Dialogues

Physical Activity

A Tool to Help You and Your Patients
Change Unhealthy Behaviors

Developed by
American Medical Student Association/Foundation
Reston, Virginia
for the
Health Resources and Services Administration
Bureau of Health Professions
Division of Medicine and Dentistry



Health Behavior Change

The Challenge

Almost half of the deaths in the United States are attributable to unhealthy lifestyles. If individuals were willing to change their poor health behaviors, the rates of premature death and disability would substantially decline. Health care professionals need to determine effective ways to promote health behavior changes.

The Facts

On Behavior Change

- It is a well-known fact that an individual's health status is intimately related to his/her beliefs, attitudes, and behaviors.
- Obesity, smoking, and lack of physical activity are of current public health concern due to their association with chronic diseases such as cancer, hypertension, and depression.¹ Researchers have found that behavior change is an important tool in prevention, since changes such as smoking cessation and increasing physical activity are predictors of *decreased risk*.²

On the Physician's Role

- Physicians are more likely to counsel on health behavior change to patients whose health is already compromised than to patients who engage in unhealthy behaviors but do not yet show symptoms of disease.³
- Health promotion strategies and patient adherence to recommendations are more likely to be successful if suggested and encouraged by an individual's physician.^{4,5}
- Furthermore, it has been demonstrated that physicians who themselves have healthy habits are more likely to promote such habits to patients.⁶
- Adults who receive regular care from a family physician are more likely to receive recommended preventive services such as blood pressure measurement, mammograms, and Pap smears.⁷
- A good physician-patient relationship is essential in order to affect positive health behavior changes.
- There is evidence that physician approachability (e.g. introducing oneself, exploring the patient's worries and expectations, answering all of the patient's questions, avoiding unexplained medical jargon, engaging in some nonmedical talk, and being friendly rather than businesslike) produces higher degrees of patient satisfaction and compliance.⁸

Due to the incidence and prevalence of these unhealthy behaviors, it is crucial that health practitioners as well as patients act upon these matters. Health care providers have little training in working with patients who have difficulty changing behaviors. Here are some of the barriers practicing physicians face.

Barriers to Health Behavior Discussions

It is sometimes hard to talk to patients about changing their health behaviors for many reasons. Why?

- Oftentimes, physicians feel that patient noncompliance with their recommendations interferes with their motivation to keep providing preventive services.
- Many physicians feel that patients will be turned off if confronted about their unhealthy behaviors and will switch to another doctor, or even worse, avoid seeing a physician at all if the discussion occurs.
- Practitioners have often expressed very little confidence in their ability to counsel patients on behavior change.⁹
- In contrast to a specialist counseling setting (e.g. weight control clinic), most physician-patient encounters are brief. Many physicians feel that the time they devote to patient counseling is not enough.
- Since clinicians receive clinical treatment guidelines from so many different sources, the relative effectiveness of different preventive services is unclear, making it difficult for busy clinicians to decide which interventions are most important during a brief patient visit.¹⁵

Behavior Change Models

In general, physician counseling should avoid telling patients what to do, but instead, should advise patients about the need for preventive activities without attempting to force them to take action.

If physicians are to help patients adopt and maintain preventive healthy behaviors, multiple resources must include a supportive practice organization, preventive information and services, and support from family and friends.¹⁰

The following are short descriptions of behavior change models that have been the basis of behavior change interventions:

A. Stages of Change (Transtheoretical Model)¹¹

- The *Stages of Change* model states that behavioral changes progress as the individual moves through the following stages:
 1. **Precontemplation**
Benefits of lifestyle change are not being considered
 2. **Contemplation**
Starting to consider change but not yet begun to act on this intention
 3. **Preparation**
Ready to change the behavior and ready to act

4. **Action**

Making the initial steps toward behavior change

5. **Maintenance**

Maintaining behavior change while often experiencing relapses

- This model provides a way to assess the patient's level of readiness or preparedness to change. Understanding patient readiness to change and appreciating barriers to change can improve patient satisfaction and reduce physician frustration during the change process.

B. Motivational Interviewing²

- MI is a directive, individual-centered counseling style for eliciting behavior change by helping the individual to explore and resolve ambivalence. It is usually used along within the Transtheoretical Model framework.
- **Key principles:**
 1. Expressing empathy, by use of reflective listening;
 2. Gently pointing out discrepancy between client's goals and the problem behavior by using reflective listening and objective feedback;
 3. Avoiding argumentation by assuming that the client is responsible for the decision to change;
 4. Rolling with resistance, rather than confronting or opposing it; and
 5. Supporting self-efficacy and willingness for change.

C. Health Belief Model

- The HBM posits that perceived threat of disease is the central and prime determinant of health behavior. It focuses on the health outcomes, assuming that increasing patient knowledge about the ill effects of the behavior would result in change.
- Demographic (i.e. age, gender), personality, structural, and social factors are not seen as directly causal of compliance.
- Interventions using this model focus on the following 4 factors which are predicted to increase the perceived threat of disease:
 1. Perceived susceptibility of disease
 2. Perceived seriousness of disease
 3. Cues to action
 4. Benefits of changing outweigh the costs

An Integrated Model of Patient Behavior

Successful disease prevention initiatives to achieve health behavior change require a versatile approach using a **combination** of strategies and techniques. Educational efforts tailored for each person and integrating multiple strategies (e.g. individual counseling, written materials, and supportive community resources) are more likely to be effective than those employing a single technique.¹²

If you're trying to get a patient to change a behavior such as eating too much

sugar or smoking, here are some things you DO NOT want to assume:²

- This person has to/ must change
- This person wants to change
- This patient's health is the prime motivating factor for him/her
- If he/she does not decide to change, the consultation has failed
- Patients are either motivated to change, or not
- Now is the right time to consider change
- A tough approach is always best
- I'm the expert, so he/she must follow my advice

Here are some tips to help you approach patients who have unhealthy behaviors. Remember, the key is to LISTEN.

Goals	Intervention Component	Strategies/Questions
Understand patient's concerns and circumstances	Establish rapport	Use open-ended questions; demonstrate concern for patient as a person: <ul style="list-style-type: none"> • <i>"If I could see the situation through your eyes, what would I see?"</i>
Get patient agreement to talk about topic	Raise subject	Request permission to discuss topic: <ul style="list-style-type: none"> • <i>"Would you mind spending a few minutes talking about (issue) and how you see it affecting your health?"</i>
Understand readiness to change behavior and to accept treatment/evaluation referral	Assess readiness	Use an assessment tool to assess readiness, and discuss results with patient: <ul style="list-style-type: none"> • <i>"How do you feel about (issue)?"</i> • <i>"On a scale of 1 to 10, how ready are you?"</i>
Raise patient awareness of consequences of the behavior, and share your concerns	Provide feedback	Use objective data from patient's medical evaluation if possible; then elicit reactions from patient: <ul style="list-style-type: none"> • <i>"What do you make of these results?"</i>

Goals	Intervention Component	Strategies/Questions
Assure patient that ongoing support is available	Offer further support, targeted to patient's readiness for change	<p>For patients who are not ready to change:</p> <ul style="list-style-type: none"> • <i>“Is there anything else you would like to know about (issue)?”</i> • <i>“What would it take to get you to consider thinking about change?”</i> <p>For patients who are “unsure”:</p> <ul style="list-style-type: none"> • <i>“What are the good things you like about (issue)?”</i> • <i>“What does it do for you?”</i> • <i>“What are the things you don't like about (issue)?”</i> • <i>“What concerns do you have about it?”</i> <p>For patients who are “ready”:</p> <ul style="list-style-type: none"> • <i>“Here are some options for change”</i> • <i>“What do you think would work best for you?”</i> • <i>Provide support and referral</i>

(adapted from D'Onofrio et al. 1996¹³)

The Five A's

Address Agenda

- Attend to the patient's agenda
- Explain that you would like to talk about some healthy choices for them to consider

Ask

- What does the patient know about the connection between his or her behavior and the possibility for disease?
- How does the patient feel about the behavior?
- Is the patient interested in changing the behavior?
- What are the patient's fears about change?
- Has the patient tried to change the behavior before? What did and didn't work?
- It is important to spend adequate time in this stage. Patient counseling is more effective when patients know that the physician understands their perspec-

tive. If you have limited time, spend most of it on assessment and then incorporate what you learn into a few words of advice.

Advise

- Tell the patient that you strongly advise behavior change
- Personalize reasons for change (e.g., “By quitting smoking you will help your daughter have fewer asthma attacks.”)
- Discuss the immediate and long-term benefits of change

Assist

- Provide accurate, complete information about risk and give the patient written materials to take home
- Address the patient’s feelings and provide support
- Address barriers to change
- Discuss steps toward behavior change
- Get attending physicians, residents or preceptors involved for additional support, more extensive advice and referrals

Arrange Follow-up

- Reaffirm the plan
- Schedule follow-up appointment or phone call

Also, the U.S. Preventive Service Task Force issued the following recommendations, which have been effective in changing certain health behaviors and can be applied regardless of the health behavior model used¹⁴:

Changing Health Behaviors:

1. Frame the teaching to match the patient’s perceptions.
 - It is important to assess the beliefs and concerns of the patient and to provide information based on this foundation. Remember that behavior change interventions need to be tailored to each patient’s specific needs.
2. Fully inform patients of the purposes and expected effects of interventions and when to expect these effects.
 - This will avoid discouragement when they cannot see the effects immediately. If side effects are common, tell the patient what to expect specifically, and under which circumstances the intervention should be stopped.
3. Suggest small changes rather than large ones.
 - People experience success just by achieving a small goal; this will initiate a positive change.
4. Be specific.
 - Explain the regime and rationale of the behavior change, even demonstrate it to the patient and write it down for him/her to take home.
5. It is sometimes easier to add new behaviors than to eliminate established behaviors.
 - For example, suggesting the patient begin moderate physical activity may be more effective than changing his/her current dietary patterns.

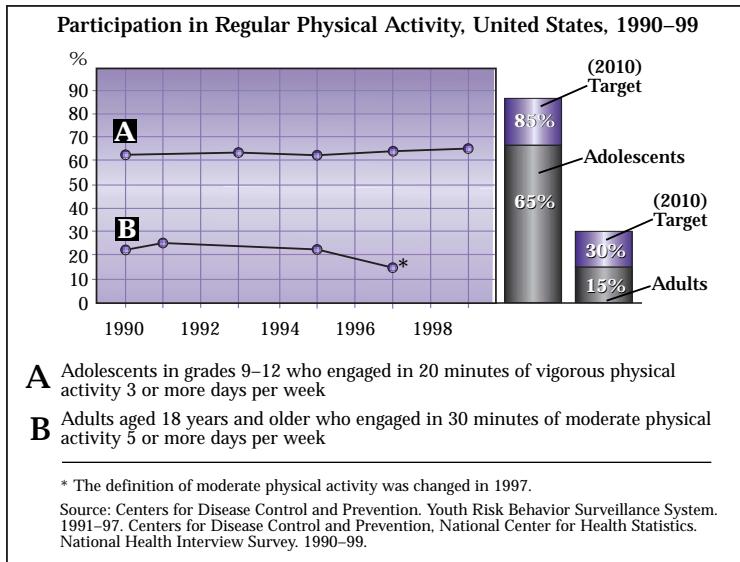
6. Link new behaviors to old behaviors.
 - For example, suggest using an exercise bike while watching television.
7. Use the power of your profession.
 - Patients see clinicians as health experts, so be sympathetic and supportive while giving a firm, definite message.
8. Get explicit commitments from the patient.
 - Asking the patient how they plan to follow the recommendations encourages them to think about how to integrate a specific behavior into their daily schedules.
9. Refer.
 - Sometimes it is not possible to counsel patients properly. Thus, refer patients to a nutritionist, community agency, or a support group to receive the appropriate intervention.



Physical Activity

The Challenge

Despite the benefits of engaging in regular physical activity such as: reduction of cardiovascular disease and prevention of bone loss associated with aging, more than 60% of the adult population and more than half of the young people (aged 12-21) do not exercise regularly.¹⁵



What Do I Need To Know?

It is not enough to just tell your patient: "You have to exercise. Just do it." Physicians, as well as their patients, need to have a greater understanding of the specific types and amounts of exercise that are designed and effective to achieve the goals of disease prevention.¹⁶

- The recommended amount of exercise is 30 minutes or more of moderately intense physical activity three or more days a week.
 - Moderate physical activity comprises activities that can be performed comfortably for at least 60 minutes such as walking, slow biking, raking leaves, cleaning windows, light restaurant work.
- Aerobic exercises reduce cardiovascular morbidity and mortality but have little effect on the maintenance of muscle mass and strength.
- Let the patient know the benefits of being physically active; target his/her own needs.
 - The benefits of being physically active do not persist without continued, regular participation, so exercising occasionally or seasonally will not bring about the desired health benefits.¹⁷
- Physical activity need not be strenuous.¹⁸
 - Activities such as slow biking, walking, gardening, and even just cleaning windows are very effective if done consistently.
- Emphasize amount rather than intensity.
 - Walking for an hour each day will give your patients the activity they need to keep their bodies in optimal condition. The important aspect is to increase the *amount* in their daily activities. For example, take the stairs rather than the elevator, leave the subway or bus one or two stops early and walk the rest of the way.
- Do not wait until a patient’s health is already compromised to start counseling him/her about exercising.
 - Ask if your patients are leading healthy lifestyles even if they “look” to be in shape.
- Keep in mind that patients would rather receive advice from their physicians than from local hospitals, the government, the media, or employers.¹⁹
 - 70% of patients believe that it is their physicians’ responsibility to counsel them on health behavior change. Why do you think “Consult your physician before...” is the most widely used phrase by advertising and pharmaceutical companies?
- Physical activity is more likely to be initiated and maintained if the individual²⁰:
 - Perceives a benefit
 - Enjoys the activity
 - Feels competent doing the activity
 - Feels safe doing the activity
 - Can easily access the activity on a regular basis
 - Can fit the activity into a daily schedule
 - Feels that the activity is not a financial or social burden

Did You Know?

More than 60% of U.S. adults do not exercise regularly, and up to 25% do not exercise at all. Only 15% engage in regular physical activity.¹⁵

Did You Know?

Only 65% of adolescents exercise regularly.¹⁵

Plan With Your Patient

First of all, *always* ask your patients about their exercising habits. Determine if they are getting enough physical activity. If they are, support them and encourage them to continue. If not, assist them in planning a program that suits their needs and capabilities. If they enjoy group support, encourage them to join a health club or exercise program. Such a program should be:

1. *Medically safe*

- Patients should receive a medical evaluation prior to starting any exercise program, especially if the person has a history of cardiovascular disease, diabetes, hypertension; if he/she is a current smoker or obese; and if he/she is elderly.
- Patients should gradually increase the level of exercise. Abrupt changes in physical activity can have deleterious effects on the health of individuals. Keeping a log of activities is a good way for exercisers to track their progress.
- Patients should be encouraged to decrease the risk of injuries by performing alternate-day exercises and by stretching.

2. *Enjoyable*

- Ask your patients what kind of activities they prefer (e.g. walking, biking) and encourage them to share these activities with family members and friends.

3. *Convenient*

- Physicians should help patients try to fit their exercises into their daily activities.

4. *Realistic*

- It is difficult to adjust to changes, especially for people who are not used to exercise. Stress the importance of gradually increasing the intensity, frequency, and duration of exercise.

5. *Structured*

- Many people like to have a set of defined activities and goals. Having a specific schedule for their activities will also improve patient compliance. Just remember that each intervention should be individually tailored.

Did You Know?

Physical inactivity is more common among¹⁸:

- Women than men
- African American and Hispanic adults than whites
- Older than younger adults
- Less affluent than more affluent people

Resources – Health Behavior Change

<http://health.gov/healthypeople>

The Healthy People 2010 Website, presents a comprehensive, nationwide health promotion and disease prevention agenda. It is designed to serve as a roadmap for improving the health of all people in the United States during the first decade of the 21st century.

<http://healthfinder.gov>

Web site sponsored by the Department of Health and Human Services, provides a comprehensive list of links to health related sources, including selected health information Web sites from government agencies, clearinghouses, nonprofits, and universities

<http://www.uri.edu/research/cprc>

The Cancer Prevention Research Center provides extensive information on different approaches to health behavior changes. Includes detailed description of the transtheoretical model and links to the center's staff and students, including Dr. James O. Prochaska, one of the originators of the model.

<http://pharmacy.auburn.edu/pcs/pypc0471/motivationalinterviewing/sld001.htm>

Slide presentation from the Auburn University School of Pharmacy presented by Bruce A. Berger on Motivational Interviewing. Illustrates an overview of behavior change, barriers to change behaviors and techniques to promote health behavior changes.

http://www.csupomona.edu/~jvgrizzell/best_practices/bctheory.html

The California State University, Pomona website presents an overview of various health behavior change models such as the relapse prevention model, social support model, health belief model, and the stages of change model among others.

Resources – Physical Activity

<http://www.cdc.gov/nccdphp/sgr/sgr.htm>

Surgeon General 1996 Report on Physical Activity and Health. Provides statistics and recommendations for different age groups.

<http://www.acefitness.org>

American Council on Exercise's Web page contains information on the benefits of physical activity and links to other sources.

http://www.nhlbi.nih.gov/health/public/heart/obesity/phy_act.htm

Physical activity and Heart Disease I.Q.

http://www.kidshhealth.org/kid/stay_healthy/fit/what_time.html

KidsHealth Web site.

<http://odphp.osophs.dhhs.gov/pubs/guidecps>

Guide to Clinical Preventive Services: Counseling to Promote Physical Activity. Report of the U.S. Preventive Task Force.

<http://www.cooperinst.org/actgpict.asp>

Activity Gram by The Cooper Institute.

Did You Know?

Even though the prevalence of physical inactivity among adults as well as adolescents is very high, only 34% of physicians counsel their patients about exercise.²¹

<http://www.intelihealth.com>

The Johns Hopkins Health Information Web site for the public and health professionals. Has a good search engine.

<http://www.medem.com>

Medical Library, sponsored by Leading Medical Societies, with information on fitness, sports and athletics, nutrition, and more.

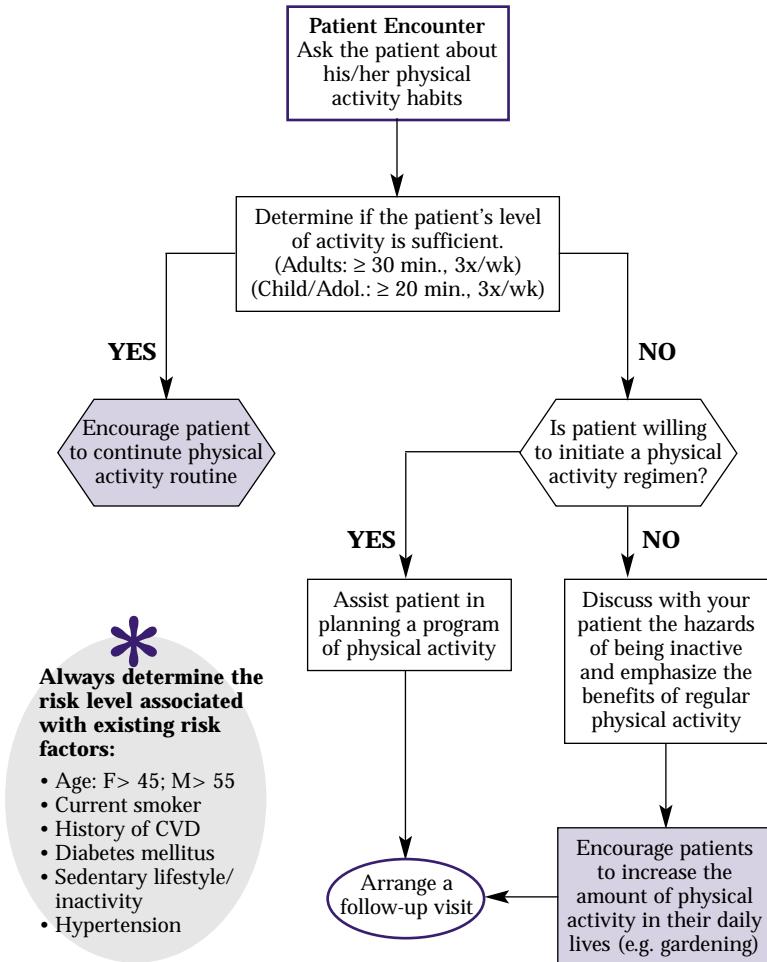
<http://www.jfampract.com>

The Journal of Family Practice's Web site contains links to various articles on physical fitness.

Citations

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Physical Activity: Assessment Algorithm



Adapted from *Put Prevention into Practice: Clinician's Handbook of Preventive Services*, 2nd Edition. U.S. Department of Health and Human Services, 1996.