



lieve doctors do enough to encourage patients to become active. "About as far as they go is, 'you really should get some exercise.'"

However, ALC, in partnership with other national organizations, has developed a plan to promote active living. A draft, *Toward an Active and Healthy Canada*, has been sent to the federal health minister. It would establish mechanisms, such as methods of billing, to help doctors and others convey the active-living message.

## Active-living guide

ALC is also contributing to another initiative, a

guide to active living, that will be a close cousin to Canada's Food Guide. The project, headed jointly by Health Canada and the Canadian Society for Exercise Physiology (CSEP), will likely comprise a single page and a 16-page guide. Physicians will help evaluate prototypes of the guide, expected to be ready for distribution later this year.

It will recognize that there are distinct stages in modifying behaviour. For instance, people may be "precontemplators" (sedentary, with no plans to become active), or "contemplators" (thinking about exercise, but unsure how to start).

Bill Hearst, executive director of CSEP, says the guide

## Project PACE aims to make physicians exercise advocates

In the US, where sedentary lifestyles are estimated to claim 250 000 lives each year, a recent report linking physical activity to good health was considered a groundbreaker. The report from the Surgeon General, released in July 1996 on the eve of Atlanta's Olympic Games, propelled exercise to the top of the national agenda.

The report was the latest and most prominent statement on the health benefits of exercise. In 1990, the US Public Health Service created a series of national goals concerning health promotion and disease prevention. Healthy People 2000 called for an increase "to at least 50% [in] the proportion of primary care providers who routinely assess and counsel their patients regarding the frequency, duration, type and intensity of each patient's physical-activity practices."

One of the important new resources to support this objective is Physician-based Assessment and Counselling for Exercise, dubbed Project PACE. The initiative, originating in some American universities and funded by the US Centres for Disease Control and Prevention, was launched in 1990 and is now in use throughout the US.

Dr. Kevin Patrick, the project director, says PACE is designed to give physicians tools to help them get their patients to become and stay physically active. Patrick, associate clinical professor of family and preventive medicine at the University of California in San Diego, was in Ottawa recently to describe Project PACE to Canadian experts.

According to Patrick, American physicians want to counsel their patients to become more active, but face several barriers. These include a lack of specific knowledge about exercise, a shortage of time during clinical visits and inadequate professional compensation for

time spent counselling. Project PACE seeks to address these with suitable resource materials, including a questionnaire, a manual and a series of counselling protocols.

The 2-page questionnaire, which patients can complete in the waiting room in a matter of minutes, establishes existing health status and activity patterns. Next, the well-organized manual guides physicians through the medical benefits of exercise and explains how to evaluate risk factors and counsel patients toward an active lifestyle.

The counselling approach, detailed in 3 protocols, works on the premise that behaviour modification occurs in stages, each requiring its own techniques. For example, patients may be "pre-contemplators" who need to hear clear advice before they will begin thinking about becoming active. "Contemplators" need specific plans for beginning an activity program. Finally, "actives" need encouragement to keep going. (The Canadian Fitness and Lifestyle Research Institute identifies a fourth group, people in relapse, who would need to be encouraged back to activity.)

Pilot testing showed that physicians using PACE protocols could deliver vital information to patients in 2–5 minutes. Doctors are encouraged to follow up by monitoring patient progress and providing further assistance during subsequent visits.

In Canada, reaction to the PACE initiative has been mixed. Advocates of physical activity generally regard it as another useful resource for doctors, particularly those not otherwise inclined to discuss exercise with patients. On the other hand, some critics feel the focus on physicians (and occasionally nurse practitioners) is too narrow: they say all health professionals should routinely counsel Canadians on the merits of physical activity.