ABSTRACT

Background
Despite the consequences of physical inactivity, it is under recognized and not addressed consistently in primary care. The Healthy People 2010 recommendations are that adults should engage in at least 30 minutes of moderate physical activity on most, preferably all, days of the week. Clinical practice guidelines advise that primary care practitioners take the opportunity whenever possible to advise, discuss, negotiate, or encourage physical activity in inactive adults.

Objective
The primary objective was to identify beliefs about physical activity that act as barriers among providers and to educate them about the current recommendations for physical activity. An additional objective was for providers to increase the frequency of the discussion of physical activity and establish a plan with patients as documented in the charts.

Subjects
The participants were seven health care providers (six nurse practitioners and one physician’s assistant), at one free clinic, serving a primarily, rural, female, low income population.

Methods
A 30 minute educational program was conducted with the providers that included the latest recommendations for physical activity. Two surveys, one on attitudes and beliefs, and one on knowledge were given at three time points: prior to and immediately after the education, and after the twelve week intervention. A reminder in the form of a worksheet incorporating the 5 A’s of behavioral change was developed as a tool for the providers to use. Patient charts were reviewed three months prior to and three months after the intervention to assess the frequency of discussions about physical activity.

Results
There was a statistically significant increase in knowledge and a significant change in attitude after the education program. There was also a significant increase in the documentation of a discussion of physical activity and inclusion of a plan to increase exercise in the twelve week period after the education session.

Discussion
The use of a brief, one session educational program resulted in significant increases in knowledge and change in attitudes that were sustained over a twelve week period. This increase in knowledge and the use of paper prompts increased the assessment and development of plans to increase activity in a very sedentary, low income, rural primary care clinic population. Future plans include the inclusion of an electronic prompt in the electronic charts to encourage sustainability of the program.