



# The Research File

Information for professionals from the Canadian Fitness and Lifestyle Research Institute

## Reaching Youth Through Health Care

When it comes to counseling youth on physical activity, health professionals have three major advantages: credibility on health issues, opportunities to reach youth, and an audience highly receptive to counseling, especially among adolescents.

Pediatricians and family medicine physicians are the most likely health care professionals to provide primary care and counseling to young people, but nurses and physicians' assistants are also well positioned in this respect—whether they operate from community-, hospital-, or school-based clinics.

The ideal time for counseling is during routine checkups, when the provider can engage in individual discussion with the patient. Other opportunities include follow-up appointments for injuries or illnesses, visits for chronic diseases, and physical examinations before participation in recreational programs.

### What the Research Shows

Despite a lack of studies on health care interventions targeting young populations without risk factors, overall findings suggest that interventions to counsel children and adolescents to adopt healthful physical activity behaviours are most likely to be successful if they are developmentally appropriate, grounded in behavioural change theory, systematic, and integrated with a larger, multisector intervention.

Two theories have guided the development of effective interventions for many health behaviours and can be applied to physical

activity counseling. The *stages of change theory* uses the most appropriate intervention for patients based on their stage of readiness to change. The *social cognitive theory* emphasizes consideration of the patient's self-efficacy, expected benefits of the behaviour, as well as barriers to and social supports for behaviour change.

Dr. James Sallis and his colleagues, who reviewed the literature on the subject, warn that health care providers face important barriers to counseling. To address these barriers, they recommend:

- office support systems that facilitate and reinforce provider counseling;
- appropriate patient education materials, reinforcement of messages by other providers in the office, and follow-up contacts;
- official recognition by health care organizations and regulators of the need for an infrastructure to support preventive counseling;
- education to equip providers with the knowledge and skills needed to counsel effectively.

### Counseling Guides

Comprehensive guidelines for providing preventive counseling to young people in the health care setting are currently offered in two documents:

- *Bright Futures*, a document developed by the National Center for Education in Maternal and Child Health, includes a series of general health supervision guidelines to be covered during health care visits. Separate guidebooks for nutrition and physical activity outline issues of importance for assessment and counseling in each area by developmental level and for special populations.



- The *Guide to Adolescent Preventive Services* was developed by the American Medical Association. Its acronym, GAPS, is also a mnemonic for the steps in the guidance process:

1. Gather information about the health behaviours and risk for related medical conditions;
2. Assess further the factors that might influence the behaviour and inform an intervention approach;
3. Problem identification, including assessment of behaviour change targets, readiness to change, and barriers and opportunities;
4. Solutions, where the provider, adolescent, and sometimes parents agree on a plan with specific strategies to change the behaviour.

### Involving All Sectors

The primary care setting does not allow for the same intensity of interventions as school-based interventions, so effective interventions have to extend beyond infrequent patient-provider encounters and include, for instance, visits with professionals within the primary care setting, referral to other professionals or agencies, support groups or classes, mail, telephone, e-mail, or Internet communications.

Considering the wide variety of influences on youth behaviour, a coordinated, multisector approach—including schools, government agencies, the recreation industry, and the mass media—is likely to be central to the success of interventions to promote physical activity among young people.

### For More Info ...

Sallis, J.F., et al. (2000). Interventions in health care settings to promote healthful eating and physical activity in children and adolescents. *Preventive Medicine*, 31, S112–S120.

## Tips for Encouraging Youth to Be Active

Until interventions with known effectiveness are available, primary health care providers are encouraged to

- model healthful lifestyles;
- consider guidance about nutrition and physical activity an essential part of health maintenance visits;
- follow existing guidelines such as *Bright Futures* and GAPS;
- involve parents in counseling sessions, especially with younger children. Parents control access to physical activity and need to be a major focus of interventions;
- provide education materials that will help patients and parents change behaviours;
- refer to professionals who can provide more assistance, if needed;
- be an advocate for high quality school and community physical activity programs.

