female, 7 male; mean age = 47.7±10.1 yr) participated in the exercise sessions (60 min, 3d wk, 12 wk). The program included total-body exercise, as recommended by ACSM, including cardiovascular, resistance, flexibility and neuromotor exercises. Physiological CVD risk factors measured include obesity (BMI), hypertension (SBP, DBP), dyslipidemia (HDL, LDL, TOTAL), and prediabetes (IFG). Results: Paired samples t-tests demonstrated significant changes in BMI (p < 0.001; 33.1±1.1 pre, 32.5±1.1 post), HDL (p < 0.05; 52.2±2.0 pre, 49.8±1.9 post), and IFG (p < 0.001; 90.3±3.9 pre, 99.4±3.4 post). There were no observed changes (p > 0.05) in SBP (124.6±1.8 pre, 124.2±1.8 post), DBP (75.3±1.4 pre, 75.4±1.2 post), LDL (112.1±5.4 pre, 111.8±4.6 post), and TOTAL (188.0±6.1 pre, 188.0±5.9 post). Conclusions: While the exercise program did show an improvement in average weight loss (Δ = 5.74 lb) that significantly effected BMI, greater than 12 weeks is needed to improve blood lipid profile. Further, while this program did demonstrate significant improvements in exercise capacity in this population, an exercise program that is of longer duration is needed to demonstrate lifestyle changes and differences in the blood lipid profile.

Although there is widespread recognition that physical activity has a primary role in the prevention of chronic disease, traditional primary care services in Canada do not provide patients with the multilevel supports they require to change their physical activity behaviour. Only a minority (i.e. 34%) of patients reported receiving physical activity counseling at their last primary care visit. Strategies to address the need of chronic disease prevention must consider offering systemic solutions to manage chronic disease issues.

PURPOSE: A team of experts developed a model for physical activity promotion within primary care (i.e. the ENCOURAGE project), to provide physically inactive individuals with the multilevel supports that they require to adopt and sustain a more physically active lifestyle. The project included the introduction of a Certified Exercise Physiologist (CSEP-CEP) to the clinic as a way to better support the primary care team so they could counsel patients on physical activity. His role was also to provide physical activity counseling services to patients directly so they learn the skills required to overcome barriers related to physical activity.

METHODS: The ENCOURAGE project was launched in two primary care clinics in Winnipeg. Individuals between the age of 30 to 65 years, who had not been previously diagnosed with a chronic condition, and who failed to meet the current Canadian Physical Activity Guidelines (150 minutes of MVPA/week) were eligible for participation. The project recruited 119 participants, 36 males and 83 female. The primary outcome measure was a change in moderate to vigorous intensity physical activity as measured by accelerometer.

RESULTS: The ENCOURAGE project enabled previously sedentary individuals (mean ± SE; Age, 51 ± 1 years; BMI, 35 ± 2.8; with at least 1 or more chronic disease risk factors) to increase their total physical activity by 104 minutes per week (i.e. an equivalent of adding ~1400 more total steps of activity/day).

CONCLUSION: This level of improvement suggests the ENCOURAGE project helped participants re-schedule their lives in a manner that enabled them to be physically active for approximately 1.75 hours a week more than they were before they received physical activity counseling at the primary care clinic.