



P A C E

*Patient-centered Assessment
and Counseling
for Exercise and Nutrition*

Nutrition



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PACE Introduction

The PACE nutrition program provides practical tools to enable you to quickly, safely and effectively promote healthful dietary changes for your patients within 2-5 minutes during routine office visits. PACE is “patient-centered” because the program is tailored to meet the needs of each patient. This nutrition manual complements the PACE physical activity manual. Using both together provides a more comprehensive health promotion program for patients.

PROGRAM STRENGTHS

Based on rigorously researched behavioral change techniques

The best theory and research from the behavioral sciences have been built into the PACE assessment and easy-to-use counseling materials. Some of these techniques include: self-efficacy (the belief that one can meet nutrition goals), awareness of benefits of a healthy diet, reducing perceived barriers to adopt a healthy diet, increasing social support to eat healthy foods from family and friends, and knowledge of how to purchase and prepare tasty, healthful foods.¹⁻⁴ The PACE program promotes changes in these factors, to help patients adopt and maintain better eating habits. Providers do not need to be experts in nutritional or behavioral sciences to use these materials.

Nutrition counseling messages are tailored to each patient’s readiness to change

Behavioral changes occur in stages. The relative importance of the behavioral factors mentioned above (self-efficacy, awareness of benefits, etc.) varies somewhat, depending on each person’s stage of readiness for making nutritional changes.⁵⁻⁷ The PACE program determines each patient’s readiness to adopt healthful eating behaviors. This initial assessment enables you to tailor counseling messages to patients’ current needs, increasing your effectiveness and making the best use of your time.

Uses the most current nutrition recommendations

The nutrition recommendations are based upon the most current guidelines from the United States Department of Agriculture and United States Department of Health and Human Services Dietary Guidelines for Adults.⁸ PACE targets three nutrition topics that are most relevant to the health of all patients: (1) balancing caloric intake and expenditure, (2) reducing dietary fat, and (3) increasing fruit, vegetable and fiber.

Effective and Practical for promoting healthful dietary changes as part of an office visit.

Effectiveness

Nutrition Counseling Studies

Experimental studies support the efficacy of provider-delivered counseling for nutrition. As with other lifestyle factors (for example, smoking cessation and blood pressure control) with carefully designed programs, even minimal provider involvement often improves outcomes.

For example:

- One study evaluated the effectiveness of a low-intensity dietary intervention delivered by 28 primary care providers in lowering dietary fat intake and raising dietary fiber intake. Providers gave participants a self-help booklet and a brief motivational message. Patients reported a decrease in fat intake and an increase in fiber intake, even 1 year later.⁹
- Other researchers randomized 558 adult patients in family practice clinics to receive tailored nutrition information, non-tailored information, or no information. Tailored intervention was associated with a significant reduction in total fat consumption 4 months later.¹⁰
- In a survey of individuals who received a provider's recommendation for dietary change in the previous year, respondents receiving recommendations were more likely to report decreased use of high-fat foods and increased use of high-fiber foods, and to be in the maintenance stage of dietary change. Results suggest that providers can play an important role in promoting dietary improvements.¹¹

PACE studies

- The developers of PACE studied the efficacy of the PACE physical activity intervention. Sedentary patients (n=212) received either PACE counseling tailored to their stage of change, or standard medical care. Patients were assessed before and 4-6 weeks after a visit with a primary care provider. Patients who received PACE were more likely to move from sedentary to an active stage of change (52% vs. 12%, $p < .001$). Significant increases were found in walking for exercise ($p < .05$), total walking ($p < .025$), and an objective measure of activity ($p < .05$) for those who received PACE physical activity counseling. This suggests that the PACE stage-based approach to counseling can result in positive changes in patients' health-related behaviors.¹²

Research on the efficacy of PACE stage-based counseling specifically for nutrition has not been completed. However, the "Stages of Change" model, a key component of tailored PACE counseling, has been successfully applied to a variety of health behaviors (including dietary counseling, smoking cessation, alcohol treatment, and mammography).⁶ There is reason to believe that stage-based counseling will be an effective tool for creating changes in specific dietary habits, as it has been in these other areas.