Healthy Behavior Changes Often Take Time

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Posted on April 1, 2005 by Editor

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.01 Healthy Lifestyle Characteristics (return to index)

The adage that you can lead a horse to water, but you cannot make him drink is an appropriate one when it comes to personal health choices and behaviors. In late April 2005, a number of news organizations reported on the results of a study published in the Archives of Internal Medicine [1] that showed only 3% of 153,000 adult subjects followed a healthy lifestyle as defined by these characteristics: 1) nonsmoking, 2) healthy weight (body mass index [calculated as weight in kilograms divided by the square of height in meters] of 18.5-25.0), 3) consuming 5 or more fruits and vegetables per day, and 4) regular physical activity (30 or more minutes for 5 times or more per week).

The advantages of these health practices are fairly well known by now due to public education campaigns, news articles, professional health care advice, and other channels. Encouragingly, more than three-fourths of the respondents (76%) said they were non-smokers. However, less than half (40.1%) said they maintained a healthy weight. An even lower percentage (23.3%) said they ate five fruits and vegetables per day. And only 22.2% said they practiced regular physical activity. (There is a small margin of error for these percentages.) Only 3% of respondents had all four of these characteristics. The differences across subgroups (groupings by age, income,
The dangers of not adopting a healthy lifestyle are noteworthy. In the article’s introduction, the authors write:

“Most people with major chronic diseases share multiple common lifestyle characteristics or behaviors, particularly smoking, poor diet, physical inactivity, and obesity. Tobacco, poor diet, and physical inactivity have been identified as leading contributors to overall mortality in the United States. The public health importance of these lifestyle characteristics can also be gauged by their inclusion in major public health reports on smoking, physical activity, and diet, and in clinical guidelines concerning blood pressure, cholesterol, and obesity, which all emphasize lifestyle modification as a key element of prevention and control.”

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The healthy lifestyle characteristics are said to be “modifiable” because, by and large, people have the ability to change these behaviors. For example, if someone smokes, he or she has the option to stop smoking; or if someone does not smoke, he or she has the option to start smoking. What this study clearly shows, however, is that knowledge about healthy lifestyles is not sufficient to trigger behavioral changes. Getting people to change their behaviors is much more complex than saying, “This is bad for you for these reasons, so don’t do it; and this is good for you for these reasons, so do it.”

Logically, one would think that if the incentives to change are significant enough (such as decreasing one’s risk of acquiring a chronic disease), the motivation to change one’s behavior would be high. But these behavioral changes are impacted by a host of personal, social, psychological, economic, and occupational factors. People’s tastes, habits, sedentary lifestyles, reliance on fast food or processed foods, willingness to buy fresh fruits and vegetables in relatively large quantities (compared to what they are accustomed to purchasing), and so forth mitigate adoption of healthy lifestyle characteristics. Another complicating factor is the confusing messages that sometimes people feel they receive about food and nutrition. Capitalizing on a large sector of the public’s desire or even obsession to lose weight, various organizations, companies, institutes, and individuals have put forth competing theories about weight loss and accompanying recommendations for what they consider to be healthy and effective weight loss strategies. These recommendations are often inconsistent and may result in people avoiding dietary or nutritional information in general.

The characteristics sound straightforward and simple enough to follow, but “simple” and “easy” are not the same things. Lowering tobacco use in the United States did not happen overnight. Official knowledge about tobacco’s harm has been available and publicized by the U.S. government and public health officials for many decades. Since 1960, smoking prevalence has decreased in the adult population (18 years or older) – with some differences between genders and across ethnic groups – and leveled off in the 1990s. Despite gains in tobacco use reduction,
about 48 million adults continue to smoke. Obviously Surgeon General warning labels, anti-smoking public education campaigns, news media stories about the dangers of tobacco use, high taxes on tobacco products, personal guidance from health care providers and non-smoking family members, anti-smoking programs in the schools, public pressure on tobacco companies to fund anti-smoking efforts targeted at teens, and other strategies and interventions have not completely curbed tobacco use. One hopes that changes in other behaviors that improve people’s health will not take as long, but these public health goals will have to be pursued from many different angles, as has been the case with the anti-smoking movement.

.03 Cognitive, Affective, and Behavioral Changes (return to index)

Adopting healthy lifestyle characteristics can be hard work; as mentioned earlier, the changes may be simple but not easy. One strategy is to begin with knowledge gain (cognitive change), sustained by positive feelings (affective change), and implemented through gradual, incremental changes in choices and actions (behavioral change).

One way to get reliable nutrition information is to take an introductory course or workshop in the subject from a credible educational or health care institution such as a community college, university, hospital, or community health center — many of which offer programs for community members. These courses or workshops should be taught by qualified health care professionals, such as a nutritionist.

For people committed to adopting healthy lifestyle changes, there are seemingly endless volumes of information in print and on the Web that can help with the first step in the change process: knowledge gain. This information has to be read with a critical eye and should be discussed with one’s health care provider before implementation. The U.S. Department of Health and Human Services and the U.S. Department of Agriculture has a Web site called, “Dietary Guidelines for Americans 2005” that contains a wide range of information about diet and nutrition. See http://www.healthierus.gov/dietaryguidelines/. The agencies issued a press release in January 2005 that summarizes some important dietary and nutrition information and is republished below. [3]

People have to be highly motivated to change their behaviors in regard to diet, nutrition, exercise, smoking cessation, and so forth. The Web can help people make informed changes in these areas and others. [4] More online nutrition topics will be discussed in future columns.

.04 DHHS and USDA Dietary Guidelines (return to index)

(Note: The DHHS and USDA Dietary Guidelines news release is printed verbatim in full below.)

New Dietary Guidelines Will Help Americans Make Better Food Choices, Live Healthier Lives

HHS Secretary Tommy G. Thompson and Agriculture Secretary Ann M. Veneman today
announced the release of the *Dietary Guidelines for Americans 2005*, the federal government’s science-based advice to promote health and reduce risk of chronic diseases through nutrition and physical activity.

The sixth edition of *Dietary Guidelines for Americans* places stronger emphasis on reducing calorie consumption and increasing physical activity. This joint project of the Departments of Health and Human Services and Agriculture is the latest of the five-year reviews required by federal law. It is the basis of federal food programs and nutrition education programs and supports the nutrition and physical fitness pillars of President Bush’s *HealthierUS* Initiative.

“These new *Dietary Guidelines* represent our best science-based advice to help Americans live healthier and longer lives,” Secretary Thompson said. “The report gives action steps to reach achievable goals in weight control, stronger muscles and bones, and balanced nutrition to help prevent chronic diseases such as heart disease, diabetes and some cancers. Promoting good dietary habits is key to reducing the growing problems of obesity and physical inactivity, and to gaining the health benefits that come from a nutritionally balanced diet.”

“The new *Dietary Guidelines* highlight the principle that Americans should keep their weight within healthful limits and engage in ample physical activity,” said Secretary Veneman. “The process we used to develop these recommendations was more rigorous and more transparent than everbefore. Taken together, the recommendations will help consumers make smart choices from every food group, get the most nutrition out of the calories consumed and find a balance between eating and physical activity.”

Eating a healthy balance of nutritious foods continues as a central point in the *Dietary Guidelines*, but balancing nutrients is not enough for health. Total calories also count, especially as more Americans are gaining weight. Because almost two-thirds of Americans are overweight or obese, and more than half get too little physical activity, the 2005 *Dietary Guidelines* place a stronger emphasis on calorie control and physical activity.

The *Dietary Guidelines*, based on the latest scientific information including medical knowledge, provides authoritative advice for people two years and older about how proper dietary habits can promote health and reduce risk for major chronic diseases. The 2005 *Dietary Guidelines* were prepared in three stages. In the first, a 13-member Dietary Guidelines Advisory Committee prepared a report based on the best available science. In the second stage, government scientists and officials developed the *Dietary Guidelines* after reviewing the advisory committee’s report and agency and public comments. In the third stage, experts worked to translate the *Dietary Guidelines* into meaningful messages for the public and educators.

The report identifies 41 key recommendations, of which 23 are for the general public and 18 for special populations. They are grouped into nine general topics:

- Adequate Nutrients Within Calorie Needs
The Dietary Guidelines provide health education experts, such as doctors and nutritionists, with a compilation of the latest science-based recommendations. Consumer-friendly materials such as brochures and Web sites will assist the general public in understanding the scientific language of the 2005 Dietary Guidelines and the key points that they can apply in their lives. To highlight those points, a consumer-oriented brochure accompanies the 2005 Dietary Guidelines. USDA’s Food Guidance System also will serve as a tool to educate consumers on the Dietary Guidelines for Americans. The Food Guidance System, currently called the Food Guide Pyramid, is undergoing revision and will be released in the spring of 2005.

The 2005 Dietary Guidelines and consumer brochure are available at www.healthierus.gov/dietaryguidelines.

Following is a list of key recommendations from the Dietary Guidelines.

2005 DIETARY GUIDELINES FOR AMERICANS

Key Recommendations for the General Population

ADEQUATE NUTRIENTS WITHIN CALORIE NEEDS

Consume a variety of nutrient-dense foods and beverages within and among the basic food groups while choosing foods that limit the intake of saturated and trans fats, cholesterol, added sugars, salt, and alcohol.

Meet recommended intakes within energy needs by adopting a balanced eating pattern, such as the U.S. Department of Agriculture (USDA) Food Guide or the Dietary Approaches to Stop Hypertension (DASH) Eating Plan.

WEIGHT MANAGEMENT

To maintain body weight in a healthy range, balance calories from foods and beverages with calories expended.

To prevent gradual weight gain over time, make small decreases in food and beverage calories
and increase physical activity.

**PHYSICAL ACTIVITY**

Engage in regular physical activity and reduce sedentary activities to promote health, psychological well-being, and a healthy body weight.

To reduce the risk of chronic disease in adulthood: Engage in at least 30 minutes of moderate-intensity physical activity, above usual activity, at work or home on most days of the week.

For most people, greater health benefits can be obtained by engaging in physical activity of more vigorous intensity or longer duration.

To help manage body weight and prevent gradual, unhealthy body weight gain in adulthood: Engage in approximately 60 minutes of moderate- to vigorous-intensity activity on most days of the week while not exceeding caloric intake requirements.

To sustain weight loss in adulthood: Participate in at least 60 to 90 minutes of daily moderate-intensity physical activity while not exceeding caloric intake requirements.

Some people may need to consult with a healthcare provider before participating in this level of activity.

Achieve physical fitness by including cardiovascular conditioning, stretching exercises for flexibility, and resistance exercises or calisthenics for muscle strength and endurance.

**FOOD GROUPS TO ENCOURAGE**

Consume a sufficient amount of fruits and vegetables while staying within energy needs. Two cups of fruit and 2½ cups of vegetables per day are recommended for a reference 2,000-calorie intake, with higher or lower amounts depending on the calorie level.

Choose a variety of fruits and vegetables each day. In particular, select from all five vegetable subgroups (dark green, orange, legumes, starchy vegetables, and other vegetables) several times a week.

Consume 3 or more ounce-equivalents of whole-grain products per day, with the rest of the recommended grains coming from enriched or whole-grain products. In general, at least half the grains should come from whole grains.

Consume 3 cups per day of fat-free or low-fat milk or equivalent milk products.

**FATS**
Consume less than 10 percent of calories from saturated fatty acids and less than 300 mg/day of cholesterol, and keep trans fatty acid consumption as low as possible.

Keep total fat intake between 20 to 35 percent of calories, with most fats coming from sources of polyunsaturated and monounsaturated fatty acids, such as fish, nuts, and vegetable oils.

When selecting and preparing meat, poultry, dry beans, and milk or milk products, make choices that are lean, low-fat, or fat-free.

Limit intake of fats and oils high in saturated and/or trans fatty acids, and choose products low in such fats and oils.

**CARBOHYDRATES**

Choose fiber-rich fruits, vegetables, and whole grains often.

Choose and prepare foods and beverages with little added sugars or caloric sweeteners, such as amounts suggested by the USDA Food Guide and the DASH Eating Plan.

Reduce the incidence of dental caries by practicing good oral hygiene and consuming sugar- and starch-containing foods and beverages less frequently.

**SODIUM AND POTASSIUM**

Consume less than 2,300 mg (approximately 1 teaspoon of salt) of sodium per day.

Choose and prepare foods with little salt. At the same time, consume potassium-rich foods, such as fruits and vegetables.

**ALCOHOLIC BEVERAGES**

Those who choose to drink alcoholic beverages should do so sensibly and in moderation-defined as the consumption of up to one drink per day for women and up to two drinks per day for men.

Alcoholic beverages should not be consumed by some individuals, including those who cannot restrict their alcohol intake, women of childbearing age who may become pregnant, pregnant and lactating women, children and adolescents, individuals taking medications that can interact with alcohol, and those with specific medical conditions.

Alcoholic beverages should be avoided by individuals engaging in activities that require attention, skill, or coordination, such as driving or operating machinery.

**FOOD SAFETY**
To avoid microbial foodborne illness:

Clean hands, food contact surfaces, and fruits and vegetables. Meat and poultry should not be washed or rinsed.

Separate raw, cooked, and ready-to-eat foods while shopping, preparing, or storing foods.

Cook foods to a safe temperature to kill microorganisms.

Chill (refrigerate) perishable food promptly and defrost foods properly.

Avoid raw (unpasteurized) milk or any products made from unpasteurized milk, raw or partially cooked eggs or foods containing raw eggs, raw or undercooked meat and poultry, unpasteurized juices, and raw sprouts.

Note: The Dietary Guidelines for Americans 2005 contains additional recommendations for specific populations. The full document is available at www.healthierus.gov/dietaryguidelines.

References (return to index)


http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/mm4843a2.htm.


[4] See previous columns on health informatics:

“Health Information Online Abundant and Varied”

“Teaching Students About Cyberhealth Information”
http://bcis.pacificu.edu/journal/2003/01/kawamoto.php
“Older Adults and the Internet”
http://bcis.pacificu.edu/journal/2003/02/kawamoto.php

“Computer Technology in Health Care Settings”
http://bcis.pacificu.edu/journal/2003/04/kawamoto.php

“Privacy and Personal Health Information”
http://bcis.pacificu.edu/journal/2003/06/kawamoto.php

“Healthy Learning Can Be Fun: Digital Media and Health Education”
http://bcis.pacificu.edu/journal/2003/07/kawamoto.php

“Compassion Knows No Border: The Research of Patricia Radin”

“Health Related Blogs”
http://bcis.pacificu.edu/journal/2004/01/kawamoto.php

“Health information and Numerical Data”
http://bcis.pacificu.edu/journal/2004/03/kawamoto.php

“Learning About Health Care Policy: Part I”
http://bcis.pacificu.edu/journal/2004/05/kawamoto.php

“Learning About Health Care Policy: Part II”
http://bcis.pacificu.edu/journal/2004/06/kawamoto.php

“Genealogy, Technology, and Health”
http://bcis.pacificu.edu/journal/2005/01/kawamoto.php

“Health Behavior Changes Often Take Time”
http://bcis.pacificu.edu/journal/2005/03/kawamoto.php

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