How do you lead a healthy lifestyle?

Video Transcript

Abi: I’m not much of an exercise person, gym person, but I love to dance a lot, so that keeps me active and healthy.

Samantha: I lead a healthy lifestyle by basically just being aware of what I eat, aware of what I’m actually doing and not doing.

Jacob: Trying to make good decisions, especially when I eat. Especially on the weekends, I try to eat as healthy as I can. Most importantly, I try to walk everywhere I go.

Ashley: I try to just be conscious of what I’m doing. I try to get enough exercise. I try to eat somewhat healthy and stay away from all the pizza and junk food that I can.

Liz: I definitely try to get enough sleep. I manage my time so I avoid getting into stressful situations, which can compromise my sleep. Whenever I can I try to eat healthy. I always eat fresh food, stuff like that. I also try and get about three to four days of exercise in, just because it makes me feel better about myself and it kind of motivates me to be healthy in other aspects of my life.

After going through this lesson, you will be able to:

- Differentiate three risk factors for disease: genetic, environmental, and lifestyle;
- Recognize that most leading causes of death in the United States are lifestyle-related; and
- Identify choices and behaviors that contribute to a healthy lifestyle and promote wellbeing.

One way of understanding health is to consider its opposite: disease.

Your health and susceptibility to disease depend on three inter-related components:

- Genes
- Environment
- Lifestyle

Lifestyle Choices
Genes are specific to an individual, but largely un-modifiable.

Environments are modifiable, but only to a certain degree; they undergo natural changes that we don’t necessarily have control over. When we want to make changes in our natural or built environments—school or community, for example—we generally have to get other people to support those changes as well.

Lifestyle is both personal and modifiable. Individuals can, in many ways, choose their own behaviors, at least to the degree to which they’re not limited by their environment or other factors such as socio-economic status, education, and access to timely and effective healthcare that is culturally appropriate.

Imagine all three components of the triangle exerting influence on one another simultaneously. Some diseases such as heart disease, type 2 diabetes, and cancer are strongly related to genetics and family history but can be influenced by changes in lifestyle or environment. We can act as individuals and communities to prevent chronic disease. However, having genetic, environmental, and lifestyle risk factors increases susceptibility to disease. For example, a strong family history of heart disease (genetic), a sedentary lifestyle (behavior), and continuous exposure to secondhand smoke (environment) may increase the chances of getting heart disease. On the other hand, limiting exposure to secondhand smoke and exercising regularly may help reduce the genetic predisposition for heart disease.

Most of the leading causes of death in the United States are lifestyle-related: heart disease and stroke, cancer, respiratory diseases, diabetes, and Alzheimer’s.¹

Common risk factors for these diseases include:

- Overweight and obesity
- Physical inactivity
- Cigarette smoking and exposure to second-hand smoke
- High blood pressure, also referred to as hypertension
- High LDL-cholesterol—bad cholesterol
Sleep, Eat & Exercise

- Low HDL-cholesterol—good cholesterol
- High triglycerides—blood fat
- High blood glucose—blood sugar
- Family history of premature heart disease

Many of these are related to poor diet. You’ve probably heard about cancer, diabetes, heart disease and stroke, and may even be familiar with their risk factors, but you may be surprised to see Alzheimer’s disease—an incurable brain disorder—on the list of lifestyle-related causes of death. There’s actually evidence that high blood pressure and cholesterol, heart disease, stroke, and diabetes increase the risk of developing Alzheimer’s disease. On the other hand, maintaining a healthy weight, avoiding tobacco and excess alcohol, and exercising may decrease risk.²

**Obesity is a significant national health concern; in fact, it's one of the most serious health risk factors in both the developed and developing world.³**

In the United States, more than two-thirds of adults and one-third of youth are overweight or obese.⁴,⁵ National Health and Nutrition Examination Survey (NHANES) data indicate that 67.1%—more than two-thirds—of 20-39 year old men and 55.8%—more than half—of women in this same age group were overweight or obese in 2011, indicating that young adulthood is an especially important time in life to develop and maintain healthy lifestyle habits that promote healthy weight.⁴,⁵

**You're given only one body.**

You don’t get to trade it in for a new one after college. What you do now does matter.

The external appearance of health can be deceiving. You may look or feel alright today, but that doesn’t mean that certain disease processes have not already started. This isn’t meant to scare you, but alarming discoveries have been made over the past 20 years that demonstrate that chronic disease development begins in childhood, such as fatty build-up on the walls of blood vessels—a risk factor for heart disease.⁶,⁷,⁸

And, while type 2 diabetes is a disease historically diagnosed during adulthood—hence, sometimes referred to as adult-onset diabetes—it’s...
prevalence is increasing among children and adolescents. These serve as important reminders that it is never too early to develop a healthy lifestyle.

### Lifestyle and Disease Risk

**Video Transcript**

Mark Pereira: Fast food, sugar-sweetened beverages, skipping meals and then overeating later, eating late at night. The research has shown time and time again that they’re going to be linked to things like obesity, diabetes. The disease risks that are associated with poor diet, physical inactivity, not enough exercise, as this relates to obesity, high blood pressure, which leads to cardiovascular disease and heart attacks and strokes; these are things that we know start to develop very, very early in life, but they don’t have symptoms. You don’t feel them, you don’t feel sick usually for many, many years. And when you have rising blood pressure and rising blood sugar for a number of years, eventually you’re going to start not feeling well. You’re going to go to your doctor and you’re going to find out that low and behold your blood sugar is high and you need to really start making changes in your lifestyle or you’re going to be going on medications for the rest of your life. We know how to control these things, we know how to prevent these things through lifestyle, through regular exercise, proper prudent diet and so forth, avoidance of tobacco and too much alcohol, so that people can live higher quality life and not have to go on multiple medications for the rest of their lives, so that they can live longer and better with a higher quality of life and sense of wellbeing.

### Imagine Bethany in the following scenario:

- She is always in a rush—busy, busy, busy. She often skips meals, except when she grabs a bag of chips or a candy bar and eats it on the way to her next activity. Plus, she doesn’t have time to exercise because her schedule is jam packed with school, work, and an active social life that includes some pretty heavy partying.
- On most nights, when Bethany finally gets home or stops studying, it’s maybe two or three in the morning. She collapses on her bed but has to be up at six to get to work and then goes to class. This means, on a regular basis, she sleeps four or five hours a night, wakes up really tired, and falls asleep in class—or maybe decides to not even go so that she can catch up on some sleep instead.
- And, she smokes—usually in social settings like at parties, but lately she’s started smoking more regularly.
You may know people like Bethany or you may also engage in these behaviors—if not all, then perhaps some, and if not always, then perhaps some of the time.

What might Bethany’s health be like down the road if she continues these behaviors?

Some diseases or conditions she might experience at age 40 or 50, or maybe even before then, include:

- High cholesterol
- High blood pressure
- Pre-diabetes
- Overweight or obesity
- A lowered immune system contributing to decreased ability to fight infections and disease
- Intestinal distress such as colon polyps or diverticulitis
- Lowered bone density, which is a risk factor for osteoporosis

Now picture Derek:

- Derek makes being active a priority, despite having a lot of other things going on. He joined a fitness class that meets three days a week. At the beginning of the week, he looks at his schedule and reserves time for two other workouts during the week. When he just can’t fit it in, he usually finds other ways to be active, like biking to campus or walking with a friend instead of meeting at a coffee shop.
- Derek plans ahead—before he gets hungry—by packing his lunch or at the very least carrying healthy snacks like fruit, veggies, and nuts in his backpack. He also eats a variety of foods at every meal—something from each food group. He tries to limit going out to eat—for financial reasons in addition to nutritional ones—but when he does, he generally chooses items that are relatively low in fat, sugar, and sodium. He still enjoys foods like pizza and mac-and-cheese sometimes, but these aren’t the only foods in his diet.
- Derek averages about eight hours of sleep most nights and generally goes to bed and wakes up at about the same time. He’s learned through experience that getting good sleep is vital to doing well in school.
- Derek goes to parties sometimes, but his focus is on being social—not on getting wasted. He generally limits himself to just a few drinks, or he doesn’t drink at all, but nonetheless he has a good time and he’s still able to focus on what’s important the next day.
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You may know people like Derek, or perhaps this scenario describes some or all of your behaviors.

If Derek continues these habits, what do you suppose his health might be like at age 30, 40, or 50?

He is likely to experience:

- A full range of functional capacity
- Energy to be physically active
- Energy and motivation to work and play
- Few, if any, prescribed medications
- Healthy skin
- Healthy weight
- Maintained bone and muscle mass

A healthy lifestyle over time will help prevent chronic diseases like those listed earlier—not only at age 50, but beyond. Sure, for some people, aging may mean dealing with chronic diseases, but it’s not necessarily inevitable. Enough scientific evidence now exists for us to understand how we can positively impact our health outcomes by modifying our lifestyle and environment.

Only you can decide what is important for you in your own life, but we strongly believe that young adulthood presents a wonderful opportunity to establish a healthy lifestyle.

Advice From Former Students

Video Transcript

Melissa: My advice for other students who might still be struggling with sleeping, eating and exercising, is that you are the most important thing in your own life. Yeah, the homework has to get done. Yes, the test has to be studied for. But there’s no reason that you should cut down to three to four hours of sleep a night or start skipping meals because you have to run from place to place.

Mary: Make sure you balance your schoolwork well, but also do activities and spend as much time as you can when you’re outside doing things that keep you active, and don’t just stay inside and spend time on Facebook or talking to your friends online and actually get outside and do something.

Annie: Take all the tools that you’ve learned in classes like this, and be able to know that you can talk to other people about nutrition and exercise, because even though it seems like a lot of college kids are up all night and eating pizza everyday, that doesn’t have to be you, and that there’s a lot of
Advice From Former Students Video Transcript Cont’d…

Annie: …other people that care about it as well. So make sure you’re never afraid to reach out to someone else. Find a workout buddy, find someone who is willing to go through the extra steps of making a salad with you, and just make it fun.

Jacob: Just try it. Try making healthier decisions. I think you’ll see that making a few better decisions will lead to more better decisions about your life, and you’ll live an overall healthier life and you’ll be in a better mood most of the time, and it’s definitely worth it.

Liz: Stay healthy and stay happy. It doesn’t hurt to exercise. I mean, even walking to class instead of taking the bus, taking the stairs instead of an elevator, cutting out fast food two days a week from your diet, not getting pizza at two o’clock in the morning after a night of drinking; just take small steps and you’ll work your way up to a healthy lifestyle.

Melissa: Take the time you need to evaluate what you’re doing and change it so you can get healthier.

These lessons provide information, advice, and skills demonstrations. The course activities go a step further by engaging you in the process of behavior change.

Change is a dynamic process that unfolds over time; it’s not static. Prochaska and DiClemente introduced the Trantheoretical Model—often referred to as the Stages of Change—in 1983, and it continues to be one of the most cited and utilized models related to behavior change. The Stages of Change are:

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Termination

The stage someone is in with respect to any particular behavior is based on that person’s readiness to change.

Someone who is in the Precontemplation stage of change is not yet ready to change his behavior and has no intention of taking action in the next six months. He may be in denial or lack awareness or knowledge related to his current behavior, or he may lack the willpower or confidence necessary to change.
Someone in **Contemplation** is feeling more ready for change and intends to start taking action within the next six months. She is weighing the pros and cons of changing, and while some desire and intention is there, she feels hesitant and held back by some doubt or other perceived barriers.

Someone in the **Preparation** stage is ready and intends to start taking action within the next 30 days. Ze is planning for hir intended action—by getting necessary supplies and modifying hir environment or schedule, for example—and may even be starting to practice the new behavior in some ways.

Someone in **Action** has started to actually change her targeted behavior within the past six months and is making a consistent effort toward that change.

Someone in the **Maintenance** stage has changed his target behavior and been keeping up that change consistently for six months or more.

Someone is considered to be in **Termination** if ze has sustained hir targeted behavior for more than five years and has full confidence in hir ability to maintain it without temptation to go back to hir old behavior. Ze considers the new behavior part of hir self-identity and way of life.
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It's important to understand that change can occur in each of the stages and is not limited to just the action stage; changes in knowledge and emotions can help lead to eventual changes in behavior. Also, the change process is not necessarily linear; it's common for people to bounce back and forth between stages at various points in time. Additionally, when individuals know which stage they’re in with respect to a particular behavior, they can be more engaged in the change process.

Stages of Change Interaction
Please return to page 11 of the online lessons or visit the Stages of Change interaction directly to learn more about the stages and an individual's thought process in this stage:

These lessons provide general information to all students in the course, but the course assignments are personalized, meaning they’re designed to help you move through whichever stage you may be in with respect to a particular behavior.

Note that you may be in different stages with regards to different behaviors; that’s normal and OK. We respect your current level of readiness, wherever that may be. You’ll be prompted to monitor your current behavior, contemplate your readiness to change, set appropriate goals, and reflect on your progress, as research has shown these to be effective strategies for health behavior change.\(^{11,12,13,14}\) It’s not our intention to pressure you into action for which you may not be ready. You will be able to complete the course assignments regardless of your current stage of change. The extent to which you engage in the change process is your choice. However, the assignments are required regardless, and the more you put into them by answering the questions thoughtfully and honestly, the more you will get out of this course. It is our hope that you will come away with more self-awareness of your health-related behaviors, some specific and achievable goals, and the confidence and ability to lead a healthier lifestyle throughout and beyond your academic career.

Resource
Kelly McGonigal presents, "The New Science of Willpower and Change" (~6:00 minutes to 67:00 minutes)

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Lifestyle Choices


Sleep, Eat & Exercise