GKEN Reports:

**Taking Action Toward Good Health: Global Examples of
Promoting Healthy Lifestyles and Reducing Risk Factors**

<u>Background</u>

In his book, *The Blue Zones*, author Dan Buettner explored unique communities across the globe where the residents seemed to live significantly longer, healthier lives compared to the general population. Buettner found areas of higher than expected longevity in Sardinia, Italy; Okinawa, Japan; Loma Linda, California; and the Nicoya Peninsula in Costa Rica. In these communities, a higher than average percentage of people were living healthy lives well into their 90s and 100s. Based on his research, Buettner suggested a list of nine simple lifestyle practices – things within one's own power to change – that could help people maintain good health and vigor far beyond current expectations for health and longevity.

Buettner's recommendations reflected the common lifestyle elements and behaviors found within the 'Blue Zone' communities, which could be broadly categorized into (1) dietary habits (eating more nuts; moderate red wine consumption; reducing caloric intake by 20 percent; avoiding meat and processed foods); (2) physical activity habits (engaging in regular, low-intensity physical activity, such as gardening, yoga, walking, and incorporating more movement into everyday life); (3) attitude (having a sense of purpose or clear goals in life); (4) stress-reducing habits (socializing regularly with friends for fun and relaxation; reducing "noise" from television, radio, video games, and other distractions; meditation), and (5) family and community (participating in a spiritual community; prioritizing time with family; surrounding oneself with others with like-minded values and similar habits).

Buettner ends his book with a section titled, "The Choice Is Up To Us." After exploring strategies for improving health and longevity, he ultimately puts the final responsibility on individuals themselves to make the best choices. This notion of

individual "responsibility" for health is not new, although it is an issue of great debate both within and between countries around the world. Risk factors resulting from lifestyle habits are increasingly adding to the burden of health care in many countries. The World Health Organization reports that "in the most industrialized countries of North America, Europe and the Asian Pacific, at least one-third of all disease burden is caused by tobacco, alcohol, blood pressure, cholesterol and obesity. Furthermore, more than three-quarters of cardiovascular disease – the world's leading cause of death – results from tobacco use, high blood pressure or cholesterol, or their combination."[1] A common question therefore is: To what extent should individuals be held accountable for choices they make that increase these risk factors and ultimately may negatively impact their health?

The notion of responsibility or accountability in health care is sometimes a controversial one, with beliefs that vary by country and culture. In the United States, where one might argue that the philosophy of individualism is stronger, the idea of personal responsibility in health care has until recently been more acceptable than in Europe, for example. Some object to the idea of accountability on a "humanitarian" basis, arguing that despite one's behavior – for example, smoking - he or she should not be penalized for contracting lung cancer or developing heart disease.[2] Others may object on the basis of "fairness" in that health consequences are often due to factors outside of a person's control (e.g. genetic predisposition to cancer, etc.) so that two individuals with the same behavior might have completely different health outcomes based on outside factors. In other words, it would be unfair to hold someone like a smoker accountable, when perhaps he just isn't as "lucky" as another smoker with regard to developing cancer.[3] Also, economic circumstances can affect an individual's ability to make healthy choices – for example, the availability of full service grocery stores with fresh produce and other healthy options is often limited in economically disadvantaged communities in the U.S., where many residents are without transportation and therefore must shop for

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[1] World Health Organization. *The World Health Report 2002: Reducing Risks, Promoting Healthy Life.* Geneva: WHO, 2002.
[2] A.W. Cappelin and O.F. Norheim. "Responsibility in health care: A liberal egalitarian approach." *Journal of Medical Ethics*, Vol. 31, No. 8 (August 2005), pp. 476-480.
[3] Ibid.

groceries at convenience stores stocked primarily with junk food. Finally, beyond assessing responsibility for risk factors that lead to costly illness, there is also the idea of responsibility for self care around minor ailments, for example colds and coughs. In the United Kingdom, it is estimated that $2 billion per year is spent on doctor visits for minor conditions that patients could have treated themselves.[4] In some countries there is a growing call for education of patients and consumers to encourage confidence in making self care choices and managing minor illnesses.

The debate over accountability in health care is not limited to individual responsibility. In many countries, there is a growing demand for corporate responsibility on the part of the food industry, tobacco companies, and others, as well as the advertising and marketing arms that promote unhealthy products. In the U.S., the recently passed health care overhaul legislation requires chain restaurants to list calorie information on their menus and drive-through signs, as well as requiring food labels for vending machine items.[5] In 2006, soft drink manufacturers Pepsi and Coca-Cola both adopted guidelines from the American Beverage Association to remove high calorie, high sugar drinks from vending machines and cafeterias in U.S. schools. In March 2010, Pepsi announced that it would adopt similar standards and stop selling full-calorie beverages in schools worldwide.[6] More and more corporations are also realizing the benefit of promoting healthy lifestyle choices among their own employees and there is a growing movement toward the development of employee wellness programs in companies throughout the world.

Governments are often the driving force behind changes in health-related behaviors at the individual, community, and corporate levels. In many countries, local and national governments are implementing programs designed to help citizens make healthier choices through greater access to wholesome food, parks and recreation

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[4] Self Care Campaign. "Self Care: An Ethical Imperative." March 2010. http://www.selfcarecampaign.org/uploads/20100316_self_care_campaign_white_paper.pdf.

[5] Stephanie Rosenbloom. "Calorie data to be posted at most chains." New York Times, March 23, 2010. http://www.nytimes.com/2010/03/24/business/24menu.html.

[6] Nadja Popvich. "Pepsi to restrict caloric drinks in schools worldwide." National Public Radio, Shots (blog), March 18, 2010. http://www.npr.org/blogs/health/2010/03/pepsi_global_school_soda_polic.html.

facilities, in-school education, and other resources. Governments use a variety of strategies, from legislation to incentives and penalties, to encourage healthy behaviors and return responsibility for good health to individuals.

<u>GKEN Reports</u>

Through its graduate student internship program, GKEN enlisted the assistance of two students from the University of Texas Graduate School of Public Health to research strategies that promote active participation, responsibility, and accountability in health care. The following two reports provide an overview of initiatives in North America, Europe, Asia, and Australia that illustrate a variety of approaches to encouraging healthy behavior. The examples here reflect approaches by communities, corporations, and governments, many of which mirror the knowledge uncovered by Dan Buettner in the Blue Zone communities – i.e. some of the most successful strategies are those that give individuals a goal and purpose, encourage family support and participation, reduce caloric intake, and promote physical activity in everyday life. Other examples demonstrate how the use of technology, social networking, and financial incentives may also increase active participation in individual health and self-care. Finally, a distinction is given to approaches that focus on addressing health habits and choices among children and adolescents. Research clearly shows that health habits acquired in childhood – good or bad – are generally carried into adulthood, therefore strategies in childhood education and health promotion are key to creating an adult population that is fully invested in their own health and well-being.