

Lifestyle and Health Conditions

Harmeet Kaur¹ and Mohamad Hidayat Ullah²

¹Assistant Professor, Department of History, Baba Farid College (Deon) Bathinda.

²Assistant Professor, Department of Geography, Baba Farid College (Deon) Bathinda.

Abstract:

A healthy lifestyle is a way of living that lowers the risk of being seriously ill or dying early. Not all diseases are preventable, but a large proportion of deaths, particularly those from coronary heart disease and lung cancer, can be avoided. Scientific studies have identified certain types of behaviour that contribute to the development of noncommunicable diseases and early death. Health is not just about avoiding disease. It is also about physical, mental and social wellbeing. When a healthy lifestyle is adopted, a more positive role model is provided for other people in the family, particularly children. This booklet aims to help readers change their behaviour and improve their health in order to live healthier, longer lives.

Lifestyle and its effect on health was a common topic of discussion in the Conversation on Health. The importance of addressing issues related to incentives and disincentives for healthy behaviour, healthy lifestyles for children and youth, smoking, and personal responsibility, were highlighted in many of the discussions and submissions. Here is a selection of what British Columbians had to say on the subject of lifestyle. Many participants voiced concerns related to unhealthy lifestyles and their negative impacts on the health care system. Many believe that the most fundamental issue related to lifestyle choice is poverty, and until every person has the means to access healthy food, stable shelter, and education, people will be unable to have full access to health and well-being. The idea of targeting incentives to encourage healthier lifestyles among vulnerable, at-risk populations was frequently discussed. Many participants emphasized the link between healthy lifestyles, including diet, physical activity and personal habits, and lower rates of chronic disease. Some suggested there is a need to resist the tendency to look at disease specific issues and find common risk factors. Many voiced concerns related to the apparent increase in the inactivity of British Columbians, and there was widespread recognition that lifestyle improvements will require a long term campaign to educate the population to take responsibility for their health. Many participants describe ActNow BC as an excellent program and a step in the right direction. However, British Columbia's healthy living momentum must be maintained. Many emphasized the need for

integration between the environment, transportation and health. Others discussed the importance of infrastructure renewal in many communities to address the aging facilities.

Communities can and should play an important role in keeping us healthier... Every community should have a long term development plan that stimulates healthier lifestyles, leads to less... driving and more walking, bicycling and public transportation use, creates more green spaces and community gardens, makes space for as much as possible produce grown locally

Incentives and Disincentives for Healthy Behaviour

There was considerable debate about the idea of incentives and disincentives for healthy living. A number of participants wanted to look at penalties and disincentives through Medical Services Plan premiums that would work like the Insurance Corporation of British Columbia (ICBC) model, with health care premiums going down as risky behaviours are eliminated or counteracted. Some suggested higher taxes on cigarettes, alcohol and gambling, while others disagreed with the idea of disincentives or penalties, emphasizing that they would not want the government to set policies dictating what would be considered a healthy or unhealthy lifestyle choice. Many feel that currently, there is no incentive to become healthier. The creation of public policy supporting healthy lifestyles was certainly encouraged by participants. Suggestions included: 100 per cent smoke free legislation, clearer nutritional guidelines on food packaging and removing junk food from public buildings. Many participants wanted to explore incentives that encourage healthier living including: tax benefits or lower fees for gym passes or weight loss programs, tax credits for those who stay healthy and the removal of sales tax from items that promote healthy living and exercise. Changes that enable people to live healthier lifestyles were also recommended, such as bike lanes and affordable, accessible public transportation, and smoke-free environments. Participants support programs that encourage healthy behavior in youth and create affordable, accessible recreation. If we want people to engage in healthy lifestyles, provide incentives, for example, reduce or do away with user fees for community centres and other publicly run exercise facilities. Stop charging high rental fees for sports groups to use fields, gyms etc... Money spent there is saved down the road by having a healthier, happier society. Cuts to services go deeper than the dollar value. They impact people in a very real way.

Children and Youth

There was widespread concern that high levels of obesity in children are associated with poor diets and sedentary lifestyles. Participants believe that school districts are struggling with lack of funds for facilities to promote healthy lifestyles, and physical education programs have been cut. Many of the youth who

were consulted agreed that young people can feel they are invincible and that they will not see the negative effects of their lifestyle choices. For example, young people are smoking, despite the Part I: Summary of Input on the Conversation on Health Page 3 knowledge that it is unhealthy. Participants suggested that although there should be more in-school promotion of activity and nutritious food choices, it is also important not to push youth to extremes in healthy lifestyles. Many believe that there are not enough incentives for children and parents to be active and programs are too expensive for children already at risk.

Smoking

The Conversation on Health received a considerable amount of feedback related to smoking. Many participants believe there is a direct relationship between smoking and overall health care costs. The higher smoking rates in men than women, Aboriginals than non-Aboriginals, and in those who live in the Northern regions of British Columbia were troubling for many. Covering the costs of aides to help people quit, eliminating retail displays, increasing the number of tobacco cessation counsellors and remunerating physicians to counsel patients, as well as increasing taxes on cigarettes and eliminating smoking from public places, were among the recommendations related to smoking cessation. Several participants emphasized that former smokers continue to have a higher risk of many diseases, than do individuals who have never smoked. This stresses the fact that while smoking cessation is critical; prevention of smoking uptake in the first place is still the best approach. Many have pride in the fact that British Columbia has been very successful in reducing smoking prevalence in all age groups. However, participants emphasized that anyone that started smoking in the last ten years is not paying attention to the widely known potential health risks that are associated with smoking.

Personal Responsibility

Many believe that our society suffers from a sense of entitlement and does not embrace the concept of personal responsibility for health. Similarly, participants suggest the health care system itself is geared towards being reactionary instead of focusing on prevention and early intervention options. It was widely recommended that people be empowered to take responsibility and be personally accountable for their use of the health care system. Part I: Summary of Input on the Conversation on Health Page 4 Some focused on the importance of increasing the responsibility of families and communities in raising healthy children, and providing them with the resources to do so. Others suggested the development of health care and community networks that empower people to take care of their health in a proactive way. Specific recommendations included: giving printed report cards to patients outlining actions they should take to

improve their overall health, providing individual health assessments, and giving patients control over or access to their own health records. In agreeing that individuals must be accountable for their own choices, many emphasized that alternate options in health care must be readily available. We must focus more on health promotion and protection, and prevention of disease. Improving our collective health and maintaining wellness is surely less costly than treating disease. We must create environments, through policy and other mechanisms, to make the healthy the easy choice such that tobacco reduction, healthy eating and active living are supported by our environment, versus discouraged as is currently the case. We must pay careful attention to the determinants of health and take action to create the conditions for individuals and families to achieve their potential. Critically important is poverty reduction. Income is a powerful determinant of health

• **Comments on the social determinants of health:**

The most fundamental issue related to lifestyle choice is poverty. Until every person has the means to access healthy food, stable shelter, and education, people will be unable to have full access to health and well-being. This should be done by addressing the determinants of health through a lens that focuses on promoting health for all, not through a prevention focus that blames people for their ill health. , Increasingly, healthcare professionals and policy-makers are paying attention to the environmental (sometimes called ecological) contributors to personal health risks. Increasingly it is being recognized that behavioural risk factors involve more than individual decisions. For example, with advancing technology and certain urban built forms, there is less demand for physical activity; unhealthy meals are often faster and less expensive than healthier meals; and there is still relatively easy access to, and extensive promotion of, an abundance of tobacco products. , Leading a healthy lifestyle is expensive. In many cases, the working poor cannot afford a healthy lifestyle.

• **Comments on cultural and societal norms and pressures:**

, Currently, people seem to be working longer and sleeping less. If we address this it may lessen use of sleep-aids. , We have a growing number of people living alone; often in places where they do not have much of a social/safety network. This can result in: financial stress, Part I: Summary of Input on the Conversation on Health Page 3 depression (poor eating, exercise, sleep, work habits); escapism (alcoholism, drugs, gambling); violence; and social isolation, particularly for single parents, those with mental and physical disabilities, the elderly and those living in rural areas. , It has become acceptable to be overweight. , People who are mentally, physically and emotionally stressed out are not healthy. , It is concerning that today's generation is the first to have a shorter life expectancy than their parents. , We are

fat, we are lazy, we smoke too much, drink too much, eat too much and complain too much. , We live amidst a barrage of marketing messages, seducing us to eat processed foods, to watch TV or spend time on the internet, instead of out walking. , There is concern with the social pressures related to breastfeeding. , Families are not eating together due to time pressures. , Social policies which support the use of personal motor vehicles over public transit lead to reduced activity and increased pollution. In addition, motor vehicle accidents correlate with numbers of automobiles and their use, whereas injuries and deaths are less with increased public transit. , The explosion of diseases in the present society is primarily caused by drastic changes in the dietary pattern and way of life. , How we can encourage activity and physical health for First Nations peoples?

Comments on lifestyle choices:

People have to consider the negative long term effects of some forms of exercise. Nobody tells you that if your knees start pounding after 25 miles of running a week while you are training to become a marathoner at the age of 18 or 19, and you are 160 pounds, that you are going to have problems when you get to be middle aged. On one hand we provide free will and then we are surprised when a segment of the population makes bad choices. There is no link between various government policies particularly the sin activities and how it links to health costs. I am really upset by people who lead unhealthy lifestyles and abuse the system. Most of our diseases are caused by lifestyle, particularly the consumption of animal products. It can be difficult to get people to make positive lifestyle choices. It is important to recognize that there are major differences between obesity and smoking. First, food and activity are essential to life; tobacco is not. Second, there are possible negative consequences of a focus on obesity, such as disordered eating, that should be taken into account. Third, there are underlying genetic disease conditions that contribute to obesity. And fourth, research on the impacts and interventions related to obesity, diet and physical activity is still in its infancy. In spite of these conceptual and practical differences, there are important overlaps between tobacco use and obesity, including the fact that social influences and advertising pressures affect what we eat and how active we are. Furthermore, some have suggested that we currently live in an 'obesogenic' environment where people struggle against urban forms, transportation policy and economic factors which promote high energy intake and sedentary behaviours. , Over half of British Columbia's adults are not active enough to derive health benefits from exercise. , The public and the lifestyle choices made by the public over many decades seem to have brought the healthcare system close to the edge of irreparable failure. In short, the healthcare system is itself terminally ill. , Those who are unable or unwilling to live a healthy life style can cause significant health and social problems.

Pregnant women who drink during pregnancies are likely to produce children with a Foetal Alcohol Syndrome and these children are very likely to become less or non productive citizens.

• **Comments on the promotion of healthy lifestyle:**

My experience with pharmacotherapy is that doctors over-prescribe medicine and under-prescribe lifestyle changes. Doctors need to talk to their patients more and prescribe behavioural changes more often than medicine. , There is a shortage of day-to-day activities to help people to stay healthy. , Finland is an example of a jurisdiction that has had success in changing public behaviour and health results through actions like: distributing healthier, easy to make recipes for cooking, putting in place new policies to help farmers to switch to growing canola and growing berries. The tax policy on dairy fat and vegetable oil fats was altered so that dairy fat was no longer favoured. , Right now our elected government is very actively engaged in promoting healthy living in this province and they are doing an excellent job of it. Part I: Summary of Input on the Conversation on Health Page 5 , It is encouraging to note that long-term physical activity is related to postponed disability and independent living in elderly individuals. , Courses on nutrition and lifestyle change could be mandatory just as anger management courses or community services are mandatory for offenders on other fronts. , With respect to prevention, the good news is that approximately 50% of cancers, and other major chronic diseases, can be prevented, in large part, by addressing the common risk factors of tobacco use, unhealthy weight, unhealthy eating, and physical inactivity.

• **Ideas about the promotion of healthy lifestyle:**

Use senior centres to educate and encourage seniors to eat healthy and exercise, teach healthy lifestyle. , Sustainability for the future can only be achieved by educating the public on proper diet and exercise, unhealthy lifestyles, overuse of medications, and road safety. , Support counselling for healthy living (paid coverage). , Create public policy that supports healthy lifestyles (100% smoke free legislation, walk able safe communities and environments, taxing of unhealthy food and incentives for healthy food, removing junk food from public buildings). , While the provincial government must play a leadership role in helping us move towards healthy living, it cannot do it alone. Partnerships are needed with municipalities, businesses, the food industry, volunteer organizations, media and others, because government funding towards supporting healthy choices will always be tiny compared, for example, to the billions of advertising dollars that is spent by the fast food industry. , More effort should be made in the area of info on eating healthy (no fast food, no prepared food with additives etc.) On active physical life, on alternative treatment such as chiropractor, massage, acupuncture etc. , Give people the resources

to track health status, self-awareness and selfmonitoring to allow for prediction of future body state. Provide people with a visual representation of personal progress relative to norms and extremes. Part I: Summary of Input on the Conversation on Health Page 8 , Provide free bittersweet chocolate everyday and lower taxes on red wine as it helps lower cholesterol. , Partnerships increase both the opportunity for collaboration between different stakeholders in the world of prevention and health promotion, and the possibility of focusing limited resources to achieve the greatest benefit. The fact that a remarkably short list of major risk factors relates to an array of serious chronic diseases multiplies the potential for such initiatives. The advantages of partnerships are manifold. For example, experts in tobacco control can share their learning with leaders in prevention arenas that are still emerging, such as physical activity and healthy diet. The influence of decades of research and practice around effective interventions in the 'tobacco wars' needs to be understood by those concerned with other aspects of a healthy lifestyle. , It is estimated that 90% of all skin cancers could be prevented through healthy living and policies that protect the public. Sun exposure in childhood plays an important role in the subsequent development of cancer. Promote shade creation policies for daycares and schools. Implement legislation banning those under the age of 18 be banned from using artificial tanning equipment and increase measures to reduce exposure to tanning salons and improve shade policies.

Conclusion:

With regards to lifestyle, the majority believe that we need to make the healthy choice the easy choice, including by alleviating poverty. Participants recommended that the government play a leadership role in assisting the province to move towards healthy living. To do this, many suggested providing incentives to facilitate the adoption of healthy lifestyles and increasing people's capacity to take responsibility for their health.

References:

- Building a Healthy Future, Submitted by BC Recreation and Parks Association
- Chronic Diseases, Submitted by the Health Officers' Council of British Columbia