

HEALTH AND WELLBEING: *everyday challenges*



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“ Beyond the simple truth that most of us would probably benefit from eating a bit less and exercising a bit more, what do we really know about the truth behind the often conflicting health advice that is out there?

Recognising that good health is as much about environmental and social factors, what difference can individual actions such as diet and exercise make?

Will the new ‘superfood’ that is being widely promoted really help me live longer or look younger?

Is chocolate good for me, or is it only the dark stuff? Will drinking coffee add years to my life, and if so is there an optimum dose?

What interests me is getting behind the headlines to interrogate health claims by examining, in depth, the science behind the claims.

I’ve really enjoyed making this series of Trust Me, I’m A Doctor. It’s been full of surprises, and I’ve certainly learned a lot from digging into the science. I do hope you feel the same way and that you will be better informed about the things that affect your health and wellbeing. »»



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The challenges of a healthy diet

Public and policy discussion on a healthy diet has two aspects:

- what we should eat
- what we should not eat.

Both of these aspects are subject to countless pieces of advice that may feel like a constant bombardment of information. Magazines, newspapers and television programmes constantly run stories about the latest ‘super food’ discovery, and also generate bouts of panic about how much different food elements, such as fats, sugar or salt, may damage us.

The range of, often conflicting, messages has become such that government advice about what makes a healthy diet has become a favourite target of stand-up comics.

Perhaps it was no surprise then, that on 1 April 2014 when most newspapers ran a story

on why the recommendation for ‘five a day’ (portions of fruit and vegetable), should be amended to ‘seven a day’, many thought this might be a co-ordinated April Fools joke. It was, in fact, a story based on a well-conducted study at University College London.

The focus on weight loss

The way in which public health advice on a healthy diet is all too often confused with weight loss directs attention towards weight and body size rather than healthy eating. Weight loss is often the focus of media treatment of a healthy diet. Many television programmes, for example, that are ostensibly about healthy diets actually have weight loss as a primary focus and overriding aim.



"Lay off the carrot cake."

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Perhaps focusing on body weight as an indicator of health is counterproductive, as it may lead to the conclusion that attempts to improve health by better nutrition and more activity are not working if they do not produce weight loss. A focus on weight loss can lead to what has been termed 'yo-yo dieting', a condition that researchers at Yale University have shown is bad for health.

The cost of eating well

Another problem is that advice given on a healthy diet focuses on individual responsibility. Of course, there are many other causes of ill health.

For people on low incomes the main influence on the food they buy is cost. A number of studies have shown that the poorest people cannot afford the healthiest diets. Many people on low incomes want food that is going to be filling, acceptable to others and not spoil quickly. Fruit and vegetables are viewed as 'risky' because they deteriorate quickly, and are not regarded as filling. Fruit, in particular, is seen as expensive.

A survey of family food purchases in 2011 by the Department for Environment, Food and Rural Affairs found that since the UK went into recession, those with the lowest incomes were

spending around 15–22% less on fruit and vegetables than in 2007.

So what does make sense?

Of course, what you eat influences your health, but common sense would suggest that food panics, and being bombarded with confusing messages, are not helpful. They make some people cynical, and others despair that they can't ever 'get it right'.

How to deal with the challenges

The best advice remains:

- eat a variety of foods, in moderation.
- stay reasonably active.
- 'listen' to your body.
- maybe think about eating to live, rather than living to eat.

References:-

Open University module K311, Promoting public health: skills, perspectives and practice. <http://www.open.ac.uk/courses/modules/k311>

Open University module KG004, Improving health and wellbeing. <http://www.open.ac.uk/courses/short-courses/kg004>

<http://www.yaleruddcenter.org/>

<https://www.gov.uk/government/publications/family-food-2011>

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The challenges of regular physical activity

Evidence shows that regular physical activity is good for health and wellbeing. Some of these benefits, such as reduced risk of heart problems and the development of type 2 diabetes, are well-established. Indeed the World Health Organisation claims that lack of physical activity contributes to approximately 17% of heart disease and diabetes.

Other benefits that have been claimed for physical activity include reduced risk of some cancers, prevention of dementia and improved mental health. But for many people, regular exercise is a challenge, and difficult to maintain on an everyday basis.

Government recommendations

Physical activity can be demanding as in competitive sport, exercise classes, weight training,

and running, but there are also more moderate activities such as walking, gardening and housework.

The Department of Health recommends 150 minutes of moderate physical activity every week, in chunks of at least ten minutes per session for adults under 65. Only a relatively small number of people in the UK achieve these levels of physical activity.

But is there more to this issue than is immediately obvious? Is physical activity in and of itself the key to good health?

Physical activity as part of a healthy lifestyle

A healthy lifestyle is not only about physical activity. You may question whether someone who is physically active but eating a very poor

diet, has a stressful job and who doesn't get much sleep is leading a healthy lifestyle.

There is also the question of whether physical activity can actually be bad for you.

Inappropriate exercise may do more harm than good. Many activities, especially running and cycling, can cause significant injuries and the effects of increased exposure to air pollution could be of major concern.

We sometimes hear examples of extreme physical activity being detrimental to health, for example, marathon runners suffering from heart attacks.

If you are not physically active at the moment, build up slowly. A few minutes walking each day can soon make a difference to someone who spends most of the day sitting down.

Social and cultural issues

Other broader social and cultural issues can also have an impact on being physically active. People tend to be less physically active as they get older and levels of physical activity are generally lower among women than men. Physical activity levels are also lower among some minority ethnic groups, people from lower socioeconomic groups and people with disabilities.

Social and cultural contexts are important influences on the amount of exercise and physical activity that individuals feel able to do. Local issues include the availability of open spaces, such as parks, recreation grounds and swimming pools, and levels of personal safety. For children, societal influences include government policy and funding for sports, including PE at school.

How to deal with the challenges

- Look for ways to build ten minute chunks of moderate physical activity into your day.
- Choose one or more activities that will work with your circumstances, perhaps walking more and taking the stairs instead of a lift.
- Make use of public parks and recreational facilities and lobby local government for better maintained facilities.

References:-

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213740/dh_128145.pdf

Open University module K311, Promoting public health: skills, perspectives and practice.

Open University module KG004, Improving health and wellbeing. <http://www.open.ac.uk/courses/short-courses/kg004>



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The challenges of obesity

Prior to the 1960s, obesity was uncommon, but in the past 30 to 40 years the prevalence of obesity has grown to what can be described as epidemic proportions and includes an increase in childhood obesity (Earle, 2007). It is arguably a major contributor to the global burden of disease, accounting for between 2% and 7% of total healthcare costs. In the UK it has been estimated that the impact of obesity on the NHS is £5bn every year because it contributes to a number of serious illnesses, such as heart attacks, asthma, strokes and diabetes.

So how do we measure obesity?

Body Mass Index (BMI) is the accepted way of calculating if someone is the right weight or not. BMI is a useful measurement but it has

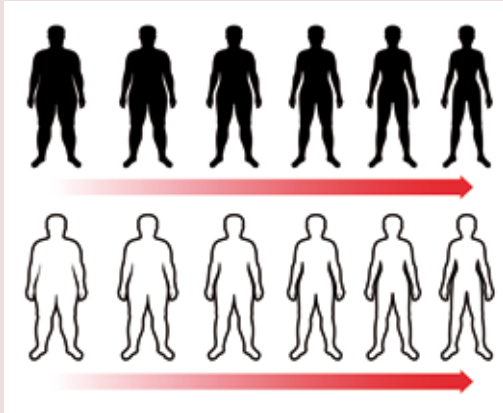
its limitations because many calculators only include height and weight, although some include age and gender. What is not included is bone structure, or the proportion of the body that is made up of muscle as opposed to fat. Some very athletic people could be deemed to be obese yet have well-developed muscles and have very little body fat.

The NHS BMI calculator can be found at this link: <http://www.nhs.uk/Tools/Pages/Healthyweightcalculator.aspx>

The obesity paradox

Some of these limitations have been added to by a theory called the obesity paradox, put forward by Lavie et al. (2011), suggesting that overweight

and even moderately obese people with certain chronic diseases – from heart disease to cancer – often live longer and fare better than normal weight individuals with the same conditions. This paradox has divided scientists, and in an attempt to understand the puzzle it has been suggested that BMI may not be the best way to categorise obesity. There are better measurements based on observations that body fat stored in the waist is a more serious risk than fat stored elsewhere (Romero-Coral et al., 2007).



Body images

Despite the controversies there is a need to help reduce obesity, particularly in obese children who have been found to be more likely to be obese as adults.

Tackling childhood obesity is a real challenge for parents who often don't have the means to provide their children with the environment and healthy food that may prevent obesity.

Tackling obesity

Until now, obesity has been a medical concern, with most interventions focusing on treatment or individual behaviour modification. Recently measures have been put into place to tackle obesity and overweight at population levels. However, very little evidence exists to support the majority of initiatives designed either to decrease consumption or increase energy expenditure, although some commentators have argued for the focus of obesity prevention programmes to be on fitness, not fatness.

How to deal with the challenges

Five steps to help your child achieve a healthy weight (NHS Choices, June 2014):

- **Be a good role model.** Children learn by example. One of the most powerful ways to encourage your child to be active and eat well is to do so yourself.
- **Encourage 60 minutes of physical activity a day.** If your child isn't used to being active, encourage them to start with what they can do and build up to 60 minutes a day.
- **Keep to child-size portions.** Start meals with small servings and let your child ask for more if they are still hungry.
- **Eat healthy meals, drinks and snacks.** As with adults, children should aim to eat five or more portions of fruit and vegetables every day, which can be a challenge, but almost all fruit and vegetables count towards your child's five a day.
- **Less screen time and more sleep!** Experts advise that children should watch no more than two hours of television each day – and remove all screens (including mobile phones) from their bedroom at night.

References:-

- Earle, S. (2007) 'Obesity', in Earle, S., Lloyd, C.E., Sidell, M. and Spurr, S. (eds.) *Theory and Research in Promoting Public Health*, Sage and The Open University.
- Lavie, C.J., Milani, R.V. and Ventura H.O. (2011) 'Obesity and the "obesity paradox" in cardiovascular diseases', *Clinical Pharmacology & Therapeutics*, vol. 90, issue 1, pp. 23–25.
- Open University module K311, Promoting public health: skills, perspectives and practice. <http://www.open.ac.uk/courses/modules/k311>
- Romero-Coral, A., Somers V.K., Sierra-Johnson J., Jensen M.D., Thomas, R.J., Squires R.W., Allison T.G., Korinek J. and Lopez-Jimenez F. (2007) 'Diagnostic performance of body mass index to detect obesity in patients with coronary artery disease', *European Heart Journal* 28: 2087–2093.
- NHS Choices: Very overweight children: advice for parents. <http://www.nhs.uk/Livewell/childhealth6-15/Pages/child-health-measurement-programme-very-overweight-advice.aspx> (accessed on 9 June 2014).

HEALTH AND WELLBEING: *everyday challenges*



The challenges of ageing

As a nation we are living longer. In the UK, life expectancy is 79 years for a man and 83 years for a woman. A century ago it was 50 years for a man and 53 years for a woman.

This improvement sounds great. However, longer life creates a number of pressures, such as the imbalance in population between those over 60 and those under 20 years of age, as well as the potential decline in health as people age. Being healthy in our older age makes living longer more attractive and reduces the potential burden of care.

Positive steps for healthy ageing

Try to have a positive attitude. It makes sense that those with a positive attitude who accept the changes that ageing brings tend to have

better health and live longer than those who only register the negative aspects of ageing.

Try to be sociable. Engaging socially with others as you age is important to avoid becoming lonely or isolated. Many people take up voluntary roles after retirement. Some take up new hobbies, or learn how to use a computer for the first time so they can keep in touch with family and friends.

Eat a healthy diet. A diet that includes five portions of fruit and vegetables a day and that limits the intake of saturated fat can reduce the risk of heart disease and stroke.

Try to be active. There are many ways of getting regular exercise, such as going for a brisk walk, doing some gardening, playing tennis or bowls.

Money worries

Although staying healthy as you age sounds achievable, many of these suggestions cost money, and with the state pension (at time of writing) being £113 per week, the lack of money can be a constant cause of stress in retirement.

Last winter it was reported that 1 in 6 older people were living in poverty (Age UK). Those affected will have constant stress worrying about money, and this is likely to have a negative impact on health and wellbeing.

Dementia

Another challenge of ageing for many is dementia. The risk of dementia increases with age and can affect 1 in 5 people over the age of 65. It now affects about 800,000 people in the UK.

Most types of dementia can't be cured, but if it is detected early there are ways to slow it down and maintain mental function. An early diagnosis can help people with dementia get the right treatment and support, and help those close to them to prepare and plan for the future. With treatment and support, many people are able to lead active, fulfilled lives.

In 2011 the National Institute of Health Research (NIHR) prioritised research into dementia in the areas of cause, cure, care and prevention. In 2012 £22 million was invested by the NIHR, with many projects being funded. Similar initiatives from voluntary organisations, such as The Alzheimers' Society, and international dementia groups highlight the concern to find a solution to an increasingly difficult burden of care and suffering for societies whose populations appear to be paying the price for longer life.

How to deal with the challenges

- Be sociable and try to maintain a positive attitude to life.
- Eat well and take part in regular moderate exercise, such as walking.
- If you have money worries Age UK has information on a range of issues to help you maintain a healthy lifestyle as you age.

References:-

Open University Module K235, Dementia Care.
<http://www.open.ac.uk/courses/modules/k235>
Age UK <http://www.ageuk.org.uk>



HEALTH AND WELLBEING: *everyday challenges*



The challenges of wellbeing

Wellbeing means different things to different people. It can include feeling healthy, happy or content, and having adequate resources (for example mental, physical, social and material resources) in order to meet the demands of everyday life.

Our sense of wellbeing changes as we move through adult life and deal with different challenges and lifestyle changes. Having a sense of meaningfulness and feeling able to have a say in key aspects of our lives all contribute to a sense of wellbeing. Health and the experience of ill health also play an important part in wellbeing.

External factors affecting wellbeing

There are a number of external factors that can affect our wellbeing.

Being employed rather than unemployed can be significant, as is having secure rather than temporary employment, and experiencing fulfilling work.

Often related to employment is the issue of having sufficient income to pay bills and make choices about how to spend your time.

Wellbeing can be positively affected by being part of a community and having trusted friendships. Similarly being in a close relationship or feeling you have people around you who will support you in times of stress is good for your wellbeing.

Internal factors affecting wellbeing

There are a number of different personal factors that may have a negative impact on wellbeing,



for example feeling worried or stressed, or coping with long term ill health. Also it is not likely that those living in poverty and struggling to meet basic needs of food and shelter are likely to achieve a sense of wellbeing. Maslow (1954) is an American psychologist who developed a model called a Hierarchy of Needs (above), suggesting that only when lower level needs are achieved, such as food and water, can higher level needs be aimed for, such as reaching one's potential .

People who are worried about housing or paying their bills are unlikely to have a sense of wellbeing. Therefore wellbeing could be deemed to be an unattainable goal for materially deprived sections of society.

Personal factors that have been found to promote happiness and positive wellbeing include:

- Having a sense of direction and purpose in life – possessing clear goals and values.
- Experiencing good health.
- A person's inborn temperament – possibly linked to genes or personality traits.
- Feeling able to make the decisions you want to.

How to deal with the challenges

- Connect with people around you.
- Be active – this doesn't have to mean going to the gym. Take a walk, go cycling, or play a game of sport such as football.
- Keep learning – learning new skills can give you a sense of achievement and a new confidence.

References:-

Open University Module K217, Adult Health, Social Care and Wellbeing. <http://www.open.ac.uk/courses/modules/k217>

Maslow, A. H. (1954). *Motivation and personality*. New York: Harper.



HEALTH AND WELLBEING: *everyday challenges*



£ The challenges of inequality

According to national surveys, the British population thinks that good health is vitally important to living a fulfilling life. But although health is a word much used in everyday language, it means different things to different people, ranging from 'just staying alive' to 'leading a satisfying happy life'.

The health of the population has long been a concern for governments, as well as individuals and families. There is less agreement about who should take overall responsibility, and what causes poor health.

Is it all down to individual behaviour? Or do we need to think about wider social and economic causes of poor health?

How inequality can affect health

There is evidence to show that different understandings of good health are often influenced by social inequalities. In other words, people's definitions of good health vary according to their own circumstances. Homeless people, for example, are less likely to embrace a holistic definition that includes happiness and wellbeing.

For some years now, the idea of a healthy lifestyle has been promoted in public health. This means adults taking individual responsibility for their own health, and parents (or other carers) taking responsibility for the health of their children. The reality is more



people living in the richest neighbourhoods therefore showing that the conditions in which people are born, grow, live, work and age can lead to health inequalities.

In particular, poverty is associated with poor nutrition, high levels of stress, and also difficulty accessing medical services.

Taking all these issues into account, it is possible to see why there are significant inequalities in health. In all four countries of the UK people in managerial and professional occupations live longer and experience better health than those in manual work. Some minority ethnic groups are more likely to report poor health and experience higher rates of some diseases.

The direct effects of poverty combined with the feelings of being less valued can have a negative impact on people's health and wellbeing. The evidence strongly supports this. While the NHS provides a service to people regardless of their means, preventing people from becoming ill has to be the best approach. The wider influences on health are the responsibility of many policy areas. General Practitioners (GPs) charged with health promotion focus on mass screening for diseases and advice about lifestyle.

complex and definitions of health need to include a range of wider influences.

As well as individual lifestyle, characteristics such as age, gender and genetic make-up influence healthiness; as do relationships and activities with family and friends.

Working and living conditions are also important influences. People who live in poor quality housing are more likely to suffer from poor health than those whose housing is comfortable; and the reality of some people's working lives makes any exercise very difficult. Finally, there are broader social and economic factors that individuals have very little power to change. These include the state of the economy, and the welfare system.

Numerous reports have noted the health impact of economic disadvantages in society. In 2010, the Marmot Review (commissioned by the Labour Government) pointed out that people living in the poorest neighbourhoods in England would die on average seven years earlier than

How to deal with the challenges

- Health does not only depend upon individual actions, but also on different health systems working well and delivering good quality health and social care for everyone.
- The only way to begin to change the reality, and there is a link between health and wealth, is to understand why and recognise that health and wellbeing needs more than changing individual behaviour. It needs action on many levels.

References:-

<http://www.instituteofhealthequity.org/>

Open University module K311, Promoting public health: skills, perspectives and practice.

<http://www.open.ac.uk/courses/modules/k311>

Open University module KG004, Improving health and wellbeing.

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