

CONNECT to the topic page 82

Wellness counselor: Good afternoon. Welcome to the Wellness Center, Tomas. I'm your wellness counselor. I see from your registration form that you are here because you want to lose weight.

Client Tomas: Yes, I'm getting married in three months. And I want to look good for my wedding. But I'm not making much progress.

Wellness counselor: Congratulations! Of course you want to look your best. So, to start off, why don't you tell me about a typical day for you?

Tomas: Well, my days are pretty crazy right now, planning for the wedding and all. I work full time. I don't get much exercise. I know I should, but most nights, I'm either too tired—or I go out with friends. And, there have been lots of pre-wedding parties, lots of not-so-good-for-you food.

Wellness counselor: OK. Take a deep breath. Let's see if we can work on some healthy lifestyle changes for you. This will work out better long-term than just focusing on losing weight.

Tomas: Hm. I don't know. Right now, my goal is just to look great at my wedding.

Wellness counselor: I get that—who doesn't? But being at a healthy weight is also about having healthy eating habits and exercise habits.

Tomas: I know what you're saying is true, but can't you just give me a quick way to lose weight?

Wellness counselor: Let's make our goal be: a lifestyle makeover. I'll help you eat healthier food. And together we will figure out ways for you to get exercise during your busy days. OK?

Tomas: Mm.

Wellness counselor: And you're going to have to let your friends and family know that they need to support you. Try to get your friends to take an exercise class with you. Together you can all look great and feel great at your wedding!

Tomas: OK. OK. I'll give it a try.

Wellness counselor: That's the right attitude! You can do this!

FOCUS your attention page 85

Speaker: As you know, in the field of public health, we look at basic factors that make both an individual and a community healthy. In my previous lecture, we considered the importance of good health care. Access to doctors and medicine and so on. Today I want to talk about another basic factor: food. More specifically, I want to talk about the choices people

make about what to eat. We know that healthy eating is important to health. Globally, we are seeing an increase in fast foods, and a decrease in traditional foods. And, we're seeing the impact this is having. So the question is: what is causing people to make the food choices they make. For example, is it lack of access to healthy food, such as fresh fruits and vegetables? Prices? Time? Other cultural reasons? What factors do we need to consider?. So let's now turn to some developing nations, nations like India and Brazil, where this is a big concern right now.

WATCH the lecture page 86

Professor Julian Young: E01 Today we're going to look at a relatively new global epidemic. Now, when most people hear the word "epidemic," they think of an infectious disease that spreads quickly, like hepatitis or Ebola. However, infectious diseases are just one type of epidemic. Today we're going to talk about another kind of epidemic—one that is non-infectious. This is the epidemic of obesity, which is now officially a global health problem. **E02** Obesity is a health condition in which a person has an excess amount of body fat. The World Health Organization—also known as the W-H-O—measures obesity by Body Mass Index, or BMI. The formula for calculating your BMI is your body weight in kilograms divided by your height in meters squared. An adult BMI of 18.5 to 25 is considered normal; 30 and up is considered obese. **E03** According to the W-H-O, worldwide obesity has more than doubled in the past 35 years. Today approximately 600 million adults are considered obese, and obesity in children has increased sharply. One of the countries with the highest percentage of obese people is the United States, with a whopping 33 percent, according to the National Institutes of Health. That's probably no surprise because the US, like the UK and Japan, is a developed country. But what's important to point out is that the number of individuals classified as obese is now increasing at a faster rate in economically *developing* countries like Brazil, China, and India. And, surprisingly, the rate of increase for *children* in these economically developing countries is 30 percent greater than in developed countries. **E04** So, that's what's going on: The world is putting on weight at an alarming rate. Today we want to look at the *causes* of this new epidemic, which are economic, social, and behavioral. From an economic standpoint, something has clearly changed. In the past, obesity was considered a "disease of affluence." This means that typically only affluent people became obese. Why? Because wealthy people were the ones who could afford to eat lots of rich

foods and enjoy the leisurely kinds of lifestyles that led to being overweight. Nowadays, obesity is no longer just a disease of the affluent. Increasingly, we're witnessing the occurrence of obesity all over the world, with middle- and low-income people. Why? Because more and more people are adopting a modern lifestyle: increased use of technology for work and leisure, less physical activity, greater use of cars, growing access to inexpensive, high-fat, high-sugar fast food. **E05** But there's something else going on here. We're seeing a social—or cultural—shift. The food people prefer is changing. We now see fast food replacing traditional food in many parts of the world. We're also seeing a behavioral shift. The role of food is changing. Food is being used as entertainment, as a stress release. We all have easy access to sweet and fatty foods and drinks. Modern life also presents conveniences that give us choices about activity. If you can take the escalator or walk up the stairs in a train station, which will you choose? If you can drive your car versus biking to work or school, what will you decide? If you can play a videogame or take a walk, which will you do? So in addition to economics, social and behavioral factors contribute to obesity. In short, we're seeing that as countries develop economically, people make lifestyle changes that seem like improvements, but actually have a negative impact on their health. **E06** So, we know obesity is a growing global epidemic. And we also know from research that any successful obesity treatment program must have a three-level approach. It must focus on nutrition, lifestyle, and strong community support. So, what can and are public health workers doing to respond to this epidemic? **E07** First, for nutrition, people are encouraged to eat more fruits, vegetables, and grains, less sugar and fat. And families are encouraged to have shared meal times, rather than grabbing fast foods throughout the day. In Finland, for example, officials are addressing the problem of obesity in children by changing the food standards in daycares and schools. They're working to reduce access to sugary, high-fat snacks and drinks in school vending machines. In another example, China now has a national healthy eating campaign that encourages people to eat a more traditional diet and less fast food. **E08** Second, for lifestyle, we know children need 60 minutes of vigorous physical activity every day. And for adults at least 30 minutes a day is recommended. But we also know it doesn't work simply to tell people to be more active. We have to find ways to include activity into daily routines. A number of global companies, like Genentech and Zappos, are now including dance classes and gym sessions during the work day. And schools in Japan are now implementing new guidelines to be sure students get a minimum of an hour of physical activity during the school day. **E09** And third, we know that individuals are only likely to change their habits if they have strong group support. Community-based programs can be set up at a school, at a company,

in a neighborhood. We can see examples of this kind of support happening in Nigeria where there are neighborhood programs to teach families about nutrition, or in the US where cities organize programs like "Keep Moving" or weight loss programs. **E10** To sum up, we know obesity is now a global epidemic. The fact that the rate is increasing, especially for children, is a call to action. And there are complex economic, social, and behavioral factors why people become obese. I'd like you to make a list of five questions you would ask if you were a public health worker assigned to talk to a family that was obese. What questions would you ask about their daily habits and lifestyle? OK, see you next time.

TALK about the topic page 89

Kenzie: If everyone is ready, we can begin. First off, what did everyone think about calling obesity a global epidemic? Hugh, any thoughts?

Hugh: Well, I'd never thought about it as an *epidemic*, or a worldwide epidemic, but I do see a lot more overweight people now than I used to.

Ben: I've always thought of obesity as more of a problem in countries like the US. Not in developing countries.

Kenzie: Shelley? Any thoughts?

Shelley: To me, the big concern is the *rate* of increase in developing countries, especially for children. That's the big concern.

Hugh: Yes, the rate is ... alarmed ... Is that the right word?

Ben: Oh, alarming ...

Hugh: Yeah, the rate is alarming. But easy to understand.

Shelley: Right. Every kid now wants to play video games and eat snacks full of fat and sugar. What kid wants to go outside and play football?

Ben: Same for adults. Though my friends and I, we ...

Shelley: So you're an *adult*, Ben?

Ben: Yes, I'm an adult. And my friends and I, we, we're more concerned about our lifestyle, you know, what we eat ... healthy living.

Hugh: Is that, like, happening a lot these days?

Ben: More and more, I think. For instance, my friends and I, we'll cook together rather than ordering a pizza and watching TV.

Shelley: So wait, is that an example of food as entertainment, as the lecturer mentioned?

Hugh: Nah. Food as entertainment was meant in a negative way. This is more like community support for healthy choices.

Shelley: Ah, OK, I see.

Kenzie: Right. Hey, guys: Nice discussion! See everyone in class.