

FROM THE EDITOR IN CHIEF

Healthy Behavior: The Truth

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What more do we need to know? We've defined the basics — eat right, exercise, don't smoke, get screened. Follow these rules and your risk for chronic diseases and their complications may decline by 25% or more.

But as Oscar Wilde wrote, "The pure and simple truth is rarely pure and never simple" (1). This issue of *Preventing Chronic Disease* highlights our struggles to find the truth and promote health amid all the world's influences. We have learned that telling people "what's good for them" is rarely enough to ensure healthy habits. Even in-depth individual coaching may be insufficient. The family kitchen, the community grocery store, the school, the workplace, the nation — all affect behavior. The good news is that we are recognizing and investigating this complexity.

The reports in this issue can be understood in terms of the classic cycle of public health systems: 1) data collection, research, and analysis; 2) evidence-based policy development; 3) programs derived from policy; and 4) program evaluation and feedback to data collection systems.

Articles in this issue discuss 2 kinds of data collection: large, population-based surveillance reports and methods and smaller community surveys or focus groups. In the first group are articles about surveillance methods (2-6), physical activity in Mississippi (7), chronic disease in Southeast Asia (8), U.S. tobacco use (9), and trends in chronic disease prevalence in Oman (10). We also report on adolescent obesity in California (11), trends in hepatocellular carcinoma in the United States (12), trends in gestational diabetes and pregnancy-related hypertension

in Los Angeles County, California (13), and substance use in Addis Ababa, Ethiopia (14).

The second group of data collection articles includes several focus group reports: young adults on use of non-traditional tobacco products (15), college students at a historically black university on use of little cigars (16), Arab Israeli college students on physical activity (17), and Samoan adults with diabetes on perceptions of their disease (18). What a diversity of data sources, populations, and topics, all to provide an evidence base for sound policy and programs on healthy behaviors!

Policy is also represented in this issue. Watson and Dannenberg calculate the size and population density of communities most likely to benefit from the Safe Routes to School Program (19). Mbulo examines Nebraska students' continued exposure to secondhand smoke despite smoke-free policies and other efforts (20), and Davison et al review the literature and quality of research on programs that promote active commuting to school (21).

Many of the articles in this issue illustrate the close connection between implementing and evaluating health behavior programs, for example, a pilot study of American Cancer Society Workplace Solutions (22), a joint-use project between Honolulu's schools and its parks service to allow use of school grounds for community recreational activities (23), financial incentives for weight loss in rural Mexican adults (24), and use of peer educators to promote healthy behavior among students in São Paulo, Brazil (25). Matson Koffman et al present a literature review of interventions for high blood pressure and high cholesterol in health care settings (26), and Allen et al describe a group-discussion intervention among American Indian women with impaired fasting blood glucose (27).

In the sense of these multiple perspectives, the truth is indeed intricate. And yet Galileo, a man experienced in difficult truths, said, "All truths are easy to understand once they are discovered; the point is to discover them." After decades of research, observation, and intervention, our basic truth is that healthy behaviors are essential for well-being. Our challenge is to learn how to implement this knowledge for the benefit of every individual and community.

References

1. Wilde O. The importance of being Earnest. New York (NY): Avon Books; 1965.
2. Holt JB, Mokdad AH, Ford E, Simoes EJ, Bartoli WP, Mensah GA. Use of BRFSS data and GIS technology for rapid public health response during natural disasters. *Prev Chronic Dis* 2008;5(3). http://www.cdc.gov/pcd/issues/2008/jul/07_0159.htm.
3. Heitgerd JL, Dent AL, Holt JB, Elmore KA, Melfi K, Stanley JM, et al. Community health status indicators: adding a geospatial component. *Prev Chronic Dis* 2007;5(3). http://www.cdc.gov/pcd/issues/2008/jul/07_0077.htm.
4. Kanarek N, Bialek R, Stanley J. Use of peer groupings to assess county public health status. *Prev Chronic Dis* 2008;5(3). http://www.cdc.gov/pcd/issues/2008/jul/07_0145.htm.
5. Fahimi M, Link M, Schwartz DA, Levy P, Mokdad A. Tracking chronic disease and risk behavior prevalence as survey participation declines: statistics from the Behavioral Risk Factor Surveillance System and other national surveys. *Prev Chronic Dis* 2008;5(3). http://www.cdc.gov/pcd/issues/2008/jul/07_0097.htm.
6. Plotnikoff RC, Lightfoot P, Barrett L, Spinola C, Predy G. A framework for addressing the global obesity epidemic locally: the Child Health Ecological Surveillance System (CHESS). *Prev Chronic Dis* 2008;5(3). http://www.cdc.gov/pcd/issues/2008/jul/07_0007.htm.
7. Miller CW, James NT, Fos PJ, Zhang L, Wall P, Welch C. Health status, physical disability, and obesity among adult Mississippians with chronic joint symptoms or doctor-diagnosed arthritis: findings from the Behavioral Risk Factor Surveillance System, 2003. *Prev Chronic Dis* 2008;5(3). http://www.cdc.gov/pcd/issues/2008/jul/07_0088.htm.
8. Minh HV, Ng N, Juvekar S, Razzaque A, Ashraf A, Hadi A, et al. Self-reported prevalence of chronic diseases and their relation to selected sociodemographic variables: a study in INDEPTH Asian sites, 2005. *Prev Chronic Dis* 2008;5(3). http://www.cdc.gov/pcd/issues/2008/jul/07_0115.htm.
9. Caraballo RS, Yee SL, Gfroerer J, Mirza SA. Adult tobacco use among racial and ethnic groups living in the United States, 2002–2005. *Prev Chronic Dis* 5(3). http://www.cdc.gov/pcd/issues/2008/jul/07_0116.htm.
10. Al-Lawati JA, Mabry R, Mohammed AJ. Addressing the threat of chronic diseases in Oman. *Prev Chronic Dis* 2008;5(3). http://www.cdc.gov/pcd/issues/2008/jul/07_0086.htm.
11. Ahn MK, Juon H-S, Gittelsohn J. Association of race/ethnicity, socioeconomic status, acculturation, and environmental factors with risk of overweight among adolescents in California, 2003. *Prev Chronic Dis* 2008;5(3). http://www.cdc.gov/pcd/issues/2008/jul/07_0152.htm.
12. Ahmed F, Perz JF, Kwong S, Jamison PM, Friedman C, Bell BP. National trends and disparities in the incidence of hepatocellular carcinoma, 1998–2003. *Prev Chronic Dis* 2008;5(3). http://www.cdc.gov/pcd/issues/2008/jul/07_0155.htm.
13. Baraban E, McCoy L, Simon P. Increasing prevalence of gestational diabetes and pregnancy-related hypertension in Los Angeles County, California, 1991–2003. *Prev Chronic Dis* 2008;5(3). http://www.cdc.gov/pcd/issues/2008/jul/07_0138.htm.
14. Tesfaye F, Byass P, Berhane Y, Bonita R, Wall S. Association of smoking and khat (*Catha edulis* Forsk) use with high blood pressure among adults in Addis Ababa, Ethiopia, 2006. *Prev Chronic Dis* 2008;5(3). http://www.cdc.gov/pcd/issues/2008/jul/07_0137.htm.
15. Richter P, Caraballo R, Gupta N, Pederson LL. Exploring use of nontraditional tobacco products through focus groups with young adult smokers, 2002. *Prev Chronic Dis* 2008;5(3). http://www.cdc.gov/pcd/issues/2008/jul/07_0106.htm.
16. Jolly DH. Exploring the use of little cigars by students at a historically black university. *Prev Chronic Dis* 2008;5(3). http://www.cdc.gov/pcd/issues/2008/jul/07_0157.htm.
17. Shuval K, Weissblueth E, Brezis M, Araida A, Faridi Z, Ali A, et al. The role of culture, environment, and religion in the promotion of physical activity among Arab Israelis. *Prev Chronic Dis* 2008;5(3). http://www.cdc.gov/pcd/issues/2008/jul/07_0104.htm.
18. Elstad E, Tusiofo C, Rosen RK, McGarvey ST. Living with *ma'i suka*: individual, familial, cultural, and

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- environmental stress among patients with type 2 diabetes mellitus and their caregivers in American Samoa. *Prev Chronic Dis* 2008;5(3). www.cdc.gov/pcd/issues/2008/jul/07_0101.htm.
19. Watson M, Dannenberg AL. Investment in Safe Routes to School projects: public health benefits for the larger community. *Prev Chronic Dis* 2008;5(3). http://www.cdc.gov/pcd/issues/2008/jul/07_0087.htm.
 20. Mbulo L. Changes in exposure to secondhand smoke among youth in Nebraska, 2002–2006. *Prev Chronic Dis* 2008;5(3). http://www.cdc.gov/pcd/issues/2008/jul/07_0090.htm.
 21. Davison KK, Werder JL, Lawson CT. Children's active commuting to school: current knowledge and future directions. *Prev Chronic Dis* 2008;5(3). http://www.cdc.gov/pcd/issues/2008/jul/07_0075.htm.
 22. Harris JR, Cross J, Hannon PA, Mahoney E, Ross-Viles S. Employer adoption of evidence-based chronic disease prevention practices: a pilot study. *Prev Chronic Dis* 2008 Jul;5(3). http://www.cdc.gov/pcd/issues/2008/jul/07_0070.htm.
 23. Choy LB, McGurk MD, Tamashiro R, Nett B, Maddock JE. Increasing access to places for physical activity through a joint use agreement: a case study in urban Honolulu. *Prev Chronic Dis* 2008;5(3). http://www.cdc.gov/pcd/issues/2008/jul/07_0117.htm.
 24. Fernald LCH, Hou X, Gertler PJ. *Oportunidades* program participation and body mass index, blood pressure, and self-reported health in Mexican adults. *Prev Chronic Dis* 2008;5(3). http://www.cdc.gov/pcd/issues/2008/jul/07_0069.htm.
 25. Zanetta RL, Nobre MRC, Lancarotte I. Bringing up students in the Healthy Lifestyle Multiplier Students Program, São Paulo, Brazil. *Prev Chronic Dis* 2008;5(3). http://www.cdc.gov/pcd/issues/2008/jul/07_0125.htm.
 26. Matson Koffman D, Granade SA, Anwuri VV. Strategies for establishing policy, environmental, and systems-level interventions for managing high blood pressure and high cholesterol in health care settings: a qualitative case study. *Prev Chronic Dis* 2008;5(3). http://www.cdc.gov/pcd/issues/2008/jul/07_0218.htm.
 27. Allen P, Thompson JL, Herman CJ, Qualls C, Helitzer DL, Whyte AN, et al. Impact of periodic follow-up testing among urban American Indian women with impaired fasting glucose. *Prev Chronic Dis* 2008;5(3). http://www.cdc.gov/pcd/issues/2008/jul/07_0078.htm.