

Health behavior goal self-analysis



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Behavioral Health Assignment

Health Behavior Goal

I have chosen Healthy eating as the health behavior topic because it plays a huge role in Diabetes control and prevention and mortality rates in the U. S. “ Diabetes was the seventh leading cause of death in the United States in 2015. This finding is based on 79, 535 death certificates in which diabetes was listed as the underlying cause of death (crude rate, 24. 7 per 100, 000 persons)” (CDC, 2017). Diabetes is a chronic illness millions of Americans suffer from due to the deficiency in an individual’s body breaks down food into a source of energy. High blood pressure, high cholesterol, and obesity are some of the top causes of Diabetes as well as genetics. There are 4 types of diabetes; type 1, type 2, prediabetes, and gestational diabetes. According to the National Diabetes Statistics report, “ An estimated 30. 3 million people of all ages—or 9. 4% of the U. S. population—had diabetes and 33. 9% of U. S. adults aged 18 years or older (84. 1 million people) had prediabetes in 2015, based on their fasting glucose or A1C level. Nearly half (48. 3%) of adults aged 65 years or older had prediabetes” (CDC, 2017).

Health Behavior Prevalence

“ The percentage of adults with diabetes increased with age, reaching a high of 25. 2% among those aged 65 years or older. Also, compared to non-Hispanic whites, the age-adjusted prevalence of diagnosed and undiagnosed diabetes was higher among Asians, non-Hispanic blacks, and Hispanics during 2011-2014” (CDC, 2017). Upon analysis of the statistic table, it was apparent that the age group most at risk of diagnosed diabetes is 44-64 and

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it is most prevalent amongst men standing at 15.3 million versus women at 14.7 million nationwide. It is paramount to also observe the prevalence of diagnosed diabetes amongst children, adolescents, and adults standing at 4.6 million. Prediabetes is also a condition that a vast majority of the U.S. population must educate and made aware of. According to the National Diabetes Statistics report 2017 on prediabetes, among adults with prediabetes, 11.6% reported being told by a health professional that they had this condition. • Age-adjusted data for 2011–2014 indicated that more men (36.6%) than women (29.3%) had prediabetes. Prevalence of prediabetes was similar among racial and ethnic groups. Overall, prevalence was higher among American Indians/Alaska Natives (15.1%), non-Hispanic blacks (12.7%), and people of Hispanic ethnicity (12.1%) than among non-Hispanic whites (7.4%) and Asians (8.0%) amongst diagnosed, undiagnosed, and prediabetes groups.

Baseline

According to the U.S. Food and Drug Administration (FDA) on the topic of cholesterol and daily calorie intake, it is suggested that each individual on a 2,000–2,500-calorie diet should consume less than 300mg of dietary cholesterol daily with a combination 20–25g of saturated fat and dietary fiber as well as less than 375g of carbohydrates. (FDA, 2015). My baseline on average for cholesterol, carbohydrates, and saturated fat is well above the recommended daily maximum which places me at risk of obesity, heart disease, and diabetes. The synopsis of my daily food intake is as follows; my day often starts at about 0530 with 2 boiled eggs and yogurt/oatmeal for breakfast. My lunch often varies based on my appetite; however, I am guilty

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of skipping lunch and snacking on a lot of unhealthy snacks. When I do indulge myself in lunch, I often opt for high calorie meals like Mexican Burritos, Greek Gyros, Thai food, and some high carbohydrate African dish. For dinner, I usually opt for breakfast foods mostly or seafood/poultry/beef with a side of vegetables and some other type of carbohydrate. Overall, the bulk of my meals consists of carbohydrates, dairy, and some protein.

Health Behavior experiences

Over the years, I have made several attempts at changing my eating habits and weight loss through various methods such as portion control, starvation, dietary supplements, and at times fasting. I have also indulged myself in fad dietary methods such as ketogenic, a 1200 calorie per day diet, Fasting diet, Lemonade diet, juicing, apple cider vinegar diet, subway diet, master cleanse diet, and a host of other diets out there. While most of the listed dietary measures worked temporarily; I found myself reverting back to my normal eating habits a few weeks or months after each diet attempt was over which in turn resulted in a higher weight gain and bigger appetite.

In the past few months, I have started working with a professional nutritionist and dietician who has helped reconstruct my psychological viewpoint on nutrition, fitness, and healthy living. I now understand that I can eat most of what I used to eat in smaller portions and at strategic times of the day. Also, timing is everything with regards to healthy living and eating habits. I am slowly tapering back from late night eating; particularly eating heavy and unhealthy meals after 8pm which most likely do not digest before I go to sleep. I also have a better understanding of my body system,

what to feed it, what works for me as well as the type of food to eat and the ones to avoid in order to keep chronic health issues and weight issues at bay. It is a journey that I needed to embark on to fully understand the science behind nutrition and health and how they are connected. So far, I am making strides with my 1600 a day calorie budget, I have more energy and enthusiasm towards physical activities and my daily routine without feeling burnt out early due to calorie deficit.

Confidence in Health Behavior change

I am elated with the healthy living journey so far. It has not been easy making lifestyle changes and nutrition changes; the results I am beginning to see in my appearance, and my health makes the slight deprivation worthwhile. Due to the nutrition education I bask in daily, I have a tougher time selecting what to eat, that is due to the analysis that has to go into what goes into my mouth, how my system processes it, and how it benefits my health. Making food easier used to be easier because I didn't find myself thinking about the what, how, why, and when of my food choice. I simply selected whatever appealed to my taste buds, my mood, and my appetite. Thinking back, I now realize why a lot of the diets and changes I embarked on never worked; it was because there was no profound purpose behind it besides just weight loss. I needed to fully analyze and understand why I needed to make a lifestyle change that will impact my health and the longevity of my life in general.

I am highly confidence in the changes I have made and continue to make. I know over time, I will see greater results which will impact every aspect of

my life and my well-being. While starting my day at 0430 is a norm due to my occupation as a sailor and the demands it brings; starting my day with physical activity, and meal planning was not comfortable at first but I am beginning to adapt to it by accepting that those two additions is a permanent change. Since I have been able to mentally cope with the various changes, it got easier to adapt.

References

- Centers for Disease Control. (2017). *National Diabetes Statistics Report* . [PDF document]. Retrieved from <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf> page 10
- Centers for Disease Control. (2017). *National Diabetes Statistics Report* . [PDF document]. Retrieved from <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf> page 2
- Centers for Disease Control. (2017). *National Diabetes Statistics Report* . [PDF document]. Retrieved from <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf> page 7
- U. S Food and Drugs Administration (FDA) 2015. *Nutrition facts label: Cholesterol*. [PDF document] Retrieved from <https://www.accessdata.fda.gov/scripts/interactivenutritionfactslabel/factsheets/Cholesterol.pdf>