

Scope and Target Population:

This guideline summarizes evidence-based best practices, which can be used to assess, advise, elicit patient agreement, and assist patients as they work toward the lifestyle behaviors (physical activity, nutrition, tobacco, alcohol, healthy thinking and sleep) that affect health and well-being.

This guideline focuses on clinical interventions which can be adopted and integrated into the workflow of both individual clinicians and health care systems. Information about complementary community interventions has been extensively and rigorously reviewed by the Community Preventive Services Task Force (CPSTF) and is summarized in The Community Guide, found at <http://www.thecommunityguide.org>.

There is growing evidence that the antecedents of many chronic diseases begin in childhood, and the benefits of healthy lifestyles are increased with earlier adoption. While many of the concepts and interventions presented in this guideline are important for adolescents and children, the evidence for how to implement them is not yet fully developed and beyond the scope of the current guideline. Therefore, for now, the target population of this guideline is adults greater than 18 years of age.

Aims:

At this point, there are no specifications for these written measures. These are concepts which medical and public health organizations can specify according to their individual needs. Of note, these measures are designed for quality improvement and not for accountability purposes.

Increase the percentage of the population age 18 years and older with documentation of assessment of the six healthy lifestyle behaviors:

- a. Percentage of population with documentation of assessment of physical activity levels
- b. Percentage of population with documentation of assessment of tobacco use
- c. Percentage of population with documentation of assessment of hazardous/ risky alcohol use
- d. Percentage of population with documentation of assessment of nutrition
- e. Percentage of population with documentation of assessment of healthy thinking habits
- f. Percentage of population with documentation of assessment of sleep patterns

Background:

This guideline, Healthy Lifestyles, summarizes evidence-based best practices which can be used to assess, advise, seek patient agreement, and assist patients as they work towards healthy lifestyle behaviors (lifestyles related to physical activity, tobacco, alcohol, nutrition, healthy thinking, and sleep).

Most of the preventable burden of chronic disease – death, disability, and health care costs, particularly from heart disease, stroke, cancer, diabetes, and depression – is attributable to just four behaviors: poor nutrition, inadequate levels of physical activity, tobacco use and exposure to tobacco smoke, and hazardous

drinking of alcohol. There is additional evidence that healthy thinking and healthy sleep patterns can help individuals flourish and achieve a state higher than the mere absence of.

The need for intervention is great; only about 5% of the population have no identifiable risk factors and are functioning at an optimal level. Moreover, the majority of the disease burden and associated costs originate with individuals who are at or not far above the "average" population risk.

The relative infrequency of patient visits, limited time, reimbursement pressures on clinicians, and the high cost of delivering health promotion interventions in the clinic setting all limit the impact of clinical interventions to increase healthy behaviors. However, this is not to say that clinical interventions have no effect. This guideline presents evidence-based interventions that clinicians can provide to their patients to improve rates of healthy behaviors.

Community networks, the physical and social environments, and public policy also have a role in fostering healthy lifestyles. Individuals are very often activated or motivated to adopt and maintain healthy lifestyles by various social factors and supports (including policy, system, and/or environmental changes) such as those facilitated by employers and the workplace, health plans, communities, social service agencies, and government policies and programs.

We expect that individuals and systems will use this guideline in various ways, depending on their needs and interests. We outline routine brief interventions supported by the evidence for all patients (i.e., helping patients become tobacco-free, helping patients recognize and modify hazardous drinking patterns). For the other healthy behaviors, we outline evidence-based interventions that clinicians and health care systems can recommend to motivated patients (both what and how to recommend) through a process of shared decision-making.

This guideline provides a framework for health care delivery systems to design and organize themselves around evidence-based best practices as well as collaborate with other stakeholders to support patients. It is through collaborative clinical and community interrelationships (as illustrated by the health impact pyramid) that healthy lifestyle behaviors can be encouraged and supported.