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Lowering Barriers to Entry for Healthy Living

Recorded February 13, 2018

Course Type: Recorded 1 Hour Webinar

Course Level: All Levels

Course Objectives

After completing this course, you will be able to:

1. Identify the statistics for obesity in the United States.
2. Discuss diets as a solution to the obesity epidemic.
3. Describe the stages in coaching change including perception, ambivalence and resistance.
4. Explain how to use the Decisional Balance Worksheet.
5. Identify a blueprint for success to lowering barriers for entry.
6. Describe qualitative and quantitative metabolic profiling.

Course Description

We coach, they sweat... We push calorie burn and chase the 'afterburn' (EPOC), but is this the only way to improve health and transform flab-to-fab? Perhaps it is time to expand our thinking to be consistent with current research which now identifies importance of movement, rather than just exercise, as well as a variety of simple, qualitative interventions that can become the springboard to improving overall health. Join this session which shares new ideas in research and application that can simplify the entire approach to helping individuals attain the health goals they desire.

About the Presenter

Fabio Comana, MS

Fabio is fulltime faculty at San Diego State University where he teaches multiple courses in Exercise Science, including Exercise and Aging; serves as a faculty instructor for the National Academy of Sports Medicine (NASM); scientific advisor for OrangeTheory Fitness (OTF), Stroops and Turbostrapp; and a master instructor and workshop developer for Core Health and Fitness (Stairmaster, Nautilus, Startrac and Schwinn).

Previously, with ACE as the certification manager and exercise physiologist, he was the original creator of ACE's Integrated Fitness Training (IFT)[™] model which serves as the basis for their entire personal training credential and was the developer of all their live educational workshops.

His prior experiences include serving as a Division I Collegiate Head Coach, a University Strength and Conditioning Coach; and wellness manager – opening and managing clubs for Club One. He is an accomplished speaker, presenting at numerous national and international conferences each year; serves as a media spokesperson for various organizations; and is an accomplished writer, authoring over 2 dozen articles, text book chapters and books.

Rick Richey, MS

A combination of Southern charm and a passion for health and fitness education has made Rick a premier personality in the fitness industry. He is a national and international speaker, providing solid evidenced based education for personal fitness trainers, sports medicine practitioners, and strength and conditioning coaches to better assess clients, prevent injury, enhance performance, and reach goals for their clientele.

Rick is the owner of [Independent Training Spot](#) in NYC, where he provides personal training, wellness coaching and orthopedic massage. He is a senior faculty instructor for the National Academy of Sports

Medicine (NASM) and adjunct faculty at the California University of Pennsylvania: Exercise Science and Sports Studies undergraduate and graduate programs.

Rick has worked with numerous film and television personalities, fashion models, professional athletes, and traditional clients to help reach their goals. He has his undergraduate education from the University of North Alabama, and his Master's in Exercise Science from California University of Pennsylvania with a focus on Performance Enhancement and Injury Prevention. He is also a graduate of the prestigious Swedish Institute of Health Sciences for Massage Therapy in NYC.

Course Outline

The Unfortunate Realities

The Global Pandemic: Obesity.

U.S. Statistics

Measure	Total
U.S. population (01/18)	~ 326,500,000
78.45% of population ≥ 18	~ 256,139,000
35.7% - 37.9% = BMI ≥ 30	~ 91-97,000,000
5.7% adults = BMI ≥ 40.0 <ul style="list-style-type: none"> • 5'5" = 240 lbs. 	~ 14,600,000 people

Factoid: Did you Know....

In 1995, no state reported obesity > 20%. In 2010, no state reported obesity < 20%.

At this rate – by end of 2018, only Colorado will have obesity levels < 30.0%

Leisure Time Aerobic and Muscle Strengthening Activities that Meet 2008 Department of Health and Human Services Guidelines for Adults

Introduction: Are Diets the Solution

- 19% of Americans claim to be on a diet - 77% claim to be trying to eat more healthy (weight loss = #1 goal)
- Weight loss industry = \$66-70 billion (2016)

Solution? – Diets?

Wichita Weight Loss Challenge	National Weight Control Registry
Compliance Rates: <ul style="list-style-type: none"> • 39% = ≤ 1 week.... 36% = ≤ 1 month. • 17% = ≤ 3 months.... 8% = > 3 months. 	Compliance: 10% of initial weight lost (1 year): <ul style="list-style-type: none"> • Maintenance ≥ one year = 47-49%. • Maintenance ≥ 5 years = 25-27%.

Psychological Reactance – consequence of actual/perceived restrictions.

- Undesirable behaviors become more appealing due to fear of losing choices/freedom – motivates person to recapture threatened parameter(s).
- Need autonomy of choice (real or perceived).

Coaching Change: Perception, Ambivalence or Resistance?

If you don't like something ... Change it! Is it really that easy?

Ambivalence Conflict

Conflict	Description	Example
Approach-approach Conflict	2 similar appealing choices - uncertain which to make	Choosing candy

Avoidance-avoidance Conflict	Choosing the lesser of two evils	Parking closer and risking a ticket versus parking further and being late for an exam
Approach-avoidance Conflict	Attracted to both good and bad "can't live with it, cannot live without it"	Alcohol
Double Approach-avoidance Conflict	One sees positive and negative attributes in both the current and alternative decisions	Deciding on whether to end a relationship

Once Identified – Develop Discrepancy

Goal = create/amplify differences (positive and negative) between current and desired ideals.

- MUST be relevant (personalized) and important.
- Discrepancy triggered by awareness.

Make observations, not evaluations (non-judgmental).

Discontent/Discomfort: Current Behavior vs Desired Behavior

Is it More Deeply Rooted – Resistance?

Latent Pain Suffers

- Believe behavior or challenge cannot be resolved.

Stages of Change

- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Termination

Classification	Traits	Strategies
Reluctant	<ul style="list-style-type: none"> • Lack of knowledge or inertia –problem effect not fully conscious. • Fearful of change – maintain status quo to avoid discomfort. 	<ul style="list-style-type: none"> • Listen attentively. • Help build relevance and discrepancy.
Rebellious	<ul style="list-style-type: none"> • Knowledge of problem, but defensive over freedom of choice. 	<ul style="list-style-type: none"> • Provide options – freedom of choice in a positive manner.
Resigned	<ul style="list-style-type: none"> • Given up on possibility of change. • Overwhelmed by problem. 	<ul style="list-style-type: none"> • Need hope/help overcoming barriers. • Restructure view of lapses – common events and build self-efficacy.
Rationalizing	<ul style="list-style-type: none"> • Can rationalize decisions. • Confrontational; argue rationale 	<ul style="list-style-type: none"> • Empathy and reflective listening. • Reduce resistance (simple reflection).

Decisional Balance Worksheet

Steps:

1. Complete top 2 quadrants, scoring each item for Importance (0-10) – Takeaway?
2. Complete bottom left quadrant for Sustained Ability (0-10) – Takeaway?
3. Initiate Sustain Talk – how?
4. Complete Worksheet:
 - Start with bottom-left quadrant to impact top right quadrant
 - Strategize with ideas in bottom right quadrant and bring in core values (top left).

After the individual scores their self-efficacy levels.

- Introduce sustain talk:
 - 1st: Begin by asking “why a (indicated) score and not a ‘1’ score?” – prompts discussion why change might be important.
 - Avoid asking why a (lower) score and not a (higher) score?

- Prompts discussion on why change is NOT important = decreased commitment to change.
- 2nd: Ask what would it require to change score from (indicated) to (higher) score? – prompts discussion on finding solutions.
- 3rd: Rescore confidence score on proposed new ideas/solutions.

You Now Have a Blueprint for Success

Ask- Listen- Understand- Respond

Moving Towards Blue Path (BJ Fogg)

Agree to a Challenge

Score: Level of Ability (1-5)

Try it Once

Evaluate the Experience

Poor Experience – Reset Challenges / Rescore

Good Experience- Reinforce and Score:

- Experience (1-5)
- Likelihood to Sustain (1-5)

Try for a Finite Period

Evaluate the Experience

Extend the Finite Period

Repeat Scoring

Lowering the Barriers for Entry

- ACSM: 2,000 kcal per week through exercise physical activity needed for effective weight loss.

Measure	Male: 195.5 lbs. (88.9 Kg)	Female: 166.2 lbs. (75.5 Kg)
<u>Cardio Program:</u> • 4 x 30 min @ 5 mph	1,616 kcal (10.4 % of caloric intake total)	1,373 kcal (11.0 % of caloric intake total)
Min needed to target 2,000 kcal:	Additional 28 minutes a week	Additional 55 minutes a week
<u>Weight Training:</u> • 4 x 60 min (1-to-2 work-to-recovery ratio)	1,245 kcal (8.0 % of caloric intake total)	1,057 kcal (8.5 % of caloric intake total)
Min needed to target 2,000 kcal:	Additional 145 minutes a week	Additional 214 minutes a week
<u>Metabolic Resistance Circuit:</u> • Integrated or whole body • 3 x 40 min higher-intensity (4-to-1 work-to-recovery ratio)	1,270 kcal (8.2 % of total caloric intake)	1,078 kcal (8.7 % of total caloric intake)
Min needed to target 2,000 kcal:	Additional 69 minutes a week	Additional 103 minutes a week

What We Know (Some Studies)

	Katzmarzyk PT, et al (2009)	Ekelund U, et al. (2015).	Levine (2009)
Study Design	N = 17,013 (12 years)	N = 334,000 (12 years)	Non-exercisers (low v. high BMI)
	Sitting and mortality risk	Degrees of activity v. mortality	Movement v. BMI score
	<ul style="list-style-type: none"> • PA does not cancel ill-effects of sedentary life. • Reduced HDL levels. • Decreased muscle LPL activity (elevated TGs). • Insulin resistance 	<ul style="list-style-type: none"> • 100 kcal per day (e.g., brisk 20-min walk) reduced mortality by 16-30%. 	<ul style="list-style-type: none"> • Low BMI group averaged ~150 min more movement per day. • Averaged 352 kcal more per day = 36.7 lbs. per year.

Explore the perception of what needs to be done and offer solutions!!

Metabolic Profiling – Qualitative (Awareness!!)

General Activity.... Not an Activity Log...

Goal is shift from a focus upon Outcomes (less control) to Behavioral Processes (more control)

'Success may lie not in doing more, but in changing the way you do things'

Metabolic Profiling – Quantitative

Develop points system using appropriate activities (highest = what they desire to accomplish).

- Goal: Move towards '+' points (e.g., 1-hr. standing v. 1-hr. sitting = 2-point change).
- Method allows calculation of quantitative values (e.g., calories and differences – one-hour sitting v. standing).
- Scoring matrix example provided below:

Activity and Intensity Equivalent	Points per Hour
Reclining / sitting activities	(-1) Exclude sleep
Standing – light activities	(+1)
Walking – 2.5 mph or equivalent	(+2)
Jogging – 5 mph / 8 km/h (12 minute mile pace) or equivalent	(+3)

Time of Day	Activity	Points
00:00 – 06:30 am	Sleep	0 points
06:30 – 07:30 am	Prepare for Work	+ 1.0 x 1 hour = + 1.0 point
07:30 – 08:30 am	Commute (drive)	- 1.0 x 1 hour = - 1.0 point
08:30 – 12:00 pm	Seated – computer	- 1.0 x 3½ hours = - 3.5 points
12:00 – 01:00 pm	Lunch - seated	- 1.0 x 1 hour = - 1.0 point
01:00 – 05:00 pm	Seated – computer	- 1.0 x 4 hours = - 4.0 point
05:00 – 06:00 pm	Commute (drive)	- 1.0 x 1 hour = - 1.0 point
06:00 – 07:00 pm	Gym	+ 3.0 x 1 hour = + 3.0 points
07:00 – 07:30 pm	Commute (drive)	- 1.0 x 1 hour = - 1.0 point
07:30 – 08:30 pm	Bathing, cooking	+ 1.0 x 1 hour = + 1.0 point
08:30 – 11:30 pm	Dinner, TV, reading	- 1.0 x 2½ hours = - 2.5 points
11:30 – 12:00 am	Prepare for bed	+ 1.0 x ½ hour = + ½ point
		Total: - 8.5 points

Tips:

- Awareness / quantifying activity.
- Daily / weekly challenges – gameification.
- Interact with social support (sharing aggregated data – ecosystems).
- Do the same with an *Eating Profile*..

Closing Remarks and Takeaways...

Question and Answer Segment

REFERENCES

- Katzmarzyk, P.T., et al., (2009). Sitting time and mortality from all causes, cardiovascular disease and cancer. *Medicine and Science in Sports and Exercise*, 41(5):998-1005.
- Levine, J.A. (2009). *Move a little, lose a lot*. Three Rivers Press, Pittsburgh, PA.
- Ekelund U, et al. (2015). Physical activity and all-cause mortality across levels of overall and abdominal adiposity in European men and women: The European Prospective Investigation into cancer and nutrition study. *American Journal of Clinical Nutrition*, 2015: as doi: 10:3945/ajcn.114.100065.

- Ford ES, and Dietz WH (2013). Trends in energy intake among adults in the United States: findings from NHANES. *The American Journal of Clinical Nutrition*, 97(4):848-853.
- Ainsworth, B, et al., (2011). 2011 compendium of physical activities: a second update of codes and MET values. *Medicine and Science in Sports and Exercise*, 43(3):1575-1581.