

How to start a lifestyle change with so much life luggage?

– a qualitative study of participants attending Healthy Living Centers in Norway

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Introduction: Norway ranges highest in Europe with a good public health service, but the prevalence of overweight and related lifestyle diseases is increasing. In 2011 The Norwegian Directorate of Health recommended that Healthy Living Centers should be established in the Primary Health Care in Norway with interventions targeting participants who need to change their health behavior.

Purpose: This study wanted to explore the elements in the participants life when beginning lifestyle change.

Methods: Semi-structured qualitative in-depth interviews were performed with a selected sample of 23 participants (16 women and seven men) aged 18 – 70 years. The data were analyzed using Systematic Text Condensation searching for issues describing participants. NVivo 10 and MindMap Manager were used to code and sort the material. **Results:** Participants life luggage with aspects in childhood, family-life, social and work relations, health problems and experience with the health care are important parts of why they are in the situation they are. They expect to be met at an individual level. How

Characteristic	Quotes about family and social issues
Female 18-29 years	"I was bullied from middle school until I was sixteen years"
Female 40-49 years	"I lost both my mother and father a few years ago and I have a younger brother that I take care of
Female 40-49 years	"I have psychological problems and suicidal thoughts"
Male 50-59 years	"It turned out that my wife was an alcoholic
Female 50-59 years	"I had a very nasty divorce a few years ago"
Male 50-59 years	"My adoptive daughter is a drug addict"
Female > 60 years	I have a daughter who was abused and now she is mentally ill"
Female >60 years	<i>"My first husband was violent. My new husband had mental prob- lems and my boy was a drug addict …"</i>

to make a lifelong change and get unstuck from the old patterns are based on their earlier life and future wishes about how their life should be.

<u>Conclusions</u>: The lifestyle issue itself is secondary when it comes to the knowledge about the person itself. It requires additional knowledge that can provide implications for the structure and practice of Healthy Living Centre. More knowledge on succeders and who is compliant in changing lifestyle in primary health care settings is needed.