Health Behaviors:
What are the arguments?

- Knowles argues that health behaviors are the key to maintaining the health of Americans. He states, “…over 99 percent of us are born healthy and made sick as a result of personal misbehavior and environmental conditions. The solution to the problems of ill health in modern American society involves individual responsibility, in the first instance, and social responsibility through public legislative and private voluntary efforts, in the second instance.”

- Basically, Knowles argues that good health can be maintained by forsaking many of the bad habits that Americans enjoy. These include:
  - Overeating (fluoridation)
  - Driving fast
  - Drinking too much
  - Not exercising
  - Not seeking preventative care
  - Not getting enough sleep

Discussion Question

- Do you agree that if people were to begin to take part in the healthy behaviors, we would be able to rid the nation of much of the chronic disease? Or, is this just another case of blaming the victim?

Reasons for behaving badly

- Knowles provides several reasons that might be responsible for bad behavior:
  - Denial of death and disease coupled with the demand for instant gratification.
  - Feeling that nature can be conquered through science or through individual will.
  - People would rather die early than suffer the diseases associated with old age.

Reasons for behaving badly (continued)

- Chronic depression may lead to a lack of desire to take care of oneself.
- The disinterest of the physician in promoting healthy lifestyles.
Reasons for behaving badly:

Any others?

- People know the risks associated with bad behavior but would rather take the risk than give up some cherished activity.
- People lack the ability and/or support to prevent bad behavior. What sorts of things qualify?
  - Smoking
  - Alcohol addiction
  - Working long hours

Health behaviors:

Yeah, but how does poverty fit into all this?

- What reason might a person of low SES have for not having healthy behaviors?
  - They lack the knowledge
  - Have little access to curative care, much less preventative care
  - Stresses associated with poor living conditions and unemployment lead to coping behaviors, such as drinking and smoking.
  - Lack of money translates into other problems

How might lack of money translate into poor health behaviors?

- Alaimo and her colleagues use data from the NHANES III to show that prevalence rates of food insufficiency in the U.S. are not insignificant.
- They defined a family as food insufficient if the survey respondent stated that family “sometimes” or “often” did not get enough to eat.

Food Insufficiency in the U.S.

- What did they find?
  - About 14% of those with low income (le 130% poverty line) were classified as food insufficient
  - Rates were highest among Mexican Americans.
  - Rates were higher among non-elderly, including children.

What are some of the biggest problems?

- Cigarette smoking
- Excessive drinking
- Obesity
- Lack of physical activity

Health Behaviors

Cigarette smoking

- Does smoking cigarettes kill?
  - Smoking is the leading cause of preventable death and disease in the U.S.
  - It is estimated that smoking accounts for about 400,000 premature deaths per year.
• Smoking costs the country about $50 billion dollars per year in direct medical costs.

Health Behaviors
Cigarette Smoking
• Do people of lower SES tend to smoke more?
  • Yes, the rates have dropped over time, but persons of lower SES do smoke more than those of higher SES.

Health Behaviors
Alcohol Consumption
• How does alcohol consumption lead to poor health outcomes?
  • Cirrhosis of the liver
  • Pregnancy problems
  • Automobile accidents

Health Behaviors
Alcohol Consumption
• Do people of lower SES tend to drink more than people of higher SES?
  • Yes and no. Heavy drinking decreases with SES whereas moderate drinking increases with SES.
  • Any advantages to moderate drinking?
    • There is some evidence that moderate levels of alcohol consumption increase levels of HDL’s.

Health Behaviors
Obesity
• Does obesity have negative health consequences?
  • According to Perri and his colleagues, obesity is associated with numerous health problems:
    • Hypertension
    • Coronary heart disease
      • In the nurse’s study, women in the heaviest category were three times more likely to develop CHD than were women in the lightest category.
    • Diabetes
      • Obesity is the most strongly related factor.

Health Behaviors
Obesity
• Are persons of lower SES more likely to be overweight?
  • Yes, but why?
    • Lack of exercise
• Poor nutrition habits
• Social context (?)

Health Behaviors
Physical Activity
• Is physical activity related to better health?
  • Yes. It can reduce the risk for
    • Hypertension
    • Coronary heart disease
    • Diabetes
    • Some types of cancer (e.g., colon)
  • Data from the *Americans’ Changing Lives* data set indicates that regular exercise reduces the risk of all-cause mortality.

Health Behaviors
Physical Activity
• Do persons of lower SES engage in less physical activity?
  • Yes, but why?
    • Lack of knowledge
    • Competing demands
    • Social context

Are these circumstances unique to the U.S.?
• Using data from Finland, Lynch shows that indicators of lower SES throughout the life course are associated with poorer health behaviors later in life. These include:
  • Smoking
  • Excessive alcohol consumption
  • Lack of physical activity
  • Obesity (smaller relationship here)
  • Poor dietary habits

What about social behaviors?
• Are persons of lower SES less likely to engage in social activities?
  • Yes, they are less likely to:
    • Attend church (small relationship)
    • Volunteer
    • Attend association meetings
    • Help friends and family

What difference does social activity make?
• There is some evidence that different measures of social activity are associated with better health and longevity.
• Areas of this research are sparse. More is needed before we can establish that social activities do indeed produce better outcomes.

What difference does social activity make?
(continued)

• What are some examples?
  • Strawbridge and his colleagues found that persons who regularly attend religious services were about 35% less likely to die over a 28-year follow-up period.
  • They also found that persons who regularly attended services were more likely to stop smoking, exercise regularly, and have stable marriages.
  • Using a national sample, Musick et al. found that regular attenders were about 45% less likely to die over an 8-year follow-up. These analyses were adjusted.

Discussion Question
• So, if SES is related to poor behaviors, and poor behaviors are related to poor health outcomes, could we alleviate the poverty-health relationship by stopping poor behaviors and increasing positive ones? If so, how do we do it?
  • Education
  • Monetary incentives (taxes)
  • Encourage physicians to promote preventative action
  • Prohibition
  • Curfews, lower speed limits, rationing of “junk” food