

■ AN INTRODUCTION TO HEALTH BEHAVIORS

Role of Behavioral Factors In Disease and Disorder

In the past century, patterns of disease in the United States have changed substantially. As noted in Chapter 1, there has been a decline in acute infectious disorders due to changes in public health standards, but there has been an increase in the preventable disorders, including lung cancer, cardiovascular disease, alcohol and drug abuse, and vehicular accidents. The role of behavioral factors in the development of these disorders is clear (Table 3.1). Nearly half the deaths in the United States are caused by preventable factors, with smoking, obesity, and problem drinking being three of the main causes (Centers for Disease Control and Prevention, 2009a).

■ HEALTH PROMOTION: AN OVERVIEW

Research on preventable risk factors adopts the perspective of health promotion. **Health promotion** is a philosophy that has at its core the idea that good health, or wellness, is a personal and collective achievement. For the individual, it involves developing a program of good health habits. For the medical practitioner,

health promotion involves teaching people how to achieve a healthy lifestyle and helping people **at risk** for particular health problems offset or monitor those risks. For the health psychologist, health promotion involves the development of interventions to help people practice healthy behaviors. For community and national policy makers, health promotion involves emphasizing good health and providing information and resources to help people change poor health habits.

Successful modification of health behaviors will have several beneficial effects. First, it will reduce deaths due to lifestyle-related diseases. Second, it may delay time of death, thereby increasing life expectancy. Third and most important, the practice of good health behaviors may expand the number of years during which a person may enjoy life free from the complications of chronic disease. Finally, modification of health behaviors may begin to make a dent in the more than \$3.0 trillion that is spent yearly on health and illness (National Health Expenditures, 2014).

Health Behaviors and Health Habits

Health behaviors are behaviors undertaken by people to enhance or maintain their health. A **health habit** is a health behavior that is firmly established and often performed automatically, without awareness. These habits usually develop in childhood and begin to stabilize around age 11 or 12 (Cohen, Brownell, & Felix, 1990). Wearing a seat belt, brushing one's teeth, and eating a healthy diet are examples of these behaviors. Although a health habit may develop initially because it is reinforced by positive outcomes, such as parental approval, it eventually becomes independent of the reinforcement process. For example, you may brush your teeth automatically before going to bed. As such, habits can be highly resistant to change. Consequently, it is important to establish good health behaviors and to eliminate poor ones early in life.

An illustration of the importance of good health habits is provided by a classic study of people living in Alameda County, California, conducted by Belloc and Breslow (1972). These scientists focused on several important health habits:

- Sleeping 7 to 8 hours a night
 - Not smoking
 - Eating breakfast each day
 - Having no more than one or two alcoholic drinks each day
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- Getting regular exercise
- Not eating between meals
- Being no more than 10 percent overweight

The scientists asked nearly 7,000 county residents to indicate which of these behaviors they practiced. Residents were also asked about the illnesses they had had, what their energy level had been, and how disabled they had been (for example, how many days of work they had missed) over the previous 6-to-12-month period. The researchers found that the more good health habits people practiced, the fewer illnesses they had had, the better they had felt, and the less disabled they had been.

A follow-up of these people 9–12 years later found that mortality rates were dramatically lower for people practicing the seven health habits. Men following these practices had a mortality rate of only 28 percent and women had a mortality rate of 43 percent, compared to men and women who practiced zero to three of these health habits (Breslow & Enstrom, 1980).

Practicing and Changing Health Behaviors: An Overview

What factors lead one person to live a healthy life and another to compromise his or her health?

Demographic Factors Younger, more affluent, better-educated people with low levels of stress and high levels of social support typically practice better health habits than people under higher levels of stress with fewer resources (Hanson & Chen, 2007).

Age Health habits are typically good in childhood, deteriorate in adolescence and young adulthood, but improve again among older people.

Values Values affect the practice of health habits. For example, exercise for women may be considered desirable in one culture but undesirable in another (Guilamo-Ramos, Jaccard, Pena, & Goldberg, 2005).

Personal Control People who regard their health as under their personal control practice better health habits than people who regard their health as due to chance. The **health locus of control** scale (Table 3.2) (Wallston, Wallston, & DeVellis, 1978) measures the degree to which people perceive their health to be under personal control, control by the health practitioner, or chance.

Social Influence Family, friends, and workplace companions influence health-related behaviors, sometimes in a beneficial direction, other times in an adverse direction (Blumberg, Vahratian, & Blumberg, 2014). For example, peer pressure often leads to smoking in adolescence but may influence people to stop smoking in adulthood.

Personal Goals and Values Health habits are tied to personal goals. If personal fitness is an important goal, a person is more likely to exercise.

Perceived Symptoms Some health habits are controlled by perceived symptoms. For example, a smoker who wakes up with a smoker's cough and raspy throat may cut back in the belief that he or she is vulnerable to health problems at that time.

Access to the Health Care Delivery System Access to the health care delivery system affects health behaviors. For example, obtaining a regular Pap smear, getting mammograms, and receiving immunizations for childhood diseases depend on access to health care. Other behaviors, such as losing weight and stopping smoking, may be indirectly encouraged by the health care system through lifestyle advice.

Knowledge and Intelligence The practice of health behaviors is tied to cognitive factors, such as knowledge and intelligence (Möttus et al., 2014). More knowledgeable and smarter people typically take better care of themselves. People who are identified as intelligent in childhood have better health-related biological profiles in adulthood, which may be explained by their practice of better health behaviors in early life (Calvin, Batty, Lowe, & Deary, 2011).