BEHAVIOR AND HEALTH

4.1 LIFESTYLES AND HEALTH: How Lifestyle Impacts Your Health

YOUR LIFESTYLE PLAYS AN IMPORTANT ROLE IN YOUR HEALTH.

your interaction with family, friends, neighbors, coworkers and strangers.

Lifestyle includes the behavior and activities that make up your daily life. This includes:

• the work you do,
• your leisure. Activities the food you eat,
• your interaction with family, friends, neighbors, coworkers and strangers.

Making Decisions about the Way You Live:

People make decisions based on beliefs, attitudes, and values. Our life experience and interaction with others also shapes our thoughts and actions. Personal behavior is affected by the information you learn at home and school, and from the radio, newspapers, and television. The good news is: you can change the way you live.

Thinking about changing your lifestyle?

• Pay attention to the way you live (or your lifestyle and health habits) and the work you do every day.
• Talk with friends and family about lifestyle and health decisions.
• Discuss what you may want to change with them.

Improve the quality of life for you and your family.

Work and leisure activities

Leisure activities such as reading, playing cards, listening to music, and other pastimes have also been shown to have a positive impact on health by reducing stress.

The work we do affects our health. Apart from exposure to environmental hazards such as UV radiation and toxic chemicals like smoke, asbestos or pesticides, certain types of work involve prolonged repetitive actions and/or reduced levels of activity that may lead to muscular or skeletal problems, strained vision, and other health problems.

Even the person with the busiest schedule can make room for stretching, physical activity, and having fun. Before or after work or before meals might be a good time to do this. Think about your daily schedule and look for ways to be more active.

Tips for Becoming More Active:
Walk as much as possible

- Park the car farther away
- Take the stairs instead of the elevator or escalator
- Try gardening or home repair activities
- Dance

Studies have shown that regular mild aerobic exercise four times a week may help lower cholesterol, reduce the risk of heart disease, and improve diabetes management.

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Making Decisions about the Foods We Eat:
The foods we eat affect on our health. Many studies show that good nutrition lowers the risk for many diseases. Our food habits can bring on heart disease, stroke, some types of cancer, diabetes, and osteoporosis ...or help prevent them!

You may like to eat foods from your family's country of origin, following their customs and traditions. You can usually improve traditional family recipes for better health by substituting ingredients.

Make a Family Recipe Book:
• Collect family recipes in a booklet.
• Share the recipes with a nutrition expert and find out which recipes are healthy ones.
• Ask how to change some ingredients of old favorites that are sort of unhealthy.
• Make those changes to the recipes and taste them with your family.
Share the book of healthier recipes with everyone in your family.

Steps to Healthy Eating:
Make good nutrition part of every day living.
Eat healthy at home, work and play.
Eating healthier will make you be and feel healthier.
Tips for Healthy Eating:
• Eat at least 5-9 servings of fruits and vegetables every day. Try them canned, frozen, or as juice.
• Choose whole grain bread and cereal.
• Choose low-fat milk and cheeses.
• Choose lean meats, poultry, fish.
• Eat more beans and grains
• Use less salt, sugar, alcohol, and saturated fat.
• Drink lots of water between meals.

Other Things You Can Do to Stay Healthy:
If you smoke now, quit!
Get a handle on stress!
If you drink alcohol, beer, or wine only drink in moderation.

2.2 PERSONALITY AND HEALTH: It's no surprise to many that your personality type can have health implications. High-stress folks are at

higher risk for heart disease. If you're too laid back, you may not worry about important health risks.

Your personality type can affect your health in good and bad ways. Dr. Mehmet Oz breaks it down on DoctorOz.com by identifying four personality types (one through four, similar to the popular A through D system of typing) and how each type is prone to certain health concerns. What's your type and how can it affect your health?

Oz says type one folks are impatient, competitive and ambitious. They're often aggressive, workaholics who are organized and compulsive. These high-stress, impulsive people often suffer from gastric ulcers. Oz goes so far as to say these people are “neurotic” making them less adept at dealing with stress, resulting in weakened immune systems. This leaves them prone to asthma and headaches.

The good news for type ones: Their conscientiousness is associated with a long life span.

Type twos are the antithesis of type ones. Twos are laid back, take stress in stride, have an abundance of patience and feel no big rush in life. They love to have a good time.

If you're too laid back, however, you can get yourself into sticky health situations. Type twos are more likely to drink and take other health risks without weighing the consequences. But the good news is that, while you may be a dare devil, you're also confident, and have lots of friends, traits associated with strong immune systems and lower risk for infection.

Type threes are people pleasers. They're passive, accommodating and avoid confrontation. They put others' needs ahead of their own, are unlikely to talk openly about and often don't even recognize their emotional needs.

Threes are shy and this can make for weakened immune systems and vulnerability to viral infections. Their suppressed emotions can manifest in anxiety and depression, prompting them to self-medicate; A bad idea for this addictive personality type.

2.3. RELATIONSHIP PROSPECTS BEHAVIOR AND HEALTH: Along with factors such as genetics and medical care, health behaviors can directly affect health outcomes. Healthy be-haviors such as exercising and eating sensibly lower the risk of conditions like heart disease and diabetes, while unhealthy behaviors such as smoking and excessive drinking raise the risk of conditions like lung cancer and liver disease.

Mortality rates in the U.S. have fallen in recent years - for example, the mortality rate for adults aged 45 to 54 fell by over a quarter between 1979 and 1998. Is healthier behavior responsible for this drop? Or has the drop occurred in spite of an increase in unhealthy behaviors, as a result of other trends like improved medical care? Distinguishing the role of behav-ioral factors from that of medical care is important, since they have different implications for future health care costs and dis-ease burden.

In "Is the U.S. Population Behaving Healthier?" (NBER Working Paper 13013), researchers David Cutler, Edward Glaeser, and Allison Rosen examine trends in health behaviors and estimate their effect on mortality rates.
The data for the analysis come from the National Health and Nutrition Examination Survey, a unique data set that combines data from interviews and physical examinations. In order to examine changes in health behaviors over time, the authors use data for two sample periods, 1971-75 and 1999-2002.
In their analysis, the authors examine three "behavioral risk factors": smoking, obesity, and excessive drinking. Each of these accounts for tens of thousands of deaths in the U.S. each year. They also consider two

"biological risk factors" that are the product of other behaviors: high blood pressure and high cholesterol. The authors note that there are other important risk factors such as diabetes status that they are unable to explore due to data limitations.

There have been both positive and negative changes in health behaviors over the past thirty years. On the positive side, smoking and drinking have both declined - the share of the population that currently smokes fell from 40 percent to 25 percent, while the share that drinks heavily fell from 7 percent to 4 percent. Blood pressure and cholesterol have also im-proved markedly - the share of the population with hypertension dropped by two-thirds over this period, while the share with high cholesterol dropped by over one-third.

However, there has also been a dramatic increase in obesity, as the share of the population considered overweight or obese has increased from 49 percent to 68 percent.

Given these disparate changes in health behavior, what has been their overall effect on mortality? To answer this question, the authors first use the 1971-75 data to estimate how risk factors relate to whether survey respondents are still alive ten years after the survey. As expected, risk factors have important effects on mortality.

For example, being a smoker more than doubles the risk of death in the next ten years. Having hypertension raises the risk by about fifty percent, as does being obese, though the latter effect is smaller and not statistically significant in models that control for blood pressure and cholesterol.

The next step is to use the results of this analysis to estimate mortality risk for each person in the 1971-75 and 1999-2002 surveys. The authors find that mortality risk fell significantly between the two surveys - the average probability of death within ten years for the adult population

(aged 25 to 74) fell from 9.8 percent in the earlier survey to 8.4 percent in the later survey, a drop of 1.4 percentage points or 14 percent. The authors find that the decline in smoking and high blood pressure were the two most important causes of this drop, accounting for 0.9 points and 0.6 points of the drop, respectively.

The increase in obesity caused a 0.3 point increase in mortality risk, but this effect was swamped by the positive changes. When the authors convert their results into life expectancies, they find that on net the changes in health behavior over the past thirty years have added 1.8 years to life expectancy at age 25 and 1.4 years to life expectancy at age 65.

Finally, the authors use their estimates to predict what mortality rates might be in the early 2020s if current trends in heath behaviors continue. They note that this is not necessarily a "best guess" of what the future will hold, since trends in health behaviors may change, but nonetheless provides some insight as to where we may be headed.

In their simulations, the share of the population that are current smokers falls from 25 to 15 percent and the share that are overweight and obese rises from 68 percent to 79 percent. Projecting the effect of changes in risk factors on mortality, they find that the drop in smoking would lead to a 0.7 point drop in mortality rates, while the increase in obesity would lead to a surprisingly large 1.1 point increase in mortality rates. The latter result is due to a jump in the share of the population pro-jected to be obese (as opposed to simply overweight), where health risks are particularly severe. The authors also show that when weight gain is accompanied by good control of blood pressure and cholesterol, it has no effect on mortality.

The authors conclude that changes in health behaviors have contributed to a drop in mortality rates over the past thirty years, but caution that future increases in obesity may reverse this trend. Since much of the impact of obesity occurs through hypertension and high cholesterol,

better control of these conditions through medication can help blunt the effects of rising obesity. Evaluating the effect of strategies for improving utilization of and adherence to recommended medications, such as pay-for-performance systems to reward physicians or greater use of information technology, is a "high research priority," the authors note.