

SOC 3510; WEEK 13, 11/17/16

HEALTH BEHAVIORS II



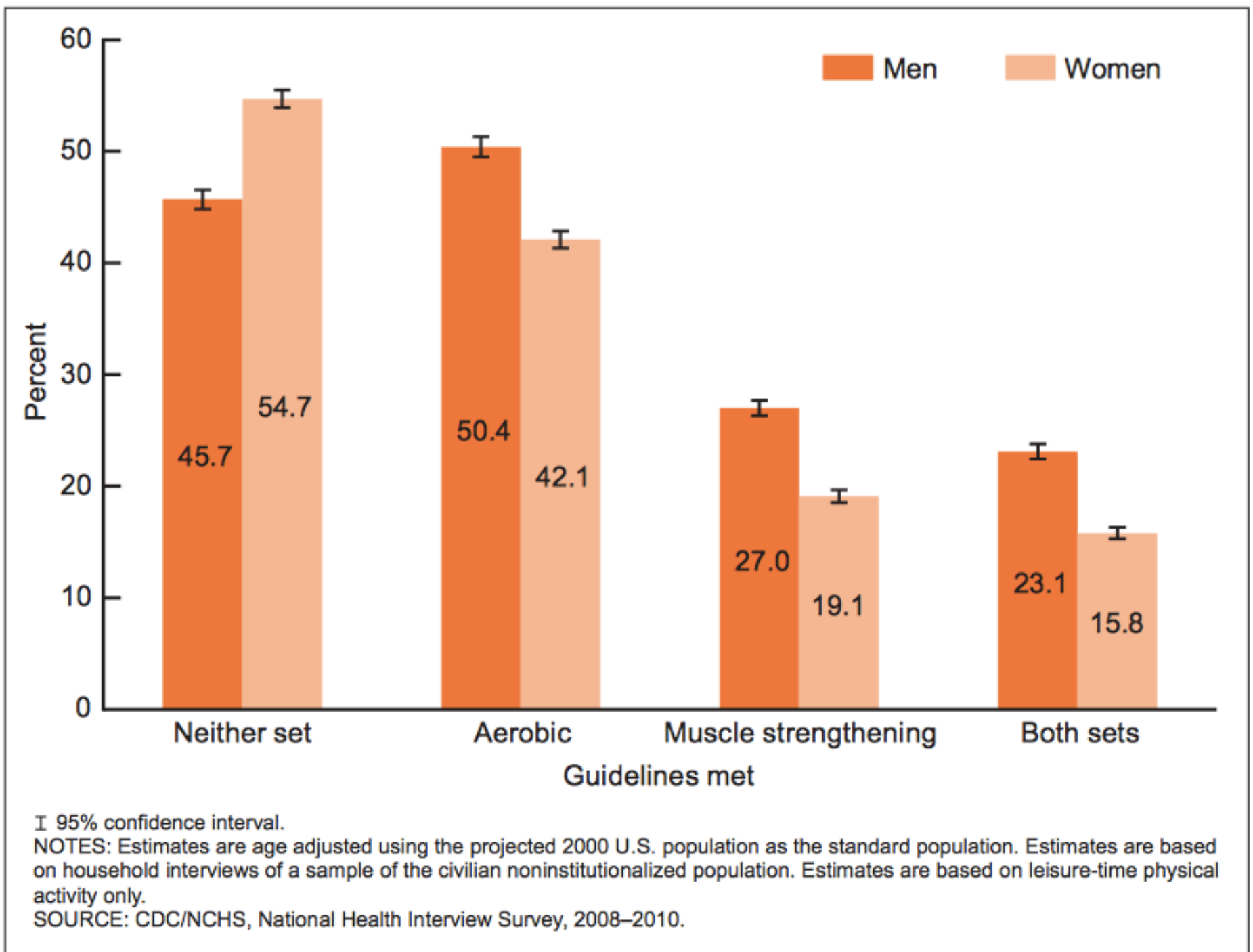
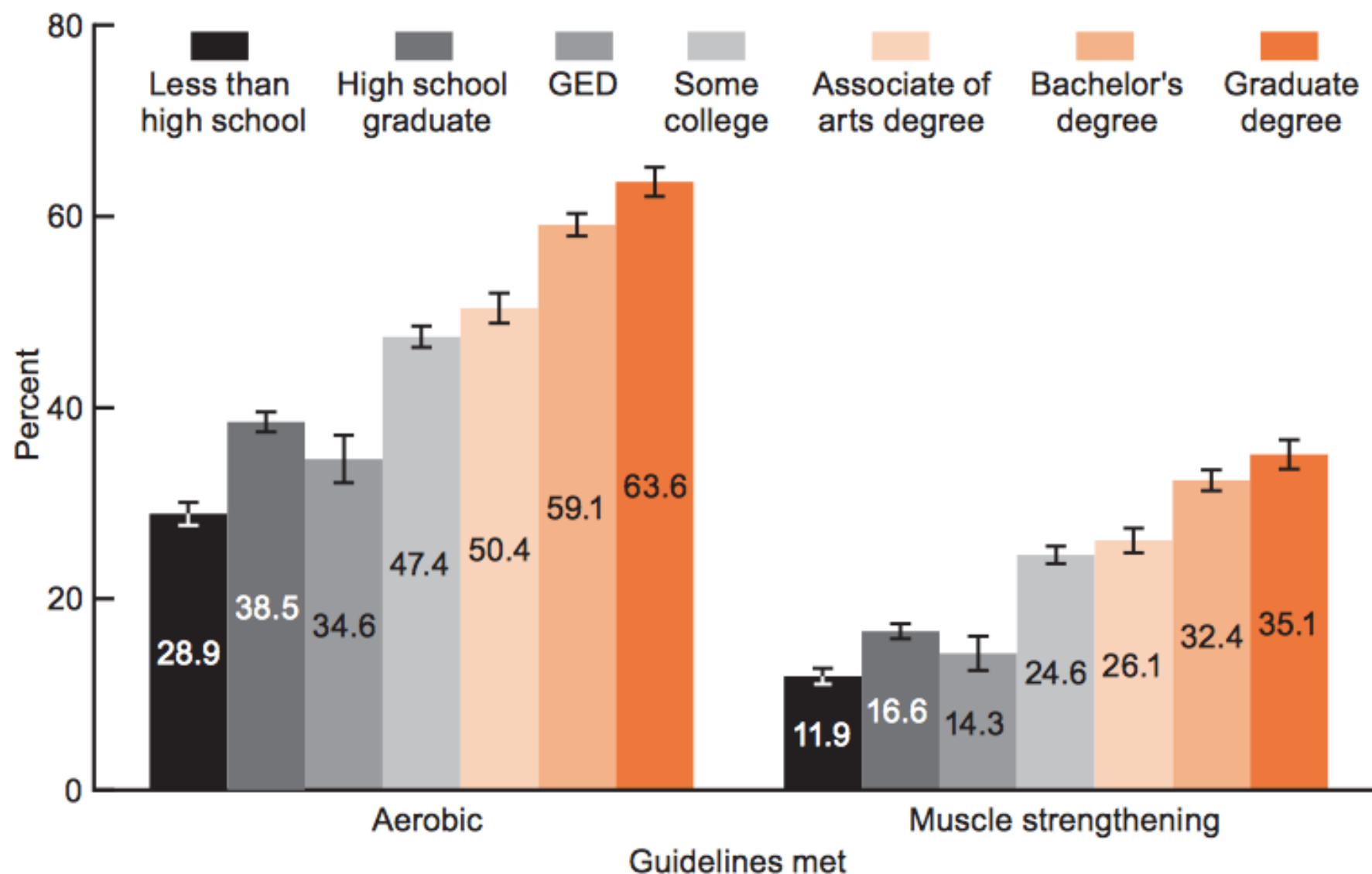


Figure 5.1. Percentage of adults who met or did not meet the 2008 federal guidelines for physical activity, by sex: United States, annualized, 2008–2010

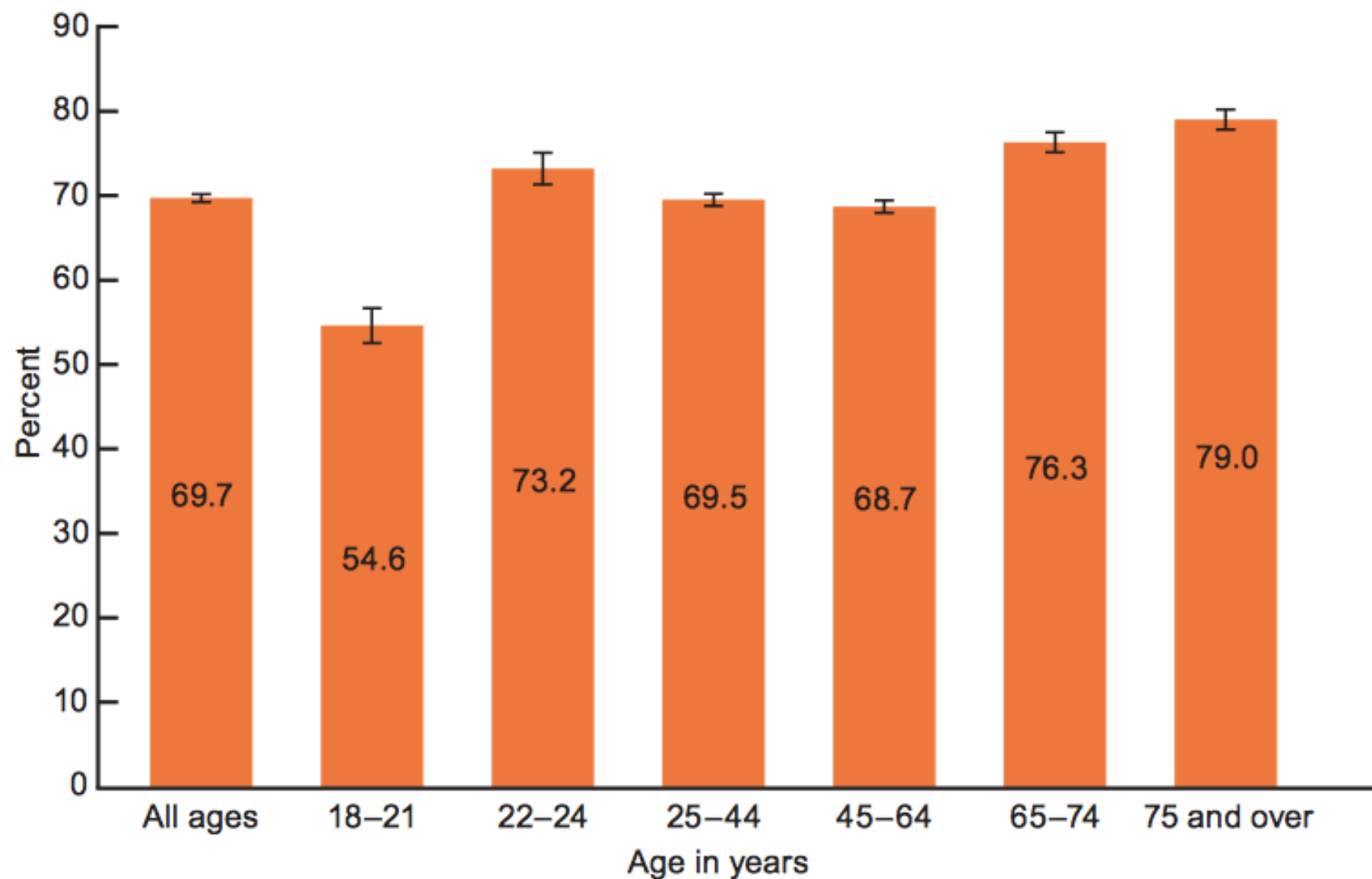


┆ 95% confidence interval.

NOTES: Estimates are age adjusted using the projected 2000 U.S. population as the standard population. Estimates are based on household interviews of a sample of the civilian noninstitutionalized population. Estimates are based on leisure-time physical activity only. GED is General Educational Development high school equivalency diploma.

SOURCE: CDC/NCHS, National Health Interview Survey, 2008–2010.

Figure 5.4. Percentage of adults who met the 2008 federal guidelines for physical activity, by level of education: United States, annualized, 2008–2010



┆ 95% confidence interval.

NOTES: Estimates are based on household interviews of a sample of the civilian noninstitutionalized population. Sufficient sleep is defined as 8 or more hours for adults aged 18-21 and 7 or more hours for adults aged 22 and over.

SOURCE: CDC/NCHS, National Health Interview Survey, 2008-2010.

Figure 7.3. Percentage of adults who met the Healthy People 2020 objective for sufficient sleep, by age: United States, annualized, 2008-2010

HEALTHY BEHAVIORS: INFLUENCE OF COPING RESOURCES

- More likely to engage in health promoting behaviors if one has:
 - Higher self-efficacy
 - Higher social support

HEALTH BEHAVIORS: UPSTREAM, MACRO-FACTORS

- Availability of protective and/or harmful products
- Physical structures that protect health
- Social structures and policies
- Media and cultural messages (Cohen et al. 2000)

MASCULINITY AND HEALTH BEHAVIORS

- "...the development and maintenance of a heterosexual male identity usually requires the taking of risks that are seriously hazardous to health." (Doyle 2001)



'IT'S CAVEMAN STUFF'

- Overall argument?
 - When more/less likely to seek help?

MASCULINITY AND HEALTH BEHAVIORS

- “The most powerful men among men are those for whom health and safety are irrelevant.... By dismissing their health care needs, men are constructing gender. When a man brags, ‘I haven’t been to a doctor in years,’ he is simultaneously describing a health practice and situating himself in a masculine arena.” (Courtney 2000)

SES AND HEALTH BEHAVIORS

- Differences in smoking, exercise, and diet account for some - not all - of the SES disparities in morbidity and mortality
- Remember fundamental cause theory?

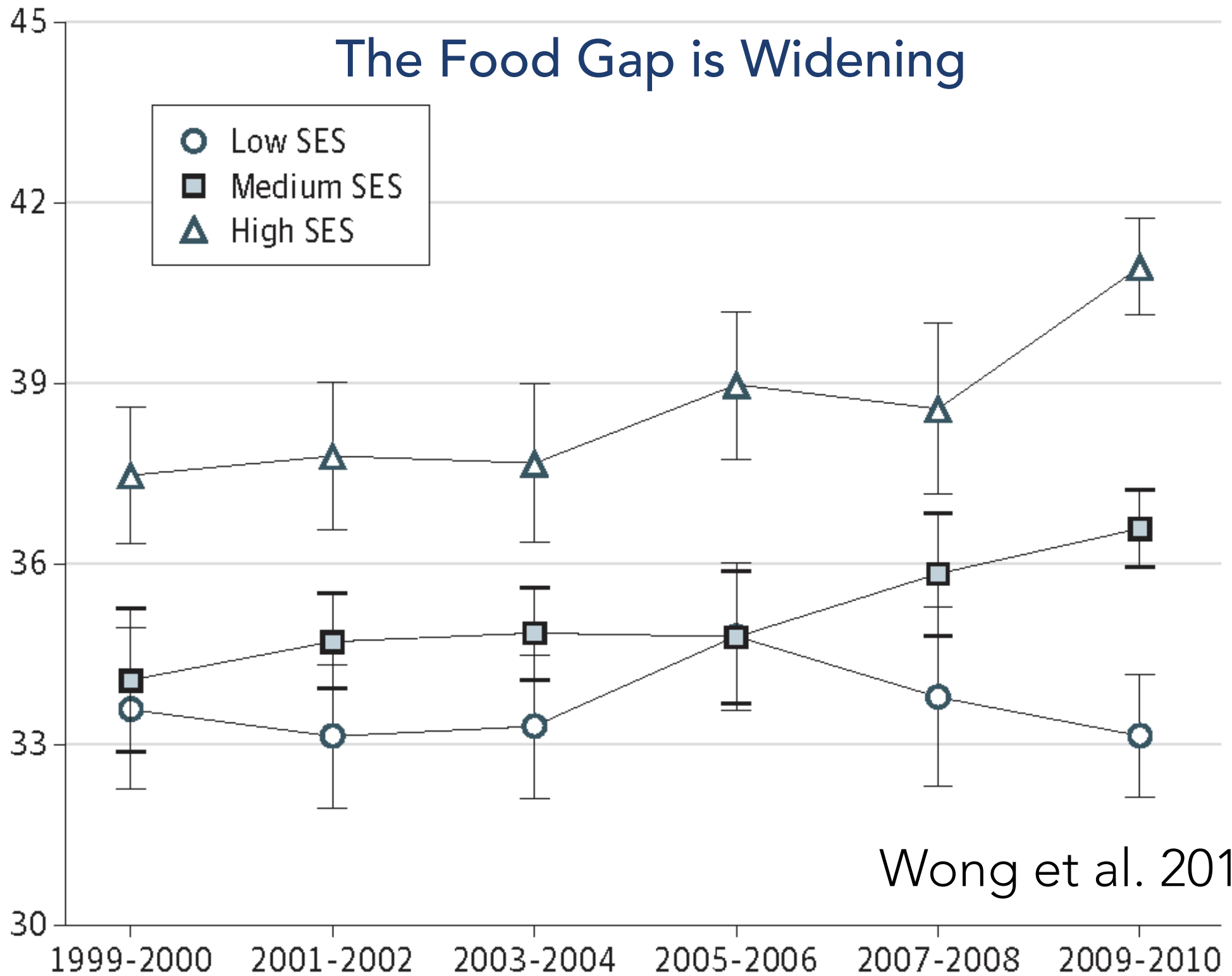
PREDICTORS OF HEALTH BEHAVIORS AFTER THE ECONOMIC DOWNTURN (MACY ET AL. 2013)

- Longitudinal data analysis pre- and post-Recession of 2008 to see the effects of financial strain, work hours and employment status on health behaviors
 1. Checking ingredient labels
 2. Selecting nutritious foods to eat
 3. Frequency of vigorous exercise
 4. Smoking
 5. Seat belt use



The Food Gap is Widening

Alternate Healthy Eating Index 2010



Wong et al. 2014

LIFE IN A 'FOOD DESERT'

(WHELAN ET AL. 2002)



Figure 1. Typical smaller food retail outlets in the study area.

LONGITUDINAL ASSOCIATIONS WITH DIET: THE CARDIA STUDY (BOONE-HEINOMEN ET AL. 2011)

DO SUPERMARKETS HELP?



Given the findings from the CARDIA study and the descriptions of life in a Food Desert, why do you think supermarkets do not tend to improve the quality of diets for neighborhood residents?