

Changing health habits reflected in latest national statistics

THE NATION'S HEALTH: HEALTH STATUS AND ITS DETERMINANTS

EDITOR'S NOTE: This is the second in a series of fifteen articles exploring "The Nation's Health." In this article Dr. Lester Breslow, Dean of the School of Public Health at the University of California, Los Angeles, discusses the factors that affect our health. This series, written for COURSES BY NEWSPAPER, a program of University Extension, University of California, San Diego, was funded by a grant from the National Endowment for the Humanities.

BY LESTER BRESLOW

Americans can begin feeling proud of their health record again. They can feel especially proud because their own changes in lifestyle are apparently largely responsible for major improvements in their health.

During the 1950s and into the 1960s, little progress in improving health was made in this country. The infant death

is now approaching that of nations with the best records. Mortality from coronary heart disease, which had been steadily increasing for decades and was causing 30 percent of all deaths in 1965,

health has been popularly overrated.

Whether people smoke cigarettes, drink alcohol excessively, eat poorly, obtain insufficient exercise, and sleep inadequately are profoundly involved in

Even brief reflection on the history of disease and health tends to substantiate the importance of the way people live.

As the Industrial Revolution got underway, exhausting hours and condi-

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Part two

The Nation's Health

has declined 25 percent since that time. The life-expectancy of those born in 1979 had jumped more than three years over that of 1965, whereas it had not really increased during the prior decade.

What accounts for these remarkable advances?

what diseases affect them and when they die. Current medical care can do little to overcome the effects of such habits long-continued.

A study in California, for example, indicated that men at age 45 who were

tions of work, malnutrition, and crowded housing made tuberculosis a leading cause of death. Now rare in the United States, tuberculosis is still common in the developing nations.

Young men who worked as chimney-sweeps in the early factory days suffered cancer of the scrotum from the soot to which they were exposed. Two centuries later, uranium-ore miners and asbestos workers developed lung cancer from their occupational exposures, as did men and women cigarette smokers.

On a more healthful note, one-fourth of the people in the world -- the Chinese -- recently adopted stricter sexual mores and thereby have virtually eliminated venereal disease. And Sweden sharply cut its automobile accident rate by strictly enforcing rules against driving while under the influence of alcohol.

SOCIAL AND INDIVIDUAL RESPONSIBILITY

Thus the conditions in which people live determine to a considerable extent their patterns of health, disease, and death. Some of the conditions are well-known, some yet to be discovered. Certain conditions, such as air pollution, are imposed on people generally. Others, such as cigarette smoking, are subject on individual control.

However, even personal habits in which individual control is possible are largely influenced by the milieu in which one lives. Whether a person smokes cigarettes or not depends upon their availability, whether those around him smoke, the degree to which his education allows him to understand their harmfulness, and the pressure of advertising. (Addiction also apparently plays some part in the habit.)

Government policy, too, can affect our habits. For example, the United States goes to great length to prevent the importation of heroin. Yet it now pushed the export of cigarettes on developing nations, where smoking is destined to cause much more damage than heroin does in our own country.

Now as in the past, as individuals and as a society, we determine to a great extent our chances for a long life relatively free of disease. Moreover, the dichotomy of personal responsibility versus social action for health, expressed by some people, is a false one. The two are closely intertwined. People who drink too much alcohol, and especially those who suffer fatal disease from the habit, are not to be "blamed." Rather their fate should stimulate social action to avoid similar damage to others, for example, by taxation to discourage excessive consumption and by offering services to assist alcoholics in overcoming their problem.

Attention to personal behavior and to physical, social and environmental influences on health, should not, however, be taken to detract from the value of modern medicine. Vaccines against

continued on page 7



Geoffrey Moss—political illustrator syndicated with the Washington Post Writers Group

rate in the United States remained high, while it was declining in several other countries. Middle-aged American men were experiencing higher and higher death rates, especially from coronary heart disease, when deaths among similarly-aged men in northern European countries remained relatively low.

Beginning in the mid-1960s, however, and continuing through the 1970s, American's health record improved dramatically. Infant deaths have fallen to about one-half the 1965 level; our rate

HABITS AND HEALTH

We don't fully understand the reasons. It appears, though, that changes in what people do in their daily lives have played the major role, with environmental measures and better medical care contributing some to the improvements.

Americans, along with people in other industrialized nations, have tended in recent years to attribute their health status largely to what physicians do. Wonder drugs and miracle operations do save many from death, but their influence on

following six or seven good common health habits had a life expectancy of 78 years, whereas men the same age who were observing only three or fewer of the habits had a life expectancy of only 67 years -- 11 years less. The seven habits associated with longer life were:

1. No cigarette smoking
2. Drinking moderately, if at all
3. Maintaining normal weight
4. Sleeping seven-eight hours
5. Exercising at least moderately
6. Eating breakfast
7. No eating between meals