



e-quilibrium

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Disadvantaged

Health statistics for this disadvantaged group are sobering. Children are less likely to reach age 5 than are their non-member peers. Group members are less likely to reach 50 years of age. Those who do reach age 50 are sicker than their peers. With a closer look, this disadvantaged group has higher death rates from accidents, including motor vehicle accidents, and more deaths from violent incidents than do peer groups. Obesity rates are higher. The group has higher rates of HIV and AIDS. There are more deaths from alcohol and other substance abuse than in peer groups. Prevalence rates of diabetes, heart disease, and chronic lung diseases are higher in the disadvantaged group.

Within the disadvantaged group, there are economic and educational differences, in that those with the lowest income and educational attainment have the poorest health. However, even the wealthy and well-educated persons in this group have poorer health when compared to peer groups. It is important to add that this disadvantaged group spends substantially more on health care than peer groups spend. On a positive note, there is a segment of the disadvantaged group that enjoys better health than counterparts in the peer groups – that segment is individuals over 75.

If you haven't yet guessed it, the disadvantaged group is the population of the United States! Peer groups are 16 comparable “high-income” countries (even though the United States has higher average household income than do the peer countries).

These statistics come from a report published this year by the National Research Council and the Institute of Medicine. It isn't new news that health status indicators for the United States don't fare well when compared to those of other developed countries (and also when compared to some developing countries). What is particularly noteworthy from this report is that even persons in the United States who are well educated, have high incomes, have health insurance, and practice healthy behaviors are not as healthy on average as are citizens of the peer nations.

In addition to having higher survival rates for those 75 years old and older, there are other areas where the United States fares well. Rates of screening and cancer survival are higher. The US has better control of blood pressure and cholesterol. Stroke rates are lower. Suicide rates are not higher. Perhaps surprisingly, recent immigrants to the US are found to have better health than are native-born Americans. However, the overall health disadvantage for the United States is even more striking when one realizes that these positive indicators are included in the data.

Numerous factors likely contribute to the disparity between the money spent on health care in the United States and poor health outcomes. Some factors are environmental, such as communities not being built for pedestrians (resulting in less physical activity), or the types of food that are emphasized in grocery stores and restaurants. Some factors are social/political, such as firearms being more available and accessible in the United States. While persons in the United States actually smoke less than do peers in other developed countries, US residents consume more calories and abuse prescription and recreational drugs at higher rates. Health care system factors include the lack of emphasis on primary care and the lack of health insurance for a segment of the population. Safety net services are less accessible in the United States than in many peer countries.

While these factors may help explain the overall data, how is it that well-to-do citizens of the United States still aren't as healthy as those in peer nations, even when positive health behaviors are practiced? One theory is that income inequality, which is greater in the United States than most developed countries, contributes to chronic stress in the form of anxiety

about one's status on the economic ladder. There may be "status insecurity" even among those with high incomes. Chronic stress harms health. This theory is based on the observation that health status indicators tend to be better in countries with less income inequality; this health advantage has also been found in states of the United States that have less income disparity than other states.

Residents of the United States typically don't perceive themselves as disadvantaged when compared to the rest of the world, and on many dimensions this perception may be accurate. When it comes to health, however, the numbers indicate that we are among the most disadvantaged of the developed countries. As citizens and as a nation, reexamination of our priorities and choices will be necessary if we are to realize better health.

Paul J. Hershberger, Ph.D.

... is a clinical health psychologist. He is Professor of Family Medicine and Director of Behavioral Science for the Family Medicine Residency Program, Wright State University Boonshoft School of Medicine. His clinical practice includes psychotherapy, consultation, and coaching.

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To contact Dr. Hershberger:
e-mail: paul.hershberger@wright.edu
phone: (937) 734-2021