

# Healthy Life Style, Health Literacy, and Health Disparity: US and Japan

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## BACKGROUND

### Healthy Lifestyle, Health Literacy, Health Disparity

- Healthy lifestyle:** The balance among environmental, emotional, spiritual, social, physical and cultural aspects of the individual's life. Health also depends on risky/unhealthy behaviors.
- Health literacy:** The Patient Protection and Affordable Care Act of 2010, Title V, defines health literacy as the degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information and services to make appropriate health decisions.
- Health disparity:** Healthy People 2020 defines it as:
  - A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.
  - It adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.
- Among the features people identify with healthy lifestyle and health disparity are the following:
 

✓ Physical health	✓ Staying involved in activities and with people who bring meaning and support
✓ Financial security	✓ Creative expression and spirituality
✓ Independence	✓ Access to health care
✓ Coping well and an optimistic outlook	
- Health System: USA vs. Japan**
  - Large uninsured population vs. national health insurance
  - Limited access to primary care
  - Inaccessibility to healthcare services
- Health Behavior: USA vs. Japan**
  - Calorie oriented food consumption
  - Addictive substance use including smoking alcohol uses
  - Sedentary lifestyle and exercise/physical activities

### Socioeconomics Status: USA vs. Japan

- Calorie oriented food consumption
- Higher levels of poverty and large income disparity/inequality
- Child poverty
- Educational level
- Social mobility
- Weak safety net program

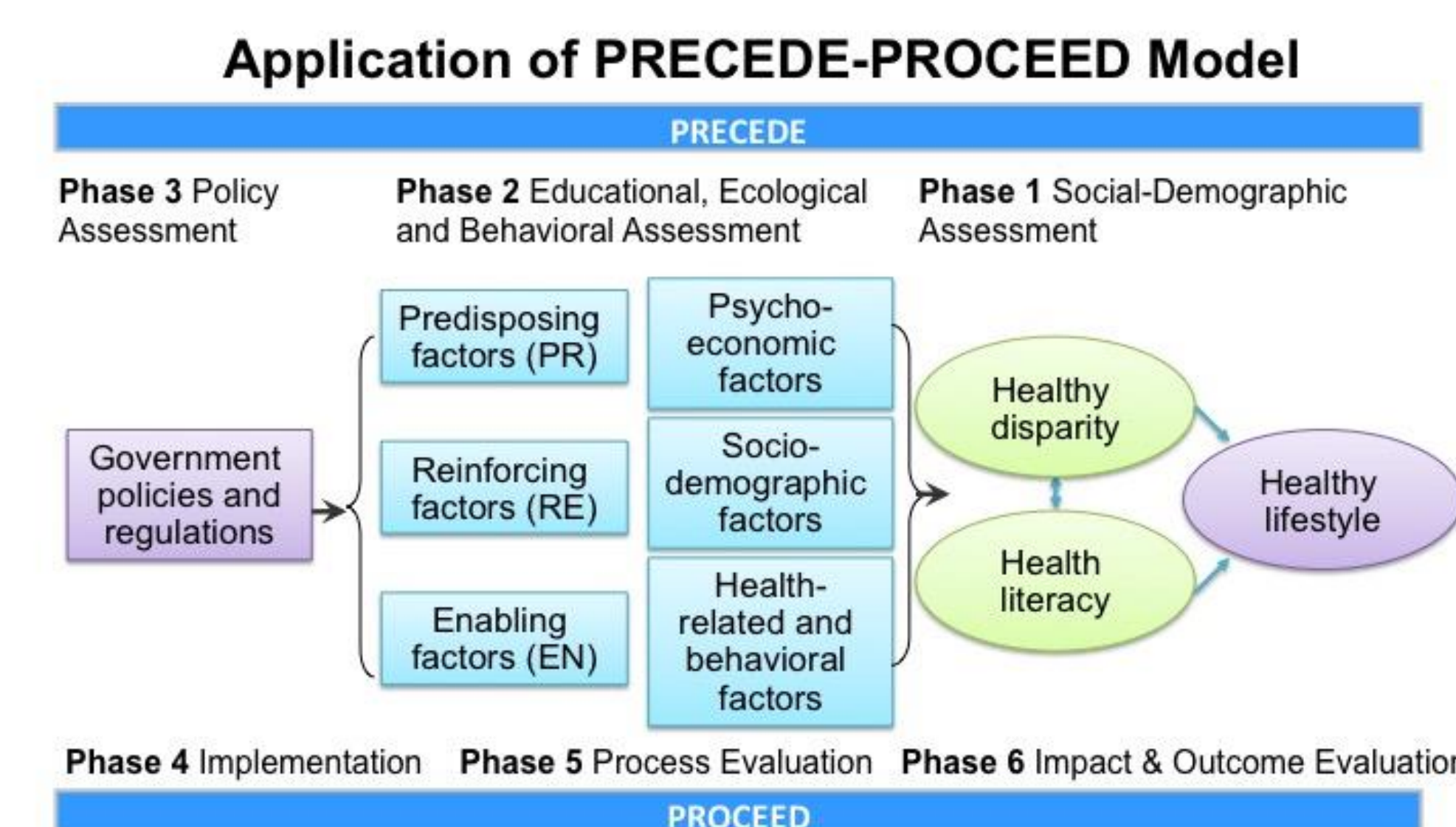
## OBJECTIVES

- To investigate the comparison of motivation and socio-economic characteristics of health literacy and health disparity in the US and Japan.
- To evaluate how a perceived healthy life style is associated with health literacy and health disparity by the elderly.

## METHOD

- Data:**
  - The 21<sup>st</sup> Century Center for Excellence (COE) Survey
  - Conducted by Osaka University in Japan in 2011
  - It was to provide better understandings of human behavior and socioeconomic dynamics as well as plausible solutions for contemporary social and economic problems that the community face in the U.S. and Japan.
- Participants, Survey and Data Collection:**
  - Two-stage stratified random sampling and the nationwide mail survey. (USA: N=5313; Japan: N=4934; ages 18+)
  - Self-reported questions that asks respondents' forward-looking behavior and characteristics related to current lifestyle and choices that an individual would make given different situation.
  - Individual characteristics questions include a happiness question, questions about the intensity and directions of social comparisons.
  - Questions about socio-demographic and psycho-economics variables: age, sex, educational background, marital status, types of residence, residence area, annual pre-tax personal income, job types, and health related physical, mental and social aspects.
  - The survey was administered by trained personnel in order to avoid social desirability responses.
  - Incentive: \$5.

### Empirical Framework



## METHOD

Dependent Variables:	Independent Variables:	Scale
<ul style="list-style-type: none"> <li><b>Relative subjective health as health disparity</b> Q: How would you describe your current health status [1=poor ~ 5=excellent ] is divided by mean of health status of sample population.</li> </ul>	<b>Predisposing factors [examples]</b> <ul style="list-style-type: none"> <li>Being poor is due to unfairness rather than laziness.</li> <li>It is unacceptable that the number of poor people increases father.</li> </ul>	(5-point) (5-point)
	<b>Reinforcing factors [examples]</b> <ul style="list-style-type: none"> <li>In general, most people are trust worthy.</li> <li>I feel happy when I do a good deed that I think benefits others.</li> </ul>	(5-point) (5-point)
<ul style="list-style-type: none"> <li><b>Subjective happiness as healthy lifestyle</b> Q: How would you rate your current level of happiness? Scale [very unhappy = 0 ~ very happy = 10].</li> </ul>	<b>Enabling factors [examples]</b> <ul style="list-style-type: none"> <li>It is acceptable to receive social security, even if you are ineligible.</li> </ul>	(5-point)
	<b>Smoking</b> <ul style="list-style-type: none"> <li>How many cigarette do you smoke a day?</li> </ul>	(9-point)
<ul style="list-style-type: none"> <li><b>Health literacy is a compounding/confounding variable: periodical check, risky behavior and healthy behavior: scale 1~10 [best].</b></li> </ul>	<b>Alcohol drinking</b> <ul style="list-style-type: none"> <li>How much alcohol beverage do you drink a day?</li> </ul>	(6-point)
	<b>Exercise</b> <ul style="list-style-type: none"> <li>How often do you exercise?</li> </ul>	(5-point)
	<b>Psycho-economic factors [examples]</b> <ul style="list-style-type: none"> <li>My daily life is fulfilling</li> <li>I have anxieties about my health</li> </ul>	(5-point) (5-point)
	<ul style="list-style-type: none"> <li>What do you think your standard of living?</li> <li>Approximately how much is the annual earned income before tax?</li> </ul>	(10-point) \$
	<b>Socio-demographic factors</b> <ul style="list-style-type: none"> <li>Gender [female=1, male=0]</li> <li>Marital status [married=1, otherwise=0]</li> <li>Age [50 years old and ~ more]</li> <li>Years of education [years 9 years ~ and more]</li> </ul>	

## RESULTS

- Perceived health is positively and significantly related to physical activities. There is no clear cut difference between health behavioral aspects between the US and Japan. However, healthcare utilization and physical activities are negatively associated.

## CONCLUSIONS

- Healthy life style is essential for successful aging in both nations. It will reduce healthcare utilization especially in the US. There is clear cut evidence of a healthcare cost burden in the US.