

Personal HEALTH

A POPULATION PERSPECTIVE

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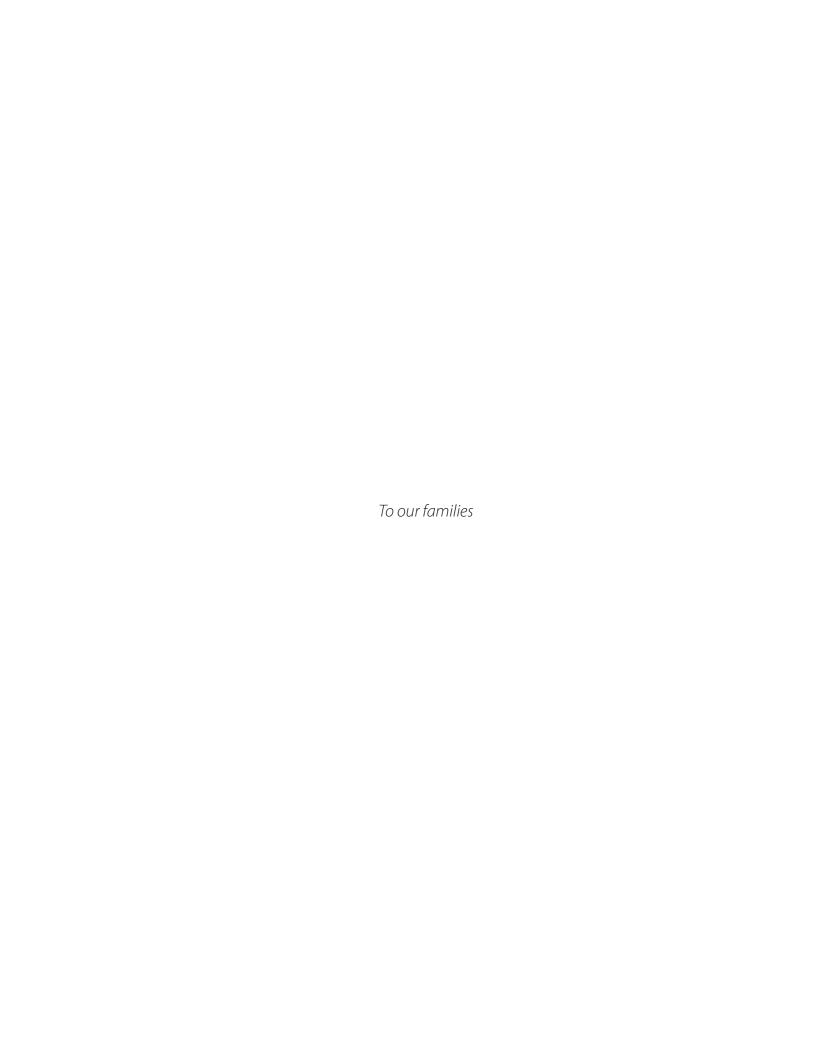
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Foreword

Reading this book and using it as a study guide will be a unique experience for you. The authors of this book have used both the microscope and the telescope to help you understand the risks and opportunities that surround us. These risks and opportunities exist within us, tempered by the world in which we live, and can influence our health in ways that we feel and know—and in other ways that are hidden but are just as important.

Regardless of the area you choose to study or your career direction, broadening your understanding of how to remain healthy and enhance the health of those around you is a skill and an asset that will stay with you indefinitely. This enhanced awareness of health and its implications for an individual's development, the resourcefulness of a community, the well-being of a city, and the resilience of a nation is confirmed both theoretically and empirically. The authors cover many topics, some social, some biological, some cultural. It may surprise you to discover just how many factors affect our health as individuals and populations.

Some of the factors the authors address manifest directly in how you feel about yourself today—how active, how happy, or restful you may be, or how anxious or how tired you may feel. These same characteristics may also apply to your family, your neighborhood, your community, as well as your village or your city.

The authors wrote this book with the intention of building a knowledge base as well as creating a broader understanding of health and well-being. Their focus is on the entire life span, but particularly on college-aged individuals. They explain what is healthful or what may be dangerous for you, as an individual or for the population as a whole. Avoiding health risks and preventing the health challenges is only possible when you know what they are. Making the best choices today for you, your friends, and your family may turn into a habit that you will embrace and practice for many years to come.

You may be taking a health course to fill a distribution requirement or because you intend to choose it as a career. Regardless, this book will help you understand more about the variety of professional domains that serve the health of individuals and populations. This book could be your entry point. It may lead you in the right direction if you want to be a doctor, a nurse, a physical therapist, or another career that supports health needs either in a clinical setting or community. However, careers in the health professions span beyond those in a clinical setting. Examples include health educators, social workers, environmental health specialists, public health officials, and health managers. Many of these professionals treat people who are sick or protect individuals who are healthy. Regardless of their career, they should always have an eye on what health means for larger groups of people and populations. These factors could have an impact not just on health, but also on productivity, well-being, social cohesiveness, and economic productivity. Health is not just about your temperature today or how many calories you have consumed; it is also about how dynamic you may be and how fulfilling your life is. I hope that you will develop new perspectives on many aspects of your life and the society in which we live and how this affects your health. I also hope you develop a deeper understanding of how health behavior and the environment impact your life and future.

This book will increase your curiosity about health and its implications. It will be a stepping stone toward making better choices, remaining aware, and understanding the risks that surround you. Enjoy reading it, and maybe you will keep it as your bedside table companion.

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How to Use This Book

In addition to including the most current information concerning general health, each chapter includes helpful learning aids for both students and instructors. Utilizing these features for classroom and/or blog discussions and debates, or as individual reflective writing assignments, can help to drive stronger comprehension and retention of core concepts while reinforcing critical thinking skills.

Each chapter begins with a list of **Chapter Objec**tives to help you focus on the most important concepts in that chapter.

CHAPTER OBJECTIVES

- Review key concepts to help understand terminology used in this text.
- Define health in the broader context.
- Explain how our environment influences the health choices we make.
- Describe the meaning of health across the life span.
- Review the theories of health behavior.
- Explore the meaning of race and racism and why they are important health issues.

In Summary sections can be found at the end of each chapter to reinforce concepts introduced in the chapter.

In Summary

Every day you make choices that impact your health. Those choices are not made in a vacuum; they are influenced by the environment around you. Researchers have proposed theories of health behavior that attempt to explain how people make decisions about their health behaviors. These theories are helpful because public health practitioners want to understand how to help people make health-

This chapter introduces key concepts and terms fundamental to understanding health. The concept of health across the life span helps you understand that the choices you make, as well as the external environment around you, affect your health. The concept of race is a social, not biological, construct. The consequences of racism on health are devastating.

We also consider health determinants that are not always obvious. Where you live is important. It influences your sense of well-being, your health, your happiness, and other choices about your life. Furthermore, understanding what will make you happy is critical to living a healthy life.

Key terms are bolded in the text and listed at the end of each chapter. Terms are defined in the margins and in the glossary at the end of the book.

Key Terms

built environment cancer congenital anomalies cutoff value discrimination epidemiologists focus groups heart disease incidence

population health prevalence race racism screening tests randomized controlled trials social determinants of health sudden infant death syndrome **Try It!** applies topics from the text to your daily life.

TRY IT!

Create a Budget

Give yourself a "healthy diet" budget. What food choices would you make if you had \$3.00 per day to spend? What about \$6.00 per day? Or \$10.00 per day? Try to come up with a grocery list for a week's worth of groceries based on those numbers. [Hint: Look on the Internet to come up with suggestions if you need to. This is an exercise many have tried!

Fact vs. Fiction debunks popular health myths and explores controversies.

O FACT VS. FICTION

Camera Enforcement of Speed Limits

ras are just a way for cities to make money and don't make people slow down

Fact: Speeding is a factor in most collisions, especially ones where there are injuries and fatalities. Encouraging people to slow down helps to reduce or eliminate injuries and fatalities. Like many cities resorting to cameras to monitor speeding, in 2007, police in Rockville, Maryland, installed two cameras to detect speeders in front of a local high school. It was one of the city's worst speeding locations. About 2,000 vehicles pass the cameras every day. When the cameras were first installed, there were approximately 75 citations issued per day; 2 years later, it is only 16 per day. The cameras in front of the high school were placed there after someone speeding through the school zone killed a student who was crossing the street.

By the Numbers displays relevant—and often surprising-statistics to further your understanding of topics discussed in the text.

™ BY THE NUMBERS

Heart Attacks in the United States

Every 43 seconds, someone in the United States has a heart attack.39

Up for Debate describes current controversies in public health to engage students in discussions.

Should the United States Allow Direct-to-Consumer Advertising?

Should the United States Allow Direct-to-Consumer Advertising? In the United States, there are several categories of pharmaceutical drugs that require a prescription, and are unavailable for you to purchase off the shelf from the store, And yet, drug companies can still market those products directly to you by advertising on TV, in magazines, and through social media. What do you think about that?

Nearly every other country in the world bars prescription drug companies from marketing directly to consumers. The United States and New Zealand are the only two countries that allow direct-to-consumer advertising (DTC) of prescription drugs in other nations, if a drug requires a prescription, it cannot be advertised to the public. The reasoning is that because regulations restrict people from buying drugs directly from a store or pharmacy without a prescription, drug companies should not be permitted to 'sell' directly to consumers.

Pharmaceurical companies argue that DTC advertising increases knowledge, encourages patient-physician communication, reduces the stigma of certain disorders by placing them widely open in the public, and represents freedom of speech."

Physicians have indicated that direct to-consumer advertising has both positive and negative effects on patients and on public health. "In recent years, the physician community has begun to originate in greater opposition to the practice, in 2015, the American Medical Association (AAA) voted to ban DTC advertising, citing concerns about the negative impact of commercially driven promotions, and the role marketing costs play in rising drug prices. The AMA also argued that DTC marketing increased demand for new and more expensive drugs, even when these drugs may not be appropriate." Meanwhile, a spokesperson for the pharmaceutical manufactures trade association (PhiMA) said that DTC advertises design their advertising to provide scientifically accurate information to help patients better understand their health care and treatment options."

In many cases, drug companies market their products, not to get patients to seek the medication, but to get them to request their particular brand when generic (non-brand name) versions of the drug are available. The generic drugs are less expensive than the brand name one se being advertised.

Along with issues of treatment, DTC advertising has cost implications, both for individuals and the nation's health system. One drug, Neulasta, for example, can cost \$5,000 per injection in the fulled states, generating \$4.6 billion in sales in 1 year for its manufacturer, Amgen." This level of profit makes the total DTC advertising spending in 2015 of approximately \$5.500 per injection in the other states, of the construction of the drugs are subjected to the construction of the drugs are subjected to you think? Should prescription drug ads be banned from the eyes of consumers, or do consumers have the right to receive the technical produced and effective communications possible from the manufacturers? After all, the call to extend the call of the consumers of consumers have the right to receive the decine of the drugs of doctor." Physicians have indicated that direct-to-consumer advertising has both positive and negative effects on patients and

all, the call to action is not to "buy," but to "ask your doctor."

Going Upstream provides insights to help students think about predisposing factors to health, particularly social determinants of health.

≥ GOING UPSTREAM

Why Are People of Color at Higher Risk for Cardiovascular Diseases?36

Several theories exist as to why people of color, particularly Black men and women, are at higher risk of developing cardiovascular diseases and dying from them. One theory is that this population has higher rates of obesity and diabetes, which can lead to CVD. Another theory is that a gene common among African Americans may make this group more sensitive to salt. However, it is clear that a large part of this disparity exists due to barriers to diagnosis and treatment. Social determinants of health, including inequalities in income, education, and access to care, discussed throughout this book, disproportionately affect people of color and contribute to these barriers to cardiovascular care.

Tales of Public Health are real-life public health stories, to bring a human face to the concepts described.

The White Potato: In or Out?

The White Potato: In or Out?

Mashed? Based Pried? Bioled? The white potato, or Solonum tuberosum, is a member of the perennial nightshade family, which includes tomatoes, eggplant, and chill peppers. Originally from the Andes mountains, it is now cultivated throughout the world, and its place on the American table has been unanimously accepted for centuries.

That changed in 2015, when the simple white potato found itself at the center of a here argument in Washington, DC. The debase called into question whether the potato is nutritious enough to be included in the federal nutrition assistance program for pregnant women and their newborn bables.

The Women, Infants, and folltildren (WIC) program provides nutrition at the crucial time in human development when human growth and cellular resilience are taking shape—in the womb and during the first frey years of childhood. The program provides vouchers for mothers, which can be spent only on foods deemed "exceptionally nutritious" by the USDA, such as milk, cereal, eggs, finits, vegetables, beans, and peams butter. The USDA takes its guidance from the National Academy of Medicine (RAML), a nongovernmental nonprofit organization that provides unbiased guidance for policy decisions related to health and health, case.

In 2006, the medical and nutritional scientists at the NAM determined that protatoes were not healthy enough to be considered a crucial frood for women and postpartum babbles and thus ineligible for WiC relimbursement. For the potato industry, the financial implications were enormous. WiC had distributed around 57 billion in vouchers in 2006," and removing an item from WiC funding has a major effect on jobs and profits for large industrial food producers, as well as small farmers, whether they're raising potatoes or peanuts.

After a long campaign of communications, lobbying, and financial contributions, the potato industry got what it wanted. In February 2015, the NAM announced that white potato would be returned to the list of approved WiC foods: It

(AAP) said they were "tremendously concerned" about industry intervening in WiC regulations. The AAP argued that including potatose would "were field the sound scientific judgment of our nations' leading nutrition science experts." New York Liniversity nutrition professor Marion Nestle wrote. "I have a hard time believing that WiC recipients are suffering from lack of potatoes in their diets. Potatoes are fine foods, but highly caloric when prepared in the usual ways. Encouraging WiC recipients to choose leafy greens and other vegetables seems like a good idea."

The food industry has influenced USDA dietary guidelines since the first recommendations in 1994. This influence has been in lobbying Congress, funding nutrition research, and forming partnerships with professional nutrition organizations. Each sector of American life (governments, companies, nonprofit organizations) has a different perspective understanding of these areas through critical discussion and open reporting may help all of us to become health, and earness, and consequently healthly encode. eaters, and consequently, healthler people.

Discussion Questions and Activities at the end of each chapter encourage students to discuss, ponder, and critically analyze their own feelings and opinions about the information presented in the book.

Student Discussion Questions and Activities

- 1. Placing limits on the sale of tobacco and establishing smoke-free workplace laws are two examples of laws and policies intended to reduce cancer rates in the United States. What are some other policies you can think of that may help more people avoid cancer?
- 2. What would you do or say if a parent or grandparent told you they had cancer? How would you talk to them? Would you feel comfortable making recommendations or offering to help? If so, what might be some ways you might offer to help?
- Why do you think that CVDs are so highly prevalent in the United States if there are ways to change behavior and lifestyle to effectively reduce one's risk?
- Think about what you normally eat. Does it include foods high in sugar, fat, and salt? How hard do you think it would be to change to a healthier diet?
- Consider changes people need to make to lower their risk of type 2 diabetes. Do you need to make those changes? Design a program for yourself or friends to lower the risk of type 2 diabetes.
- Imagine you have asthma. How do you control the symptoms?
- Imagine what a day would be like if you had COPD and had to take an oxygen tank with you everywhere you went. How would that effect what you do every day?

Because of these features, we believe that Personal Health: A Population Perspective is particularly userfriendly and will encourage student motivation and learning.