Healthy Lifestyle, Health Literacy, and Health Disparity: US and Japan

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BACKGROUND

- **Healthy lifestyle**: The balance among environmental, emotional, spiritual, social, physical, and cultural aspects of an individual's life. Health also depends on risky/healthy 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**: The People 2020 defines it as:
  - A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.
  - It adversely affects groups of people who have systematically experienced greater obstacles to health based on their race 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.
- **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 socioeconomic characteristics of health literacy and health disparity in the US and Japan.
- To evaluate how a perceived healthy lifestyle is associated with health literacy and health disparity by the elderly.

METHOD

**Data:**
- The 21st 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 asked 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 psychosocial-economic 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**

**Application of PRECEDE-PROCEED Model**

**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 lifestyle 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.