CALL #: RA427.8 .A43
LOCATION: LUU :: Main Library :: Middleton Library (Main Collection)

TYPE: Article CC:CCL
JOURNAL TITLE: American journal of health promotion
USER JOURNAL TITLE: American journal of health promotion
LUU CATALOG TITLE: Social ecological strategies for promoting healthy lifestyles.
ARTICLE TITLE: Breslow,, Lester,
VOLUME: 10
ISSUE: 4
MONTH: YEAR: 1996
PAGES: 253-
ISSN: 0890-1171
OCLC #: LUU OCLC #: 13830677
CROSS REFERENCE ID: [TN:84298][ODYSSEY:206.107.43.160/ILL]
VERIFIED:

BORROWER: UCW :: Main Library
PATRON: Kerri Downing
PATRON ID: ked06004

This material may be protected by copyright law (Title 17 U.S. Code)
Critical Issues and Trends

Social Ecological Strategies for Promoting Healthy Lifestyles

Lester Breslow

OVERVIEW

In this discussion of social ecological strategies for promoting healthy lifestyles as an element of social ecological perspectives on health promotion, it may be useful to start by differentiating my view of health promotion from another that is often expressed. That start seems necessary because of the common tendency to use the term health promotion to mean only changing peoples' behavior to enhance health. A broader and more appropriate concept comes from the Ottawa Charter definition of health promotion: "the process of enabling people to increase control over, and to improve, their own health." Such control may be exercised both individually and collectively, the former for one's own self and the latter for the community. The Ottawa definition focusses on maintaining and, insofar as possible, expanding people's capacity to extend enjoyable life. That capacity constitutes health. It resides in several bodily and mental functions, for example, having immunity against disease-causing microorganisms; having intact organ systems such as the cardiopulmonary system and liver; and sustaining cognition. Therefore obtaining vaccinations, getting adequate exercise, avoiding excessive alcohol, and keeping mentally active are all aspects of health promotion. Other important features of health promotion, however, include items not related to individual behavior, such as fluoridating and otherwise maintaining healthful water supplies, minimizing rodent infestation, and curtailing air pollution.

In recent years, however, the way people behave (what many call "lifestyle") has dominated consideration of health promotion. The popularity of this view has followed recognition that certain kinds of individual behavior, such as tobacco use and alcohol abuse, are profoundly associated with health, and subsequently with mortality and disabil-

ity. One line of thought consequent to that recognition has been that, because these behaviors are matters of volition, anyone can avoid the "bad habits" that induce poor health. In effect, therefore the "victims" are to be "blamed." That is, of course, a very narrow perspective on the situation and not a very helpful one.

In fact, lifestyle consists of ways of living, the patterns of behavior, in the circumstances of one's life. Increasingly in industrialized society we create for ourselves, individually and collectively, both the circumstances of life and our ways of living in those circumstances. And we are beginning to recognize that both those facets of lifestyle strongly influence how long we live and how well.

Some living circumstances that affect health, of course, do not involve individual volition at all. Urban air pollution exemplifies such forces adverse to health, and environmentalists concerned with health concentrate on them.

Physical Environmental Factors

Advancing health has come to entail not only minimizing pollution of the environment but also overcoming environmental deficiencies where they exist (e.g., too little fluoride in the water). In that case, although we have made considerable progress, several cities in the United States, including Los Angeles, still do not provide properly fluoridated water. Those cities therefore subject their residents to the likelihood of lives with impaired or lost teeth because the natural water available there is fluoride deficient. That social ecological failure persists despite overwhelming scientific evidence that properly, and inexpensively, fluoridated water promotes good dentition.

Another procedure, also rather simple technically, consists of adding potassium iodide to salt and distributing it to overcome iodine deficiency in the soil. Long taken for granted in the developed nations, availability of iodized salt is now being extended to parts of the world where iodine deficiency still subjects millions to suffering the mental deficiency and associated birth defects of cretinism. Physical ecology in the form of insufficient iodine in the soil, which can thus severely impair human life, is being conquered by social ecology—in this case a deliberate social effort to establish yet another healthful circumstance of life.

These two rather simple examples, iodized salt and fluoridated water, illustrate the role of social ecology in changing the circumstances of living to favor health in...
situations where individual behavior is not extensively involved.

Although it is thus important to keep in mind that health promotion involves more than attention to people's behavior, this article will focus principally on behavioral aspects of lifestyle.

**Social Environmental Factors**

Industrial advances have produced a situation in which living circumstances that affect health are no longer mainly exposure to such naturally occurring physical and biological features of the environment as soil conditions and the presence of microorganisms. Rather, the living circumstances that surround important health-related options are to a large extent the social features of the environment created by people in their communities, large and small.

**Tobacco Consumption**

Cigarette smoking is an outstanding example. The original North Americans used tobacco, mainly ceremonially, long before Europeans arrived on the continent and learned to use the leaf. Only toward the end of the nineteenth century, however, did manufacturing genius make cigarette production possible on a mass scale. Thereafter, mass-marketing techniques, especially advertising, facilitated the tobacco industry's growth. Somewhere along the path tobacco companies discovered the addictive properties of a key tobacco smoke ingredient, nicotine. They even began, some evidence indicates, to titrate the drug into the product. Hooking youngsters into life-long addiction yielded tremendous profits from producing and selling cigarettes; the economic aspects of tobacco growing, as well as payments to manufacturing employees, advertisers, and some politicians, launched a huge industry. By the time health scientists and then the general public recognized the nature and extent of health damage being caused by that development, the greatest epidemics of twentieth century life—coronary heart disease, lung cancer, and other chronic lung disease—were well under way. And the industry was well ensconced as a giant in American society. Curtailing those epidemics became the major challenge to public health, and tobacco is now acknowledged to be the leading cause of all deaths in the United States, including from those diseases.

Physicians and others with sufficient education to understand the danger were the first to give up tobacco themselves. Sensing the trend that then began to encompass other affluent and well-educated people, the tobacco industry responded with intense efforts to entice people in poor neighborhoods, especially youngsters, to begin and continue smoking. The cigarette companies also have recently turned vigorously to cultivating markets in developing countries. In response, advocates of stopping the health damage caused by tobacco have launched campaigns at every social level, increasingly targeting the conglomerate corporations that sell tobacco products. Some of those corporations have started to isolate their tobacco interests from the rest of their businesses, both because they see tobacco investment becoming less attractive as the decline in smoking accelerates and because the growing social antipathy to tobacco threatens their other business interests.

This struggle, as it plays out, involves a vast array of interests: those directly and indirectly involved in tobacco production and sales; health and education agencies; federal, state, and local governments; and many others. The struggle is changing the social milieu that surrounds smoking from general warm acceptance to general antagonism.

**Obesity**

Other health-related aspects of lifestyle can be reviewed from the same social ecological perspective as that outlined for tobacco use. For example, early in the twentieth century obesity developed first among affluent people. They could afford to buy any amount of food, enjoyed the tastes, and did not have to exert much energy to live. Among the wealthy, being plump or even fat became common (witness the cartoons of bankers), whereas people who worked hard physically and members of their families on meager incomes could rarely become obese. During the century, however, two social phenomena converged to reverse the situation. The more affluent and better educated persons, having learned about obesity's health dangers, changed their eating and exercise patterns to become relatively slim. On the other hand, even relatively poor people prefer and now have sufficient resources to buy tasty, fat-rich, and sweet foods; at the same time, with TV as entertainment and a generally less physically demanding life, they have become obese. The current and increasing obesity of the United States population shows this changing social distribution of the problem, as is sharply exemplified among Black and Hispanic women and in Native Americans during recent decades. The same phenomenon and its disease consequence, diabetes, may be seen in people of developing nations when they enter the commercial aspects of urban life, such as in Papua New Guinea (Personal observation). Among the population of that nation, obesity and diabetes are rampant because the people rather suddenly do not have to exert themselves as much as formerly and simultaneously acquire the opportunity to satisfy unrestrainedly the human taste for fatty and sweet foods.

**Alcohol Abuse**

Alcohol abuse, a more complicated health issue than cigarette smoking or obesity, also stands high among the present causes of ill health. Scientific consensus on whether small amounts of alcohol really harm, or possibly even aid, health is not as strong as in the other situations, where the quantitative gradients are quite well established. Also, drinking alcohol has been long and widely practiced by human populations, and it seems more ingrained than either smoking or over-eating. Yet the adverse effects of its current abuse rightly arouse tremendous concern. And again, despite mankind's long exposure to alcohol, recent social factors, such as promoting its use directly in advertising and indirectly in films; imposing much lower alcohol taxes in the United States than, for example, in the Scandinavian countries; and exacting relatively low penalties for
driving while intoxicated and for domestic violence, all contribute to the extensive damage from alcohol in the United States.

**Inadequate Exercise**

A fourth major impediment to health in the United States, inadequate exercise, is beginning to receive appropriate attention. A recent study, for example, indicates that improvement in physical fitness achieved by increased exercise lowers mortality from all causes. This effect extends essentially throughout the age span, specifically including elderly persons.

The main causes of premature death and ill health in the United States today are tobacco use, over-eating, alcohol abuse, and lack of exercise. These reflect fundamentally two kinds of social circumstances: opportunity and inducements to indulge. Industrial and commercial society thus both exposes people en masse to some circumstances that can be harmful to health and, in certain respects, encourages people to “take advantage” of them.

**SOCIAL ECOLOGICAL STRATEGIES FOR PROMOTING HEALTHY LIFESTYLES**

The situation that has been described calls for consideration of social ecological strategies for promoting healthy lifestyles.

Some elements of the situation that restrict that approach to health promotion deserve attention. Human beings generally find fatty and sweet foods tasty, become easily addicted to certain drugs such as nicotine, and grasp opportunities to rest. Social ecological strategies cannot change these biological characteristics. Furthermore, it does not seem wise in social ecological strategy to venture beyond what is clearly important and at least apparently feasible. Experience with prohibition of alcohol products in the United States exemplifies what not to do. Nevertheless, a social ecological strategy for tackling health-lifestyle issues appears well justified by the nature and history of those issues. That strategy’s role, and particularly its distinction from the “individual health education” approach to the problems, has long been noted. For example, in 1952 the President’s Commission on the Health Needs of the nation reported that:

“...In the past, measures for health maintenance demanded individual responsibility only to a limited degree. The development of pure water supplies, pasteurization of milk, and other sanitary accomplishments were achieved through social action in which the individual may have participated as a citizen, but was required to take no further individual responsibility. “Future accomplishments, however, depend to an even greater degree upon the individual’s assumption of responsibility for his own health.... “Recognition of the significance of individual responsibility for health does not discharge the obligation of a society which is interested in the health of its citizenry. Such recognition, in fact, increases social responsibility for health. Heretofore social effort in behalf of health has been limited largely to such measures as delivery of pure water to the individual’s tap and the sanitary disposal of his sewage. Now it becomes necessary for a society which wishes to advance the health of its citizens to adopt measures which guarantee to the individual an opportunity to make appropriate decisions in behalf of his health. Society must assure its citizens access to professional services, education concerning personal health practices, and a reasonably safe physical environment. Only then can individual responsibility for health exercised through personal action reach its full potential.”

In struggling against the major epidemics of our time, the health-science-and-practice community has been turning to a social ecological strategy. For example, California’s recent and continuing successful campaign against tobacco has involved mass mobilization in a citizen initiative to increase the tax, and thereby the price, of tobacco; substantial media effort; local community ordinances to stop vending machine sales of cigarettes and to control smoking in public places; enlistment of schools in specific education about tobacco; and other means of creating a milieu against tobacco use.

A social ecological strategy for promoting healthy behavior therefore does not zero in on the persons who are making the health-significant choices, as proposed early by some. Rather, in promoting healthful choices, the strategy is to engage the social processes and agencies that profoundly influence those choices. Choices are not made in a vacuum. The aim must be to establish a health-promoting environment in the social space in which persons make health-significant decisions. The struggle is for the relevant space that various forces, some unconcerned with health and some actually detrimental to it, have thus far too largely preempted. Social ecology for health means deliberately occupying more of that social space and using it in the interest of health.

Developing a social ecological strategy for promoting healthy lifestyles requires delineating the various social processes and agencies that are important to the purpose. These include at least three categories:

- The microsocial environment and its works, particularly that of family and peer groups
- Health-specific agencies and institutions such as the health professions, health departments, and voluntary health organizations
- Other agencies and institutions that can be drawn into health-promoting action, for example, those devoted to education, agriculture, religion, and other major human activities

**Microsocial Environments**

Considerable research has revealed the great influence of social networks (support systems) on health, beginning with the family and extending to other groups as socialization proceeds. Strong microsocial environments, which consist of relatives, friends, work and neighborhood associates, and various formal and informal organizations that people join, generally favor health. Some adolescent peer groups, however, and from time to time throughout life other
elements of one's social network encourage behavior that is adverse to health, including violence. For example, some teenage gangs, as well as the National Rifle Association, advocate keeping handguns handy. Similar social forces inspire using nicotine and other addictive drugs. Breaking into these microsocial environments for health and other purposes has occasionally been successfully undertaken, for example, in certain inner-city gang situations; but in general such groups tend to be defensive and to repel "invaders;" they have proved difficult to influence from the outside.

Macrosocial Environments

Macroscopic environments, the larger social arenas, seem more accessible for a social ecological strategy, although as noted above, the forces already there may be powerful. To counter them, one thinks first of the agencies and institutions that society has specifically enjoined to protect health. Among these, the medical profession and its allies in the personal health service world have acquired substantial social potential, and they tend to use it constructively for community health except in some situations where narrow, guild-type interests conflict with, and prevail over, their dedication to health. Federal, state, and local public health departments historically have endeavored to assure healthful community conditions, but only recently have they been devoting much attention to the "modern epidemics" and the social arena in which they flourish. To combat particular chronic disease problems, Americans have formed several organizations such as the American Cancer Society, American Heart Association, and American Lung Association. Typically initiated by physicians interested in specific disease problems, these groups enlist public participation in fund raising and other efforts toward professional and public education and research designed to advance the fight against specific health problems. Although not unique to the United States, they have achieved a notable place on the health scene here.

Ideally, of course, and often in practice, these three types of agencies—health professions, public health departments, and voluntary health organizations—join forces to develop and implement health strategy. To a considerable extent, they focus on social ecology (although they may not use the term) as a means of enhancing healthful lifestyles. They strive to create a milieu in which people readily can, and often do, adopt behaviors that are favorable to health. Responding to current ways of conveying messages that influence behavior, these agencies often seek to enlist the electronic and print media in efforts to alter unhealthful lifestyles. Evidences of their effectiveness are growing. Furthermore, some direct regulation of health-related behavior is emerging from local, state, and national legislative bodies, for example, to prohibit smoking in public places and to wear bicycle and motorcycle helmets and automobile seat-belts. Community coalitions for health are also playing an increasing role in health promotion. Besides social agencies and institutions that are specifically health oriented, others are active in ways that are at least tangential to health and can thus be enlisted in health endeavors. For example, schools and a wide variety of governmental agencies and churches exert great influence on people's beliefs and behaviors; they thus carry great potential for facilitating healthful lifestyles in ways that are consistent with their basic missions. Unfortunately in recent years curtailment of education budgets has restricted what schools can do for health. That reduction of educational resources is adversely affecting even the basic education of youngsters that permits them to comprehend health messages, as well as the ability to foster health education in schools. This situation illustrates the need for reciprocity in support between the health and education worlds.

Churches of several denominations have historically influenced their congregants not only in strictly religious matters but also in the social domain. That tendency continues and may be engaged in health-promoting activities that can obviously benefit persons and their communities.

For years the United States Department of Agriculture followed policies favoring the excessive production of fatty-food products, particularly certain kinds of cheese, that can harm health when eaten in excess; the Department purchased and distributed the products in lunches for school children. Moving that agency to break its responsiveness to the industry it "represented," even when its actions conflicted with the public health interest, has not been easy. This exemplifies governmental policy unfavorable to health, one in which the affected school children did not even have a choice.

CONCLUSIONS

A social ecological strategy for promoting healthy lifestyles entails a broad perspective on the forces that can be mobilized to establish a social milieu that is favorable to healthful circumstances and ways of living. To implement such a plan requires moving out of narrow disciplinary and agency concerns to the entire social arena that impinges on and can be moved to favor health. That scenario offers great potential.

To facilitate achieving that scenario, research should be directed toward understanding what socially acceptable means are most effective in influencing health-related behavior. One approach to that end would be to study shifts in such behavior over time and the factors that determine the changes by following cohorts of people, either with or without deliberate intervention. Another line of research would be to investigate whether governmental policies and actions designed to enhance behavior favorable to health, for example, removing cigarette vending machines or requiring occupational safety measures, actually do affect behavior and subsequent health.

Sufficient knowledge, however, is now available to justify and guide vigorously undertaking a social ecological strategy for promoting healthy lifestyles.

References

Call for Manuscripts

Special Issue of the American Journal of Health Promotion

Stages of Change

The American Journal of Health Promotion will publish a special issue on “Stages-of-Change Approaches to Health Promotion.” Authors are invited to submit manuscripts for editorial review. The stages-of-change approach to health promotion emphasizes (1) behavior change as a progression through a series of stages (precontemplation, contemplation, preparation, action, and maintenance); (2) matching of specific principles and processes of change to particular stages of change (e.g., consciousness-raising process for precontemplation and contingency control for action, as well as new independent variables that are predictor of progress); (3) designing health promotion programs that match the needs of populations at each stage of change (including unique goals and outcome measures at each stage and optimal interventions at each stage); (4) maximizing impacts on entire populations at risk by applying proactive recruitment and stage-matched, interactive, and individualized intervention; and (5) importance of integrating health promotion programs across multiple channels (e.g., homes, worksites, schools, physicians’ offices, and communities). Manuscripts that address one or more of these topics from the perspective of research and practice or present examples of health promotion programs whose implementation and evaluation are based on stage-of-change principles are especially encouraged. Manuscripts should be prepared according to the American Journal of Health Promotion’s standard guidelines for authors. For this issue, we are interested in literature reviews, theory developments, original research, case studies, applied research briefs, and innovative program descriptions. The deadline for manuscript submission is May 15, 1996.

Procedures for Submitting Proposals and Manuscripts

Prospective authors who wish to discuss manuscript ideas can contact James O. Prochaska, PhD, Wayne F. Velicer, PhD, or Gabrielle R. Reed, PhD, at the Cancer Prevention Research Center, Flagg Road, University of Rhode Island, Kingston, RI 02881; phone: 401-792-2850, fax: 401-792-5562.

All submitted manuscripts must conform with the American Journal of Health Promotion “Information for Authors” section.

Manuscripts and subsequent correspondence on submitted manuscripts should be mailed to the American Journal of Health Promotion, 1660 Cass Lake Road, Suite 104, Keego Harbor, MI 48320.