



Health Behavior Change and Sociodemographic Variables

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ABSTRACT

Study findings have illustrated the differences in health habits for people of different ethnic, economic, and educational backgrounds. What factors predict an individual's willingness to *change* unhealthy habits? The purpose of this study is to examine the relationship between socio-demographic variables and stages of behavioral change. Medical students surveyed 1078 patients in 7 clinics around Texas about health behaviors and behavior change related to eating, drinking, smoking, and exercise. Demographic information was also collected: age ethnicity, income, gender, educational background, and marital status. In smokers, people over 65 were less interested in changing their behavior. In drinkers, women, Anglos, and those within an income over \$4000/month were less interested in change than other groups. Regarding eating behavior, high percentages of women were currently changing their eating habits but for older people and Anglos many remained unwilling to change. For exercise behavior, people over 65 and those without a HS education had no interest in changing their exercise behaviors. The majority of people under the age of 65 planned to change their exercise behavior within in the next 6 months or 30 days. Overall strong correlations were found between certain demographic variables and the willingness of the participants to alter their current health habit.

BACKGROUND

Health disparities continue to exist and are more prominent across certain demographic boundaries. Study findings have illustrated the differences in health habits for people of different ethnic, economic, and educational backgrounds. For the four health behaviors eating, exercising, smoking, and alcohol consumption, certain demographic variables are related to an individual's willingness to change certain health behaviors. For example, higher level of education is a strong predictor for smoking cessation¹ but also a strong predictor for increased alcohol consumption². For the most part more education and higher income tends to predict better health. But what predicts a person's willingness to change unhealthy habits? The purpose of this study is to examine the relationship between sociodemographic characteristics and stages of behavioral change.

MATERIALS and METHODS

This cross-sectional survey of patients' health behaviors was conducted in seven family medicine residency program clinics across the state of Texas. At each site, medical students surveyed 150 consecutive adult patients who presented for routine outpatient care, for a total of 1078 respondents. Surveys addressed four health behaviors (tobacco and alcohol use, physical activity, and diet), stage of behavioral change, health status, including BMI and chronic conditions, and sociodemographic characteristics (age, ethnicity, income, gender, educational background, marital status). In this analysis, stage of behavioral change was defined in this way: "Precontemplation stage" was a disinterest in change; "Contemplation" was planning a change in the future, and "Action" was trying to change now.

RESULTS

Smoking Behavior

Of 216 smokers, 34% were trying to quit now. Only age was associated with stage of change. ($p=.038$). More than forty percent of patients over 65 remained in the precontemplation stage compared to 11% of those under 65.

Alcohol Consumption

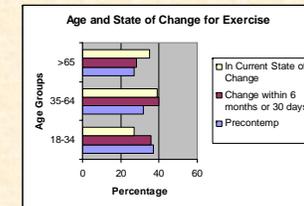
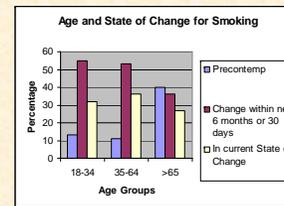
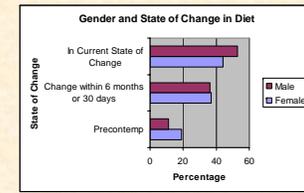
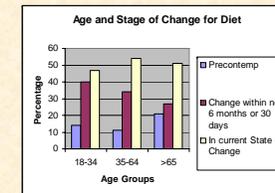
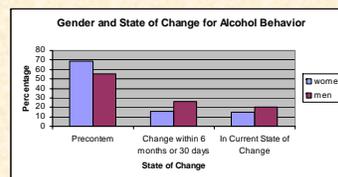
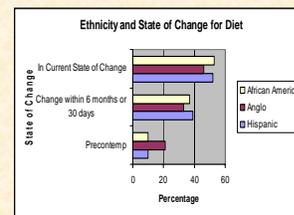
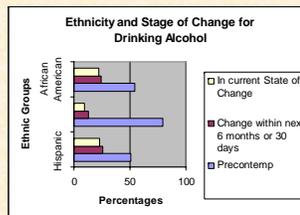
The heaviest consumers of alcohol were men ($p=.041$), Anglos ($p=.01$), unmarried people, ($p=.038$), and people with higher income ($p=.01$). Of 281 drinkers, 17% were trying to quit now. Women, Anglos, and those within an income over \$4000/month (~70%) were more likely to be in the precontemplation stage regarding their alcohol habits. Regarding marital status, divorced individuals were least likely to be in the action stage; most remained in the precontemplation stage.

Eating Behavior

Of 1078 respondents, 18% considered themselves to be healthy eaters. Among the remainder, 51% were trying to eat healthier now. Stage of behavior change regarding eating correlated with three different predictors: gender ($p=0.000$), age ($p=0.005$), and ethnicity ($p=0.001$). A high percentage of women were currently changing their eating habits and most (> 60%) considered themselves too heavy. Regarding age, twice as many in the over 65 age group remained in the precontemplation stage; people in this age group reported the highest satisfaction rates with their weight. Regarding ethnicity as a predictor, twice as many Anglos remained in the precontemplation stage but reported one of the highest rates of being unhappy with their weight.

Exercise Behavior

Of 1078 respondents, 29% were trying to increase their activity now. Exercise behavioral change correlated significantly with age ($p=0.00$) and education levels ($p=0.045$). The majority of individuals over 65 (>50%) were in the pre-contemplation stage regarding their exercise habits, but more people in this age group reported being happy with their weight. The majority of people less than 65 planned to change their exercise behaviors within the next six months or 30 days. Regarding the education level, those with lower than a HS education were less likely to change their exercise habits compared to those with higher than a college education.



CONCLUSIONS

- For eating, exercising, and smoking behaviors, the majority of people in the >65 age group remained uninterested in change.
- Individuals with less than a high school education were less likely to be changing their exercise behaviors.
- Close to 80% of Anglos and those with an income higher than \$4000 remained in the precontemplation stage for drinking behavior change. Women were also more likely to remain in the precontemplation stage for the drinking behavior.
- A high percentage of women were currently trying to change their eating habits.
- With ethnicity as a predictor, twice as many Anglos as Hispanic and African Americans remained in the precontemplation stage for eating habits.

REFERENCES

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