

# Poor health habits linked to financial insecurity

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Financial hardship, or feeling that one can't make ends meet, may be more predictive of health risk behaviors than actual income levels for people with low-incomes, finds a recent study in the *American Journal of Health Promotion*.

It's well known that "the poorer you are, the less healthy you're likely to be," said lead author Amy Harley, Ph.D., MPH, associate professor of community and behavioral health promotion at the Zilber School of Public Health at the University of Wisconsin-Milwaukee. Harley and her colleagues took a nuanced approach to search for patterns of [health behaviors](#) among low-income groups.

Their research examined data from a 2005-2009 survey of 828 adult residents (41 percent Hispanic and 38 percent non-Hispanic Black) living in three Boston-area cities. Age, race/ethnicity, gender, education, country of birth, language spoken and perceived financial hardships were identified as potential predictors of three health behaviors: eating, sedentary behavior and smoking habits.

As a measure of financial hardship, participants reported how cash-strapped they felt at the end of each month. Those with some money left at the end of each month were significantly more likely to eat better and to report no smoking than those who felt they didn't have enough to make ends meet. The relationship between perceived financial hardship and total time sitting ([sedentary behavior](#)) was not significant.

The study found that men were significantly more likely to report less healthy eating and more total sitting than women and were twice as likely to report current smoking. Harley observed that there has been less attention to men's health than in women's and hopes that these findings might increase interest in men's health.

Cheri Wilson, MA, MHS, assistant scientist in the Center for Health Disparities Solutions at the Johns Hopkins Bloomberg School of Public Health, commented that these findings move the discussion of health and poverty beyond viewing [low socioeconomic status](#) as the sole cause of disparities. People often view health choices made by those lacking money as poor personal decisions, she noted. In fact, people's health choices strongly reflect the environments in which they "live, work and pray."

Rather than calling a patient who hasn't followed advice to improve health habits noncompliant, really helping him would require making suggestions that account for the resources available in his environment, Wilson added. These findings highlight the need for [health promotion](#)

leaders to consider diverse predictors of health behaviors, she emphasized, noting that [financial hardship](#) as a predictor is more robust than just socioeconomic status (income or education) and "supports the notion that economic policy is [health](#) policy."

Provided by Health Behavior News Service

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