Epidemiology Question: What Were The Relationships Between Viable Physical Visibilities' Appearances And Longevities Of Groups' Life Expectancies?

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Abstract: *This study investigated the relationships between viable physical appearances visibilities' outlooks of individual, such as aging appearances, and life expectancies in human in particularly in the southern areas in the United States of America (USA) today. The study used "Social Construction of the Ideology of Reality Theory" as a lens of data analyses. This study used quantitative non-experimental "Descriptive Statistics" methodology; and a singular "Case Study" for data collections, classifications, and analyses. This study examined the relationships of actual life expectancies versus assumed, presumed, and preconceptions of viable physical visibilities' appearances based on aging outlooks as a yardstick, benchmark, or threshold for longevities in Group A versus Group B. The significant differences level using SPSS version 25 was set at 0.05 or 95% significant level to retain or to reject hypotheses. The study found that there were no relationships between dependent and independents variables due to possibly other outlined negative confronting life and death variables, other than viable physical appearances' visibilities in group A and group B. The study further found that women in Group A showed the insignificant indifferences of .928 while the men showed .997; and in the Group B the indifferences were also insignificant for the women at .992 and the men at .999 as well. The implications of this study is for public health practitioners and public policies' decisions makers to holistically look into other negative confronting health care variables; as to bring some "Positive Social Changes" about the importance of healthcare issues' applications in general to all residence the southern US and possibly beyond.*
Key Words: *Epidemiology, Longevities, Healthcare, Viable Physical Appearances, Physical Fitness, Life and Death, Life Expectancies, Life Expectations*, Confronting Variables.

I. Introduction

The purpose of this study was to investigate the relationship between physical outlooks of individual, aging appearances, and life expectancies in human in particularly in the southern areas in the United States of America (USA) today. During epidemiology symposium meeting with graduate students in a Historically Black College and University (HBCU) in a university in the southern US, a debate occurred about the relationships between families' aging physical visibilities' outlooks, aging appearances, and expected life expectancies in general. The argument was divisive into two major groups in which Group A believed that physical visibilities' outlooks had a direct relationship with long life expectancies between male and women equally in Group A than any other groups. On a contrary hand, Group B argued that there were no relationships between families' aging physical visibilities' outlooks and life expectancies between men and women in general. Group A argued that during

their families' reunions activities yearly, it was visible to see those families with longer life expectancies based on their physical visibilities' outlooks' appearances. But on the other hand, Group B disagreed that during their families' reunions activities; it was difficult to actually pinpoint who lives longer than the other based on their visible physical visibilities' outlooks' appearances. The question now becomes was there any relationship between the physical visible visibilities' outlooks of any group of individuals with a particular family and the prediction for longer life expectancies? Conclusively, this quantitative research study focused on the relationship between physical visible Visibilities' outlooks appearances and the actual life expectancies in both families.

II.   Background Of The Study

To establish whether it is guaranteed that families with inherited longevity biological genes attributes will have longer lives than those who were not compelled this study to be conducted. As the former group may likely not pay careful attention to other factors that confront health care variables while the latter group may likely resign their life to fate poses challenge. The latter group, for example, might resort to alcoholism and poly-substances as opium and constitute threat to the society. In fact, life expectances and aging would be undermined which would in turn have its toll on effective health care delivery. It is against this background, that this study aimed to investigate the relationships between viable physical appearances visibilities outlooks of individual such as ageing appearances visibilities outlooks of individual such as ageing appearances and life expectancies in human, particularly in the southern areas in the United States of America (USA). Specifically, the study examined the relationships of actual life expectances versus assumed, presumed and preconceptions of viable physical visibilities based on outlooks as a premise for longevities. To achieve the purpose of the study two hypotheses were formulated. The study employed quantitative non-experimental and case study approach. Data selection form was the main instrument used to collect the data for the study. Those (the Participants) who conducted the exploration were divided into two main groups namely A and B. Each group collected information on 33 deaths in their families which sum up to 66 deaths that constitute the sample of study. Frequency, mean and chi-square were used to analyze the data. The study assumed that there were no relationships between the dependent and independent variables due to possibly other pinpointed negatively confronting life and death variables other than viable physical appearances visibilities of group A and Group B. Based on the generalized behaviors of the identified groups concerning who lives long and who does not; the question remains the same as highlighted above in the introductory section "was there any relationship between the physical visible visibilities' outlooks of any group of individuals with a particular family and the prediction for a longer or shorter life expectancies?".

III.   Literature Reviewed

Studies upon studies have shown that there were many factors that contribute to ones' life expectancies (Freedman, Wolf, Spillman, & Brenda, 2016; Deeg et al., 2018; Ediev, Sanderson, & Scherbov, 2018). For example, Freeman el al. (2016) found that issues such as lack of disability had a controversial relationship against women as compared to men in the United States for the past 30 years. Deeg et al. (2018) found that adults in Netherland between the age of 65 and above with poor health conditions and poor cognitive showed no relationship between physical appearances and life expectancies between men and women. Additionally, another study conducted Ediey et al. (2018) found that "unlike other biological populations, the human population is experiencing long-run increases in life expectancy…those lead to changes in age compositions not typical for other biological populations" (p. 1). As such, it was difficult to pinpoint or even underscore what exactly factors contribute directly to families' life expectancies.

Beside the above, other studies found that factors such as lack of adequate food consumption, environmental conditions, families' orientations, wealth, poverties, availability of affordable health care, the countries of residencies, and injuries such as spinal cord injuries have some forms of direct relationships between aging and life expectancies (see; Kasnauskienė & Andriuškaitė, 2017; Payne, 2018; Lu, Bei, Xiaoting, & Yang, 2019; Yasuoka, 2019; Pili, Gaviano, Pili, & Petretto, 2018; Hamann et al., 2016; Goldstein & Cassidy, 2012; Brunborg, 2012). For example, Yasuoka (2019) recently stressed, that aging is a fundamental challenge to all;

whatever or whichever ways you look at it, without any sustainable workable economics' independence to the aged group at any rate or costs. The literature reviewed showed that it was challenging to use one singularly health care factor such as families' physical visibilities' appearances to determine if the families are guaranteed with longer or shorter life expectancies at any levels.

Beside the above pinpointed literature, as to generalize as possible, evidence had shown that there multiple factors may be responsible for early death rates regardless of the already genetic inheritances of families' life expectancies. For example, in US, more people die yearly from heat strokes than all natural or manmade disasters such as homicides, fire, urban or rural fire such in California, Texas, and Oklahoma, among others, just to mention a few. Above all, hurricanes, earthquakes, tornadoes, in activities, over eating, uncontrollable weight gains, chemicals' additions in food, chemicals in food through processing, medical malpractices, pain killers' overdoses, out of control pain killers' prescriptions, and flooding combined annually eventually lead to controllable premature deaths in the US. Furthermore, issues such as lack of public health care accessibility, lack of equitable health care treatments, racial discrimination, lack of affordable health care insurance, poverties and politics, social and economical inequalities, gender inequalities, play some significant roles in the overall life expectancies in the US.

As to simply add to the above controversial debate's viewpoints, families with positive already genetic inheritance from their historic families histories might be victims to the above pinpointed health care negative confronting factors rather than natural deaths as to live up to their families' presumed, preconceptions, or assumed expectations of life. Yet, other compounding issues associated with life expectancies in the US are lack of some states' expansion into Affordable Health Act (ACA) popularly known as Obama Care. Evidence had shown that states that expanded into ACA gained better healthcare accessibilities holistically than those that refused to expand into ACA. Evidence had also shown that some states that refused to expand into ACA, preferred to lose billions of dollars federally funds annually; rather than expanding into ACA and creating better accessibilities of health care to its states' citizens and residences. This is a good example of political indifferences with modern healthcare protocols, processes, and applications in US. In addition, issues such as road and highway vehicles' accidents' deaths, overly priced pharmaceutical drugs to treat simplified chronic conditions, suicides, gun violence, strokes, high blood pressures (HBP), high cholesterol levels, high blood sugar levels (A1C), and chronic illness, all of these factors add complexities into a situation that is already overwhelmingly complicated.

In fact, issues such as alcoholism, poly-substance abuse, public, families, and domestic violence, gender inequalities within and outside families' groups, individual, groups, and political interests' inconsistencies, and insignificant indifferences serve as the "800 Pounds Gorilla" in the room; when it comes to effective, efficient, and proficient public health cares' applications in the US in general. In summation, these victims fall under what is classified as premature deaths based on their already inherited families' longevities genes. Therefore, one may inherit long lived biological genes from his or her family, but yet, the above underscored factors may lead to one's premature preventable death. By definition, "premature preventable deaths" are those family members who die by or before the family's anticipated average or below age of family's life expectancies. The question now becomes, was it guaranteed that families with already biological genes' inherited longevities attributes will live longer than those without? That was the primary focus of this study.

IV.   Theoretical Framework

As previously stated by Atatah and Kisavi-Atatah (2016);

This study used Social Construction of the Ideology of Reality Theory as a lens of analyses which stipulated that error thinking, faulty errors, default errors, gossips, false perceptions, assumptions, and presumptions lead to the creation of ineffective, inefficient, and in proficient public social policies (Berger & Luckmann, 1966)…In fact, it appeared that this falls under the theoretical and practical definition of social construction of the ideology of reality theory. The premises of this theory argued that issues such as stimulations play significant roles in the initiation, development, and the implementation of public policy. (p. 78)

This theoretical framework became useful in this study based on the participants' assumptions, presumptions, or even with preconceptions that families with aged visible physical outlooks such as overwhelming gray hairs appearances among others, were more likely to live longer than others. These attributes such as visible physical appearances were not guaranteed long lived life expectancies; based on their already inherited natural biological genes' longevity of humanity. These assumptions fall under "Social Construction of the Ideology of Reality Theory" as warned by Berger and Luckmann in 1966; which can lead to misguided public health, public educations, public policies administration, and public policies' implications for all. Basically, that was why this theoretical framework was selected and used in this study.

V.   The Purpose Of The Study

The primary purpose of this study was to investigate if there were any significant relationships that families with aged visible physical appearances' outlooks were more likely to live longer than other families without these tangibles or intangible indicators. This study divided the families' participants (Group A & Group B) to conduct exploration "Scorecards" in their own families and report the findings of their families' data statistics to the investigators.

VI.   SIGNIFICANCE OF THE STUDY

First, this study shed some overwhelming significant lights on the complicated and complex issues about real families' life expectancies' factors in the US in general. Secondly, this study should assist immediate family members about the reality of assumed and presumed life expectancies in their individual families. Third, these "actual life expectancies"' realities should assist individual families members to make positive proactive and effective heath care decisions which should benefit their family members. Fourth, this study should assist epidemiologists, health care fitness experts, public policies administrators, educators, and public health care practitioners in the US in general on the most proper ways to make effective, efficient or even proficient public health care decisions; which could enhance actual families' life expectancies in the US in general.

VII.   Methodology

This study reviewed, selected, and used Non-Experimental research study "Descriptive Statistics" as the most effective and the most appropriate methodology as to protect and assist participants' integrities and privacies. The primary purpose was to compare "actual life expectancies" between groups A and B in past 10 years. This quantitative research study used "descriptive statistics" methodology and applied a singularly "case study approach" for data collection, classifications, and analyses.

VIII.   Hypotheses Of The Study

This study hypothesized two major hypotheses which were;

Hypothesis 1: There were significant relationships between "actual viable physical visibilities' appearances" and "long lived life expectancies" in individual families.

Hypothesis 2: There were no significant relationships between "actual viable physical visibilities' appearances" and "long lived life expectancies" in individual families.

IX.   Data Collections And Classifications

Participants were divided into two major groups which comprises in "Group A" and "Group B"; and they were given specific instructions on how to complete the data selections' "Scorecard forms" given to them about their individual's families' life expectancies. This division took play in Summer 2018 during epidemiology symposium meeting with graduate students in a Historic Black College and University (HBCU) in a university in the southern US.

Special Instructions

1. The groups were instructed not to collect any individual identifiers' demographics as to protect the families' privacies, integrities, and interests.
2. The groups were instructed to explore their individual families about those who die in the past 10 years and at what age did they die.
3. The groups were instructed to include the genders (male or female) demographics identities in the data.
4. The groups should only identify at what age they die with no manes or any other demographic identifiers.
5. The groups were instructed not to exceed 35 deaths from their families in the past 10 years; if possible.
6. The groups were advised to reconvene in 3 weeks with their data scorecard forms.
7. And finally, the groups reconvened 3 week later with 33 deaths in their families individually in groups A and B with a total of 66 deaths.

The collected data were fed from the scorecards into SPSS version 25 for statistical analyses and significant differences level was set at 0.05 or 95% significant level to retain or to reject indicator of the above designed hypotheses.

X.   RESULTS AND FINDINGS OF THE STUDY

A Comparative Research Study between Group A and Group B Women and Men Actual Life Expectancies for the Past 10 Years

HLTH 5073 Epidemiology Research Study

Table 1. Frequencies Statistical Description for Both Groups A and B

Statistics

		Family A Women Life Expectancy For Past 10 Years	Family A Men Life Expectancy For Past 10 Years	Family B Women Life Expectancy For Past 10 Years	Family B Men Life Expectancy For Past 10 Years
N	Valid	33	33	33	33
	Missing	0	0	0	0
Mean		74.2121	55.3333	62.3939	58.6364
Std. Error of Mean		3.55337	3.03442	3.54595	3.19944
Median		77.6667[a]	56.4000[a]	65.6000[a]	58.5000[a]
Mode		78.00	45.00[b]	65.00	54.00[b]
Std. Deviation		20.41255	17.43141	20.36992	18.37937
Variance		416.672	303.854	414.934	337.801
Skewness		-1.081	-.334	-.817	-.507
Std. Error of Skewness		.409	.409	.409	.409
Kurtosis		.843	.629	.824	.079
Std. Error of Kurtosis		.798	.798	.798	.798
Range		78.00	78.00	87.00	72.00
Minimum		23.00	12.00	12.00	18.00
Maximum		101.00	90.00	99.00	90.00
Sum		2449.00	1826.00	2059.00	1935.00

a. Calculated from grouped data.

b. Multiple modes exist. The smallest value is shown

Table 2. Cumulative Frequencies Distribution for Group A Women

Family A Women Life Expectancy For Past 10 Years

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	23.00	1	3.0	3.0	3.0
	25.00	1	3.0	3.0	6.1
	33.00	1	3.0	3.0	9.1
	45.00	1	3.0	3.0	12.1
	49.00	1	3.0	3.0	15.2
	57.00	1	3.0	3.0	18.2
	60.00	1	3.0	3.0	21.2
	68.00	1	3.0	3.0	24.2
	69.00	1	3.0	3.0	27.3
	70.00	1	3.0	3.0	30.3
	71.00	1	3.0	3.0	33.3
	75.00	3	9.1	9.1	42.4
	77.00	1	3.0	3.0	45.5
	78.00	5	15.2	15.2	60.6
	79.00	1	3.0	3.0	63.6
	80.00	1	3.0	3.0	66.7
	87.00	1	3.0	3.0	69.7
	88.00	2	6.1	6.1	75.8
	89.00	2	6.1	6.1	81.8
	93.00	1	3.0	3.0	84.8
	96.00	1	3.0	3.0	87.9
	98.00	1	3.0	3.0	90.9
	99.00	1	3.0	3.0	93.9
	100.00	1	3.0	3.0	97.0
	101.00	1	3.0	3.0	100.0
	Total	33	100.0	100.0	

Table 3. Cumulative Frequencies Distribution for Group A Men

Family A Men Life Expectancy For Past 10 Years

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	12.00	1	3.0	3.0	3.0

23.00	1	3.0	3.0	6.1
24.00	1	3.0	3.0	9.1
32.00	1	3.0	3.0	12.1
35.00	1	3.0	3.0	15.2
45.00	3	9.1	9.1	24.2
47.00	1	3.0	3.0	27.3
50.00	2	6.1	6.1	33.3
51.00	1	3.0	3.0	36.4
54.00	1	3.0	3.0	39.4
55.00	1	3.0	3.0	42.4
56.00	3	9.1	9.1	51.5
57.00	2	6.1	6.1	57.6
58.00	1	3.0	3.0	60.6
59.00	2	6.1	6.1	66.7
60.00	1	3.0	3.0	69.7
65.00	3	9.1	9.1	78.8
69.00	1	3.0	3.0	81.8
70.00	2	6.1	6.1	87.9
75.00	1	3.0	3.0	90.9
82.00	1	3.0	3.0	93.9
89.00	1	3.0	3.0	97.0
90.00	1	3.0	3.0	100.0
Total	33	100.0	100.0	

Table 4. Cumulative Frequencies Distribution for Group B Women

Family B Women Life Expectancy For Past 10 Years

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	12.00	1	3.0	3.0	3.0
	17.00	1	3.0	3.0	6.1
	18.00	1	3.0	3.0	9.1
	40.00	1	3.0	3.0	12.1
	45.00	2	6.1	6.1	18.2
	48.00	1	3.0	3.0	21.2
	49.00	1	3.0	3.0	24.2
	54.00	2	6.1	6.1	30.3
	60.00	3	9.1	9.1	39.4
	65.00	4	12.1	12.1	51.5
	66.00	1	3.0	3.0	54.5

	Frequency	Percent	Valid Percent	Cumulative Percent
67.00	1	3.0	3.0	57.6
68.00	2	6.1	6.1	63.6
69.00	1	3.0	3.0	66.7
72.00	1	3.0	3.0	69.7
73.00	1	3.0	3.0	72.7
75.00	2	6.1	6.1	78.8
77.00	1	3.0	3.0	81.8
79.00	1	3.0	3.0	84.8
81.00	1	3.0	3.0	87.9
87.00	1	3.0	3.0	90.9
89.00	1	3.0	3.0	93.9
92.00	1	3.0	3.0	97.0
99.00	1	3.0	3.0	100.0
Total	33	100.0	100.0	

Table 5. Cumulative Frequencies Distribution for Group B Men

Family B Men Life Expectancy For Past 10 Years

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18.00	1	3.0	3.0	3.0
	19.00	1	3.0	3.0	6.1
	23.00	1	3.0	3.0	9.1
	35.00	1	3.0	3.0	12.1
	39.00	1	3.0	3.0	15.2
	41.00	1	3.0	3.0	18.2
	45.00	1	3.0	3.0	21.2
	49.00	1	3.0	3.0	24.2
	52.00	1	3.0	3.0	27.3
	54.00	3	9.1	9.1	36.4
	56.00	1	3.0	3.0	39.4
	57.00	1	3.0	3.0	42.4
	58.00	3	9.1	9.1	51.5
	59.00	1	3.0	3.0	54.5
	60.00	1	3.0	3.0	57.6
	61.00	1	3.0	3.0	60.6
	64.00	1	3.0	3.0	63.6
	65.00	1	3.0	3.0	66.7
	67.00	1	3.0	3.0	69.7
	69.00	1	3.0	3.0	72.7

|	73.00	1	3.0	3.0	75.8
	74.00	1	3.0	3.0	78.8
	76.00	1	3.0	3.0	81.8
	78.00	3	9.1	9.1	90.9
	85.00	1	3.0	3.0	93.9
	88.00	1	3.0	3.0	97.0
	90.00	1	3.0	3.0	100.0
	Total	33	100.0	100.0	

Figure 1. Life Expectancies for Group A Women
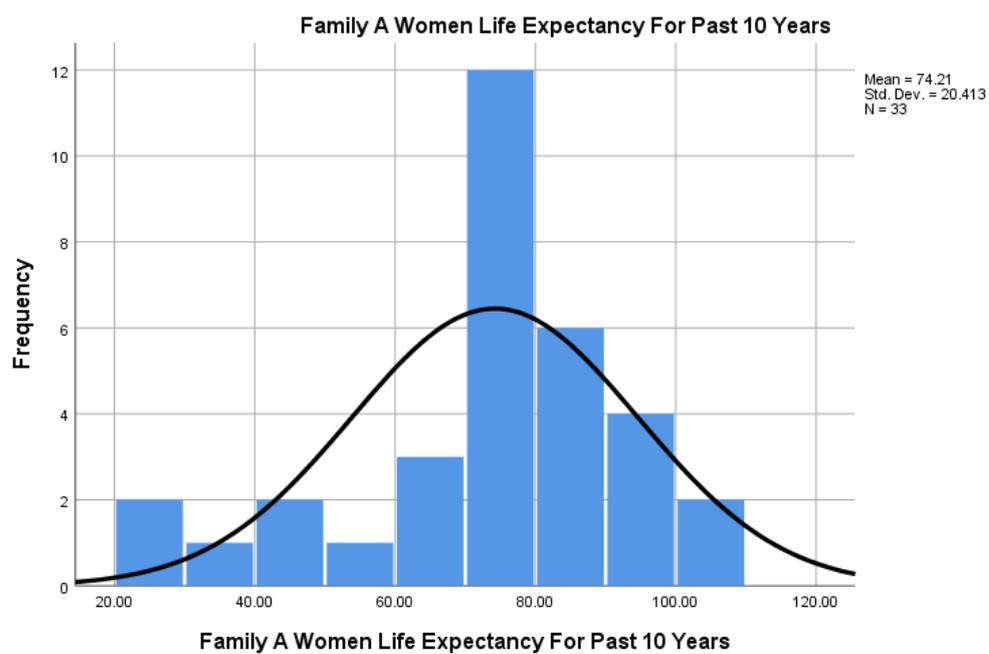

Figure 2. Life Expectancies for Group A Men
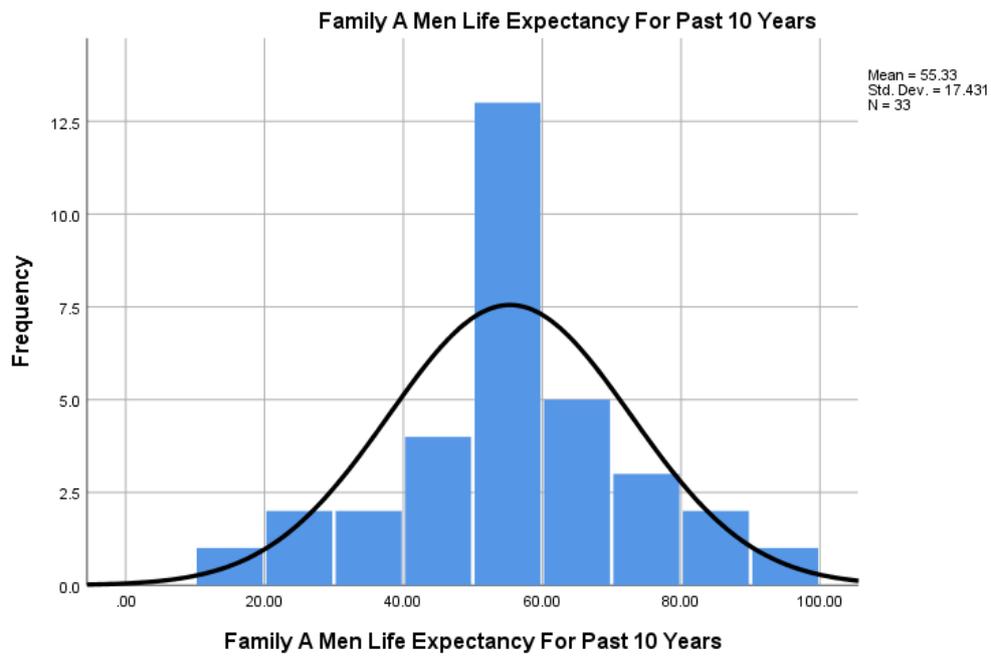
Figure 3. Life Expectancies for Group B Women
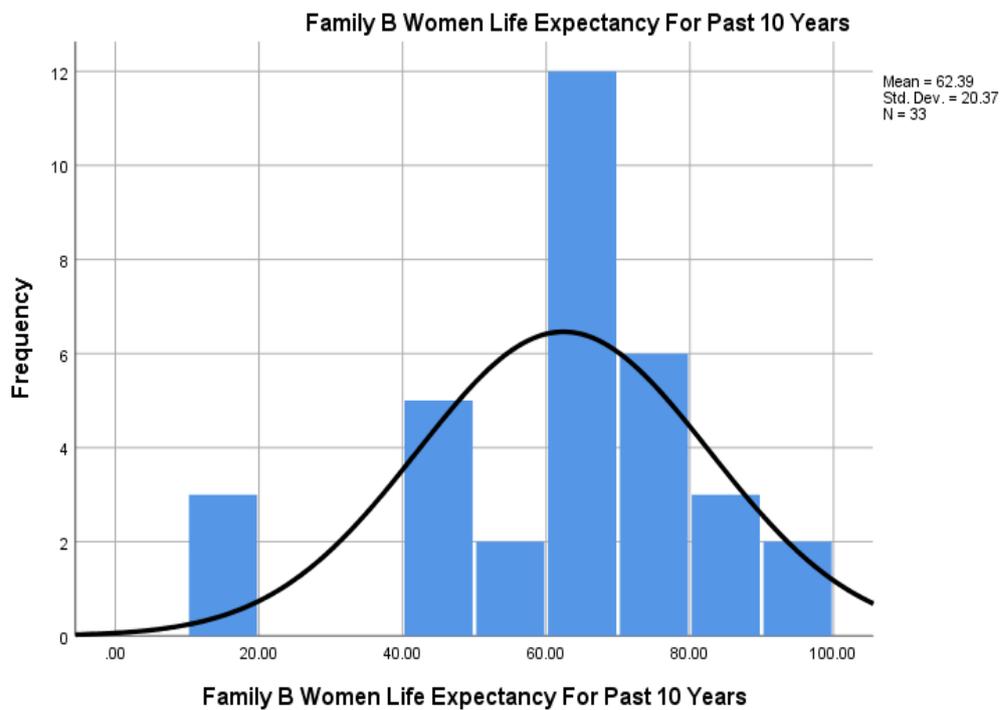

Figure 4. Life Expectancies for Group B Men

Family B Men Life Expectancy For Past 10 Years

Mean = 58.64
Std. Dev. = 18.379
N = 33
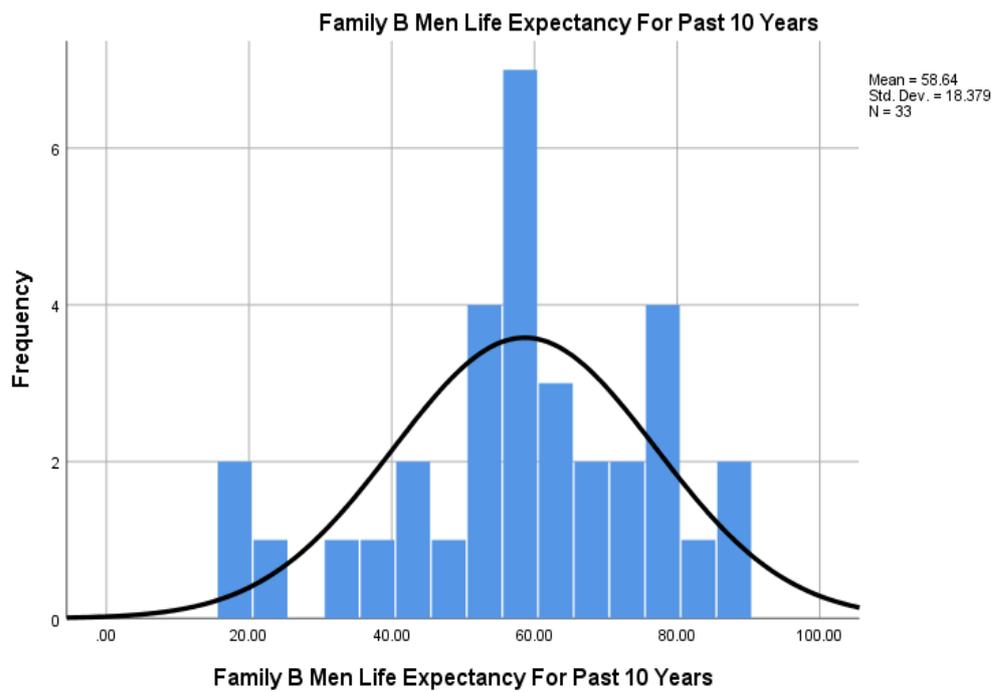
Figure 5. Family A Women Life Expectancy for Past 10 Years

Family A Women Life Expectancy For Past 10 Years

- 23.00
- 25.00
- 33.00
- 45.00
- 49.00
- 57.00
- 60.00
- 68.00
- 69.00
- 70.00
- 71.00
- 75.00
- 77.00
- 78.00
- 79.00
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- 93.00
- 96.00
- 98.00
- 99.00
- 100.00
- 101.00
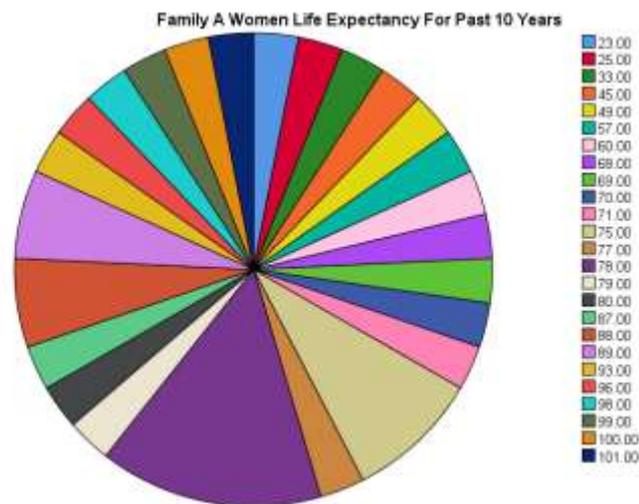
Figure 6. Family A Men Life Expectancy for Past 10 Years

Family A Men Life Expectancy For Past 10 Years
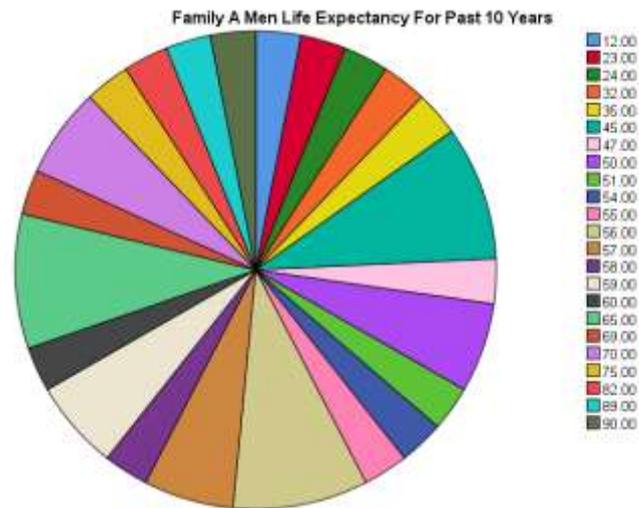
Figure 7. Family B Women Life Expectancy for Past 10 Years

Family B Women Life Expectancy For Past 10 Years
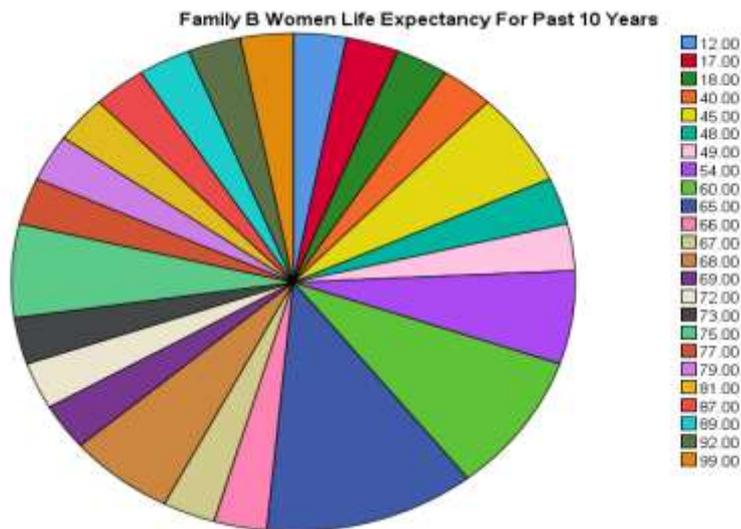
Figure 8. Family B Men Life Expectancy for Past 10 Years

Family B Men Life Expectancy For Past 10 Years

■	18.00
■	19.00
■	23.00
■	35.00
■	39.00
■	41.00
■	45.00
■	49.00
■	52.00
■	54.00
■	56.00
■	57.00
■	58.00
■	59.00
■	60.00
■	61.00
■	64.00
■	65.00
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■	76.00
■	78.00
■	85.00
■	88.00
■	90.00
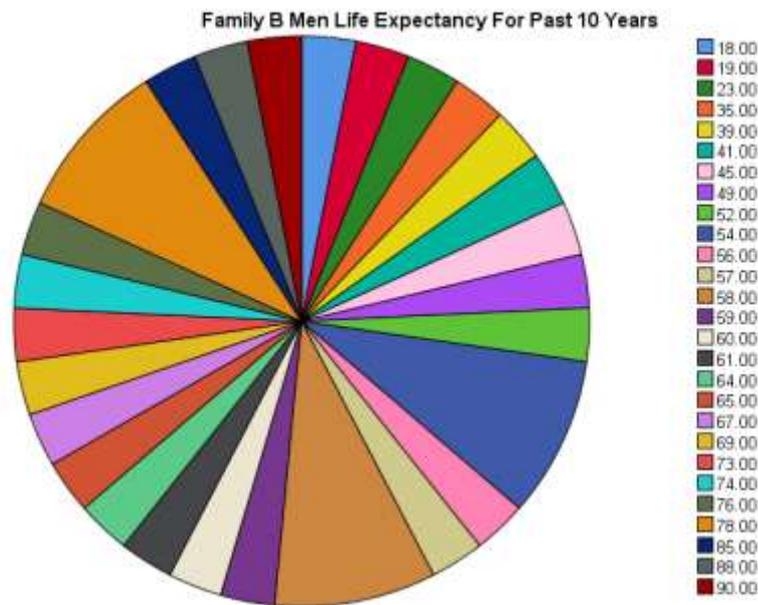
Table 9. Nonparametric Tests

Hypothesis Test Summary

	Null Hypothesis	Test	Sig.	Decision
1	The categories of Family A Women Life Expectancy For Past 10 Years occur with equal probabilities.	One-Sample Chi-Square Test	.928	Retain the null hypothesis.
2	The categories of Family A Men Life Expectancy For Past 10 Years occur with equal probabilities.	One-Sample Chi-Square Test	.997	Retain the null hypothesis.
3	The categories of Family B Women Life Expectancy For Past 10 Years occur with equal probabilities.	One-Sample Chi-Square Test	.992	Retain the null hypothesis.
4	The categories of Family B Men Life Expectancy For Past 10 Years occur with equal probabilities.	One-Sample Chi-Square Test	.999	Retain the null hypothesis.

Asymptotic significances are displayed. The significance level is .05.

XI. Interpretations Of The Results And Findings Of The Study

The study found that there were no relationships between families' aging outlooks appearances and their actual life expectations. For example, the study found that within the group A, on average women live longer than men; which falls are within the expected lived life expectances' differences between men and woman in the US in general. As such, the argument that overall people in group A were more likely to live longer than group B was not founded. In group B, the differences were also insignificant about the assumed lived life expectancies based on ones' viable physical visible appearances. For example, the study found that in group B there were insignificant differences between how long the women live versus the men in group B. As such, in Group A some women live to be 90 plus years old before they passed on and so it was in group B. Furthermore, in both groups some women live to be 90 plus years before they passed on as well. See tables 1 to 5 and figures 1 to 8

that showed the results of the standard deviations in groups, the mean, the median, variances, and note that there were no missing numbers.

Furthermore, the study also investigated with an additional testing of the hypotheses summary as to find out if there were any significant relationships between the dependent and independent variables. The study found that women in Group A showed the insignificant indifferences of .928 while the men showed .997; and in the Group B the indifferences were also insignificant for the women at .992 and the men at .999 as well. The significant level to retain or reject the hypotheses, which was previously by SPSS 25 versions set at 0.05 or 95% threshold, benchmark, or even the yardstick. This showed that the study retained all the null hypotheses across the board in all areas and in all groups, that there were no relationships between the dependent and independent variables see table 9 above. Additionally, the study found that there were statistical inconsistencies, insignificant, indifferences' relationships between the previously assumptions, preconceptions, and presumptions about "who lives long and who dies young" due to possibly other underscored negative confronting life and death variables, other than viable physical appearances' visibilities in group A and group B.

XII.   Discussion And Conclusion

The study found that found that from a one-to-one correspondence's mathematical or arithmetic discussion's viewpoints, women in both groups showed some significant differences in life expectancies than men. These findings/results fell under natural selections of life and death from a social science viewpoint. In other words, in a generalized human environment viewpoint, women are more likely to live longer than men; based on hundreds of applicable confronting reasons and factors. This means that women in Group A fell under the agreed upon assumption that they were more likely to live longer than men; and so it was in Group B as well. However, from a social scientific data analyses viewpoint, while there were slide differences between life expectancies between both groups' expectancies between men and women, it showed insignificant differences between which groups live longer based on aged viable physical appearances.

In fact, in data the statistical analyses of the cumulative frequencies' distributions and the data statistical descriptions in tables 1, 2, and 3 the results and findings were obviously overwhelming. For example, the study found that within Group A women and men, the means were 74.2 for women versus 55.3 for men; while in Group B the means were 68.4 for women versus 59 for men. Furthermore, the study's statistics showed the standard deviations of 20.4 for women versus 17.4 for men in Group A; while the standard deviations for women and men in Group B were 20.4 versus 18.4 for men (see table 1). Regarding, in the cumulative frequencies' distributions, Group A for example, 2 out 33 or 6% passed on by or before the age of 25 while 8 out of 33 or 24% passed on between the ages of 88 and 101 for women. On the hand, in the same group 9 out of 33 or 9% passed on before the age of 25; and 3 out of 33 or 9% passed on between the ages or 82 and 90 years. In Group B in the same data analyses, 3 out 33 or 9% passed on before the age of 20 for women while 3 out of 33 or 9% passed on between the ages of 90 and 99 for the women. As for the men in Group B, 3 out of 33 or 9% of the men passed on before the age of 24 while 3 out of 33 or 9% passed between the ages of 85 and 90 years (see tables 2 to 5).

The above statistical analyzed data showed fundamental "descriptive statistics" insignificant indifferences across the board. Based on the above overwhelming data statistical findings/results, the study concludes that there was absolutely no relationships between viable visible physical appearances and actual life expectancies between both groups. In summation, this study perfectly fell perfectly under the theoretical framework of "Social Construction of the Ideology of Reality Theory"; that if your families' viable physical visibilities' appearances guaranteed longevities; is not correct, because other negative confronting health care variables might compromise your marginal propensities to live shorter than your families' presumed, assumed, or even their preconceptions of your families' life expectancies generally. As such, in the final analysis, it is fair to conclude that there were absolutely no relationships between the assumed, presumed, or preconceptions' long life expectancies, based on historic inherited biological genes' expectations and how long a man or a woman lives in the real world of today.

XIII. LIMITATIONS OF THE STUDY

This study posed several limitations which were enlisted below;

1. This quantitative research study used non-experimental "Descriptive Statistics" methodology; but applied a "Singular Case Study" approach, which cannot be generalized across the board to other methodologies and approaches' applications.
2. Data selections, collections, and analyses came from a single case and it cannot be generalized to other cases and other environments.
3. The participants were "self-reporting" with given data Scorecards and it is hard to confirm the reliabilities and validities of their reported data.
4. This study was conducted in a HBCU in southern US; which its' findings/results may not be holistically applicable in other universities, institutions, or places in the US as a whole. And finally,
5. Another limitation this study faced was the size of participants and the limited data collected which could be challenging to holistically quantify, qualify, or even generalized nationally.

RECOMMENDATIONS OF THE STUDY

This study concludes with several recommendations as enlisted below;

1. This study recommends to family members in general that overly reliance on already inherited biological gene traits does not guarantee long life expectancies.
2. This study also recommends to family members to pay careful attention to other survival confronting health care variables other than using viable visible physical appearances as guaranteed long life expectancies.
3. This study recommends to all branches of public health practitioners to address all negative confronting life expectations' variables effectively, efficiently, and proficiently daily weekly, monthly, and beyond as to achieve some positive social outcomes about overall humanistic life expectancies.
4. This study recommends to US epidemiologists holistically to review the proper and appropriate ways to identify families' actual life expectancies; rather than simply identifying who dies and why.
5. The study recommends that public health care practitioners and public health care policies' decisions makers should scale up sizes of future studies as to positively capture the actualities of assumed life expectancies families' perceptions and the actual life expectancies in the US. And finally,
6. The study recommends that health care practitioners should use overwhelming holistic approaches in addressing all negative or positive health care confronting variables, which should impact the actual humanistic life expectancies, and this should lead to some "Positive Social Changes" to all Americans.

CONFLICT OF INTERESTS

We share no conflict of interest in this study.

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