

BEHAVIOR MATTERS

15 Years of Health Behavior Advocacy

JESSIE GRUMAN, PH.D.

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CHAPTER 2

Dilemmas of Progress for Health Behavior Research

These five “threshold” issues are pivotal if we are going to accelerate the incorporation of health behavior into research, policy and practice.

Individual Behavior vs. Victim Blaming

There are political risks in talking about “behavior.” Solutions are too often sought at the individual level. No matter how sophisticated individuals are about the determinants of health, it is a quick rhetorical slip from talking about the behavior of individuals to talking about health being determined exclusively by personal choices. Political conservatives do this frequently, since the view that individuals are completely responsible for their own health is consonant with their view of man as a rational actor who controls his or her own fate. Liberals sometimes err by assigning all responsibility to society’s institutions.

Regardless of political beliefs, however, most people think individual will is an important part of the equation.

How can we balance the provision of information and incentives (and for some people, support) for healthy behaviors, without being punitive toward those who are unable to change?

Acute vs. Chronic Disease

The growth of managed care and its emphasis on health maintenance during the 1990s sparked a gradual realization that effective health care must move away from an acute-care model toward a chronic-disease care model.

3. This list was compiled for a meeting convened by the International Longevity Center in Tucson, Arizona, in January 2000, to map out the challenges of health behavior in the 21st century.

Until very recently, most behavior change interventions have been developed in clinical settings oriented toward episodic, acute health care and reflect the characteristics of those settings. They are time-limited and intensive, delivered with an assumption that an intervention will “cure” the behavior permanently, much as antibiotics kill bacteria. This strategy is used despite ample evidence that most people experiment throughout their lives with new approaches to help them accomplish goals such as losing weight or abandoning cigarettes.

How can we take full advantage of the shift of health care toward the long-term goals of health maintenance and optimal management of chronic conditions?

Fragmented vs. Coherent Research Agenda

A wide array of disciplines and health professions have claimed health risk behavior change as their bailiwick. Rarely do these groups recognize the concerns and approaches they share with researchers who study how to improve patient self-management of chronic conditions and the clinicians who deliver services. The gap between those working on health promotion and chronic disease self-management, however, is modest compared to the gulf between both of these groups and scientists studying adherence to drug regimens and treatment recommendations.

At the same time, there is growing recognition that we will not realize the full benefits of advances in biomedicine unless behavior is systematically addressed. New receptivity to the importance of behavior within medicine may increase resources to fund health behavior research. But disease-specific research funding by the government and foundations perpetuates isolation among disciplines and topics. Lack of support for efforts to document the state of the science through authoritative systematic reviews that are widely disseminated stands in the way of real progress.

More resources alone won't do the trick. There's a need for better direction as well.

Where will we find the vision and energy to forge overarching theoretical models that would reduce redundancy of effort and result in more powerful and practical interventions to change behavior?

Biomedical vs. Expanded Views of Health

If germs and genes are seen as the main determinants of health, investment in policies and practices to treat disease is a rational response. This perspective has dominated medical research and health policy in the United States for the past century. Patients and providers are a small group who believe passionately in this emphasis. The broader population has larger numbers, but only a modest, transient interest. As the National Rifle Association has proven, a small group of deeply committed individuals can have a bigger impact on our political system than a much larger group with only a tangential interest.

There is strong empirical support for a broader view of what determines health that has profound implications for the tools (policies and practices) that can be used to prevent disease and reduce its disproportionate impact on vulnerable individuals.

To date, discussion of policy changes implicit in an expanded view of health has lacked in intellectual rigor and practical solutions, and it has not captured the imagination of the general public. Indeed, the complexity of the challenge and the all-too-familiar presence of serious illness in the lives of both voters and politicians means that many thinkers find it easier to support individually focused, medical-model driven strategies for intervention.

How can we frame either the problem or proposed solutions differently to attract new discussion so as to broaden public support?

Ready or Not?

Scientists studying behavioral interventions advocate extensive testing and validation. They believe that the best case for implementing health behavior interventions will be made by applying stringent scientific criteria not only to the study of mechanisms underlying disease processes but also to the study of interventions themselves, as they are tested with different populations in different settings.

Other scientists argue that waiting for completion of such research prior to broad dissemination of interventions sets a far higher standard for behavioral interventions than for pharmaceutical, surgical and procedural techniques. In addition, they argue, behavioral strategies do not have a dissemination infrastructure similar to that of the pharmaceutical and medical device industries that can benefit substantially from the use of new technologies.

While the CDC's *Community Guide by the Task Force for Community Preventive Services* provides guidance for community level interventions, there is no parallel effort to summarize evidence of the rich literature evaluating behavior change interventions directed toward individuals and health professionals.

When do we have enough evidence to proceed? Who will determine this?