

BEHAVIOR MATTERS

15 Years of Health Behavior Advocacy

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CHAPTER 5

Prevention Deficit Disorder: When Politics and Science Collide

Prevention Deficit Disorder is a syndrome characterized by the production and synthesis of the best information possible by the highest achieving scientists with the aim of making progress in improving the health of the public—and the disregard of this information by elected officials. This condition is an insidious and contagious syndrome that breaks out when politics and science collide. There is no Ritalin-like magic bullet for this problem other than public awareness, a commitment to fight for our nation’s health and vigilance against science becoming politicized. To devise policies for health we have to do what works to prevent unnecessary suffering, not what we grew up with, and certainly not what we wish were true.

The Impact of Politics

We have seen many examples in the past few years of how science has been shaped by the values of the party in power in Washington.

Political considerations influence the investment of public research dollars.

For example:

- Are we going to fully explore value of stem cell research, and, if so, are certain stem cells lines off limits?
- Will we invest in scientific research on “intelligent design?”
- Do we want to conduct surveys to learn about the trends in drug use and sexual experiences of teenagers or is this a violation of family privacy?

6. This essay combines elements from addresses to the annual meetings of the Society for Public Health Education in Orlando, Florida, and the American Academy of Pediatrics School Health conference in Hartford, Connecticut, both in May 2004.

- Do we really need to study the behaviors of sex workers in order to develop effective HIV/AIDS prevention strategies?

Partisan politics have played an increasingly significant part in how scientific findings are reported to the public—or whether they are reported at all.

During the first George W. Bush administration, public pressure caused Tommy Thompson, former Department of Health and Human Services Secretary, to disown a draft report on racial disparities in health that did not mention the word “disparities.”⁷ The chief of staff for the White House Council on Environmental Quality, despite a personal lack of scientific background, altered several draft reports in 2002 and 2003, after they had been approved by government scientists. This culminated in a report that cast doubt on scientific results that are increasingly accepted as robust by the scientific community and by the general populace. And it was only public embarrassment that caused HHS to back down from its repeated contention that abortion and breast cancer were somehow linked.

Political values influence how evidence is used to shape health care policies and medical practices in the United States and around the world—whether it is used at all or applied in order to reduce disparities in health.

These are some examples of how scientific evidence has been used to influence policy decisions:

- At the insistence of the United States (really, at the insistence of the U.S. sugar industry) World Health Organization (WHO) recommendations endorsed in May 2004 on dietary sugar intake were changed from the draft recommendation—that processed sugar make up no more than 10 percent of daily intake of calories—to a general recommendation to limit the “intake of free sugars.” The final report, as compared to the draft document, also focused more on personal responsibility for increasing physical activity than on government or commercial actions.
- The United States knows more about fighting AIDS—scientifically speaking, that is—than any other country, but ideological disputes with the rest of the planet means that we hold U.S. dollars hostage to countries that promote abstinence as the first line of AIDS prevention rather than the promotion of condoms, for which there is stronger evidence of success.
- While the Environmental Protection Agency determined for the first time that infants and toddlers are 10 times more likely to get cancer from certain chemicals than adults, the White House OMB undermined that acknowledgment by inserting language in the guidelines that made it easy for industry to block the EPA from following them when assessing cancer-causing chemicals.⁸

7. http://www.cfh.org/habit/Vol7no2/washington_update.cfm

8. <http://www.ombwatch.org/article/blogs/279/24/2005/3>

The Political Use of Evidence

So much of government policy, whether developed by local recreational authorities or framed at the United Nations, depends on reliable scientific evidence to protect the health and well-being of the public. And in a democratic society, science must be accountable to the public through its elected leaders and the transparent publication of unbiased results. Yet at a time when issues are ever-more complex, the current administration in Washington has adopted a casual, utilitarian approach to scientific evidence: If you agree with the data, use the figures and if you don't, disregard them or spin them to support your beliefs. Over the past five years in particular, data produced by government-supported research have been twisted as never before to support pre-existing ideology.

In April 2004 the administration withdrew its financial support for a global health conference that the government had supported for 30 years.⁹ Why? The agenda included discussion of sex and other issues that are not consistent with what conservatives believe.

The word "sex" is seldom mentioned in government documents, although the subject often seems to be on the minds of members this administration. I think they fear that even discussing sex would unleash a nightmare of AIDS, hepatitis B, teen pregnancy, adultery, homosexuality, bigamy, polygamy, bestiality, divorce and abortion. As if those things aren't already part of the fabric of society. As if half of all high school seniors aren't having sex and 42 percent of them are not using condoms.

In 2003, HHS drafted an official guide on what government health officials can say about prevention.¹⁰ In a 69-page document, the word *sex* was mentioned just three times, once as a synonym for gender, once in a bold call for sexually active women to get a Pap smear every three years and once in a passing reference to a federal study that explicitly says teen sex is of public concern.

Other than that, the proposed lesson plan for government health communicators did not mention sex, although 17,000 Americans die each year from AIDS and 15 million Americans have a sexually transmitted disease. Unsafe bicycling by children, however, merited two mentions. Apparently, the fact that 275 children die each year in bicycle-related accidents is a tragedy, and the fact that 17,000 Americans die annually from AIDS is merely a statistic.

What Works

A good example of what can happen when politicians get behind an issue the right way is the problem of obesity. Recognizing that we are not going to beat obesity with a pill, the HHS administration has mounted a public relations campaign in favor of fitness and proper diet. In 2004, with bipartisan support, Bill Frist (R-Tenn), the Republican leader of the Senate, and Ron Wyden (D-Ore) introduced legislation

9. <http://www.planetwire.org/details/4772>

10. <http://www.cfah.org/habit/vol6no5/HHS.cfm>

to “promote better nutritional choices and more exercise of students in America’s elementary and middle schools.”¹¹

And the Medicare program is no longer ruling out obesity as a disease eligible for coverage: In 2004, the Centers for Medicare and Medicaid Services announced in that it will look at evidence to determine which obesity treatments may be effective and then decide whether to cover them.¹² The head of CMS, Dr. Mark McClellan, said he views Medicare as a public health program and that henceforth cost-savings will come from adopting regulations based on outcomes—that is, on evidence that an intervention, whether a pill or surgery or behavioral therapy, produces a clinically significant reduction in weight.

States have joined in this effort: New Jersey Acting Governor Richard Codey said that by fall of 2007, all state school districts must adopt a policy that bans sodas and junk foods from their campuses. Former Maryland Governor Parris Glendening is leading a “smart growth” initiative to redesign urban and suburban communities to make neighborhoods safe and walkable and improve air quality as strategies for addressing the childhood obesity epidemic. Officials in Baton Rouge, Louisiana, are changing building codes to make building bike paths and sidewalks an expected part of urban development.¹³ Thus we are seeing the development of national policies, in combination with local and state policies—regarding physical education and school cafeteria menus and making neighborhoods safe for outside recreation—that build on public/private collaborations and efforts of foundations and volunteers in hopes of influencing the factors that support the obesity epidemic.

Government-sponsored research over the past 50 years has produced a body of evidence on how diseases develop and spread—and how they can be prevented when effective protections are put in place. We know for certain, for example, that physical activity reduces the risk of heart disease. We know for certain that aspirin is an effective means of preventing second heart attacks. We know for certain that immunizing elderly people against flu and pneumonia saves lives. We know for certain that public education, blood screening, needle-exchange programs and condom distribution can prevent the spread of HIV/AIDS. We know these things because we had federal support for behavior research projects.

What’s Needed

We are at a point where the importance of closing the gap between what we know about how to prevent and treat disease and how we make use of this knowledge has never been greater. Government-sponsored research has produced evidence on how to do this and the depth of our knowledge continues to increase. Support for those discoveries came directly from taxpayer money, and taxpayers ought to demand full use of the knowledge they have supported. When the lights go out and don’t come back on—as they did during the blackout on the East Coast in August

11. <http://www.shapingamericasyouth.com/pressrelease.pdf?pressreleaseid=39>

12. <http://usgovinfo.about.com/od/olderamericans/a/obesitypolicy.htm>

13. http://www.obesitypolicy.com/ejournals/issues/issue_km.asp?cf=periodicals/1125/V3.I6.20050601.A0D8FB63-FB49-48F2-A350-C6874CC8F67E.pdf

2003—citizens get up off their couches and complain to elected officials. But few people are complaining about the assault of the millions of insidious messages and public policies that help encourage people to lounge on the couch with a bag of chips and medicate away all pain and anxiety.

It is critical not just to fend off the intrusion of politics but also to *help people figure out what they can do on their own to prevent and manage disease*. We—as scientists and educators—have a huge stake in producing new generations of literate and active health decision-makers who will understand how their bodies work and how science can help them make solid health choices in an increasingly complex world.

Scientists and their representatives in Washington *must be far more vigilant about the end-uses of research*, not just safeguard the immediate business of its production. Concerned scientists, with leadership from the American Association for the Advancement of Science and the behavioral and social science professional societies, should educate voters that their investment in developing new knowledge is being compromised for political aims at the expense of the nation's health, safety and security.

For scientists to have credibility in taking a stand on this topic, they must *guard against real and apparent conflicts of interest* and be more reluctant to participate in self-serving political advocacy. They also must transcend disciplinary and institutional interests to defend the value and uses of unbiased data to inform policy.

Scientists, bureaucrats and elected officials must together *affirm the standards by which scientific evidence is used to draw conclusions about what is and is not known*. In the absence of such standards, flawed research has been used to provide support for ideological policy positions as the basis of federal law and regulation. Who better to lead and adjudicate this discussion than the National Academy of Sciences? It is apt that the new NAS building is adorned with these words of Albert Einstein: “The right to search for truth implies also a duty; one must not conceal any part of what one has recognized to be true.”

Scientists and taxpayers alike must *ask candidates and office holders at all levels whether they believe policy should be made on the basis of what we know or on the basis of what we would like to believe*.

There is plenty of “junk science” on both sides of the political aisle. It is incumbent on all of us to make science a part of every political campaign. Essentially, it is a matter of getting value for research investments. The nation annually spends about \$100 billion a year on health research. We have a responsibility to our profession and the society that supports us to be confident that's a prudent investment and make that case to the public.