

## ABOUT THIS BOOK

Over the past 15 years, I have written hundreds of editorials for the Center's publications, delivered dozens of speeches to organizations, government agencies, corporations and academic institutions, written articles for the academic and popular press and testified before Congress. For the purpose of this volume, I have chosen 10 related topics that highlight the key challenges now facing researchers and practitioners who believe that we will not solve the health problems of our time without systematically addressing health behavior.

### Chapter 1. Why Study Health Behavior Now? ..... 15

Those of us who study health behavior find the narrow focus of biomedicine perplexing, incomplete, frustrating and, ultimately, shortsighted. We recognize the value of basic research and the importance of advances in pharmaceuticals and diagnostic technologies, but fear they will be nothing more than interesting diversions unless others, with equally deep expertise in studying behavior figure out how to get people to use them appropriately. And such medical interventions clearly constitute only one small part of what it takes to help people maintain their health and diminish the impact of disease.

This essay describes the reasons the study of health behavior is one of the most exciting and important fields in the health sciences and central.

### Chapter 2. Dilemmas of Progress for Health Behavior Research..... 25

At the advent of a new century, health behavior has gained some traction as a strategy to preserve and promote health, treat disease and mediate advances in biomedical technology. Progress depends on recognizing both the opportunities to act as well as the stumbling blocks that characterize the general domain of health behavior change.

Chapter 3. Is Health Promotion for Older Adults Just Nice  
or Really Necessary? ..... 29

Gerontologists tell us that health is determined by a variety of non-medical factors: What you eat and drink, where you live and how you spend your time powerfully influence your health and quality of life. That concept forms the basis for common ground between the orientation of those who study health behavior and those who work to improve the quality of life of older people.

This essay reflects on the question of whether and how to implement services and programs to promote the health of older people. It addresses how “the three A’s”—ageism, affordability and accommodation—affect our ability to conduct research on these topics and how they influence the application of what is known about health promotion for older adults.

Chapter 4. Are We Really “Consumers” of Health and Health Care? . . . 37

Consumer-driven health care is a notion central to the “ownership society” preached by the free market advocates. It is concept under which people with money use their own pre-tax dollars to “choose” to pay for only the care they think they need. Doing this, proponents say, would significantly reduce health care costs and improve outcomes.

Consumers do have a role to play in their health and should be involved in decisions about their care. But even in a world of perfect information, will most of us be able to gather and analyze data from multiple sources to choose the best or cheapest options – regardless of our health, educational or economic status? Health behavior research has some answers.

Chapter 5. Prevention Deficit Disorder:  
When Politics and Science Collide..... 47

Clashes between politics and science became frequent during the early years of the 21st century. Although politics is an integral part of the scientific process in the United States, the way in which evidence is used by politicians is of concern.

A conflict arises when evidence of life-saving and health-promoting interventions are inconsistent with ideological commitments of the party in power—leading to policies that result in avoidable suffering, sickness and death. Health behavior research, in particular, has been ignored, misused and distorted for political ends.

Chapter 6. Promises and Pitfalls on the Way to Transforming  
Consumer Health Decision-Making . . . . . 53

Although there is a deluge of print, broadcast and Web-based health information, it is a challenge to locate presentations that reflect the scientific consensus on the effectiveness of prevention and treatment interventions. Such information is seldom given in a way that helps guide the decisions by individuals who are not medically trained. People must have access to understandable, unbiased information about the effectiveness, cost and quality of the full range of preventive and treatment interventions. They don't now. Yet, we know far more than is currently used in efforts to guide decision-making by individuals.

Chapter 7. How Science and the Media Undermine Behavior Change . . 63

It is true that as patients, we often “don't know what we don't know,” but the lack of scientific literacy in the general public may mean that advances are viewed as setbacks, that a new finding that overturns accepted views is a sign of uncertainty rather than progress. How do the normal processes of scientific discovery and journalism work together to undermine the use of scientific knowledge in the public's health decision-making?

Chapter 8. Improving Health: Is Clinical Medicine Up to the Task? . . . . 71

Health behavior researchers tend to talk primarily among themselves about the translation of knowledge about health behaviors into services or programs that become integrated into routine medical and public health practice. Why? Medical professionals are focused on their own system-level shortcomings and public health lacks the resources to commit fully to evidence-based health behavior change services. Further, there is no health behavior change workforce whose credentials are widely accepted and whose skills and contributions are widely valued.

These barriers are not new to health behavior experts. What may be new, however, are some of the lessons we have learned as advocates deeply committed to the support of health behavior change research and the use of research to improve the health of the public.

Chapter 9. Follow the Money: What Health Behavior Professionals  
Need to Know about Foundation Funding ..... 81

At last count, support from the National Institutes of Health for health behavior research hovered around \$1.8 billion annually, a hefty sum until you realize the breadth of topics this includes.<sup>1</sup> CDC's institutional commitment to surveillance and the methods by which grant funds are distributed mean that funds to support health behavior research are probably negligible in comparison to those of NIH.

Is this enough? Inasmuch as behavior mediates between everything we have learned about disease onset, progression and management and all prospects of improved health, probably not. Current budget priorities have put the brakes on spending growth at NIH and researchers are increasingly looking to foundations for research support. What do researchers need to know to work effectively with them?

Chapter 10. The Mutual Obligations of Scientists and Society ..... 87

Scientific research is funded almost entirely by public monies. In exchange, the public expects to benefit from the new knowledge in which its tax dollars are invested. Scientists have much to gain from this relationship remaining healthy and stable. But this takes work on their part to explain their aims and methods and to describe their value to the public.

What is the role of scientists in ensuring continued support of their work?

---

1. See <http://obssr.od.nih.gov/Publications/NIHBSSR2001.pdf> for a comprehensive description.