

# Good Behavior



## Center for Advancing Health

### What Is It About “No” That We Don’t Understand?

Something’s gotta give. As individuals, we can’t just go on saying “yes” to every test, intervention, drug or device that might work. And as a nation, we can’t just allow our health bill to continue to climb, bankrupting sick patients and our economy.

The Obama administration promised health care reform and all the interest groups – health professionals, drug and device manufacturers, hospitals, the insurance industry, and patient advocates – are at the table. They all agree that something has to change. And they all agree that change requires saying “no” to some things. But each party thinks it’s the others who should be reined in.

The public is no different. We don’t think that reform means increasing limits, we think it will increase opportunities: better access to affordable health care services and doctors we can trust to make good use of the best tests and drugs and devices to keep us healthy and free of pain. Few of us realize that less care is often better care and thus we’re understandably reluctant to say “no” to recommended tests or procedures of limited value.

Policy experts and reformers looking to reduce costs and improve care are certain what we should say “no” to treatments that have not been shown to work, doctors who err and hospitals with poor safety records. “No” to expensive new drugs and tests that are no more effective than older, cheaper ones. “No” to procedures and services that won’t improve our health and the quality of our lives.

But a recent Kaiser Family Foundation poll suggests that the public has a different understanding of “no.”

It found, for example, that we trust our doctor to tell us what tests and treatments we need, but not our health plan or the government. We don’t think there is a significant difference in the quality of care offered by the physicians,

and we prefer to rely on the experience of friends and family rather than on objective ratings of doctors and hospitals. We’re convinced that underuse (due to restrictions of stingy health plans) is a bigger problem than overuse of services. And we believe we are already paying too much for care, which we think is costly due to the excessive profits of insurance and drug companies.

Current reform proposals call for everyone – physicians, nurses, health plans, drug and device manufacturers, hospitals, and yes, the public – to recognize and accept new limitations.

And so health care reform is about “no,” even for us.

The success or defeat of this year’s reform efforts will be determined by us, the voters. But let’s not kid ourselves: the choice isn’t between unlimited access to all the health care we think we need and draconian government intervention. Rather, we either accept explicit evidence-based limits in plans, providers and treatments, or we continue to consent to limitations to care based on de facto rationing of access (growing numbers of uninsured, underinsured, and medically inspired bankruptcy) and treatment (increasingly constrained benefits packages that restrict what treatments they will cover) – accompanied by steadily increasing costs.

We have to say “no” to one of these options. Something’s gotta give. Which “no” is it going to be?

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President

## From the Health Behavior News Service

The Health Behavior News Service regularly distributes stories summarizing new research on health behavior issues. These stories can be found online at <http://www.cfah.org/hbns/current.cfm>

### May Releases:

- **ADOLESCENTS LET PHYSICAL ACTIVITY SLIDE AFTER SEVENTH GRADE** By the time they reach ninth grade, most adolescents abandon the physical activities they enjoyed in seventh grade; and the more vigorous the activity, the more likely they are to drop it.
- **TEACHING FAMILIES TO MANAGE ASTHMA CAN REDUCE E.R. VISITS** The key to reducing the leading cause of pediatric E.R. visits could be to educate young patients and their parents about how to manage asthma, according to an updated review of studies.
- **SWINE FLU PREVENTION IN CHILDREN'S HANDS** Although many have touted strategies from travel avoidance to Tamiflu to halt the spread of H1N1 flu or swine flu, concentrating on children's hygiene - hand washing -- might be the best way to reduce the spread of respiratory illnesses, according to a large body of evidence from the Cochrane Library.
- **ABUSIVE RELATIONSHIPS INCREASE WOMEN'S RISK OF HIV INFECTION** A new study of nearly 14,000 U.S. women reveals that those who are in physically abusive relationships are at higher risk for HIV infection.
- **FEAR OF FAMILY REACTION IS BARRIER TO TREATMENT FOR DEPRESSED TEENS** Although teen depression poses a widespread problem for which proven treatments exist, few depressed teens receive any care. Why not? The answer depends whether you ask parents or the adolescents themselves.

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*Evidence. Engagement. Equity.*

Since its founding in 1992, The Center for Advancing Health (CFAH) has worked to translate complex scientific evidence into information, policies and programs that will ensure that each person can make good decisions about their health and interact effectively with their health care providers. CFAH is an independent, non-profit organization that is supported by a number of philanthropic organizations (principally the Annenberg Foundation and the W.K. Kellogg Foundation) and individuals. Good Behavior is a monthly series, written by the Center's president, Jessie Gruman, PhD, and intended for health policy makers. The publication offers Dr. Gruman's perspective on emerging health care issues, and provides insight based on evidence about how best to address them. For more information, visit us online at [www.cfah.org](http://www.cfah.org)