



Public Health & Public Policy

Zita Lazzarini, JD, MPH

Division Director and Associate
Professor, Medical Humanities,
Health Law & Ethics, University of
Connecticut School of Medicine

Thanks to our Sponsors:

- School of Public Health, University at Albany
- NYS Department of Health
- NYS Community Health Partnership

Special Thanks to

- NYS Association of County Health Officials
- NYS Nurses Association

Viewer Call-In

Phone: 800-452-0662

Fax: 518-426-0696

Evaluations

Please visit

www.t2b2.org

to fill out your evaluation and post test.

Nursing Contact Hours, CME, CHES
are available.

Thank you!



SCHOOL OF PUBLIC HEALTH
UNIVERSITY AT ALBANY State University of New York

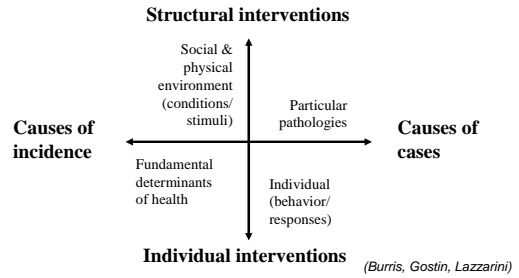
For more information please contact the
University at Albany School of Public Health

518-402-0330
www.t2b2.org

**Overview:
Role of Public Policy**

- Recognized public health successes of 20th century
- Policies & laws originally enacted for non-public health reasons
- Policies that pose barriers to public health efforts

**Dimensions of Causation
& Intervention for Health & Disease**



**10 Great Public Health Achievements –
United States, 1900-1999**

- Vaccination
- Motor vehicle safety
- Safer workplaces
- Control of infectious diseases
- Decline in deaths from CHD & stroke

(CDC MMWR, Dec 24, 1999 / 48(50);1141)

**10 Great Public Health Achievements –
United States, 1900-1999**

- Safer and healthier foods
- Healthier mothers and babies
- Family planning
- Fluoridation of drinking water
- Recognition of tobacco use as a health hazard

(CDC MMWR, Dec 24, 1999 / 48(50);1141)

Role of Policy in 10 Achievements

- Authorize action by public health departments
- Set standards or requirements for healthier environment
- Regulate behavior directly
- Protect individuals and communities
- Provide funding for public health personnel, facilities, and services

**Reduction of Lead
In the Environment**

- Banned in gasoline, gradual, 1973-1996
 - Banned in paint 1978
 - Workplace standards established 1978
 - HUD regulations for housing
- Impact on childhood lead levels:
- 1970's est. 88% of children <6 yr old had levels \geq 10ug/dl
 - 1990's <5% of children <6 yr old had levels \leq 10ug/dl
 - Significant reduction in outside airborne exposure
 - Uneven reduction in living environments

Cont.

Reduction of Lead In the Environment

- **Contributes to disparities:**
 - Children at risk= urban and minority children
 - African American and Hispanic higher risk than white children
- **Failures:**
 - Regulation of private property
 - Health care system for poor and minority children

Title IX

- **Title IX – originally a civil rights provision**
“ No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any educational programs or activity receiving federal financial assistance “ (*preamble to Title IX, signed into law by Pres. Nixon, June 23, 1972*)

Title IX

- Covers:**
- 51.7 million elementary and secondary students
 - 14.4 million college and university students
 - Almost 15,000 school districts
 - More than 3,600 colleges and universities
 - More than 5,000 proprietary schools
 - Thousands of libraries, museum, vocational rehabilitation agencies, and correctional facilities
 - *Focus of most Title IX discussion is on girls' and women's access to sports programs*

Title IX Benefits

- **High school girls who participate in sports are:**
 - Less likely to experience unwanted pregnancy
 - Likely to delay first sexual intercourse
 - Likely to have sex less often and have fewer partners
 - Less likely to smoke cigarettes
 - More likely to graduate from high school
 - Likely to have more positive attitudes towards math and science
 - Less likely to be depressed or have poor self image
- Cont.

Title IX Benefits

- Cont.
- **Over girls' lifetimes early participation in sports:**
 - Reduces risk of obesity
 - Increases bone mass and thus reduce risk of osteoporosis
 - May reduce risk of breast cancer by 60%

Policies that Pose Barriers to Public Health

- **Laws and policies related to needles and syringes**
- **US government “Abstinence Only” programs to reduce teen pregnancy and STDs**
- **International Intellectual Law and access to pharmaceuticals in the developing world**

Access to Sterile Syringes and Prevention of Blood-borne Diseases

- Since 1988 Congress has banned use of federal funds for syringe exchange programs (SEPs)
- In 1990s many states' laws posed significant barriers to purchase, possession and distribution of sterile syringes as a means to prevent HIV/AIDS and other blood-borne diseases
 - Drug paraphernalia laws
 - Syringe prescription laws
 - Pharmacy regulations

Government Commissioned Reports on Effectiveness of SEPs

- 1991 National Commission on AIDS "twin epidemics" report
- 1993 US General Accounting Office report
- 1993 CDC & UCSF report of 16 NEPs in North America
- 1995 National Academy of Sciences report
- 1997 US NIH Consensus Statement

Efficacy of SEPs and Sterile Syringes

- HIV epidemic among NYC IDUs drops from 50-60% in 1984-1990 to \leq 15% in 1998-2002

Abstinence Only Sex Education

- Federal funding for sex education (under sec 510 Soc Sec Act and SPRANS):
- Prohibits disseminating information on contraceptive services, sexual orientation, gender identity, and other aspects of human sexuality
- Specifically prohibits teaching alternative to abstinence including condom and other contraceptive use

Abstinence Only Sex Education

Requires teaching that:

- Abstinence from sexual activity outside of marriage is the expected standard for all school-age children
- Abstinence is the only way to avoid out-of-wedlock pregnancy, STDs and other problems
- A mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity

Teen Pregnancy in US

- US is among 5 "developed countries" with highest rates of teen pregnancy (Belarus, Bulgaria, Romania, Russia, US)
 - US (83/1,000 women aged 15-19)
 - Russia (101/1,000)
- Lowest:
 - Japan (10/1,000); Netherlands(12/1,000)
- Cost of teen pregnancy to US
 - Est \$ 9.1 billion in 2004

Abstinence Only

- Abstinence only programs have been found to contain errors, misstatements and to confuse religion and science
 - Misinformation on efficacy of contraceptives, risk of abortion, transmissibility of HIV
 - Assume a single religious perspective (life begins at conception; only heterosexual sex is permissible)
- Programs perpetuate stereotypes of girls and boys, men and women

Effectiveness of Abstinence-Only Programs

- Average age of first sexual intercourse 17
- Average age of marriage 25 women, 27 men
- No evidence that Abstinence only programs reduce teen pregnancy
- No evidence that “virginity pledges” reduce sexual activity or prevent pregnancy
- Programs that include information on contraceptive use have been shown to increase use of contraceptives

Abstinence Programs and Ethics

- Health care professionals (HCPs) have an ethical duty to provide accurate health information
- HCPs may not withhold information from patients to influence their choices

Abstinence Programs and Ethics

Cont.

- Withholding information on contraception is inherently coercive and leaves adolescents vulnerable to greater risks
- Abstinence only curricula ignore needs of teens who are already sexually active, GLBT, or questioning their sexuality and may lead to greater isolation and stigmatization of these teens

International Intellectual Property Law

Goals:

- To bring global intellectual property law and practices into conformity with western (US) protections and penalties
- To protect right to intellectual property while satisfying “right to share in the benefits of science and technology”

International Intellectual Property Law

Tools:

- World Trade Organization (WTO)
- TRIPS (Trade Related Aspects of Intellectual Property Rights)
- International sanctions
- Exceptions: to protect public health and agriculture

International Intellectual Property Law

Barriers –

- IP law ASSUMES that nations should respect and enforce patent system for all drugs
- Powerful countries (US) may use threat of sanctions to prevent “legal” behavior by poorer countries

International Intellectual Property Law

Opportunities –

- Generic production of off-patent drugs always allowed;
- WTO rules allow for declarations of emergency circumstances under which nations will not enforce patents – compulsory licensing
- Countries with potential market share can “bargain” with Big Pharma – “Give us drugs at a discount, or else!” (China, Brazil, India??)

Advocacy and Public Health

- Public health practitioners can use science to guide policy
- Can act as advocates for individuals and communities that lack a “political voice”
- Can lobby, persuade, work/serve, build capacity of those who lack it

Science vs. Politics

- Negotiate the fine line between advocacy based on science

AND

- Putting politics before science

Major Public Health Policy Challenges for 21st Century

- Health disparities – how can law and policy decrease disparities by race, socio-economic status, education,?
- Address increased risk to foods, water, air from globalization of food, energy, and industrial production
- Internationally how can we support access to basic health and human rights as a priority around the world

References

- Bennett SE, Assefi NP. School-based teenage pregnancy prevention programs: a systematic review of randomized controlled trials. *J Adolesc Health*. 2005;36:72-81.
- Bernstein, L, Hendreson, BE, Hanisch, R, et al. Physical exercise and reduced risk of breast cancer in young women. *Journal of the National Cancer Institute*. 1994; 86(18): 1403-8.
- Corbin, S. Fluoridation then and now. *American Journal of Public Health*. 1989; 79(5): 561-63.
- Gostin LO, Lazzarini Z, Jones TS, Flaherty KM. Prevention of HIV/AIDS and Other Blood-Borne Disease Among Injection Drug Users: A National Survey on the Regulation of Syringes and Needles. *JAMA* 1997; 277(1): 53-62.
- Hoffman S. Summary of report: *By the Numbers: The Public Costs of Teen Childbearing*, Report by Chair of Dept of Economics, Univ. of Delaware can be found in full at: <http://www.teenpregnancy.org/costs/default.asp>
- Lanphear, BP. Childhood Lead Poisoning Prevention: Too Little, Too Late. *JAMA*. 2005; May 11;293(18):2274-6.

References

- Santelli J, Ott MA. Abstinence –only education policies and programs: A position paper of the Society for Adolescent Medicine. *J Adolesc Health* 2006;38:83-87.
- Singh S, Darroch JE. Adolescent pregnancy and childbearing: Levels and trends in developed countries. *Family Planning Perspectives*, 2000;32(1):14-23
- Strathdee SA and Vlahov, D. The effectiveness of needle exchange programs: A review of the science and policy. *AIDS Science*. 2001; 1(16).
- Teegarden, D, Proulx, WR, Kern, M, et al. Previous physical activity relates to bone mineral measures in young women. *Medicine and Science in Sports and Exercise*. 1996; 28: 105-113.
- The President's Council on Physical Fitness and Sports Report: Physical Activity & Sports in the Lives of Girls: Physical & Mental Health Dimensions from an Interdisciplinary Approach, *US Dept. HHS*, 1997.
- Women's Sports Foundation Report: Sport and Teen Pregnancy. *Women's Sports Foundation*, 1998.

Evaluations

Please visit

www.t2b2.org

to fill out your evaluation and post test.

**Nursing Contact Hours, CME, CHES
are available.**

Thank you!

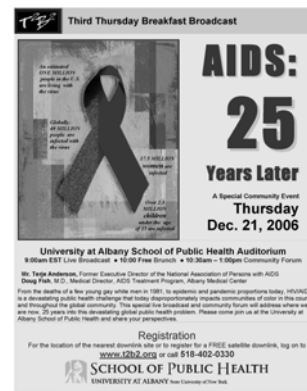
T2B2 – December 21, 2006

AIDS: 25 Years Later

**Mr. Terje Anderson, Fmr Exec. Dir.,
National Association of Persons Living with AIDS**

**Dr. Doug Fish, Medical Director
AIDS Treatment Program, Albany Medical Center**

**Followed by a Special Community Forum at the
University at Albany School of Public Health
www.t2b2.org**



Third Thursday Breakfast Broadcast

**AIDS:
25
Years Later**

A Special Community Event
**Thursday
Dec. 21, 2006**

University at Albany School of Public Health Auditorium
9:00am-10:00am Breakfast • 10:00am-11:00am Free Speech • 11:00am-1:00pm Community Forum

Mr. Terje Anderson, Former Executive Director of the National Association of Persons Living with AIDS
Doug Fish, M.D., Medical Director, AIDS Treatment Program, Albany Medical Center

From the death of a few young gay men in 1981, to epidemic and epidemic proportions today, HIV/AIDS is a devastating public health challenge that today disproportionately impacts communities of color in the country and throughout the global community. This special breakfast and community forum will address where we are now, 25 years into this devastating global public health problem. Please come join us at the University at Albany School of Public Health and share your perspectives.

Registration
For the location of the nearest download site or to register for a FREE satellite download, log on to www.t2b2.org or call 518-402-0330

SCHOOL OF PUBLIC HEALTH
UNIVERSITY AT ALBANY State University of New York