



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

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Dear Ms. Mattison:

On behalf of the 148,000 members and affiliates of the American Psychological Association (APA), I want to thank you for providing us the opportunity to comment on the 2007 Adults Annual Report (Report) outlining the Centers for Disease Control and Prevention's (CDC) objectives related to adult health.

APA is the largest scientific and professional organization representing psychology in the United States and is the world's largest association of psychologists. Comprised of researchers, educators, clinicians, consultants, and graduate students, APA works to advance psychology as a science, a profession, and a means of promoting health, education and human welfare.

APA shares CDC's commitment to increasing the number of adults who are healthy and able to participate fully in life activities and enter their later years with optimal health. In addition, we believe it is imperative that all prevention and health promotion efforts are evidence-based, culturally competent, linguistically appropriate, and address the needs of diverse populations.

We commend the CDC for its ongoing attention to the important objectives detailed in the Report and especially appreciate its dedication to promoting the social, emotional, and mental well-being of adults. The following comments highlight several recommendations that we hope you will consider as you prepare the final 2007 Adults Annual Report.

Health Disparities

APA is grateful for CDC's goal to reduce health disparities and barriers to health care that exist for ethnic minorities, persons with disabilities, and populations of lower socioeconomic status. Addressing mental and behavioral health among these groups is of

critical importance. Research shows that stressors faced by ethnic minorities, such as racism, contribute to the development of hypertension and risk factors associated with physical health problems (Krieger & Sidney, 1996). For these reasons, APA respectfully suggests including “mental health” in the guiding principles of “Strategy #5” and “Key Strategy #5.”

As noted in the draft report, significant differential impact exists across American subpopulations for health outcomes related to health risk behaviors. For instance, risk behaviors represent a fundamental barrier to eliminating certain health disparities. Between 1985 and 2004, the percentage of newly diagnosed cases of AIDS accounted for among the black population doubled (Henry J. Kaiser Family Foundation, 2006). In addition, the rate of alcohol-related deaths among American Indians/Alaska Natives (AI/AN) is 27 percent for males and 13 percent for females, or approximately five times the rate for whites (Department of Health and Human Services, 2001). AI/AN males also are at much higher risk of suicide than any other racial group, with suicide being the sixth leading cause of death among this population in 2004 (CDC).

APA and CDC share a commitment to addressing health disparities. Accomplishing this requires tools specifically tailored to vulnerable populations. To this end, APA recommends placing priority on the development and utilization of public awareness campaigns and interventions that are culturally and linguistically sensitive. In addition, evidence-based practices that are effective across populations and well-suited to specific populations are needed.

Poor Nutrition and Physical Inactivity

APA supports CDC’s efforts to optimize health through encouraging improved nutrition and physical activity and recommend that these efforts be focused across the weight spectrum. Research indicates that the benefits of dieting are minimal and that long-term beneficial health outcomes have not been consistently or frequently demonstrated (Mann, Tomiyama, Westling, Lew, Samuels, & Chatman, 2007). However, the benefits of healthy eating and physical activity have been demonstrated for those in all weight categories. To this end, APA applauds CDC’s acknowledgement of the importance of access to affordable fresh fruits and vegetables and its emphasis on meeting recommended levels of physical activity.

We believe it is necessary to promote healthy lifestyle changes without inadvertently perpetuating weight stigmatization or promoting disordered eating and eating disorders. APA supports CDC’s further development of initiatives that encourage positive body image, healthy eating habits, appropriate levels of physical activity, and improved self-esteem, focusing on behavior and health outcomes. To reflect this, APA recommends that the following considerations be made regarding obesity language in the Report:

- *Page 4.* Since individuals across the weight spectrum can be healthy and benefit from healthy nutrition and physical activity, APA encourages CDC to refrain from broadly defining what constitutes a healthy weight.

- *Pages 4, 11, and 24.* APA encourages CDC to clarify that obesity is correlated to, rather than the cause of, health complications including diabetes and cardiovascular disease. Therefore, we recommend that instead of stating that obesity “contributes to” or “is a driver of” specific health problems, the Report wording read “obesity may be associated with” such conditions.
- *Page 6.* Currently, obesity is listed under “key behavioral risk factors and exposures for intervention in adults.” While physical inactivity and poor nutrition are appropriately listed as behavioral risk factors, obesity is not a behavioral risk factor. Therefore, we recommend its removal from this list.
- *Page 17.* APA supports CDC’s efforts to address physical inactivity and poor nutrition across the weight spectrum. To reflect this vital focus, we recommend that “obesity” be replaced with “physical inactivity and poor nutrition” in the following sentence: “In other important areas, however, such as motor vehicle safety, excessive alcohol use, mental health, obesity, unintentional and violence related injuries, and viral hepatitis (B and C), CDC’s investment remains limited and should be increased.”
- *Page 22.* Rather than specifically screening for obesity, APA strongly recommends that screening for unhealthy weight control behaviors be encouraged as a regular practice for individuals of all weights to increase early identification and intervention for disordered eating and eating disorders. In addition, APA recommends that individuals have access to information regarding the benefits of healthy nutrition and physical activity for those in all weight categories and encourages CDC to support research into behavioral interventions that effectively help individuals maintain healthy nutrition and appropriate levels of physical activity.

Reaching Adults Where They Are

APA shares CDC’s commitment to promote adult health in workplaces, at home, and in communities. In particular, we applaud the attention to establishing health enhancing workforce environments. APA actively addresses this issue through our Office on Work, Stress, and Health by promoting research, training, practice, and policy to examine the impact of the changing organization of work on stress, health, safety, and productivity in the workplace; understanding work stress and its impact on the well-being and productivity of workers; exploring organizational and behavioral interventions to reduce stress, illness, and injury in the workplace; promoting the use of the workplace to improve health protection and health promotion; exploring the interplay of work and family as it affects stress and health; explore the impact of changing workforce demographics (e.g., aging workers, increasing proportion of ethnic and racial minorities and women) on health and safety in the workplace; and building collaborative partnerships between psychology, industry, labor, and federal agencies to reduce stress and health and safety risks in the workplace.

Violence

APA shares CDC's commitment to violence prevention. Specifically, we applaud your efforts to address suicide and intimate partner violence (IPV). IPV can have devastating effects on the physical and mental health of individuals and the strength of stable families. We believe that a process-focused approach to prevention, rather than one that is focused solely on events, may be particularly helpful. Such an approach would bring attention to the process and context of sexual violence, lending itself well to an ecological model, which would bring gender in as a central feature at various levels of the social ecology. Issues of control and power within the context of relationships should be viewed within this process-focused approach. However, it would be essential to distinguish between sexual violence involving strangers and acquaintances/intimates.

APA supports CDC's dedication to researching the risk and protective factors associated with IPV. Given the needs for innovative and evidence-based prevention strategies, support for a robust portfolio of investigator-initiated projects that can provide this scientific foundation is of paramount importance. With limited federal resources for research, there may be opportunities for CDC's Division of Violence Prevention (DVP) within the National Center for Injury Prevention and Control to co-fund individual research projects with the National Institutes of Health in relevant areas, such as the developmental pathways of IPV and the social and community factors that influence those behaviors that might lead to perpetration of IPV or other forms of violence.

Additional issues for which APA would request consideration during development of CDC's final 2007 Adults Annual Report follow:

- **Emerging Public Health Challenges.** CDC has demonstrated considerable success in improving health outcomes in areas such as tobacco use, sexually transmitted diseases, heart disease and cancer. While continued investments in these areas are important, increased research on effective interventions for emerging public health threats are needed in areas such as mental health problems, poor nutrition and physical inactivity, and violence-related injuries.
- **Strong Research Base.** CDC-supported interventions and programs for the adult population should be based on a strong scientific foundation. In the many areas where health disparities are prevalent, additional research is needed to ensure that interventions are tailored to the communities they serve and take into account the different language and cultural barriers to changing ingrained behaviors.
- **Stigma.** One issue of ongoing concern that we did not see in the draft report was the impact of stigma on an individual's ability to seek out screening or treatment for a particular disorder, such as HIV/AIDS or depression. Recognizing that CDC does support some projects on stigma, we recommend a more prominent discussion of those efforts and how innovative public health interventions are being developed to combat societal stigma to change behavior and improve health outcomes.

Once again, thank you for soliciting our input as you finalize the 2007 Adults Annual Report. If you have any questions regarding our comments or would like additional information, please contact Annie Toro, J.D., M.P.H., Associate Executive Director for Public Interest Government Relations, at 202 336-6068 or atoro@apa.org.

Sincerely,



Gwendolyn Puryear Keita, Ph.D.
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