

# Public Health Initiatives

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# Public Health Initiatives

Last time, we talked about:

- ▶ advertising bans
- ▶ excise taxes

This time, other regulations and interventions for influencing individual behaviors.

# Minimum Legal Drinking Age

- ▶ early 1970s: many states lowered MLDA from 21 to 18, 19, or 20
- ▶ alcohol-related traffic accidents rose among young drivers
- ▶ late 1970s-early 1980s: states raised MLDA back up
- ▶ 1984 Uniform Drinking Age Act – federal government threatened federal highway funds if states did not go to MLDA 21 by 1988

## Effects of MLDA laws

### Higher MLDA:

- ▶ reduces traffic accidents
- ▶ reduces alcohol consumption among minors, especially women (why do you think?)
- ▶ *increases* marijuana use, substitute of alcohol
  - ▶ Do you believe this?
- ▶ reduces suicide rate
- ▶ reduces risky sexual behavior among adolescents (multiple partners, unprotected)
- ▶ reduces rates of STDs
- ▶ improve birth outcomes (I'm studying this now)

## Blood alcohol content laws

- ▶ BAC laws set limits on BAC among drivers
- ▶ mid-1980s: some states instituted a lower youth BAC
- ▶ 1991: feds threatened highway funds if state did not have youth BAC of .02 gram per 100 mL by 1998 – Zero Tolerance laws (general BAC was .10)
- ▶ 2003: feds threatened highway funds if state did not have general BAC of .08

## Effects of BAC laws

- ▶ ZT laws reduce heavy episodic drinking among youths
- ▶ reduced traffic accidents
- ▶ reduce property and nuisance crimes
- ▶ reduce STD rates

# Smoking bans

- ▶ private voluntary policy – in 1999, 70% of US adult workers said their workplace has a complete work area smoking ban
- ▶ local laws requiring smoke-free workplaces – in 2005, 328 municipalities have adopted 100% smokefree workplace laws; another 700 or so have slightly less restrictive laws regarding workplace smoking
- ▶ California categorized secondhand smoke as toxic pollutant
- ▶ local laws also prohibit smoking in restaurants, etc.
- ▶ smoking bans in hospitals enacted by JCAHO
- ▶ smoking bans in schools

## Effects of smoking bans

- ▶ school bans decrease secondhand smoke among children
- ▶ workplace bans reduce secondhand smoke among workers
- ▶ restaurant bans *increase* secondhand smoke among children

# Can't sell cigarettes to teenagers

- ▶ selling cigs to minors under 18 is a misdemeanor
- ▶ compliance and enforcement is low so effectiveness is low

## Banning vending machines at schools

- ▶ schools contract with snack and drink companies to earn extra money
- ▶ in 2000, 27% of elementary school had vending machines available for students, 67% for middle schools, and 96% for high schools
- ▶ school districts or states can ban vending machines or restrict the kinds of products sold in them
- ▶ California enacted a law restricting beverages sold on campuses during school hours
- ▶ 10 percentage point increase in access to junk food leads to 1 percentage increase in BMI

## Mandating physical education at schools

- ▶ fraction of high school students enrolled in PE dropped from 41.6% in 1991 to 28.4% in 2003
- ▶ between 91 and 03, the percent of elementary and middle schools that required PE fell from 17% to 6.4%
- ▶ in 2005, 38 states introduced legislation to increase PE requirements
- ▶ however, many PE classes aren't very exercise-intensive, so may not be effective
- ▶ good PE classes have been shown to reduce children's BMI
- ▶ evidence indicates that states with higher requirements have same fraction of obese kids

## Women, Infants and Children

- ▶ targets low income (185% of poverty level), nutritionally at risk people:
  - ▶ Women – pregnant, breastfeeding (up to 1 year), not breastfeeding new mom (up to 6 months)
  - ▶ Infants – up to 1st birthday (45 % of all infants are on WIC)
  - ▶ Children – up to 5th birthday
- ▶ get free food with coupons, nutritional education, and referrals to other services
- ▶ not entitlement (can run out of money)
- ▶ in 2005, WIC served 8 million people
- ▶ prior controversy over infant formula, gave out for free so discouraged breastfeeding
- ▶ much research shows that WIC improves pregnancy outcomes and health of infants (difficult to analyze because women choose to go on WIC, are they more likely to be healthy?)

# Food stamps

- ▶ eligible if below 130% FPL and few assets, benefit falls with higher income, increases with household size
- ▶ difficult to compute eligibility because assets and deductions
- ▶ entitlement program
- ▶ participation is low – 54% of eligible sign up for benefits
- ▶ in 2006, 26 million people received foodstamps
- ▶ PRWORA changed some rules, gave states more flexibility, no immigrants, no able body adults, lowered benefits
- ▶ some evidence that food stamps increases obesity
- ▶ evidence that it reduces food insecurity