A Message from the Editor

June 2011 was a banner month for several public health-related events. The Department of Health and Human Services (HHS) and the National Prevention, Health Promotion, and Public Health Council released the National Prevention Strategy: America's Plan for Better Health and Wellness. The Food and Drug Administration (FDA) announced the final nine selections of the new warnings to be placed on cigarette packages. And the U.S. Department of Agriculture (USDA) and HHS jointly announced the replacement of the Food Pyramid with the MyPlate.

HHS Secretary Kathleen Sebelius says, "This National Prevention Strategy, called for under the Affordable Care Act, will help us transform our health-care system away from a focus on sickness and disease to a focus on prevention and wellness. We know that prevention helps people live long and productive lives and can help combat rising health-care costs."

The National Prevention Strategy¹ provides opportunities for prevention across the lifespan and establishes four key directions that are fundamental for encouraging prevention in our communities:

- Building healthy and safe community environments,
- Expanding quality preventive services in clinical and community settings,
- Empowering people to make healthy choices, and
- Eliminating health disparities.

Addressing the leading causes of disease, disability, and death, the National Prevention Strategy also identifies priorities for improving health and wellness: preventing drug abuse and excessive alcohol use, and promoting active living, injury and violence-free living, and mental and emotion well-being. Three of the National Prevention Strategy's priorities are addressed in this issue of *Public Health Reports (PHR)*. One priority, tobacco-free living, is touched upon in an article by Fabian et al. on smoke-free law support. Another priority, healthy eating, is examined in an article by Oka and colleagues that discusses disparities in obesity prevalence. And several articles address the priority of sexual and reproductive health.

The Surgeon General's warnings on cigarette packages, which have been in place since the 1970s, have been replaced by generic, albeit more graphic warnings. The Family Smoking Prevention and Tobacco

Control Act of 2009 required color graphics with text depicting the negative consequences of smoking to cover 50% of the front and back of each cigarette pack. The FDA's nine new health warnings will be included on cigarette packaging and advertisements by October 2012.⁴ Time will tell whether these new warnings will help keep individuals from initiating smoking and encourage current smokers to quit.

The USDA's newly introduced MyPlate graphic, which replaces the Food Pyramid, has generated much media attention since its introduction in June. MyPlate² uses a familiar mealtime visual—the place setting—to promote the importance of balancing calories; increasing the intake of fruit, vegetables, whole grains, and low-fat dairy products; and reducing the consumption of foods that are high in sodium and sugar.

Just in time for Breast Cancer Awareness Month, which is October, this issue of *PHR* also includes an article on methods of generating state revenue for breast cancer prevention and early detection. Eyler et al. review license plates, tax check-offs, and lotteries across the 50 states that support breast cancer programs. It is a timely review of the efforts being made at the state level to help fund research regarding this devastating disease.

Lastly, I encourage you to pay special attention to the accompanying supplement, which examines the use of data systems to address social determinants of health. This supplement brings attention to the increasing burden and inequities in some health outcomes and the use of data to expand the knowledge base of social determinants of health.

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