

AN INSTRUMENT OF PREVENTION

□ Health education of the public is an issue that, at long last, is moving toward the top of our list of national health priorities.

□ The reasons underlying this reawakened interest stem from a new and realistic look at the nature of the health problems confronting us, coupled with a concern with the effectiveness of our traditional approaches to health care.

□ To be sure, great problems of disease and complex issues of health care delivery and financing remain to be solved. Yet in our preoccupation with the problems, it is easy to lose sight of the present state of health of our people and how we got where we are.

□ The health of our people is good and getting better. More people than ever before are getting medical care, and more have the means to pay for it through health insurance. Fewer babies are dying each year. Our lifespan has increased.

□ To put this national health profile into a broader perspective, we now recognize that health status is not the product of health care alone. Good health is also the outcome of good jobs, proper nutrition, adequate housing, a good education, a healthful environment, and a safe work place.

□ The common denominator here is prevention. And health education is one of the most powerful tools we have to prevent disease from occurring and to develop healthful styles of living.

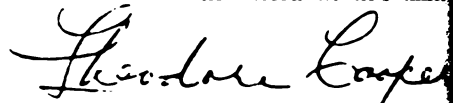
□ The potential of education as an instrument of prevention is implicit in the nature of the major health problems we face. Heart disease is

related, in large measure, to personal choice behavior: whether or not to smoke cigarettes, what foods to eat, what amounts and kinds of exercise to undertake. Some forms of cancer, most notably cancer of the lung which is the leading cause of cancer mortality among males and is rising rapidly among females as well, are similarly related to personal choice. Accidents of many kinds, alcoholism and its sequelae, the abuse of drugs, aberrant behavior such as suicide and homicide—all are traceable to decisions individuals make concerning their own lives. Because they are the result of personal choice, they are theoretically susceptible to being influenced by education.

□ In addition, there is a complicated set of personal and family decisions that determines whether or not individuals use the health care system effectively, whether they seek diagnosis and treatment at the right time and place, whether they care for themselves properly before, during, and after their encounters with the health provider. These decisions also depend upon knowledge, skills, and motivation.

□ It is on these assumptions that the current resurgence of interest in health education is based. No one should be so naive as to believe that health education is a panacea for all our ills. Yet there is a strong consensus building, both within and outside government, that health education should receive greater emphasis. This consensus is visible in deliberations of the Congress, in new initiatives being created in both public and private sectors, and in new activities now being launched under many and diverse sponsorships.

□ To meet this new challenge, health education will have to make use of all available channels for communicating knowledge and skills to population groups of all ages. It will need to involve and combine many disciplines—health professionals, educators, communicators, outreach workers, and more. It will need to develop better methodologies, and demonstrate that they do in fact promote better health and raise the quality of life. I am convinced that health education can meet this challenge, and I consider it appropriate that *Public Health Reports* is devoting special attention to this field at this time.



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Cover—Dietitian at St. Mary's Hospital and Medical Center, San Francisco, Calif., teaches a diabetic patient about food exchanges. Education of hospital patients, so that they understand their disease or condition and thus make better decisions about their health care, is one of the new dimensions in health education. Eighteen papers and short reports in a special section in this issue explore these new dimensions.

