

# Prevention in Health Care: An Agenda for the Next 100 Years

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ONE HUNDRED YEARS HAVE PASSED since a Mississippi River boat spread yellow fever from New Orleans to Pittsburgh and led to the creation of a one page bulletin—the forerunner of today's *Public Health Reports*—designed to get vital medical information across the nation.

In its first century, *Public Health Reports* has grown into a leading vehicle for the exchange of professional data and ideas throughout the world. Its development mirrors the growth of health care as an industry, and its size and nature have changed as the nation's health needs and health systems have changed.

In just 100 years, in fact, health care has mushroomed into the nation's third largest industry and, next to food and energy, the third most inflationary sector of our economy.

Yet, despite the unprecedented explosion in health costs, more than 42 million Americans have either no health coverage or inadequate coverage, and about 88 million Americans—40 percent of the population—have no protection against huge medical bills that could bankrupt them. Public programs such as Medicare and Medicaid do not fill the gaps left by private insurance. And about one-fourth of the American people live in areas that do not have sufficient health care services.

For these reasons, President Carter has directed me to develop a national health program that would:

1. Provide all Americans with coverage for basic health services as well as protection against catastrophic medical costs.
2. Contain effective mechanisms to keep health costs under control and to generate greater competition and efficiency within the health industry.
3. Promote whatever reforms are necessary in our health care system to make adequate health care available in underserved rural and urban areas and to emphasize the prevention, rather than simply the treatment, of disease.

Such a program, as the President said in his directive, “would be the cornerstone of a broader national health policy designed to improve the health of Americans by reducing environmental and occupational hazards and encouraging health-enhancing personal behavior, as well as by improving the effectiveness of our medical care system.”

The new health program, like many of the initiatives that the Department has undertaken over the past year and a half, will feature an increasing emphasis upon the prevention of disease. A new and vigorous prevention strategy—which seeks to keep people healthy rather than cure them after they become sick—is critical if we are to gain firm control over health costs and to achieve continued improvement in the nation's health.

The most important contributors to disease reduction in America have not been hospitals, expensive and sophisticated therapeutic techniques, or new technologies, but rather public health measures that prevent disease. Indeed, the next dramatic breakthrough in the health of Americans will probably be achieved not in the field of acute care, but in prevention. We need to build prevention efforts into the very structure of the health care system, in ways that cut across all our programs. Specifically, here are five things we need to do now.

*First*, we need to expand our efforts in the area of health information, education, and promotion to make vigorous efforts to develop comprehensive health information programs for a variety of settings. The nation's schools constitute one key setting for our prevention efforts. Yet

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at present, school health education efforts are far from perfect, and curriculum development is inadequate. Employers need information on how prevention efforts can increase productivity and cut costs, and they need to use that information to offer programs to their employees. We have not yet grasped fully the powerful educational potential of the electronic media to reach people in their homes with vital health information.

*Second*, to develop a strong infrastructure for prevention, we need to help improve and expand State and local programs in smoking and health, fluoridation, environmental health, hypertension, adolescent pregnancy, genetic diseases screening, and school health education. Traditionally, in the age of infectious diseases, the States were the key actors in the prevention drama. They can and should be just as effective in the battle against chronic killers.

*Third*, we need to develop better models for the delivery of preventive health services—especially to low-income and other underserved populations. We need to improve the work of community health centers, for example, in providing preventive services such as immunization, screening for hypertension and cancer, nutrition counseling, and efforts to curb smoking and alcohol abuse.

*Fourth*, we need to examine our health personnel needs to assess precisely the need for personnel in different preventive fields. The supply of specialists in environmental toxicology, nutrition, and in epidemiology and biostatistics is too low, for example, to meet the needs of a stepped-up national prevention effort. And we need to build prevention into the curriculums of medical schools and other institutions.

*Fifth*, we need to step up our research efforts in preventive health: We need more research on nutrition and on the epidemiology of smoking, alcohol, environmental health, and radiation-related disease. We know very little about the crucial early-life determinants of behavior related to health habits. As we improve our research efforts, we need to improve our data collection to undertake new analyses of existing data and to expand our surveys to include more prevention inquiries.

Progress in these five areas, and others, will be achieved if we only come to realize that to continue the present acute, curative, high cost, hospital-based, after-the-fact health care system will only result in higher costs and greater frustration. Our health system must move from its preoccupation with sickness to a new commitment to wellness. The framework for our national health policy must be built upon individual responsibility and designed with prevention, not just treatment, as its fundamental support.

To help shape and carry out this broad new prevention strategy—that is the major challenge before the Public Health Service in the years ahead. I know it will meet that challenge with the same superb skill, dedication, and leadership that played such a major role in helping protect us against the infectious diseases.

I recall an inscription, the words of Thomas Jefferson that hung in the office wing of the White House when I had the privilege of serving there in the 1960s. It said: "The care of human life and happiness is the first and only work of good government."

Those words sum up our mission as public servants in the cause of health.

They make a fitting motto, I think, not only for *Public Health Reports* as it faces its second century of service, but for the Public Health Service itself as it starts its next 180 years of service to America and the world.