Strategies for Disease Prevention and Health Promotion in the Department of Health and Human Services

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WITHIN THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, we have tried to move on several fronts to bolster our prevention efforts. In a year of restraining budgets and cutbacks, this is not easy—the rock and the hard place is a pretty good analogy in that respect. But I think there are plenty of innovative ideas and creative ways that we can proceed to elevate health promotion and disease prevention to the top priority status that I believe they deserve. And we have tried to put them in place in different ways.

I'd like to mention just a few things, and why we believe that they are important building blocks for a strong national strategy of disease prevention and health promotion. The symposium on the teaching of prevention in medical schools and its participants are central to that strategy.

A sound prevention strategy must have its roots in medical education. If we are to implant a strong prevention ethic in our country's health care system, then training physicians and other health professionals is obviously the place to start. And it is the medical educators who can provide the leadership that we need to make it come about.

I believe that times are quite ripe for prevention. We Americans are increasingly aware of our health and interested in exercising some responsibility and control over our own health. We do need the guidance and the leadership, though, of the medical profession to make it become a complete reality. Obviously, the doctor's office is a good setting to teach people how they can protect their health and promote their own well-being. Educating physicians in methods of prevention is the cornerstone of how well those efforts will work and how well they will succeed.

Medical educators and universities can pave the way for a health care system that stresses prevention. The physician-patient relationship can be a key to health promotion. Tomorrow's practitioners must be excited

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about prevention's enormous potential for stopping disease.

I firmly believe there is a whole new breed of health professionals who will carry the principles of wellness to their patients and to their communities as well.

We have heard it said that prevention has been a stepchild of our health care system. In many ways it has. After all, our health planning, health budgets, and health policies historically have focused on acute care. We have paid a lot of attention to curing illness and not enough to stopping it before it strikes.

A case in point is chronic disease. Today we know that many killers like heart attack, stroke, kidney disease, and cancer can often be prevented by simple, personal efforts. It does not require massive infusion of Federal funds or new scientific breakthroughs to significantly lower risks.

In fact, studies show that most people can make daily decisions that influence their health and their vitality more than all of today's medicine. One of the most renowned studies was conducted by Dr. Lester Breslow of UCLA. It took place in Alameda County, Calif., lasted 10 years, and involved a scientific sampling of 7,000 adult men and women.

The study showed that by observing a few positive health practices—by not smoking, by getting enough sleep and exercise, using alcohol only in moderation, maintaining proper weight, and eating breakfast—a 45-year-old man could be expected to live 10 or 11 years longer than a person who did not make those same choices. Women who observed these same health practices could expect to live 7 years longer.

We must help people understand that what they do for themselves and to themselves can be a powerful influence on their own health. It can do as much to foster wellness as all of the advances of 20th century medicine, which have added only 6 more years to the life expectancy of a 45-year-old man.

We all know that lifespan has increased. But what we do not realize is that it is true of people born today, primarily because infant mortality rates have changed dramatically. Someone in the middle-age group today—versus his grandfather—is only expected to live about 6 years longer than the preceding generation. Compare that 6-year increase in longevity to the 11 years that the Breslow study showed. Today we have twice as much power to influence our longevity through prevention than even medical advances can offer. I think that this is a significant comparison, one that we haven't gotten through even to our own people.

As I mentioned, the Department of HHS is making prevention a focal point in many areas. I believe we've established a clear pattern, one that cuts across the span of policy and programs in the Department. We intend to build on that in the months ahead.

For the first time, we are initiating a prevention-oriented training program for health professionals. This program will support residency training projects to stimulate interest in preventive medicine. As I said, we believe that any attempt to change direction from "sick" care to true "health" care must include training physicians in the methods of prevention.

We will continue grants for training in family medicine, internal medicine, and general pediatrics. These grant programs encourage prevention in primary care settings. We will also continue to support our area health education centers program, which, among several objectives, encourages patient education and primary care in target communities.

We have developed a preventive health services block grant. It consolidates hypertension control, fluoridation, rat control, home health services, health education and risk reduction, emergency medical services, rape prevention and crisis services, and health incentive grants. The States are now able to set their own priorities.

Hypertension is one of the key success stories showing what we can do with preventive health education. I think we can use that as a model for some other things we want to do to change lifestyle, to change habits, and to make people live healthier and longer.

We have successfully encouraged the food industry to improve consumer labeling and reduce the sodium content of their products as part of our drive to prevent and control hypertension. We want to help people regulate their consumption of certain ingredients, like sodium, which can affect their health. Dr. Arthur Hayes at the Food and Drug Administration has been very actively working on this voluntary effort.

We are also stepping up our health promotion and education media campaign. We launched this campaign through the nationwide media in the spring of 1981. In addition to television, radio, and newspapers, we are getting the message out through State and local agencies about how people can change their habits to reduce health risks.

The American Red Cross has launched its centennial celebration around the idea of involving the private sector and volunteers in doing health education, as far as blood pressure, heart risk, and lifestyle changes are concerned. There is a tremendous momentum building in the private sector to do these things. I believe that we in Government have a role as a catalyst, as well as a role in planting seed money and in giving people encouragement and support when they take steps like that.

Along these same lines, we have begun a "healthy mothers" campaign. Working closely with the March of Dimes and several national volunteer organizations, we are reaching out to women through the mass media and telling them about the importance of regular, prenatal care. We are warning them about the risks of alcohol, smoking, and poor diet. In particular, we're trying to reach high-risk groups—teenagers and disadvantaged women—to stress the importance of good health habits.

Infant mortality is a sensitive barometer of the social and medical well-being of our society. On that score, we have made dramatic progress. In 10 years, the infant mortality rate in the United States has dropped a remarkable 36 percent. It now stands at an all-time low of 12.5 deaths for each 1,000 live births. Thanks to better nutrition, better housing and medicine, and improved infant and prenatal care, our children are among the healthiest in the world.

Not all segments of our society have shared equally in the progress in reducing infant mortality, and our program will emphasize these high-risk women. Health and medical experts who have analyzed our potential say that we can do a lot better. By 1990, they say, the number of infant deaths can be lowered even further . . . to 9 for every 1,000 live births. We expect our "healthy mothers" campaign to have a big impact in accomplishing this. But to achieve the goal for healthier mothers and infants, we need health professionals who will help to promote awareness of prevention among all expecting mothers.

Physicians and health professionals also will play an important role in achieving other national prevention objectives. Specific objectives have been developed in 15 problem areas. Attainment of these goals depends on various sectors of the country working together. Physicians and health professionals are the key to this truly national effort.

In addition to encouraging people to remain healthy by implementing what we already know, we are also working to find out more about the basic causes and mechanisms of disease. To move ahead, we need new information developed by a solid research program at the National Institutes of Health.

Research done at the National Institutes of Health will help to guide our prevention strategy into the 1980s and beyond. Even in a period of fiscal restraint, this investment has my strong support, because through its results we are able to expand our knowledge and then apply it to the day-to-day practice of preventive medicine.

I am also encouraged by the willingness of the private sector leaders to join us in promoting the cause of prevention in the workplace. From the employer's point of view, getting people to stay healthy has produced a whole new movement toward promoting wellness at work. The New York Times recently reported that more than 400 companies in the United States now have wellness programs for their employees to supplement regular medical benefits. And some companies even pay their workers cash rewards for staying fit.

I had the opportunity to dedicate a new Johnson & Johnson plant in my home area of Pennsylvania recently, to cite just one example. I was pleasantly surprised to learn of its very extensive free program to help employees assess their health risks in terms of regulating the exercise they do, encouraging more nutrition education, and participating in no-smoking and reduced-drinking campaigns. This program is called "Live for Life," and an exceedingly high percentage of employees are participating.

Medical facilities and educational institutions can join in helping to set up private sector programs. It seems to me a natural alliance. There is a trend in the private sector to recognize health promotion. Businesses are finding it profitable for reasons like reduced absenteeism, maintenance of good employee mental health, and enhanced performance by both executive and worker. We are doing it for other reasons, but the point is that there is logic in the public and private sectors working together.

At NIH, we are developing a new combined effort to coordinate our preventive health research within all the Institutes. We will not be setting up a new structure, but a new focus and a new interagency priority so that the Federal Government will be clearly focused on preventive health research, even in its basic biomedical institutions.

We *are* breaking some new ground these days, and we are making wellness a cross-cutting theme at HHS . . . building it into our programs and into our proposals for change. Across the board, we are banking on prevention as the single greatest force that we have for improving people's health.

But Washington alone cannot persuade Americans to incorporate prevention into their lifestyles. We need to build better bridges to business, to the health professions and to the medical schools.

In many ways wellness is an attitude, a state of mind. By blending concepts of wellness into the practice of medicine, we can enhance the delivery of care and the excellence of medical science in achieving its ultimate aim: healthier, happier lives for all Americans. . . improving still further on the best health care system in the world.