

Public Awareness, Individual Behavior, and Disease Prevention

Nineteen eighty-five marked the midpoint in a decade-long strategy to improve the health status of the citizens of the United States. Beginning in 1979 with the publication of "Healthy People," we embarked as a nation on a course aimed at achieving five broad goals and 226 specific objectives by 1990. In 1985, as part of the Public Health Service's commitment to promote and monitor this national effort, we conducted a midcourse review of the status of the objectives; the results were published this fall under the title "The 1990 Health Objectives for the Nation: A Midcourse Review." A significant component of the review was the information collected by a special Health Promotion and Disease Prevention Questionnaire, part of the National Health Interview Survey (NHIS) that is conducted continuously by the National Center for Health Statistics.

From the beginning, the utility of the objective-setting process in general, and the 1990 health objectives in particular, has necessarily been limited by the availability of suitable data to measure progress. These limitations did not control the process to the extent that we omitted objectives for which we lacked data. On the contrary, the implementation of the objectives has concurrently involved both programmatic efforts to reach the health status and risk reduction targets and improved surveillance and evaluation efforts to provide more adequate data to measure progress toward the 1990 goals. The data from the questionnaire responses will serve as an important milestone in improving our capability to know where we stand as a nation on significant questions of health knowledge and practice.

This issue of *Public Health Reports* is the first of two issues featuring papers that provide a first look at the rich store of data collected by the 1985 questionnaire. A general analysis of these data provides heartening information on our knowledge about behavioral contributions to health status. It is clear from the survey that America is to be congratulated; most of us *know* that smoking, alcohol and drug misuse, inattention to safety devices such as seatbelts and smoke detectors, failure to identify and control high blood pressure,

and carelessness about dental hygiene can have serious negative results for our personal health. Furthermore, the survey confirms that positive changes are occurring, not only in what Americans know but also in how we behave, though, as one would expect, we *know* much better than we *do*.

The findings from the analyses contained in this and the January-February 1987 issues of *Public Health Reports* make possible more advances toward our 1990 objectives for the nation. Learning that sizable majorities of the adult population are aware of behavioral risks to their health is important. However, we need more information to enable us to reach and influence the remainder of the population who are not aware and who are likely the most vulnerable to the diseases to which those risks lead. These papers help us to know better who those people are—what age groups, which sex, what income levels, what race. And that information can assist us in making wise decisions about allocating public and private resources for public health education.

The papers in this issue are introduced by a general description of the 1985 Health Promotion and Disease Prevention Questionnaire and the National Health Interview Survey, as well as a discussion of the survey's objectives and methodology. Then follow subject-specific analyses of the data on general health habits, injury prevention, physical fitness and exercise, alcohol consumption, and high blood pressure. The January-February 1987 issue of *Public Health Reports* will present papers on oral health, nutrition knowledge and obesity, smoking, occupational health and safety risks, stress, and maternal and child health. We urge readers to consider the findings and, with us in the Public Health Service, to commit themselves to the challenging task of forging public health policies that will inform the uninformed and motivate those who are still unconvinced of the benefits of lifestyle changes as a means of achieving better health.

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