

# A Message from the Editor

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The President's model for health-care reform calls for proactive health maintenance throughout one's life. Congruent with that model, this issue of *Public Health Reports (PHR)* includes an implicit theme of maternal-child-reproductive health. Two articles in this issue emerge as particularly important to children's health at the start of the school year—the Coyle et al. article on distributing fresh fruit and vegetables to children and the Jain et al. article on vaccination rates among adolescents. Also consistent with the theme of health maintenance, *PHR* will be hosting a webcast in September on “Multivitamin Use in Pregnant and Nonpregnant Women” (see ad on page 763) and is publishing in this issue a call for papers for a special supplement on “Healthy People in a Healthy Environment,” which we anticipate publishing in mid-2011.

With funding from the U.S. Department of Agriculture, several states have implemented programs in which free fruit and vegetables are given to students during the school day to help improve children's health.<sup>1</sup> The Coyle et al. research article found that distributing fruit and vegetables at school may be a viable component of a comprehensive approach for improving students' nutrition-based attitudes and behaviors.

While nutrition is important for promoting healthy lifestyles, vaccine-preventable diseases in adolescents are also gaining interest among public health practitioners. As state vaccination laws are increasingly proposed for middle-school entry, more states are developing adolescent vaccination programs, and monitoring the coverage and effectiveness of these programs has become increasingly important. In their practice article, Jain et al. summarize the expansion in 2008 of the Centers for Disease Control and Prevention's National Immunization Survey to include a national sample of adolescents aged 13 to 17 years (NIS-Teen). NIS-Teen provides important and reliable state-specific and national-level data to determine vaccination coverage estimates during this rapidly changing time of adolescent vaccination coverage. (As an aside, this issue of *PHR* includes a call for papers for a special supplement on the assessment of vaccination coverage. We anticipate that this supplement will be published in early 2011.)

Another current public health topic of interest to all ages is the H1N1 flu outbreak that occurred in April 2009, which revived the threat of a global influenza pandemic and prompted government and citizens to consider in real-time how best their communities might respond to the appearance of a new and deadly virus.

During this recent flu outbreak, the most constant historical reference point was the 1918–1919 influenza pandemic, which killed approximately 675,000 Americans and 50 million people worldwide.<sup>2</sup> The 1918 pandemic is the deadliest infectious event in the modern era of post-germ theory. As a result, there remains a hearty appetite for information and interpretations of this important chapter in American history. To that end, *PHR* is planning to publish a special supplement in mid-2010 that includes topical essays on the 1918–1919 U.S. influenza pandemic by leading historians of public health and medicine. These peer-reviewed essays will explore topics such as the role of the American Red Cross and visiting nurses during the pandemic, the response of various community groups including ethnic and racial minorities, the experience of the U.S. military as it fought World War I and influenza, and the state of scientific knowledge at the time with regard to microbiology and vaccines. This supplement will connect the American experience of the 1918 flu to contemporary issues in public health and pandemic preparedness planning, demonstrating what historical lessons might inform community responses to novel pandemic strains such as H1N1 or permutations of H5N1.

Finally, in the *Surgeon General's Perspective (SGP)*, RADM Galson reflects on the important role of the U.S. Public Health Service (USPHS) Commissioned Corps in global public health leadership. The Commissioned Corps' 6,200 multidisciplinary officers are trained and equipped to respond to any health threat and are deployed to more than 550 locations around the world in response to humanitarian needs. In a related commentary, McGuinness et al. describe a USPHS leadership model, known as the Mercy Model, that maximizes the impact and benefit of limited resources during emergency response scenarios. The *SGP* and the Mercy Model article reflect the critical role that the Commissioned Corps plays in national and global public health leadership.

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## REFERENCES

1. Buzby JC, Guthrie JF, Kantor LS; Department of Agriculture (US), Economic Research Service. Evaluation of the USDA fruit and vegetable pilot program: report to congress, May 2003 [cited 2009 Jul 8]. Available from: URL: <http://www.ers.usda.gov/Publications/EFAN03006>
2. Crosby AW. The forgotten pandemic: influenza of 1918. Cambridge (UK): Cambridge University Press; 1989.