

# A Message from the Editor

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The changing nature of the health problems that burden our society is becoming increasingly apparent. The severe outbreaks and epidemics of the infectious and communicable diseases are giving way to the endemicity of chronic disease.

While struggling to write my editor's message for this issue, I was going to write the above paragraph. But I didn't. Rather, I found it in a 1956 issue of *Public Health Reports* (Volume 71, pages 67–74), written by John E. Dunn, Jr., MD, who was identified as a field investigator with the National Institutes of Health, Public Health Service. In fact, a search of OldMedline exclusively for *Public Health Reports* prior to 1966, found 35 articles between 1955 and 1965 that more or less discussed the same theme. I felt the familiar pang of embarrassment that comes with the recognition that my awesome insight into the nature of public health was in actuality just a late recognition of something written about nearly 50 years ago.

So how is it that the words of Dr. Dunn still describe the condition of chronic disease and public health today? What comes immediately to mind is that the dollars spent on relieving the scourge of chronic disease on the population have not produced the results we hoped for. Certainly there have been some impressive successes. We can all point to examples of individuals enjoying their post-knee replacement morning walks after years of suffering debilitating arthritis that kept them nearly housebound. Many adaptive devices have been developed that allow people to live meaningful, productive lives where once there was wasted talent. No doubt there are large numbers of people living and functioning just fine as a result of surgical and medical interventions. But a much larger proportion of the population remains severely held back from their full potential because of preventable chronic illness that will never be sufficiently ameliorated by medical treatment.

Change in social policy helps some. Laws such as the Americans with Disabilities Act have cleared the way for many with disabling chronic diseases to be included. But little social policy has been adopted to address prevention of chronic illness, and arguably the situation is growing worse with time. How is it possible that obesity in our young people continues to increase in spite of the obvious adverse consequences? It's surely not because of insufficient knowledge of the biological mechanics of weight gain and loss. Why do

a third of our adolescents currently smoke? In the fight against preventable chronic conditions, this subject is just plain embarrassing. And now we have reached a new low with fast-food advertisements specifically aimed at children, appearing on PBS.

We have a very simple message to convey: No medical interventions or changes in civil rights laws that govern how we treat people with chronic disease could ever compare to effective prevention measures. Let's face it: Despite our impressive research and ever-increasing knowledge about the biology of our most threatening chronic disease states, we are losing ground in our ability to deliver public health solutions.

What is it going to take? What must be done to live up to our covenant with future generations that their birth circumstances (and I'm not just talking about the economically disadvantaged) won't preordain a lifetime of suboptimal health? In particular, how do we shield our youth from the bombardment of surgically precise commercial assaults intentionally designed to misdirect their consuming behavior? It is nice to think that understanding more and more about the biology of over-nutrition, tobacco use, unprotected sex, environmental neglect, and all the other risky business our population overindulges in is helpful. But increased understanding of adipose tissue won't get soda machines out of schools or fried hamburgers off PBS.

This issue of *Public Health Reports* is dedicated to the public health impact of Chronic Disease. Our authors focus on many different means of changing our public health system to address the vagaries of chronic disease. They suggest more emphasis on data and science-driven decision making and less lead time between discovery of disease and translation to prevention programs; strong leadership at all levels; use of partnerships and coalitions between the government, academia, and nongovernmental organizations; increased emphasis on the role of patients as self managers of their diseases; and use of the nation's schools to prepare young people about the cost of chronic diseases and how to prevent them. They also focus on use of policy to broaden the impact of prevention programs and adopting more systems-based approaches to the fight against the chronic disease epidemic. Their approaches illuminate a central theme: It must be done.

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