Guide to Community Preventive Services: A Commentary

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I do not take lightly the task of commenting on such an ambitious project. The goal of all the papers, of which these are the first set, is to look at the prevention of illness. The concern, first expressed in *Healthy People*, was to look at all problems with a high morbidity and thus a threat to the public's health, and to develop strategies to lower both incidence and prevalence. This concern is in the classical public health tradition, and one that we must support in every way we can.

If, however, we look at illness in a different way, we will see that the context of the illness is often the more important issue. One of my students reported the following story. While he was in Southern Africa, an outbreak of malaria erupted in the desert area. The usual epidemiology was done with the help of the World Health Organization. The problem, as he reported, was that mosquitoes do not thrive in the desert. Upon walking around, he discovered that soft drink cans were scattered as refuse. In those cans, the mosquitoes bred. The cure was a recycling program, not spraying pesticides or other eradication programs.

To look at illness and ask, as we do epidemiologically, what are all the factors involved, is often tremendously complex. The community issues range from access to participation in the solution, from treatment programs to policy and from education to use of specialists. We are forced to consider the community. What then is community? When considered as a whole, it acts like a living organism. For the community to be healthy, it cannot have a problematic piece. Just as in a human organism, health for the whole cannot come if the liver is sick. Similarly, a need exists for infrastructures to make the systems work, comprised of a hard infrastructure of roads, communication, water and sewage, and a soft infrastructure of governance both formal and informal. Thus, when conflicting basic values, social diversity and multiple values occurs, the organism is in great risk of illness.

We therefore must consider the interrelationship of the inner and outer environments. We must think about complex ecologic systems that sometimes are close to chaos. We must admit that we cannot deal with the symptoms of an Ebola virus and wipe out the illness, while ignoring the underlying issues of poverty, hunger and dislocation or breakup of tribal structure.

When the environment is out of balance, the disease that emerges may be idiosyncratic—it breaks out in the most susceptible place. Thus, we must look at another model that is closer to that of Chinese medicine or the Tao whose basic issues are a need for balance and for energies to flow. When energies do not flow, the illness develops as a symptom of the dysbalance. In Western terms we are talking of complex interrelated systems, which cannot be dealt with without facing underlying issues. What then are the underlying issues? Poverty is one. Another is inequity between rich and poor, and the resulting disparity in the ability to command events that affect one's life. We have learned that belonging to families, tribes, groups and communities through intimate interrelated relationships affects the balance. What do we know of these?

Fortunately, I have been involved not in disease prevention, but in health promotion. Concern about underlying issues when I was at the National Institute of Mental Health led to an idea for promotion of mental health: the development of a healthy public policy where the goals of multiple areas of social concern are linked. Can we abolish smoking while also supporting agriculture and international trade in tobacco? Can we wipe out farmers' incomes to stop smoking? In this and other areas are many choices and a need for priority setting. In a democracy we must talk, dialogue, discuss, argue, give data and respect different viewpoints. To me this is part of health promotion and disease prevention.

To go further, when my concept of community mental health was replaced by large-scale growth of treatment facilities, I found myself trying to understand why. It became clear that treatments have active lobbyists, while prevention and health promotion do not. In my opinion, politicians, and incidentally funders, like specific programs to support because they get more photo opportunities that way and comprehensive holistic packages are of little interest.

Despite the political resistance, I helped start the Healthy Cities and Communities programs worldwide. (See http://www.healthycities.org and www.healthycities.org. The International Healthy Cities Foundation survey of Healthy Cities is available in Spanish, Portu-

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guese, English and Japanese. The sites will incorporate other languages as well in the near future.) The response—first in Europe, then the rest of the world and finally, in the United States—reflected that dealing with the medical model alone was not enough. To deal with the totality of communities and cities, we at Healthy Cities needed to gather around common tables with people not usually associated with disease prevention, such as engineers, educators, housing and transportation specialists and developers.

The results of Healthy Cities collaborative efforts cannot be measured in the same way. Sadly, more time is required for change. Changes in perception, as well as new ways of understanding and response, must develop. Competencies take time to develop. We also learned that change in a community also resides in other levels of government, the local private sector and the global corporations.

Social values differ: when the bottom line is cost-effectiveness and profit, and not basic human and health needs, health suffers. Even nonmonetary spiritual (not necessarily religious) values are critical to communities. Structural readjustment actions by the International Monetary Fund have a greater impact on health than the medical things we do. Economic development and public health planners and practitioners must cooperate at all levels and at all times. (I must relate that when I worked for a few years in the Department of Housing and Urban Development, its impact on health was greater than that of the former Department of Health, Education and Welfare.)

Next, the role of the consumer must change to become an equal partner to the experts. We academics and professionals cannot continue to deliver our wisdom to people without their active participation. We must work collegially in all kinds of settings.

Finally, I want to compliment the authors on what they have done with the *Guide to Community Preventive Services*. Theirs are important pieces of research. I look forward to additional papers, and hope that they will acknowledge another view of dealing with the public's health.

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