

With Both Eyes Open

The Guide to Community Preventive Services

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Five hundred years ago, Copernicus turned orthodoxy on its head when he said, “Finally, we shall place the Sun . . . at the center of the Universe. All this is suggested by the systematic procession of events and the harmony of the whole Universe, if only we face the facts, as they say, ‘with both eyes open’.”

“With both eyes open.” This is the contribution of *The Guide to Community Preventive Services (Community Guide)*. To ensure that as we in public health negotiate our precious mission to serve as good stewards to the health of millions, we do so with both eyes open. Our task, and the contribution of the *Community Guide* and its authors—the Task Force on Community Preventive Services—are different from those facing Copernicus. Our goal is not to turn public health on its head, but to reveal its power and to sharpen its focus.

The *Community Guide* as hybrid seedling is one bred of strong lines that bode well for its hardiness and longevity, and what might be anticipated over time for the breadth of its sheltering canopy. The *Community Guide's* genealogy reveals three distinct elements, each adding uniquely to its character. The first is found in its title and approach, which hearken to that of its older sister, the *Guide to Clinical Preventive Services (Clinical Guide)*. The authors of the *Clinical Guide*, the U.S. Preventive Services Task Force (USPSTF), celebrate their 20th anniversary this year. Building on earlier work, the USPSTF has institutionalized the notion and the appreciation for rigorous assessment of the full body of evidence for the preventive interventions of medical care. It has set the gold standard for such assessment and paved the way for the prevailing focus on evidence-based medical care, much as the *Community Guide* will do for public health and population-based health improvement.

The second element is found in its genesis. At least some will remember that 10 years ago the nation was

engaged in a national debate on healthcare reform. It was the signature domestic policy initiative of the Clinton administration, and widely viewed as its signature failure.

But for public health, the healthcare reform debate was also the cradle for two important developments under the auspices of the Public Health Functions Steering Committee, which was formed to ensure that public health was a considered component of the plans for a reformed healthcare system, and composed of the leadership of the U.S. Public Health Service, American Public Health Association, Association of State and Territorial Health Officials, National Association of County and City Health Officials, Public Health Foundation, Council on Linkages, and several other key prevention and public health organizations.

The first development was the emergence of the “10 Essential Services of Public Health,” which grew out of a series of town hall meetings held in every state capital in the country to consider the role of public health in healthcare reform. Out of this series of extraordinary discussions in 1993 and 1994 came a deeper understanding, embodied in those ten essential services, of public health's most fundamental obligations—in effect, providing touchstones for both assessing performance and celebrating contributions.

But another development followed shortly on the heels of these discussions: the sense of both a lack of understanding and appreciation on the part of the general public about the effectiveness and importance of public health as the central contributor to the population's good health, and, even within the field, uncertainty about the actions that would do the most good, that would make the most difference. As a sort of down payment on the issue, the Council on Linkages, with funding from the W.K. Kellogg Foundation, carried out a feasibility study that demonstrated that evidence-based public health practice guidelines were both feasible and desirable.

It was Lloyd Novick, representing the Council at the Public Health Functions Steering Committee, who observed at one of the committee meetings that since the *Clinical Guide* had provided such solid, evidence-based guidance to the question of what the covered package of clinical preventive services ought to look like, shouldn't we in public health have the benefit of the population-based analog of that evi-

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dence review? Shouldn't we do a *Guide to Community Preventive Services*? The decision was made to get on with the task and to ask the Centers for Disease Control and Prevention (CDC), under the leadership of David Satcher, to take on the responsibility. After the requisite preparatory work, the Task Force on Community Preventive Services was formally established in 1996, and the rest is the reason for today's celebration.

The third germinal element from which the *Community Guide* stems is found in the historical tradition of public health as a profession—a field—guided by the evidence. Public health progress has been driven by evidence, from James Lynn, scurvy, and British limes; to Jenner, cowpox, and variolation; to Snow, cholera, and the Broad Street pump; to Goldberger, pellagra, and niacin; to Doll, Wynder, and Terry on tobacco and lung cancer; to Framingham and the behavioral risk factors for heart and vascular disease, and on and on. Now, with the *Community Guide*, we begin to array that evidence in a structured fashion. The record and tradition of a focus on evidence permeates the field and all its workers, and lends tremendous energy to the potential of the *Community Guide*.

So, how might we anticipate that the *Community Guide* will be used by the field? First, the *Community Guide* will act as a beacon to light the path to more effective delivery of essential public health services at the local level. Every vaccination given, every restaurant inspected, every premature death delayed, every illness prevented, ultimately involves application, and it involves a local health department. And although local health departments differ widely from each other, the unifying theme is that all are problem solvers. Solving public health problems requires knowledge from which the power stems. The *Community Guide* confers on us power in knowledge, at each level of public health, to help accomplish our national health objectives in *Healthy People 2010*, by contributing to the more effective delivery of our essential public health services. Let's briefly consider each.

Monitor health status: The foundational feature of the *Community Guide* is the centrality of the assessment process. Attendance to this dimension will enhance our monitoring capacity.

Diagnose and investigate health problems: The *Community Guide* helps remind us which problems are most important and which follow-up is most effective.

Inform and educate about health issues: The *Community Guide* tells us what kind of education can work best—or not.

Develop and enforce health and safety protection: The *Community Guide* identifies which protective measures

have been shown to reduce illness and injury—and which have not.

Link people to needed medical care: The *Community Guide* helps us know what sort of outreach efforts succeed in ensuring that people get the services they need.

Mobilize community partnerships for health: The *Community Guide* makes it clear that effective public health is not just for public health agencies, but for education, transportation, housing, and other agencies and organizations as well.

Foster health-enhancing public policies: The *Community Guide* identifies the sorts of public policies that have proven potential to save tens of thousands of lives.

Ensure a competent health workforce: The *Community Guide* makes it clear that success depends on the knowledge of the workforce, and its skill at applying that knowledge.

Evaluate the quality and effectiveness of services: The *Community Guide* makes it clear that just delivering services is not sufficient. We must know that they work.

Research for new insights and innovation: The *Community Guide* reveals to us the extent to which current evidence is insufficient and in need of study and validation.

Second, and directly related to this essential research service, the *Community Guide* will serve as a launch pad for refining the approaches to marshaling and weighing the evidence, and deepening their application. Just as these guidelines are useful in the present only to the degree that they are applied, in the future they will be useful only to the degree to which they are improved. Our progress is dependent on its application. Our futures are dependent on its refinement. Even while evidence based, there is no certainty embedded in the pages of the *Community Guide*. Indeed, all of scientific knowledge is uncertain at some level. So, while communities should apply these guidelines with enthusiasm as the best interpretation of what we know, they should also seek to find the errors and the problems in order to improve our collective knowledge—and to do so without becoming discouraged with the ways the sands of action must inexorably shift with the changing tides of new knowledge. In many ways, central to the key lessons of the *Community Guide* is the mandate to deepen the evidence base.

Third, the *Community Guide* provides a tool to help the public better understand the power and the reach of public health programs working on their behalf. Prevention works. Public health works. It works hard and it works effectively on behalf of longer, better lives for all of us. As the Johns Hopkins Bloomberg School of Public Health motto says: "Protecting health, saving

lives—millions at a time.” The focus of the *Community Guide* on public health’s proven potential to do just that will grow the public’s appreciation, and its demand, for effective interventions.

All of us—be we public health workers, scientists, citizens, or merely aficionados of sound public policy—are today deeply appreciative of the stellar and vitally important work of the Task Force and staff. We can all

count ourselves privileged to be here today with Jonathan Fielding, Peter Briss, and Stephanie Zaza as key representatives of each, and to be able to use the opportunity to express appreciation on behalf of the public health field for giving us this tool that will help us keep both eyes open as we work on behalf of better health for people everywhere.

Well done!