Editorial

The Benefit of Prevention
Engaging the Public Through Strategic Collaborations

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In this issue of Circulation, we have published an historic document, a joint scientific statement on prevention from the American Heart Association (AHA), the American Cancer Society (ACS), and the American Diabetes Association (ADA). In this statement, we and our colleagues from the ACS and ADA describe the science underlying the important benefits that the public would derive if the preventive lifestyle changes and therapeutic maneuvers currently in our armamentarium were fully employed. In addition, we define an appropriate schedule for preventive screenings that have been demonstrated to be cost-effective and should be made available to all. But perhaps the most important contribution of this statement is also the reason this article is being published concurrently in the journals of the ACS and the ADA—namely, the concept that 4 basic strategies can provide protection against the 4 major causes of death in the United States: heart disease, stroke, cancer, and diabetes. Although the public often expresses confusion about the many health messages that are now available to them, especially when they try to take multiple health risks into consideration, in fact individuals can best protect themselves by following advice that is simple, effective, and agreed upon by the 3 major voluntary health organizations. The 4 key strategies are as follows: (1) Don’t smoke, (2) follow a healthy diet, (3) be physically active, and (4) see your medical caregiver regularly to assess your risk and prevent disease or catch it early, when it can be best managed.

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On the basis of this singular concept, the AHA, the ACS, and the ADA are announcing a new strategic partnership to reduce disability and premature death from heart disease, stroke, cancer, and diabetes, which collectively cause nearly 2 of every 3 deaths. We believe that the very fact that the AHA, the ACS, and the ADA are joining forces to bring this information to the public, with the support of the Ad Council to help us deliver this message, will have a much greater impact than any of our organizations could have alone. This collaboration has great potential to reach the public in a new way and, by working together, to produce substantial progress in the prevention and control of these chronic diseases.

As professional members of the AHA, whatever our specific specialty or subspecialty, whether we are adult or pediatric cardiologists, neurologists, nurses, surgeons, emergency physicians, radiologists, or others, we have as our goal the treatment and the prevention of cardiovascular diseases, including stroke. The mission of the AHA is to reduce disability and death from cardiovascular diseases and stroke. However, we understand that other diseases, such as cancer and diabetes, also account for disability and premature death, and we understand that these disorders share many of the same risk factors that produce the diseases on which we focus. What a powerful message for the public! Take simple actions yourself, and work with your medical caregiver, and you will reduce your risk of not just one disease, but of multiple diseases.

The ACS and the ADA have mission statements that are similar to ours, and each undertakes broad programs that promote prevention, early detection, and quality treatment. All 3 organizations have had substantial successes we can point to, such as a reduction in the use of tobacco in many groups; increased public understanding of the importance of an elevated blood pressure and elevated cholesterol; the increased frequency of use of Pap smears, mammograms, and colon cancer screening; and improved recognition that diabetes should be tightly controlled. But all 3 organizations and the public we serve face important challenges. Clearly, we have not yet fully combated the toll of tobacco-related illness, and we are all aware that the increased levels of obesity and overweight in both children and adults may void our hard-won gains in prevention. Smoking and obesity are, in fact, the 2 leading preventable causes of death in this country, and they, along with the poor diet and physical inactivity that promote overweight and obesity, are each individually independent risk factors for heart disease, stroke, cancer, and diabetes. In addition, there are too many individuals who are not able to benefit from the well-demonstrated effects of preventive care and counseling because of a lack of or insufficient healthcare coverage, disparities in the delivery of care, or a lack of recognition that science has indeed discovered information that is important to their lives.

A critical premise of this new initiative is the concept that the diseases relevant to our organizations are, to a substantial degree, preventable or at least postponable. For each disease, there are opportunities for primary prevention modalities, whether lifestyle based or medication based or both, that have been demonstrated to reduce the risk that the disease will occur. Likewise, for most of these diseases, even if they are...
not prevented, there is an asymptomatic period of time during which management of the risk factors or early interventions can have an important beneficial impact, if the presence of the disease were only recognized. Even after the disease becomes clinically evident, secondary prevention may prevent the emergence of other related disorders or second events.

In support of this initiative, you will see an Ad Council campaign in English and Spanish that encourages the public to protect themselves against heart disease, stroke, cancer, and diabetes by making simple everyday choices. This is a public service announcement campaign to appear in television and print media and on the radio. In addition, the ACS, ADA, and AHA have a joint call-in number (1-866-399-6789) and web site (www.everydaychoice.org) where individuals can go to receive materials and more information about all or any one of the diseases and its prevention, and the organizations will work on securing stories in the news to raise awareness of these issues. We have also begun to create materials for healthcare providers, particularly those providing primary care, to use in their offices as reminders of appropriate prevention and screening approaches. We know that this will be most effective if we involve physicians, nurses, physician’s assistants, and others on the healthcare team. Publication of the appropriate screening guidelines in the relevant journals of these other groups will facilitate this. On the advocacy front, we will continue to work collaboratively at the local, state, and federal levels to reduce tobacco use and the harm caused by secondhand smoke in the environment, as well as to lobby Congress to support a Welcome to Medicare Benefit which provides for additional screenings, such as cholesterol screening. We will also explore the possibility for additional joint advocacy initiatives that would support prevention at the local level, such as increasing physical activity in our schools to combat the disturbing statistic that only half of adolescents regularly participate in vigorous physical activity and one fourth report no physical activity.

Our 3 organizations agree that it is time for a new approach. Heart disease, stroke, cancer, and diabetes can be attacked together and deserve the attention and time of patients, clinicians, insurers, and policymakers. We believe that the synergy of 3 trusted organizations focusing the attention of the public on a limited number of risk factors and screening tests that have tremendous potential to reduce suffering and death has great potential to improve the health and quality of life of the American public.
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