The American College of Preventive Medicine engages an extraordinary and diverse group of physicians who possess a broad lens to ‘see’ our challenges and the opportunities for Preventive Medicine. It’s an honor to have the opportunity to serve as your President.

In 1900, the average lifespan in the U.S. was 47 years. Today, the average lifespan in the U.S. has risen to about 80 years. To what do we owe this achievement?

Interestingly, and relevant to current-day issues with COVID-19, in 2000 the Centers for Disease Control and Prevention (CDC) published the “10 greatest public health achievements in the U.S. during the 20th Century.” Topping the list was vaccination, a key strategy in the Preventive Medicine toolkit. One of the most notable events in public health history was the release of the polio vaccine in 1955. Dr. Jonas Salk, a charter member of ACPM, toiled for 8 years to develop the vaccine — he became a national hero upon its release. We have come a long way from 1955 with the COVID-19 vaccines developed in record time. Using proven methods coupled with the collaboration of federal agencies, investigators, industry and others, no steps were skipped, and the efficacy and safety metrics surpassed expectations. However, as our former surgeon general, Dr. David Satcher said, drugs don’t work in people who don’t take them. With current vaccination rates falling below needed levels, we are looking for innovative ways to get “shots in arms.”

In the early 1900s, the most common causes of death were infectious diseases. As improved sanitation, antibiotics and vaccination were implemented this shifted to chronic disease. With better data capture, health disparities across categories of race, age, sex, and geography were identified, signaling the need for a deeper dive into the drivers of disease and how they differ across populations. I had just completed my residency in Preventive Medicine when the 1993 article about the leading “actual” causes of death was published in JAMA, directing our attention to modifiable targets including tobacco use, alcohol use, diet and physical activity. What has been brought to light in recent years is the critical role of social determinants of health (SDoH), the places and situations where we work, play and live, and their effect on health behaviors and outcomes. Social determinants play a significant role in determining equitable access to healthcare, including environments that support healthy behaviors. COVID-19 coupled with social unrest in the U.S. shed a new light on the healthcare crises in our country. It became clear that our nation, and specifically communities that have been marginalized, including people from racial and ethnic minority groups, those in rural communities and people who are underserved or low-income, were not prepared to combat this virus.

This is not the first time I have seen the impact of chronic diseases and underlying health disparities translate into negative health outcomes following a disaster. Spending much of my professional career in New Orleans, I experienced Hurricane Katrina and its aftermath, including editing a special journal issue on resilience and recovery in the Gulf South. On the cover, we used the Chinese symbol for crisis: it includes two brush strokes - one stands for danger; the other for opportunity. And in our current situation with COVID-19 and social unrest - a reminder for our College, for the communities we serve, and for our nation and beyond - from crises come opportunity.

The near-term opportunities lie in increasing:

- Our pledge to support and ensure evidence-based strategies in prevention.
- Our visible presence and purpose as a specialty.
- Our pipeline to future leaders in Preventive Medicine.

OUR PLEDGE FOR EVIDENCE-BASED/DATA DRIVEN STRATEGIES

We are committed to addressing the gaps in the science of Preventive Medicine that may reflect the lack of inclusion of individuals of diverse racial/ethnic backgrounds in science, insufficient attention to SDoH, lack of data about
differences in intervention uptake and outcomes, and insufficient information about the translation of science into practice. As we get ‘Back to the Future of Science in Preventive Medicine’ Preventive Medicine physicians must engage in research that leverages academic-community-industry partnerships, recognizes SDoH, and includes subgroup analyses to translate science into practice.

COVID-19 and the rapid deployment of vaccines showcased the need for data. People need to know how well vaccines and COVID-19 therapies work and how safe they are across race, age, and sex groups. We must also listen to communities of color or those that have been marginalized, understand their concerns, get feedback on solutions to address concerns, and implement and evaluate these strategies.

Over the last year, my team worked on the NIH-funded Louisiana Community Engagement Alliance against COVID-19 disparities (CEAL) in hotspot areas focusing on African American persons disproportionately affected by this virus. The goal is to understand concerns about COVID-19 and support decision-making about vaccination and clinical trial participation.5,6

Our preliminary results provided insights regarding trusted sources of information, key concerns about the vaccine and key motivations to vaccinate. Our academic-community partnerships allowed us to collect community-level data and design a communications campaign to meet the people where they are.

Over the next two years, ACPM will address our pledge to support and ensure evidence-base and data-driven strategies in prevention by

- Supporting translation of science into practice, understanding the impact of SDoH, and differences across populations.
- Provide avenues for data sharing, dissemination, and networking through our annual Preventive Medicine meeting and scientific sessions.
- Increasing visibility with our premier journal, the American Journal of Preventive Medicine, and other avenues to disseminate key findings through the peer-reviewed publications.
- Building on our current partnerships with federal agencies, national organizations and industry to address science and implementation gaps.

OUR VISIBLE PRESENCE AND PURPOSE AS A SPECIALTY

Dr. John Walsh was an academic visionary and avid supporter of physicians receiving training in public health and preventive medicine principles. Early in my career, he shared with me his understanding of the divide between clinical medicine and public health. He understood that the technological and therapeutic advances over the last several decades have emphasized the effectiveness, potential, and glamour of clinical medicine. “Cures and relief of pain, suffering and disability are highly visible, palpable products for individuals while prevention is a vague concept difficult for people and communities to appreciate.” Public health methods such as health education, prevention, surveillance and epidemiology seem impersonal and irrelevant compared to the drama and individual impact of transplantation, heart surgery, and chemotherapy. Over several decades, industry, government, research groups and health professionals have directed significant resources to clinical medicine leaving public health in the shadows. The current environment, however, provides an opportunity for our specialty practicing at the interface of clinical and population health where infectious and chronic diseases are colliding amidst inequitable access to healthcare, showcasing the negative impact on health outcomes, health equity and wellbeing.

OUR PIPELINE TO FUTURE LEADERS IN PREVENTIVE MEDICINE

We must focus on supporting preventive medicine residency training. In his 2021 editorial about Health Resources and Services Administration investment in Preventive Medicine,7 Dr. Paul Jung noted that Preventive Medicine’s residency programs are funded through a unique Congressional line item, limiting financial sustainability.

As we move to a system focusing more on population health - the specialty of preventive medicine is more important than ever and overcoming barriers to training future physicians will be critical.

KEYS TO SUCCESS

Three key factors contribute to success: doing work that matters; having support for our efforts, and perceiving stress as a challenge, not a threat.8

We do work that matters. We embrace resilience, community, equity and justice, value of diversity, the critical need for translation of science into practice and training the next generation of preventive medicine leaders. We do this with a focus on improving population health through evidence-based preventive medicine.

We are not alone in our efforts, with the support of dedicated volunteer leadership, a flagship journal in the American Journal of Preventive Medicine, a well-established certification board with the American Board of
Preventive Medicine, and the support of federal agencies. We have a strong foundation with three primary disciplines in preventive medicine that share a common commitment to the health of the populations we serve. Our physicians have the skills to look through multiple lenses to learn from the past and current challenges, see opportunities, and move forward. *We have the support, the will, and the skill to survive and thrive against all odds.*

We also have clear understanding that the stressors that have surfaced with COVID-19—social unrest, mistrust, and inequities—are not threats to our organization. Instead, we view them as challenges to be overcome and grow stronger.

The call to action for each of us as members and *would be* members of our College and our field, is to get involved, take some risks, and engage. By doing so, we will part of the solution by supporting and sustaining the power of prevention and the specialty of Preventive Medicine to achieve long term success.

Thank you for this incredible opportunity!

**REFERENCES**