

and furthermore, from the desk of the dean



Dean Jerry G. Schickedanz

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## Serving on the front lines

Nothing is more heroic than a medical professional who rescues someone from death, pain or disability. We all have felt gratitude welling within us for such intervention when we desperately need it. Our nation has the best medical rescue operations in the world. Yet, we perpetually describe the nation as being in a health crisis.

The crisis is manifest in health statistics rankings, which don't show the United States on the top of the heap, much to our chagrin. It is a crisis of medical costs, which pundits tell us not only threaten our personal financial health but also the solvency of our government. Finally, it is a crisis because certain diseases are surging, even though the scientific knowledge available should allow us to prevent this.

The perpetual "crisis" obscures a lot of progress in health care, including so many procedures and drugs that prolong both life and quality of life. We have also seen an unprecedented empowerment of individuals to take control of their own health destiny in this information age.

It is the realm of health empowerment outside the halls of hospitals and surgical suites that has the potential to solve or at least mitigate the "crisis." Every case of diabetes we can prevent saves an annual health care bill of \$10,000. Every dollar we invest in nutrition education is estimated to save \$10 in health care costs. Similar figures are estimated for prevention of substance abuse.

History, too, shows that great health scourges have been conquered outside hospital walls. For example, in early 20th century America, outbreaks of pellagra and hookworm cost many thousands of lives. They were sent into oblivion by recognizing the need for good nutrition in the first case and the

need to wear shoes in hookworm-infested areas in the second. Such successes led to an era when health education was a required part of school curricula across the nation.

We need to return to the days when sound health education was a national priority. Complacency about control of infectious diseases and the back-to-basics (reading, writing and arithmetic) movement in education have led to a slippage of health and physical education in the schools. I think we are paying a price in the form of obesity, diabetes and related diseases.

Of course, a return to the old days is never a total answer. When public health education was initiated in the last century, we were a rapidly urbanizing population that had less access to processed and prepared foods, walked more and had few multiple-car families. We had great concern about the spread of infectious diseases in dense metropolises.

Today's disease scourges occur in suburban and rural areas, where cars are used to get from point A to B without benefit of walking. Security concerns in urban and suburban areas keep kids at home in front of televisions while Mom and Dad are at work. The retail industry makes food convenience a priority, and it has been successful. Recognition of the need to take a fresh look at how our commercial interests interact with our children is reflected in new vending machine policies in the schools.

I am proud that NMSU's Cooperative Extension Service and family and consumer sciences department in our college are working the front lines on these issues of public health and preventive health. Increasingly, the onus is on us to make healthy choices. 