The new edition of *Prevention Is Primary* provides models, methods, and approaches for building health and equity in communities. This comprehensive book includes the theory, concepts, and models needed to harness social justice and practice primary prevention of unnecessary illness and injury. Ideal for students as well as practitioners, this thoroughly revised and updated second edition combines an overview of advances in the field with effective approaches in the current economic and health care climate.

With contributions from noted experts, *Prevention Is Primary* shows practical applications of intervention science to social and health problems and issues facing at-risk and vulnerable groups. The book describes the overarching framework and principles guiding prevention efforts, including a focus on social justice and health equity, and community resilience. It explores the transition from prevention theory to implementation and practice and from interdisciplinary collaboration to evaluation. Highlighting the book’s usefulness as a teaching and learning tool, *Prevention Is Primary* has real world examples, learning objectives, and review questions for each chapter.

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We dedicate this book to Dr. Beverly Coleman-Miller, a physician and nurse who understood prevention with every bone in her body. She made magic and inspired us with her vision and commitment. She emphasized that every heartbeat matters, and in our limited heartbeats every one of us can have a profound impact in improving the world. In Beverly’s memory, we hope that this book will move hearts and make magic.
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FOREWORD

Georges C. Benjamin

The United States spends $2.4 trillion annually on health care delivery and millions more on alternative treatments. The sum of these expenditures means we spend more per capita than any other industrialized nation; yet we rank fiftieth in the world in terms of life expectancy.

The current U.S. health care delivery system does little to promote health. It has great difficulty delivering consistent quality and struggles to eliminate disparities in health outcomes. Almost 50 million Americans do not have health insurance. These people often receive medical care late in the course of their disease, often without having had the opportunity for preventive care. Hundreds of thousands of underinsured individuals also frequently suffer the same fate.

In 2010, the nation passed historic legislation to expand quality, affordable health insurance coverage to more than 30 million Americans. The supporters of this legislation recognized that having an insurance card is not enough and added $15 billion in provisions to promote wellness and to fund prevention. Basic elements of healthy communities, such as healthy food, opportunities for physical activity, and clean air and water, are too often missing in low-income communities and communities of color. These disparities demonstrate the schism between the extraordinary potential of primary prevention and the reality of health policy and practice at the population level. As the nation becomes older, more ethnically diverse, and more deeply plagued by chronic illness, these disparities will become more apparent and will widen.

Public health improvement is part of a continuum that includes health promotion and disease prevention as well as timely and appropriate clinical care. It is delivered in a social and economic context that affects health and quality of life. Understanding this context improves our ability to efficiently address our most pressing health concerns.

Good public health practice creates a community benefit. It is science-based and prevention-oriented. A good public health system should reduce morbidity and mortality and improve quality of life. It might even right a wrong. It can save money, but, like most things, it usually requires an investment in time, money, and effort.

A 2009 survey by Lake Research Partners and Public Opinion Strategies showed bipartisan support for prevention, with 71 percent of Americans favoring an increased investment in disease prevention. Despite this support, getting people to practice prevention continues to be a problem. Whether this is due to a lack of knowledge, lack of belief in preventive measures, or inability to connect the dots from preventive measures to