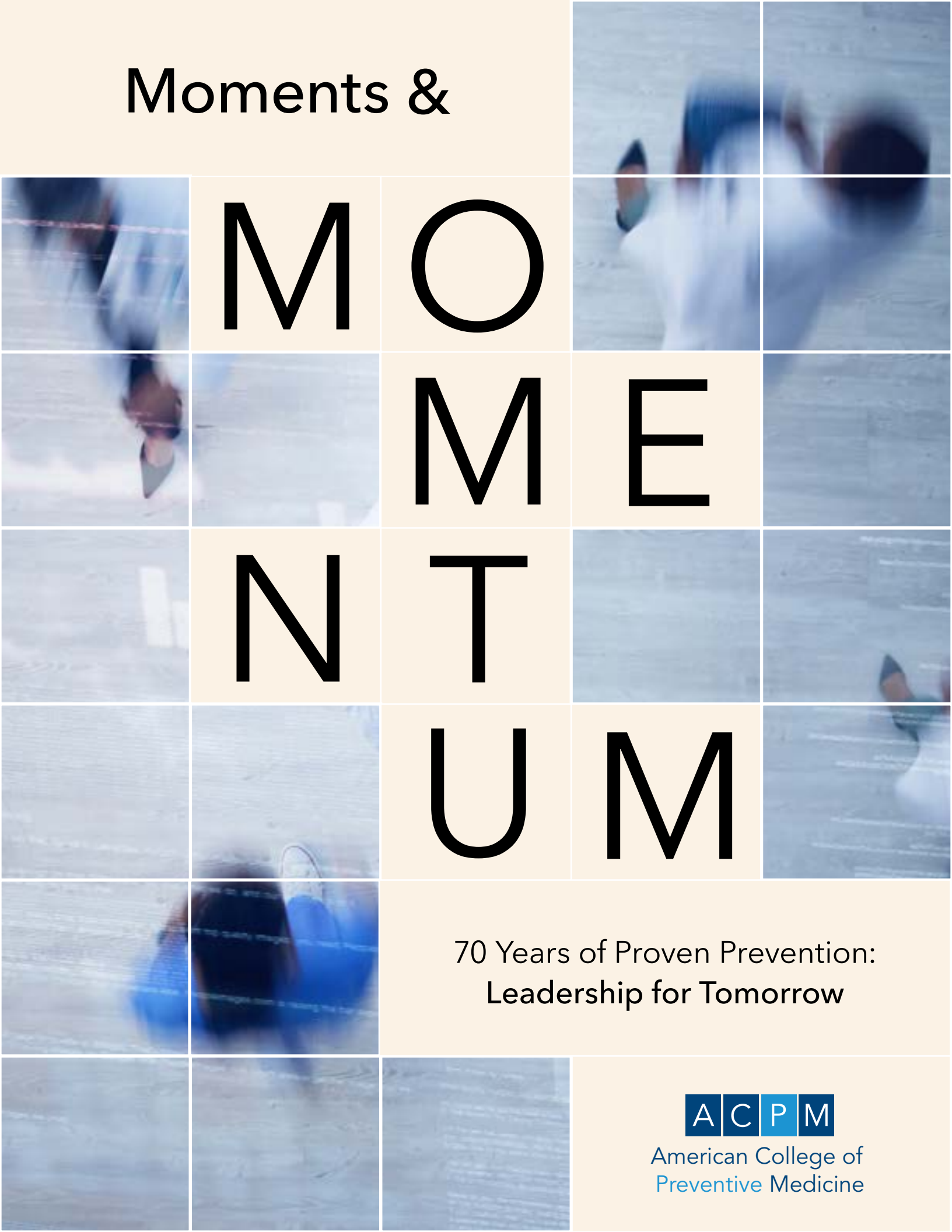
Moments & MOMENTUM



70 Years of Proven Prevention:
Leadership for Tomorrow

ACPM
American College of
Preventive Medicine

A Letter From the President

Since its founding in 1954, ACPM has served as the professional home for physicians committed to advancing population health, preventing disease, and promoting a more equitable and just world. As we celebrate the past 70+ years, we honor the visionaries who built our College, the leaders who advanced our specialty through decades of remarkable service, and the dynamic and talented members who carry the mission forward today through scholarship, care delivery, advocacy, education, innovation and leadership.

Preventive medicine and public health thrive when its physicians lead — in science and academia, in public and military service, in health systems and industry, and in policy and the public square. From aviation medicine to space exploration, from the fight against tobacco to the triumphs of vaccines, from shaping the nation's nutrition and chronic disease policies to leading through HIV and COVID-19, from transforming and modernizing health care delivery systems to educating and mobilizing our communities against disinformation, ACPM members have consistently risen to the defining public health and societal challenges of their time.

The extraordinary milestones and personal stories in the pages ahead chronicle just a small part of the rich and varied history of our ACPM members and the astonishing impacts we have had on the health of our nation. The narrative does not capture all of our best stories, but it provides an illustrative and inspiring look at our collective legacy. We can see with pride the power of prevention, the power of bold leadership, and the power of an engaged and collaborative community like ours.

The challenges of our era — the resilience of our public health and health care systems, the burden of chronic diseases and preventable illnesses, the prevalence of mental health and addiction disorders, climate change and environmental health, integrating the latest advances in technology and artificial intelligence — demand the very skills and perspectives our members bring and have brought for decades. The world needs preventive medicine physicians who can bridge clinic and community, science and policy, and vision and action. Now more than ever, we need ACPM members who lead with evidence, courage, and conviction in the varied sectors of our health system.

As we salute the leaders and accomplishments of our past, let us also embrace the charge they have handed us and look ahead to how we build a healthier tomorrow. ACPM will continue to be a trusted leader in preventive medicine and public health, ensuring our profession remains at the forefront of efforts to improve health and well-being for all communities. With these pages, we also announce the launch of ACPM Advisory, taking our rich history of bringing physician-led, evidence-based approaches for addressing our nation's most urgent health challenges and building a sustainable infrastructure to respond with agility, insight and proven experience.

I extend my deepest gratitude to the members, leaders, and partners who have contributed to the history recorded here. May this document serve not only as a chronicle of where we have been, but also as an inspiration for where we are headed, with gaining momentum.

Ryung Suh, MD, FACPM
President (2025-2027)
American College of Preventive Medicine

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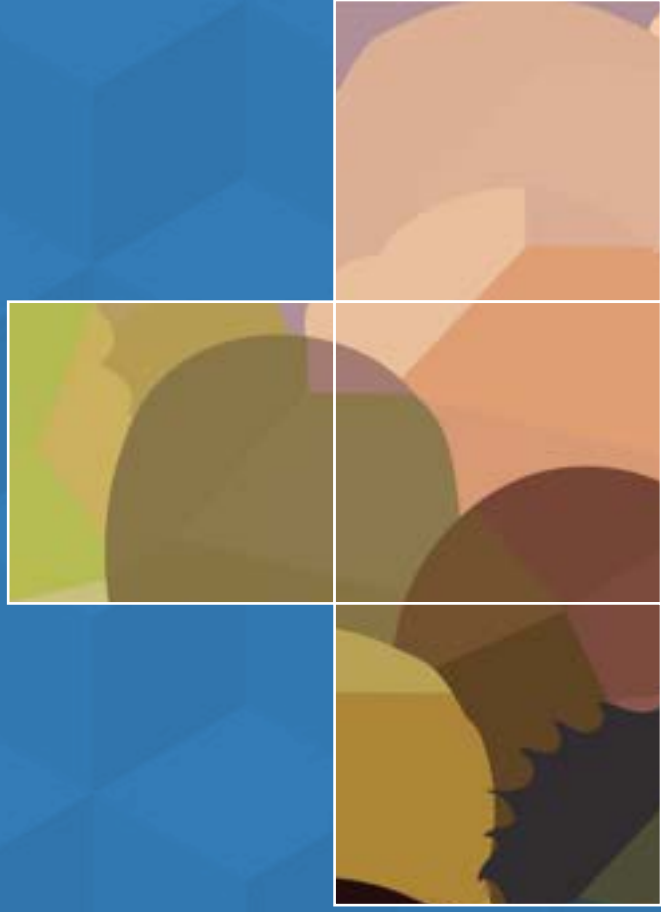


PART 1

70 Years of Action, Still in Motion

The College's founding story is rooted in building systems for prevention – first in military medicine, then across the nation. From aviation to space flight, from polio to COVID-19, ACPM members have met the moment. The past and present reveal across time the ways prevention's playbook is rewritten with each challenge.

70 Years of Action, Still in Motion

A living timeline of milestones that have shaped preventive medicine and continue to drive ACPM's mission forward.

1954: ACPM ESTABLISHED
Florida public health physician Dr. George A. Dame becomes the College's first president at its first meeting in St. Petersburg, Florida.

1956: ACPM INCORPORATED
ACPM formally incorporates as a nonprofit organization in the state of North Carolina and forms its first constitutional councils and committees.

1959: AVIATION MEDICINE TAKES FLIGHT
Air Force leaders formalize aviation and aerospace medicine, anchoring the College's military roots.

1962: ACPM CERTIFICATION
The American Board of Preventive Medicine adds aerospace medicine certification, with ACPM advocacy laying groundwork for occupational and environmental medicine.

1970: SMOKING AND LUNG CANCER
Dr. Katharine Boucot Sturgis, ACPM's first female president, leads efforts to establish the link between smoking and lung cancer.

1970: ADVANCES WORKPLACE SAFETY
ACPM advocacy helps pass OSHA, establishing workplace safety as public health.

Werner Otto/Alamy

1970s: ACPM IN SPACE
College presidents, like NASA flight surgeon Dr. Charles Berry, advance aerospace medicine and preventive health space programs.

The Nasa Library

1976: SWINE FLU
ACPM members contribute to managing the national swine flu immunization program.

1978: INFLUENZA SURVEILLANCE
ACPM physicians establish an influenza sentinel site at Ramstein Air Base as part of Project Gargle, which became the cornerstone of global respiratory surveillance, still feeding CDC data and viral samples today.

1980s–1990s: GRADUATE MEDICAL EDUCATION LEADERSHIP

Dr. Dorothy S. Lane, Dr. Hugh Tilson, and Dr. Doug Scutchfield develop the first national preventive medicine residency competencies with HRSA support.

1982: SURGEON GENERAL APPOINTMENT

ACPM member Dr. C. Everett Koop is named surgeon general by U.S. President Ronald Reagan. (1981-1989)

1985: LAUNCHES A JOURNAL

The College publishes the first issue of the American Journal of Preventive Medicine, giving the field a leading research voice.

AJPM American Journal of Preventive Medicine

1990: HEALTHY PEOPLE INITIATIVE

Under Surgeon General Dr. Julius Richmond, HHS launches the Healthy People initiative, and ACPM members like Dr. J. Michael McGinnis become early architects and loyal stewards of these ongoing national health goals.

1998: SURGEON GENERAL APPOINTMENT

ACPM member Dr. David Satcher is named surgeon general by U.S. President William J. Clinton (1998-2002).

1980: DIETARY GUIDELINES FOR AMERICANS

HHS and USDA issue the nation's first nutrition guidelines. ACPM members help shape and steward this cornerstone of prevention policy.

1984: RECOGNIZED IN AMA HOUSE OF MEDICINE

ACPM secures preventive medicine's seat in the AMA House of Delegates, cementing the specialty's role in organized medicine.

1984: CONVENES PREVENTION LEADERS

ACPM hosts its first national conference, PREVENTION '84, a new forum for prevention professionals.

1984: HELPS CREATE USPSTF

ACPM members help define the USPSTF, advancing evidence-based clinical recommendations. Dr. Bob S. Lawrence is first chair.

1990s: THE KOOP-KESSLER COMMISSION

ACPM leaders shape national tobacco policy on the Koop-Kessler Commission.

1993–1994: VISIBILITY GROWS

ACPM brings physician expertise and evidence-based policy prescriptions to the national health care reform debate.

1994: VETERANS HEALTH ADMINISTRATION (VHA) REFORM

Dr. Kenneth W. Kizer is named U.S. Department of Veterans Affairs Under Secretary for Health and leads a systemwide overhaul (1994–1999) as head of the VHA health system; expands care to community-based outpatient clinics, builds primary care teams, and modernizes management—improving access and care quality for our nation's Veterans.

1999: DEFINES THE SPECIALTY

ACGME adopts ACPM's core competencies, setting training standards.

2001: KEY CMS PARTNERSHIP–OBESITY COUNSELING
ACPM's obesity counseling policy lays groundwork for Medicare's 2011 coverage of behavioral therapy.

2007: AMA PRESIDENT
ACPM member Dr. Ronald M. Davis is named president of the American Medical Association; he serves 2007–2008 and is the first preventive medicine physician to hold the office.

2010: AFFORDABLE CARE ACT (ACA)
ACPM members secure preventive services in the ACA, expanding access to care.

2013: CLINICAL INFORMATICS CERTIFICATION
Through ABPM (with ACPM advocacy), preventive medicine becomes one of the first specialties to recognize clinical informatics as a formal subspecialty.

2013: SURGEON GENERAL APPOINTMENT
ACPM member Dr. Boris Lushniak is appointed acting surgeon general (2013-2014).

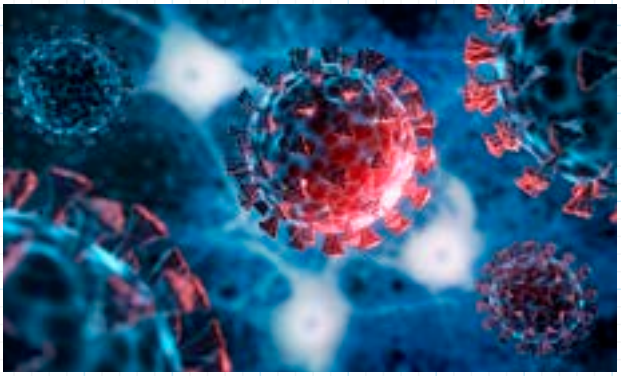
2015: ADDICTION MEDICINE CERTIFICATION
ABPM launches addiction medicine certification, expanding preventive medicine's leadership in response to the opioid crisis.

2018: KEY CDC PARTNERSHIP–NDPP
Through a CDC-funded agreement, ACPM expands screening, testing, and referrals in the National Diabetes Prevention Program, developed on the foundational research from the DPP clinical trial, authored by ACPM member, Dr. Richard Hamman.

2015: SETS LIFESTYLE MEDICINE COMPETENCIES
ACPM co-authors first national competencies for lifestyle medicine.

NATIONAL DIABETES PREVENTION PROGRAM

2020: LEADERSHIP IN COVID-19 PANDEMIC
Under ACPM President Dr. Stephanie Zaza, ACPM aids outbreak investigations, health equity advocacy and national vaccine rollout.



2022: VA PARTNERSHIP
ACPM and VA launch certification in military environmental exposures, now expanded to Level 2, in support of the PACT Act, a landmark law expanding health care and benefits for Veterans.

2024: PREVENTIVE MEDICINE JOINS THE MATCH
ACPM transitions residencies into the National Resident Matching Program (NRMP) Match for 2025.

The First Blueprint

It started with 30 doctors, 7 goals and a bold vision...

On April 21, 1954, thirty physicians gathered in a ballroom of the Soreno Hotel in St. Petersburg, Florida, to answer a new question: Who would carry the banner for prevention? Preventive medicine had just been recognized as a specialty, but without a professional home it risked being overlooked in the crowded landscape of American medicine. Surgeons had the American College of Surgeons. Internists had the American College of Physicians.

The man who convened this group was Dr. George A. Dame, a Florida health officer with a conviction that prevention could not remain an afterthought. He believed the specialty needed a center of gravity, a place to set standards, nurture training, and give its practitioners a voice. In an era before message boards and social media, Dame put a letter out to colleagues in military medicine, public health and academic posts.

Physicians heard the call and came from all over the country, drawn together by the unified conviction that prevention deserved to stand on its own. Over two days, the group debated definitions, boundaries, and the shape this blossoming society would take. After a group vote, they created the American College of Preventive Medicine (ACPM), with Dame as president.

Later that year, ACPM founding members reconvened, this time in Chapel Hill, North Carolina, to formalize the College's bylaws, and by February 1956, ACPM was formally incorporated. It was official. Preventive medicine now had a College of its own and was ready for its burgeoning future.

In the years that followed, ACPM's early vision would be sharpened into seven guiding design principles, articulated by Dr. John C. Cato. These principles became the College's first true blueprint and has been built upon.

Dr. Cato's Seven Principles in Action

ESTABLISH A NATIONAL SOCIETY OF QUALIFIED PHYSICIANS IN PREVENTIVE MEDICINE AND PUBLIC HEALTH.

Founded in 1954 with 34 members, ACPM has grown into a society of nearly 2,000 members serving in leadership roles across the military, public health agencies, hospitals, research, academia, and industry, representing the breadth of the specialty.

ENCOURAGE AND AID MEDICAL COLLEGES IN DIGNIFYING PREVENTIVE MEDICINE WITHIN CURRICULA.

From 1955 to 1970, ACPM partnered with ABPM to codify residency curricula and refine exam standards. In 2005, it published the first evidence-based clinical practice guidelines for lifestyle medicine. In the 2010s – 2020s, ACGME adopted ACPM-developed competency milestones for residency accreditation, reflecting ACPM's continuing leadership in medical education. In 2020, with support from the Ardmore Institute, ACPM convened 24 national stakeholders to embed prevention into undergraduate medical education, carrying forward a tradition of faculty leadership at top universities.

ENHANCE AND MAINTAIN PHYSICIANS' INTEREST AND TRAINING IN THE SPECIALTY.

ACPM co-founded the American Journal of Preventive Medicine in 1985, creating a scholarly home for the field. ACPM offers training on pandemics, emergency preparedness, climate health, artificial intelligence and other frontiers of prevention.

MAINTAIN AND ADVANCE THE HIGHEST POSSIBLE STANDARDS IN PREVENTIVE MEDICINE AND PUBLIC HEALTH EDUCATION, PRACTICE AND RESEARCH.

Since the 1960s, ACPM has advanced standards by shaping preventive medicine residency curricula and collaborating with ABPM on training benchmarks. It has issued national practice guidelines and continues to drive innovation in research and education. Current initiatives include developing competencies in climate health, population health and precision prevention.

ENCOURAGE, PROMOTE AND SUPPORT SCHOOLS OF PUBLIC HEALTH IN UNIVERSITIES.

ACPM members have long held faculty appointments at the nation's leading schools of medicine and public health, advancing training for new generations and advocating for public health education as foundational to U.S. medical training from the classroom to our new digital world.

MAINTAIN HIGH STANDARDS IN THE SPECIALTY OF PREVENTIVE MEDICINE AND PUBLIC HEALTH.

ACPM's advocacy in USPSTF guideline development, vaccine policy and specialty accreditation reinforces its role as guardian of the field's standards.

PROMOTE THE PUBLIC WELFARE THROUGH PREVENTIVE MEDICINE AND PUBLIC HEALTH.

From supporting the nationwide rollout of the polio vaccine to shaping tobacco cessation policy in the 1970s and guidance for the national COVID-19 pandemic response in the early 2020s, ACPM has consistently linked prevention to public good.

Bettmann / Contributor via Getty Images

ACPM Member #54: The Man Behind The Greatest Public Health Achievement of the 20th Century

"The vaccine works. It is safe, effective and potent." On April 12, 1955, a packed hall in Ann Arbor listened as epidemiologist Dr. Thomas Francis, Jr., announced the results of the nation's largest medical field trial. "The Salk vaccine," tested under March of Dimes support and reviewed independently at the University of Michigan, would transform polio from a scourge of childhood to a disease on the brink of eradication. Its inventor, Dr. Jonas Salk – one of ACPM's earliest members – would go down in history as the physician who ushered in preventive medicine's greatest achievement.

The College was only weeks old when Salk joined its ranks. Within weeks of ACPM's founding meeting in St. Petersburg, he became Charter Member #54. Within months, the man carrying the hopes of parents around the world – whose vaccine would soon rewrite the story of polio – was standing shoulder to shoulder with ACPM's first members. His presence made clear what the new College stood for: prevention, led by physicians, could improve health outcomes of entire populations.

Before the vaccine, polio was one of the most feared diseases in the world. Every year, tens of thousands of American children were paralyzed or killed by the virus. Families lived with the dread of their healthy children ending up confined to

Pictorial Press Ltd/Alamy

leg braces or wheelchairs. Hospital wards were filled with iron lungs, keeping patients alive when their breathing muscles were frozen. Outbreaks shuttered schools, emptied playgrounds, and closed community centers and swimming pools.

The urgency couldn't have been greater, but Salk knew that prevention demands rigor — a discipline that would guide generations of ACPM members as they forged their own roads to discovery. His path was steady, methodical and deliberate. He chose an inactivated, killed-virus approach designed for safety and scale; and in 1953, he began trials that grew into the largest multi-site field test in history.

Salk's breakthrough was not free of setbacks. Within weeks of licensing, a manufacturing failure at one plant released a vaccine that contained live polio virus. Cases and paralysis followed, and federal officials temporarily paused the rollout to investigate and fix production and oversight. The episode reshaped vaccine safety systems and reinforced a lesson Salk himself lived by, that prevention must be built on rigorous standards and continuous learning.

When journalist Edward R. Murrow interviewed Salk on CBS's "See It Now" show in April 1955, he asked who owned the patent for the polio vaccine. Salk replied, "Well, the people, I would say. There is no patent. Could you patent the sun?," followed by a proud and earnest laugh.

By 1957, just two years after it was licensed, Salk's polio vaccine drove U.S. annual cases down from about 58,000 to just 5,600 — a decline of more than 90%. By 1961, that number had fallen to only 161 cases. Few vaccines before or since have transformed a nation's health so completely, in so little time, sparing whole generations of families from heartbreak. Today, wild polio virus has not been acquired in the United States since 1979, and global incidence has fallen more than 99% since the late 1980s. Two of the three wild stereotypes have been declared eradicated worldwide.

Salk would go on to be recognized by ACPM as a charter Fellow. The College's own history records him as member #54, and for a fledgling college, its esteemed member's work was proof that prevention wasn't theory, it was practice. The polio vaccine narrowed the barrier between scientific discovery and public access to preventive care, and the results were staggering. Salk's blueprint is the College's work today, from protecting confidence in immunization to closing gaps in access.

PARTNERS IN PREVENTION

U.S. Preventive Services Task Force

ACPM has long supported the U.S. Preventive Services Task Force (USPSTF), which its own members helped construct, in shaping evidence-based clinical guidelines. By mobilizing its physician network to provide expert feedback, ACPM helps ensure recommendations are practical in both clinical and community settings. This collaboration strengthens the credibility and reach of prevention science, ensuring frontline providers have trusted, actionable guidance to improve population health and reduce the burdens of disease nationwide.

Nicotine Fight 2.0: Cigarettes to Vapes

Picture America in the 1950s: cigarette smoke curled through living rooms, workplaces, restaurants, even doctors' offices. Physicians appeared in ads to sell cigarette brands. At the same time, ACPM members were gathering evidence linking smoking to lung cancer and emphysema, years before the 1964 Surgeon General's Report on Smoking and Health. In 1959, the New York Academy of Medicine and ACPM convened a two-day Tobacco and Health Symposium in Manhattan, where Dr. George James, an ACPM Fellow, presented the case that smoking causes disease. It was the beginning of a fight that would help define preventive medicine.

Six years later, when the report confirmed the dangers of smoking, ACPM was ready to lead. Under the forceful leadership of Dr. Katharine Boucot Sturgis – the College's president and a pioneering lung cancer researcher – ACPM became one of the first medical organizations to demand sweeping reforms: pull cigarette ads off radio and television, end federal farm support for tobacco, raise taxes and mount a national education campaign. Sturgis and her colleagues carried that message into congressional hearings and public forums, speaking in plain language about the health stakes at a time when the tobacco industry still denied them.

History shows how right they were. Congress mandated warning labels in 1965, banned cigarette ads from broadcast media in 1970, and decades later dismantled federal tobacco programs. By the 1990s and 2000s, comprehensive smoke-free laws spread nationwide. The results were profound: adult smoking rates plummeted from 42% in 1964 to 20.8% by 2006. An American Cancer Society analysis credits reduced smoking with preventing 3.9 million lung cancer deaths between 1970 and 2022.

Sturgis's legacy endures not only in those numbers but also in the example she set: a woman who broke barriers, battled for recognition and steered ACPM into the national fight for prevention. Today, the College honors her through the annual Katharine Boucot Sturgis Lecture, a reminder that the courage to speak first can change the course of public health.

In the late 1980s, ACPM Fellow Kenneth W. Kizer, then California's director of health services, launched what became the internationally recognized California Tobacco Control Program. Funded by a voter-approved 25-cent cigarette tax, the campaign's hard-hitting ads went after the tobacco industry – a groundbreaking move at the time. Built-in evaluation showed

lasting results as adult smoking rates plunged, establishing a blueprint for public smoking cessation campaigns that other states and countries would follow.

The 1990s brought the Koop–Kessler Commission, a federal effort led by ACPM member Surgeon General C. Everett Koop and Food and Drug Administration (FDA) Commissioner Dr. David Kessler to confront the toll of tobacco. ACPM members brought influence for the College. Dr. George K. Anderson helped brief Vice President Al Gore and Department of Health and Human Services (HHS) Secretary Donna Shalala on military tobacco policy.

"The idea was to use tobacco money to prevent tobacco smoking or to do other health promotion, clinical preventive services, and surveillance of disease caused by pulmonary problems related to smoking," recalls Anderson. The vision was ambitious: funneling settlement money into real tools to break addiction and strengthen public health.

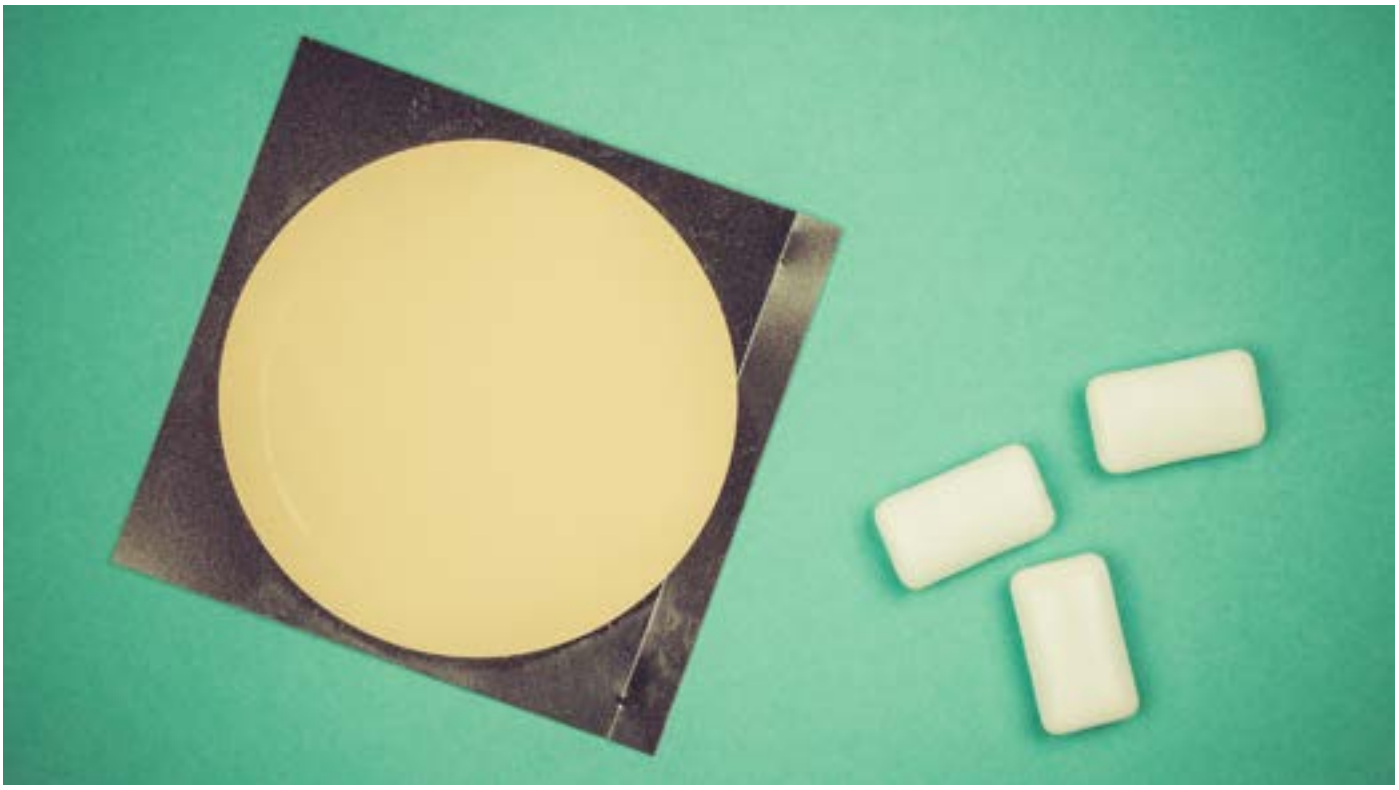
Around the same time, Dr. Linda Hyder Ferry, a preventive medicine physician who has worked extensively with veteran populations, pioneered the first FDA-approved non-nicotine pharmacologic therapy for smoking cessation, bupropion (Zyban). Her research showed that quitting didn't have to rest on willpower alone – medicine could target addiction itself. From there, she built an entire field of nicotine dependence innovation, blending pharmacology with behavioral tools and training doctors to treat nicotine addiction like the chronic condition it is.

In the early 2010s, when ACPM Past President Dr. Neal Kohatsu was serving as medical director for Medi-Cal, he made access to help even easier. The Medi-Cal Incentives to Quit Smoking project, funded by the Centers for Medicare & Medicaid Innovation, put help right where people lived. Nicotine patches and other quit aids showed up in residents' mailboxes – no hoops to jump through, no clinic visits required. All they had to do was call the state quit line at UC San Diego, and help arrived at their door. The results were striking: calls surged by about 75%, leading to more quit attempts and more people quitting for good. It was a simple, human solution, and a public health triumph that showed how ACPM members innovate by meeting people where they are.

But as the last cigarettes for many were being stamped out, a new nicotine source emerged. E-cigarettes entered the U.S. in 2006. Originally pitched as a tool to help smokers quit, flavored and sweet-smelling vapes quickly found their own market. They became an entry point for first-time nicotine users who had never smoked a cigarette. A recent American Cancer Society report found that between 2019 and 2021, e-cigarette use among U.S. adults aged 18–29 rose from 8.8% to 10.2% – nearly 750,000 new users in just two years.

A new generation was being drawn into nicotine dependence through sleek devices and candy-flavored vapor. What was once smoke in the air had become clouds in high school bathrooms. Between 2019 and 2021 alone, nearly three-quarters of a million young adults became new e-cigarette users.

ACPM has not stood back. With support from Centers for Disease Control and Prevention (CDC), the College built a Tobacco Cessation Roadmap to help physicians and health systems confront nicotine in all its modern disguises – vapes, e-cigs, flavored pods. The plan prioritizes prevention for youth, tighter regulation, public education to counter myths, and evidence-based tools to help people quit. To equip the medical workforce, ACPM also created a continuing education program on vaping and nicotine dependence, now hosted on the AMA Ed Hub, so physicians everywhere can learn how to counsel patients in real time.



From Hard Hats to Headspace: Workplace Safety to Mental Health

Joe Gangemi via U.S. Air Force

Library of Congress

In 1908, Orville Wright demonstrated the Wright Military Flyer, the first airplane purchased by the U.S. Army. Riding with him was 26-year-old Army Lieutenant Thomas Selfridge, eager for one flight before leaving for his next assignment. Four minutes into the air, a propeller blade snapped, struck a rudder wire, and the machine pitched violently forward. Orville later described the plunge: "Quick as a flash, the machine turned down in front and started straight for the ground." Selfridge glanced back, toward Orville, and whispered his last words: "Oh! Oh!" Moments later, the Flyer smashed nose-first. Orville broke his hip, ribs, and leg but survived. Selfridge, his skull fractured on impact, died that evening without regaining consciousness.

Within months, the Army ordered pilots to wear helmets, adapted from football gear – the first aviation safety mandate and one of the earliest examples of what would later be called occupational medicine. The principle was simple: protecting people at work is as important as treating them afterward. That philosophy spread. At the Hoover Dam in 1931, hard hats were made mandatory. A few years later, Golden Gate Bridge crews worked over the first large-scale safety net; 19 men fell in and survived, proudly calling themselves the "Halfway to Hell Club." For the first time, workplace safety was not left to luck. It was engineered.

By the late 1950s, ACPM physicians were carrying that ethos into American industry. At the 1959 National Health Forum in Chicago, ACPM leaders Dr. James Sterner, Colonel Louis Kossuth, and Dr. V.A. Van Volkenburgh pressed corporations to see worker health and productivity as inseparable. Sterner, Kodak's medical director and later ACPM president, chaired the three-day meeting where more than a dozen College members helped shape the agenda. Their influence was clear a decade later when Congress created the Occupational Safety and Health Administration (OSHA) in 1970. Workplace hazards, from toxic exposures to preventable injuries, were officially recognized as public health. ACPM members contributed their expertise, helping define what "prevention on the job" meant in practice.

The College continues to engage OSHA through advocacy and training, developing evidence-based policy statements and educating physicians on issues from bloodborne pathogens to safe patient handling. Today, workplace safety extends beyond the physical. ACPM continues to advance the notion that true workplace protection means safeguarding both body and mind.

ACPM has aligned with national efforts such as the Surgeon General's 2022 Framework for Workplace Mental Health and Well-Being, which found that 92% of workers said it is important to work for an organization that values their emotional and psychological well-being and provides support for employee

mental health. ACPM continues to press employers and institutions to treat psychological resilience as essential workplace infrastructure.

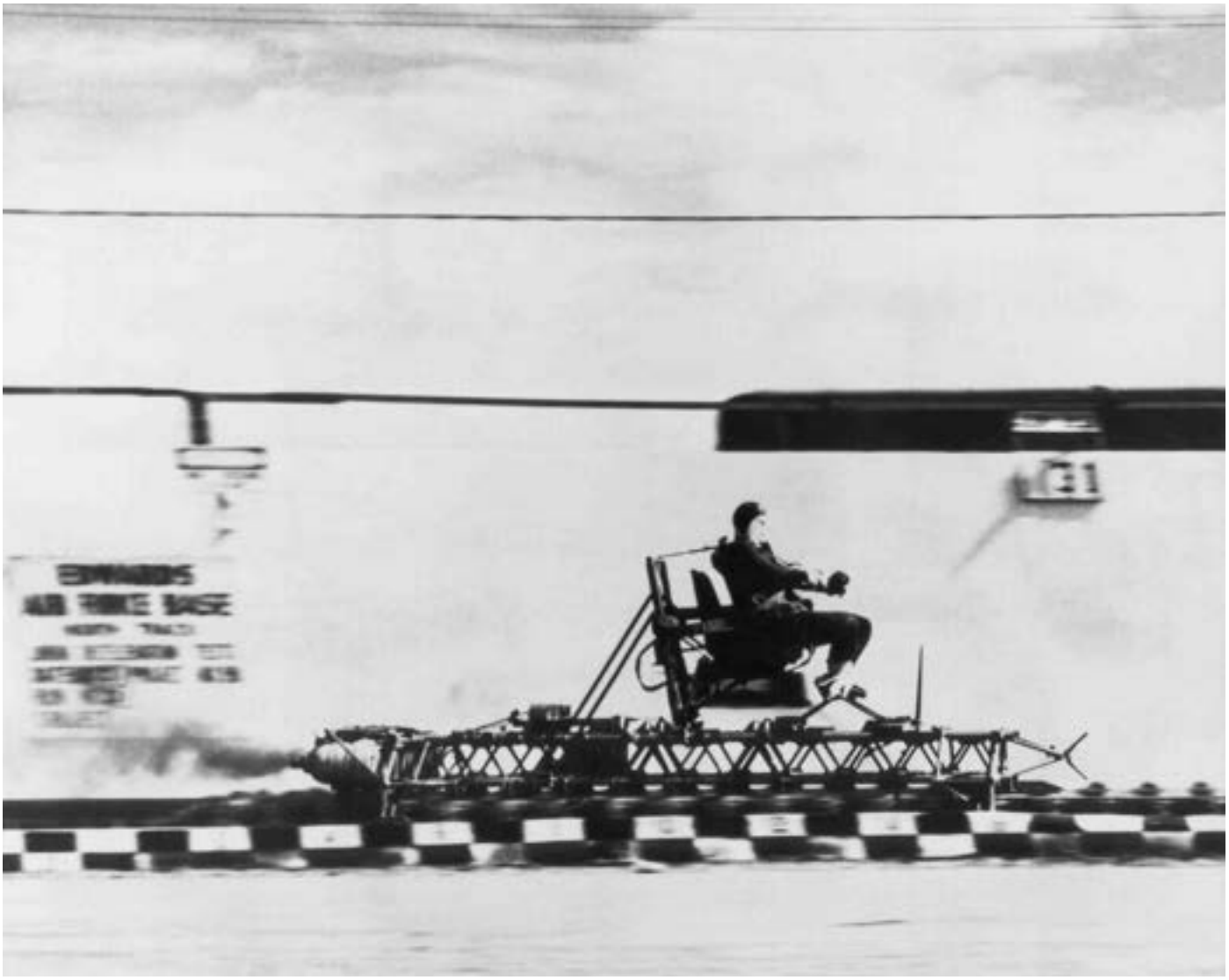
That shift – from helmets and hard hats to psychological resilience – is where ACPM members see the next frontier. Dr. Jim Tacci, ACPM president-elect, began his career as a Fortune 500 medical director and has spent decades shaping occupational health policy. For him, the pandemic made plain what had too often been invisible.

"Over the past few years, particularly since COVID, there has been an increased focus and attention on mental health, particularly workplace mental health. And I think that's been important," noted Tacci. "For years, there was always a focus on musculoskeletal issues or toxic chemicals or other sorts of high risk activities. But this really unseen and unnoticed environment of workplace mental health was largely ignored."

For Tacci, the message is clear: mental health must be treated with the same seriousness as any other workplace hazard. "Workplace stressors can be every bit as damaging to folks' health and wellness," he said. "Just like with physical hazards and chemical hazards, we shouldn't underestimate the value of maintaining people's workplace mental health and well-being." And, it makes good business sense too. "Investing in the health of your workforce is not just a nice idea. It's a good business decision. Multiple studies have shown that for every dollar spent on health and wellness programs, there's a return on investment of approximately $3 or more, and companies whose stock prices do the best are actually those companies that have also invested the most in their health and wellness programs."

"Fundamentally, an ounce of prevention is worth a pound of cure. If you can prevent somebody from getting injured by implementing ergonomic changes or putting in place other safety protocols, you've made your workplace safer. You've made that person healthier. And, it cascades, you've made their family healthier, more stable, more financially secure."

Jim Tacci, MD, JD, MPH, FACPM, FACOEM, ACPM President-Elect



US Air Force Photo/Alamy

From Guardrails to Gun Guidelines: ACPM's Role in Advancing Injury Prevention

In mid-century America, the nation's highways became battlegrounds. Summer driving holidays, like Memorial Day, the Fourth of July and Labor Day, brought headlines tallying more than a thousand deaths in a single weekend. By the mid-1950s, as many as 38,000 people were dying on the roads each year.

Crashes were not only about individual behavior but also about the design of the systems surrounding those drivers – vehicles, roadways and rules of the road.

John Paul Stapp, a colonel in the U.S. Air Force, flight surgeon and later an ACPM Fellow, became the face of this new vision. In the 1950s, he strapped himself to rocket sleds at Holloman Air Force Base, subjecting his body to violent decelerations in simulated crashes. The tests broke bones and rattled nerves, but they produced lifesaving data.

Stapp's crash-injury conferences, launched in 1955, drew doctors, engineers and government officials. Together, they identified innovations that would save countless lives: lap and shoulder belts, padded dashboards, safety locks, stronger bumpers. He often told audiences that riding without a seat belt was "negligent suicide."

In 1955, Time magazine put him on its cover, casting the "fastest man on earth" as both daredevil and scientist. More importantly, his work reframed auto safety: instead of endlessly blaming drivers, design the cars to be survivable. Preventive medicine physicians carried that insight into mainstream advocacy, pressing for seat belt requirements and other design standards now federally mandated in the U.S.

By the 1970s and 1980s, injury prevention had widened into a full-fledged discipline. ACPM members studied child safety seats, helmet use and road design. The underlying logic was the same as Stapp's: people will make mistakes, so engineer the environment so those mistakes are not fatal.

In recent years, prevention's approach to safety has extended into one of the most difficult arenas of public health: violence. ACPM helped lead the National Violence Prevention Network (NVPN), a coalition that championed the rollout and expansion to all 50 states of the National Violent Death Reporting System (NVDRS), which collects detailed data on homicides, suicides, and firearm-related deaths and provides critical data to support research and policy initiatives.

Today, ACPM continues as an active member of NVPN, now the Injury & Violence Prevention Network (IVPN) convened and led by the Safe States Alliance. IVPN promotes policies aimed at advancing the field of injury and violence prevention, including prevention of opioid overdoses, road traffic injuries, poisonings, falls, fire and burn injuries, drownings, suicide, adverse childhood experiences (ACEs), and interpersonal violence, such as homicide and sexual assault.

Armed with data, prevention could move from opinion to strategy. NVDRS helped communities identify patterns, risk factors and intervention points. Just as crash-test data drove seat belt laws, comprehensive death reporting could shape violence prevention policy.

In 2016, the College called for stronger background checks and restrictions on assault weapons, safe storage requirements and expanded research funding.

With a long, distinguished career in public health, Dr. Elizabeth Tilson, ACPM Fellow, knows how polarizing a topic like gun violence can be. "We couldn't even get people together to talk about this issue… but, we realized there were areas of commonality. Everybody wants to be safe. Everybody wants their loved ones and communities to be safe," said Tilson. "Bringing together law enforcement, our health care, our public health, we were able to find some areas of consensus, like safe storage around firearms, that allowed us to move forward together."

As the North Carolina State Health Director and Chief Medical Officer, Tilson played a key role in establishing an Office of Violence Prevention in her state. "We did a large public education campaign on safe storage, funded community violence prevention programs and hospital intervention programs and added increased support for victims of domestic violence where there's a firearm in the home."

From Mercury 7 to Planetary Health

CBW/Alamy

The room hummed like a beehive. At the Lovelace Clinic and at Wright-Patterson, test pilots sat strapped into altitude chambers while needles traced heart rhythms across paper. Balance tests, vision charts, spinning chairs, cold rooms, hot rooms. Before America could reach space, physicians had to prove a human body could survive it.

Flight surgeons wrote a new rulebook for fitness, vision, equilibrium and stress tolerance. Engineers built safer capsules around those limits. And, doctors watched the data in real time as the Mercury 7 astronauts – Alan Shepard in 1961 and John Glenn in 1962 – proved humans could survive spaceflight. Then, they refined the plan after each flight. By the time Apollo astronauts carried life-support packs onto the moon, NASA's medical team – including ACPM's own Dr. Charles Berry – had spent a decade hardwiring prevention into space travel: monitoring heart rhythms from Houston, grounding astronauts when illness posed a risk, even quarantining the first men back from the lunar surface in case of "moon germs."

It was prevention at work on the grandest stage: choose the right people for the risk, engineer the environment, monitor, learn and improve. The same instincts that kept humans alive in the vacuum of space filtered into ACPM in the 1950s and 1960s into the wider field of preventive medicine. Define the hazard, design protections upstream, measure what matters, adjust quickly, and share standards so others can act. Whether in a spacecraft or a clinic, it's the same playbook.

Fifty years ago, the challenge was orbit. Today, it is Earth itself. Heat waves, wildfire smoke, the spread of disease-carrying insects into new regions, the effects of environmental toxins, and a more fragile infrastructure are turning planetary forces into clinical problems. And, ACPM physicians are responding, convening partners, building practical protections, and monitoring healthy living and working environments.

Dr. Katrina Rhodes has been a strong voice in climate and health advocacy through her work with the Medical Society Consortium on Climate and Health and within ACPM. Working across patient care, clinical research, pharma and the Food and Drug Administration, she has helped shape policy statements, advised on climate-related health equity priorities, and advanced equity goals and education initiatives that connect climate science to preventive medicine. Her leadership reflects the preventive medicine lens: anticipating risks, addressing environmental drivers of disease, and ensuring vulnerable communities are not left behind.

More extreme weather events from climate change means more of a need for medical assistance in the face of disaster. ACPM members often stitch together federal assets, hospitals and local health to keep care running. Dr. Joseph Iser, ACPM Fellow and regent, offers one example. During Tropical Storm Allison in Houston, floodwaters knocked out power at downtown hospitals. "We brought in Disaster Medical Assistance Teams (DMAT) to provide primary care and other care," he

recalled. "A mobile medical hospital from the Air Force went to the Houston Astrodome … then we brought in respiratory therapists and nurses to bolster the VA hospital for longer-term intensive care." His path – U.S. Public Health Service officer with tours at Centers for Disease Control and Prevention and Food and Drug Administration, and later a local health officer during Zika and Ebola scares – shows how preventionists bridge agencies when infrastructure fails.

Dr. Pauline Thomas, an ACPM Fellow and director of the preventive medicine residency at Rutgers New Jersey Medical School, works to make climate change part of everyday prevention. As lead of ACPM's Climate and Health Special Interest Group, she keeps the focus practical: building heat alerts into clinic routines, preparing neighborhoods prone to flooding, pulling air-quality data into patient conversations and writing disaster plans that keep care running when the grid goes down. Her aim is straightforward but urgent – treat extreme heat, flooding and air pollution as routine health threats and protect the patients most exposed.

Dr. Ron Stout, ACPM Fellow, has carried that same planetary lens into the way we eat. A longtime advocate for plant-forward diets, he champions the "planetary health diet" outlined by the EAT-Lancet Commission, designed to cut chronic disease and environmental harm in the same stroke. For Stout, shifting food systems is prevention at its most powerful – one prescription that can ease the strain on hearts, lungs and blood vessels while also lightening the planet's load.

Clean Air, Clean Water, Clear Warnings

Dr. James Sterner, ACPM's president in 1960 and former medical director of Eastman Kodak Company, urged Congress to confront mounting environmental health threats. As chair of Environmental Health at the University of Texas School of Public Health, he testified in 1968 that unchecked air and water pollution, pesticides, radiation and industrial waste had "exceeded the assimilative capacity of our environment." Guided by leaders like Sterner and Dr. Katharine Boucot Sturgis, ACPM members pressed for action, and by the early 1970s Congress passed the landmark Clean Air Act and Clean Water Act – signature victories for preventive medicine.

ACPM continues to affirm these laws, emphasizing the link between air quality and chronic disease and calling out environmental justice concerns. Yet today, even as air standards have tightened, recent Supreme Court rulings have weakened Clean Water Act protections, leaving critical gaps in federal oversight and raising new risks for public health.

From Mystery Virus to Vaccine Victory: ACPM's Role in HIV and HPV Prevention

In the early 1980s, the disease didn't yet have a name. What doctors were seeing looked like pneumonia, but it was deadlier and striking young men in clusters. Inside military hospitals, the mystery virus carried another layer of urgency: blood supply, troop readiness and the health of service members stationed worldwide.

Dr. Michael Parkinson, ACPM past president and retired Air Force colonel, remembers what it meant in those early days, "The Air Force was a pioneer in evidence-based treatment and testing for HIV. It was known as HTLV-III," he recalls. "Screening of the military force became a major priority and doing it as part of routine clinical care, I believe the military is one of the first areas that did that. And it was for operational reasons more than anything else."

While fear and stigma ran high outside the gates, he shares "the military was one of the very few places that assured evidence-based treatment for HIV at our medical centers." In fact, many of the first treatment protocols and clinical trials came out of those facilities, setting the stage for the preventive frameworks that followed. That kind of dedication to humanitarian and science-based approaches to a new virus, which would ultimately take the lives of 700,000 Americans in the coming decades, is preventive medicine at its finest.

Luckily, another ACPM member and accomplished pediatric surgeon just happened to have a powerful seat at the time the AIDS crisis was developing. Surgeon General C. Everett Koop, nicknamed "Chick" by colleagues and as "the General" by the public, quickly became one of the nation's most visible messengers on AIDS. At a moment when political leaders were hesitant to speak directly about AIDS, Koop did not flinch. He mailed a frank, unprecedented letter on HIV prevention to 107 million U.S. households, stressed condom use and safe sex, and insisted that candor was a public health necessity even when it clashed with the politics of the day.

In 1986, ACPM Fellow Kenneth W. Kizer confronted the epidemic as California's top health official. With Washington slow to act, he built one of the nation's first state-funded AIDS research and vaccine programs, drawing partners like Jonas Salk. "As he told me when we met the first time, Salk went to Washington to discuss his work aimed at developing a vaccine to prevent AIDS… When he was finally granted an audience, the then most famous vaccine developer in the world was told, in essence, thanks but no thanks; please don't call us, and we certainly won't call you." California, under Kizer's leadership, gave Salk a far different reception – funding research, removing legal barriers and showing how state-level boldness could force federal hands.

From the start, the College pressed for universal screening – not only for those deemed "high-risk" but also as part of standard preventive care. In the 1990s, ACPM position statements called for routine HIV testing for adolescents, adults, and pregnant women, aligning with the Institute of Medicine and Centers for Disease Control and Prevention (CDC.) It was a shift away from the flawed risk-based model, which left too many infections undetected.

Over the years, ACPM made its stance clear in its "Routine HIV Testing" statements, which built on the 2006 CDC recommendations: rapid tests should be accessible, consent should be streamlined, counseling should not block screening, and every diagnosis must link to treatment. Prenatal HIV screening, once controversial, became one of ACPM's strongest recommendations, helping drive down perinatal transmission to historic lows.

Today, ACPM's role continues through national initiatives like the CDC's Partnering and Communicating Together (PACT) project, amplifying the Let's Stop HIV Together campaign. The College brings status-neutral prevention models into physician training, promotes adherence and stigma-free care, increases access to biomedical prevention, like PrEP, and keeps pushing for policies that normalize HIV screening as routine medicine.

According to CDC numbers, there were approximately 4,496 HIV-related deaths in America in 2023. The arc from those first vague pneumonia cases to a vision of zero new infections has been long, but ACPM has been there at every step with science-backed measures to make sure prevention and treatment are inseparable.

At the same time HIV was emerging, another virus was coming into focus for a different reason. In the early 1980s, researchers confirmed that certain strains of human papillomavirus, or HPV, were the root cause of cervical cancer – a discovery that earned a Nobel Prize in 2008. It laid the groundwork for one of the great breakthroughs in prevention: the HPV vaccine.

First licensed in 2006 to block infection and reduce cancer risk, the vaccine marked a turning point. But public confidence was not guaranteed. Safety concerns and myths slowed adoption; some worried it might encourage early sexual activity. Preventive medicine physicians stepped into that gap, training doctors and caregivers to address hesitancy with clear, evidence-based communication and making HPV vaccination part of broader vaccine confidence efforts. ACPM's "We Are Vaccine Confident" campaign placed HPV vaccination alongside other lifesaving immunizations, underscoring its role in preventing cervical and other cancers.

Members also have pushed to ensure equitable access: advocating for routine vaccination in adolescence, aligning with WHO's cervical cancer elimination goals and supporting screening programs that combine Pap smears with HPV testing. Their work highlights the specialty's unique place – connecting infectious disease prevention to cancer prevention, ensuring the promise of the vaccine extends to communities most at risk.

The results are striking. From 2008 to 2022, rates of cervical precancerous lesions among women ages 20-24 dropped by about 80%, according to CDC's HPV IMPACT project. Together, the arcs of HIV and HPV show how preventive medicine physicians translate science into practice, from confronting an epidemic that carried enormous stigma to combating stigma around vaccines that can stop cancer before it begins.

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Combat Lessons, Civilian Gains: Then and Now

When ACPM was founded in 1954, many of its charter leaders came out of the military, carrying with them a view of medicine shaped by deployment, readiness and population health. These were skills that translated seamlessly into the civilian sphere. From hospitals on base to field operations abroad, their charge was to preserve the fighting strength, and in doing so they helped define the ethos of the College.

ROOTS OF READINESS

Behind the scenes, the Armed Forces Epidemiological Board, first convened in World War II and reorganized in the 1950s, was bringing together the nation's top experts to track and prevent outbreaks from influenza to meningococcal disease. Its influence reached far beyond the barracks, shaping infection-control practices that became standard in American hospitals and schools.

In 1957, the Army surgeon general launched a three-year residency that rotated physicians through Walter Reed, a civilian health department, and an Army hospital — training leaders who could move between battlefield, community and clinic. Many became early ACPM members, shaping public health for decades. By the 1960s, military medicine was driving advances in chemoprophylaxis for meningococcal disease, trauma protection, hearing conservation, and rigorous immunization protocols, many of which became standard practice in American communities.

READY FOR THE CALL

In 1967, Dr. Hugh Tilson, ACPM Fellow and past president, was assigned as a young Army preventive medicine officer and found himself responsible for public health across the Frankfurt medical service area encompassing 50,000 soldiers and their families. One day, his phone rang. On the other end was the local German public health director in Marburg, warning of a sudden outbreak at a vaccine plant: workers were dying of hemorrhagic fever. Tilson didn't hesitate. He called his command and then the Centers for Disease Control and Prevention (then called the Communicable Disease Center). Within hours, they had top leaders on a plane. Working together with German authorities, they helped contain what turned out to be green monkey virus, later known as the precursor to Ebola. Tilson never forgot the lesson: prevention is a network, and the call can come at any time.

Another ACPM leader served in Germany in the 1970s — this time wearing Air Force blue. Dr. George K. Anderson, a flight surgeon and an ACPM regent, remembers the challenges of protecting aircrews and their families. "While I was assigned in Germany, we had a problem with local dog bites. I put together a program to use the emerging diploid cell vaccine for rabies using an Air Force coordinated experimental drug study format that approved the use of this much better vaccine for our population."

Anderson also helped establish one of the first influenza sentinel surveillance sites at Ramstein Air Base in the late 1970s – "a lasting program that is still in play today, one of the best sources of influenza information for CDC." Anderson recalls. Project Gargle, as it came to be known, remains a backbone of CDC's flu monitoring system nearly 50 years later.

LESSONS THAT LAST

For physicians like Dr. Michael Parkinson, a retired U.S. Air Force officer and later leader at the Pentagon and the Office of the Surgeon General, the lessons of military medicine that stayed with him were the systems perspective: prevention thrives on organization, informatics and leadership. As he explained,

"The military has always had a primary emphasis on disease prevention and health promotion because its primary product is a fit and healthy ready force that is essential to fill the mission, and that begins with prevention."

Michael Parkinson, MD, MPH, FACPM, Air Force colonel (retired) and ACPM past president

"The military is all about organization, training and equipping to fulfill a mission… You can use the same analogy as it relates to delivering health and delivering health care. Are you organized? Are you trained and are you equipped using the evidence of what we need to do? And do you then have a strategy and tactic to execute it?"

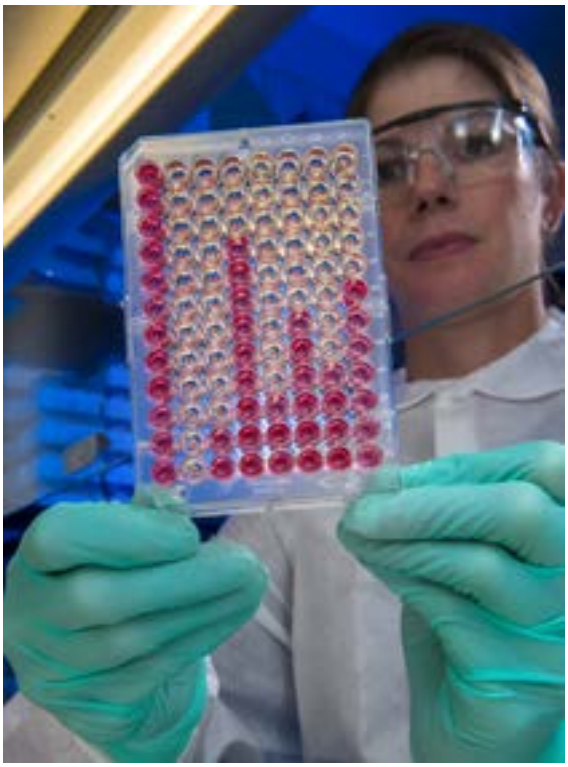
That organized approach often meant military medicine moved faster than civilian health care. Dr. Robert Carr, another ACPM Fellow and past president who served in uniform, explained: "Military medicine with its large populations and often critical time fuses promotes an environment to find novel ways of mitigating and preventing disease. It's often that the military in its broad application of evidence can scale and accelerate the adoption of best practices that are then adopted in the non-military and civilian communities."

As a former U.S Navy diver and Undersea Medical Officer, ACPM Fellow Dr. Kenneth W. Kizer has applied that systems approach in transformational leadership roles in military and civilian health care systems alike. As Director of the California Emergency Medical Services Authority in the 1980s, he was the lead architect of the state of California's Emergency Medical Services and trauma care systems.

Appointed Under Secretary for Health at the Department of Veterans Affairs in 1994, Kizer led a sweeping overhaul of the VA health system that shifted care to community-based outpatient clinics, created primary care teams, and built integrated service networks that improved access and quality nationwide. This broad-reaching redesign, built on quality improvement, care coordination, accountability, improved communication and operational efficiency, is a paragon for health care reform.

Later, as founding President and CEO of the National Quality Forum, Kizer coined the term "never events" for serious preventable health care errors resulting in harm and established a framework that continues to guide patient safety standard-setting and adverse event reporting. Kizer's career, which also includes transformational

National Archives and Records Administration



CDC/James Gathany

corporate, academic and managed care leadership roles, reflects how military and federal leadership in preventive medicine can drive reforms that reach every patient in America.

THE MISSION CONTINUES

In 2008, ACPM deepened its role by establishing the Uniformed Services Academy of Preventive Medicine to serve as a liaison between the Uniformed Services and ACPM's broader membership and to represent and champion the practice and practitioners of preventive medicine within all of the Uniformed Services.

In 2022, ACPM and the U.S. Department of Veterans Affairs launched the Military Environmental Exposures Certification program, equipping nearly 1,500 clinicians with the skills to identify and care for veterans' exposed during deployment to injury and disease-causing toxins, such jet fuel, Agent Orange, burn pits, depleted uranium and contaminated water.

AT THE READY

That broader commitment is reflected in the careers of physicians like Dr. Michele A. Soltis. As an Army preventive medicine physician, Soltis has been afforded opportunities "to choose many adventures," as she puts it – from serving with the 10th Mountain Division in Afghanistan to leading as chief consultant to the Army surgeon general, director of the Army Public Health Directorate, and head of Madigan's residency program.

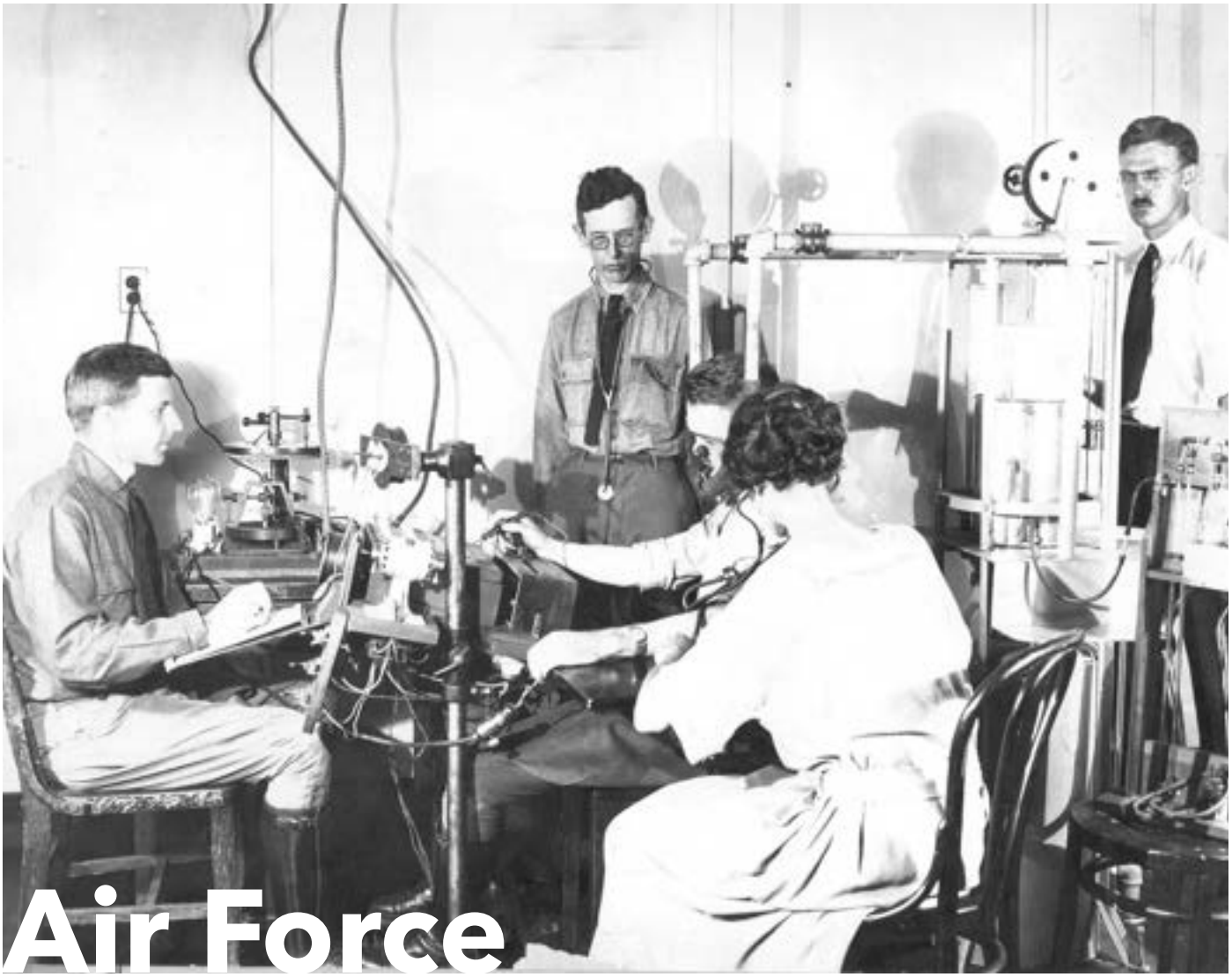
Those roles called for her to analyze medical threats before deployments, track tropical infections and control outbreaks in crowded field settings – challenges most physicians encounter only in textbooks.

Now with the Veterans Health Administration's Health Outcomes Military Exposures team, Dr. Soltis brings those lessons into the care of former service members. "Each day has the potential to be different and unpredictable," she said. "That anticipation, that unknown, is what continues to fuel my passion for the practice of preventive medicine."

Soltis' generation of Army physicians brought lessons from Afghanistan and other post-9/11 deployments back into the military health system. A few years later, preventive medicine leaders would face global threats of a different kind – outbreaks that demanded not only combat readiness but also international coordination.

Those battlefield lessons soon widened beyond military ranks, as preventive medicine physicians were called on to shape the nation's response to disasters and public health emergencies. As Public Health Emergency Officer for the Defense Health Agency and former director of the National Disaster Medical System Pilot Program, Navy Captain Eric Deussing, MD, MPH, past president of the Uniformed Services Academy of Preventive Medicine, helped translate lessons from large-scale combat operations into frameworks for civilian disaster preparedness.

"As all who work in this space know, all disasters are local, all responses and solutions need to be local…coordinated response rests on relationships," Deussing said. His work underscores how prevention is built on systems, partnerships, and readiness – principles as vital for local health departments as for military commands.



Air Force Medical Service Archive

Air Force Early Adopters

"The story of following my father's footsteps into medicine and eventually into aerospace medicine is one of a curious son who was extremely interested in aviation. I grew up within the Air Force and was fascinated by the machines that people fly in, particularly in the era of the 50s, 60s and 70s. So, it was natural for me to want to be involved with aviation."

George K. Anderson, MD, MPH, ACPM past president

Preventive medicine is the pre-flight check for human performance. In the 1950s, U.S. Air Force flight surgeons applied that same philosophy to the human body. At Wright-Patterson Air Force Base and the Lovelace Clinic in New Mexico, test pilots were strapped into altitude chambers, spun in giant centrifuges, and pushed to the edge of consciousness in order to map the limits of heart rate, lung capacity, vision and balance. If the body failed, so would the mission.

Before ACPM broadened its membership in 1955, prevention was already integral to aviation medicine. Flight surgeons determined who was fit to fly; studied hypoxia, fatigue and disorientation, pushed for better head protection, and turned labs at Brooks Air Force Base into launchpads for safer aviation – and soon, spaceflight. The 1950s buildup trained thousands of surgeons and made prevention a daily practice.

Dr. George R. Anderson, an ACPM regent and Air Force colonel, was among those who shaped the aviation branch of preventive medicine, which would later be called aerospace

medicine. He carried lessons from the cockpit into the College's earliest years: anticipate risk, engineer protections and monitor constantly. Raised during the Great Depression in a family with limited means, he went on to serve in World War II and earned his medical degree at Yale through the wartime military education pipeline. His son, Dr. George K. Anderson, a past ACPM president and a retired Air Force major general, remembers his late father as a true pioneer.

"My father became one of the first Air Force doctors and was one of the first residency trained and then actual board-certified by the American Board of Preventive Medicine specialists in preventive medicine." The elder Anderson went on to become a U.S. Air Force flight surgeon and director of medical education at the U.S. Air Force School of Aerospace Medicine in the early 1960s. He actively participated in ACPM governance and contributed to the growth of preventive medicine within the military and civilian sectors. His leadership helped shape the integration of aerospace medicine into preventive medicine's broader mission.

By 1962, aerospace medicine had grown into a recognized specialty, just as America was reaching for orbit. The NASA Manned Space Program – Mercury, Gemini, Apollo – relied on preventive medicine at every stage. Dr. Charles A. Berry directed medical operations and later became NASA's Director of Life Sciences, embedding preventive and aerospace medicine principles into U.S. spaceflight.

Dr. Michael Parkinson, ACPM past president and a retired Air Force colonel, realized early in his service that flight medicine "was like family medicine on steroids because it had an immediate mission impact." The Air Force sponsored him for a preventive medicine residency and MPH at Johns Hopkins – training he would put to use right away. On his first day in San Antonio, he opened the newspaper to see a headline announcing a Legionnaires' disease outbreak at the city's 1,000-bed hospital. "Welcome to preventive medicine," he recalled. He immediately drove across town to join the internal medicine team, applying the outbreak investigation skills he had just gained at Hopkins to help contain the outbreak – and later co-published the findings with the Centers for Disease Control and Prevention (CDC).

That lineage of Air Force innovation continues with Dr. Scott Everson who spent more than two decades in uniform, serving until 2024 as chief of occupational and environmental medicine for the Air and Space Forces. Soon after, he became chief medical officer at the U.S. Department of Energy, where he now applies the same prevention mindset to safeguard America's civilian workforce. His career reflects how the skills honed in military medicine ripple outward, reshaping health and safety far beyond the base.

At the same time, Dr. Patrick Dideum (Maj) represents the new generation carrying the flag forward. Serving at Defense Health Headquarters, he shapes preventive medicine guidance for the Air and Space Forces, from immunization policy to force health protection. His work touches more than 300,000 service members and their families – proof that for today's Air Force, readiness is still built on prevention.

Air Force Medical Service, Photo by Lan Kim

PARTNERS IN PREVENTION

U.S. Department of Veterans Affairs

Launched in 2022, ACPM's partnership with the Department of Veterans Affairs (VA) created a first-of-its-kind certification in military environmental exposures – now expanded with an advanced Level 2 program for deeper training and specialization. These free, online programs give physicians the tools to confront hazards like burn pits, Agent Orange, and chemical exposures head-on. Still growing today, the certification is reshaping how America trains its clinicians to protect and care for veterans.

In the Room Where it Happens: Helping Shape Health Care Policy

When Medicare & Medicaid launched in 1965, prevention was largely absent. The Johnson Administration emphasized treatment and regulation. But the late 1960s brought new openings. The Clinical Laboratory Improvement Act (CLIA) standardized labs, while the Partnership for Health Act and the Cancer and Stroke Regional Programs Act expanded planning and research. ACPM seized those footholds, building evidence and pressing for prevention as a pillar of care.

Through the 1970s and 1980s, federal priorities stayed tilted toward treatment. Hazel Keimowitz, ACPM's longtime executive director, steered the College through lean years, forging alliances with pharmaceutical foundations and industry partners who underwrote preventive medicine curricula. These relationships kept prevention on the policy agenda when Washington's gaze drifted elsewhere.

In the 1980s, ACPM Fellow Kenneth W. Kizer, then California's director of health services, pioneered Medicaid managed care – the first program of its kind in the nation. By moving the state's Medicaid system away from fee-for-service and into coordinated managed care, he sought to control costs while improving outcomes for vulnerable populations. California's model became a blueprint that influenced Medicaid programs nationwide and reshaped how public insurance approached prevention and chronic care.

By the 1990s, ACPM leaders had seats at the table in the Clinton reform effort, winning language for preventive medicine even as the plan collapsed. Two decades later, during the Affordable Care Act (ACA), they helped secure U.S. Preventive Services Task Force coverage and the Prevention and Public Health Fund. What began as exclusion evolved into influence.

Dr. Alefiyah Mesiwala, an ACPM Fellow, worked in the Obama Administration during the development and rollout of the ACA. She joined the Department of Health and Human Services (HHS) and later the Centers for Medicare & Medicaid Services

"When I stepped into the ACPM presidency, one of the most pressing challenges I saw was growing and sustaining funding for preventive medicine residencies. Hill Day was a day where we arranged visits for every ACPM member that could come to Capitol Hill to make a case for growing support for preventive medicine residency funding, primarily through HRSA."

Neal Kohatsu, MD, MPH, FACPM, ACPM past president

(CMS), where she was part of the first team at the newly created Center for Medicare & Medicaid Innovation (CMMI), contributing to health care reform efforts, including policies around quality and payment reform.

Reflecting on that experience, she explained, "Change is slow, especially in health care where change requires a back and forth between the government, payers and health care provider systems, so sometimes it is easy to get impatient. Being clear about the vision and persistence is key to the game in effectuating the change that is needed."

For Mesiwala, the ACA represented more than legislation; it was a shift in national mindset and a path forward. "The legislation created a moment in health care that shifted the conversation toward, 'how do we improve the health and well-being of Americans through health care?' In addition to providing a vision and framework to how we can achieve health, it created tools, programs, and incentives for different industry players to start reforming."

Michael Barry, the ACPM executive director at the time, also sees the ACA as significant, "The adoption of the Affordable Care Act really provided the opportunity to get that legislation in there and that really cemented preventive medicine as a specialty with some dedicated funding support, which it never had in its history."

Rear Admiral Dr. Paul "PJ" Jung has made championing and securing the health of the public health workforce and preventive medicine physicians, in particular, a bedrock of his career. Whether as associate director of the Peace Corps, senior advisor to the Indian Health Service Division of Health Professions Support, director of the Health Resources and Services Administration (HRSA) division of medicine and dentistry, and in his current leadership role as chief medical officer responsible for the Coast Guard's health care system, ensuring a healthy and well-prepared medical workforce has been paramount. At HRSA, where Adm. Jung directed more than $1 billion in training programs as principal adviser on workforce policy, he helped double federal support for preventive medicine residencies, lending critical infrastructure to strengthen the pipeline for the next generation of preventive medicine physicians.

9/11's Aftermath: From Panic to Prevention

Alpha Historica/Alamy

Alpha Historica/Alamy

Every so often, the nation is jolted by a crisis that rattles both public health and public trust. Fear spreads fast in the absence of clear information, and preventive medicine is called on to step in to steady the response.

The sunny Tuesday morning of September 11, 2001, was one of those moments. At the World Trade Center in New York City, 2,753 innocent lives were lost in the attack, and in the days, weeks, months, and years that followed, more lives were claimed by its aftermath.

Dr. Dorothy S. Lane, ACPM past president, remembers this time all too clearly, "After the attack and collapse of the World Trade Center, thousands of firefighters, police, and volunteers worked without knowing the full scope of the toxic exposure around them. Clouds of pulverized concrete, asbestos, heavy metals and burning plastics filled the air. ACPM physicians trained in occupational and environmental medicine pressed for systematic monitoring, protective equipment and long-term health tracking. Their calls for surveillance helped shape the worker-safety protocols that would define federal responses to environmental disasters for years to come."

THEN, CAME THE ANTHRAX LETTERS.

Just weeks after 9/11, envelopes laced with Bacillus Anthracis spores appeared in Florida, Washington, D.C., and New York, killing five people, sickening 17, and prompting widespread concern. The response demanded science in real time. ACPM members, many with Epidemic Intelligence Service (EIS) training, worked with the Centers for Disease Control and Prevention (CDC), Federal Bureau of Investigation (FBI) and state labs to trace exposures, advise clinicians and calm public fears. They helped expand the Laboratory Response Network, enabling high-volume testing and confirmation of anthrax spores in postal facilities and office buildings.

Lane recalls the College becoming a vital resource for institutions at the time, providing increasing awareness and procedures to mitigate anthrax risk. ACPM's members disseminated best practices for post-exposure prophylaxis, pushed for clear communication with first responders and the public, and called for stronger federal-state coordination to prepare for future biological threats.

And, the lessons have carried on in the College, even today. "Disaster management continues to be an important aspect of training of preventive medicine specialists and that's shown by the Accreditation Council for Graduate Medical Education (ACGME) having milestones relating to training in that particular area." In 2025, Dr. Miriam Alexander, with input from other thought leaders of the College, including Dr. Sherry Mills, developed an entire series of webinars about disaster management for residents. There are also ongoing workshops and webinars to make sure our physicians are prepared.

H1N1 Outbreaks: Two Different Playbooks

Fifty years ago, Dr. Hugh Tilson, ACPM past president, was a young local health officer in Multnomah County, Oregon. It was, in his words, "one of the best jobs any preventive medicine physician could have." But, in that seat, he found himself at the center of one of public health's most bruising chapters: the swine flu scare of 1976.

A late winter outbreak of swine flu at Fort Dix military base in New Jersey infected about 230 soldiers and caused severe illness in 13, including one death. The virus was identified as a novel H1N1 strain similar to the 1918 pandemic virus, raising fears of a devastating pandemic sweeping the country.

U.S. President Gerald Ford announced a plan to vaccinate everyone in the country and Congress swiftly appropriated more than $130 million to implement the largest immunization program in U.S. history, authorizing mass vaccine production and extending liability protection to vaccine manufacturers. By the end of the year, more than 40 million out of 200 million Americans were vaccinated against the new strain; but no pandemic appeared and public health credibility suffered.

The government halted the vaccination program before completion, and the pandemic never materialized. One death resulted from the outbreak at Fort Dix and 32 deaths have been attributed to the vaccine, most of which were among Guillain-Barré syndrome patients. The actual direct causality remains somewhat uncertain, but public reaction was intense, with negative media coverage dominating by late 1976. Newspapers and editorials described the episode as a "sorry debacle" and "fiasco" – a New York Times editorial warned, "The danger now is that the whole idea of preventive medicine may be discredited."

The result has gone on record as one of the largest public health failures of the modern era. Millions of dollars of federal money was spent on the vast vaccination program that resulted in the death of some persons and sickened many more.

"It was really quite a bad time for public health and preventive medicine," Tilson reflected. "And, the reason was because we didn't have good epidemiology and a good, robust network of public health agencies countrywide."

ZUMA Press, Inc/Alamy

What followed was a turning point. Under Congressional mandate, federal agencies led by Centers for Disease Control and Prevention (CDC) and the Department of Health, Education and Welfare (precursor to HHS) – drawing on the expertise of preventive medicine physicians and key leaders, like Tilson – convened teams to answer a foundational question: What should public health practice truly look like in America? In 1978, they published the first national standards for community preventive health services, providing local health departments and clinical systems with benchmarks to measure and strengthen community protection – setting a new foundation for American public health.

That work carried forward. The legacy of 1976's failures led to the Institute of Medicine's Future of Public Health report a decade later. By then, Tilson, a leader in preventive medicine, served on the panel where he championed making "prevention" medicine's first responsibility. This era marked the evolution from crisis-driven reaction to prevention-focused strategy, transforming the field and setting the stage for the test no one wanted, but many anticipated.

That test arrived sooner than anyone expected. In 2009, a swine flu scare on a global scale and H1N1 influenza infected tens of millions of Americans, but this time the story was different. Though both outbreaks involved H1N1 influenza viruses linked to swine, the 2009 pandemic strain was a genetically distinct virus than the one seen over three decades earlier, posing a vastly different public health challenge.

But, this time, unlike 1976, the U.S. had a playbook. ACPM's members had been hard at work since the 2001 anthrax scare, working on extensive preparedness for a widespread public health crisis. The College's members launched into action, helping with mass vaccination campaigns, steering crisis communications and logistics, and keeping regional health departments running.

Dr. Stephanie Zaza, ACPM past president, was working as a senior medical officer at CDC in 2009, when the first cases of H1N1 were identified. "I got a call one day from Admiral Steve Redd, who at the time was the director of the pandemic flu preparedness at CDC," she recalled. "He said, 'We've got a problem. We have a flu. We think it's going to be a real problem.'"

Zaza was immediately transferred from Washington back to the Emergency Response Center in Atlanta, Georgia, and sprung into action providing analysis for the highest offices in government. The decision makers needed data and recommendations, fast. "I would have somewhere between six and eight hours to pull together a group, lead them through a defined process that we'd been trained to do and present to the incident management leadership that same evening, so they could then make a decision based on the best analysis of what we knew at the time," Zaza recalls.

Even with an established playbook, Zaza acknowledges that while public health policy decisions should be guided by sound scientific evidence; policymaking is not a science and policymakers must weight numerous factors, including- feasibility, stakeholder interests and political realities. Sometimes they would use their recommendation and other times they would not. Considering the vulnerability of children

CDC/James Gathany

SARS and MERS: Warning Shots

Before the SARS-CoV-2 pandemic, two major coronavirus threats – SARS in 2003 and MERS in 2012 – tested and refined modern public health strategies. During these outbreaks, ACPM championed prevention as the guiding principle: advocating for robust investments in the public health workforce and critical resources for Centers for Disease Control and Prevention (CDC) and National Institutes of Health (NIH); advancing the residency pipeline creating physicians who would go on to critical outbreak investigation and surveillance roles through programs like the Epidemic Intelligence Service (EIS); and raising the bar on evidence-based policies and preparedness standards across agencies and health systems. While SARS was contained and MERS remained sporadic, both episodes affirmed that coronaviruses pose recurring risks. ACPM's sustained advocacy, training and leadership laid essential groundwork for the nation's preparedness and response when COVID-19 emerged.

to the flu, she once offered a recommendation that some schools may need to be closed. But, after presenting that insight, she saw political nuance first hand.

"Within hours," Zaza reveals, "the acting director of CDC at the time, Rich Besser, was briefing the president's staff and the decision came back that we would not be making any recommendations to close schools under any circumstances, simply because we could not make the recommendations about when they should reopen."

It wasn't perfect – 12,000 lives were lost – but the differences between the outbreak in the 1970s and 2009 was evident: systems held and the feared catastrophe never materialized. Preventive medicine doctors were working from decades of infrastructure built on the lessons of the Fort Dix and the anthrax scares. They had stronger epidemiology, clearer lines between federal, state and local practice, and physicians were trained to navigate both the clinical and public health worlds.

Zaza sharply remembers the groundwork that had been laid, "For the past eight years since late 2001, we did extensive pandemic preparedness, including this decision process that I was one of the leaders for. We did inter-agency exercises, writing plans and papers, and thinking about ventilators and medications and stockpiles." That rehearsal, of sorts, meant that when COVID-19 struck a decade later, preventive medicine would have a tried and tested playbook, sharpened by both failure and practice.

The Syndicate/Alamy

History's First Personal Protective Equipment (PPE)

Long before N95s, workers understood that protection meant survival. In the 1st century AD, laborers who crushed cinnabar (a red mineral ground into a rust-colored pigment) covered their noses and mouths with animal bladders to keep from breathing toxic dust. Centuries later, Leonardo da Vinci advised holding a damp cloth to the face while painting for the same purpose. The principle never changed: filter the air, save the lungs. ACPM physicians have carried that same preventive instinct into the modern era, pushing for stronger Personal Protective Equipment (PPE) standards across medicine, industry and public health. During the COVID-19 pandemic, ACPM emphasized respirators and PPE for health care workers, framing it as both a workplace safety and public health necessity.

COVID-19: The Century's Defining Public Health Test

THE PLAYBOOK

It began in winter. By late 2019 and early 2020, preventive medicine physicians working inside health departments were already bracing for what was coming. In North Carolina, Dr. Elizabeth Tilson, State Health Director and Chief Medical Officer, recalled, "We first started hearing about COVID in December 2019. In January, we started to think this may be something that we need to pay attention to. And by March, we already had our first case of COVID in North Carolina."

They didn't know it then, but they would soon be caught in a storm. Not only of a novel virus but also of fear, misinformation and political division. "The COVID pandemic was a lot of uncertainty and a lot of panic, a lot of fear, and we knew we didn't know all the information. Remember, this was a time where people were washing their bananas and washing their groceries, not sure what to do," said Tilson.

Dr. Matthew Boulton, Professor of Epidemiology and Global Public Health at the University of Michigan School of Public Health, recalls, "Unfortunately, much of the valuable infrastructure that had been built post 9/11 and with the first SARS pandemic was lost in the intervening period of time."

Dr. Stephanie Zaza, who served as ACPM president during the COVID-19 era, said many of the experienced leaders from the 2009 H1N1 response had retired and that, by 2020, preparedness was not the priority it had been. "Major decisions, we learned, were being shifted … in the middle of a pandemic." The challenge was a reminder that every playbook is only as strong as the willingness to follow it.

BOOTS ON THE GROUND

Meanwhile, ACPM members across the country were steadfast in their commitment to protecting population health, as they are trained to do, which was critical in the face of the global emergency.

"ACPM preventive medicine leaders helped translate imperfect knowledge into usable evidence for the public. We helped save lives and kept lives moving forward," said Dr. Jim Tacci, ACPM president-elect.

Preventive medicine physicians also stepped into clinical roles and devised unprecedented protocols to address surge capacity. Local county and state officials, hospital leadership and industry leaders were exemplars of resilience in their response; they were often tasked with grounding rules in the emerging science, while carrying a unique burden of communication despite public frustration and push-back from elected officials in some parts of the country. They kept hospitals open and kept systems intact, despite the extraordinary circumstances.

Dr. Robert Gilchick, ACPM Fellow and regent, Child and Adolescent Health Section Chief at the Los Angeles County Department of Public Health, played an instrumental role guiding schools through safety protocols and outbreak management. He regularly briefed school nurses and district leaders, emphasizing that while case spikes occurred, "most school outbreaks involved only a few cases and safety protocols were generally effective in limiting spread," as he told the LA Times in November 2020. Gilchick was a key figure in implementing strategies like Test to Stay, which allowed students exposed to COVID-19 to continue in-person learning if they tested negative, helping minimize disruptions. He also facilitated the distribution of millions of COVID-19 tests across LA schools and communicated evolving health guidance balancing caution with operational needs.

In the military, preventive medicine took a global stage, keeping our armed forces safe around the world. And, in corporate spaces, the same expertise was being put to work in a different arena, turning prevention into workforce policy, shaping everything from work-from-home transitions to in-office testing and the hard calls around vaccine mandates.

Melissa Ferrari, ACPM executive director, highlights how physician members took on an enhanced leadership role. “During the pandemic, the College truly galvanized our members around the tenets of prevention, from emergency preparedness to dealing with the broader community issues that go beyond the individual patient to understanding the role of vaccinations.”

A LOUDER VOICE

If history had taught ACPM members anything, it’s that clear, and factual messaging is crucial to gaining and maintaining the public’s trust. Dr. Elizabeth Tilson recalls, “Communication wasn't just a skill or a tool to help prop up our other pillars of response, but a pillar in and of itself.”

Ferrari adds, “ACPM also became a louder voice for public health, which led to our ambassador program, where we currently have 150 members trained to speak to the media and trained to speak at the grassroots level within their communities about public health and prevention.”

Inside the West Wing, Dr. Michael Crupain, a physician, media contributor and risk communications educator at the Johns Hopkins School of Public Health, saw the stakes firsthand. “At the beginning of the COVID pandemic, I was part of a group of media doctors called to the White House. I was sitting in the West Wing with Vice President Mike Pence on my left and White House Coronavirus Response Coordinator, Dr. Deborah Birx, on my right. Dr. Sanjay Gupta of CNN, Dr. Jon LaPook of CBS and Dr. Jen Ashton from ABC were in the room as well. They were telling us what they were planning to do.”

At the end of this meeting, Crupain felt compelled to tell Birx they had already made a crucial mistake in messaging. “You just told the entire nation that masks don't work, that they shouldn't bother, and that's going to come back to haunt us.”

That moment captured what would ripple outward: science, itself, had become divisive. From White House and state capital briefing rooms to Zoom boxes populated by talking heads on cable news to the latest social media platforms, all voices had a mic and were eager to stoke the flames.

"We saw people clung to different types of media that suited their needs or aligned with their views and that helped fortify the way they decided to act in those days. And, we see it still today," notes Crupain. He also highlighted how preventive medicine sees and uses public platforms. "We're always thinking about, how do we communicate? How do we influence how the whole population lives their lives so they do so in a healthier way?" Those values were put into play by the College in an attempt to cut through the noise.

VACCINE ROLLOUT

ACPM launched its Vaccine Confident initiative, mobilizing trusted community partners and personal physicians to counter misinformation, with equity in mind. "First, we had to address our black and brown communities, historically marginalized populations," Dr. Hugh Tilson recalls. "What we learned was there was great trust with individuals' medical providers so we made sure that local physicians had accurate information and encouraged people to have those one-on-one conversations with their trusted medical providers, directly."

The College hosted webinars, supported residencies in outbreak investigation, and partnered with organizations like the American Medical Association (AMA) Center for Health Equity, while its members served on the frontlines, making tough calls.

The College provided resources and graphics to its members through its Vaccine Confident Campaign.

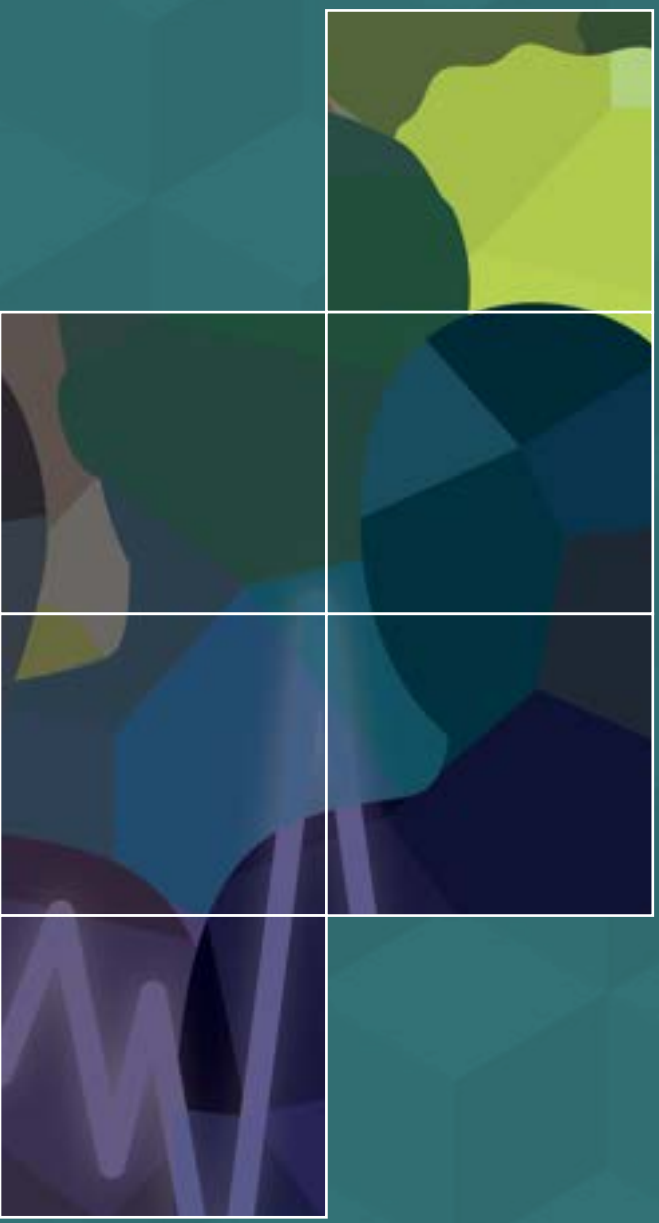
Joining the Match, Securing the Specialty

In 2024, the Public Health and General Preventive Medicine specialty entered the National Resident Matching Program's 2025 Main Residency Match – the same platform used by most U.S. residency programs.

For years prior, many preventive medicine residency programs made offers to hopeful applicants through a manual Standardized Acceptance Process outside the Match calendar. Joining the Match brings a single timetable and the same matching algorithm used across specialties, making applications easier to compare for both programs and applicants and increasing exposure to the specialty of preventive medicine.

More than 80% of eligible PH/GPM programs enrolled for the 2025 appointment year, part of a record Match with 43,237 positions across specialties. "This is a great step forward for medical students and physicians seeking to specialize in preventive medicine," said Dr. Mirza Rahman, ACPM past president. "This new approach will better match physicians to programs that meet their needs and also address the needs of their surrounding communities, while preparing them to be the next generation of leaders in medicine."

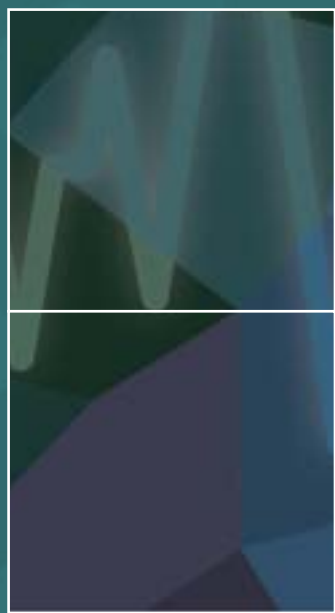
The specialty hasn't changed, but the path in is easier to find.



PART 2

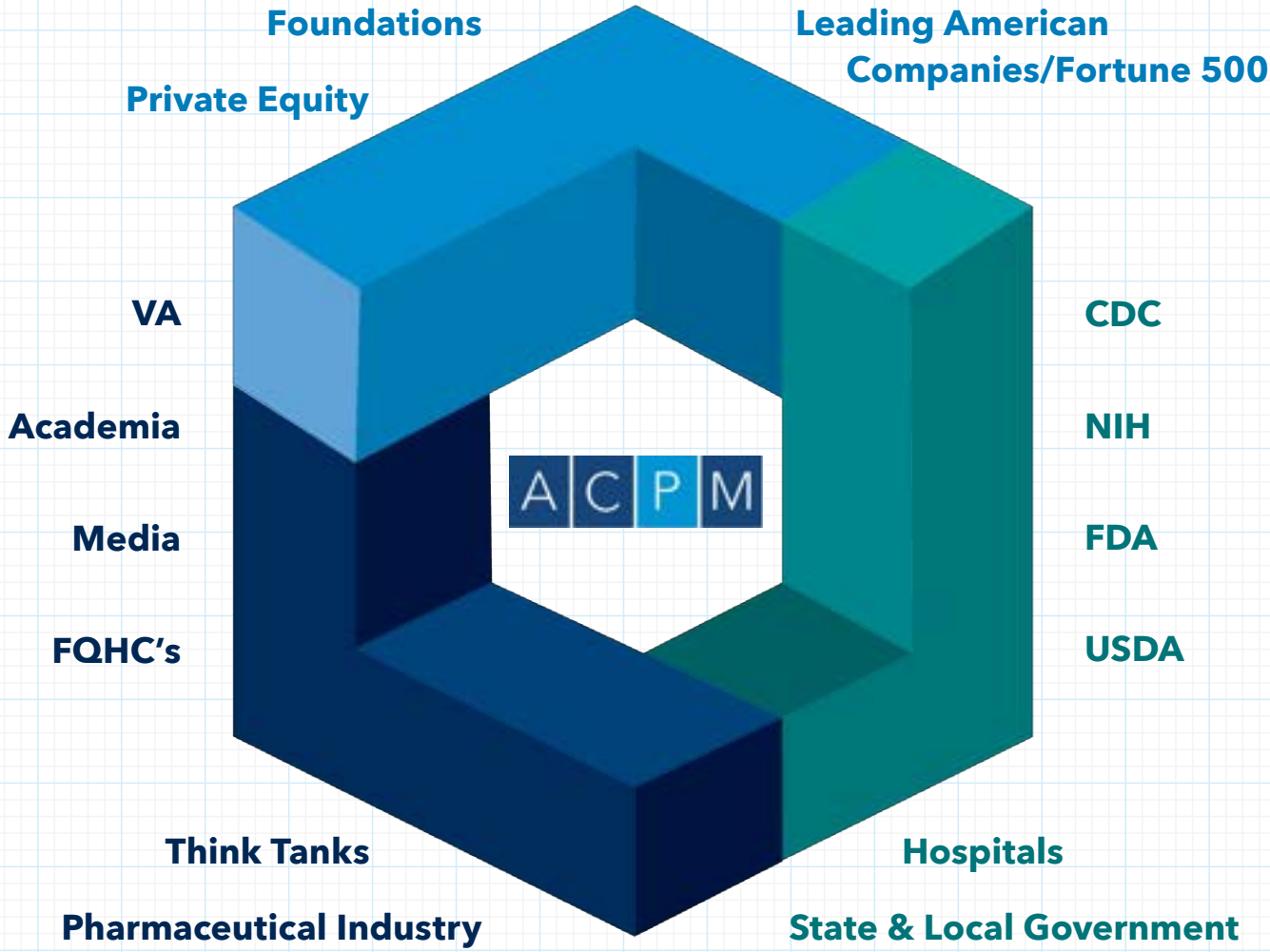
Building Momentum

Building momentum, ACPM members continue to add new building blocks to both the College and America's prevention infrastructure. These physicians set national standards, pioneer tools to detect and manage risk, and harness technology to fight the deadliest chronic illnesses. From nutrition scoring systems to brain health initiatives, prevention continually scales up, reshapes medicine and opens new doors.



Where is ACPM?

ACPM physicians form a nationwide network of expertise. Their presence across institutions fuels collaboration and action – ensuring when crisis comes, prevention has a voice at every table.



Steering the System and Making it Click

At UPMC, they called it Prescription for Wellness. For patients, it looked like nothing more than a button on a screen. But to Dr. Michael Parkinson, it was a way to flip the script on how health care works. One click in the electronic medical record and a cardiologist's patient wasn't just handed advice – they were connected to a health coach who could walk them through nutrition, exercise and stress management tools. A small fix with a big impact. That's what preventive medicine physicians do: They imagine how to make the system itself healthier. They're the ones who make it click.

ACPM members have carried that kind of systems-based approach to all corners of health care – federal agencies, local health departments, research labs, hospitals, pharmaceutical companies and insurance plans. They don't treat those worlds as separate; they understand how they overlap, and they've spent decades wiring prevention into the places where decisions get made.

IN HOSPITALS...

At the University of Pittsburgh Medical Center (UPMC), they called it Prescription for Wellness. For patients, it looked like nothing more than a button on a screen. But to Dr. Michael Parkinson, it was a way to flip the script on how health care works. One click in the electronic medical record, and a cardiologist's patient wasn't just handed advice, they were connected to a health coach who could walk them through nutrition, exercise and stress management tools. A small fix with a big impact. Prescription for Wellness represents a fundamental shift toward using technology to make the system itself healthier.

Dr. George K. Anderson, as vice president for medical affairs at Gundersen Lutheran, made prevention part of hospital decision-making. At Stony Brook University Hospital, Dr. Dorothy S. Lane proved cancer screening could be built into hospital systems rather than left to chance. At the University of California San Diego (UCSD), Dr. Linda Hill pushed injury prevention and refugee health into the hospital's daily work.

And in South Carolina, Dr. Helga Rippen stepped into the role of CEO at Health Sciences South Carolina, the first statewide health research collaborative in the nation. The alliance, launched in 2004 by the state's major universities and

health systems, was built to share data and break down walls between institutions. Under Rippen's leadership, the network expanded its IT backbone and teamed with partners like BlueCross BlueShield of South Carolina on efforts such as the Preventing Avoidable Readmissions Together program. That initiative alone cut hospital readmissions by 15% and saved $14 million in just two years – proof that when hospitals, payers and universities work together, prevention can reach far beyond a single door.

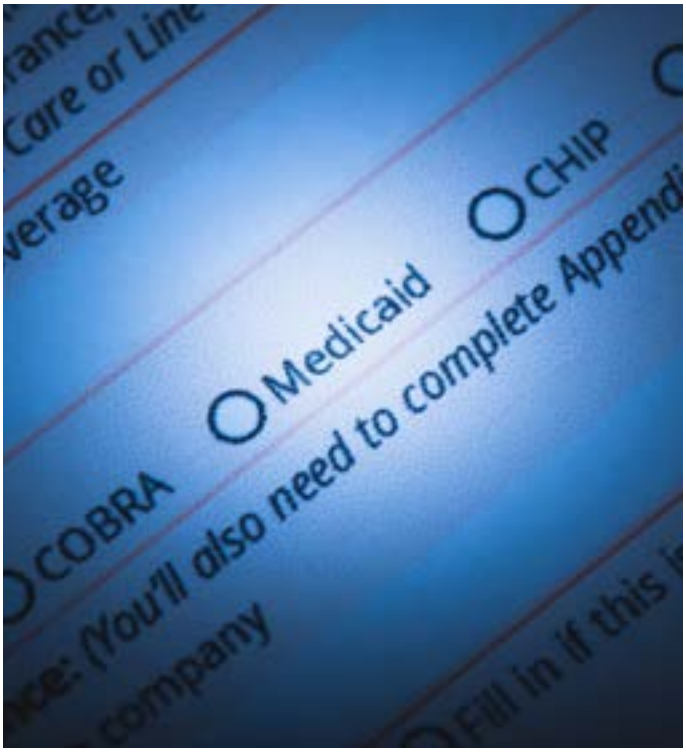
IN PHARMA ...

In the 1980s, Dr. Hugh Tilson joined Burroughs Wellcome Co. A decade later, Dr. Robert Carr began his 25-year career in pharma at GlaxoSmithKline bringing a population-health lens to one of the world's largest drugmakers. Then, at Procter & Gamble, Dr. Ron Stout handled everything from product safety to regulatory affairs with prevention in mind.

When Dr. Mirza I. Rahman, ACPM past president, became senior vice president and chief global pharmacovigilance officer at Otsuka, he launched the ACPM-Otsuka Pharmacovigilance Physician Program (PPP) to show how preventive medicine physicians strengthen drug safety. The two-year track trained physicians by putting them directly into surveillance, risk management and regulatory work, producing graduates who now hold senior roles at Food and Drug Administration (FDA), and other influential areas of, industry and public health. Its impact was clearest during COVID-19, when PPP fellows led Otsuka's Medical Safety Team, built global guidance within a week, and proved preventionists can bridge science, systems and patient protection. For Rahman, it was proof of concept. Preventive medicine physicians are trained to connect dots, balance population health with individual safety, and move seamlessly between science and systems.

When Health Care Super-Sized

In the 1950s, American health care was small and local. Hospitals were community fixtures, insurance was mostly an employer perk, and pharma was just entering its antibiotic-and-vaccine boom. By the 1980s, consolidation had turned hospitals into sprawling systems, insurers into powerful gatekeepers and drugmakers into global brands. Today, all three are multi-trillion-dollar industries whose reach extends from the exam room to Capitol Hill – shaping not only what care costs but also what care means. Because these industries have grown so vast and complex, it takes interdisciplinary competency to bridge the gaps, something ACPM physicians are trained to do.



Recently, innovators like Dr. Andres Quintero have carried that thread forward. As emerging therapies and pipeline medical affairs director at Novo Nordisk, and previously with Pfizer, he has used bioinformatics to sharpen patient-centered decision-making in drug delivery. Quintero applied machine learning principles to longitudinal real-world data to predict which groups were at highest risk for severe asthma exacerbations – work published in BMJ in 2025. The result was an evidence-based model to guide physicians toward the patients most likely to benefit from treatment. His research showed not only a practical use case for AI in health care but also its promise for improving patient-centered care at the population level.

IN INSURANCE ...

Dr. Brian Miller has held several regulatory positions within the federal government focusing on "building a more competitive and vibrant health sector to make health care more efficient, flexible and personalized for patients." Currently, Miller serves as a commissioner on the medicare payment advisory commission (MedPAC), which advises Congress on the $800 billion Medicare program, and as a member of the board of trustees of the North Carolina State Health Plan, a $4.5 billion/year organization providing health benefits for >700,000 state employees, dependents and retirees. Miller has provided expert testimony on Medicare reforms that would "break the toxic cycle of central planning and advocacy around setting payment levels for thousands of items and services, freeing health policy to consider other long unaddressed critical issues such as interoperability, privacy, or facilitating technological innovation to improve the efficiency and accessibility of care."

Many ACPM members have worked to embed prevention directly into covered care. Dr. Robert Harmon at Optum/UnitedHealth, Dr. Parkinson at Lumenos, Dr. Jim Tacci a the New York State Workers' Compensation Board, and Dr. Elizabeth Tilson at the North Carolina Department of Health and Human Services all advanced access, from Medicaid expansion to system-wide benefits. Dr. Alefiyah Mesiwala shaped coverage at both Humana Military and Optum, while Dr. John Eisenberg at AHRQ laid the evidence-based foundation insurers still use today – making prevention not an optional add-on, but the very definition of a benefit.

AND BEYOND ...

Dr. Jim Tacci, ACPM president-elect, is currently the medical director and executive medical policy director for the New York State Workers' Compensation Board. His role is to ensure every injured worker in New York receives timely, appropriate care from the best possible providers. In recent years, he has overseen a major shift from a paper-heavy system to a fully electronic one. "Getting rid of dozens of forms and making it a mouse click and making it a purely electronic process … really impacts the people tremendously who have workplace injuries," Tacci said. The result is immediate. "They're not waiting in pain and they're not waiting to get the definitive care that they need for weeks and months. They're getting it much faster."

PARTNERS IN PREVENTION

UPMC Health Plan

ACPM partnered with UPMC Health Plan to advance diabetes prevention in 2019. The collaboration focused on training physicians, expanding referrals and enhancing member engagement in the National Diabetes Prevention Program (National DPP). This partnership demonstrated how payers and preventive medicine leaders can align incentives, equip providers and improve population health effectively at scale. ACPM's involvement reflects its broader commitment to promoting evidence-based diabetes prevention and management initiatives.

The Standard Setters

In 1984, under the U.S. Public Health Service, Dr. J. Michael McGinnis, an ACPM Fellow, convened a panel of experts in primary care and public health to launch the U.S. Preventive Services Task Force (USPSTF). As Deputy Assistant Secretary for Health, he recognized the need for consistent, evidence-based standards for preventive services and designed the Task Force to systematically evaluate what worked, what didn't work, and how prevention should be practiced nationwide.

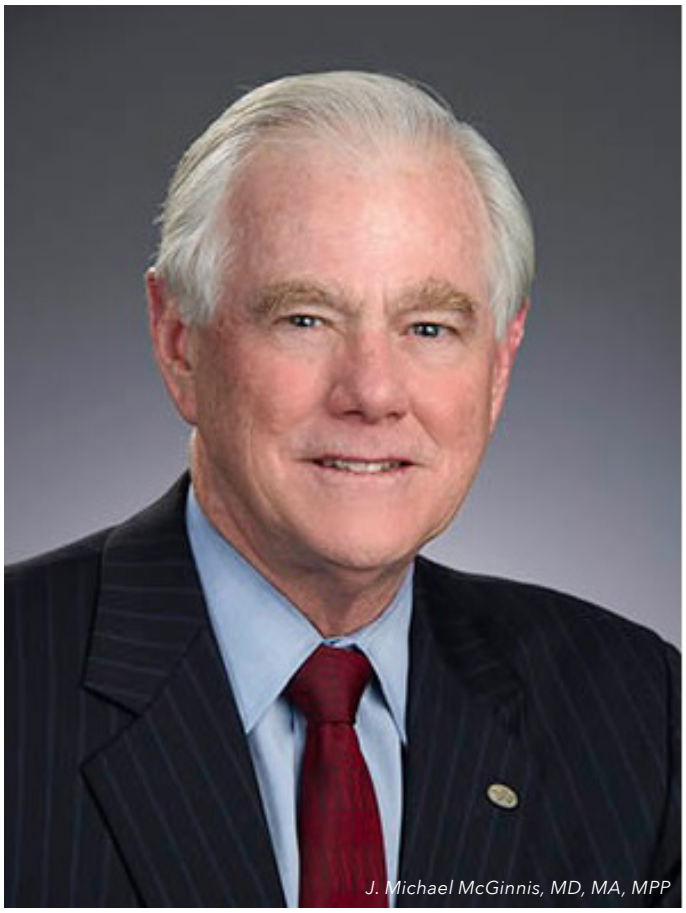
At its first meeting, the chair was another ACPM Fellow, Dr. Robert S. "Bob" Lawrence. Lawrence gathered a diverse panel of family physicians, pediatricians, internists and preventive medicine physicians to establish a rigorous, transparent process. Under his leadership, the Task Force delivered the inaugural Guide to Clinical Preventive Services in 1989, the first comprehensive, evidence-based framework for what prevention in the clinic should look like.

The DNA of the Task Force was shaped by ACPM members from the start. Dr. Jonathan Fielding, ACPM past president, was a founding member. Later, Dr. Steven Teutsch, ACPM Fellow, would help refine the Task Force's methodology, co-authoring the 2007 methods update that still anchors its approach. And when the USPSTF needed to update recommendations in an era of expanding science, Dr. Steven H. Woolf, an ACPM-trained family physician and clinical epidemiologist, stepped in. From 1987 to 2002, Woolf served as advisor and member, editing the first two editions of the Guide. His voice became synonymous with the Task Force's independence. "The USPSTF is an independent, apolitical body … The recommendations are derived by weighing benefits and harms to patients; costs and coverage issues are ignored," he wrote, underscoring the guardrails that kept the panel credible.

Over time, the work expanded and so did ACPM's imprint. In 2020, Dr. Alex Krist, preventive medicine physician and ACPM member, was appointed chair of the USPSTF. In 2024, Dr. M. Tonette Krousel-Wood, an ACPM past president, became an appointed member of the USPSTF, carrying the legacy of McGinnis, Lawrence and Woolf into the present day. ACPM physicians not only helped found the Task Force but they also have guided its evolution for four decades and continue to promote its evidence-informed recommendations.

The Task Force also has leaned into the hard questions of equity. Many of the diseases it addresses – from cancer to cardiovascular risk – fall hardest on racial and ethnic minorities. Yet trials have too often under-represented those groups. ACPM leaders on the Task Force have pressed for methods to highlight subgroup data, call out gaps and insist prevention must be standardized and equitable.

Forty years later, the USPSTF remains the nation's benchmark for preventive care. Its credibility, methods and reach trace directly back to ACPM members who were there at its creation and who continue to lead it today. McGinnis imagined it, Lawrence built it, Woolf safeguarded it, and leaders like Fielding, Teutsch, Krist and Krousel-Wood have carried it forward. Together, they set the standard and in doing so, changed the practice of medicine.



J. Michael McGinnis, MD, MA, MPP

"The USPSTF recommendations have a widespread impact on patients across the nation … patients have access to services such as screenings for cancer, anxiety and depression in children, and heart disease, without cost sharing. This plays a critical role in keeping patients healthy and reducing the burdens of disease."

American Medical Association letter, July 2025

Making Every Test Count

In preventive medicine, every test starts with data, but numbers alone don't tell the whole story. Too much information can overwhelm providers and patients alike, sparking false alarms or unnecessary worry. Preventive medicine physicians bring judgment and wisdom, carefully weighing risks and benefits to design screening plans that truly save lives.

Preventive medicine physicians interpret data, weigh risks and benefits, and design screening protocols that actually save lives. They decide not only what can be tested but also what should be tested, when and for whom.

Beyond improving health outcomes, evidence-based screening is a wise investment. Timely, precise testing helps catch disease early when treatment is more effective and less expensive, reducing long-term costs for patients and health systems alike. Preventive medicine's value lies not only in saving lives but also in saving resources, ensuring care delivers the biggest benefit with minimal waste. That expertise is why the U.S. Preventive Services Task Force and other partners have turned to ACPM when guidelines shift.

In 2021, the College was tapped by Exact Sciences to create a national roadmap for colorectal cancer screening, ensuring new evidence-based recommendations were not only published but also put into practice, especially in communities where access and equity are behind. It is the difference between numbers on a page and care that reaches patients. Across conditions, like hypertension, diabetes, cancer and osteoporosis, the same principle applies. Screening is most powerful when it is precise, efficient and equitable. ACPM has pressed for ambulatory blood pressure monitoring to prevent costly heart disease, emphasized the need for targeted, evidence-based cancer screening and encouraged health systems to embed prevention into daily practice.

And in debates about emerging tests – like whole-body MRIs that scan multiple organs – Dr. Mirza Rahman, ACPM past president, has emphasized that without strong evidence, risks of overdiagnosis and anxiety outweigh benefits.

PREVED

Continuing Medical Education at ACPM

Since 1975, when ACPM sponsored its first continuing medical education (CME) programming – still growing today with recent additions such as AI and disaster preparedness series – ACPM has led the field in CME for preventive medicine and public health physicians.

Accredited by the Accreditation Council for Continuing Medical Education, ACPM provides courses, webinars and study tools to support preventive medicine physicians. Through its online learning management system, PrevEd, the college currently offers a full suite of CME content.

From the Ten Essential Public Health Services for Physicians, a 10-part series introducing the fundamentals of assessment, assurance and policy development, to a board review course with study guides, practice exams and recorded lectures to prepare candidates for the American Board of Preventive Medicine certification, to a certification program on military environmental exposures as well as a certification program on Artificial Intelligence in Preventive Medicine and Public Health – ACPM's education portfolio ensures physicians are equippedwith up-to-date training and resources.

Regular webinars add timely education, with recent sessions covering federal dietary guidelines, equity in diabetes prevention, colorectal cancer screening, cannabis and substance abuse, writing for publication and cardiovascular disease prevention – ACPM's education portfolio equips physicians with current, evidence-based content for all career stages.

The Corporate Compass: Guiding Workplace Health Through Eras of Change

In 1961, Dr. John D. Porterfield, ACPM past president, looked at industry and saw a frontier for prevention. "Industry has to a considerable extent been receptive to the principle of health maintenance … These companies consider it good business to concern themselves with the continued physical fitness of those whose experience and ability would be difficult and costly to replace."

ACPM members work to design the systems that make those changes possible. They ensure prevention is taught, reimbursed, built into workflows and scaled across communities. Their training equips them not only to save one patient at a time but also to bend the curve for millions. That corporate lens became a proving ground.

By 1959, when leaders like Dr. Jim H. Sterner of Eastman Kodak chaired national forums on "The Health of People Who Work," ACPM physicians were testing a new model: bringing medical insight into organizational and industrial practice — translating clinical skill into systems change.

In the early 1980s, Dr. Kent Peterson, an ACPM executive leader, became corporate manager of preventive and environmental medicine at IBM. In the dawn of the first tech boom, he oversaw health and prevention programs for 340,000 employees worldwide. At a time when computers were reshaping the workday, Peterson was embedding preventive medicine into the daily lives of a global workforce. He directed policies in toxicology, epidemiology, wellness and occupational health systems, showing how evidence-based prevention could be operationalized across a company larger than many nations. Peterson's leadership became a bridge between public health and corporate strategy, showing culture change could scale inside large enterprises.

ACPM members, like Peterson, were proving prevention's value inside Fortune 500 boardrooms. And, as the years passed, ACPM was learning to speak the language of business. Under Executive Director Michael Barry, who served from 2005 to 2018, the College built a Corporate Roundtable that connected preventive medicine with some of the country's largest employers.

"ACPM had a really important role to play in that area because of our expertise in population health," Barry explained. "Many ACPM members were working as CMOs in industry to take care of large employed populations. Some of these business partners really saw the value of ACPM and the expertise and the sort of thinking that ACPM members bring to the table."

The Corporate Roundtable wasn't just about sponsorships; as Barry put it, the goal was to "really build and formalize relationships between ACPM and industry partners in a much more

meaningful way than simply having those partners sponsor our conference or fund our initiatives."

Barry invited companies in as thought partners alongside ACPM leaders to advance systems-based approaches to population health, which led to many successful projects. ACPM worked with MDVIP, one of the earliest concierge medicine organizations, on testing how prevention could be scaled. With EHE International, the focus was executive health exams. The Ardmore Institute became a key collaborator in lifestyle medicine. The RediClinic, a forerunner of the Minute Clinic movement, turned to ACPM to help center prevention and wellness. With Bayer, ACPM partnered on education around aspirin's role in preventing and managing heart disease. These were not one-off collaborations; they showed preventive medicine could be integrated into business models and that ACPM members had the expertise and influence to do it.

ACPM's Corporate Roundtable grew to include dozens of companies and more than doubled ACPM's revenue and net assets. Just as important, the Corporate Roundtable positioned the College as a trusted voice for employers trying to keep large populations healthy, turning corporate medicine into a lever for public health.

Dr. Robert Carr worked for 25 years at SmithKline Beckman and GlaxoSmithKline (GSK), rising to serve as corporate medical director globally. "One of the things that I felt most proud of … was the partnership for prevention across our company where we helped institute a series of interventions that we are accustomed to in the U.S. but are not across many parts of where our employees live and work."

At GSK, Carr created a code of 26 evidence-based measures drawn from the U.S. Preventive Services Task Force. "Every employee and their family would have that same access," he explained. "This was an example … of taking preventive medicine and in a sense raising the awareness of the impact that a company can make because our company's initial model was actually adopted by other companies."

The results went beyond health. "It attracted high quality employees as well. And it also allowed governments to focus on the more vulnerable parts of their population and let the large organizations fund their employee care."

For Carr, the lesson was as much about leadership as medicine. "The business world taught me greatly that leadership is a collaborative process. It's listening. It's understanding where the pain points are. It's coming together in consensus, because not all sides agree on everything. And it's creating a standardized way of delivering either a service, a product in high quality, over and over again in a reliable, consistent manner."

Dr. Jim Tacci carried the compass of wellness in the workplace and beyond as plant medical director at Delphi automotive parts manufacturing company in the early 2000s and as global corporate medical director for Xerox from 2007 to 2013. He reflects that his career has been rooted in companies with "a lot of this sense of community responsibility," emphasizing that it's one thing to ensure employees inside a factory are protected from injury or illness, but "a very different thing to go beyond that and to be out in your community checking groundwater samples, checking air samples, looking at traffic patterns." He added that companies are now moving past simply doing no harm – not just avoiding pollution but also actively engaging with surrounding communities to improve health and well-being, turning the presence of a factory into "a source of greater social well-being for the people that live near the factory."

Decades later, U.S. Army veteran with deployments to Iraq and Afghanistan, Dr. Jeff Tzeng, found himself at Comcast NBCUniversal at the height of the COVID-19 pandemic.

"The pandemic, especially in the early stages, was very challenging for medical professionals because we were watching the science unfold," Tzeng said. "I relied on my experiences in the military to be comfortable with ambiguity and make decisions based on available information, best practices and doing what's right."

His leadership echoed his Army years: protect the mission by protecting the people. He built protocols that balanced evolving scientific data with the needs of a global workforce spread across studios, newsrooms and theme parks.

Each era shows the same truth: prevention is not just good medicine, it's good business.

Beating the Big Three

For too long, the health system has focused on sick care, stepping in only after disease takes hold. Preventive medicine physicians see a different path. Heart disease, type 2 diabetes and cancer – the "Big Three" – share the same preventable drivers: obesity, inactivity, poor sleep and diet, unchecked stress and smoking. ACPM recognized early that tackling these risks together could reduce all three and has devised strategic innovations in well care to do it. Today, prevention stands not only as a moral imperative but also as the smartest, most cost-effective way forward.

From Trials to Aisles: Building the National Diabetes Prevention Program

In the grocery store, the choice looks ordinary. A woman lifts a box from the shelf, checks the label and drops it into her cart. What she may not see is how much of that moment is the work of preventive medicine physicians. She is here shopping for healthier choices because she was screened, her risk was identified, her doctor had the right tools and guidance in hand, and her insurance provider is covering crucial nutritional coaching to guide her.

Behind that chain of events is ACPM. Its members take the scientific data showing that lifestyle changes prevent disease and turn it into coverage decisions that make screening possible, resources doctors can use in the exam room, and tools like NuVal that translate data into the language of daily life. In that way, a single choice in the supermarket becomes connected to decades of work by physicians who believe prevention belongs not only in hospitals and clinics but also in the everyday environments where health is made.

A DEFINING HEALTH CRISIS

More than 37 million Americans live with diabetes, and another 96 million are estimated to have pre-diabetes, most without even knowing it. The toll is staggering: $412.9 billion in medical costs and lost wages every year. From its earliest years, ACPM has treated type 2 diabetes not as an inevitability, but as a disease that can be prevented, delayed, and managed through evidence-based strategies that scale across communities.

FROM PREDICTION TO PREVENTION

Long before type 2 diabetes made headlines as a national epidemic, ACPM physicians were tracking its rise alongside heart disease and obesity. They saw what was coming: a future where lifestyle-related conditions would demand as much attention as infectious outbreaks. That foresight set the stage for a landmark moment.

In the mid-1990s, the Diabetes Prevention Program (DPP) clinical trial, led by the National Institutes of Health (NIH,) launched with more than 3,000 adults at high risk of developing type 2 diabetes. Dr. Richard Hamman, a former ACPM member, authored the original trial manuscript; his work helped establish the effectiveness of weight loss and physical activity in preventing diabetes, shaping national diabetes prevention efforts.

The study was designed to last five years, but by year three the data was so clear they ended the trial early. Lifestyle intervention – weight loss, exercise, diet – reduced diabetes risk by 58% overall and 71% for adults over 60. The pharmaceutical drug metformin, reduced risk by 31%. It was one of the clearest demonstrations in modern medicine that prevention could be more effective than a pill.

So, what next? ACPM had the answer. Their preventive physicians were among the first to insist the findings had to move beyond research into policy and practice. That conviction helped shape the next chapter and used the data to scale up to a DPP lifestyle model for the masses.

THE NATIONAL DIABETES PREVENTION PROGRAM

The National Diabetes Prevention Program (National DPP) was born out of that trial. Led by the Centers for Disease Control and Prevention (CDC), the year-long, group-based lifestyle change program became the vehicle for turning evidence into action. ACPM played a key role in expanding its reach. Through a five-year cooperative agreement, ACPM and its partners helped scale the DPP into high-risk communities, especially among Black and Hispanic women disproportionately affected by diabetes.

ACPM DIDN'T WORK ALONE.

- With the American Medical Association (AMA), ACPM integrated DPP referrals into everyday physician practice.
- With the Black Women's Health Imperative, it developed equity-focused strategies to close enrollment gaps.
- With community health and hospital systems – from UT Southwestern and Baylor Scott & White to UW Medicine and Northeast Valley Health Corporation and YMCA – ACPM tested everything from farm stand vouchers to culturally tailored retention strategies to increase usage of the National DPP.

These pilots developed best-practices that serve as models for other national programs that address and scale access to effective diabetes prevention tools.

ACPM also recognized that the workforce needed to expand. Partnering with the National Board for Health and Wellness Coaching, ACPM piloted group coaching certification programs and equity-informed training modules. By offering scholarships and preparing community members to become certified coaches, ACPM extended prevention's reach with cultural credibility.

And, reaching the most vulnerable has always been in clear focus. Knowing women who are diagnosed with gestational diabetes are more at risk for developing type 2 diabetes

PARTNERS IN PREVENTION

Centers for Disease Control and Prevention

ACPM has been a key partner in the National Diabetes Prevention Program (National DPP) since 2018. Through a Centers for Disease Control and Prevention (CDC)-funded cooperative agreement, ACPM contributed by expanding screening, testing and referrals to this year-long lifestyle change program. ACPM focused especially on reaching Black and Hispanic women in high-risk communities, collaborating with organizations like the American Medical Association (AMA) and Black Women's Health Imperative to develop innovative, culturally responsive prevention strategies that advance health equity. ACPM also created toolkits to support health care providers in improving diabetes prevention efforts and reducing disparities effectively within clinical and community settings.

down the line, Dr. Jill Waalen, ACPM secretary, sought to reduce their risk.

"When women develop gestational diabetes, of course the focus is in the moment to get that under control and make sure that they continue to have a healthy pregnancy. Sometimes that future risk of diabetes can be lost. And so with our preventive medicine programs, we help give the women tools to address lifestyle issues and other things to mitigate that risk."

PREVENTION IN THE AISLES

The physician's exam room is not the only clinic. Sometimes it's the grocery store. That philosophy inspired Dr. David Katz who developed NuVal, a system that assigned foods a score from 1 to 100 based on overall nutritional quality. Printed on shelf tags in more than 1,600 supermarkets, NuVal made it as easy to compare nutrition as price. For patients at risk of diabetes, it was an evidence-based tool that transformed daily choices into long-term health outcomes.

At its peak, NuVal was deployed into 2,000 U.S. supermarkets nationwide, reaching some 40 million shoppers. Katz traveled the country to meet with supermarket executives and their shoppers. The stories he heard were incredible.

"The one that stands out in particular was a gentleman at a supermarket in Tennessee who told me he'd been using NuVal to inform his shopping for the past 18 months and lost 150 pounds," Katz recalled. "He said, 'my life and my health are completely transformed and all I have done is shop these numbers.'" Ultimately, NuVal became a casualty of the food industry. As Katz puts it, it was too good of a "truth meter."

LOCKING IT IN

Ultimately, prevention is most powerful when it is protected by policy. The Affordable Care Act (ACA) required insurance plans to cover services with strong evidence of benefit – including diabetes screening and counseling – without cost sharing. For ACPM, it was proof that decades of work in trials, programs, and even grocery store aisles could culminate in national policy that reaches millions. In the fight against diabetes, the individual shopper, the neighborhood clinic, and the federal statute are all connected, and preventive medicine physicians have been the ones stitching those links together.

AB Forces News Collection/Alamy

Heart Disease: From the Breakfast Table to Million Hearts®

Dr. George K. Anderson remembers breakfast at home with his father in the 1950s. The family table had milk, but not the whole milk most kids drank. His father, Colonel George R. Anderson, an Air Force flight surgeon and ACPM regent, had swapped it out for powdered skim. Eggs were cut back too. The elder Anderson was among the earliest physicians to take new research on cholesterol and heart disease seriously – putting epidemiology into practice in his own kitchen long before it became mainstream medicine.

Cardiovascular disease remains the world's number one killer, claiming more than 18 million lives each year. It is both the deadliest and one of the most preventable conditions. The idea that heart disease could be prevented began taking shape in the mid-20th century. The Framingham Heart Study, launched in 1948, was the first to identify modifiable risk factors: high blood pressure, cholesterol, smoking, obesity and physical inactivity. In the 1950s and 1960s, scientists like Ancel Keys reinforced that diet, especially saturated fat, played a major role.

At the time, the public marveled at breakthroughs in open-heart surgery and transplants. ACPM members, however, focused more on stethoscopes than scalpels. In the 1950s and 1960s they were already warning about smoking, diet, obesity and hypertension. Their advocacy helped set the stage for the 1964 Surgeon General's Report on Smoking and their decades of work after, helped amplify it.

Dr. George R. Anderson practiced what he preached, and his son absorbed the lesson. Dr. George K. Anderson, who would become ACPM president from 1999 to 2001, carried prevention forward as both a personal ethic and a professional duty. While stationed in Germany as a young officer, he handed out American Heart Association cookbooks to military families. He also ran daily, convinced that "if you're going to be a good preventive medicine person, you need to be fit yourself."

By the 1970s, a growing body of data suggested that 80% to 90% of cases could be prevented through behavioral and metabolic changes. A 2014 American Medical Association (AMA) analysis, echoed by Centers for Disease Control and Prevention (CDC,) found that roughly one in three U.S. heart disease deaths were preventable. And, over the decades, ACPM helped reframe national policy to transform the evidence into practice and policy. The College pushed Congress and federal agencies to see stress, diet and hypertension not as private failings but as population-level

risks. It built bridges between public health and clinical medicine, arguing that a primary strategy for heart disease was prevention.

That perspective made ACPM a natural partner in Million Hearts®, the Department of Health and Human Services (HHS) initiative launched in 2011 and co-led by CDC and the Centers for Medicare & Medicaid Services (CMS). Its goal: prevent one million heart attacks and strokes by improving cardiovascular health nationwide. ACPM contributed expertise in blood pressure control and cardiovascular risk reduction, advancing the "ABCS": Aspirin use, Blood pressure control, Cholesterol management, and Smoking cessation. The College worked across clinical and community settings, helping ensure prevention strategies reached physicians, insurers and patients alike.

In 2020, CDC launched the National Hypertension Control Roundtable (NHCR) under the Million Hearts® umbrella. The coalition – now more than 50 organizations strong – set out to raise national hypertension control rates from about 50% to at least 80% by 2025. The NHCR focuses on sharing evidence-based interventions, engaging diverse stakeholders, and promoting hypertension control as a priority in primary care and community settings across the United States. ACPM took an active role, helping spread interventions like self-measured blood pressure monitoring and team-based care.

That work extends into real-world projects, like in Cook County, Chicago, where a patient is given a blood pressure cuff and a tablet with Wi-Fi ready to go. At home, he slips the cuff around his arm, presses start, and watches the numbers appear on the screen. Instead of staying in a notebook, those numbers travel instantly to his care team at Cook County Health. If the reading is too high, the clinic can act. If the trend is steady, he gets a message of encouragement.

The program is focused on reaching Black men and other patients at highest risk for hypertension – groups disproportionately burdened by cardiovascular disease. Since 2020,

Diet Quality: A New "Vital Sign"

Dr. David Katz uses the example of a world before the invention of the blood pressure cuff to explain why he's concentrated so much of his career shifting upstream to tackle the drivers of disease, like type 2 diabetes. He explains back then, "the way you knew somebody's blood pressure was impaired was to wait for their heart attack or stroke or kidney failure, or blindness, then intuit their blood pressure must be a problem … but, we didn't get ahead of the problem because we had no convenient way of doing so."

Today, he points out, "We have more and more good ways to identify vulnerability with biomarkers, predictive models, computer modeling systems, and new ways of measuring critical variables like diet quality, an area where I'm very active. All of these developments shift the focus upstream where we have the greater potential to practice prevention, improve lives downstream and save money doing it. It all speaks to the value proposition of preventive medicine and advances the mission."

But, Katz had long struggled with how hard it was to measure diet; patient daily diaries and long questionnaires were too long and cumbersome to be sustained in normal life, for most people. "You can't do GPS without knowing where you are now and where you want to go. So with diet, we tend to know where people want to go. But we don't know where they are," he said. It was, he argued, "very much like the days before the invention of the blood pressure cuff." The stakes could not be higher. "Diet quality measured objectively is the single leading predictor variable for premature death from all causes in the United States and much of the world today. Full stop." From that frustration came his newest venture, Diet ID. "It was sort of like a grain of sand and I was sort of like an oyster – and Diet ID is the pearl. We invented an entirely new way to do a comprehensive dietary intake assessment that is fast, reliable, accurate, easy, infinitely scalable, and takes 60 seconds."

Katz knows making "diet quality a vital sign as ubiquitous as blood pressure so that it can be a cue to action for patient and health professionals will be transformational."

hundreds have joined, and clinics have seen blood pressure control climb by 13%. For ACPM and its partners, it shows how a simple device at the kitchen table can chip away at disparities and turn prevention into daily practice.

ACPM also coordinates demonstration efforts at Lincoln Community Health Center, University of Alabama Medical Center, Henry Ford Health and Grady Health System. These programs don't stop at screening: they add lifestyle classes, nurse-driven protocols and remote monitoring. They also address the social determinants that make control hardest – food insecurity, transportation and lack of access to consistent care.

Meanwhile, ACPM makes sure clinicians have the tools to act. Through CME programs and toolkits, the College has trained thousands to measure blood pressure correctly, screen and refer at-risk patients, and implement proven interventions. Collaborations with CDC, AMA, the American Heart Association, and the American College of Cardiology help ensure new science doesn't stay buried in journals but makes it to exam rooms and community health centers.

Since co-developing the Lifestyle Medicine Core Competencies in 2015, ACPM has codified seven daily habits most protective against heart disease: good nutrition, physical activity, sleep health, stress management, smoking cessation, responsible alcohol use and emotional well-being. These competencies shift the conversation from prescriptions alone to sustainable lifestyle change – prevention as practice, not theory.

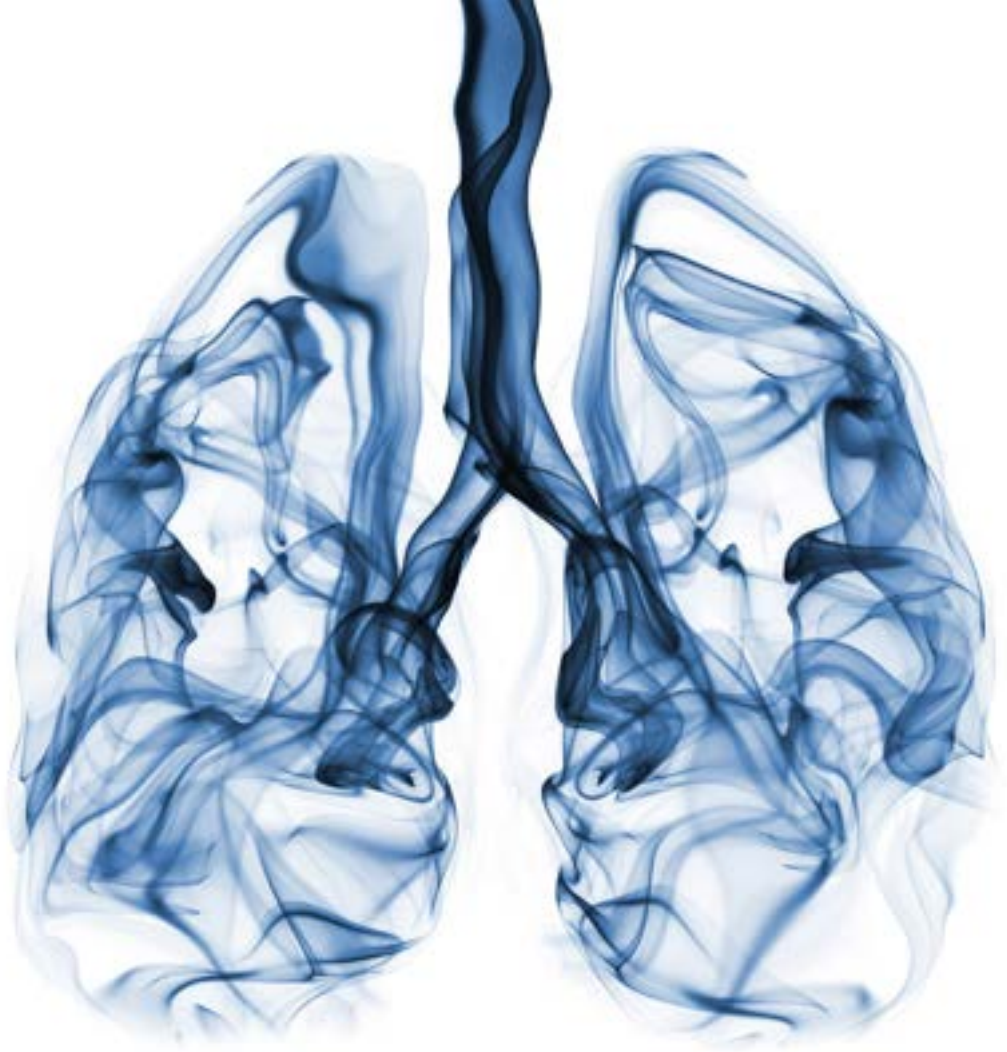
That legacy, stretching from powdered skim milk at a military breakfast table to national hypertension collaboratives, captures ACPM's role in fighting the leading cause of death. Heart disease is still the world's most formidable killer. But preventive medicine has shown, decade by decade, that it is not inevitable.

PARTNERS IN PREVENTION

Centers for Medicare & Medicaid Services

Long before Medicare covered obesity counseling, ACPM championed behavioral therapy as essential to care. In 2011, ACPM leaders met with Centers for Medicare & Medicaid Services (CMS) Administrator Dr. Don Berwick to underscore preventive medicine's role in obesity and cardiovascular disease. That same year, ACPM's formal comment letter affirmed: "Providing Medicare recipients with intensive behavioral therapy for obesity is another step toward redirecting our focus from disease treatment to disease prevention."

National Library of Medicine



Cancer Prevention: Winning the War Upstream

In 2024, the American Cancer Society published a landmark study in CA: A Cancer Journal for Clinicians that quantified what preventive medicine has argued for years: 40% of U.S. cancer cases, and nearly half of deaths among adults over 30 are tied to modifiable risks. Smoking alone accounted for 20% of cases and 30% of deaths; obesity, alcohol, diet, and infections like HPV followed close behind. For ACPM physicians, it was not surprising. Since its inception ACPM's call to action has been to change the conditions to change the outcome.

From ACPM's push to turn the 1964 surgeon general's smoking report into policy muscle to its nicotine cessation outreach, ACPM members have played an important role in the fight against cancer. One of the earliest was Dr. John R. Heller, an ACPM regent who directed the National Cancer Institute from 1948 to 1960. During his tenure, the National Cancer Institute (NCI) shifted from basic research to national programs that emphasized early detection and prevention and laid the foundation for the "War on Cancer" that ACPM members would later carry forward.

By the 1980s, ACPM physicians were driving change not only in federal agencies but also in state systems. ACPM Fellow Kenneth W. Kizer, then California's director of health services, made cancer a reportable condition and oversaw the creation of the California Cancer Registry in 1988. It grew into one of the world's leading population-based cancer surveillance systems and remains a cornerstone for prevention research and policy.

Dr. Dorothy S. Lane, ACPM past president, has worked as a national leader in cancer prevention research. Over three decades, she led a series of NCI-funded projects to improve breast and colorectal screening rates, directed one of CDC's first Colorectal Cancer Screening Demonstration Programs to expand access for uninsured populations, and authored more than 200 peer-reviewed publications that shaped both policy and practice.

At Stony Brook University's Renaissance School of Medicine, she directed a program called SCOPE (Suffolk County Preventive Endoscopy), designed to improve accessibility of colonoscopy screening. "We learned disturbingly that in

the private sector where people have insurance coverage, patients were obtaining colonoscopy screening, but when it came to the health centers … that population did not get colonoscopies because of cost," Lane explains.

They also added bilingual navigators to walk patients through the prep in the patient's own language and even scheduled procedures directly, removing delays that often derailed care. Lane applied the same logic of removing barriers to breast cancer, launching a mobile mammography program so that "having the mammography van stationed right at the health center at a predictable time of the month could expedite screening."

By the 1990s, ACPM was taking a leadership position on prostate cancer screening. At a time when prostate-specific antigen (PSA) testing was widespread in the U.S. with no definitive studies supporting its use to lower the risk of prostate cancer-related mortality, ACPM advocated for evidence-based screening, arguing that shared decision-making, not one-size-fits-all testing, was the only responsible path. ACPM produced decision aids for patients and physicians alike, shaping national guidance.

Two decades later, ACPM brought the same clarity to colorectal cancer. With funding from Exact Sciences, the College designed a strategic roadmap to speed adoption of updated the U.S. Preventive Services Task Force (USPSTF) screening guidelines. Dr. Neal Kohatsu, an ACPM past president, served on advisory groups for both prostate and colorectal cancer screening guidelines and calls them both, "critical." The American Cancer Society also turns to ACPM when working to update and refine guidelines when new data comes to light, helping frame cancer not just as a disease to treat, but as a risk to reduce.

And, the College's leadership in the 2015 and 2022 Core Competency guidelines cemented lifestyle changes as central to cancer prevention. ACPM partnered with public health agencies, hospitals, and insurers to integrate cancer prevention into broader chronic disease strategies. The work is not finished, but the direction is clear: the path to beating cancer begins long before diagnosis.

Stony Brook Medicine continues to increase accessibility to mammography screening through the use of updated vans.

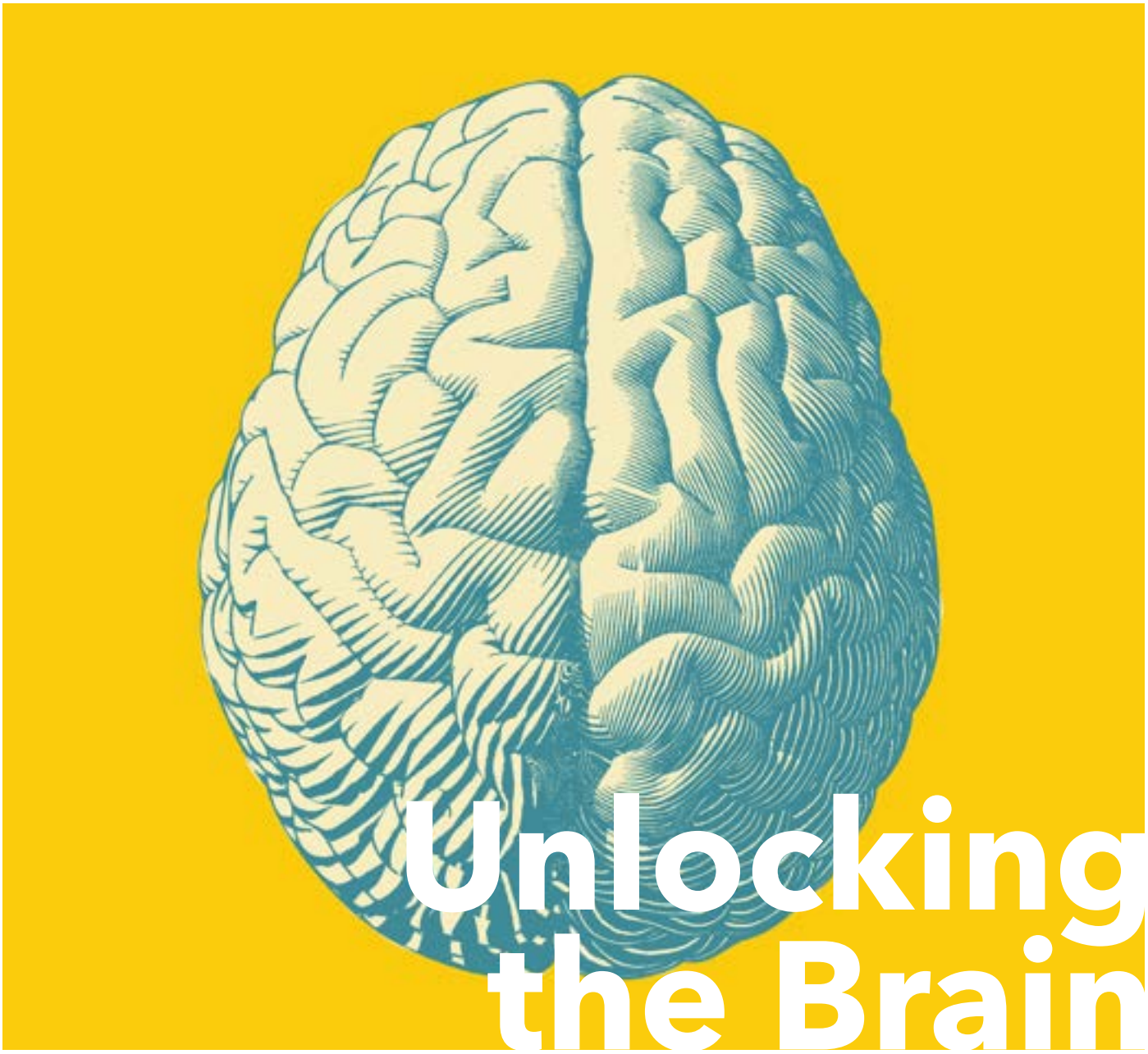
Library of Congress

The Three We Beat

Modern Americans can hardly fathom ailments that might cause us to call out of work today, once ranked among the deadliest killers at the turn of the 20th Century. In 1900, the top causes of death in the United States were pneumonia, tuberculosis, and diarrheal diseases. Tuberculosis (TB) alone killed 194 out of every 100,000 people, and nearly one in three deaths was a child under five.

Prevention changed the story. Public health labs proved that microbes spread through contaminated water and food, fueling a wave of reforms. In 1906, outrage after Upton Sinclair's *The Jungle* spurred Congress to pass the Pure Food and Drug Act and the Meat Inspection Act, creating the forerunners of today's Food and Drug Administration (FDA) and U.S. Department of Agriculture (USDA). Cities modernized water and sewage systems, pasteurized milk, and improved housing and ventilation, driving TB deaths down by nearly 80% by 1950. Pneumonia mortality fell as nutrition and sanitation improved, then again with vaccines and antibiotics.

Even now, ACPM physicians hold leadership roles in local health departments, ensuring these pathogens remain controlled and prevention stays at the center of public health.



Unlocking the Brain

For decades, prevention meant heart disease, diabetes and cancer. Science showed lifestyle was the key – diet, exercise, blood pressure and tobacco use – but when it came to Alzheimer's and dementia, the door seemed locked.

Now that lock is starting to turn. Evidence is growing that shows the same choices that keep our hearts strong, like physical activity, a healthy diet, blood pressure control, and social connection, may also protect our brains. The science isn't conclusive yet, but it's promising. Which is exactly why ACPM has stepped into this moment to bring tools and physician training to one of the most urgent frontiers of preventive medicine.

Through a cooperative agreement with the Centers for Disease Control and Prevention (CDC), ACPM has developed practical resources to advance brain health and Alzheimer's prevention. Under this initiative, which ran from 2018 through 2024, preventive medicine physicians gained access to a comprehensive toolkit and continuing medical education (CME) courses designed to address lifestyle factors linked to cognitive decline. The materials guided clinicians in assessing and diagnosing patients, and in referring them to evidence-based programs aimed at reducing dementia risk through blood pressure control, weight management, nutrition, physical activity, diabetes care and improved sleep.

This work is closely tied to the CDC's Healthy Brain Initiative, with an emphasis on equity-centered approaches and clinical-community linkages that make prevention more accessible. By offering free CME opportunities and practical guidance, ACPM is equipping physicians across the country to integrate brain health into everyday practice, extending the promise that one day the door will swing open and the brain diseases we fear most can be avoided.

Grants at Work

ACPM has managed a broad-reaching portfolio of federal and foundation grants aimed at supporting physicians' and other health professionals' efforts to promote health and prevent disease.

ACPM's grants portfolio not only serves to build the evidence base for prevention but also is a platform for promoting the practice of preventive medicine through member, partner and public engagement. Since 2018, ACPM has received nearly $27 million in federal, industry and foundation grants and contracts to advance health systems transformation in critical areas.

Building on its partnerships with the CDC, the ACPM grants program has supported the following:

BUILDING THE EVIDENCE

- National demonstration projects and aligned communities of practice to address prediabetes, uncontrolled hypertension and improve COVID identification, mitigation and recovery among disproportionately impacted populations.
- Clinical decision support tools for prostate cancer and roadmaps to increase the uptake of colorectal cancer screening in individuals under 50 and address tobacco cessation.

TRANSLATING THE EVIDENCE

- Communities of practice (CoPs) to promote best practices in COVID mitigation, hypertension and diabetes.
- An extensive library of continuing education-eligible coursework in population health topics, rural health, population-specific hypertension and cardiovascular disease prevention.
- Various evidence-based toolkits to reach populations at risk for childhood injury, prediabetes, Alzheimer's disease and related dementias, vaccine-preventable diseases and others.

DRIVING INFORMED POLICY DECISIONS

- Impactful, data-driven tools to promote the integration of preventive medicine into medical education as well as improve tobacco cessation efforts from stakeholder systems perspectives.

LEVERAGING ACPM THOUGHT LEADERS

- Projects and initiatives to showcase the expertise of its members across public health sectors as faculty, subject-matter key informants, media spokespeople, as well as nurture the pipeline of new preventive medicine practice leaders.

PART 3

A Healthier Future, By Design

ACPM members have mobilized communities, used media to amplify truth, and brought an entrepreneurial spirit to prevention. With the nation itself as the patient, they sketched a new blueprint for health — one that moves beyond hospitals and into daily life.

The Opioid Crisis: Redesigning the Response

By the late 2010s, opioid overdose deaths had surpassed fatalities from car crashes and HIV at its peak, rewriting the nation's mortality charts with waves of deaths caused first by prescription painkillers, then heroin, and most recently fentanyl. In 2023, approximately 105,000 Americans died from drug overdoses, nearly 80,000 of which involved opioids – a dramatic increase compared to two decades prior. Preventive medicine physicians recognized that downstream efforts like improving rehabilitation programs were insufficient; prevention had to be redesigned from the ground up.

Through its Prevention Alliance, ACPM positioned the opioid crisis as one of its three core public health priorities, alongside chronic disease and gun violence – underscoring its central place in the College's collaborative strategy-building across sectors.

"During the time I was president of the College, I think one of the challenges we all faced as a nation was the opioid crisis. It had become unmanageable, politicized and criminalized," recalls Dr. Robert Carr, an ACPM past president.

That search for answers took Carr north of the border to Canada to share ideas. What struck him was the contrast. "It was really eye-opening to just see the different approaches that Canada was taking at their provincial level versus our state and federal levels. Many practices across the world that had been shown to be effective had difficulty in the U.S. because of its criminalization focus as opposed to its medical addiction focus."

"One thing we can learn as a College is that, whether it's a virus or drugs, many of the problems are global and they move across borders. I think we can learn from each other much more than if we tried to do it alone," emphasized Carr.

In September 2022, ACPM leaders, including Dr. Catherine Livingston, Dr. Elizabeth Salisbury-Afshar, and Dr. Kevin Sherin, co-authored a landmark article in the American Journal of Preventive Medicine titled "Addressing the Opioid Epidemic Through a Prevention Framework." Their work applied the classic four levels of prevention – primordial, primary, secondary and tertiary – to opioid use disorder, fundamentally treating the epidemic like any other chronic disease.

Informed by this framework, ACPM's Opioid Epidemic Working Group developed a formal practice statement to guide preventive medicine physicians in navigating and advocating for evidence-based responses to opioid use disorder.

ACPM operationalized these principles by training clinicians on risk assessment, developing decision aids for responsible opioid prescribing, and advocating for policies that expand access to medications for opioid use disorder MOUD. Moreover, the College partnered with community organizations to integrate prevention into housing programs, job training centers and schools.

In practice, it meant physicians like Dr. Elizabeth Salisbury-Afshar, an ACPM Fellow, taking prevention beyond the clinic. In Baltimore, she launched the city's first overdose prevention plan and fatality review, co-led a naloxone distribution program, and built a coalition to turn findings into action. Later, at Heartland Alliance Health, a health care provider for the homeless in Chicago, she helped create a (MOUD) program in federally qualified health centers (FQHCs) across the country and went on to expand MOUD access nationwide through her role as medical director of behavioral health at the Chicago Department of Public Health.

As the Multnomah County Health Officer, Dr. Richard Bruno, an ACPM regent, also has advocated for and developed innovative programs to address the opioid crisis in Portland, Oregon. He worked with fire and rescue officials on a pilot program that enables paramedics to administer buprenorphine – a medication for opioid use disorder (OUD) – to people who have been given naloxone for an overdose.

"They're on death's doorstep and they are given the antidote, but now we can also give them 'Bupe,' if they choose it and it calms their cravings and withdrawal symptoms. We have avoided dozens of hospitalizations because now we can give it in the field," noted Bruno.

Dr. Sylvie Stacy, board certified in addiction medicine, has spent more than a decade in correctional health care. She has served as a corporate-level medical director for prison and jail health providers, overseeing care for incarcerated populations with high rates of substance use disorders. In those settings, she prescribed MOUD, including methadone and buprenorphine, and developed treatment protocols for withdrawal and overdose management. Her work highlights the importance of continuity of treatment to reduce relapse and overdose risk after incarceration.

In 2024, the College advanced its advocacy by calling for expanded federal funding for prevention training, public health readiness and addiction medicine services. ACPM member, Dr. Catherine J. Livingston, an ACPM Fellow and addiction medicine specialist who co-authored the ACPM opioid prevention framework article, stated, "The rapid adoption of various systems-level strategies in the face of the OUD epidemic has been remarkable."

The Centers for Disease Control and Prevention (CDC's) latest reports show a nearly 27% decrease in overdose deaths compared to 2023, an encouraging sign that progress is possible. Still, experts caution the crisis is far from over and continued vigilance is essential.


American Journal of
Preventive Medicine

American College of Preventive Medicine: Addressing the Opioid Epidemic Through a Prevention Framework

Where Prevention Meets Regulation

For decades, ACPM has worked alongside the nation's chief guardians of health – the U.S. Food and Drug Administration (FDA) and U.S. Department of Agriculture (USDA) – where public confidence in food and medicine is shaped every day. ACPM members serve on advisory boards, contribute to regulatory science, and help set policies that determine what ends up in America's pharmacies and on its dinner tables.

In the 2010s, ACPM Fellow Dr. J.P. Ahluwalia, a commander in the U.S. Public Health Service, joined FDA's Center for Biologics Evaluation and Research, bringing preventive medicine principles into the oversight of vaccines and therapies. As a medical officer and epidemiologist at the FDA, ACPM Fellow Dr. Andrew Karasick is in the agency's Center for Food Safety and Applied Nutrition. As a clinical expert on issues related to food and related product safety, Karasick supports the agency in identifying and responding to food safety outbreaks and recalls. While currently dividing time between clinical medicine and interdisciplinary health policy research focused on payment policy, FDA regulatory policy, and health care competition policy, Dr. Brian Miller previously served as a Medical Officer in the Office of New Drugs at the Center for Drug Evaluation and Research at the FDA, where he focused on pre- and post-market safety regulation. At USDA, ACPM members have influenced federal dietary guidelines and nutrition programs, including ensuring prevention stays central to food policy to protect the public's health.

Today, both agencies face strain – FDA with inspection backlogs and rising demands on food safety and labeling, USDA with mounting pressure on programs like SNAP that support millions of families. ACPM has been a steady voice through these shifts, calling for science-based standards, continued training for preventive medicine specialists, and vigilance to keep nutrition, food safety, and tobacco control from being sidelined.

Lifestyle Medicine at a Crossroads – Again

Lifestyle medicine has always been part of the DNA of preventive medicine, long before the term was coined. ACPM physicians were weaving healthy lifestyle measures into their work by teaching residents to recognize the power of diet, exercise, sleep and stress management as a foundation of care.

By the late 2000s and early 2010s, as health reform debates intensified, prevention suddenly moved into the spotlight. Lifestyle medicine was everywhere, a movement taking shape in new organizations and with new language around it. For ACPM members, it was not new at all. It was clinical preventive medicine in the specialty they had trained in for decades, and the moment became a crossroads: would lifestyle medicine remain a buzzword, or would it be secured in the health care system as evidence-based, board-certified and national in scope?

Michael Barry, former ACPM executive director, explains that when the American College of Lifestyle Medicine (ACLM) was founded in 2004, many of the physicians helping to lead that new movement were also ACPM members or preventive medicine-trained doctors. In his words, "ACLM had a lot of the passion and the focus and the expertise in lifestyle medicine. ACPM had more of the role within the system of organized medicine … and the credibility to push it forward."

The two organizations grew in parallel, with overlapping leaders and shared priorities: ACLM advancing the passion and practice of lifestyle medicine, ACPM anchoring it inside the House of Medicine. Together, the partnership positioned ACPM as a credible voice for lifestyle medicine within mainstream health care and helped elevate prevention as central to reform.

What sets ACPM physicians apart is that they are trained in both clinical medicine and population health. "The whole nation is the patient," as Dr. Michael Crupain has said. The College's doctors design systems that move lifestyle medicine out of lectures and pamphlets and into everyday care. A clear example is health coaching.

In 2022, a Vanderbilt University study tested a simple idea: ten sessions of health coaching for patients at risk of heart disease or type 2 diabetes. The results lasted. Six months later, participants were still more active than before – 3.6 times more likely to report vigorous exercise than controls. One small shift in behavior slowed disease, improved metabolism and lifted mood.

ACPM physicians are the ones who move coaching from boutique to standard. They teach it in CME. They build the clinical tools. They create a single button in an electronic record that connects a patient to a coach. And, they fight for reimbursement so the services last.

In 2015, the College co-authored the first Lifestyle Medicine Core Competencies with the ACLM, defining 15 essential skills from nutrition and physical activity to behavior coaching and emotional wellness. The second edition expanded to team-based care, ensuring physicians, nurses and allied health professionals could share the work. CME programs like Building Physician Competency in Lifestyle Medicine gave doctors the training to integrate lifestyle prescriptions as rigorously as drug regimens. And in 2020, ACPM convened 24 national stakeholders to draft a roadmap for embedding lifestyle medicine in medical school curricula, pushing prevention upstream into the training of every new doctor.

Funding has been a critical piece. Dr. Ron Stout, ACPM Fellow and president and CEO of the Ardmore Institute of Health, has made lifestyle medicine the centerpiece of his foundation's mission. AIH provides grants to health care providers and systems to develop programs focused on nutrition, physical activity, stress management and behavior change – practical models for preventing and reversing chronic diseases like obesity, diabetes and heart disease. Under Stout's leadership, the institute supports community-based initiatives in Ardmore, Oklahoma, while funding training and integration efforts nationwide.

At Loma Linda University, ACPM Fellow Dr. Karen Studer is shaping how the next generation of doctors will practice. As Chair of Preventive Medicine and residency program director, she helped create the Lifestyle Medicine Residency Curriculum, filling a gap that once left new physicians unprepared to prescribe lifestyle change with the same rigor as pharmacology. Her residents now graduate fluent in nutrition, obesity medicine and stress management; they carry those skills into clinics where prevention is treated as core medicine, not an afterthought.

The College has endorsed lifestyle interventions as first-line therapy for chronic disease and called for certification, reimbursement and legislation to sustain them. Its practical toolkits give institutions ways to put prevention into daily practice, from healthy cafeteria food to weight management programs in clinics. And, it goes deeper than advice.

Dr. Erica Frank, ACPM Fellow, is widely recognized for her research on physician health and its link to patient care, leading the Healthy Doc = Healthy Patient initiative. The program demonstrated that physicians' own health behaviors strongly influence both their counseling and their patients' practices.

"There are quite a number of ways that medical educators and medical systems in general can help promote health among physicians and therefore among our patients. Creating ecosystems that have reduced burnout is one of the most important ways that this is being emphasized in the United States currently," Frank details.

Frank points to examples already in use: staircases in hospitals marked with signs reminding people to "consider burning 10 calories by taking a flight of steps instead" and farmers markets launched by Kaiser Permanente in Loma Linda, California, and cafeterias redesigned to offer healthier choices.

"Every way that we can signal to ourselves, to our colleagues and to our patients that we can be surrounded by a health promoting environment. That's a special place where specialists in preventive medicine can really have profound effects," said Frank.

This is what distinguishes ACPM in the lifestyle medicine landscape. Others spread the message of "eat better and move more" – ACPM physicians go a step further, making sure it is taught, built into workflows, scaled across communities, and paid for.

And once again, lifestyle medicine finds itself at a crossroads. In Washington and across the health care ecosystem, prevention is on everyone's lips. The hunger is there. The goal is to ensure evidence-based, system-level models like the ones ACPM physicians have been building for decades define this new era, so the moment doesn't pass without lasting change.

When the Nation is the Patient

From its ambitious kickoff under Surgeon General Julius Richmond in 1980, the Healthy People initiative by the Department of Health and Human Services has become the blueprint for setting measurable, science-based health goals for the nation. Key architect Dr. J. Michael McGinnis, led its development while ensuring a focus on prevention and equity.

With new versions released at the beginning of every decade, Healthy People serves as "the nation's health GPS" charting the course to improved population health with quantifiable objectives. Each decade's objectives aim to eliminate disparities and mobilize entire states and communities around achievable benchmarks, from reducing infant mortality to improving access to preventive services and health equity. Healthy People is a strong reminder for preventive medicine physicians, tasked with fortifying population-level health, the nation is their patient, and the Healthy People Initiative has steadfastly promoted health, improved lives and prevented chronic disease for generations.

Thinkers Are Doers: The Entrepreneurial Spirit of ACPM

Preventive medicine has always been about looking through a telescope rather than just a microscope to see the bigger picture of health before problems come into focus. That instinct was visible from the College's earliest days when members in the Air Force and industry were already innovating by building occupational health programs inside corporations, piloting new workplace safety standards, and linking aviation medicine to preventive care back on the ground. ACPM's members have carried that tradition forward into new arenas, turning medical insight into entrepreneurial ventures, proof that prevention thrives not only in clinics and government offices but also in boardrooms, startups and collaborative alliances.

"From 25 years at a large multinational life sciences company," recalls Dr. Robert Carr, "one of the things I learned … is that innovation is key for us to move forward, and innovation takes time and money. And – it takes novel creative ideas. It takes curiosity."

Carr's curiosity was the driving force behind one of the most forward-thinking experiments the College had ever undertaken: "One unique and innovative idea during the 2018 to 2020 timeframe in the College was this concept of a design hack, kind of a mixture of both designing something novel and creating some technology-oriented program that could accelerate our ability to prevent disease."

Inspired by Datapalooza and the tech world, Carr and colleagues such as ACPM Fellows Dr. Charlene Brown and Dr. Wendy Braund brought in leaders from HHS, Apple Health, Google, Cerner, and Centers for Disease Control and Prevention (CDC) to judge and mentor cross-disciplinary teams. Preventive medicine members paired with entrepreneurs and informatics experts, guided by co-leads Dr. Colby Uptegraft and ACPM Fellow Dr. Elham Hatef to develop scalable prevention ideas. At the end of the year-long process, ACPM awarded $100,000 in seed funding to the most promising projects, ranging from an early mobile prevention tracker app to a cancer registry designed to diversify global clinical trials. "It showed some of those companies that prevention is a part of their new business model," Carr said. "Not all ideas ever get to the finish line, but the process … to grow the idea, to socialize and try to execute parts of the idea and then if parts of them fail, what do you learn from it? That was the beauty of it."

For Dr. Carr, the experiment proved how preventive medicine could learn from design thinking to create "ideas that led to a value proposition to not just communities and physicians, but

to companies that could take that and turn it into a product or a service."

Carr has since been involved in several startups across different areas of health, from behavioral change and stress management to Alzheimer's caregiving and pain treatment. "I'm working with companies in behavioral change, linking the science of purpose and longevity to resilience building, especially in the areas of burnout in the health systems and organizations." Other ventures include caregiver support platforms for families facing neurodegenerative disease, virtual reality tools that use neuroplasticity to manage pain, and an AI-driven company streamlining recruitment for clinical trials in rare diseases and cancer.

These ventures, Carr said, bring him joy: "I'm able to bring both my business experience and years of understanding how a business functions and creates value to those smaller start-ups, because they really are all hands on deck and it's kind of ordered chaos."

That same spirit of invention carried forward in the work of Dr. Chris Gibbons, who has pushed preventive medicine into the digital age. Gibbons founded The Greystone Group, an equity-focused tech health innovation firm, and serves as Chief Health Innovation Adviser to the Federal Communications Commission's Connect2Health Task Force and Health Innovation Adviser to the American Medical Association (AMA.) His work has helped shape the emerging field of "Populomics" – the intersection of population science, medicine and health informatics – to improve care for vulnerable communities.

For Gibbons, the goal is not only simply deploying technology but also reshaping the way medicine understands health. "We must start thinking about digital technologies and the impact they are having on consumer or patient health norms and values," he said. "Then we need to design a new system, built on these new values, driven by new tech-based opportunities to achieve things that were previously impossible."

ACPM members have carried the mantle of entrepreneurship into a variety of spaces. This is a small snapshot of some of the innovators:

- Dr. Jonathan Fielding launched U.S. Corporate Health Management Inc., later acquired by Johnson & Johnson, and went on to found UCLA centers that continue to influence policy and innovation.
- Dr. Michael D. Parkinson provided key early leadership at Lumenos, a consumer-directed health plan innovator ultimately acquired by WellPoint.
- Dr. George K. Anderson, who once led ACPM, later became CEO of OraMetrix, advancing SureSmile orthodontics.
- Dr. Helga Rippen founded the Health IT Institute at Mitretek and went on to lead Health Sciences South Carolina, the nation's first statewide research collaborative of its kind.
- Dr. Halley Faust co-founded the Preventive Medicine Center of Ann Arbor, led Health Analysts, Inc., was group vice president at HealthAmerica, ran the strategic opportunities investment arm of Aetna, and was managing director of Medmax Ventures, LLC and Jerome Capital, LLC, venture capital funds investing in start-up high technology medical companies.
- Dr. Chris T. Pernell founded The Esther Group LLC to bring equity strategy into public health.
- Dr. Kevin Sherin co-founded Clínica Mi Salud in Orlando to bring care to the uninsured.
- Dr. Jay Parkinson, preventive medicine physician and co-founder of Sherpaa, Hello Health, and Automate. clinic, pioneered virtual primary care and now partners with companies to advance AI applications in medicine.
- Dr. Yahya Shaikh, former director of the Johns Hopkins Health Innovation Lab, advised startups in AI, genomics, IoT, and nanotechnology, and now serves as chief data officer at Greystone Health IT Solutions.
- Dr. Larry Brilliant, a physician and epidemiologist who spent nearly a decade in India helping lead the WHO smallpox eradication effort, co-founded Seva and The Well, later served as vice president of Google and founding executive director of Google.org and today heads Pandefense Advisory while chairing Ending Pandemics and serving on the Skoll Foundation board.

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Media as a Pillar of Preventive Health

From Jonas Salk's polio vaccine in the 1950s to Surgeon General Koop's plainspoken AIDS messaging in the 1980s, and later COVID-19 briefings, public health has relied on the media to turn science into life-saving action. Prevention needs a platform, and trust depends on who delivers the message.

ACPM Fellow, Dr. David Katz, has spent much of his career behind that mic. A former ABC News health correspondent, he has long used national broadcasts to translate preventive medicine into public understanding. His books, "How to Eat," with New York Times columnist, Mark Bittman, "Disease-Proof" and "The Truth about Food" bring evidence into everyday life.

"There is a place for media in medicine. Those of us committed to evidence, committed to sharing fundamental truths, to differentiating what we know from what we like or our opinions, and are true representatives of the weight of evidence have an obligation to interact with the media so that truth prevails," said Katz.

Katz sees the millions of people at the other end of the camera, page, or webpage as just a single patient he's been caring for for 30 years. "There are innumerable people just like one patient I could be sitting and talking to."

Katz has heard from countless people who have taken information he's shared on television or in print and used it to change their lives and their health. He's seen his projects, like a healthy eating in school project, be amplified by the media and then replicated. The media has might, but trust is very important and the goals of journalists do not always align with straight-education.

He recalls a time working at Good Morning America, when a producer pushed back on his commentary on a timely study showing the benefits of consuming fruits and vegetables because they covered that "last week." He recalls, "That's when I knew that Houston, we had a problem. There was this tension to want to be provocative and titillating and attract attention by being inconsistent in the delivery of critical information about health. We have to work hard to overcome that so we can practice effective edu-tainment where we are entertaining and we are engaging, but we're still telling consistent, empowering truths."

ACPM officer Dr. Michael Crupain also has influenced how the media presents preventive medicine at the highest levels. "At Consumer Reports, my job was to test food for contaminants,

understand what the results were, use science and risk assessment to translate those findings into what they meant for human health. I worked with the editors of the magazine to write the story and then go to D.C. with the advocacy team to try to change policy."

Crupain's work in the media has helped regulatory agencies shape policy that affects the foods we see in our grocery stores every day. "I've helped make our food system safer by combining science and advocacy and media and working with government agencies, the Food and Drug Administration (FDA), the U.S. Department of Agriculture (USDA), and the Centers for Disease Control and Prevention (CDC), to help change policy and education so that everyone's food is better for them." He explained, "My first story I worked on was about arsenic and rice. It was seen by almost everyone in the world. It changed FDA policy. They took the issue seriously. They set limits for the amount of arsenic that would be allowed in baby food as a result of our work. We worked on antibiotic resistant bacteria and meat. We helped change the national dialogue."

Crupain has also translated nutritional data into practical recipes, authoring bestselling cookbooks. "When you look at the data, we see that people aren't eating enough of the foods associated with living the longest, healthiest life. For a lot of people, nutrition is really hard." Seeing the problem, he tapped into his culinary skills to provide clarity on which 5 foods to eat more of and how to make them delicious.

In 2025, the media landscape has changed. There is often no producer or editor to go through. Social platforms provide doctors with an open mic to share their knowledge with the public. However, in the digital world, misinformation can spread as fast as facts. ACPM members must rise to meet this frontier, carrying the rigor of traditional outlets into the social media realm – earning trust one post at a time.

Katz calls out changes in the current media landscapes, "Misinformation, disinformation, malinformation, are arguably the signature threat of our time. Certainly, a threat to preventive medicine, but a threat to everything. A threat to planetary health, a threat to the fate of nations, the stability of venerable institutions like democracy, everything."

Recognizing that threat, ACPM has developed valuable toolkits for physicians to become messengers of public health, from media training to webinars and social media assets.

American Journal of Preventive Medicine

The American Journal of Preventive Medicine (AJPM) is a leading source of timely and evidence-based information on prevention science, education, practice and policy for a global audience. Edited by Dr. Matthew Boulton, an ACPM Fellow, the journal is celebrating its 40th anniversary as the premier journal of the field. Under his leadership, submissions have surged – from less than 5% international authors when he started to nearly half today – reflecting its global reach. Boulton describes his role as "the curation and dissemination of rigorous prevention science," ensuring evidence published in AJPM is translated into practice and policy. One landmark example: the journal published the first study on Adverse Childhood Experiences in 1999 – a paper now cited more than 10,000 times and foundational to how the world understands trauma. AJPM's 2025 impact factor of 4.5, the highest in its history, reflects its credibility and importance in the field of preventive medicine and public health.

Its open-access sister journal, AJPM Focus, launched in 2022 to expand access to high-quality prevention evidence and highlight diverse content and perspectives across the spectrum of academic population health. Founding Editor-in-Chief Dr. Juri Jadotte notes, "Although it is evident that a journal cannot solve the world's health inequities, it can serve as an effective guide to high-quality evidence."

Disease Through Different Lenses and Meeting Communities Where They Are

If you shine a beam of light through a prism, it breaks into a spectrum of colors. In prevention, for a single guideline to be most effective, it must reflect differently through the lenses of community perspective, race, gender and sexual-minority groups, as well as across socioeconomic differences. That guideline may look one way on a crowded city block and totally different in a rural food desert. ACPM's work often begins in the overlooked places, where the realities of daily life force medicine to adjust. Prevention isn't a one-size-fits-all prescription; it has to bend toward the communities it serves.

Hypertension has long been a hidden killer, striking hardest in communities with limited access to consistent care. In 2015, driven by data, ACPM was central to the U.S. Preventive Services Task Force updating its recommendations to make ambulatory blood pressure monitoring (ABPM) the gold standard for confirming a diagnosis. Unlike the quick in-office reading that can miss or mislabel patients, ABPM tracks blood pressure over 24 hours in homes and workplaces.

That precision matters most for people who cannot afford repeat visits, have transportation issues, or whose conditions have too often gone undetected until a heart attack or stroke. By reducing missed diagnoses and lowering costly complications, ABPM helps close gaps that fall hardest on

Prevention in Action

Prevention only works if it reaches those who need it most. In New Orleans, on Louisiana's Gulf Coast, the CHOICES Center at Tulane University's School of Medicine – led by ACPM Past President Dr. M. Tonette Krousel-Wood – shows what that looks like in practice. Supported by National Institutes of Health (NIH), CHOICES takes the science of prevention and makes it work in daily life: helping patients stick with blood pressure medicines, testing new ways to manage weight, sleep, diabetes and turning research into real programs for the community. By partnering directly with local families, the center ensures prevention takes root far beyond the clinic, intentionally including those most often missed.

underserved populations, proving how smarter tools can make prevention more equitable, which is a hallmark of true population-level care.

ACPM Regent Dr. Chris Pernell of the NAACP Center for Health Equity puts it, "Sometimes you got to make those systems bend, and other times you got to disrupt those systems, innovate and invent, and create and design." Prevention only works when it reaches people where they live and work.

The College pushes for upstream change: implicit bias training for clinicians, continuing medical education modules, and performance measures that hold systems accountable for inclusivity. As Pernell said, "When equity is not a part of the triple bottom line for an organization, it's an afterthought, it's symbolic, it's ceremonial."

ACPM also designs programs with community voices at the table. Local health data, feedback from residents, and cultural relevance shape screening and education campaigns. That has meant mobile clinics in neighborhoods without easy access to care, community health worker networks that bring prevention into homes, and outreach in schools, faith centers, and workplaces. Each project carries the imprint of the people it serves.

Dr. Richard Bruno, an ACPM regent, is the Multnomah County Health Officer, and his passion for medicine has been deeply rooted in social justice from a young age. Losing his best friend in college to a brain tumor Bruno believes could have been nonfatal with proper health care forever changed him. Since then, he has sought to even the playing field for underserved communities. He is currently working with the homeless communities of Portland in some creative ways.

"Homelessness and addiction are two of the biggest health problems we wrestle with, but I will say we are making a lot of progress on both fronts. We have adopted a housing first model in our county, then we are able to address the broader health and mental health picture. I work with a group that uses tiny home villages with security and supportive services on site to provide housing for patients."

The work is a culmination of the activism born inside Bruno all those years ago and, to him, the impact of equity reaches society as a whole. "Untreated stigmatized diseases like addiction and mental health affect all of us. When we ignore it and sweep it under the rug, it gets worse. The humane approach to help people get on the road to recovery and become productive members of society is a benefit to all."

Partnerships at Work

"Partnerships are important in preventive medicine. The College has longstanding working relationships with voluntary health organizations, such as the American Cancer Society, the American Heart Association, the American Diabetes Association, the American Lung Association and others. They're critical because the challenges are great. Together, we can make a difference."

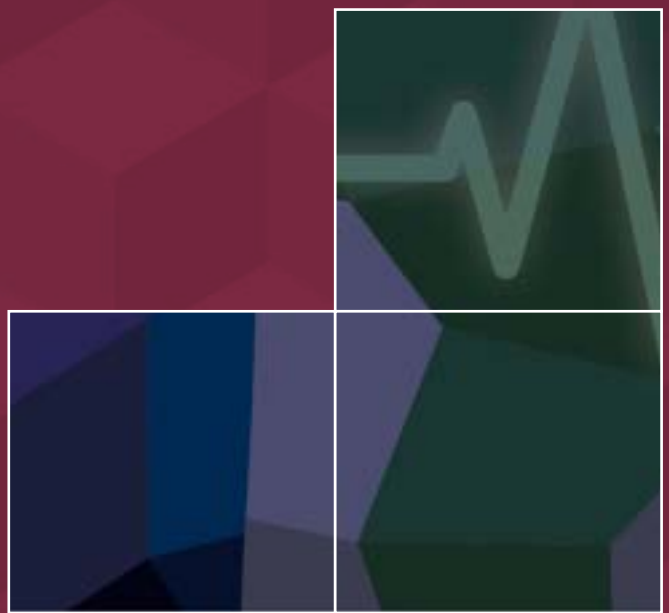
Dr. Neal Kohatsu, MD, MPH, FACPM,
ACPM past president

From working with mission-aligned foundations, federal and industry partners, AMA House of Medicine colleagues, fellow specialty societies, ACPM recognizes the critical importance of collaborative partnerships in not only driving meaningful advances in prevention-based population health but in strengthening training and certification as well as evidence based guidelines and standards for the field.

PART 4

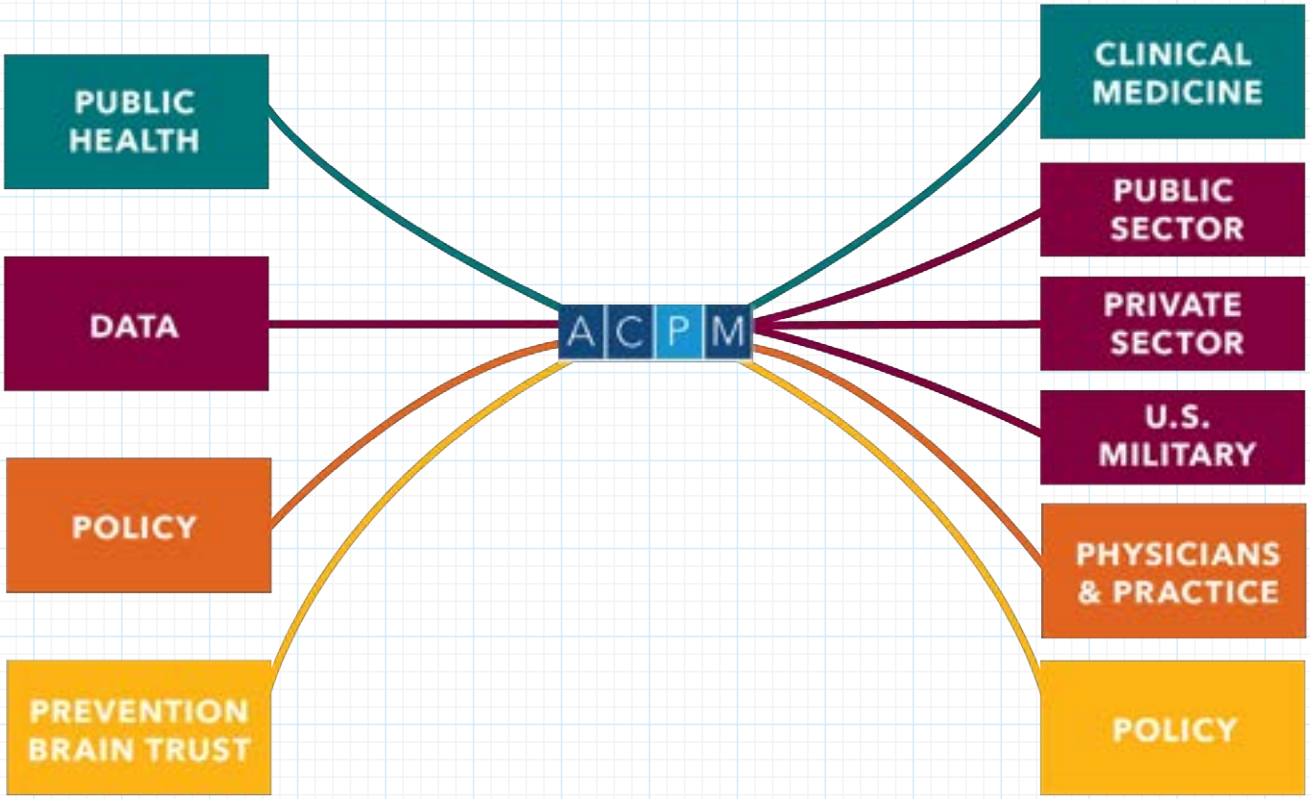
The Bridge

ACPM stands at a pivotal moment: with more than 70 years of impactful leadership behind it and a new era ahead. A look back at historical milestones reveals how much ACPM has impacted the health care ecosystem — connecting science to practice and prevention to policy.



ACPM is the Bridge

ACPM is the bridge across the health care ecosystem – moving data and insights between the public sector, private sector and U.S. military; translating evidence into policy; and, guiding physicians in practice. As prevention's brain trust, ACPM connects research with real-world application, ensuring prevention informs policy, practice and public health outcomes.



Scan this QR Code

Scan to see how ACPM physicians have shaped America's health for 70 years – and the future they're building now.

"With the current political climate, public health and preventive medicine are in the spotlight and in the crosshairs, and ACPM has adapted to these changes in the public health and preventive medicine landscape. And how do we do it? Staying true to our mission, ensuring and working toward improving the health and well-being for all. We focus on emphasizing the importance of evidence-based and science-backed health care and demonstrating our role as leaders for those issues that are in the spotlight at the moment, such as prevention."

Melissa Ferrari, ACPM Executive Director

Launching ACPM Advisory

Prevention is the foundation of a healthier, more equitable, and cost-effective future. For more than 70 years, ACPM has been the voice of physicians who believe disease prevention is the most powerful form of care. On any day across America, nearly 2,000 ACPM physicians are quietly shaping the nation's health: in federal offices, designing policies that extend the human lifespan; in communities, working to prevent the next pandemic before it happens; in the military, ensuring preparedness and operational readiness; and in workplaces creating environments that protect both the body and mind.

ACPM has a long history of working in partnership with federal health agencies, health systems and communities to move population health from sick care to well care. Acting as key players in the public health ecosystem, ACPM's mission is clear: shift the conversation from disease management to disease prevention.

ACPM physicians stand on the shoulders of visionaries like Dr. Jonas Salk, whose polio vaccine changed the course of public health as ACPM was being created; Dr. Katharine Boucot Sturgis, ACPM's first female president, who fought to reveal the link between smoking and lung cancer; and the aerospace medicine pioneers who kept astronauts safe in space and brought those lessons back to Earth. From safeguarding clean air to setting occupational health standards, ACPM physicians have led with the belief that the surest way to heal a nation is to keep it well in the first place.

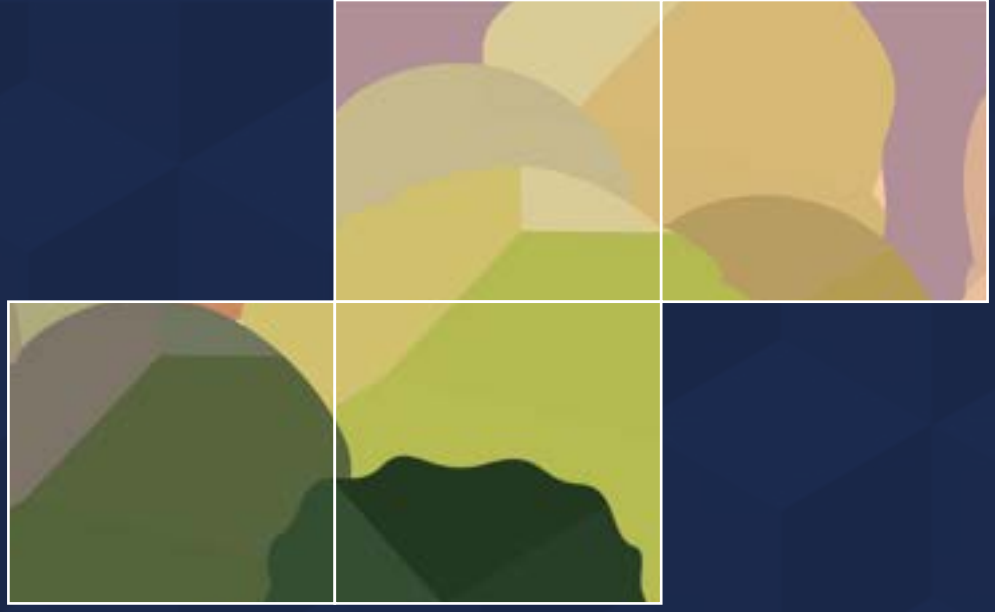
ACPM's greatest strength is its membership – a vast and unrivaled network of thought leaders who collaborate to advance population health and battle society's greatest challenges.

Dr. Hugh Tilson, an ACPM past president, reflects, "There are too many challenges. They're too diverse, they're too nationwide, and so we need a home, and that home, of course, is the American College of Preventive Medicine." Through the College, members gain unparalleled access to one another's work, carrying forward ideas, research, and lessons learned so that each generation stands on firmer ground than the one before.

ACPM has a rich history of bringing physician-led, evidence-based approaches to bear on the nation's most urgent health challenges. ACPM Advisory – launched in 2025 as a professional services subsidiary and partner to federal health agencies, health systems and community organizations – will build on ACPM's legacy of sustained momentum, serving as a bridge linking clinical medicine to public health and connecting policymakers with practical recommendations translated from complex science. Its service offerings will span technical assistance and program support, clinical and policy advisory, applied research and evaluation, training and workforce development, health technology and digital validation, and AI evaluation and governance. The collective experience and expertise of ACPM members will form the core of ACPM Advisory capabilities, which will be deployed in service of disease prevention, health promotion, and systems-based health care improvement.

ACPM ADVISORY

THE ADVANTAGE IS PREVENTION



PART 5

Hall of Presidents

Piece by piece, the story of ACPM comes into view. Its impact is evident in the people who live it and lead it – physicians who, across generations, have driven change in clinics, communities, classrooms, and on the national stage. Together, they form the full picture of preventive medicine's influence, and show why the College continues to attract transformational leaders positioned to shape the future of health.

1954
George A. Dame, MD

1955
J.W.R. Norton, MD

1956
Charles F. Sutton, MD

1957
Ernest L. Stebbins, MD

1958
V.A. Van Bolkenburgh, MD

1959
Louis C. Kossuth, MD

1960
James H. Sterner, MD

1961
John D. Porterfield, MD

1962
Oliver K. Niess, MD

1963
D. John Lauer, MD

1964
Lenor S. Goereke, MD

1965
John J. Wright, MD

1966
Harold V. Ellingson, MD

1967
Jean S. Felton, MD

1968
Charles L. Wilbar, Jr., MD

1969
Alfred R. Stumpe, MD

1970
Katharine Boucot Sturgis, MD

1971
William P. Richardson, MD

1972
Lee B. Grant, MD

1973
Charles A. Berry, MD

1974
Kurt W. Dueschle, MD

1975
Mary C. McLaughlin, MD

1976
Irving B. Tabershaw, MD

1977
Howard R. Unger, MD

1978
Charles B. Arnold, MD

1979
H. Bruce Dull, MD

1979-1981
O. Bruce Dickerson, MD

1981-1983
Jefferson C. Davis, MD

1983-1985
M. Alfred Haynes, MD

1985-1987
George E. Pickett, MD

1987-1989
John M. Last, MD

1989-1991
F. Douglas Scutchfield, MD

1991-1993
Suzanne E. Dandoy, MD

1993-1995
Roy L. DeHart, MD

1995-1997
Hugh H. Tilson, MD

1997-1999
Jonathan Fielding, MD

1999-2001
George K. Anderson, MD

2001-2003
Dorothy S. Lane, MD, MPH

2003-2005
Robert G. Harmon, MD, MPH

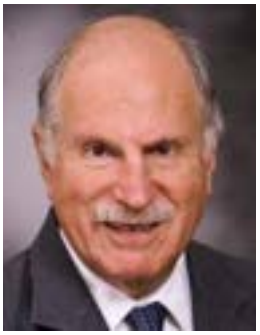
2005-2007
Neal Kohatsu, MD, MPH

2007-2009
Michael Parkinson,
MD, MPH

2009-2011
Mark B. Johnson,
MD, MPH

2011-2013
Miriam Alexander,
MD, MPH

2013-2015
Halley S. Faust,
MD, MPH



2015-2017
Daniel Blumenthal,
MD, MPH

2017-2019
Robert Carr,
MD, MPH

2019-2021
Stephanie Zaza,
MD, MPH

2021-2023
M. "Tonette" Krousel-Wood,
MD, MSPH

2023-2025
Mirza I. Rahman,
MD, MPH

2025-2027
Ryung Suh,
MD, MPH, MPP, MBA