

# POLICY FORUM

## *The More Things Change... The More Urgent Change Becomes*

### Introduction

At the turn of this century, historians and scholars looked back to celebrate the public health accomplishments of the previous 100 years. In this issue of the journal, we bridge two centuries to look at 50 years of public health achievement, threat, and opportunity in our own state of North Carolina.

Not surprisingly, our methods are tried and true. Assessment, policy development, and assurance are still the overriding public health functions, then and now. Perhaps surprisingly, the issues we face have not themselves changed, though the problems within each area have.

We struggle with the eradication of infectious and vaccine-preventable diseases, new and old—from the inadequate pandemic preparation and response that rang in the 20th century with influenza and resulted in the loss of tens of millions of lives, to ill-preparedness for the COVID-19 pandemic with just under 3 million deaths and counting.

We continue to strive to decrease maternal and infant death and observe a widening disparity between the deaths of white and nonwhite mothers and children. Heart disease remains the greatest cause of death nationwide—save for COVID-19 this year. Cancer has risen and stroke has dropped, but all three disproportionately affect Black lives, and all three are disproportionately linked to tobacco use, which is on the rise among youth.

John Snow warned London about the Broad Street pump and sewage-contaminated water in the Thames before germ theory even described cholera. With all our science, we are skeptical that our ground might be contaminated by fertilizers, hog waste, industrial runoff, and oil spills leaking into our aquifers.

I could go on, but I need not. This issue's authors invite assessment, policy, and assurance with 21st-century talent, skills, acumen—and urgency. They do add one issue not claimed as an accomplishment of the 20th century. Equity.

Let us pray they are prescient. NCMJ

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