My daughter asked for help on her math homework a few weeks ago. She said, “Five birds were sitting on a telephone pole. Three decided to fly away. How many were left?” I knew that there must be a trick, but went along and answered, “Two?” “Nope,” she replied. “The answer is five. Deciding to do something is not the same as doing it!”

In 1999, the Centers for Disease Control and Prevention (CDC) published a report describing the 10 greatest public health accomplishments of the 20th century. Improvements in vaccination rates, motor-vehicle safety, workplace safety, infectious disease control, and food safety contributed to a 25 year life expectancy increase between 1900 and 2000.

Few noticed that number 10 on the CDC list was the “recognition of tobacco use as a health hazard.” While the other leading causes of death and disease were either eliminated or significantly reduced, the public health community was celebrating the recognition that smoking had become the single leading preventable cause of death and disease in the United States.

The *Wisconsin Medical Journal* has been a leader in the effort to recognize the health and economic costs of smoking in the state, with over 50 publications on smoking and health over the past few decades. A 1989 report described the developing epidemic of lung cancer among women in Wisconsin. The November 1993 issue of the *Journal* had 12 articles on tobacco alone (see Figure). Fifteen years later, and the epidemic of smoking-related diseases among women continues unabated, as we see in this issue, with Edwards et al’s paper on the troubling epidemic of COPD among Wisconsin women.

The papers in this issue point out both the successes and failures in Wisconsin’s tobacco prevention and control efforts. Smoking rates are beginning to decline among youth, but rates among young adults are higher than ever before. Smoking rates are now significantly higher among those with lower incomes and education, those who can least afford the health and health care costs. And some communities in Wisconsin have enacted progressive programs and policies, while others continue to have higher rates of smoking and smoking-related disease and death.

It’s time to move beyond the “recognition of tobacco use as a health hazard” to identifying and implementing solutions. The Department of Health and Family Service’s Tobacco Prevention and Control Program has developed a comprehensive tobacco control program. Research has demonstrated effective population-based strategies to reduce the burden from smoking. Other states have seen significant declines in smoking rates and diseases by:

- Establishing a statewide, comprehensive tobacco program.
- Banning smoking in all indoor environments.
- Raising the price by increasing the excise tax.
- Dedicating the revenue to support aggressive media campaigns.
- Providing low-cost or no-cost smoking cessation programs.

Physicians are actively involved in providing smoking cessation services to their patients. We need to move from recognition to action at the population level, aware of the difference between good programs and policies and those that will be ineffective—or worse, cause more harm than good. When in doubt, contact your local health department or the experts at SmokeFree Wisconsin or your American Cancer Society. Wisconsin can’t afford to spend another 100 years—or even 15 years—translating these evidence-based programs into practice.

**References**


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**Invited Editorial**

**Recognizing progress in tobacco control**

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