



**IF WE DON'T FOCUS ON PREVENTING CHRONIC DISEASE,
WE'RE ONLY TINKERING AT THE EDGES**

Through annual Federal Budget cycles and other policy opportunities, we must face the reality that chronic diseases impact most Americans and account for 86% of healthcare costs.

Facing the Facts

At the turn of the 20th century, the major causes of death and disease were markedly different from today. Challenges from infectious diseases such as tuberculosis and diarrhea have been far surpassed by chronic diseases such as diabetes, heart disease and stroke, and cancer. Better known as the epidemiologic transition, increasing life expectancy, advances in public health and medicine, and high prevalence of certain risk factors have considerably impacted public health.

- Seven out of 10 people die of a chronic disease¹
- Two chronic diseases – heart disease and cancer – caused nearly 48% of all deaths in 2012¹
- In 2011, ten of the 15 leading causes of death in the United States were chronic disease²
- One-third of the years of potential life lost before age 65 are due to chronic disease³

Deaths alone do not convey the full impact of chronic disease. These serious diseases, by definition, are lifelong conditions that are often manageable but not curable. A large portion of those affected by chronic disease are left living with disability and a diminished quality of life.

Chronic Disease Burden

- Over 117 million Americans, about half of all adults, have at least one chronic health condition¹
- Diabetes is the leading cause of kidney failure, lower-limb amputations, and new cases of blindness among adults¹
- Each year more than 795,000 people in the United States experience a stroke, which is a leading cause of serious long-term disability⁴
- Arthritis is the number one cause of disability, leaving over 22 million Americans with trouble performing their usual activities¹

With such a huge population of individuals diagnosed with chronic diseases, it is unlikely that almost every family is not adversely affected. Whether it be through dealing with the death of loved ones, caring for family members with life-long illnesses, disabilities, and compromised qualities of life, or the huge personal and community financial burden wrought by these diseases, the negative effects of chronic disease is felt by nearly all of America.

It is important that the nation shifts from the current focus of curing costly diseases to actually preventing those same diseases in a cost-effective approach. To improve health outcomes of the American population and reduce costs, prevention must become a key part of health care delivery. From 2008 to 2010 in the United States, prevention could have saved:

- 34 percent of premature deaths from heart diseases;
- 21 percent of premature cancer deaths;
- 39 percent of premature deaths from chronic lower respiratory diseases; and
- 33 percent of premature stroke deaths,

which in total would have prolonged about *222,500 lives*.⁵

The death tolls, decreased life qualities, and economic burden is unacceptable for such a developed country. The changing health needs of Americans are not being met by traditional physician-patient interaction. Physician time demands, rapidly expanding medical databases, therapeutic inertia (a provider does not adjust therapy when treatment goals are unmet), and the patient and physician infrastructure have led to gaps in care that are recognized and must be addressed without delay.⁶ Regardless of an individual's health status, he or she is spending far more time in environments outside healthcare settings and making independent decisions that affect his or her health, usually with minimal training or information.

- Over 86% of healthcare costs are related to chronic diseases, and much of that cost is preventable¹
- The World Health Organization ranks America as 37th on level of health performance, however we are first by far in the amount that we spend on health (measured by country's percent gross domestic product spent on health system)⁷
- Obesity could be held responsible for a large portion of individuals with chronic disease, and more than one-third of adults and one-fifth of youth are considered obese¹
- Three-fourths of Americans aged 65 years and older have multiple chronic conditions that require ongoing medical attention and restrict activities of daily living⁸
- Much of the illness, suffering, and death caused by chronic disease are as a result of health risk behaviors and from the environment that we have created for ourselves; but we have the ability to do something about it

Change is Overdue

We have created a culture where the healthy choice is often the most difficult and sometimes more expensive choice. In addition, our reliance on busy healthcare providers to engage in primary prevention activities – sometimes in the absence of available evidenced-based public health interventions due to limited resources – puts those providers in a challenging situation and shortchanges our people, employers, the military, and future generations.

Physical Activity and Obesity

The lack of physical activity is a significant cause of obesity, which is a major risk factor contributed to most chronic diseases. Studies have found that an increase in physical fitness reduces the risk of premature death, while a decrease in physical fitness increases the risk.⁹ There is certainly opportunity for improvement, considering the statistic that 80% of American adults do not meet the government's aerobic and muscle strengthening recommendations.¹⁰

Physical Activity Can Prevent Many Chronic Diseases

- Being fit or active is associated with a greater than 50% reduction in risk of death from *cardiovascular disease*⁹
- Modest weight loss through diet and exercise can reduce the risk of *type 2 diabetes* in high-risk people by 40-60%⁹
- Physically active men and women may reduce their risk of *colon cancer* by 30-40%, and physically active women may reduce their *breast cancer* risk by 20-30%, when compared to those that are inactive⁹
- Routine physical activity may *prevent bone loss* associated with aging and *reduce risk of fractures*⁹

The Cost of Obesity

- Increased obesity-related prevalence accounts for over 20% of spending for diabetes and hypertension, 11% for hyperlipidemia, 18% for heart disease, .2% for mental health, and 4% for asthma¹¹
- Preventing obesity in just one person could save society \$39,000¹²
- Obese adults spend 42% more on direct healthcare costs when compared to those at a healthy weight¹⁰

Chronic disease prevention and control programs save both lives and money

Diabetes

- The total estimated cost of diagnosed diabetes was \$245 billion in 2012¹
- Medical expenditures for people with diabetes are 2.3 times higher than for those without¹³
- Today, 4,660 Americans will be diagnosed with diabetes¹³
- 1 in 5 health care dollars is spent caring for people with diabetes¹³

Heart Disease and Stroke

- The total costs of heart disease and stroke in 2010 was over \$315 billion¹
- About half of Americans have at least one of the three main risk factors (high blood pressure, high LDL cholesterol, and smoking) for heart disease. 70% of those with high blood pressure do not have their blood pressure under control¹⁴

- Each minute, someone in the United States dies from a heart-disease related event¹⁴
- 1 in every 4 deaths are from heart disease¹⁴

Cancer

- The total costs of cancer care was \$157 billion in 2010 dollars¹
- It is expected there will be 1,658,370 new cancer diagnoses in the United States in 2015¹⁵

Emerging Chronic Diseases and Issues:

- Mental Health as a co-occurring condition: Individuals with a chronic condition are more likely to suffer from depression¹⁶
- Alzheimer's disease: There are at least 5.3 million Americans living with Alzheimer's, and in 2015 it is estimated that it will cost \$226 billion to care for those individuals¹⁷

Bringing Chronic Disease Prevention Up to Scale

Only a fraction of governmental healthcare investment goes to prevention. The data is clear that the evidenced-based programs listed below are ripe for scaling up through state and local public health. These programs have been tested and proven to make a difference, but require additional resources to bring them to scale to serve populations. We know what can work, and that dollar-for-dollar prevention is a great investment.

Evidenced-based programs to fight chronic disease include:

- Early Detection of Cancer and Cancer Survivorship Services
- Diabetes Prevention and Control (including prevention of kidney disease)
- Heart Disease and Stroke Prevention
- Obesity Prevention and Control (including both nutrition and physical activity)
- School Health and Oral Health Programs
- Arthritis Prevention Programs
- Health Community Programs (ACHIEVE, Pioneering Healthy Communities)

To be successful, the prevention and control of chronic diseases must by definition address Americans across the life span; in rural, suburban and urban areas; at every state of risk/disease; in all economic circumstances; where we live, work, worship, play and access healthcare. This is impossible as today we fund prevention efforts at approximately the same amount we did in 2001. When we consider the aging demographic and increasing cost to individuals and systems, it is clear that we are called to scale up these programs to serve populations on a broad basis.

The Time is NOW

America is on the precipice of great challenges and great opportunities; we need to invest in a comprehensive prevention strategy on a meaningful scale now.

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