

## A HEALTHIER AMERICA: 10 TOP PRIORITIES FOR PREVENTION

# Promoting Disease Prevention

### WHY ARE CHRONIC DISEASES A THREAT TO OUR NATION'S HEALTH?

#### Preventable Diseases Are Pervasive:

- More than half of all Americans live with one or more chronic disease, including heart disease, stroke, diabetes, and cancer.<sup>2</sup>
- Seven out of 10 deaths in the U.S. are due to chronic diseases.<sup>3</sup>

#### Prevention Efforts Could Greatly Reduce Disease Rates:

- According to the U.S. Centers for Disease Control and Prevention (CDC), the majority of chronic diseases could be prevented through lifestyle and environmental changes. For instance:
  - ▲ Reducing adult smoking rates by one percent could result in more than 30,000 fewer heart attacks, 16,000 fewer strokes, and savings of over \$1.5 billion over five years.<sup>4</sup>
  - ▲ If one-tenth of Americans began a regular walking program, \$5.6 billion could be saved in the treatment of heart disease.<sup>5</sup>

- Routine childhood vaccinations prevent more than 14 million cases of disease annually.<sup>6</sup>

#### Prevention Efforts Also Lower Health Care Spending:

- Of the more than \$1.7 trillion in health care spent nationally every year, less than 4 cents out of every dollar is spent on prevention and public health, even though studies show that disease prevention is one of the most effective ways to reduce health care spending.<sup>7,8</sup>
- Between 1990 and 1998, the California Tobacco Control Program saved more than \$3 billion in smoking-caused health costs.<sup>9</sup>
- Routine childhood vaccinations result in \$50 billion saved annually in direct and indirect costs.<sup>10</sup>

"THE U.S. HAS THE HIGHEST RATE OF PREVENTABLE DEATHS AMONG 19 INDUSTRIALIZED NATIONS."<sup>11</sup>

-- Health Affairs



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PREVENTING EPIDEMICS.  
PROTECTING PEOPLE.

## WHAT CAN BE DONE TO REDUCE PREVENTABLE DISEASES?

- **Implement a National Prevention Strategy.** The federal government should develop and implement a National Prevention Strategy focusing on ways to lower disease rates that is a shared responsibility, involving every federal government agency, defines clear roles and responsibilities for states and localities, and engages private industry and community groups. Developing and implementing policies aimed at reducing obesity and tobacco use should be key objectives of the strategy.
- **Expand Preventive Care Benefits.** Federal, state, and local governments must enhance Medicare and Medicaid programs and work with private employers and insurers to make certain that all Americans have access to preventive health care.
- **Increase Preventive Services and Public Education Campaigns in Communities.** Proven prevention measures, such as immunizations and cancer screenings and public information campaigns to encourage healthy eating, increased physical activity, and tobacco cessation, should be funded and carried out in communi-

ties across the nation. Special emphasis should be placed on developing culturally competent communication campaigns that use respected and trusted messengers and appropriate channels for high-risk communities.

- **Promote Healthy Communities.** Every segment of society has a role to play in prevention, including families, health care providers, schools, businesses, and communities. Federal, state, and local governments should take a leadership role in engaging all of these sectors to find ways to make communities healthier and make it easier for people to make healthy choices.
- **Expand Disease Prevention Research.** More resources must be devoted to researching ways to prevent and reduce disease, including ways to encourage people to make healthy lifestyle choices, such as avoiding smoking and participating in more physical activity. Currently, the federal government spends 94 percent of health dollars on diagnosis and treatment of disease, and only 6 percent of health dollars on researching causes and preventing disease.

## ENDNOTES

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- 4 J.M. Lightwood and S.A. Glantz. "Short-Term Economic and Health Benefits of Smoking Cessation – Myocardial Infarction and Stroke," *Circulation* 96 (1997): 1089-1096.
- 5 B. Bulwar. "Sedentary Lifestyles, Physical Activity, and Cardiovascular Disease: From Research to Practice." *Critical Pathways in Cardiology* 3, no. 4 (December 2004): 184-193.
- 6 U.S. Centers for Disease Control and Prevention. *Program in Brief: Section 317 Immunization Grant*

*Program*. Atlanta, GA: U.S. Department of Health and Human Services, February 2007.

- 7 J. M. Lambrew. *A Wellness Trust to Prioritize Disease Prevention*. Washington, D.C.: Brookings Institution, April 2007. [http://www.brookings.edu/papers/2007/~media/Files/rc/papers/2007/04useconomics\\_lambrew/04useconomics\\_lambrew.pdf](http://www.brookings.edu/papers/2007/~media/Files/rc/papers/2007/04useconomics_lambrew/04useconomics_lambrew.pdf) (accessed January 11, 2008).
- 8 Prevention Institute and The California Endowment with the Urban Institute. "Reducing Health Care Costs Through Prevention: Working Document." August 2007. [http://www.preventioninstitute.org/documents/HE\\_HealthCareReformPolicyDraft\\_091507.pdf](http://www.preventioninstitute.org/documents/HE_HealthCareReformPolicyDraft_091507.pdf) (accessed January 28, 2008).
- 9 California Department of Health Services. "Economic and Health Effects of a State Cigarette Excise Tax Increase in California." California Department of Health Services, Tobacco Control Section, May 26, 2006. <http://www.calhealth.org/public/press/Article%5C103%5CTax%20Impact%20Exec%20Summary.pdf> (accessed January 11, 2008).
- 10 R. DeVol and A. Bedroussian, et al. *An Unhealthy America: The Economic Burden of Chronic Disease*. Santa Monica, CA: Milken Institute, October 2007. <http://www.milkeninstitute.org/publications/publications.taf?function=detail&ID=38801020&cat=ResRep>. (accessed October 10, 2007).

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