



NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS

Promoting Health. Preventing Disease.

*Health Reform, Prevention, and Chronic Disease:
The Next Steps*

P.L. 111-148 (HR3950), the Patient Protection and Affordable Care Act, is a ground-breaking move forward in provision of access, and all facets of the system need to work together to make the most of this opportunity and assure that the maximum number of Americans access healthcare.

Until today, only a fraction of 1% of our governmental healthcare investment has gone to prevention. Title IV of the bill, Prevention of Chronic Disease and Improving Public Health provides a new investment opportunity to address these issues.

The National Association of Chronic Disease Directors recommends the bulk of Title IV for 2010 (\$500 million this year) be invested through CDC's National Center for Chronic Disease Prevention and Health Promotion in State and Territorial health agencies to provide core capacity to address primary and secondary prevention of chronic diseases across the lifespan. These agencies have a track record of investing in and supporting prevention in communities large and small. The investment needs to be such that every state has a cadre of evidenced-based programs to fight chronic disease.

These must all include:

1. Obesity Prevention and Control (including both nutrition and physical activity)
2. Tobacco Prevention and Control
3. Diabetes Prevention and Control (including prevention of kidney disease)
4. Heart Disease and Stroke Prevention
5. Early Detection of Cancer and Cancer Survivorship Services
6. Healthy Community Programs (ACHIEVE, REACH, and others)
7. Arthritis Prevention and Control
8. School Health and Oral Health Programs
9. Healthy Aging - including Brain Health

These programs form the basis of public health today addressing prevention for a healthier future. They cross the lifespan through school age children, young adults, working age adults, and seniors. They include basic public health activities like surveillance; education of the public, providers and others; environmental and policy changes to improve health; worksite wellness; and quality improvement. They serve as a resource for other state systems (including healthcare, education, long term care, parks and recreation, business, childcare and aging).

The Facts that Support the Investment

In state public health agencies we also have a responsibility to address those areas beyond access. In continuing our work in the prevention and control of chronic diseases we know the following:

- Seven out of 10 people, or more than 1.7 million, die of a chronic disease.¹
- Five chronic diseases – heart disease, cancer, stroke, chronic obstructive pulmonary disease, and diabetes – cause more than 2/3 of all deaths each year.²
- One-third of the years of potential life lost before age 65 are due to chronic diseases.²

However, deaths alone don't convey the full impact of chronic disease. These serious diseases, by definition, are often lifelong conditions that are often treatable but not curable. An even greater burden befalls Americans from the disability and diminished quality of life resulting from chronic disease. This burden is shared by adults, adolescents and children of all ages and the attendant economic impact is borne primarily by taxpayers and employers.

- More than 133 million Americans live with at least one chronic condition.²
- Diabetes is the primary cause of amputation, kidney failure, and adult blindness.²
- Arthritis is the number one cause of disability, affecting nearly one of every three adults.²
- Stroke has left 1 million Americans with disabilities; many can no longer perform daily tasks, such as walking or bathing, without help.²

When we measure our nation's health not just by the length of life, but by the quality of that life, we cannot ignore the urgency of chronic disease. Taken in its entirety, chronic diseases account for more than 75% of the nation's health care costs – or over \$2 trillion in 2005 (see TFAH Prevention 08 Report below).

Almost every family is adversely affected by chronic diseases in one way or another – through the death of a loved one; family members with life-long illness, disability, or compromised quality of life; or the huge personal and community financial burden wrought by these diseases.

A growing body of evidence leads us to the concept of compression of morbidity that is extending years of active life (not just extending life), compressing the period of illness and impaired lifestyle to the shortest possible period at the end of life. This is accomplished through two strategies. First, use of primary prevention of disease through addressing the common risk factors for chronic disease; nutrition, activity, tobacco use, and family history. Next, use of secondary prevention – that is preventing complications for those who have a chronic disease.

The Time is Now

NACDD strongly supports other important steps for prevention:

- A new requirement that insurance companies provide recommended clinical preventive services and vaccinations without individual cost (co-pays).
- A new National Prevention Strategy to guide federal investment in prevention.
- Legislative authorization for the Community Preventive Services Task Force and the U.S. Preventive Services Task Force.
- Mandatory menu-labeling at chain restaurants across the country.

All these are steps in the right direction. America is on the precipice of a great opportunity, we need to invest in a meaningful way in prevention now. The place to start is at CDC, with the state-based programs mentioned above. The investment authorized in the Patient Protection and Affordable Care Act of \$500 million this year will continue building the capacity to support the programs listed above in every state and many communities across America. According to Trust for America's Health in their July 2008 report "Prevention for a Healthier America" the return on investment for public health prevention programs is .96:1 in years one and two and 5.6:1 by year five. This means in the first year of investment alone, investing in prevention could result in net gain.

(<http://healthyamericans.org/reports/prevention08/>)

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¹ Centers for Disease Control and Prevention. The Power of Prevention. Reducing the Health and Economic Burden of Chronic Disease. Atlanta: U.S. Department of Health and Human Services; 2003. Available at: <http://www.cdc.gov/nccdphp/publications/PowerOfPrevention>. Accessed March, 2008.

² Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. Chronic Disease Overview. Available at <http://www.cdc.gov/nccdphp/overview.htm>. Accessed March, 2008.