Introduction

The United States spends more than $2.5 trillion on health care each year, but invests just four cents out of every dollar in prevention and public health, despite studies showing that disease prevention can effectively improve health and reduce health care spending. Chronic diseases are this century’s epidemic; they currently affect almost half of Americans and account for two-thirds of all deaths in the United States.1

The Affordable Care Act (ACA) includes a Health Prevention Strategy (Section 2713) to move the nation away from a health care system focused on sickness and disease to one focused on wellness and prevention. This policy could have significant impact in improving health and reducing long term costs.2

The fund appropriated $6 billion for fiscal years 2010 through 2014 and $2 billion for each subsequent fiscal year to support prevention and public health programs.

Two bills have been proposed to repeal funding for the PPHF.3,4

The Problem: Experts estimate that chronic diseases are responsible for 80% of all health care spending – over $1.5 trillion per year.5

Indirect costs of chronic diseases, in the form of lost productivity and non-reimbursed personal costs, add several more hundreds of billions of dollars annually. Those aged fifty and over spend between $100 billion and $150 billion per year on chronic disease treatment; Medicare reimburses personal compensation for providing preventive services in the doctors’ office. A recent study in the New England Journal of Medicine (NEJM) concluded that enhanced weight-loss counseling helps about one third of obese patients achieve long-term, clinically meaningful weight loss.10

Workplace prevention programs: Employee wellness programs indicate that in most of the morbidity and mortality associated with chronic diseases may be preventable. Medical costs fall by about $2.73 for every dollar spent. Programs that zero in on high-risk populations may seem like the best strategy, but the biggest opportunity for economic impact is keeping low-risk employees from moving into higher-risk categories.11

The Congressional Budget Office (CBO) states, “although some case studies suggest that certain employer wellness programs reduce subsequent medical care, little systematic evidence exists. Almost all of the studies were implemented by large employers, which are more likely than others to have the resources and economies of scale necessary both to implement and to achieve broad savings through employee wellness programs.”12

Conclusions

Numerous studies have demonstrated that much of chronic disease can be prevented, thereby reducing unnecessary suffering, expenditures, and loss of productivity. A healthy diet, regular exercise, and no smoking could potentially eliminate 80% of heart disease and 70% of some cancers.13

The national problem of chronic disease requires urgent attention in order to stabilize and reverse the current trends. I recommend HR.1217 and S. 2366 be opposed so that the Prevention and Public Health Funds can be used for their intended purpose – wellness and prevention.

Attempts to transition the American health care system from an emphasis on treatment to prevention have been unsuccessful for the last century. Finally, with passage of the Affordable Care Act, Section 2713, not only could there be a significant reduction in human suffering but also in health costs. Let’s keep this momentum going.

Figure 1. Spending associated with obesity

Obesity’s Role In Diabetes

One in three people born in 2000 can expect to have diabetes in their lifetime.5 Certain racial and ethnic minorities are particularly vulnerable. One study estimates that as a result of obesity, a twenty-year-old man could experience a 17% reduction in life expectancy.3 If trends continue, children’s life spans may be shorter than those of their parents for the first time in a century.

Cost of treating obesity-related chronic disease

Most estimates of the costs of overweight and obesity range from $69 billion to $117 billion per year. Obesity cost the nation as much as $102 billion for direct costs alone in 1998.6 Obesity among Medicare beneficiaries doubled between 1987 and 2002, but the share of spending dedicated to treating obese beneficiaries tripled, jumping from 9.4 % to 25% of total Medicare spending. If Americans continue to gain weight, obesity will cost the USA about $34 billion in medically-related expenses by 2018.8

“Recall, if you will, that the government spends one-tenth of its budget on health care, yet, according to U.S. Surgeon General C. Everett Koop, we have not even come up with a comprehensive strategy to overcome one of the greatest national health problems: obesity.”14

References


2. H.R. 1217. 112


4. “Prevention is the Cure Moving Health Care from Treatment to Prevention Martin Scott, D.O., Health Policy Fellowship 2011-2012”