Chronic Disease Prevention & Health Equity: The Key to Improving Life and Healthcare

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The need to address chronic disease is urgent. In a typical year, these conditions account for more than 90% of the nation's $3.5 trillion in annual healthcare costs – and much of this is preventable.

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Chronic disease is the most pressing challenge impacting our national health today.

Six in 10 Americans live with a chronic disease, the leading cause of death and disability across the U.S. and the leading driver of healthcare costs.[1] To meet this health crisis, chronic disease funding at the Centers for Disease Control and Prevention (CDC) must be tripled. This significant investment, when focused on chronic disease prevention and advancing a National Health Equity Strategy, will save lives and healthcare dollars, and improve quality of life for millions of Americans.

Addressing and preventing chronic disease are necessary steps toward addressing racial justice issues. The impact of systemic racism on our health has been laid bare by the progression of SARS-nCoV-2, or the novel coronavirus (COVID-19). Black and Spanish-speaking residents are three times as likely to contract COVID-19 and twice as likely to die from it.[2] The COVID-19 pandemic exposed disparities that have existed for years. Black, Spanish-speaking, and Native American and Indigenous people face higher rates of chronic diseases, such as diabetes, heart disease, and cancer,[3] are more likely to be uninsured,[4] and face barriers in accessing and utilizing care.[5] By committing resources to prevent chronic disease, we will improve the health of our nation and make progress toward our common goal of creating a more equitable society.

A Deeper Look at Chronic Disease in the U.S.

The need to address chronic disease is urgent. In a typical year, these conditions account for more than 90% of the nation's $3.5 trillion in annual healthcare costs – and much of this is preventable.[6] Putting off for tomorrow what can be solved today is costing us substantially. For every $240 we spend toward chronic disease prevention now, we could eliminate $1,000 spent on reactive healthcare in the future.

Concrete healthcare costs are only the tip of the iceberg; the hidden costs of chronic disease paint an even more urgent picture. Absenteeism (time taken off work due to illness or other reasons) and presenteeism (attending work despite an illness that prevents full functioning) in school and at work take a significant toll on family life, the ability to plan for their future, and our global economic competitiveness.[7]

NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS
Promoting Health. Preventing Disease.

Since 1988, the National Association of Chronic Disease Directors and its more than 7,000 Members have worked to strengthen state-based leadership and expertise for chronic disease prevention and control in all states, territories, and nationally. Learn more at chronicdisease.org.

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Unfortunately, as it is commonly said, health outcomes are decided by just five digits – the zip code where you live.

Because of historically racist practices like redlining, the relationship between zip code and health outcomes is founded on segregation and inequality.

Black neighborhoods on the South Side of Chicago, just miles away from their white counterparts, face higher uninsured rates, more limited access to fresh, healthy food, and a life-expectancy gap of up to 30 years.

Racial disparities cut across every facet of our healthcare system.

Our refusal to invest in disease prevention is killing us, literally and economically, generating an annual loss of productivity worth nearly $1 trillion.[8]

Almost every American family is adversely affected by chronic diseases in one way or another, through the death of a loved one or the shared battle against life-long illness, disability, or compromised quality of life. These burdens affect society not only through physical disease but on the personal and community level, considering the financial burden that comes with fighting chronic disease.[9]

Yet, these burdens are not shared equally. Unfortunately, as it is commonly said, health outcomes are decided by just five digits – the zip code where you live. Because of historically racist practices like redlining, the relationship between zip code and health outcomes is founded on segregation and inequality. A Black man living in a rural community will live seven years less than a white man living in a city.

Black neighborhoods on the South Side of Chicago, just miles away from their white counterparts, face higher uninsured rates, more limited access to fresh, healthy food, and a life-expectancy gap of up to 30 years.[10] Despite Spanish-speaking individuals typically living longer than their white counterparts in places like Long Beach, Calif., predominantly Spanish-speaking communities have life expectancies five years shorter than adjacent, white neighborhoods.[11]

Racial disparities cut across every facet of our healthcare system. Black and Native American and Indigenous women are two to three times more likely to die from pregnancy-related causes than white women.[12] While white men are more likely to develop colorectal cancer than Black men and white women are more likely to develop breast cancer than Black women,[13] both Black men and women are more likely to die from those diagnoses.

Spanish-speaking individuals are 66% more likely than white people to have diabetes[14] and 2.6 times as likely to be hospitalized with end-stage kidney disease related to diabetes.[15]

Black, Spanish-speaking, and American Indian and Alaska Native people are more likely than white people to delay or go without needed care.[16] Black and Spanish-speaking adults are less likely than white adults to have a usual source of care or to have had a health or dental visit in the previous year.[17]

Financially, racial health disparities are associated with substantial annual economic losses in the U.S., including an estimated $35 billion in excess healthcare expenditures, $10 billion in illness-related lost productivity, and nearly $200 billion in premature deaths.

Concerted efforts to reduce health disparities – in addition to addressing chronic disease as a whole – would have immense economic value.

Sadly, these are but a few of the seemingly endless statistics that demonstrate the glaring health inequity faced by people of color across the country.

The COVID-19 pandemic has unmasked the effects of systemic racism on our health, highlighting the way poverty, poor housing, pollution, and food deserts, among other factors, combine to make Black, Spanish-Speaking, and Native American and Indigenous communities more ill than others.

The disproportionate rates of COVID-19 hospitalizations and deaths in Black, Spanish-speaking, and other non-white populations reflect the disproportionate rate at which these groups suffer many chronic conditions.

And the lack of response to their needs throughout this pandemic – such as the fact that testing for Black and Spanish-speaking Americans happens later in COVID-19 disease progression – is evidence to the way our public health system fails to care for these marginalized communities.

Financially, racial health disparities are associated with substantial annual economic losses in the U.S., including an estimated $35 billion in excess healthcare expenditures, $10 billion in illness-related lost productivity, and nearly $200 billion in premature deaths.[18] Concerted efforts to reduce health disparities – in addition to addressing chronic disease as a whole – would have immense economic value.

Trust for America's Health recently reported that the return on investment for public health prevention programs is 0.96:1 in years one and two and 5.6:1 by year five.[19] This means that, even in the initial budget period, there would be a net gain by investing in prevention.

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Public health programs improve care, prevent disease, and prevent complications of disease. Investing in chronic disease prevention and control programs will pay off now, and in the future, by promoting the well-being of all Americans and addressing some of the most egregious disparities that persist across the country.

Some of the statistics are shocking:

- As of 2014, 60% of American adults had at least one chronic condition, and 42% had more than one chronic condition.
- Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the U.S. Seven in 10 leading causes of death in 2017 were chronic diseases, totaling about 1.75 million American deaths.
- More than 90% of the nation's healthcare costs relate to chronic disease,[20] and most of those costs are preventable.[21]
- The projected prevalence of any cardiovascular disease in the U.S. will increase by up to 45% by the year 2035.[22]
- Risk factors such as poor diet, lack of activity, alcohol abuse, and ignoring medical advice all contribute overwhelmingly to this crisis.
- Twenty-seven percent of young adults are too overweight to serve in the U.S. military.[23]
- Every factor mentioned is multiplied when you add race or age to the equation.

On the other hand, investments in addressing chronic disease have paid off. In fact, the CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) has made tangible strides in improving health outcomes over the past 30 years:[24]

- From 2012 to 2018, 16.4 million smokers attempted to quit and 1 million successfully quit because of the CDC's Tips campaign.

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We have created a culture where the healthy choice is often the hardest choice.

The CDC estimates that reducing three risk factors – poor diet, lack of physical activity, and smoking – can prevent 80% of heart disease and stroke, 80% of type 2 diabetes, and 40% of cancer.

Tripling chronic disease prevention funding at the CDC would finance meaningful, evidenced-based programs that address key chronic health issues in every state and territory.

- From 2008 to 2018, the proportion of adults meeting aerobic physical activity guidelines increased from 44% to 54%.
- From 2008 to 2018, 26% fewer secondary schools across states sold less nutritious snacks or beverages.
- Since 1991, the National Breast and Cervical Cancer Early Detection Program has served more than 5.6 million women and found 68,486 invasive breast cancers and 214,652 precancerous cervical lesions.
- The precent of adults who have their high blood pressure under control increased from 43.3% in 2005–2006 to 48.5% in 2015–2016.

Change is Overdue

We have created a culture where the healthy choice is often the hardest choice. We know we need to choose healthier food options, be more active, and avoid tobacco – yet, we continue to see recess and physical education being cut from schools and tobacco products easily accessible to children.

The CDC estimates that reducing three risk factors – poor diet, lack of physical activity, and smoking – can prevent 80% of heart disease and stroke, 80% of type 2 diabetes, and 40% of cancer. Healthy food options and safe opportunities to exercise certainly exist; however, cost and location can make both seem like luxuries rather than essentials.

If there is to be a concerted effort to improve the lives of Americans, reduce healthcare costs, reform the healthcare system, and reduce health disparities, there needs to be an equally concerted investment in meaningful and equitable prevention.

Tripling chronic disease prevention funding at the CDC would finance meaningful, evidenced-based programs that address key chronic health issues in every state and territory (**see appended list****) while supporting continued public health research to grow our body of knowledge and combat the most pressing health disparities while we transform our under-resourced public health system.

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Program areas focused on chronic diseases and risk factors:**

- **Diabetes**
- **Heart disease**
- **Stroke**
- **Cancer prevention (multiple types), screening, registry**
- **Obesity**
- **Arthritis**
- **Alzheimer's disease**
- **Epilepsy**
- **Oral health**
- **Tobacco**
- **Physical activity**
- **Health equity**
- **Reproductive health**
- **Chronic disease epidemiology**
- **Workplace health promotion**

This would also allow for the continued study of the relationship between chronic diseases and risk for infectious disease like COVID-19. Preventing and reducing chronic disease is a necessity to reduce the adverse impacts of COVID-19 and to create a resilient population in the face of future health threats.

This increased investment is needed for the upcoming fiscal year, with an eye toward further budget growth in coming years. Increased funding would allow these essential programs to develop a presence in every state across many communities.

To encompass the focus on equity in addressing chronic disease, we urge you to change the name of the CDC center focused on these issues to the National Center for Chronic Disease Prevention and Health Equity. Improving the public's health means tackling racial disparities head-on.

This name change would reflect the core functions that disease prevention, public health promotion, and remediating population-based strategy have in supporting healthier children, a healthier workforce, and healthier, longer lives for all Americans.

The National Association of Chronic Disease Directors[25] stands ready to work with you and the excellent team of professionals at the CDC to accomplish this new reality.

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For more whitepapers from the National Association of Chronic Disease Directors, please visit our Advocacy Tools section of our website: https://chronicdisease.org/page/whitepapers/

If you need this document in an alternative format, such as large print or high contrast, please contact: publications@chronicdisease.org

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