Trust for America's Health
WWW.HEALTHYAMERICANS.ORG

The Value of Prevention

All Americans should have the opportunity to be as healthy as they can be. Every community should be safe from threats to its health. All individuals and families should have a high level of services that protect, promote and preserve their health, regardless of who they are or where they live.

However, communities across the country face serious, ongoing health problems – a majority of which are preventable. Approximately half of U.S. adults have at least one chronic health condition, ranging from cancer to diabetes to heart disease. More than one-third of adults and 17 percent of children are obese. Around 21 million Americans struggle with a substance misuse disorder. After decades of increasing life expectancies, the death rate among middle-aged Whites has increased by 10 percent in the past 15 years. Key contributing factors include preventable conditions such as substance misuse, heart disease and diabetes.

Much of the pain, suffering and cost of many health problems could be prevented or mitigated with a greater focus on trying to prevent health problems before they happen. Almost 18 percent of the U.S. Gross Domestic Product is spent on healthcare – in many cases treating illnesses that could have been avoided by investing in prevention. Despite spending more than $3.2 trillion spent annually on healthcare, the only three percent of the federal healthcare budget is directed to public health measures that could help avoid illness in the first place[i].

Funding prevention not only saves lives but it saves money; every dollar invested in evidence-based prevention programs yields $5.60 in savings[ii]. Dedicated investments in prevention and public health activities help significantly reduce significantly our healthcare spending on preventable illness and disease.

Current Investments in Public Health are Inadequate

- Federal funding for public health has remained relatively flat for years. In fact, combined federal, state and local public health spending is below pre-recession levels.
    - The programmatic budget for the Centers for Disease Control and Prevention (CDC) has decreased from a high of $7.07 billion in fiscal year (FY) 2005 to $6.34 million in FY 2016, approximately $600 million less than FY 2015. (Adjusted for inflation)
    - Chronic disease funding for fiscal year 2016 was $838 million[iii]; however, rates of obesity, smoking and chronic diseases remain high, and this investment is not sufficient to address the need. More than one-third of adults and 17 percent of children are obese; more than 16 million Americans are living with a tobacco–related disease.
- Delivery of preventive services to vulnerable populations is hampered by low investment.
    - Among children ages 19-35 months, only 46.5 percent of uninsured and 68.9 percent with public health insurance receive all recommended vaccinations[iv].
    - Only 25 percent of adults receive a flu vaccine; and only two-thirds have had a cholesterol check in the last five years.
    - Only 28.7 percent of uninsured adults over 50 receive a colorectal cancer screening – a service that can prevent and detect cancer early[v].

In the Absence of Prevention, Health Costs Will Rise

Costs associated with treating preventable chronic diseases are estimated to increase by between $48 billion and $68 billion per year by 2030. The associated loss in economic productivity could be between $390 billion and $580 billion per year[vi].

- Deaths from the misuse of prescription painkillers have quadrupled in the past 15 years. The opioid epidemic costs more than $55 billion a year[vii].
- Tobacco use is responsible for more than 480,000 deaths and $170 billion in preventable costs.

- Tobacco use is responsible for about one-third of all cancer deaths[viii]. One in five cancer deaths will be attributable to health behaviors such as physical inactivity, excess alcohol consumption and/or poor nutrition. Cancer prevention initiatives such as targeted behavior changes, screenings or vaccinations are a key component for reducing cancer rates and mortality[ix].

∞ Millions of Americans become sick or die from infectious diseases, costing the country more than $120 billion each year[x].

Prioritize Evidence-Based Programs

We know that it is possible to improve health through investing in prevention. A number of government and other expert groups have identified several leading health improvement strategies which, if scaled, could lead to a dramatic impact on improving health as well as significant cost savings. Thus far there has not been a significant effort to widely implement and sustain these strategies. We must identify the most effective strategies and scale them across the country.

∞ An investment of $10 per person per year in community prevention programs could save $16 billion annually within five years – a return of $5.60 per $1 invested[xi].

∞ Examples of high impact, evidence based strategies include:

- **Diabetes Prevention Program (DPP)[xii]** – The DPP is a leading example of how integrative medical care and daily support can lead to sustained lifestyle changes. The program reduced the risk of developing diabetes by 58 percent. The Centers for Medicare & Medicare Services certified savings of $2,650 per enrollee, and sustained weight loss of 11.7 pounds after one year and reductions in hospital admissions and Emergency Department visits.

- **School-based Efforts to Increase Physical Activity[xiii]** - Elementary or middle schools that added additional physical activity to the school day resulted in a benefit to cost ratio of $33:$1.

- **Safe Routes to School[xiv]** - In New York City, Safe Routes to School roadway modifications projected a net benefit of $230 million due to injury reduction.

- **Tips from Former Smokers Campaign (*Tips*)**[xv] – Since 2012, this evidence-based tobacco education campaign has helped over 5 million Americans attempt to quit and 500,000 to successfully quit smoking. For every $480 spent per quitter there is a $2,800 return in premature deaths averted.

- **Clean Access to Syringes**[xvii] - An additional $5 million investment in clean syringe access programs could avert 194 to 816 new HIV infections per year with an ROI of $7.58 to $6.38 per dollar spent.

[i]National Health Expenditure Data. *Centers for Medicare & Medicaid Services,* December 2016 https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/nhe-fact-sheet.html
[ii]Trust for America's Health. Prevention for a Healthier America: Investments in Prevention Yield Significant Savings, Stronger Communities, 2008. http://healthyamericans.org/ reports/prevention08/
[iii]*Chronic Disease Funding – Fiscal Year 2003 to Fiscal Year 2016.* Trust for America's Health (TFAH). http://tfah.org/assets/files/TFAH-2016-Blueprint-Fnl.pdf
[iv]Clinical Preventive Services. Latest Data. In Healthpeople.gov, 2014. https:// www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/ Clinical-Preventive-Services/data
[v]American Cancer Society. Colorectal Cancer Screening (%), Adults 50 Years and Older by State, 2014. https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/cancer-prevention-and-early-detection-facts-and-figures/cancer-prevention-and-early-detection-facts-and-figures-tables-and-figures-2016.pdf
[vi]Health and Economic Burden of the Projected Obesity Trends in the USA and the UK. The Lancet, 378, 2011
[vii]National Institute on Drug Abuse. Overdose Death Rates. Bethesda, MD: National Institutes of Health, 2015. https://www.drugabuse.gov/relatedtopics/trends-statistics/overdose-deathrates
[vii]U.S. Department of Health and Human Services. The Health Consequences of Smoking – 50 Years of Progress: A Report of the Surgeon General. 2014.
[ix]American Cancer Society. Cancer Facts & Figures 2016. Atlanta: American Cancer Society; 2016. http://www.cancer. org/acs/groups/content/@research/ documents/document/acspc-047079.pdf
[x]Fauci AS, Touchette NA, Folkers GK. Emerging Infectious Diseases: a 10-Year Perspective from the National Institute of Allergy and Infectious Diseases. Emerging Infect Dis, 11(4), 2005. http://wwwnc.cdc. gov/eid/article/11/4/04-1167_article.htm#tnF1
[xi]Trust for America's Health (TFAH). Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities. http://healthyamericans.org/reports/prevention08/
[xii]Centers of Medicare & Medicaid Services, (2016). Diabetes Prevention Program Independent Evaluation Report Summary. [Press Release]. https://www.cms.gov/ Newsroom/MediaReleaseDatabase/Factsheets/2016-Fact-sheets-items/2016-03-23. html
[xiii]Washington State Institute for Public Policy. School-based programs to increase physical activity. Olympia, WA: Washington State Institute for Public Policy, 2016. http://www.wsipp.wa.gov/ BenefitCost/ProgramPdf/574/Schoolbased-programs-to-increase-physicalactivity
[xiv]Muennig PA, Epstein M, Li G, et al. The Cost-effectiveness of New York City's Safe Routes to School Program. American Journal of Public Health, 104(7): 1294- 1299, 2014.
[xv]Prevention and Public Health Fund. Funding Distribution. In U.S. Department of Health & Human Services, 2016. http://www.hhs.gov/open/prevention/
[xvi]Centers for Disease Congrol and Prevention (CDC), "Tips from Former Smokers, About the Campaign" https://www.cdc.gov/tobacco/campaign/tips/about/index.html?s_cid=OSH_tips_D9393
[xvii]Nguyen TQ, Weir BW, Jarlais D, et al. Syringe Exchange in the United States: A National Level Economic Evaluation of Hypothetical Increases in Investment. AIDS and Behavior, 18(11): 2144-2155, 2014.