

# FACT SHEET

## U.S. Centers for Disease Control and Prevention

### National Center for Chronic Disease Prevention & Health Promotion

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#### *Preventing Chronic Disease is Critical to Controlling Health Care Costs*

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**Request:** Support the highest level of funding possible [\$650 million] for CDC's National Center for Chronic Disease Prevention and Health Promotion by continuing to monitor the Prevention and Wellness provisions included in the American Recovery and Reinvestment Act of 2009 (ARRA).

**Request:** Fund CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) at a FY 2010 level of \$1.66 billion. NCCDPHP is at the forefront of the nation's efforts to prevent and control chronic diseases. It was substantially cut in 2006, and since then has essentially been level-funded and decreasing due to across the board rescissions (FY 09 (CR) - \$834 million) – while chronic disease rates have continued to soar.

#### **The Costs of Chronic Disease in the U.S.**

- Chronic diseases account for 70% of all deaths (1.7 million) in the U.S. each year.
- In 2005, almost half of all Americans (133 million people) lived with at least one chronic condition e.g. cardiovascular disease, diabetes, obesity. More than one in every 10 Americans (25 million) suffers major activity limitations due to one or more chronic conditions.
- Health care costs of people with chronic diseases account for more than 75% of the nation's \$2 trillion medical care costs. In 2008, heart disease & stroke were estimated to cost \$448 billion in medical expenditures and lost productivity.
- The direct and indirect costs of being obese or overweight is \$122.9 billion each year.
- U.S. healthcare expenditures total nearly \$7,000 annually for every man, woman, and child, primarily for diagnosis and treatment of chronic diseases.

#### **Putting Prevention & Wellness Funding to Work**

- State and local health departments lost more than 11,000 jobs in 2008. The Prevention and Wellness Fund will help restore some of these lost jobs while preventing additional work vacancies in the future. Also, funding for many community-based organizations that provide health and wellness services will create new employment opportunities at the state and local levels.
- During an economic downturn, a strong health safety net is vital to supporting individuals who have lost their jobs or lack health coverage. Unemployed workers and their families rely on state/local health departments and community-based organizations for basic preventive health services.
- Stimulus funding for CDC's Healthy Communities program, which uses evidence-based strategies to reduce chronic disease risks, can serve as a down payment toward reducing health care costs and America's economic recovery.

#### **Return on Investment for Chronic Disease Prevention and Wellness**

- An investment of \$10 per person per year in proven community-based programs to increase physical activity, improve nutrition, and prevent smoking and other tobacco use could save the country more than \$16 billion annually within five years. This is a return of \$5.60 for every \$1.
- For every \$1 spent on water fluoridation, \$38 is saved in dental restorative treatment costs.
- Every \$1 spent on preconception care programs for women with diabetes, health costs can be reduced by up to \$5.19 by preventing costly complications in both mothers and babies.
- For every \$1 spent on an arthritis self-help program, \$4.10 is saved on physician visits.
- For every \$1 spent on Pap tests for low-income elderly women, \$5.90 is saved on medical care costs.
- A 1% reduction in cancer deaths would be worth nearly \$500 billion.

## **Investing in CDC's Healthy Communities Program**

- CDC's Healthy Communities Program is addressing policy, systems, and environmental changes that encourage people to be more physically active, eat a healthy diet, and not use tobacco. These population-based change strategies have been found to be effective in improving the health of communities
- Since 2003, CDC has funded more than 240 urban, rural, and tribal communities to advance policy and environmental change strategies in support of healthy eating, active living and chronic disease prevention. The programs extend into schools, work sites, communities, and health care settings.
- The Healthy Communities Program includes: Strategic Alliances for Health Communities, ACHIEVE (Action Communities for Health, Innovation, and EnVironmental change), REACH U.S., Pioneering Healthy Communities (in collaboration with YMCA of the USA); and Steps Communities.
- Examples of successful and innovative activities in ACHIEVE communities include the communities of:
  - **Salamanca, New York**, which is promoting tobacco-use cessation by facilitating the successful adoption of two city ordinances that prohibit possession of tobacco products by minors and ban smoking in all city parks and playgrounds.
  - **Stark County, Ohio**, which has assisted local employers with creating workplace policies that promote employee physical activity during work time, lunch, and breaks.
  - **Tacoma-Pierce County, Washington**, which is working on improving young people's nutrition and increasing their physical activity opportunities through joint-use policies that focus on underserved communities. For example, by enabling the general public to use schools' exercise facilities during non-school hours.

The Healthy Communities program lost >40% funding in FY 08, and is currently flat-funded under the FY 09 continuing resolution. More than 1000 communities have applied and been approved for funding but remain unfunded due to limited resources.

## **Other Vital Chronic Disease Prevention Programs Supported by CDC's NCCDPHP :**

NCCDPHP funding translates program research on chronic disease into action at the state/community levels through:

- The **REACH US** program, which addresses health disparities among minorities in **40** urban and rural communities.
- The **Division of Adolescent & School Health**, which addresses obesity, physical activity, tobacco, violence, and youth high-risk behaviors through the successful coordinated school health program.
- The **Preventive Health and Health Services Block** grant, which allows states to target funds to their specific needs in chronic and infectious diseases and injury prevention programs.
- **Heart Disease & Stroke** - Currently, **33** states receive NCCDPHP support for **heart disease and stroke** prevention. Only **21** states receive funding for the WISEWOMAN program for low-income women 40-64 years of age. Nearly 39% of all female deaths occur from CVD, making it the leading cause of death for American women.
- Only **23** states are funded through CDC's **Nutrition and Physical Activity and Obesity (NPAO) Cooperative Agreement Program** that coordinates statewide efforts with multiple partners to address obesity, a major risk factor for many chronic diseases.
- **Behavioral Risk Factor Surveillance Program**, which provides state-specific information about issues such as asthma, diabetes, alcohol use, hypertension, obesity, cancer screening, nutrition and physical activity.
- **Cancer prevention and control** initiatives, which improve state cancer registries, prevention and early diagnosis of colorectal, prostate, cervical, ovarian, skin, and other cancers and enhance funding for prevention of key risk factors.
- **Diabetes prevention and control** programs develop national public health performance standards for diabetes care. Only **28** states receive funding for basic diabetes control implementation programs.
- Examples of state-funded programs supported by CDC's NCCDPHP :
  - **Tri-State Stroke Network (Georgia, South Carolina and North Carolina)** - to increase public awareness of stroke symptoms and the need to treat stroke as a medical emergency.
  - **Maine** - to improve cardiovascular health in the workplace, with reduced health insurance premiums.
  - **Ohio** - to reduce colorectal cancer incidence and death through expanded early detection programs.
  - **Kentucky** - to support six new Diabetes Centers of Excellence.
  - **Arkansas** - to promote healthy snacks in schools, water fluoridation, and better oral health screenings.
  - **New Jersey** - to develop and implement the *Blueprint for Healthy Aging in New Jersey*.
  - **New Mexico** - to provide a National Diabetes Prevention Center to work with American Indian communities.