

Health for *Life*

Better Health
Better Health Care

National Framework for Change



Focus on Wellness

An increasing number of Americans are coping with chronic health conditions – diseases that are ongoing and generally not curable. Today, an estimated 133 million Americans – nearly half the population – suffer from at least one chronic illness, such as hypertension, heart disease and arthritis. That figure is 15 million higher than just a decade ago, and by 2030, this number is expected to reach 170 million.¹

- Heart disease affects more than 79 million Americans and is responsible for 40 percent of all deaths.²
- The number of people with arthritis is expected to increase to 67 million by 2030 – 20 million more than today.³
- Over the past 15 years, the number of people with diabetes has more than doubled.⁴
- In 2001, 9 percent of U.S. children had asthma, up from 3.6 percent in 1980.⁵
- The percent of the population that is obese is rising for both adults and children.

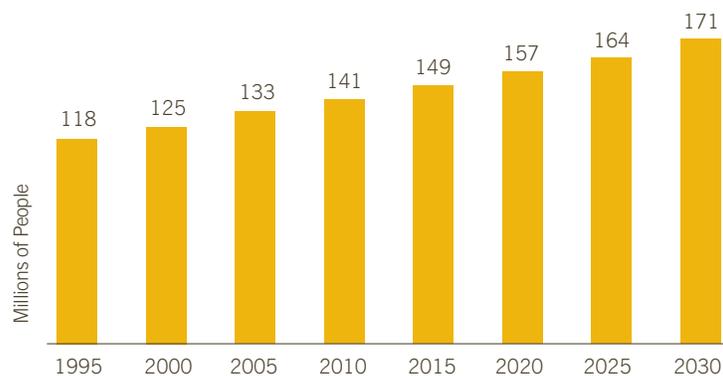
Chronic conditions can decrease the length and quality of life, especially when not appropriately managed. For example, complications of diabetes include eye, heart, nerve and kidney disease.



More on Health for Life at
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The number of people with chronic medical conditions is rising.

Chart 1: Number of Americans with Chronic Medical Conditions, 1995 – 2030*
(in millions)

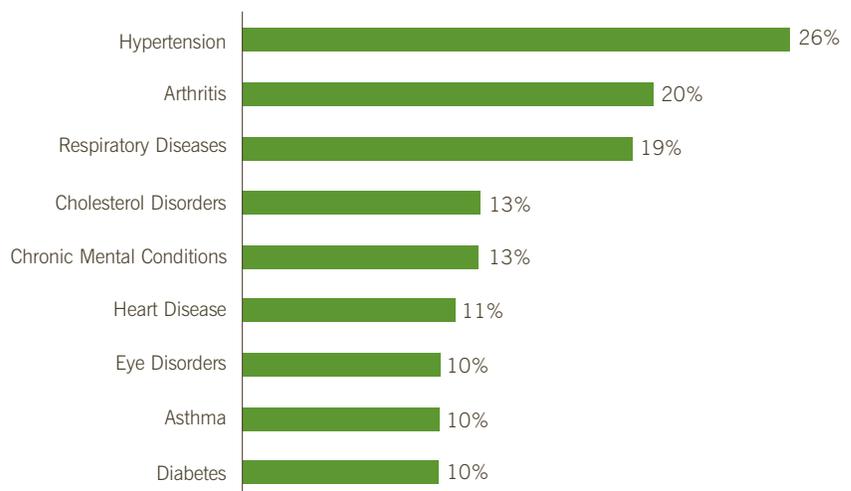


*Values for 2005 to 2030 are projections.

Source: Adapted from Partnership for Solutions. (2002). *Chronic Conditions: Making the Case for Ongoing Care*. Baltimore, MD.

Over a quarter of the population has hypertension and a fifth has arthritis.

Chart 2: Percent of Non-institutionalized People with Specific Chronic Conditions



Source: Medical Expenditure Panel Survey. (2001).

Higher Rates of Illness Mean Higher Health Care Costs

The rising burden of caring for individuals with chronic illness is a major driver of increased use of health care services. Many chronic conditions require continuous medical care. Without this care, serious complications can occur, further reducing quality of life and pushing costs even higher. Consequently, individuals with chronic conditions use a disproportionate share of health care resources. People with chronic conditions account for over 90 percent of prescription drug use and are more likely to be hospitalized and stay longer than individuals without chronic conditions. Three of every four health care dollars are spent to care for individuals with chronic conditions.⁶ Between 1987 and 2002, two-thirds of the growth in Medicare spending was accounted for by 10 chronic conditions.⁷

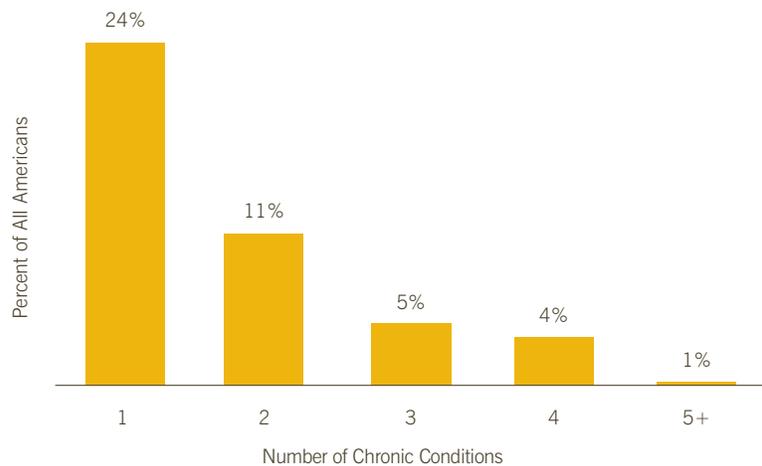
Rising levels of chronic diseases contribute to the rapid growth in health care spending and other societal costs, such as sick time and disability. Today the direct and indirect costs of heart disease and stroke are estimated to be

over \$277 billion annually. Based on the current trajectory, these costs will exceed \$430 billion by 2030.⁸ Asthma, diabetes and hypertension account

for more than 164 million lost work days annually.⁹ In 2004, asthma accounted for an estimated 14 million missed school days for children.¹⁰

Nearly half of people with a chronic condition have more than one.

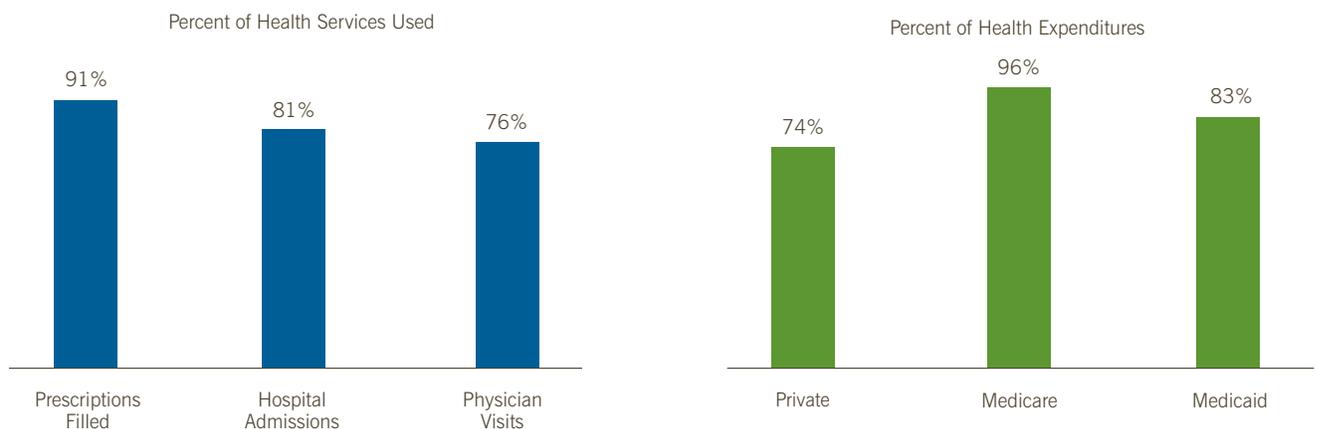
Chart 3: Percent of Americans with Chronic Medical Conditions by Number of Conditions



Source: Wu, S., and Green, A. (2000). Projection of Chronic Illness Prevalence and Cost Inflation. RAND Corporation.

People with chronic diseases use the majority of health care services and account for most of costs.

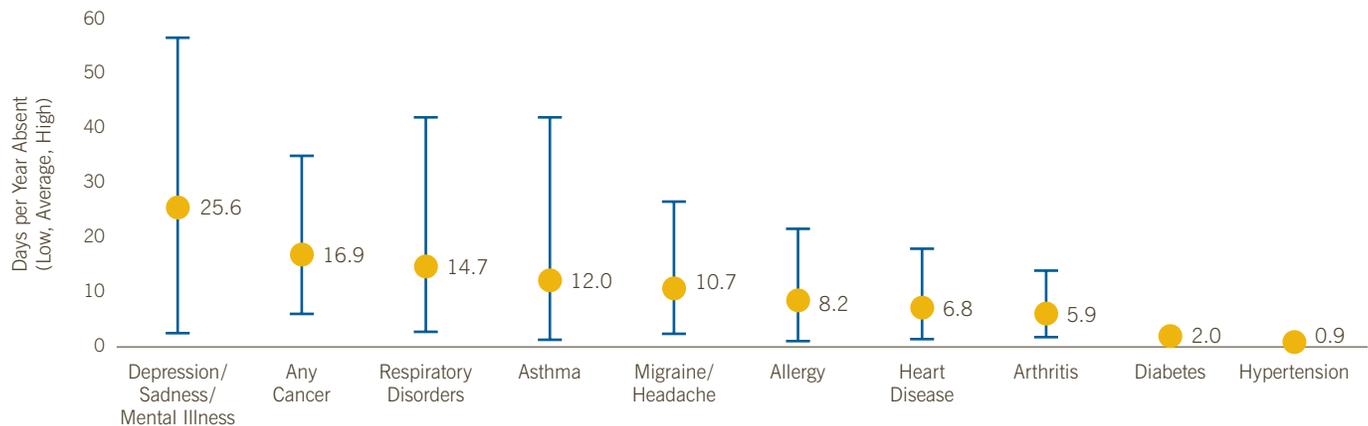
Chart 4: Percent of Health Resources Used by People with Chronic Conditions



Source: Partnership for Solutions. (2004). *Chronic Conditions: Making the Case for Ongoing Care*. Baltimore, MD.

The costs of chronic disease extend to employers in the form of lost productivity.

Chart 5: Number of Days Absent per Affected Individual per Year Due to 10 Conditions, 1997-1999



Source: Goetzel, R.Z., et al. (2004). Health, Absence, Disability, and Presenteeism Cost Estimates of Certain Physical and Mental Health Conditions Affecting U.S. Employers. *Journal of Occupational and Environmental Medicine*, 46(4), 398-412.

Many Chronic Diseases Are Avoidable

Many chronic diseases are preventable through lifestyle choices or early detection and management of risk factors. Many also can be managed with medical treatment and/or improved diet and exercise.

Early detection and management of risk factors are critical to preventing diseases from progressing. For example, managing hypertension and cholesterol levels significantly lowers the rate of heart attack and stroke. If population-wide cholesterol levels could be reduced by 10 percent, the incidence of coronary artery disease could drop by an estimated 30 percent.¹¹

Obesity is strongly associated with numerous medical conditions including hypertension, heart disease, type 2 diabetes, stroke, arthritis, and breast, colon and endometrial cancers. For example, an obese individual is more than twice as likely to suffer from hypertension, heart disease or high blood pressure as a person of normal weight. Annual health care costs are 35 percent

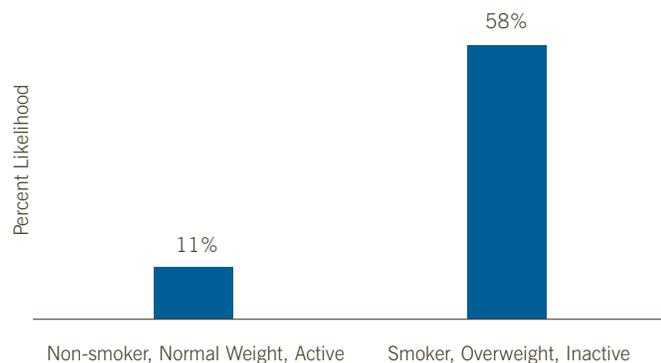
higher for obese individuals relative to normal weight individuals. Each year, approximately 300,000 deaths are attributed to obesity.¹²

Asthma, a disease that affects an estimated 6.2 million children under 18

years of age, can be managed to reduce activity limitations and the need for emergency or hospital care. Evidence indicates that asthma can be controlled through a multi-faceted approach including the identification and reduction of

Poor health behaviors dramatically increase the risk of developing chronic diseases.

Chart 6: Likelihood of Developing Heart Disease, Stroke or Diabetes by Age 65 (Men, Age 50)



Source: Centers for Disease Control and Prevention. (2003). *The Burden of Chronic Disease and the Future of Public Health*.

exposure to allergens in the home and environment, self-management education and drug therapy. With appropriate management, quality of life improves, including: better lung function, less missed work or school time, fewer trips to the emergency department and lessening of limitations on daily activities.

Recent studies show that moderate weight loss and exercise can prevent diabetes among high-risk individuals. Once diagnosed, diabetes can be effectively managed to reduce complications. Control of blood sugar levels reduces the risk of eye, kidney and nerve disease by 40 percent, while control of blood pressure can reduce the risk of heart disease and stroke by 33 to 50 percent.¹³

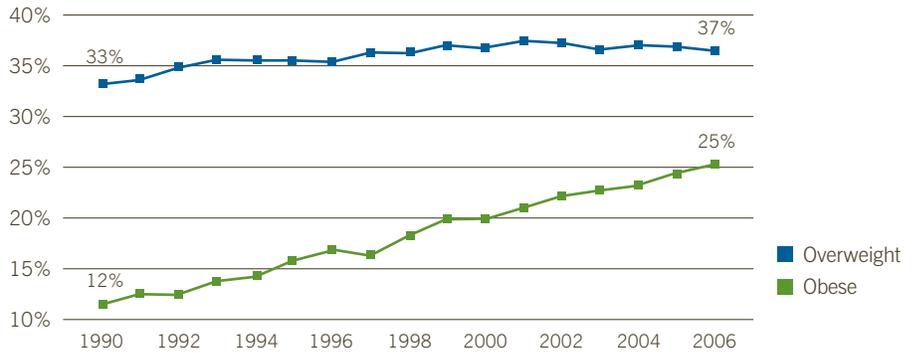
The Centers for Disease Control and Prevention estimates that eliminating three risk factors – poor diet, inactivity and smoking – would prevent 80 percent of heart disease and stroke, 80 percent of type 2 diabetes and 40 percent of cancer.¹⁴

300,000

Number of annual deaths attributed to obesity

Nearly two-thirds of the population is overweight or obese – a risk factor for heart disease, diabetes and other diseases.

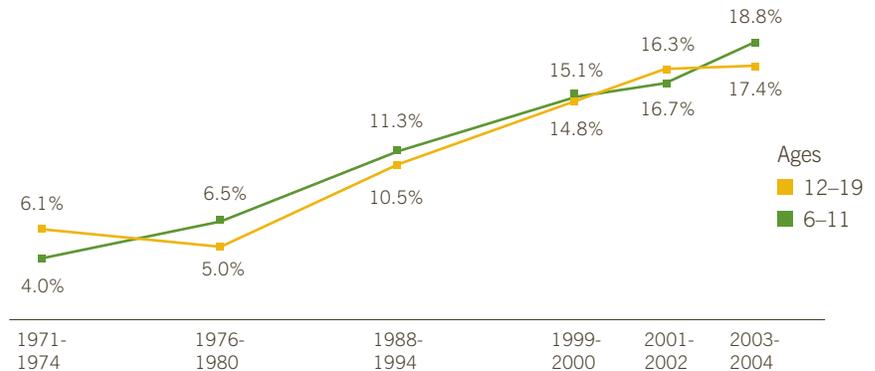
Chart 7: Percent of the Adult Population (Age 18 and Older) that Is Overweight or Obese*



*Overweight defined as Body Mass Index (BMI) of 25 to 29.9. Obese defined as BMI of 30.0 or more. Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Survey, 1990-2006. Atlanta, Georgia.

A growing percentage of children and adolescents are overweight as well.

Chart 8: Percent of Children and Adolescents that Are Overweight*



*Overweight defined as Body Mass Index (BMI) > gender and age specific 95th percentile. Center for Health Statistics. (2003-2004). *Prevalence of Overweight Among Children and Adolescents: United States*. Hyattsville, MD.

Reversing These Trends Will Require Action on Multiple Fronts

Reversing these trends is possible, but will take action on multiple fronts to confront the many societal conditions that lead to poor health. America must address physical inactivity, poor nutrition, tobacco use and substance abuse. More than half of U.S. adults do not

get enough exercise to achieve health benefits and 25 percent are not active at all in their leisure time. And, only 24 percent of U.S. adults get the recommended number of servings of fruits and vegetables. While tobacco use is down, 20 percent of adults still smoke, and,

each day, about 1,140 persons younger than 18 years of age become regular smokers.^{15, 16}

Successful efforts reach individuals not only where they receive medical care, but also where they live, work and go to school.

More Emphasis on Primary and Preventive Care

The U.S. health care system is structured around diagnosis and treatment rather than wellness and prevention. We have a “sick” care system rather than a “health” care system. As a result, many individuals are not getting recommended levels of primary and preventive care. For example, only 10 percent of females covered by Medicare have gotten recommended levels of preventive care

including screening for cervical, breast and colon cancer and immunization against influenza and pneumonia.¹⁷

The role of the health care system in wellness and prevention includes education on health behaviors, preventive care like immunizations, screening to catch diseases or risk factors at early stages when they are most amenable to treatment and disease management. Research suggests that clinical prevention services reduce disease, disability and death. For

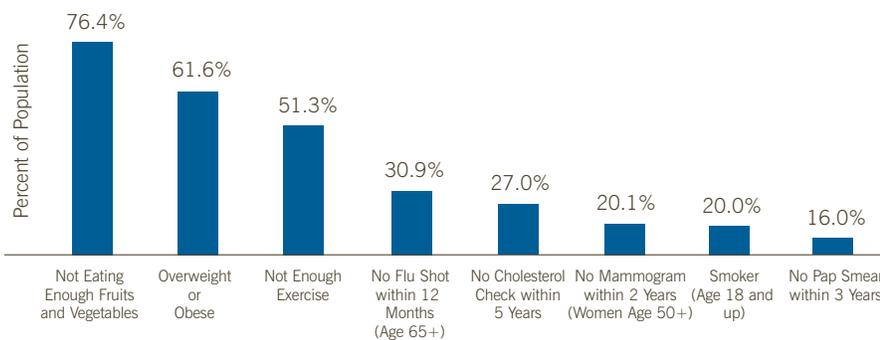
example, counseling all smokers on a regular basis could save roughly 70,000 lives in one year. Screening all persons age 50 and over with a fecal occult blood test and a sigmoidoscopy could prevent 18,000 deaths per year.¹⁸

Lack of coverage can be an impediment to getting important preventive care services, such as prenatal care, regular health physicals, immunizations and cancer screenings. People without health insurance are less likely to be able to manage chronic conditions. Adults without health insurance are more than twice as likely to visit the emergency department or be hospitalized for a chronic condition as those with insurance.¹⁹

While the uninsured are most likely to forgo primary and preventive care, many insured individuals do not have coverage for a comprehensive array of preventive services. Additionally, high copayments and deductibles can provide a disincentive to obtaining optimal levels of preventive care. A national survey found that 80 percent of employers offered no coverage for tobacco cessation programs and 29 percent did not cover childhood immunizations.²⁰

Significant room for improvement exists across a range of health behaviors.

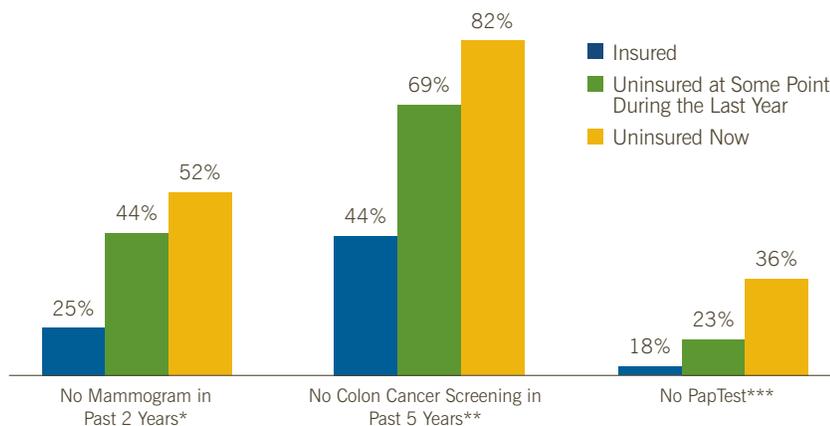
Chart 9: Percent of Population by Health Behavior



Source: Centers for Disease Control and Prevention. (Data available as of July 2007). *Behavioral Risk Factor Surveillance System, Trends Data*. Available at <http://apps.nccd.cdc.gov/brfss/display.asp?cat=WH&yr=2006&qkey=4427&state=US>.

Lack of insurance represents an impediment to getting preventive care...

Chart 10: Percent of Individuals Not Receiving Selected Recommended Preventive Care Services by Insurance Status, 2005



*Among women age 50–64. **Among adults age 50–64. ***Among females age 19–29 in past year or in past 3 years for women age 30+. Source: The Commonwealth Fund. New York, NY. (2005). *Biennial Health Insurance Survey*.

Workplace Initiatives

Employers are beginning to recognize the benefits of employee health promotion programs. Working adults typically spend half or more of their waking hours at work. Thus, workplace initiatives can have a major impact on health. These programs also benefit employers. Healthy individuals have lower health care costs, less absenteeism, less disability and increased productivity.²¹

Employers are taking a variety of approaches to promoting better health. These include onsite clinics, health promotion and wellness programs, and the structure of health insurance benefits. Approximately 90 percent of all employers in the U.S. with 50 or more employees say they have some form of health promotion program.²²

These programs are shown to reduce employee health risks, health care costs and absenteeism. For example, the eight-week “LifeCheck” program at Coors Brewing Co. significantly reduced employees’ risk for cardiovascular disease through smoking cessation and weight loss.²³ An analysis of five absenteeism studies documented a savings of nearly five dollars for every dollar spent on health promotion activities.²⁴ Employees of SwedishAmerican Health System in Rockford, IL, who attended a 40-hour course addressing nutrition, physical activity and risk factors for chronic disease significantly lowered their cholesterol, blood pressure and body fat six months after completing the program.²⁵ Lowering risk factors can lead to reduced health care costs. A review of eight health promotion programs found a savings in health care costs of \$3.35 for every dollar invested.²⁶

School-based Programs

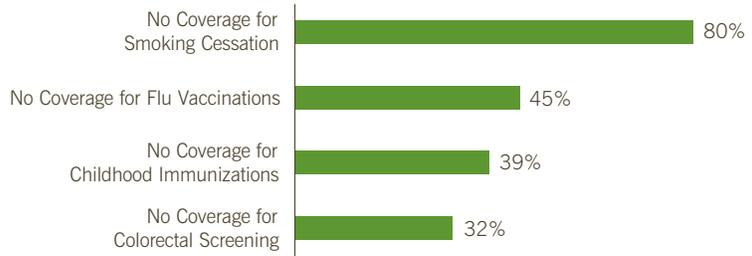
Addressing health care needs and healthy behaviors at an early age is critical to maintaining good health throughout life. School-based programs can provide nutrition education, promote physical activity and offer health screenings.

Obesity is a growing problem in children. In 2004, 9 million children – one in six – were obese, more than triple that of 1980. Obesity can lead to health problems, both in childhood and later in life, including diabetes and heart disease. About 60 percent of overweight 5- to 10-year olds have at least one cardiovascular risk factor (e.g., high blood pressure or high cholesterol).²⁷ One in three children born in 2000 will develop diabetes over the course of his or her lifetime.²⁸

Promoting the consumption of healthy foods while children are in school is one step to combat childhood obesity that has broad public support. Eighty-three percent of adults think schools should do more to limit access to unhealthy foods.²⁹ Actions include schools limit-

...and insurance benefits often don't cover key preventive services.

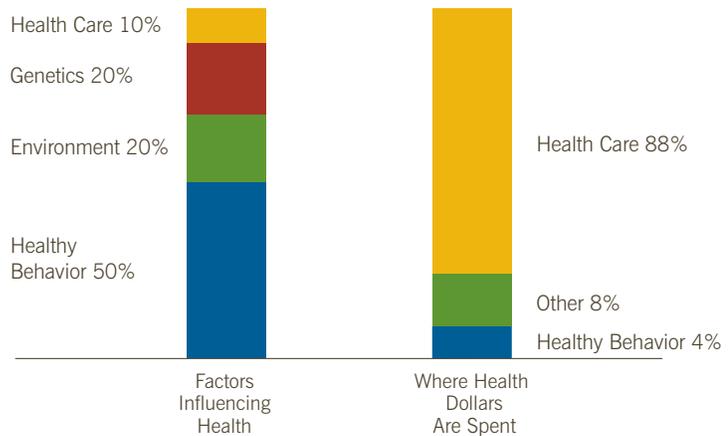
Chart 11: Percent of Employer-sponsored Plans Providing No Coverage for Key Preventive Services



Source: Bondi, M.A., et al. (2005). Employer Coverage of Clinical Preventive Services in the United States. *American Journal of Health Promotion*.

While behavior has the most influence on health, most spending goes to health care.

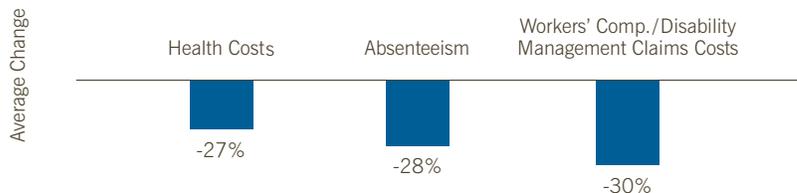
Chart 12: Key Determinants of Health vs. Where Health Dollars Are Spent



Source: Adapted from New England Healthcare Institute (2007). *The Boston Paradox*.

Workplace health programs can be effective in reducing health care costs.

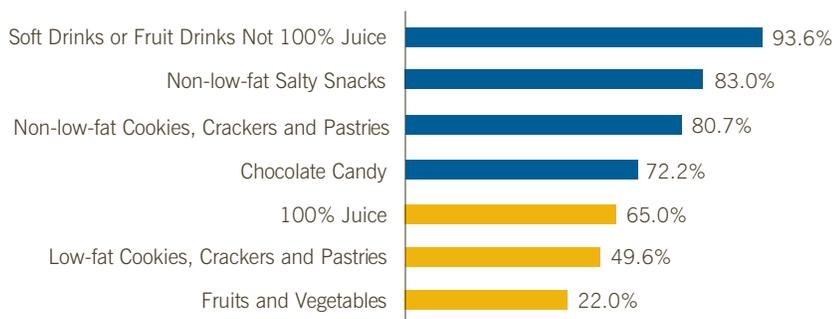
Chart 13: Average Percent Change in Employers’ Costs Resulting from Workplace Health Promotion and Wellness Programs



Source: Chapman, L. (2003). Meta-evaluation of Worksite Health Promotion Economic Return Studies. *Art of Health Promotion Newsletter*, 6(6).

School vending machines offer more unhealthy than healthy food choices.

Chart 14: Percent of Senior High Schools Offering Various Foods in Vending Machines



Source: Robert Wood Johnson Foundation. (2003). *Healthy Schools for Healthy Kids*. Princeton, NJ.

ing the sale of foods and beverages that are not part of the federal school meal programs. Research indicates that selling these foods – such as soft drinks, candy, cookies and potato chips – in schools is associated with higher consumption of fat and lower consumption of fruits and vegetables.³⁰ New York City and Los Angeles – the two largest school systems in the country – have each banned vending machine sales of soft drinks, candy and other snack foods.³¹

Schools also can promote physical activity by offering physical education (PE) programs that make physical activities fun and provide skills that encourage lifelong participation. However, a recent study found that only 8 percent of elementary schools, 6 percent of middle/junior high schools and 6 percent of senior high schools provided daily PE, despite strong evidence that

school-based PE classes are effective in improving physical fitness.³²

School-based health centers can provide screenings and immunizations, identify at-risk children and help children manage chronic health conditions. Providing services where children spend a significant portion of their day can make services more accessible and convenient, reduce student absenteeism and help parents avoid lost work time.

Government Involvement

Historically, government policy has played a key role in reducing the burden of disease. In the early part of the last century, infectious diseases were the leading causes of death. Public health initiatives and regulatory changes were instrumental in virtually eradicating many of these diseases. Efforts included improved sanitation, purification of drinking water, pasteurization

of milk and immunization requirements for school children, among others.

Similarly, the government can play a key role in combating the new killer: chronic disease. Areas for intervention include:

- Changes to the structure of publicly funded coverage programs (e.g., the “Welcome to Medicare Physical” and Medicare coverage of tobacco cessation services);
- Policies that provide incentives to employers and health plans that offer wellness programs and benefits;
- City planning and transportation plans that support exercise;
- Support for school-based health screening and immunization;
- Standards for school lunches and regulation of food sold in schools;
- Standards for physical education in schools;
- Adequate funding of the public health infrastructure;
- Public health education; and
- Environmental regulation (e.g., smoke-free public spaces).

164
million

Number of work days lost to
asthma, diabetes and hypertension

“ ”

from the field

“Together, as a nation, we must move toward a balanced community health system – one that makes access to quality care available to all; that balances early detection of disease with health promotion and disease prevention; that draws on the involvement of the community, including homes, community schools, churches and other faith-based organizations, and civic and local groups.”

David Satcher, M.D., Ph.D., Former Surgeon General

WHAT WOULD WE GAIN FROM A FOCUS ON WELLNESS?

Creating a healthier America will require significant change for individuals and society as a whole, but the dividends could be enormous. The evidence continues to mount that wellness and prevention efforts across many venues have significant returns in terms of better quality of life, reduced mortality, lower health care costs and a more productive workforce. Each year:

- 18,000 lives could be saved through screening all persons over 50 for colorectal cancer.
- 70,000 lives could be saved by providing smoking cessation counseling to all smokers.
- 300,000 lives and \$177 billion in health care costs could be saved by helping individuals achieve a healthy weight.
- Up to \$13 billion in health care costs could be saved through better primary care management to reduce hospital admissions for conditions like asthma, diabetes and hypertension.³³
- Better management of these diseases also could significantly reduce the 164 million lost work days – and associated costs to employers of \$30 billion – due to asthma, diabetes and hypertension.

ENDNOTES

- 1 Wu, S. and Green, A. (2000). *Projection of Chronic Illness Prevalence and Cost Inflation*. RAND Corporation.
- 2 Centers for Disease Control and Prevention. (2007). *Heart Disease and Stroke: The Nation's Leading Killers*. Atlanta, GA.
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- 26 Partnership for Prevention. (2001). *Healthy Workforce 2010*. Washington, DC.
- 27 Freedman, D.S., et al. (1999). The Relation of Overweight to Cardiovascular Risk Factors Among Children and Adolescents: the Bogalusa Heart Study. *Pediatrics*, 103 (6Pt1), 1175-1182.
- 28 Partnership to Fight Chronic Disease. (2007). *The Growing Crisis of Chronic Disease in the United States*.
- 29 Wall Street Journal Online/Harris Interactive Health Care Poll. (February 14, 2005). Americans Say Parents, Schools Play a Role in Children's Obesity.
- 30 U.S. Government Accountability Office. (2004). *School Meal Programs: Competitive Foods Are Available in Many Schools; Actions Taken to Restrict Them Differ by State and Locality*. GAO-04-673. Washington, DC.
- 31 U.S. Government Accountability Office. (2004). *School Meal Programs: Competitive Foods Are Available in Many Schools; Actions Taken to Restrict Them Differ by State and Locality*. GAO-04-673. Washington, DC.
- 32 Burgeson, C.R., et al. (2001). Physician Education and Activity: Results From the School Health Policies and Programs Study 2000. *Journal of School Health*, 71(7), 279-293.
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Health for Life is a framework developed by the American Hospital Association in collaboration with others to improve America's health and health care by calling for: a focus on wellness, the most efficient affordable care, the highest quality care, the best information and health care coverage for all paid for by all.

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