Prepared Testimony of

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"The State of Chronic Disease Prevention"

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Introduction

Chairman Harkin, Ranking Member Enzi and Members of the Committee, I want to thank you for this opportunity to present the American Heart Association's research and views on the importance of prevention in the fight against cardiovascular diseases and stroke. Cardiovascular disease (CVD) is the deadliest and most prevalent illness in our nation. More than 82 million adults in the U.S. have been diagnosed with some form of cardiovascular disease, and someone dies from it every 39 seconds.

Along with the enormous physical and emotional toll cardiovascular disease exacts, it is also America's costliest illness, accounting for 17 percent of overall health expenditures. According to a recent American Heart Association article/policy statement, 'Value of Primordial and Primary Prevention for Cardiovascular Disease" published in our journal *Circulation* (http://circ.ahajournals.org/content/124/8/967.full.pdf+html?sid=2ea4c775-5912-4cf8-8c42-13ab84042e2f), the direct medical costs of treating cardiovascular disease are estimated at $273 billion in 2010. The annual indirect costs, which refer to lost productivity, come to $172 billion. All in all, that adds up to $444 billion dollars.

The future bodes even worse. We project that by 2030 two out of five Americans – 116 million people, or 40 percent of the population – will have some form of cardiovascular disease. The associated costs are staggering. Total direct and non-direct costs are expected to exceed a whopping one trillion dollars making this a critical medical and societal issue.

A Sea Change

However, there is hope in what could be characterized as a sea change in how we view this deadly disease. Despite being the number one killer of all Americans, research has demonstrated that cardiovascular disease is largely preventable.

Indeed, we can change the trajectory of these frightening projections if we as a nation are willing to take deliberate and focused actions to prevent or delay the

many forms of cardiovascular disease. The facts speak for themselves and let me cite some of the more prominent ones.

Studies estimate that people who reach middle age with optimal risk levels have only a 6 to 8 percent chance of developing cardiovascular disease in their lifetime.

It is estimated that if all Americans had access to recommended CVD prevention activities, myocardial infarctions and strokes would be reduced by 63 percent and 31percent respectively in the next 30 years.

Men and women who lower their risk factors may have 79-82 percent fewer heart attacks and strokes than those who do not reduce their risk factors.

A recent review by the U.S. Preventive Services Task Force showed that counseling to improve diet or increase physical activity changed health behaviors and was associated with small improvements in weight, blood pressure, and cholesterol levels.

And this is perhaps the most telling statistic of all. Approximately 67 percent of the decline in U.S. age-adjusted coronary heart disease death rates from 1980-2000 can be attributed to improvements in risk factors including reductions in total blood cholesterol, systolic blood pressure, smoking prevalence, and physical inactivity – only about 7 percent was the result of bypass surgery or angioplasty. However, these reductions were partially offset by increases in the prevalence of obesity. It is much more difficult and costly to reverse obesity and diabetes once they occur than to prevent them from developing in the first place.

Setting the Stage for Transformation

We as a nation must reorient our entire approach to promote healthy habits and wellness at an early age. We must transform the current healthcare delivery system that focuses on “sick care” to one that better incorporates, coordinates, values and financially rewards quality and prevention.

We must reach individuals before they actually become “patients” suffering a heart attack or any other acute cardiovascular event. Let me put it a different way. We have to get into the game earlier to influence the final score and make a positive difference in people’s lives.

We must take a two-pronged prevention approach. First is “primordial” prevention, which prevents the development of risk factors.

Second is “primary” prevention which consists of interventions to modify adverse risk factors once they’re present, with the goal of preventing an initial acute event.

To this end, the American Heart Association created “Life’s Simple 7”, which are seven key modifiable health factors and behaviors that we believe are essential for

successful prevention of cardiovascular disease. They include regular physical activity, a heart healthy diet, no smoking, weight management and control of blood pressure, cholesterol and blood sugar. These are literally lessons for life.

A Solid Return on Investment

These and other public and private prevention initiatives present the best opportunities to make a positive impact on our nation's physical and fiscal health. In a time of tight budgets and limited resources when the Administration and Congress are looking for a solid return on investments, prevention is a proven winner.

Research already demonstrates that environment and policy change can have a major impact on improving public health and saving precious taxpayer dollars. For example, research in Massachusetts showed that comprehensive coverage of tobacco cessation services in the Medicaid program led to reduced hospitalizations for heart attacks and a net savings of $10.5 million or a $3.07 return on investment for every dollar spent in the first two years.

Community-based programs to increase physical activity, improve nutrition, and prevent smoking and other tobacco use can show a return on investment of $5.60 for every dollar spent within five years.

Moreover, comprehensive worksite wellness programs can lower medical costs by approximately $3.27 and absenteeism costs by about $2.73 in the first 12 to 18 months for every dollar spent.

And speaking of getting into the game earlier, robust school-based initiatives to promote healthy eating and physical activity have shown a cost effectiveness of $900-$4,305 per quality-of-life-year saved.

Million Hearts Initiative

One other reason to be optimistic about the potential for a heightened focus on prevention is the Department of Health and Human Services' recently announced Million Hearts Initiative (Million Hearts).

This new initiative will focus, coordinate, and enhance CVD prevention in programs and activities across all HHS agencies with the aggressive goal of preventing one million heart attacks and strokes over the next five years (by 2016).

By pledging to partner with and work alongside healthcare providers, nonprofit organizations, and the private sector, Million Hearts represents an unprecedented commitment on the part of Secretary Sebelius and the HHS to make preventing heart attacks and stroke a top national health priority.

The American Heart Association not only applauds the launch of Million Hearts but also is grateful for the opportunities we have been provided to help inform, shape, and support the initiative. We look forward to joining and partnering with Secretary

Sebelius and the HHS in implementing this initiative, which has the potential to advance the mission and work of the American Heart Association dramatically and to help us achieve our ambitious “Impact Goal” to improve the cardiovascular health of all Americans and reduce deaths from cardiovascular diseases and stroke by 20 percent by 2020.

Million Hearts represents a bold opportunity to bring CVD prevention to the forefront of federal healthcare policy. As the leading voluntary health organization in the field of CVD, the American Heart Association is committed to this initiative and welcomes an opportunity to take a leadership role in its implementation.

In addition to working to help inform and shape the Million Hearts initiative, the American Heart Association is prepared to partner with the Centers for Disease Control and Prevention and other HHS agencies on various activities, and is also committed to working with HHS to hold ourselves collectively accountable for achieving its goals. This includes evaluating and publically reporting progress toward reducing one million heart attacks and strokes over the next five years. The Guideline Advantage program - a jointly directed quality improvement program from the American Cancer Society, the American Diabetes Association and the American Heart Association - may help contribute to these surveillance efforts. This program works with practices’ existing EHR or health technology platform to extract relevant patient data and quarterly reports, and benchmarking on adherence to guidelines.

In addition to improving CVD prevention in the next five years, Million Hearts aims to use the prevention of CVD as a model for how health reform can work to make a dramatic, immediate, and sustainable impact on the healthcare system to save lives and to prevent chronic disease. The lessons learned from Million Hearts will inform complementary implementation efforts addressing other chronic conditions.

The State of Prevention Today

We are starting to place a greater emphasis on prevention. However, we still have a long way to go to “walk the talk” as access to and use of preventive services remain stubbornly low.

Indeed, let me share with the Committee some very informative and alarming statistics about CVD preventable risk factors and where we stand today. They are clearly a call to greater action; millions of lives are at risk.

There are tremendous gaps in clinical prevention: only 47 percent of patients at increased risk of CVD are prescribed aspirin; one in three Americans have high blood pressure, however, only 46 percent of them have it adequately controlled; only 33 percent of people with high cholesterol have adequately controlled low-density lipoprotein cholesterol; and just 26 percent of those who want to quit smoking receive adequate support services.

In addition, effective community prevention interventions, such as eliminating exposure to secondhand smoke and decreasing sodium and *trans* fat intake in the

population, have been underused because of a lack of a coordinated national effort to make these population interventions available to reduce CVD.

Only 18 percent of U.S. adults follow three important measures recommended by the American Heart Association for optimal health: not smoking, maintaining a healthy body weight, and exercising at moderate-vigorous intensity for at least 30 minutes, five days per week.

In 2009, adult obesity rates rose in 28 states, and in more than two thirds of states, more than 25 percent of all adults are obese.

The number of overweight pre-schoolers jumped 36 percent since 1999-2000. Nearly one of every six children and adolescents ages 2-19 are considered obese. Sadly, one study has shown that obese children's arteries resemble those of a middle-aged adult.

The percentage of high school students who smoke decreased over 34 percent from 1999 to 2009. Still, over 3,800 children under 18 try a cigarette for the first time each day. An estimated 6.4 million of them can be expected to die prematurely as a result.

A sedentary lifestyle contributes to coronary heart disease. However, moderate-intensity physical activity, such as brisk walking, is associated with a substantial reduction in chronic disease. It is estimated that $5.6 billion in heart disease costs could be saved if 10 percent of Americans began a regular walking program. Still, 33 percent of U.S. adults report that they do not do any vigorous physical activity.

At least 65 percent of people with Type 2 diabetes die from some form of heart disease or stroke. Unfortunately, diabetes prevalence increased 90 percent from 1995-1997 to 2005-2007 in the 33 states that tracked data for both time periods.

About 25.4 million American adults have diagnosed or undiagnosed diabetes and the prevalence of pre-diabetes in the adult population is nearly 37 percent. Diabetes disproportionately affects Hispanics, blacks, Native Americans and Alaskan Natives.

Approximately 44 percent of U.S. adults have unhealthy total cholesterol levels of 200 mg/dL or higher. A 10 percent decrease in total blood cholesterol levels population-wide may result in an estimated 30 percent reduction in the incidence of CHD. Unfortunately, fewer than half of the people who qualify for cholesterol lowering treatment are receiving it.

If these statistics were not troubling enough, according to a new Commonwealth Fund-supported study in the journal *Health Policy*, the United States ranks last among 16 high-income industrialized nations when it comes to deaths that could potentially have been prevented with timely access to effective heath care. That is not a distinction we should be proud of as a nation.

What We Have Learned So Far

Although we are still in the early stages of the transformation from “sick care” to preventive care, we have already learned some valuable lessons that can help guide our future individual and collective efforts.

Policy change makes the greatest impact when it optimizes the environments where people live, learn, work and play – ofices, schools, homes, and communities, making healthier behaviors and healthier choices the norm by default or by design, putting individual behavior in the context of multiple-level influences.

Research continues to demonstrate that environment and policy change have some of the greatest impact in improving public health, providing the counterargument to those policy makers who argue that government has no role, that health is determined solely by individual responsibility.

Although there may not be significant cost savings in the short-term to society there is value in making an important investment in the long-term health of our nation.

The medical and research communities are challenged to further clarify the effectiveness and sustainability of cost-effective preventive cardiovascular services so that proven interventions can be provided in home-, work-, school- and community-based settings to save lives, money, and resources.

Finally, legislators, public health and planning professionals and community representatives can help to facilitate this objective by empowering localities to embrace a culture of lifestyle that incorporates physical activity, healthy nutrition options, smoking bans, and affordable access to health care for all Americans.

What is Holding Us Back?

All of these findings and lessons learned beg the questions, “Why is prevention taking a back seat to acute care and treatment? Why aren’t more efforts and dollars being spent on prevention?” The answers are not easy and there are many barriers to overcome to get to the solutions.

First, prevention is a long-term commitment; policy makers are generally focused on a much shorter time-frame with tangible benefits delivered in the near term.

Second, as a nation, we have made a significant investment in acute care and treatment which is much more impressive than prevention efforts. Treatments like open heart surgery have the “wow” factor that prevention lacks.

Third, the line of sight between preventive actions and results is significantly longer and harder to reinforce. If a patient is admitted with chest pains, a diagnosis is made and appropriate treatment is started – usually that same day.

However, if someone who is overweight sees their doctor and loses weight, the positive results of that weight loss may not be evident for months, years or even decades later and may exhibit in less “obvious” ways such as reduced absenteeism from work.

And finally, prevention’s attribute as a cost saver has created the unintended situation where it is necessary to justify spending resources to prevent disease when we do not have to justify funding focused on treating conditions that could have been prevented.

For these reasons, and others, prevention is ironically still an afterthought to acute care and treatment. This is all backwards because if you look at what’s moving the needle and improving health, it is prevention efforts.

Indeed, the only way to truly reduce healthcare costs in this country is to have a healthier American population which will only come if we can improve the health and health status through prevention.

There are certainly many other complex reasons and environmental hurdles to overcome in the transformation to preventive healthcare and ultimately a healthier and more productive society, but let me focus on the overarching issue.

Like all of the pressing problems confronting our nation today, there must be a shared responsibility when it comes to preventing cardiovascular disease. That includes individuals, government, and non-profits, such as the American Heart Association, the American Diabetes Association, and the America Cancer Society.

Individuals must take responsibility for their health through lifestyle changes, such as eating better, exercising, and not smoking. Government can help provide the tools to help them meet these goals, such as incentives for businesses to create healthy work environments and funding to test for risk factors.

And we at the American Heart Association will continue our role to promote awareness in both the public and medical communities of the need and importance of prevention. We will also continue to support research aimed at identifying new and better ways to prevent the onset of cardiovascular disease and support volunteer-run programs throughout the country that put this knowledge into practice. In other words, we are all in this together and the only way we can solve this problem is by working together.

I would be happy to answer any questions.