

Analysis finds federal government under-funds chronic disease prevention research

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Investigators have, for the first time, completed a comprehensive analysis of National Institutes of Health (NIH) funding of research to prevent non-communicable chronic diseases (NCDs) and determined that prevention research in the United States is severely underfunded. Specifically, the study found the NIH spends just 7 to 9 percent of its research budget on behavioral interventions to prevent NCDs, despite the fact that 70 percent of deaths in the U.S. are due to NCDs, and that treating people with NCDs accounts for approximately 84 percent of U.S. healthcare expenditures. The study is sponsored by the Vitality Institute and published today in the online edition of the *American Journal of Preventive Medicine*.

"This study highlights that more targeted federal funding is needed to take advantage of the untapped potential to prevent non-communicable diseases, save lives and reduce healthcare costs," said the study's lead author, Chris Calitz, health programs and evaluation director at the American Heart Association. "I hope policymakers will take note of this imbalance and, building on some of the initiatives mentioned in the study, quickly take steps to correct it."

Derek Yach, the executive director of the Vitality Institute and the study's senior author said, "This study provides compelling evidence that a lack of serious NIH investment in [prevention](#) science hampers health gains. The Office on Prevention is a needed start in correcting decades of neglect. That office needs to be fully financed and mandated to double the level of NIH investment in prevention science. The impact

will be profound: more academics will seek careers in prevention science; better policies will be developed; and the U.S. could assume a leadership role in prevention science."

The cross-sectional study examined NIH funding during fiscal years 2010, 2011 and 2012 of research to prevent cancer, [coronary heart disease](#), hypertension, stroke, diabetes and obesity—six of the most costly NCDs. The analysis focused on funding for predominately human [behavioral interventions](#) to prevent these diseases.

Secondary conclusions from the analysis include:

- Only 12 percent of the NIH prevention portfolio includes economic analyses, despite the increasing need for policymakers to have credible information about the cost effectiveness of prevention and treatment approaches
- 65 percent of the studies investigated secondary prevention strategies that aim to reduce the prevalence of disease by shortening its duration, as opposed to primary prevention strategies that aim to protect health and prevent the development of disease symptoms
- 71 percent of the studies targeted the individual or family level, even though expert scientific panels recommend more interventions should be directed at the population level

More information: *American Journal of Preventive Medicine*, [www.ajpmonline.org/article/S07 ... \(14\)00620-5/fulltext](http://www.ajpmonline.org/article/S07... (14)00620-5/fulltext)

Provided by The Vitality Institute

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