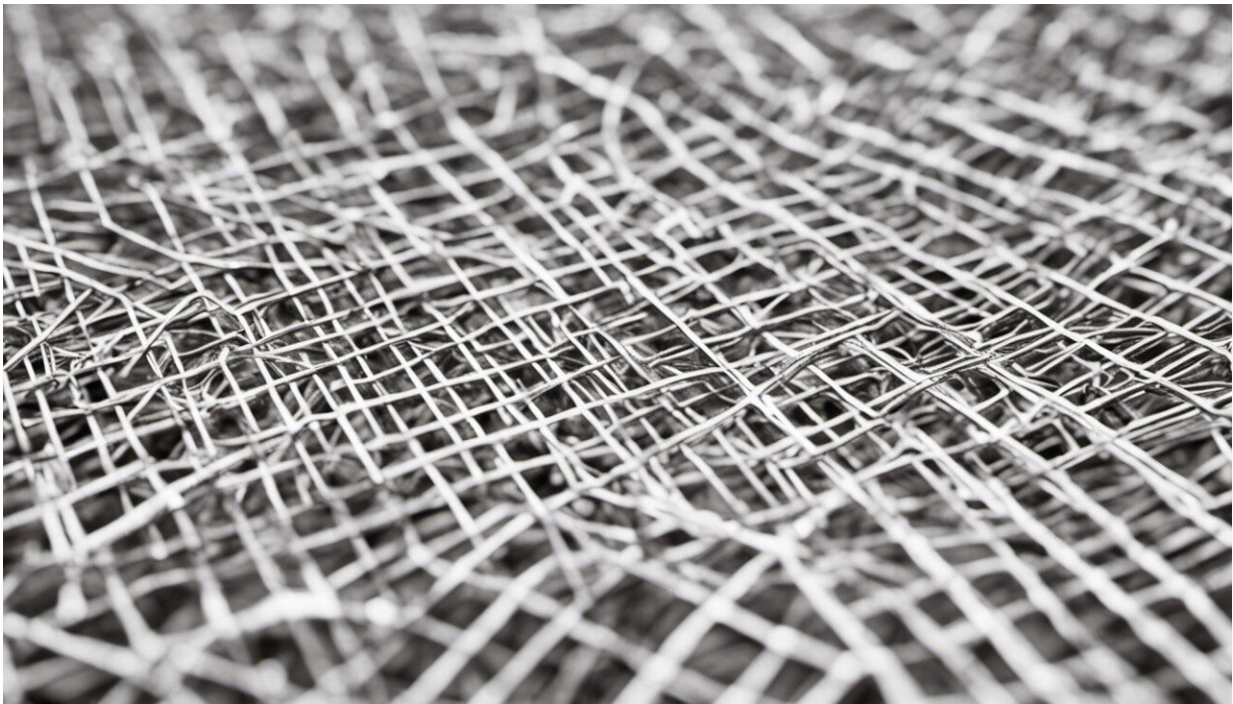


How investing in public health could cure many health care problems

October 2 2017, by Linda P. Fried



Credit: AI-generated image ([disclaimer](#))

Now that the Cassidy-Graham bill has been pulled, it's a good time to think about concrete ways to improve health and health care in our country. Despite advances in medicine, U.S. health care spending grew to [US\\$3.2 trillion in 2015, or 17.8 percent of the nation's gross domestic product](#). To contain health care costs, the U.S. needs to invest in

strengthening the public health system and reconsider approaches to making all Americans healthier.

Making Americans healthier should not be a partisan issue. Conservatives and progressives alike should agree on the importance of keeping Americans healthy – both on principled and financial grounds. The sicker the American people, the more expensive their care, and much of that cost will inevitably be borne by [Medicare and Medicaid](#). Yet major challenges loom.

As the Dean of Columbia University's Mailman School of Public Health, I have dedicated my career to the health of populations, using science and evidence to transition to a world where health and health care are collective priorities for all. My research and that of others suggests that this situation can be improved, but it will require a major national strategy and commitment to invest in [public health](#) – one that can be highly cost-effective.

Just the facts

Take, for example, the toll of chronic disease in the U.S. As of 2012, about half of adult Americans were living with one or more [chronic health conditions](#), [according to the Centers for Disease Control and Prevention](#), and one in four adults had two or more. [Treating people with chronic diseases](#) accounts for most of our nation's health care costs. Eighty-six percent of the nation's annual health care expenditures are for people with chronic and [mental health conditions](#).

This problem will only grow as the U.S. population increases. And the [census](#) projects that the population will increase by 98 million between 2014 and 2060.

At the same time, America's crumbling infrastructure is putting many

Americans' health at risk. The country's drinking water systems, which are foundational to health, received a D grade on the [2017 Infrastructure Report Card](#) of the American Society of Civil Engineers. Hazardous waste management and wastewater treatment earned only D+ grades.

The connection between health and infrastructure is strong: Infrastructure greatly affects access to healthy lifestyles. While access to clean drinking water and waste treatment are paramount, there are other examples, too.

Sidewalks and bike lanes encourage physical activity; public parks provide space for exercise and rejuvenation; and public transit is crucial to getting people out of cars, encouraging walking and, of course, reducing pollution and congestion. Subways and buses also enable older adults to reach needed services and remain in their homes longer.

Improvements to infrastructure are typically one-time expenses with recurring benefits. For example, one new sidewalk benefits an entire generation of walkers and runners. [Research](#) shows that every \$1,300 New York City invested in building bike lanes in 2015 provided benefits equivalent to one additional year of life at full health over the lifetime of all city residents.

Other studies also have shown that preventing illness is far less expensive than paying for treatment. [Trust for America's Health estimates](#) that "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." With ever-rising health care costs, how can we overlook such opportunities?



Credit: AI-generated image ([disclaimer](#))

Prevention policies and cessation help

The focus of American health care and health-related research needs to be shifted to include prevention, not just treatment. The "[Cancer Moonshot](#)," which has strong bipartisan support, is a vital step in this direction, providing \$1.8 billion in funding over seven years.

Cancer prevention must be a high priority, and the success of this effort could inspire a national consensus around future commitments to tackle other diseases and conditions.

Another prevention priority should be healthy aging. Today there are more than 46 million Americans aged 65 years or older; and by 2060, the number of seniors is [expected to more than double](#), according to the

Department of Health and Human Services and the Census Bureau. Promoting healthy aging for older Americans should, therefore, be paramount.

And healthy aging begins far earlier than 65 or 70. Obesity, in particular, [may be determined in early childhood](#), even before. According to research by my Mailman School colleague Andrew Rundle, prenatal exposure to air pollution raises risk for obesity in childhood. His research shows that children who are [overweight or obese at age five](#) are more likely to be overweight or obese by age 50. We also know that these adults, and increasingly children too, will be more likely to have diabetes, high blood pressure and high cholesterol.

Efforts at smoking cessation should also be increased. The total economic cost of smoking in the United States is more than \$300 billion a year in direct medical care and lost productivity, [according to the CDC](#)

That's more than we're spending on the Cancer Moonshot annually.

Thinking big

America has extraordinary research capability. [The NIH invests nearly \\$32.3 billion annually](#) in medical research for the American people. Targeted cancer therapies, for instance, are the focus of much anticancer drug development, [according to the National Cancer Institute](#). Precision Medicine is a top priority [at the NIH](#) and other research agencies. Even at \$32 billion, Americans are investing in the NIH only 1 percent of what we spend on health care annually. The U.S. should build its advantage by increasing research funding to enhance the potential of breakthroughs in preventing known diseases as well as future threats.

There is reason for optimism. The good news stems in large part from

the fact that chronic diseases and conditions – such as heart disease, stroke, cancer, Type 2 diabetes, obesity and arthritis – are [among the most preventable](#) of all health problems. At least half of these diseases could be prevented, and we are making strides. Death rates from heart disease, the No. 1 cause of death in America, have been reduced by nearly half, for instance, since 1990, [according to the American Heart Association](#).

The growth and aging of the U.S. population and the epidemic of [chronic diseases](#) and conditions pose major challenges for America's [health care costs](#), no matter how [health care](#) is constructed. But a relentless focus on public [health](#) – and disease prevention in all its dimensions – is the best way to reduce pressure on costs.

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