

Health experts caution against 'new normal' strategies for COVID-19

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Researchers are warning U.S. leaders and health officials against national strategies for a "new normal" of life with COVID-19.

The warning, published in a *Journal of General Internal Medicine* viewpoint, argues that talks of a new normal fail to incorporate important lessons from the first two years of the COVID-19 pandemic:

the significant role of noncommunicable chronic diseases in exacerbating COVID-19 and the disproportionate burden of COVID-19 on underserved populations and communities of color.

Noncommunicable chronic diseases are those that are not spread from person to person and persist for at least one year, such as diabetes, [heart disease](#) and cancer. They are the leading cause of death worldwide and represent a global health threat that predates the COVID-19 pandemic—according to the U.S. Centers for Disease Control and Prevention, the noncommunicable disease crisis kills more than 15 million Americans prematurely each year.

Jun Ma, of the University of Illinois Chicago, is a co-author of the viewpoint. She said that together, the COVID-19 pandemic and the chronic disease crisis create what is called a synergistic endemic, or syndemic—overlapping epidemics that interact, increasing the burden of disease and the likelihood of poor outcomes. Recent proposals for a new normal national strategy in the U.S. focus too much on the SARS-CoV-2 virus and too little on the context in which the virus' impact is most burdensome, she said.

"This is a major missed opportunity to address the multilevel and multifactorial factors that contribute to severe COVID-19 and COVID-19 mortality, not to mention other [health conditions](#)," said Ma, the Beth and George Vitoux Professor of Medicine and director of Vitoux Program on Aging and Prevention at the UIC College of Medicine.

"What we really need is a comprehensive syndemic control strategy because, in truth, the pre-pandemic state of health in the U.S. was not ideal in the first place," said Ma, who is also associate head of research in the department of medicine.

In support of this argument, Ma and her co-author, James Sallis, of the University of California San Diego, cite data published in medical literature showing how noncommunicable chronic diseases have created high susceptibility to severe and fatal COVID-19 outcomes and contributed to racial and ethnic inequities. For example:

- Nearly 95% of U.S. adults hospitalized with COVID-19 between March 2020 and March 2021 had an underlying condition.
- Vaccinated people with breakthrough infections were 44% to 69% more likely to suffer severe outcomes if they had a chronic disease.
- Noncommunicable diseases and risk behaviors such as smoking, [substance abuse](#) and physical inactivity conferred a higher risk for severe COVID-19, according to the CDC based on conclusive evidence.

According to Ma and Sallis, "failure to address NCD control and prevention as a national priority is unacceptable because it contradicts compelling evidence and misses the opportunity to use a whole set of effective intervention approaches that can save lives. The window of opportunity is fleeting, and the consequences of inaction could be devastating by allowing continuation of high vulnerabilities for severe and inequitable outcomes of NCDs and future infectious disease pandemics."

In their article, the authors also recommend "practical, immediately actionable steps" for incorporating the prevention and control of chronic diseases into existing COVID-19 policies and infrastructure. For example:

- Health care systems could prioritize screening, including at COVID-19 vaccination and testing locations, for medical and psychological chronic conditions that are highly treatable but

often undiagnosed and poorly managed.

- The national infrastructure mobilized for vaccine promotion and distribution could be leveraged to also disseminate proven lifestyle and behavioral health programs.
- Campaigns for COVID-19 vaccination and masking could expand messaging to also promote healthy lifestyles and mental well-being.
- Partnerships between medical systems and community-based organizations and efforts by public and private insurers for the COVID-19 emergency response could be expanded to include behavior change interventions in routine health care delivery and coverage.

Ma said agencies like the Centers for Medicare & Medicaid Services and state and [local governments](#) would need to prioritize supportive reimbursement and funding policies for these steps to be realized, but that the benefits would be felt by individuals and communities through more awareness, information and opportunity for managing their health.

"We can help people gain a sense of control of their [health](#)," Ma said.

"Though we all hope the pandemic is waning, variants keep appearing and vaccinations wane as well. Thus, we need to plan now for better responses to a possible next surge as well as future pandemics," said Sallis, professor at UCSD's Herbert Wertheim School of Public Health and Longevity Science.

More information: Jun Ma et al, A National Strategy for COVID Response and Pandemic Preparedness Must Address Noncommunicable Chronic Diseases, *Journal of General Internal Medicine* (2022). [DOI: 10.1007/s11606-022-07552-y](https://doi.org/10.1007/s11606-022-07552-y)

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