



A Time of Opportunities to Improve our Health and Address Chronic Diseases

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Commentary

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Commentary

Chronic Diseases were in the news last year at this time prompting me to author a piece found in these pages [1]. I find that chronic diseases are once again in the news, but the media aren't covering the body of knowledge built up over many years by public health and medical professionals that show us where there exist multiple opportunities to make a difference in the key arena of prevention. We continue to live in a time when our knowledge and our actions don't always match up. In this case, the knowledge of the value of preventing disease, disability, complications and sequelae far surpasses our investment in public education, provider incentives and especially public health infrastructure. Key investments focused on the whole population, using the existing infrastructure of State Health Agencies and partners and their links to local services and clinical healthcare could support putting that knowledge into practice and make a difference soon in many lives.

As Usual, Facts Matter

First some background, Chronic diseases like diabetes, heart disease, arthritis, Alzheimer's disease and cancer are responsible for 86 - 90% of America's \$4.5 trillion healthcare costs every year according to the CDC [2]. Additionally, the high proportion of ultra-high-processed foods, high sodium, and high sugar products in the American diet is directly associated with increased risk of cardiovascular disease and all-cause mortality, further contributing to healthcare costs. That's money drained from families, businesses,

governments, healthcare and our economy.

By reducing chronic disease through promoting a diet defined by nutrient-dense food, regular, adequate physical activity, and linkage to well-trained healthcare clinicians we improve lives and unlock enormous economic growth. A study from Deloitte Center for Health Solutions shows that closing these health gaps across the U.S. could add \$2.8 trillion to our economy by 2040. That's more jobs, a healthier workforce, better productivity, and stronger businesses. Preventing disease and promoting healthy living isn't a political issue, it's a common-sense investment that delivers real returns for everyone.

Evidence-Based Solutions That Work

Some media reports would have us believe this is a new idea and we need to study what to do, just the opposite. Public Health professionals at CDC, State Health Departments, major Universities, and healthcare systems have been studying these questions for decades and we know there are many strategies that work and make a difference for individuals, families, health systems and employers (hence governments!). For prevention efforts to succeed, they must be grounded in science and made accessible to everyone, especially underserved communities with limited access to services and often delayed care, leading to worse health outcomes and higher costs. Other barriers, including lack of broadband, transportation, and education, have existed far too long and have contributed exponentially to poor health. For example, programs like the 100% virtual chronic disease



prevention and management platform, Health and Lifestyle Training (HALT) [3,4], prove that innovative technology, community-driven solutions, and ultra-low-cost solutions can be scaled to help people on any schedule or budget. By using AI-driven or personal health coaches from patients' own communities, HALT ensures care is not only effective but also trusted and equitable. This is just one of the newer evidenced-based strategies, added to many diabetes prevention programs (including DPP), cancer prevention education and screening, arthritis prevention, Heart disease and Stroke Prevention, Tobacco Education and Control, Obesity Prevention and Physical Activity and importantly a new area first highlighted by the Lancet Commission on Dementia Prevention, Intervention and Care – prevention of Alzheimer's Disease and other dementias [5-7].

Collaboration and Support: Bringing Communities Together

To make prevention work today, we need to come together across sectors-public health leaders, healthcare, education, businesses, local organizations, media, and policymakers. Community organizations and their partners often know best how to address health gaps and build trust where it's needed most. By pooling expertise, resources, and data, we can create smarter, more effective solutions that meet real needs. These groups together can have an impact on access, knowledge, workforce, and add to our collective knowledge and new ideas.

The National Association of Chronic Disease Directors (NACDD) has successfully worked for nearly 40 years extensively to support cross-sector health collaboration, having partnered with the CDC's National Center for Chronic Disease Prevention to elevate ways that State and local health departments, public health systems, health providers and community organizations can work together to build healthier communities. This collaboration also helps rebuild public trust in healthcare, ensuring every American feels empowered to take control of their health.

A Unified Vision for a Healthier, Stronger America

Preventing disease isn't just about healthcare—it's about our future as a global economic powerhouse. When people are healthy, businesses thrive, communities grow, and our nation becomes stronger.

At the National Association of Chronic Disease Directors, we believe the future can be bright. But it starts with prevention, collaboration, and a focus on science. Together, we can make 2025 a turning point for public health—and for America's leadership on the world stage.

Let's finally invest in prevention by empowering people with the tools they need for optimal health. It's good for individuals, good for business, and good for America. By this I mean investing nationally, not pilot projects in some states but robust programs funded to all States with resources to reach communities across those states. For example the SPAN Program focused on activity and nutrition to reduce obesity and related health issues is still only funded in 17 states [8].

The Deloitte Center study is supported further by Dr Galvani and her team from Yale published in the Lancet (Improving the prognosis of health care in the USA). These and other works support the conclusions that public health professionals like our NACDD members have been observing for several years: Prevention works! [2] Access to public health prevention programs, and related healthcare is needed for all, in every State and Territory, people in every age group and risk pool. The investment in this approach will pay great dividends that can go a long way to address many of our country's needs. In healthcare alone we see issues including workforce shortages, lack of facilities, impasses in negotiating salaries and benefits, long waits for essential care, critical supply issues with prescriptions and other supplies, and limited access to needed education. Let's wake up to the reality that we have some answers. Comparison data of US and other modern nations show several data points where the US has fallen sometimes far behind on health measurements and mortality, these are all opportunities for improvement.

This vision requires us to recognize that a healthier America is better for all, and an adequately funded, robust, up-to-date national, state and local public health infrastructure, linked to healthcare systems and education resources is required for us to realize our potential. Times of change can also be times of opportunity, but only when we start with facts and solid science, invest in what works, and apply it broadly for all.

The Framework is Essential

As we've discussed in these pages recently, all these ideas work best when they are built and based on principles of bioethics [9].

- Autonomy (fully informed decision making for ourselves and those we serve). The public health chronic disease prevention programs referenced above aim to have a fully aware population, understanding both the risks for chronic conditions and the behaviors and choices that one can make to reduce those risks. The exercise of autonomy requires that one is fully informed to make decisions about our health, public health assures this and allows for robust individual decision making.
- Beneficence (always begin with intention for good).

When we think about public health and healthcare broadly, and the preparation of professionals to work in these fields, we aim to build in the intent of “doing good” in each facet and in each person.

- Non-maleficence (avoidance of harm, “first do no harm”). The last outcome we can afford is having our work be the cause of harm to some – or anyone. For this reason the programs referenced above, the healthcare providers who interface with these public health efforts, and the workforce preparation programs at partner colleges and universities aim to ensure that no harm comes from these efforts.
- Justice (requiring fairness for all). As referenced above, we are calling for broad, even access for all, in all communities. This includes removing known barriers (practical like transportation and philosophical like discrimination) and striving to expand access to all who may benefit [10].

In closing, we find ourselves in a time of much change. This is also a time of opportunity and includes the very real chance to make a difference for the many by doing the right things the right way. Let our investments in public health and healthcare follow science and our knowledge that informs these opportunities. Examples above are just a good place to start.

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