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The Value of Prevention, Avoid the Games and Focus on Real, Evidenced-Based Opportunities to Improve Health, Wellbeing and Longevity

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Abstract

To the great frustration of public health practitioners and healthcare providers alike, preventable chronic conditions and risk factors are a growing problem in the US, and policymakers are actively discussing reduction of support for evidence-based strategies shown to reduce risk for these conditions and related risks.

Despite some reduction in demand on health systems with a lessening of the Covid-19 pandemic, we continue to read of long waits for appointments for primary and specialty care, and as we've pointed out in previous Commentaries, our definitions of "Urgent" and "Emergency" bear scrutiny. Workforce shortages remain an issue across jurisdictions and other functional challenges remain including delays and closing programs, services and floors while demand for services and beds increases, shortages of supplies and medications, and continued presence of risk factors (i.e. tobacco and related products, unhealthy foods, community challenges to regular physical activity) and growing use of delay and reduction tactics such as "prior approval" requirements. These are important, but an incomplete picture without addressing the proven opportunities for prevention of chronic conditions and risk factors that lead to these troubling phenomena. The evidence is clear and growing that gains from preventing overweight and obesity, reducing stress on our bodies through better diet and more activity, better outcomes through earlier screening for diabetes, heart disease, dementia, common cancers and other public health strategies, we see clearly that investing in these efforts on a national basis must be part of the solution. Further, these challenges must be addressed in a way that levels the playing field so people now subject to disparate conditions have equitable access. Unfortunately, since the last time I addressed these issues, we need to add the concern of access to healthcare. Recent policy changes at the national level have us pointing that metric in the wrong direction compared to our allies and competition around the world.

Keywords: Chronic Disease; Risk factors; Obesity; Heart Disease; Cancer; Diabetes; Dementia; Prevention; Healthcare Access

Introduction

As I've mentioned in these pages earlier, one of our most frustrating challenges today is that we live in a time where our knowledge of the value of preventing, or at least reducing risk of disease and disability far surpasses our investment in evidenced-based public health strategies, and access to healthcare (especially preventive healthcare) appears to be heading in the wrong direction [1,2]. This is multiplied by the presence of misinformation and growing doubts about easily proven facts about population health that appear to be driven by policymakers' actions discussed below [3].

Reviewing the Facts

The urgency of addressing chronic disease can't be stressed enough - these conditions account for over 86% of our healthcare costs, and much of this is preventable [4]. If we invest at levels that make a difference, we could spend $240 now on prevention instead of $1,000 in the future on reactive healthcare costs for chronic diseases. Healthcare costs are only the tip of the iceberg. Absenteeism (time taken off work due to illness or other reasons) and presenteeism (attending work despite an illness that prevents full functioning) in school and at work take a significant toll on family life, the ability to plan for the future, and our global economic competitiveness [5]. Almost every American family is adversely affected by chronic diseases in one way or another through the premature death of a loved one or due to family members with lifelong illness, disability, or compromised quality of life. These burdens affect society on both the personal and community level, not just in terms of the physical disease, but also in the financial burden that comes with the cost of chronic disease [5]. At a time when our investments in housing, education, and medical care have outstripped inflation, our investment in prevention has lagged far behind. Today in the U.S., we fund prevention efforts at approximately the same amount we did in 2001, effectively a funding cut of 42% when inflation is considered (note: this does not factor in additional proposed cuts in the most recent President's Budget). To summarize and focus:

- As of 2014, 1 in 4 has obesity and 60% of American adults had at least one chronic condition, and 42% had more than one chronic condition [6].
- Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the United States. Seven in 10 leading causes of death in 2017 were due to chronic diseases, totalling about 1.75 million American deaths [7,8].

Chronic Disease Prevention

- More than 86% of the nation's healthcare costs relate to chronic diseases, and most of those costs are preventable [9,10].
- The projected prevalence of any cardiovascular disease in the United States will increase to over 45% by the year 2035 [11].
- Risk factors such as poor diet, lack of activity, alcohol and drug abuse, and ignoring medical advice all contribute disproportionately to this crisis [11].
- 27% of young adults are too overweight to serve in the military. Many others lack necessary fitness to meet requirements [12].
- According to the CDC, 90% of the nation's $3.8 trillion per year healthcare costs can be attributed to people with chronic diseases and mental health conditions [1].
- A recent Partnership to Fight Chronic Disease publication determined that treatment of the seven most common chronic diseases, coupled with productivity losses, will cost the U.S. economy $2 trillion dollars annually - $8,600 per person - by 2030. The same analysis estimates that reductions in unhealthy behaviors could save 1,100,000 lives per year [1].
- In terms of public insurance, treatment of chronic disease constitutes a significant proportion of spending and improving prevention would result in significant cost savings. Preventing child obesity is a critical step for the nation and there are cost-effective interventions in childcare, schools and community. For example, improving physical activity in childcare costs only $4.60 per child per year and would avert over 74,000 cases of childhood obesity including among children on Medicaid and CHIP. In addition, increasing the colorectal cancer screening rate to 70% could reduce Medicare spending by $14 billion in 2050 [12].
- The most recent addition to these programs is a set of activities based on the Lancet Commission Recommendations regarding a body of evidence showing the opportunity to reduce risk for Alzheimer's disease and other dementias [13].

It is long past time for us to face reality - if we don't invest in prevention now, many of us will die sooner and suffer more on the way. We have created a culture where the healthy choice often is a harder choice at every stage of our lives. We know we need to eat better, be more active, and avoid tobacco - but we're cutting back on recess and physical education, cutting back on the ability to be active in our everyday lives, and tobacco is still widely available, especially to children [1]. The CDC estimates that modifying three risk factors - poor diet, lack of physical activity, and smoking - can prevent 80% of heart disease and stroke, 80% of type-2 diabetes, and 40% of cancer. Good, healthy food options are more available today - but not everywhere - and not for everyone. If we are serious about improving the lives of Americans, having an impact on healthcare costs, reforming our system, and reducing disparities, we need to invest in a

meaningful way in prevention [12].

Now we are hearing proposals to further weaken the public health infrastructure by replacing the US Preventive Services Task Force [14]. This important group plays an essential role in access to free cancer screening and tests for chronic diseases. They are often the arbiter of what insurance should/ must pay for especially in public insurance programs such as Medicare and Medicaid but including many employee benefit programs and others. They have a long-standing reputation for using current, high standard science for direction and guidance that now may be at risk [14]. When layered on the significant cuts proposed in the Executive Budget for FFY 2026 (Proposed - $3,588,000,000 at CDC alone) [15], this proposed move strikes many including the American Medical Association in the field as heading in a very risky and likely deadly direction [16].

I remind us of a piece I shared in these pages a few months ago [17] "Anticipating Challenging Changes, Principles must be the Backbone of our Approach".

Once again, we are bowled over by the combination of political divisions and headlines regarding a healthcare crisis. Workforce shortages, long waits for essential services - and even basic services, inability to access needed materials and pharmaceuticals, seemingly purposeful dissemination of mistruths and half-truths, all of which scream out for critical interventions. One of the dangers we face is getting so involved in critical individual issues and political struggles we miss the opportunity to look at real issues we need to face to make a difference on a community, population or societal level. Don't mistake my thinking; we need to address the individual issues and each of those aspects of healthcare I mention above where we are currently challenged. My point is we need to address them based on science, facts, and a principled approach with a meaningful dialogue. When I think of these important concepts through the lens of Beauchamp and Childress [17] and look closely at the issues at hand thinking about Autonomy (informed decision making for ourselves); Beneficence (intention for good); non-maleficence (avoidance of harm); and Justice (requiring fairness for all), the issues before us have more clarity and opportunity for improvement.

When we apply this lens I mention we must also ask difficult questions about health and public health. We know that uninsured people are less healthy, more likely to incur ongoing costs (from chronic conditions), and more likely to incur significant costs for emergent care – much of which is preventable. As stated above, population-wide currently chronic conditions account for over 86% of healthcare costs, much of which is preventable [4]. Another set of critical questions comes to mind:

- Is our current system of funding healthcare (a mix of public and private "insurance") really the best way to proceed?
- Should we find ways to offer preventive care to all to reduce the financial and human burden of preventable chronic and emergency care?
- Should we invest in raising awareness throughout the population on ways we can all improve our health and reduce risk of serious chronic conditions (including Alzheimer's disease and mental health [13].
- Would additional access to prevention and primary care reduce chronic and emergent care needs broadly?
- If so, how can we achieve these goals while maintaining high quality standards of care?

Additional Related Issues

A recent Commonwealth Fund Report offers additional information [18]. First, we can look at the percentage of GDP spent on health, the US at 17.8% while the international comparison group averages 9.6% [1]. In "Anticipating Challenging Changes, Principles must be the Backbone of our Approach" [19], I offered the example that most modern democracies have 100% of the population with health insurance compared to the US with 62% Voluntary Insurance and only 38% with Government Insurance. At the same time the US life expectancy at birth is three years lower that the average and US rate of avoidable death is 336 per 100k population compared to the average of 225 per 100k.

Other key factors include the US Obesity rate almost double the average and the US leads the group in adults with multiple chronic conditions. The US is also significantly below the average for practicing physicians per 1,000 population and has among the lowest number of hospital beds by population. Conclusion: This data, and the fact we're facing another period for policy change offer us an opportunity to catch up to other nations while building a healthier population and health systems that respect the individual and community.

- We need to stick with science and facts, we have evidence of what works, and we need to call out misinformation for the danger it is to all of us [3].
- We need to realize the value of investment in prevention and public health and the future workforce across health and public health.
- We need to recognize the value of all the professions focused on health and wellness working together with similar goals and collaborative approaches.

This will all be a smoother and more efficient process if we share basic principles to motivate us. All this we need to approach respecting the values of our founders like "All are created Equal" and the principles referenced above including [17]:

- Autonomy (fully informed decision making for ourselves and those we serve);
- Beneficence (always begin with intention for good);
- Non-maleficence (avoidance of harm, "first do no harm");
- Justice (requiring fairness for all). This involves all the professions mentioned above, many of which already profess to adopt these or similar principles.

Additionally, if we are to be successful, we need to encourage the same standards and approach for our communities and society by calling on media and press, public officials at all levels, our faith and corporate partners to adopt and live out these or similar principles, remember to focus on science and facts, identify misinformation as an enemy of health and appreciate accurate fact checking in journalism.

What can I do?

This is the point when I address these principles in person where audience members or students say, "but what can I do?" My advice is this: if you work in public health, clinical care, healthcare financing, educating healthcare professionals, media, public service or related areas - tell your story. Talk about cases that illustrate your points, share data with people who can benefit from having facts like policymakers and leadership, offer to speak to groups in your community **so the facts become the conventional wisdom**, we'll all be better off for your hard work and sharing your story. This approach will take time and effort, but if we're serious about our priorities and principles we have good reason to hope together for a better future.

References

1. Hoffman DP, Mertzlufft J, Taylor R (2024) Chronic Disease Prevention 2024 Update: Essential to our Health and Future. Ann Bioethics Clin App 7(1): 000269.
2. (2025) The Truth About the One Big Beautiful Bill Act's Cuts to Medicaid and Medicare. CAP.
3. Hoffman DP (2024) Why Disinformation Works. How Otherwise Reasonable People Can Ignore Facts and Believe Purposeful Mistruths. What Next? Ann Bioethics Clin App 7(2): 000271.
4. (2024) Health Expenditures. CDC.
5. (2023) National health expenditure data-NHE Fact Sheet. CMS.
6. Barnett JC, Berchick ER (2017) Health Insurance Coverage in the United States: 2016. United States Census Bureau.
7. (2025) Chronic Diseases. CDC.
8. (2025) Leading Causes of Death. CDC.
9. (2025) Food Security in the US. Economic Research Service-U.S. Department of Agriculture.
10. (2025) About Obesity. CDC.
11. (2025) Nutrition & Fitness. U.S. Department of Health and Human Services.
12. (2025) National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). CDC.
13. Hoffman DP (2024) Important Update on Reducing Risk for Alzheimer's disease, A Charge for Public Health and Clinical Medicine. Incorporating Current Information into Public Awareness, Public Health and Healthcare Practice. Ann Bioethics Clin App 7(3): 000275.
14. Berkeley Lovelace Jr (2025) Kennedy considering firing members of preventive services task force. NBC News.
15. (2025) Fiscal Year-2026 Discretionary Budget Request. Executive Office of the President.
16. Moniuszko S (2025) RFK Jr.'s plans for preventive health panel spark "deep concerns" from American Medical Association. CBS News.
17. Beauchamp TL, Childress JF (2019) Principles of Biomedical Ethics. 8th (Edn.), Oxford University Press, USA, pp: 512.
18. (2023) U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes. The Commonwealth Fund.
19. Hoffman DP (2024) Anticipating Challenging Changes, Principles must be the Backbone of our Approach. Ann Bioethics Clin App 7(4): 000277.