Prioritizing Disease Prevention

Man and women, young and old, black and white, gay and straight, rich and poor, all are susceptible. Over 35 million are inflicted and the lives of far too many people are being cut too short. Chronic diseases are responsible for 60% of all deaths today and by 2015, 41 million people will die from a chronic disease “Without action, an estimated 388 million people will die from chronic diseases in the next 10 years” (World Health Organization). With this being said, promoting disease prevention should be one of the most important public health agendas addressed today. Preventable diseases have serious implications and it’s time to put an end to these lethal illnesses.

“Chronic diseases are the major causes of morbidity and mortality across the globe” (Halpin, 2010). The most common diseases today that forecast the nation are heart disease and stroke. Preventing these are crucial since they can affect the circulatory system ultimately leading to cardiovascular disease (CVD). Heart disease, also known as coronary heart disease, refers to a wide variety of conditions of which include heart attack, restricted blood flow to the arteries, arrhythmias, congenital heart defects and heart failure (MayoClinic, 2003). Stroke on the other hand is known as impairment of the brain function that results from occlusion or hemorrhage of an artery. High blood pressure, high cholesterol, poor diet, physical inactivity, smoking, and atherosclerosis are the risk factors for development. Atherosclerosis in particular underscores the need for prevention because it develops in childhood and can become severe as it progresses into the adult years. This “silent” symptom leads to the onset of cardiovascular disease inducing circulatory system disorder deeming it extremely dangerous (Heart Disease and Stroke Prevention, 2010).
According to the CDC, cardiovascular disease is one of the leading causes of fatality in the US and together heart disease and stroke contribute to early death, disability, loss of income, personal and family disruption, medical care expenditures and differences in life expectancies among socioeconomic groups (World Health Organization). The annual cost of CVD in 2003 exceeded $351 billion surpassing the costs of HIV infections ($28.9 billion) and cancer ($202 billion) (Heart Disease and Stroke Prevention, 2010). Now in 2014, heart attack and stroke have cost the nation more than $500 billion in health care expenditures (Healthy People 2020).

Despite genetics, gender, and social and economic inequalities all racial and ethnic groups share the burden of CVD placing everyone at risk. According to the CDC there is a higher rate of morbidity from CVD among African Americans than Caucasians. Popular belief seems to dictate that CVD afflicts primarily men, however in 2000 CVD was responsible for more deaths among U.S. women. These disparities are due to the prevalence of poverty and health care coverage among areas in the U.S (Heart Disease and Stroke Prevention, 2010).

The economic costs, the impairments to the well being of health, and the need to eliminate health disparities and increase the quality of life fortify the necessity to promote disease prevention. The ongoing epidemic of CVD, its prevalence trend, and the burden of heart disease and stroke have increased the awareness for immediate action (Halpin, 2010). The CDC states that by 2020 if public health efforts to prevent these conditions are not intensified we can expect a large increase in heart attacks and strokes (Healthy People 2020). These changes are accompanied by soaring costs of medical care for sufferers and their families, high rates of morbidity and mortality, and loss of income and
productivity. Disparities will continue to widen and increasing the quality of healthy life will become much more impossible. Currently there is no cure once a stroke or heart attack has occurred. Thus preventing these conditions can increase quality and years of healthy life. Now is the time to take initiative (Heart Disease and Stroke Prevention, 2010).

The causes of these chronic diseases are allegedly behavior related. Social and environmental determinants along with income, education, and medical opportunities are intrinsically linked to behavior choices and personal habits. Therefore the scope of disease prevention extends far beyond the individual and must be targeted at the population level. In 1998, Congress implemented that the CDC shall develop and implement CVD prevention programs in every state of the U.S. These mandates create a responsibility for the CDC and NIH to guide the nation in preventing diseases (Heart Disease and Stroke Prevention, 2010).

In recent years the U.S. Department of Health and Human Services has called on federal agencies and private sectors such as fast food industries to improve the nation’s health. The CDC has also increased its involvement to promote primary and secondary prevention. Research and experience have accelerated the goal towards preventing heart disease and stroke. Improving blood cholesterol levels, blood pressure, and smoking rates predict declines in heart disease related deaths over the next 20 years. However, because of the racial and social disparities attaining health improvements for the whole population is a challenge. Groups with a poorer status need close observation and intense measures of improvement to experience the same levels of better health. The existence of established treatments are also very limited. In addition, community intervention can
demonstrate a positive impact, yet these interventions lack intensity and duration that are necessary to demonstrate favorable behavior changes (Heart Disease and Stroke Prevention, 2010). Despite all the knowledge about prevention of heart disease and stroke, it has yet to be applied to benefit the public health population. The goals that need to be achieved are published, but ensuring that they are attained is definitive (Halpin, 2010).

Treatment alone will not reduce the incidence of chronic diseases. Primary and secondary intervention along with modifications in diet and lifestyle will greatly reduce the number of deaths due to heart disease and stroke (MayoClinic). According to the Inter-Society Commission for Heart Disease Resources, by means of primary prevention “adequate resources of money and manpower” can accomplish changes in diet, control of obesity, hypertension, diabetes, and elimination of cigarette smoking (Heart Disease and Stroke Prevention, 2010). By controlling behavior change a favorable impact on CVD risk can be established. Reducing blood cholesterol to the recommended 190mg/dl and diastolic blood pressure to 80 mm Hg, can reduce the projected death rates of CVD by 70%. The American Heart Association, the American College of Cardiology, and the National Heart, Lung, and Blood Institute have also published these recommendations for preventing heart disease and stroke. On an individual level primary and secondary prevention can treat and detect the risk of CVD. On a population approach to markedly reduce and prevent CVD is by means of public education. Intervening with individuals at a young age can improve behavior choices and induce healthy behaviors for a lifetime (Heart Disease and Stroke Prevention, 2010).
Thus to effectively address the issue intervention at the community level is essential. Community level intervention is cost-effective and can prevent risks factors that are deeply linked to the social and cultural framework of society. Increasing preventative services and public education within communities can encourage healthy behaviors of eating, physical activity, and tobacco cessation. The federal, state, and local levels should strive to make communities a safe and healthy place for people to live by providing the resources to make healthy choices. School lunches should be redesigned and an increase of farmers markets within the community should be provided for ample supply of nutritious food (Trust for America’s Health). Research, education, and training are underlying premises at the community level that can assess the burden. Regarding all of these interventions, they will only be effective if they are continued throughout adulthood (Heart Disease and Stroke Prevention, 2010).

Policies and regulations, clinical recommendations and screening tests, campaigns, and community interventions can decrease the incidence of developing a chronic disease. All of these are commendable efforts and should be placed into full effect to be beneficial, profitable, and efficient. Though heritable, nearly enough chronic diseases are preventable. Yet they still remain to be the leading causes of death. Contracting chronic diseases have become the “new abnormal” and our society has contributed to a global neglect in prevention of these diseases.

According to World Health Organization, promoting chronic diseases are a vital investment. By promoting disease prevention the quality of life will increase and health disparities will be eliminated. These two overarching goals on the public health agenda
are undeniably worthwhile. Once achieved an epidemic will no longer prevail and a cleaner, greener tomorrow will unfold.

References:


