



Public Health: Key to Health Reform

American Association of Colleges of Pharmacy

Public Health Priority	Explanation
Improve Public Health Infrastructure and Data	As the bullet indicates, data is essential in establishing research priorities. Research is only as good as the information it has to work with. An improved evidence-base developed from strong research can lead to policy development that addresses issues identified through research. Interventions can best be developed from a solid evidence-base that identifies the problem.

American Cancer Society Cancer Action Network

Public Health Priority	Explanation
Do More to Prevent Chronic Diseases	From FY 05-09, appropriations for the CDC increased by more than \$1.8 billion (28.5%). During this same time, funding for the Division for Chronic Disease Prevention and Health Promotion decreased by nearly \$18 million (2%). Yet, chronic diseases are the number one cause of death and disability in the U.S., accounting for 70 percent of all deaths. They also consume 75% of our nation's health care dollars, nearly \$1 trillion a year. For every dollar spent on treatment, only pennies are spent on prevention. Making prevention and early detection a priority requires an infrastructure and delivery system that offers services in a way that is accessible, affordable and equitable. We must invest in evidence-based prevention and early detection programs, outreach and education services, and evaluation and surveillance efforts to accelerate our ability to reduce chronic diseases as a major health burden on

	our nation and increase the value of our health care dollars.
--	---

American Legacy Foundation

Public Health Priority	Explanation
Do More to Prevent Chronic Diseases	<p>Increasing the effort to prevent tobacco-related disease must be a key element of health care reform. Tobacco is the single largest cause of preventable death in the U.S., with 1,200 people dying every day of an illness attributable to smoking.^{2, 3} For every person who dies of a smoking related disease, nearly 20 more people suffer from at least one serious tobacco-related illness. In addition, smoking costs our nation \$193 billion each year in smoking-related health care costs and lost productivity. Increasing funding for programs to help people quit smoking and prevent young people from ever starting will save millions of lives and billions of dollars. In fact, research shows that every dollar spent on tobacco prevention saves between \$2 and \$4 in tobacco-related health care costs.</p> <ul style="list-style-type: none"> • We need to do more to help smokers quit. • We need a national, youth smoking prevention campaign. • Tobacco taxes, including taxes on cigars, should be raised to reduce smoking and raise revenues. • The federal government should assist states in funding comprehensive tobacco control programs.

American Public Health Association

Public Health Priority #1	Explanation
----------------------------------	--------------------

Make Public Health Efforts a Pillar of the Health System	Invest in population-based and community-based prevention, education and outreach programs that have been proven to prevent disease and injury and improve the social determinants of health.
--	---

Public Health Priority # 2	Explanation
Improve Public Health Infrastructure and Data	Address the chronic underfunding of the nation’s public health system. Increase funding for vital public health agencies and programs. Health reform must provide adequate an sustainable funding to address the growing demand placed on the federal, state and local public health agencies that protect and promote the nation’s health. These include the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), the Food and Drug Administration (FDA) and other federal public health agencies along with state and local health departments.

Public Health Priority #3	Explanation
Workforce Issues	Expand the public health and primary care workforce. Health reform legislation must significantly increase support and funding for programs that provide loan repayments, scholarships and other grants for the training of public health personnel, primary care physicians, nurses and other health providers. It must also improve the distribution and diversity of health professionals in medically underserved communities, as well as ensure there is a capable health work force able to provide care for all Americans and respond to the growing demands of our aging and increasingly diverse population.

Public Health Priority	Explanation
No priority chosen	It is essential that Congress continue to address the issue of healthcare-associated infections by continuing to fund the Department of Health and Human Services' "Action Plan to Address Healthcare-Associated Infection" and the educational efforts needed to carry out the report's goal of preventing HAIs. As indicated in this report, "HAIs are among the top-ten leading causes of death in the United States, accounting for an estimated 1.7 million infections and 99,000 associated deaths in 2002."

Arthritis Foundation

Public Health Priority	Explanation
Do More to Prevent Chronic Diseases	<p>Many Americans with chronic diseases have more than one chronic condition. 46 million adults have doctor-diagnosed arthritis. By 2030, CDC estimates 67 million adults with arthritis. More than 57% of adults with heart disease and more than 52% of adults with diabetes also have arthritis. In order to manage these chronic diseases, their arthritis also must be managed as well. For nearly 1 in 10 Americans, arthritis limits activities of daily living and 1 in 20 experience work limitations. Research shows that the pain and disability of both inflammatory and degenerative arthritis can be decreased through early diagnosis and appropriate management, including evidence-based self-management activities such as disease management, weight control and physical activity. The Arthritis Foundation Self-Help Program, a group education program has been scientifically proven to reduce arthritis pain by 20 percent and physician visits by 40 percent.</p> <ul style="list-style-type: none"> • Increase early access to evidence based interventions. Proven interventions should be disseminated systematically, including the tools and training necessary to deliver the programs successfully. • Support system capacity for delivering evidence-based interventions to combat arthritis. Public health and medical professionals must work together to develop and engage systems that support people in need and guarantee their ability to access these interventions.

American Veterinary Medical Association

Public Health Priority #1	Explanation
No priority chosen	<p>America's shortage of food supply veterinarians has become a crisis, and it's expected to get worse. This shortage leaves some agricultural areas of the country without a veterinarian to treat local livestock populations, which puts America's food safety in danger. These food supply veterinarians are the guardians of our nation's food supply, and they will be the first medical professionals to diagnose and contain diseases in animals that may spread to humans ("zoonotic" diseases). An increasing number of the diseases that threaten public health are zoonotic, as are 80% of potential bioterrorism disease agents. The exponential spread of infectious disease necessitates rapid diagnosis if the disease is to be controlled. The geographic absence of veterinarians in many rural areas thus constitutes a significant threat to our country's public health.</p> <p>Recent studies indicate that the supply of veterinarians working in food safety will fall short by 4 to 5 percent annually through 2016. In response, federal and state legislatures have created programs to repay the school loans of veterinarians who agree to work in rural areas in food supply veterinary medicine and public health veterinary medicine. But the solutions to the problem are slow in coming and often lack the funding they need to reverse the growing shortage.</p>

Public Health Priority #2	Explanation
----------------------------------	--------------------

No priority chosen	<p>Zoonotic diseases are among the most important emergent/resurgent infectious diseases facing public and animal health agencies. The increased risk for the potential use of some of these pathogens for bioterrorist purposes underscores the importance of zoonotic agents of disease in both the public health and animal health communities. Effective surveillance will require collection and dissemination of large amounts of data in real time, and the collective efforts of multiple federal, state, and private organizations. Zoonotic disease surveillance in the United States has, in the past, been fragmented, with little communication exchange between animal and public health agencies. We support the concept of a national Zoonotic Infectious Disease Surveillance System and urge continued efforts to develop the program. We also recognize the importance of the National Antimicrobial Resistance Monitoring System and recommends that the USDA and FDA budget for adequate and equitable funding of the resistance monitoring system for bacterial isolates from animals, animal products, and humans.</p>
--------------------	---

Commissioned Officers Association of the U.S. Public Health Service

Public Health Priority #1	Explanation
Leadership	<p>Leadership is the number one issue. By leadership, COA means top-level national public health leadership. “Strengthen public health leadership at the federal level” was the goal that COA articulated at the stakeholder meetings during the fall of 2008 (see below).</p> <p>Unfortunately, leadership is not offered as a priority choice in the “Key Issues and Considerations” document. Instead, leadership is either alluded to or assumed throughout the document. This certainly underscores its importance, albeit in a back-door way.</p> <p>A “public health czar” is not the answer; it does not make sense to create an entirely new structure because the existing structure is being allowed to atrophy.</p> <p>The importance of leadership and the lack thereof were made abundantly clear during the H1N1 (swine flu) scare. It can and probably will serve as a case study of what happens when there is a leadership vacuum. With all of the top public health positions unfilled at the time of the outbreak, and the Acting U.S. Surgeon General inexplicably sidelined, the Administration hastily cobbled together a new team. It was led by two new cabinet secretaries, both former governors with no background in public health. The result was unclear and</p>

	<p>even contradictory advice to the public, as well as some unfortunate misspeaking, before the effort righted itself and the disease appeared to be less serious than at first feared.</p> <p>In the fall of 2008, COA presented its views on leadership at the stakeholder meetings on Capitol Hill.</p> <p>The key COA recommendation was:</p> <p>Strengthen the Office of the U.S. Surgeon General as the leader of the nation’s public health workforce, principal spokesperson on public health matters, and principal advisor to the Secretary of Health and Human Services and the President on all issues relating to public health science, research, and practice, including public health emergency preparedness and crisis response.</p> <p>Specific recommendations were:</p> <ul style="list-style-type: none"> • Provide greater independence for the Office of the Surgeon General to ensure that science and evidence-based research are used as the foundation of public health policy. • Establish the Office of the Surgeon General as the leader and director of all inter-departmental and HHS inter-agency cooperative efforts. • Establish procedures to insulate the nomination and confirmation of the Surgeon General as much as possible from the political process and make it more like the other uniformed services. • Establish the Surgeon General, under the direction of the Secretary, in direct line authority over all aspects of PHS Commissioned Corps policy and operations. • Establish procedures for an annual budget and appropriation process for the Office of the Surgeon General. [See “Working List of Public Health Priorities,] October 22, 2008]
--	---

Public Health Priority #2	Explanation
Workforce Issues	<p>The present and worsening crisis with regard to the public health workforce is now well recognized, and efforts are underway to address it in meaningful ways. The Public Health and Health Reform Roundtable could be most effective by joining with, and supporting, those already on the front lines. Here are three examples:</p> <p>The “Health Access and Health Professions Supply Act of 2009 (HAHPSA),” S. 790, addresses workforce and access issues in a comprehensive way. The goal</p>

	<p>is a cohesive, coordinated approach to overall public health workforce shortages, distribution of the public health workforce, and needs in underserved areas (urban, rural, frontier).</p> <p>This bill would create a permanent national health workforce commission, establish a variety of scholarship and loan repayment programs (including a Public Health Sciences track under the U.S. Surgeon General) to enhance recruitment and retention efforts in the USPHS Commissioned Corps and expand the National Health Service. It would also establish grants to support the development and implementation of programs designed to prepare students as young as middle school and high school for study and careers in health care. The lead sponsor of S. 790 is Senator Jeff Bingaman of New Mexico. At this writing, his bill lacks a House companion.</p> <p>A second example is focused on the nursing shortage. There are 140,000 vacant nursing positions nationwide, according to the American Association of Colleges of Nursing (AACN), including crippling shortages of public health nurses in state and local health departments. There is an opportunity in FY 2010 to further strengthen nursing workforce development programs under Title VIII of the Public Health Service Act. This follows on successful efforts to include nursing education in the American Recovery and Reinvestment Act.</p> <p>A third example focuses on the shortage of nursing faculty. That is because the nursing shortage includes a shortage of qualified nurses willing to serve as faculty in schools of nursing across the country. Rep. Tom Latham has introduced the “Nurses Higher Education and Loan Repayment of Act of 2009.” It would encourage and subsidize experienced registered nurses to pursue advanced degrees in nursing in return for serving as nursing faculty for a specified number of years. The goal is to entice retired military and Public Health Service nurses to stay in the their field and make use of their skills and broad experience to teach and mentor new generations of nurses.</p>
--	--

Public Health Priority #3	Explanation
Improve Public Health Infrastructure and Data	<p>COA agrees with, and strongly supports, all of the specific infrastructure improvements mentioned in the “Key Issues and Considerations” document. COA would add this: Public Health Emergency Preparedness.</p> <p>COA supports strengthening capacity by creating a highly trained first-responder capability from within the USPHS Commissioned Corps. For the past</p>

	<p>three years, the U.S. Department of Health and Human Services has sought to do exactly that, asking Congress for a modest appropriation of \$30 million to train and equip two Health and Medical Response (HAMR) teams of 105 members each. The proposal has not been funded, apparently because of objections on the House side. The HAMR team concept is a good example of an overlooked opportunity. It represents a small investment with a potentially huge payoff.</p> <p>The nation has developed volunteer capacity in the form of the all-volunteer Medical Reserve Corps (MRC) and the National Defense Medical System (NDMS). The necessary complement, however, is a fully trained and equipped team of first responders who are full-time federal employees.</p>
--	---

Healthcare Leadership Council

Public Health Priority	Explanation
Do More to Prevent Chronic Diseases	<p>Growing healthcare costs have spurred interest in better value for the healthcare dollar. Legislators are paying increasing attention to the chronically ill because they consume a disproportionate share of healthcare spending. According to the Centers for Disease Control and Prevention (CDC), chronic diseases account for 70 percent of all deaths in the United States. Furthermore, the medical costs of people with chronic diseases account for more than 75 percent of the nation’s \$2 trillion medical care costs. Chronic care management shows promise to address rising costs driven by the growing incidence of chronic disease, while still increasing quality and protecting healthcare access. HLC believes that chronic care management and disease prevention play an important role in improving healthcare delivery and making the most efficient use of healthcare expenditures.</p> <p>In addition, the impact of chronic disease on both individuals and society as a whole extends beyond the realm of healthcare. An estimated 133 million Americans - nearly half the population - suffer from at least one chronic illness, resulting in significant human, societal and economic costs. Many of these conditions are preventable, or responsive to treatment. Between 1996 and 2005, the incidence of chronic disease has increased among individuals in mid-life and earlier older age, and risen most dramatically among those</p>

	<p>reporting multiple chronic conditions. Moreover, there is an indirect cost to poor health, including lower achievement in school, absenteeism, and declined worker productivity. For these reasons, HLC believes the healthcare system must be transformed to better prevent chronic disease and manage existing chronic illness.</p> <p>To that end, HLC also recognizes the need for new, longer-term scoring approaches by the Congressional Budget Office (CBO) for wellness programs that result in savings.</p>
--	--

Home Safety Council

Public Health Priority	Explanation
<p>Address Specific Health Topic(s) Where Public Health Could Have a Significant Impact</p>	<p>Most of this information comes from a recent STIPDA "white paper" entitled "Injury and Violence Prevention are Essential to U.S. Health Reform" and an HSC statement submitted to the Federal Coordinating Council on Comparative Effectiveness Research.</p> <p>In 1998, the National Academy of Sciences stated - "Injury is probably the most under-recognized public health threat facing the nation today."</p> <p>There are three statistics that clearly show the consequences of injuries and the major burden on the health care system:</p> <ol style="list-style-type: none"> 1) Nationally and in every state in the United States, injuries are the leading cause of death in the first 44 years of a person's life; 2) In a single year, more than 50 million injuries required medical attention, with an estimated total lifetime cost of \$406 billion, and; 3) This total lifetime cost includes \$80 billion in medical care costs and \$326 billion in productivity losses, including lost wages and benefits and the inability to perform normal household functions. <p>Fortunately, there are evidence -based prevention strategies that when implemented, provide a substantial return on investment. Examples include:</p> <ul style="list-style-type: none"> • Home visitation programs are effective in reducing child abuse and injury and provide cost savings of \$2.88 to \$5.70 for each dollar spent;

	<ul style="list-style-type: none"> • A \$46 child car seat provides a \$1,900 return on investment; • An \$11 kids helmet will save \$570; • A \$33 smoke alarm returns \$940 in savings; and • For each dollar invested in a falls prevention program for high-risk elderly, there is \$9 in savings. <p>There are other proven cost-effective injury prevention strategies such as enforcement of laws around drunk driving, seat belts, and teen driving curfews.</p> <p>The public health community brings significant leadership in reducing injuries, premature death, and injury-related health care costs. Therefore, the public health community should be part of a comprehensive approach to health reform.</p>
--	--

March of Dimes

Public Health Priority #1	Explanation
Make Public Health Efforts a Pillar of the Health System	A commitment to strengthen the public health system should be a key component of health reform. Women and children, whether they rely on privately or publicly funded health coverage, receive critical health services through programs authorized by the Public Health Service Act. To ensure access to comprehensive services – preventive care as well as treatment -- that deliver improved health outcomes, a combination of clinical and community-based strategies are needed.

Public Health Priority #2	Explanation
Address Specific Health Topic(s) Where Public Health Could Have a Significant Impact	Smoking cessation and immunizations are two areas where strengthened public health programs could have a significant impact on improving maternal and child health outcomes. There are substantial data indicating the increased risk of poor birth outcomes (including preterm birth and low birth weight) among women who smoke during pregnancy. In addition, smoking cessation initiatives have been found effective in helping pregnant smokers quit, thereby improving birth outcomes and reducing healthcare costs. Infants are particularly vulnerable to infectious diseases, which is why it is critical to protect them through immunizations. For example, CDC has found

	<p>that, each day, nearly 12,000 babies are born in the U.S. who will need to be immunized against 14 vaccine-preventable diseases before age two. Adequate resources and a national plan to stabilize the vaccine supply is needed to ensure all children receive the recommended immunizations is essential. A key component of health reform must be measuring health care outcomes and health status of the population. Resources are needed to fully implement 2003 birth and death certificates and upgrade state vital statistics systems. Health reform should include at least \$40 million in funds dedicated to upgrading the federal and state vital statistics systems to maintain and upgrade collection of key health indicators routinely used to monitor maternal and infant health, such as use of prenatal care, smoking during pregnancy, medical risk factors, and educational attainment of parents, among others.</p>
--	--

National Coalition for Promoting Physical Activity

Public Health Priority	Explanation
<p>Make Public Health Efforts a Pillar of the Health System</p>	<p>We would like to see more focus put on prevention and specifically decreasing American's physical inactivity. Physical activity plays a critical role in prevention of chronic diseases yet there is very little federal dollars allocated towards decreasing physical inactivity. Ideas to increase individuals' physical activity range from financial incentives such as tax benefits to increasing physical activity in schools and in the workplace. Programs such as these need to be a part of health care reform to help swing the pendulum from the current sick care system to one of prevention.</p>

National Safety Council

Public Health Priority	Explanation
-------------------------------	--------------------

<p>Address Specific Health Topic(s) Where Public Health Could Have a Significant Impact</p>	<p>Injuries are the leading cause of death for all persons ages 1 to 44. In 2006, 33.2 million Americans (about 1 out of 9) sought medical attention for an injury. Of these 33.2 million people, three million were hospitalized for their injuries, 27.6 million were treated in hospital emergency departments and about 6.4 people were treated in hospital outpatient departments.</p> <p>Unintentional injuries represent the single largest contributor to Years of Potential Life Lost (YPLL). The average person who dies from an unintentional injury has a remaining life expectancy of 27 years. As those who die from unintentional injuries are, on average, 55 years old and likely to be working and raising a family, these injuries have a serious impact on both families and the economy.</p> <p>The economic costs of fatal and nonfatal injuries amounted to \$684.4 billion in 2007. This is equivalent to about \$2,300 per capita, or about \$5,900 per household. Funding of injury prevention initiatives would lower the burden on medical care provided by public health institutions. Investment in injury prevention can bring immediate healthcare savings and help significantly reduce accidental deaths and injuries. Employers, on average, save \$3.14 for every dollar spent on employee wellness – and these saving extend to public health in even greater numbers.</p> <p>The National Safety Council has a number of recommendations on ways that the Campaign for Public Health can get involved in promoting injury prevention. We would be happy to discuss our recommendations with you further should injury prevention be an area in which that the Campaign decides to focus.</p>
---	--

National Association of Hepatitis Task Force

Public Health Priority	Explanation
<p>Do More to Prevent Chronic Diseases</p>	<p>There are issues involving access and continuity of care as well as eliminating stigma and the disparities that hamper prevention and treatment options due to levels of income. We strongly believe that negotiating with the stakeholders, patients, employers large and small, providers, pharmaceutical manufacturers, government/legislators and health plans will be the only way to resolve the situation that exists today. There will have to be a new way of thinking about how we achieve the objective of wellness in society so that it benefits all our citizens and residents and that all have access to health care.</p>

Special Olympics

Public Health Priority #1	Explanation
Do More to Prevent Chronic Diseases	Research shows that people with intellectual and other disabilities have poorer health, more specialized health care needs, and greater difficulty accessing health care services and doctors compared to the general public. Data collected on U.S. Special Olympics athletes via its successful health prevention, promotion, and screening program, Healthy Athletes (which serves over 90,000 athletes annually), shows that 67% are overweight or obese, 19% have low bone density, 27% are hypertensive, and 5% smoke. There are significant health disparities for entire disability population as well and people with disabilities get secondary chronic conditions as a result. Any programs designed to prevent chronic disease must include the health and literacy needs of individuals with disabilities so they do not develop into chronic conditions such as heart disease, diabetes or cancer.

Public Health Priority #2	Explanation
Specific Health Topics Where Public Health Could Have a Significant Impact	We chose this as our number two priority because of the significant role disability health disparities play in the health care of all including and especially the health of minority populations. The 54 million individuals with disabilities should be treated as are all other populations that face health disparities. Two Surgeon Generals' reports stressed the health disparities and physical barriers to health care faced by individuals with disabilities. As the populations ages, more people will face barriers to health care because of their disabilities. The literature indicates that children with autism do not receive primary care consistent with the care provided in a medical home. With few exceptions, woman who use wheelchairs lack physical access to mammograms. Communication barriers often prevent deaf individuals from receiving mental and physical health services. Inaccessible medical equipment and lack of trained physicians, dentists, and other health professionals prevent individuals with disabilities from receiving the basic care others take for granted, such as getting weighed, preventative dental care, pelvic exams, x-rays, physical examinations, colonoscopies, and vision screenings.

--	--

Public Health Priority #3	Explanation
Workforce Issues	<p>The public health workforce needs to be expanded with health care workers trained to meet the health care needs of an aging and disabled population. Two Surgeon's Generals Reports (2002, 2005) document the need for more physicians with training to meet the health needs of individuals with disabilities. Physicians have limited experience during medical training to treat individuals with disabilities. For example, research shows that individuals with intellectual disabilities must contact 50 physicians before they can find one trained to treat them. A survey by Special Olympics of more than 2500 respondents, including: U.S. medical school deans, U.S. dental school deans, U.S. medical residency directors, U.S. dental residency directors, U.S. medical students and U.S. advocacy and patient care groups reported startling deficiencies in competency to treat individuals with intellectual disabilities. 52 % of medical school deans, 53 % of dental school deans, 56 % of students and 32 % of medical residency programs responded that graduates were "not competent" to treat people with intellectual disabilities.</p> <p>58 % of medical school deans and 50 % of dental school deans report that</p>

	<p>clinical training to treat individuals with intellectual disabilities is not a high priority. 81 % of medical school students report not getting any clinical training regarding individuals with intellectual disabilities and 66 % are not receiving enough classroom instruction. 51 % of dental students say they do not receive any specialized training and 68 % say they do not receive enough classroom instruction regarding intellectual disabilities.</p> <p>If persons with disabilities do find a physician to treat them, physicians often make assumptions about the needs of persons with disabilities and this limits the way they treat the person. (Testimony Iezzoni, L., Senate Health, Education, Labor, and Pensions Committee, January 27, 2009). A survey by the Kaiser Family Foundation (2003) of non-elderly persons with disabilities found that 25% reported having difficulty finding a doctor who “understands my disability.”</p>
--	---

STIPDA

Public Health Priority	Explanation
<p>Improve Public Health Infrastructure and Data</p>	<p>It is well recognized that injury and violence are a significant public health problem in terms of risk and costs to society. Despite the enormous toll of injury and violence, dedicated and ongoing federal or state funding to respond to these problems does not exist as it does for other major public health priorities. State injury and violence prevention programs need federal support to continue and expand efforts to collect and analyze data, convene prevention partners and implement what we know works in preventing injuries and violence.</p> <p>Currently, NCIPC provides “core” funding to 30 states for surveillance and planning. According to STIPDA’s 2007 State of the States survey, states with core funding were more likely to have a centralized program, a full-time director, greater access to core and injury data sets, provide support to local injury efforts and engage in efforts to influence public policy related to injury and violence.</p> <p>State budgets are in a crisis across the nation and these effects are hitting state health departments. According to ASTHO, state health agencies have shrinking budgets which are leading to the elimination of programs, decreases</p>

	<p>in services, staff layoffs and furloughs, and administrative changes (i.e., 4 day work weeks) to reduce costs. At least 40% of states expect to lose staff through layoffs or attrition in FY09. Without a national program to ensure baseline infrastructure in state health departments, many states have limited or no ability to respond to this or other urgent public health threats. Improvements in public health infrastructure and surveillance will ensure the capacity to respond to urgent and ongoing public health issues.</p>
--	--

Wyeth Pharmaceuticals

Public Health Priority	Explanation
<p>Do More to Prevent Chronic Diseases</p>	<p>Chronic diseases have a major impact on the health care economy of the United States. CDC estimates that 133 million Americans were living with at least one chronic condition in 2005. A recent Milken Institute report found that the seven most common chronic disease result in \$1 trillion in annual costs to the US economy. Without action, this cost may reach the \$6 trillion mark by mid-century. The costs of treating chronic disease translate into a financial burden for public payers as well. More that 95 percent of health - care spending in the Medicare program is associated with one or more chronic health conditions. Patients with chronic conditions also must face the financial impact of health-care costs. A recent survey conducted by the Commonwealth Fund of adults with chronic illness found that 2 in 5 Americans spend more than \$1,000 over the previous year on out-of-pocket medical costs. In an October 2008 survey by the Kaiser Family Foundation, 1 in 3 Americans reported their family has had problems paying medical bills in the past year, up from about a quarter saying the same in a similar survey two years earlier.</p> <p>As the incidence of chronic diseases and their associated costs continue to rise, much of that cost is being shifted to patients with both private and public insurance. This is a concerning trend as research has shown that increase cost burden may lead patients to postpone use of much-needed medical services. Evidence shows that higher cost-sharing may lead patients to forego preventive screenings and the lower adherence associated with the increased cost burden can lead to higher rates of visits to the emergency department, non-elective hospitalizations, and death. Research has also</p>

	demonstrated that lowering out-of-pocket costs can lead to improvements in health. Designing health benefits that create incentives to encourage adherence to the recommended care can improve outcomes for people with chronic conditions and promote better economic health
--	---