

**Chronic Care Centers of Excellence:  
A Policy Approach Towards Healthy People 2010 Goals**

**Scope of the Problem**

The problems of chronic disease and low health literacy affect approximately 75 percent of the U.S. population (U.S. Department of Health and Human Services [DHHS], *Healthy People 2010*, 2000, section 11, para. 23). More than 90 million Americans live with at least one chronic disease (Centers for Disease Control and Prevention, 2007). The five most common chronic diseases—diabetes, asthma, heart disease, stroke, and cancer—account for more than 83 percent of the \$ 1.4 trillion spent on health care in the United States every year (*Health Trends Alert*, 2006), plus additional billions more in lost work and school days, reduced quality of life, premature death, and disability.

Many chronic disease patients also suffer from poor health literacy, a significant and widespread problem in this country. A summary of the landmark report from the Institute of Medicine (IOM), Health Literacy: A Prescription to End Confusion, stated that nearly half of all American adults “have difficulty understanding and acting upon health information” (2004, p. 1). Those with low health literacy are disproportionately the same population as those impacted by one or more chronic illnesses., “Those with chronic diseases have more health literacy demands, yet often have fewer health literacy skills.” (Parker, 2003)

Patients with the dual problems of chronic disease and low literacy are at greater risk of poor outcomes. The IOM report declared, “Patients with limited health literacy and chronic illnesses have less knowledge of illness management than those with higher health literacy” (p.

7). This leads to a decline in health promoting behavior, reduced health status and less use of preventive services. These populations are largely poor, minority, and/or elderly, and often reside in underserved areas (IOM, 2004, p. 8, DHHS, 2000, section 5, para. 6, 20).

### **Health Policy Issues and Challenges**

The U.S. health system is biased towards treatment rather than towards prevention and disease management. However, the links between prevention, self-management, and lower health costs are clear. A report published by The Milken Institute (2007) estimated the cost of treating the most common chronic conditions, without including related or secondary health problems, at \$277 billion in 2003. “These conditions also reduce productivity at the workplace, as ill employees and their caregivers are often forced either to miss work days (absenteeism) or to show up but not perform well (presenteeism). The impact of lost workdays and lower employee productivity resulted in an annual economic loss in The United States of over \$1 trillion in 2003.” (DeVol & Armen, 2007).

For example, diabetes is the 7<sup>th</sup> leading cause of death in the nation. Direct and indirect expenses are around \$100 billion, the largest portion of which comes from cardiovascular-related complications. (DHHS, 2000, section 5, para. 2,3). The *Healthy People 2010* framework, a government policy report that sets decade-long national health priorities, acknowledged, “strategies that would lessen the burden of disease are not used regularly, resulting in unnecessary illness, disability, death, and expense. If proven diabetes services, such as self-management training programs...are not part of routine diabetes care, then effective programs to reduce the burden of diabetes will not be accessed and used. Unfortunately, many diabetes at-risk

groups reside in medically underserved areas or are without adequate insurance and thus do not receive these types of preventive services.” (2000, section 5, para. 5).

According to the American Diabetes Association, nearly 21 million children and adults, about seven percent of the population, suffer from this chronic illness (<http://www.diabetes.org/diabetes-statistics/cost-of-diabetes-in-us.jsp>). In a frequently cited study that examined the association between health literacy and diabetes outcomes, Schillinger, et. al, (2002) concluded that:

Inadequate health literacy is independently associated with worse glycemic control and higher rates of retinopathy. Inadequate health literacy may contribute to the disproportionate burden of diabetes related problems among disadvantaged populations. Efforts should focus on developing and evaluating interventions to improve diabetes outcomes among patients with inadequate health literacy.

Similar conclusions can be drawn for other chronic diseases, such as asthma and heart disease. Asthma affects some 15 million adults and has an economic impact on the U.S. of more than \$6 billion annually. “Asthma prevalence, emergency department (ED) visits, hospitalizations, and mortality from asthma...disproportionately affect the poor, people of color, and individuals living in urban, inner-city environments.” (Williams, Baker, Honig, Lee and Nowlan, 1998).

According to the American Heart Association’s *Heart Disease and Stroke Statistics, 2007 Update At-A-Glance*, (2007) more than 79 million adults, or about one in three, have some type of cardiovascular disease (CVD); approximately half are over age 65. Heart disease is the leading cause of death in the United States. The estimated direct and indirect cost of CVD, which

includes coronary heart disease (CHD), stroke, high blood pressure, and heart failure, is \$431.8 billion in 2007.

National education efforts, including exercise programs, nutritional counseling, and smoking cessation programs, are helping to save lives and reduce incidence and severity of heart-related illnesses. However, “experience with the long-term management of asymptomatic CHD risk factors such as hypertension indicates that a sizable number of patients do not successfully carry out their prescribed treatment regimen” (DHHS, 2000, section 12, para. 41). *Healthy People 2010* recommended additional public outreach and community education efforts, as a significant part of improving health outcomes. “An emerging area in health communication is to support community-centered prevention. Community-centered prevention shifts attention from the individual to the group-level change and emphasizes the empowerment of individuals and communities to effect change on multiple levels” (DHHS, section 11, para. 5).

For many chronic disease patients, existing educational materials are written at too high of a reading level to ensure adequate comprehension. The result is that the very people disease management programs are trying to reach are the ones least able to make use of the information and in turn, suffer the greatest incidence of ongoing illness and death. Williams, et. al, (1998-a) stated, “if standard education techniques are not effective for asthma patients with inadequate literacy skills, this may result in poorer self-management skills and greater morbidity.”

### **Effects of the Problem**

Low health literacy has significant economic impact on the U.S. health system. Estimates, in 1998 dollars, range from \$30 to \$73 billion annually, with some 63 percent of these costs borne by public programs (Parker, 2003). It also has a direct effect on patient health

**Like what you're reading? Contact [liz@seegertmktg.com](mailto:liz@seegertmktg.com) to learn more about how I can help your organization develop policy papers, backgrounders, or white papers!**