



CHRONIC DISEASE

Members of the committee:

Thank you for this opportunity to speak today.

My name is Margaret Gadon and I am a practicing physician and the Clinical Director of the Illinois quality improvement organization.

The term chronic disease encompasses any condition that requires care over a period of time, and in general, is one which is not curable. The costs of care for chronic disease factors in direct costs from the disease, indirect costs of complication and the costs of absenteeism, decreased productivity and disability total into the billions. For example, according to the American Diabetes Association, the total annual economic cost of diabetes in the US in 2007 was estimated to be \$174 billion, which included the costs of direct medical care (\$27 billion) chronic diabetes-related complications (\$58 billion), and excess general medical costs (\$31 billion). Indirect costs resulting from increased absenteeism, reduced productivity, disease-related unemployment disability, and loss of productive capacity due to early mortality totaled \$58 billion incurred. This is an increase of \$42 billion since 2002. **This 32% increase means the dollar amount has risen over \$8 billion more each year.**

Chronic diseases caused by degeneration, such as arthritis, are a natural part of aging, and will occur regardless of the type of preventive activities initiated. However, certain chronic diseases are preventable if those individuals with a genetic predisposition to them alter their environment and lifestyle, specifically diet and amount of regular physical activity. I commend the Dept of Health as well as the US Center for Disease Control for developing programs at the population level to encourage Illinois residents to make changes to their diet and physical activity to the extent that is within their personal control; that they have sufficient income to purchase healthy foods and live in an environment in which there is access to affordable and safe physical activity.

It is difficult for me to speak with any credibility today to the issue at hand; that is, how the state can best coordinate and integrate its efforts at health promotion, and reduce chronic disease disparities, without knowing the specifics of the various initiatives. I am aware however, of the 2010 State health improvement plan, which lays out a clear pathway to health promotion and chronic disease prevention, using well accepted strategies. What struck me in reading over this document, was the degree to which **health reform, community engagement and interdisciplinary approaches to address socioeconomic determinants of health**, were recommended. From my perspective, these three approaches are the essential elements to integration of health promotion programs. Regardless of the degree of integration at the state level, through planning, it is at the community level where these activities are implemented and where the integration is most essential. Specifically then,



- Through **health reform**, funds for prevention should be funneled as much as possible to the local level, where they are planned and implemented with the input of community members, including children. The medical societies and hospitals should be elemental to this, and encouraging their physicians or physician office teams, to participate. This will not only help with the planning process, but also better link medical and public health services, leading to reinforcement of prevention messaging to community residents
- Through **community engagement**, activities can be culturally and linguistically tailored, thereby increasing their likelihood of being understood, heard and adopted. Volunteers can be engaged thereby filling the needs of underresourced local health departments. Community ownership is more likely to reinforce these activities and lead to creative application across the social spectra of resident lives.
- And finally, **through interdisciplinary approaches to address socioeconomic determinants of health**, the environment which facilitates behavior change can be developed. The challenges to achieving a healthy lifestyle, such as media messaging, unsafe neighborhoods, lack of park space, lack of access to nutritious foods, and lack of solid family structures in which children can prosper, loom large. Innovative solutions for these problems are likely to occur in small community settings, with strong leadership, private-public partnerships, and a strong commitment from the business community. And perhaps that is one of the greatest challenges; how to make better health for the public a win for businesses.

This is a tough road ahead for the state, with its budgetary constraints. But this time also represents a great opportunity, with increased funding for prevention coming from the federal government and a public increasingly aware of the issues. I look forward seeing this work unfold.

Thank you.

Respectively submitted, November 15, 2010 by Margaret Gadon MD MPH, Clinical Director, IFMC-IL.