

PREVENTION outcomes & practices

Our health care system must undergo a fundamental reordering: Only by centering our efforts on prevention can we thwart the emerging epidemic of chronic disease and its tremendous personal, social, and economic burdens.

Our current health care system does not integrate prevention into daily clinical medicine, efficiently use resources, nor rapidly adopt proven practices. Our suboptimal health outcomes are obtained at great cost through inefficient use of resources that are unequally distributed. Our future prosperity is threatened by the unsustainable rise in health care costs. We must discover new, cost effective methods to deliver prevention services in order to improve health care and health outcomes.

The Vision

When we first met Maria Medina, her life was dominated by obesity, diabetes, and the likelihood that she would have a heart attack or stroke within the next decade, events that would ultimately lead to extensive health care costs. After completing our innovative *Vivamos Activos* (We're Active) program using \$10 pedometers, social support, tailored health classes, and weight loss coaching, Maria lost 30 pounds. Through adopting healthy lifestyle changes, she now needs fewer diabetes medications and has significantly reduced her heart disease risk.

The Solution

Rather than emphasize expensive high-tech treatment, prevention should be the dominant goal of health care delivery. Intensive lifestyle changes are twice as effective as drug therapies in preventing diabetes, but are still not a common part of health care practices. Dr. Randall Stafford's *Vivamos Activos* project and Dr. Lisa Goldman Rosas' studies of family interventions for adolescent and adult obesity are but two examples that focus on modifying physician and patient practices to improve health outcomes through prevention. The Program on Prevention Outcomes and Practices provides a multidisciplinary approach to problem solving that is helping to change the health care system. This includes designing new ways of delivering prevention both within doctor's offices and in the wider community. Drs. Stafford and Goldman Rosas and their team share an unwavering commitment to diminishing the burden of obesity, diabetes, and heart disease while simultaneously reducing health disparities.

>\$756

A YEAR IS SPENT ON OBESITY AND CHRONIC DISEASE MEDICAL COSTS IN THE U.S.

70%

OF ALL U.S. DEATHS ARE CAUSED BY CARDIOVASCULAR DISEASE, CANCER, AND DIABETES

58%

DECREASE IN NEW DIABETES CASES
ACHIEVED THROUGH INTENSIVE
LIFESTYLE CHANGES COMPARED TO
31% FOR DRUG THERAPY

12-15
YEARS

IS THE TIME IT TAKES FOR A PROVEN
NEW THERAPY TO DIFFUSE INTO
WIDESPREAD PRACTICE

 $2.1\times$

MORE MONEY IS SPENT PER
PERSON ON HEALTH CARE IN
THE U.S. COMPARED TO OTHER
DEVELOPED NATIONS

21%

OF MEDICATION USE IS FOR CLINICAL SITUATIONS NOT APPROVED BY THE FDA AND 80% OF THIS USE LACKS STRONG SUPPORTING EVIDENCE