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Analysis Finds Federal Government Underfunds Chronic Disease Prevention Research

Comprehensive analysis is the first-ever completed; Increasing funding for chronic disease prevention research would save lives and reduce healthcare costs

New York – Investigators have, for the first time, completed a comprehensive analysis of National Institutes of Health (NIH) funding of research to prevent non-communicable chronic diseases (NCDs) and determined that prevention research in the United States is severely underfunded. Specifically, the study found the NIH spends just 7 to 9 percent of its research budget on behavioral interventions to prevent NCDs, despite the fact that 70 percent of deaths in the U.S. are due to NCDs, and that treating people with NCDs accounts for approximately 84 percent of U.S. healthcare expenditures. The study is sponsored by [the Vitality Institute](#) and published today in the online edition of the [American Journal of Preventive Medicine](#).

“This study highlights that more targeted federal funding is needed to take advantage of the untapped potential to prevent non-communicable diseases, save lives and reduce healthcare costs,” said the study’s lead author, Chris Calitz, health programs and evaluation director at the American Heart Association. “I hope policymakers will take note of this imbalance and, building on some of the initiatives mentioned in the study, quickly take steps to correct it.”

Derek Yach, the executive director of the Vitality Institute and the study’s senior author said, “This study provides compelling evidence that a lack of serious NIH investment in prevention science hampers health gains. The Office of Disease Prevention is a needed start in correcting decades of neglect. That office needs to be fully financed and mandated to double the level of NIH investment in prevention science. The impact will be profound: more academics will seek careers in prevention science; better policies will be developed; and the U.S. could assume a leadership role in prevention science.”

The cross-sectional study examined NIH funding during fiscal years 2010, 2011 and 2012 of research to prevent cancer, coronary heart disease, hypertension, stroke, diabetes and obesity -- six of the most costly

NCDs. The analysis focused on funding for predominately human behavioral interventions to prevent these diseases.

Secondary conclusions from the analysis include:

- Only 12 percent of the NIH prevention portfolio includes economic analyses, despite the increasing need for policymakers to have credible information about the cost effectiveness of prevention and treatment approaches
- 65 percent of the studies investigated secondary prevention strategies that aim to reduce the prevalence of disease by shortening its duration, as opposed to primary prevention strategies that aim to protect health and prevent the development of disease symptoms
- 71 percent of the studies targeted the individual or family level, even though expert scientific panels recommend more interventions should be directed at the population level

As study sponsor, the Vitality Institute had no role in data collection, analysis or interpretation. Yach's role as senior author was limited to the study's conceptualization and assistance with the writing of the report.

If you want to read more, you can access the blog by the study's main author, or the study itself which is open access.

About the Vitality Institute

The Vitality Institute is an evidence-driven, action-oriented research organization working to strengthen the evidence base around what works and what doesn't work in health promotion and chronic disease prevention. Its mission is to advance knowledge about the evolving science and art of prevention and health promotion in order to build healthier societies and reduce incidence of non-communicable diseases. The Vitality Institute is an initiative of Discovery, a global financial services provider, and is part of Discovery's commitment to health promotion and well-being programs. More information is available at www.thevitalityinstitute.org.

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What Experts Have to Say About This Article

"This comprehensive analysis of the NIH prevention portfolio demonstrates the need for a reprioritization of funding toward primary prevention at a population level. If we are to change the context and create a nation in which healthy choices become attractive, available, and affordable, we must invest in research on effective means of disseminating and implementing proven policy and behavioral interventions in a manner that produces favorable health and economic outcomes."

- Paul E. Jarris, MD, MBA, Executive Director, Association of State and Territorial Health Officials (ASTHO)

“We’ve long known that prevention is far more economical than treatment, while also sparing people living with - or dying from - disease. In order to reduce premature mortality, this essential study looks at the six non-communicable diseases that affect the largest number of Americans, smartly and simply asking whether NIH funding invests appropriately in the science of prevention to best invest in the health of Americans. With public health science learning more about preventing disease every year, evidence that helps prioritize how we deploy limited resources is critical. Our prevention dollars are too important to be spent any other way. The study will doubtless inform a new generation of policy advocates who correctly see prevention research as the most important line in any funding portfolio.”

- Dean Linda Fried, Mailman School of Public Health, Columbia University

“Chronic disease is a function of behavior and biology. New ways of preventing the development or worsening of chronic disease have the potential to improve health quality and lower the total cost of care. More investment in prevention science can help policymakers and others understand the promise of prevention, and help scale and spread what works.”

- John O’Brien, Vice President of Public Policy, CareFirst

“Reducing the burden of chronic noncommunicable diseases necessitates a two-pronged strategy of prevention and management. Prevention obviates the need for management, whereas the opposite is not necessarily the case. The analysis by Calitz et al on funding for chronic disease prevention research suggests a knowledge gap that must be closed to better understand what works and what does not work with respect to population and individual approaches to increase healthy behaviors, decrease unhealthy behaviors, and reduce the burden of chronic diseases. The success in reducing tobacco use using a comprehensive approach with multiple modalities may serve as an example for a prevention research platform for the other five identified modifiable risk behaviors and factors.”

- Eduardo Sanchez, Chief Medical Officer for Prevention, AHA/ASA

“This paper sounds the alarm. Tax dollars pay for about \$36 billion in research and more than \$1 trillion in health care each year. We are underinvesting in prevention research, in biomedical research... in every health research discipline that plays a role in combating disease. It's time for Congress to step up to the challenge!”

- Mary Woolley, President and CEO, Research!America