

6 | 18 Conditions: Burden, Cost, and Associated Evidence-Based Interventions

High blood pressure: About 1 of 3 U.S. adults—or about 75 million people—have high blood pressure. Only about half (54%) of these people have their high blood pressure under control. This common condition increases the risk for heart disease and stroke, 2 of the leading causes of death for Americans. High blood pressure costs the nation \$46 billion each year. This total includes the cost of health care services, medications to treat high blood pressure, and missed days of work. Patients who control their blood pressure lower their risk for the harmful effects of high blood pressure. The 6 | 18 Initiative promotes evidence-based strategies to control blood pressure, such as: access and adherence to medications, team-based care, and self-measured blood pressure monitoring.

Prediabetes: One out of three American adults, or 84 million people, have prediabetes. Without intervention, many people with prediabetes will develop type 2 diabetes. In 2012, the total cost of care for people with diagnosed diabetes was \$245 billion, up 41% over a 5-year period. More than 1 in 5 health care dollars is spent on people with diagnosed diabetes. The majority of expenses are related to hospitalizations and medications used to treat complications of diabetes. The largest components of medical expenditures for diabetes are: hospital inpatient care (43% of the total medical cost), prescription medications to treat complications (18%), anti-diabetic agents and diabetes supplies (12%), physician office visits (9%), and nursing/residential facility stays (8%).¹ The National Diabetes Prevention Program (National DPP), which is promoted in the 6 | 18 Initiative, supports an evidence-based lifestyle change program which is proven to prevent or delay onset of type 2 diabetes in adults with prediabetes.

Tobacco use: Smoking is the leading cause of preventable disease and death in the United States. In 2015, 15.1% of all US adults (36.5 million people) smoked cigarettes. Smoking costs the United States more than \$300 billion in direct health care and lost productivity costs each year. Evidence-based interventions can help increase the number of tobacco users who quit, and avert health care costs to treat smoking-related illness. Some evidence-based strategies promoted in the 6 | 18 Initiative include: increasing access to evidence-based tobacco cessation treatments, including counseling and medication; and reducing tobacco users' out-of-pocket costs for evidence-based cessation treatments.

Healthcare-associated infections: At least 2 million illnesses and 23,000 deaths can be attributed in the United States each year, to antibiotic-resistant infections. Infections with antibiotic resistant pathogens often require treatment with more toxic and expensive antibiotics, since preferred antibiotics may no longer work. Antibiotic stewardship is the effort to measure and improve how antibiotics are prescribed by clinicians and used by patients. Improving antibiotic use through antibiotic stewardship can lead to decreased antibiotic resistance and prevent avoidable antibiotic adverse events, such as allergic reactions and Clostridium difficile infections, a sometimes-deadly diarrheal infection. CDC's Core Elements of Antibiotic Stewardship, which are promoted in the 6 | 18 Initiative, provide a framework for implementing antibiotic stewardship across the spectrum of healthcare.

Asthma: Over 24 million Americans have asthma: 1 in 12 children and 1 in 14 adults. Asthma costs in the U.S. grew from about \$53 billion in 2002 to \$56 billion in 2007, roughly a 6% increase. Fortunately, asthma symptoms and costs can be controlled when people have the appropriate care, education, and guidance to manage their condition. Cost savings can reflect a shift from visits to more costly medical settings (hospitals

and emergency rooms) to less expensive primary care settings (doctor offices and outpatient clinics). Evidence-based prevention strategies in the NACP and 6|18 Initiative include: guidelines-based medical management, patient education, consistent and correct use of preventive medication, and control of environmental factors (e.g., triggers) that affect asthma.

Unintended pregnancy: Approximately 45% of pregnancies are unintended. Unintended pregnancies increase the risk for poor maternal and infant outcomes. In 2010, unintended pregnancies resulted in \$21 billion in direct medical costs in the United States. Public-sector funding for family planning programs has been shown to save money on maternity and infant care by preventing unintended births. In 2010, public-sector investments in family planning programs resulted in net government savings of \$13.6 billion, or a savings of \$7.09 for every public dollar spent. Evidence-based prevention strategies in the 6|18 Initiative strive to increase access and remove barriers to the full range of contraceptive services for women of childbearing age.

Reference

1. American Diabetes Association. Economic costs of diabetes in the US in 2012. *Diabetes care*. 2013 Apr 1;36(4):1033-46.