



The Daily Dish

Policy and the Outlook for Chronic Disease

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Eakinomics: Policy and the Outlook for Chronic Disease

Recently, AAF's Tara O'Neill Hayes and Serena Gillian have produced three detailed insights (1, 2, and 3) examining chronic disease in the United States. Recall that a disease is chronic if it persists for at least a year and requires ongoing medical attention or limits daily activities. There are lots of people with chronic disease; an estimated 47 percent of the U.S. population, or 150 million Americans, had at least one chronic disease as of 2014. Almost 30 million Americans are living with five or more.

What have we learned from these studies? Because the prevalence of chronic disease at each age has been growing, and because the prevalence rises with age, the overall prevalence has been rising over time and appears likely to continue. (Opus #1.) As you may surmise, this means that the cost of chronic disease is high and rising: "including indirect costs associated with lost economic productivity, the total cost of chronic disease in the United States reaches \$3.7 trillion each year, approximately 19.6 percent of the country's gross domestic product." Yikes! The downturn in the 2nd quarter was about 9 percent of gross domestic product; we are experiencing a losstwice that size every year due to chronic disease.

What can be done about the chronic disease epidemic? (Sorry, it's 2020, so it has to be an epidemic.) As Hayes and Gillian point out, chronic disease is associated with a complicated web of interrelated factors, some having to do with the individual (Opus #2) and some regarding the external environment of the individual (Opus #3).

For example, "an individual's risk of chronic disease is determined by a multitude of factors, including not just lifestyle and family history, but also education, income, and even the presence of other chronic conditions." So, while correlation does not guarantee causation, policies to "improve educational attainment, increase wages, improve access to mental health care, and increasing awareness of unhealthy behaviors among particularly vulnerable populations" may yield reductions in the prevalence of chronic disease. Even better, there are good reasons to pursue these policies in and of themselves; reduced chronic disease is a bonus.

Similarly, "Numerous external, community-level factors that affect a person's health are largely outside of an individual's control, such as exposure to pollutants, access to nutritious foods, access to quality health care, and the safety and social supports of the surrounding community." These are also associated with greater prevalence of chronic disease; policymakers could seek to mitigate these known risk factors for their direct benefits and get an added bonus on the chronic disease front.

Controlling the growth of chronic disease in the United States is as complicated as it is important. But it is not hopeless, as there is beginning to be a road map to reduced prevalence.