

## Key Statistics

### **Overall chronic disease prevalence + cost**

Rates of chronic disease have never been higher, with cost of chronic conditions eating up 86% of all healthcare dollars spent.<sup>1</sup> Chronic disease is so common that more than half of US adults have at least one condition, accounting for 90% of healthcare spending.<sup>2</sup>

### **Cost to the nation**

The US spends 18% of its GDP (that's \$3.35 trillion) on health expenditures,<sup>3</sup> but the Federal Congressional Budget office estimates that if costs continue to rise, by 2050 *Medicaid and Medicare alone* will account for 20% of the GDP.<sup>4</sup> We are headed for bankruptcy as a country; the solvency of our nation is at stake.

### **Reversibility of the trend**

All projections point to continued rises in chronic disease. If we don't reverse this trend, the number of people with three or more conditions is expected to increase to 83 million by 2030, with a total cost of over \$42 trillion.<sup>5</sup>

### **Employer-paid costs of chronic disease**

Employers foot a hefty bill for the cost of disease. Absenteeism because of the top five chronic conditions cost employers a total of \$11.2 billion (obesity), \$10.3 billion (hypertension) \$9.1 billion (physical inactivity), \$3.6 billion (current smoking), and \$2.2 billion (diabetes). That's a total of \$36.4 billion leaving the bottom line.<sup>6</sup>

### **Lifestyle-driven costs of diabetes**

In 1958, 1.6mil Americans had type 2 diabetes.<sup>7</sup> Today, estimates are that approximately 23mil have been diagnosed with the disease, and as many as 84mil are pre-diabetic.<sup>8</sup> The total cost of diagnosed diabetes is \$327 billion, including \$237 billion in direct medical costs and \$90 billion in decreased productivity.<sup>9</sup> Yet, it's a food-borne illness that's preventable, treatable and, often, reversible through lifestyle medicine.

## References

1. Gerteis J, Izrael D, Deitz D, et al. Multiple chronic conditions chartbook. Rockville (MD): Agency for Healthcare Research and Quality; 2014. In: AHRQ Publications; 2014.
2. Buttorff C, Ruder T, Bauman M. Multiple chronic conditions in the United States. *Santa Monica (CA): RAND Corporation*. 2017.
3. Services CfMaM. National Health Expenditures 2016 Highlights. 2018; <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical.html>. Accessed August 8, 2018.
4. Orszag PR, Ellis P. The challenge of rising health care costs-a view from the Congressional Budget Office. *N Engl J Med*. 2007;357(18):1793.
5. al. ACe. Checkup Time: Chronic Disease and Wellness in America. 2014; <http://assets1c.milkeninstitute.org/assets/Publication/ResearchReport/PDF/Checkup-Time-Chronic-Disease-and-Wellness-in-America.pdf> Accessed May 5, 2018.
6. Asay GRB, Roy K, Lang JE, Payne RL, Howard DH. Peer reviewed: absenteeism and employer costs associated with chronic diseases and health risk factors in the US workforce. *Prev Chronic Dis*. 2016;13.
7. Control CfD. Long-term Trends in Diabetes. 2017; Diabetes Surveillance System available at <http://www.cdc.gov/diabetes/data>. Available at: [https://www.cdc.gov/diabetes/statistics/slides/long\\_term\\_trends.pdf](https://www.cdc.gov/diabetes/statistics/slides/long_term_trends.pdf). Accessed July 6, 2018.
8. Control CfD, Prevention. National diabetes statistics report, 2017. *Atlanta, GA: Centers for Disease Control and Prevention*. 2017.
9. American Diabetes A. Economic Costs of Diabetes in the U.S. in 2017. *Diabetes Care*. 2018;41(5):917-928.