

# A SUCCESS STORY IN AMERICAN HEALTH CARE:

## Community-based Prevention in Nebraska

### Prevention and Public Health Care in the United States

**Investing in and improving preventive health care is an integral part of health reform. Preventive health care improves the overall health of all Americans and helps decrease avoidable costs.**

The U.S. spends over \$2 trillion on medical care every year, spending more per patient than any other health system in the world.<sup>1,2</sup> The epidemic and growing levels of largely preventable diseases and conditions contribute greatly to these high costs. In fact, one study estimates that almost 80 percent of all health spending in the United States can be attributed to chronic illness, much of which is preventable.<sup>3</sup>

Heart disease and stroke, for instance, are the first- and third-leading causes of death for both men and women in the United States and account for over one-third of all American deaths.<sup>4</sup> In 2008, the total cost of heart disease and stroke for the United States was estimated to be more than \$448 billion.<sup>5</sup>

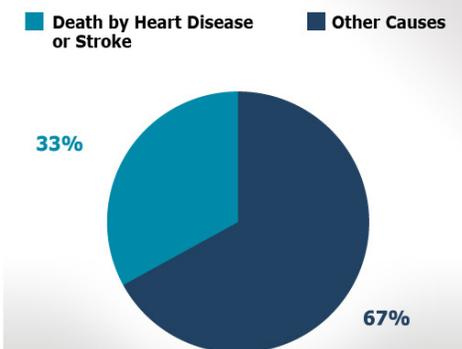
Cardiovascular disease can be prevented before it progresses, through health screening and interventions for risk factors such as obesity, high blood pressure, high blood cholesterol, diabetes, and tobacco use – yet one in four adults do not receive the cholesterol screening they need, and in 2005, only 67 percent of smokers and 60 percent of individuals with obesity were counseled to quit or exercise.<sup>6</sup>

The responsibility for disease prevention is a shared one – individuals and families; school systems; employers; the medical and public health workforce; and federal, state, and local governments all have a stake. Community-based prevention efforts, which bring together all of these different stakeholders to positively impact the health and well-being of our populations, provide a model for integrative programs to reduce preventable diseases and decrease costs.

### A Community-Based Prevention Success Story

**The WISEWOMAN program in Nebraska is an example of how community-based screening and healthy lifestyle interventions can dramatically improve the health of Americans.<sup>7</sup>**

Leading Causes of Death in the United States



Heart disease and stroke are the **first-** and **third-leading** causes of death for both men and women in the United States and account for over **ONE-THIRD** of all American deaths.

Source <sup>4</sup>

Many low-income women, particularly those without insurance, cannot afford preventative screenings for cardiovascular risk factors – and, as a result, have higher rates of cardiovascular disease.<sup>8</sup>

The Nebraska WISEWOMAN program is a community intervention funded by the Centers for Disease Control and Prevention to prevent heart disease and stroke through risk factor screenings, healthy lifestyle counseling, and behavioral interventions for under- or uninsured women with low incomes. This program started in 2000 as one of the now 21 WISEWOMAN programs across the country, and it partners with health care providers across the state to provide low-income, under- or uninsured women with the knowledge and skills to change their behavior to help prevent cardiovascular disease and other chronic conditions.

The program provides risk factor screenings to low-income women at clinics throughout Nebraska. Women with test results that indicate elevated risk for cardiovascular disease and stroke are referred to local health care providers. In addition to a referral, a network of regional lifestyle interventionists provides four months of tailored counseling and risk-reduction tools to these women based on their identified health risks. The interventionists also provide support to women trying to increase their physical activity, maintain a healthy diet, or quit smoking.

Finally, women with elevated risk are also offered a choice between participating in a four week community class delivered by Nebraska University extension educators, or personalized self-directed informational materials designed to support the reduction of risk factors.

The WISEWOMAN program as a whole has reduced the risk of heart disease, stroke, and other chronic diseases in over 84,000 women.<sup>9</sup> Nebraska WISEWOMAN has screened over 19,000 underserved women since its inception in 2000 and has significantly reduced the incidence of chronic disease and death.<sup>10</sup> There has been a 5.4 percent reduction in 10-year estimated chronic heart disease risk and a 7.5 percent reduction in 5-year estimated cardiovascular disease risk. Smoking incidence has also declined 7.1 percent since the start of the program.<sup>11</sup>

The Nebraska WISEWOMAN program is a success story of shared responsibility and collaboration. The cooperation between the community and the health care system joins and strengthens two integral pieces of clinical and preventive care. WISEWOMAN recognizes and promotes the value of prevention in enhancing healthy lives and creating a sustainable health care system.



Source <sup>11</sup>

The lessons learned as a result of this work offer many ideas and opportunities for future initiatives to improve prevention and public health in communities across the United States.

## The Future

**Building on the success of Nebraska WISEWOMAN and other effective community programs, President Obama and Secretary Sebelius have made prevention and public health initiatives a priority.**

Through the American Recovery and Reinvestment Act (ARRA), the U.S. Department of Health and Human Services will make a \$1 billion dollar investment in prevention and wellness that will help reduce preventable diseases in communities across the nation.

Health reform legislation seeks to build upon this foundation and to ensure all Americans receive the quality affordable care they need and have access to preventive services. We need to enact health reform this year to improve prevention and public health measures in the United States. We need to ensure that success stories like WISEWOMAN Nebraska become commonplace in states and communities across America.

## Sources

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- 1 National Health Expenditures and Selected Economic Indicators, Levels and Annual Percent Change: Calendar Years 2003-2018. <http://www.cms.hhs.gov/NationalHealthExpendData/downloads/proj2008.pdf>
- 2 Organization for Economic Co-operation and Development. OECD Health Data 2006: How Does the United States Compare. <http://www.oecd.org>
- 3 Anderson, Gerard, and Jane Horvath (2004). "The growing burden of chronic disease in America." *Public Health Reports* 119(3): 263-70.
- 4 Centers for Disease Control and Prevention. Chronic Disease Overview. <http://www.cdc.gov/>
- 5 Centers for Disease Control and Prevention. Chronic Disease Overview. <http://www.cdc.gov/>
- 6 Agency for Healthcare Research and Quality. (2008). "National Health Care Quality and Disparities Report." <http://www.ahrq.gov/qual/qdro8/index.html>
- 7 Centers for Disease Control and Prevention. *WISEWOMAN: Preventing Disease Among Women Most in Need.* <http://www.cdc.gov/>
- 8 Centers for Disease Control and Prevention. *WISEWOMAN: Preventing Disease Among Women Most in Need.* <http://www.cdc.gov/>
- 9 Centers for Disease Control and Prevention. *WISEWOMAN: Preventing Disease Among Women Most in Need.* <http://www.cdc.gov/>
- 10 Centers for Disease Control and Prevention. *WISEWOMAN: Preventing Disease Among Women Most in Need.* <http://www.cdc.gov/>
- 11 Centers for Disease Control and Prevention. (2008). "WISEWOMAN Program Summary Report: Nebraska." Centers for Disease Control and Prevention.