

Value of Primordial and Primary Prevention for Cardiovascular Disease

The following is a synopsis of a policy statement from the American Heart Association entitled “Value of Primordial and Primary Prevention for Cardiovascular Disease,” published in the July 25, 2011, issue of *Circulation*.



What is already known on this topic?

Heart disease and stroke are two of the leading causes of death and disability for adults in the United States. Numerous studies have highlighted the importance of two areas of prevention for these conditions: (a) primordial prevention, which involves preventing the development of risk factors for disease, and (b) primary prevention, which requires modifying existing risk factors to prevent the development of disease. Although there has been concern about the value of primordial and primary prevention efforts, evidence suggests that policy, community, and pharmacological interventions are likely to be cost-effective and cost-saving.

What is added by this document?

The American Heart Association's recent policy statement summarizes the cost-effectiveness evidence supporting a life-course approach, ranging from fetal development to older

age, to primordial and primary prevention. Topics highlighted in this article include the following:

Cost-Effectiveness in Prevention

Cost-effectiveness analysis plays an important role in assessing the value of CVD prevention. The results of such an analysis can provide information for evaluating life choices. However, this type of analysis poses challenges because the results may be unrealistic or fall short of evaluating value properly.

Policy Change

Policy change is most effective when it optimizes the environments in which people live, work, learn, and play, making the healthy choice the norm to improve the health of the public. Examples of community-level policy strategies that address cardiovascular health include increasing access to affordable, healthy foods; modifying the built

environment to create opportunities for active living; and expanding consumer knowledge through approaches like menu labeling. According to a recent report from the Trust for America's Health, investing \$10 per person per year in proven community-based prevention programs could result in \$16 billion of savings annually in five years.

Potential Research Areas

Unsustainable growth in health care spending—with current projections at approximately \$4 trillion in 2015—has made cost-effective disease prevention a national priority. Selected examples of future prevention research include:

- ▶ Clarifying the independent and additive benefits of lifestyle modification.
- ▶ Testing the thesis that we initiate treatment of high cholesterol and other risk factors too late in life—particularly among adolescents and young adults with high lifetime risk— as a means of clarifying the potential benefits, harms, and costs of early interventions.
- ▶ Conducting methodological research to determine better approaches to evaluating the value of preventive services.

What are the implications for public health practice?

The following are examples of policy strategies that affect environmental change and appear to be cost-effective:

- ▶ **Communities:** Provide access to affordable, healthy foods; implement menu labeling in restaurants, and create opportunities for active living through the built (physical) environment.
- ▶ **Worksites:** Implement a comprehensive worksite wellness program that includes early detection/screening, disease management, CVD education, stress management, and changes in the work environment that promote healthy behaviors.
- ▶ **Health Care Systems:** Increase healthy food and beverage options, improve procurement policies, and create smoke-free environments.
- ▶ **Schools:** Create opportunities for physical activity, offer prevention-related education, and provide healthier food and beverage choices.

Illustrating the cost savings of prevention to policy makers requires translating the evidence to show the value of making such an important investment in the health of our society.

Resources

American Heart Association
www.heart.org

Task Force on Community Preventive Services
Task Force Findings
www.thecommunityguide.org/about/findings.html

U.S. Preventive Services Task Force
www.ahrq.gov/clinic/uspstfix.htm

Citation

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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