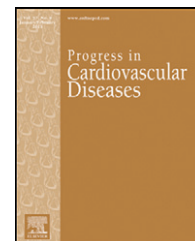


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## Government's Role in Promoting Healthy Living



Laurie P. Whitsel\*

American Heart Association, Washington, DC

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### ABSTRACT

Worldwide, poor lifestyle behaviors, including obesity, physical inactivity, and low diet quality, are creating an unsustainable burden of chronic disease with disparities across geography, race, income, education, and sex. Government plays an important role in addressing lifestyle behaviors and population health, reducing health disparities and chronic disease. Areas for government involvement include surveillance, research, programming, access to health care, quality assurance and guidelines for diet and physical activity (PA). Some view government as paternalistic and favor individual choice; however, there is opportunity to unite diverse approaches with government working across sectors and engaging the private sector. The paper will conclude with specific evidence-based policy approaches to address obesity, nutrition, PA and tobacco use.

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There are current epidemics of poor lifestyle behaviors – obesity, physical inactivity, tobacco use and poor diet quality – that span the United States (US) and the globe. About one-third of US adults<sup>1</sup> (36.5%) and approximately 17% (12.7 million) of children and adolescents aged 2 to 19 years old are obese.<sup>2</sup> Worldwide,

the prevalence of obesity has more than doubled since 1980.<sup>3</sup> In 2014, more than 1.9 billion adults 18 years and older were overweight and of these over 600 million were obese.<sup>4</sup> Although diet quality has been steadily improving in the US during the past two decades, overall dietary quality across the population

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\* Address reprint requests to Laurie Whitsel, PhD, 1150 Connecticut Avenue – Suite 300, American Heart Association, Washington, DC 20036.

E-mail address: [Laurie.Whitsel@heart.org](mailto:Laurie.Whitsel@heart.org).

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### Abbreviations and Acronyms

CVD = cardiovascular disease

CDC = Centers for Disease Control and Prevention

DM = diabetes mellitus

PA = physical activity

US = United States

is still poor and there is a widening gap associated with education and income.<sup>5</sup>

The current prevalence and global reach of physical inactivity have been described as a pandemic with far-reaching health, economic, and social

consequences.<sup>6</sup> According to the World Health Organization, rising levels of physical inactivity have led to adverse health consequences; they are the fourth leading risk factor for global mortality and are now the principal cause for 21–25% of breast and colon cancer burden, 27% of diabetes mellitus (DM) burden, and 30% of ischemic heart disease burden.<sup>7,8</sup> High levels of cardiorespiratory fitness and PA are independently and strongly associated with lower cardiovascular disease and overall mortality.<sup>9</sup> Tremendous progress has been made globally in the last decade on tobacco control and prevention<sup>10</sup>; however, it remains the leading cause of preventable death in most developed countries and new tobacco products like e-cigarettes are providing other avenues of nicotine addiction for children.<sup>11</sup>

In large part because of these lifestyle behaviors, other risk factors for chronic disease abound. In the US, for example, 75% of people over 75 have high blood pressure<sup>12</sup> and worldwide, researchers estimate that hypertension accounts for 57 million disability adjusted life years, 7.5 million deaths and 12.8% of the total of all deaths<sup>13</sup>; DM rates continue to escalate, with China and India leading the way in DM cases followed by the US. The International Diabetes Federation predicts that by 2040, 642 million people will live with DM at a cost projected to exceed US\$673 billion.<sup>14</sup>

The burden of disease is growing faster than our ability to ease it, putting an increasing strain on the health care system, health care costs, our productivity, educational outcomes, military readiness and well-being.<sup>15</sup> Lifestyle behavior change is a critical part of addressing the burden of chronic disease. Even among people with high genetic risk of heart disease a favorable lifestyle addressing weight, diet, physical activity (PA) and tobacco use is associated with a 46% lower relative risk of coronary event compared to living an unhealthy lifestyle.<sup>16</sup>

There is a significant role for government in addressing this burden of disease and promoting healthy lifestyle behaviors. Evidenced-based policy is an important complement to individual actions and health choices and has the potential to shift large segments of the population toward better health.<sup>17</sup> This paper will elucidate the important role of government in transforming population health. Key roles include producing diet and PA guidelines, chronic disease and population health surveillance; investment in research for better treatment, cures, and prevention of disease; providing or facilitating access to quality affordable health care, housing, education, food, PA and basic services; and providing programmatic funding that amplifies community-level health promotion.

Government investment in research has played an important role in preventing and treating chronic disease, increasing human capital, and contributing to labor productivity.<sup>18</sup>

Government-funded research also amplifies private sector investment in research and development, resulting in tremendous health gains that equate to a return on investment of as much as 24–28%.<sup>19</sup> The National Institutes of Health is the largest supporter of biomedical research in the world, but other agencies at different levels of government also contribute to the research enterprise, including the Department of Defense, state health departments, departments of transportation, labor, and the Centers for Disease Control and Prevention. Almost half of the decrease in cardiovascular disease (CVD) mortality since 1980 is due to better preventive measures and evidence-based treatment regimens developed from government-funded research.<sup>20</sup> Representing one of the most important public health achievements of the previous century, these advancements have led to a 60% decline in age-adjusted death rates from CVD.<sup>21</sup>

Surveillance at the national, state, and local level is a very important means of monitoring health and disease across the population. In the US, most population-level surveillance is done by the Centers for Disease Control and Prevention, although there are other government agencies (state and local health departments, Department of Labor and Department of Defense) and non-government entities that do health-related tracking including health care plans, non-profit health organizations, and research universities. Key surveillance databases related to lifestyle behavioral factors include the National Health and Nutrition Examination Survey<sup>22</sup>, the Behavioral Risk Factor Surveillance System<sup>23</sup>, School Health Policies and Practices Study<sup>24</sup>, the Youth Risk Behavioral Surveillance System<sup>25</sup>, the National Youth Tobacco Survey<sup>26</sup>, and the Global Youth Tobacco Survey<sup>27</sup>. Surveillance is important for monitoring the trends and patterns for lifestyle health behaviors in the population and for informing planning, implementation, and evaluation of programs and policies. It is also important for informing research priorities, monitoring the quality of care and patient outcomes, identifying health disparities, and for targeting services and population interventions around lifestyle behavior changes.<sup>28</sup>

Government and health care systems are interconnected and there is an observed relationship between access to quality health care services and health outcomes and trust in government.<sup>29–32</sup> During times of economic downturn and unemployment, government investment in health care can be an important safety net and complement to private sector investment to increase access to quality care.<sup>33</sup> One study, focusing on stroke showed that for every 1% rise in government health care expenditure there was a significant decrease in cerebrovascular deaths.<sup>34</sup> A nation's health strategy is connected to its national security and economic well-being.<sup>35</sup>

Governments provide important recommendations for lifestyle behavior change through Dietary Guidelines<sup>36</sup> and Physical Activity Guidelines.<sup>37</sup> These population-based recommendations for children and adults are a resource for clinicians to provide nutrition and PA advice to their patients, they provide guidance for government feeding programs, and can be a foundation for nutrition and PA standards in schools, workplaces, and communities.

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