

Report Highlights

This report demonstrates that there is significant underuse of effective preventive care in the United States, resulting in lost lives, unnecessary poor health, and inefficient use of health care dollars. All of the services examined in this report are extremely cost effective: they all provide an excellent return on investment. It is a national imperative to make these and other cost-effective preventive services affordable and accessible for all Americans.

Following up on the National Commission on Prevention Priorities' rankings that demonstrate the most valuable preventive services for the U.S. population, this report

- **Documents the use of preventive care** across the United States;
- **Estimates the health benefits** for the U.S. population of increasing the use of preventive services from current utilization rates to 90 percent;
- **Quantifies disparities in use of preventive care** by comparing the use of services by racial and ethnic groups to the white, non-Hispanic population; and
- **Gives special attention to cancer screenings** by estimating the lives that would be saved if breast, cervical, and colorectal cancer screening rates increased from current screening rates to 90 percent among racial and ethnic groups.

Highlights of the report's findings follow:

LOW USE OF PREVENTIVE CARE COSTS LIVES

Utilization rates remain low for preventive services that are very cost effective and have been recommended for years. Increasing the use of just 5 preventive services would save more than 100,000 lives each year in the United States.

- 45,000 additional lives would be saved each year if we increased to 90 percent the portion of adults who take aspirin daily to prevent heart disease. Today, fewer than half of American adults take aspirin preventively.
- 42,000 additional lives would be saved each year if we increased to 90 percent the portion of smokers who are advised by a health professional to quit and are offered medication or other assistance. Today, only 28 percent of smokers receive such services.
- 14,000 additional lives would be saved each year if we increased to 90 percent the portion of adults age 50 and older who are up to date with any recommended screening for colorectal cancer. Today, fewer than 50 percent of adults are up to date with screening.
- 12,000 additional lives would be saved each year if we increased to 90 percent the portion of adults age 50 and older immunized against influenza annually. Today, 37 percent of adults have had an annual flu vaccination.

- 3,700 additional lives would be saved each year if we increased to 90 percent the portion of women age 40 and older who have been screened for breast cancer in the past 2 years. Today, 67 percent of women have been screened in the past 2 years.
 - Breast and cervical cancer screening rates were lower in 2005 compared to five years earlier for every major racial and ethnic group: White, Hispanic, African American and Asian women all experienced declines.
- 30,000 cases of pelvic inflammatory disease would be prevented annually if we increased to 90 percent the portion of sexually active young women who have been screened in the past year for chlamydial infection. Today, 40 percent of young women are being screened annually.

RACIAL AND ETHNIC DISPARITIES IN USE OF PREVENTIVE CARE

In several important areas, use of preventive care among racial and ethnic groups lags behind that of non-Hispanic whites.

- Hispanic Americans have lower utilization compared to non-Hispanic whites and African Americans for 10 preventive services.
 - Hispanic smokers are 55 percent less likely to get assistance to quit smoking from a health professional than white smokers.
 - Hispanic adults age 50 and older are 39 percent less likely to be up to date on colorectal cancer screening than white adults.
 - Hispanic adults age 65 and older are 55 percent less likely to have been vaccinated against pneumococcal disease than white adults.
- Asian Americans have the lowest utilization of any group for aspirin use as well as breast, cervical and colorectal cancer screening.
 - Asian men age 40 and older and women age 50 and older are 40 percent less likely to use aspirin to prevent heart disease than white adults.
 - Asian adults age 50 and older are 40 percent less likely to be up to date on colorectal screening than white adults.
 - Asian women ages 18 to 64 are 25 percent less likely to have been screened for cervical cancer in the past 3 years than white women.
 - Asian women age 40 and older are 21 percent less likely to have been screened for breast cancer in the past two years than white women.
- Despite higher screening rates among African Americans for colorectal and breast cancer compared to Hispanic and Asian Americans, increasing screening in African Americans would have a bigger impact on their health because they have higher mortality for those conditions.

- If the 42 percent of African Americans age 50 and older up to date with any recommended screening for colorectal cancer increased to 90 percent, 1,800 additional lives would be saved annually. This is a rate of 26 per 100,000 African Americans age 50 and older, substantially more than the corresponding rates of 17, 15, and 15 per 100,000 additional lives saved for whites, Hispanics, and Asians, respectively.

CONCLUSION

Low utilization rates for cost-effective preventive services reflect the lack of emphasis that our health care system currently gives to providing these services. Among the 12 preventive services examined in this report, 7 are being used by about half or less of the people who should be using them. Racial and ethnic minorities are getting even less preventive care than the general U.S. population.

Expanding the delivery of preventive services of proven value would enable millions of Americans to live longer, healthier, and more fulfilling lives. There is the potential to save more than 100,000 lives annually by increasing use of just 5 preventive services. It would also lead to more effective use of the nation's resources because the United States would get more value—in terms of premature death and illness avoided—for the dollars it spends on health care services.