In the fight against chronic disease, it is important to encourage annual check-ups, new drug R&D, and other clinic-based disease-management efforts. But it is even more important to prevent diseases in the first place.

Below are specific low-cost, effective, and even revenue-generating public policies that could help people avoid heart disease, hypertension, obesity, cancer, and other chronic conditions. Contact the Center for Science in the Public Interest to learn more.

Sodium and Trans Fat Reductions Would Cut Federal Government’s Reimbursement for Direct Medical Costs

**Sodium:** Figures are based on a preliminary RAND Corp. study that estimated that reducing daily intake of sodium by 1,100 mg would save $18 billion annually; if reduced by 1,900 mg, $26 billion. (NHANES survey put daily consumption is 3,400 mg, but that underestimates actual intake by about 15%, with actual intake closer 4,000 mg per day.) CSPI assumes that half of medical costs for heart disease are borne by the federal government.

**Trans fat:** Estimate is extrapolated by CSPI from Mozaffarian et al., 2006, and assumes that 2/3 of artificial trans fat has already been eliminated.
Taxes on Disease-promoting Products Would Generate Revenues to Support Health Programs (Billions $)

**Alcohol:** Raising liquor tax to from $13.50 to $20.25 per proof gallon and equalizing the tax rates on beer and wine would raise $12 billion/year. (CSPI, 2009)

**Soft Drinks:** 1 cent per ounce tax on soft drinks would raise about $16 billion/year (smaller taxes proportionately less). (Frieden/Brownell, 2009; CSPI, 2009)

**Regulatory Actions Would Save Lives**

**Sodium:** Based on Havas, Lenfant, Roccella (AJPH, 2004).

**Smoking:** Assumes 400,000 deaths/year from tobacco (based on Mokdad, Marks, Stroup, et al. JAMA. 2004).

**Trans fat:** Assumes that artificial trans fat had been causing about 60,000 deaths per year (Mozaffarian, et al., 2006) and that 2/3 of trans has already been eliminated.
Lifestyle Treatment of Heart Disease Would Cut Medical Costs and Federal Expenditures

Costs of bypass operation from the American Heart Association.
Cost of lifestyle treatment of heart disease updated for inflation from Ornish, Am J Cardiol. 1998;82:72T-6T.
Savings to the federal government from fewer heart surgeries (angioplasties, bypass operations) assumes half of surgeries would be replaced by lifestyle treatment; savings based on AHA/NCHS’s numbers of surgeries in 2006, savings seen in Ornish study, and that the federal government pays half of costs involved.

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CSPI, 1875 Connecticut Ave., Washington, DC 202-777-8328 mjacobson@cspinet.org