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The Cost of Chronic Disease—Clinical Exercise Physiologists Can Be Part of the Solution

Recently I was reading an article of an insurance study by the Health Action Council about the cost to employers for workers who have chronic diseases or conditions (1). The data was compiled from 57 nationwide employers who cover the healthcare of more than 280,000 individuals. The report stated that more than 60% of the employees had at least 1 of the following 5 chronic health issues: asthma, diabetes, hypertension, mental health conditions, and substance abuse. Over a 2-year period of analysis these employers spent about $2.5 billion to pay for treatment of their employees. As I read this article, I couldn't help but think, "I hope they include supervised exercise coverage for both primary prevention and as part of a treatment plan." However, that desire is not likely to be the case for these particular health issues.

Nonetheless, an argument can be made for the inclusion of exercise coverage. Of the 5 health issues listed, each can be either prevented or improved in some manner (e.g., primary prevention for those at risk, better control or management, reduced progression, fewer symptoms, less medication, and fewer emergency room visits or hospitalizations) with regular exercise training (2–6). The article went on to provide data showing some of these health issues affect certain races more than others. For instance, those of Asian descent were found to have a higher prevalence of diabetes (43%) compared with other races, and black individuals had a higher prevalence of asthma, by 20% or more, than other races. The rates of these health conditions also were affected by socioeconomic status, with lower income individuals at a higher risk.

The aim of the *Journal of Clinical Exercise Physiology* is to provide meaningful, practical information that the practicing clinical exercise physiologist can immediately use in their own work with clients and patients. The journal supports submissions in each of the health issues mentioned in this editorial, including mental health conditions and behavioral strategies. Mental health in particular has an emerging body of literature suggesting exercise training as an important part of the overall treatment strategy with the potential to improve adherence to a healthy lifestyle. This may have important considerations (e.g., treatment adherence, desire to improve health, return to work) for both the chronic health issues mentioned here, as well as many others. As we continue to better understand the value of regular physical activity and exercise training in the primary and secondary prevention and treatment realms of care, the clinical exercise physiologist can play an important role in providing this type of care. Supervised exercise therapy is a low-risk, low-cost treatment strategy with a potentially high return on investment; as part of an overall wellness strategy, it may be as much as $3 to $6 on every dollar spent (7). So be the one in "your neck of the woods" to take advantage of any opportunity to suggest exercise training as a treatment strategy; it can potentially reduce the effect of chronic health conditions on treatment costs and lost workdays.

REFERENCES

1. Modern Healthcare. Five chronic conditions cost employers $2.5 billion over two years study shows. Updated February 18, 2021. Accessed May 20, 2021. https://www.modernhealthcare.com/insurance/five-chronic-conditions-cost-employers-25-billion-over-two-years-study-shows
2. Ashdown-Franks G, Firth J, Carney R, Carvalho AF, Hallgren M, Koyanagi A, Rosenbaum S, Schuch FB, Smith L, Solmi M, Vancampfort D, Stubbs B. Exercise as medicine for mental and substance use disorders: a meta-review of the benefits for neuropsychiatric and cognitive outcomes. Sports Med. 2020; 50(1):151–70.
3. Aune D, Norat T, Leitzmann M, Tonstad S, Vatten LJ. Physical activity and the risk of type 2 diabetes: a systematic review and dose-response meta-analysis. Eur J Epidemiol. 2015;30(7): 529–42.
4. Cornelissen VA, Smart NA. Exercise training for blood pressure: a systematic review and meta-analysis. J Am Heart Assoc. 2013;2(1):e004473. doi:10.1161/JAHA.112.004473

5. Lang JE. The impact of exercise on asthma. Curr Opin Allergy Clin Immunol. 2019;19(2):118–25.
6. Morres ID, Hatzigeorgiadis A, Stathi A, Comoutos N, Arpin-Cribbie C, Krommidas C, Theodorakis Y. Aerobic exercise for adult patients with major depressive disorder in mental health services: a systematic review and meta-analysis. Depress Anxiety. 2019;36(1):39–53.
7. Berry LL, Mirabito AM, Baun WB. What's the hard return on employee wellness programs? Harv Bus Rev. 2010;88(12): 104–12, 142.