

# GAO@100 Highlights

Highlights of [GAO-21-593](#), a report to congressional requesters

## Why GAO Did This Study

Many chronic health conditions are preventable, yet they are leading causes of death and disability in the United States. In addition, people with certain chronic health conditions are more likely to be hospitalized or die from COVID-19 than people without them. Poor diet is one prominent risk factor for chronic health conditions, alongside tobacco use, physical inactivity, and others. Numerous federal agencies have a role in addressing diet and its link to chronic health conditions.

GAO was asked to review diet-related chronic health conditions and federal efforts to address them. This report examines (1) federal data on prevalence, mortality, and costs of selected diet-related chronic health conditions; (2) federal diet-related efforts to reduce Americans' risk of chronic health conditions; and (3) the extent to which federal agencies have coordinated their efforts. GAO selected conditions with established scientific links to diet. GAO then analyzed federal data on prevalence, mortality, and health care spending; reviewed agency documents; interviewed officials from 21 federal agencies with a role in diet, as well as nonfederal stakeholders; and compared agency actions with selected leading practices for collaboration, which GAO has identified in prior work.

## What GAO Recommends

Congress should consider identifying and directing a federal entity to lead development and implementation of a federal strategy for diet-related efforts aimed at reducing Americans' risk of chronic health conditions.

View [GAO-21-593](#). For more information, contact Steve D. Morris at (202) 512-3841 or [morriss@gao.gov](mailto:morriss@gao.gov), or Sharon M. Silas at (202) 512-7114 or [silass@gao.gov](mailto:silass@gao.gov).

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## CHRONIC HEALTH CONDITIONS

### Federal Strategy Needed to Coordinate Diet-Related Efforts

## What GAO Found

According to the latest federal data available, selected chronic health conditions linked to diet are prevalent, deadly, and costly. These diet-related conditions include cardiovascular diseases (heart disease and stroke), cancer, diabetes, and obesity. For example, 2018 federal data show:

- **Prevalence.** Forty-two percent of adults had obesity—or approximately 100 million U.S. adults.
- **Mortality.** Cardiovascular diseases, cancer, and diabetes accounted for half of all annual deaths in the U.S. (about 1.5 million deaths). People living in southern states, men, and Black Americans had disproportionately higher mortality rates than those living in other regions, women, and other races.
- **Cost.** Government spending, including Medicare and Medicaid, to treat cardiovascular disease, cancer, and diabetes accounted for 54 percent of the \$383.6 billion in health care spending to treat these conditions.

The increase in certain diet-related conditions over time indicates further potential threats to Americans' health. For example, the prevalence of obesity among adults was 19 percent higher in 2018 than in 2009.

GAO identified 200 federal efforts related to diet—fragmented across 21 agencies—for reducing Americans' risk of chronic health conditions. The efforts fall into four categories (see table).

#### Federal Agencies' Efforts to Address Diet as a Factor of Chronic Health Conditions

Categories	Number of efforts	Examples of activities
<b>Total efforts</b>	<b>200</b>	
Research	119	Collect and monitor data, conduct or fund studies, review research to develop guidelines on healthy eating
Education and clinical services	72	Inform program beneficiaries, counsel health care patients, inform the public with mass communication
Food assistance and access	27	Provide food or assistance in purchasing food, improve community access to healthy food
Regulatory action	6	Issue requirements or recommendations for food producers, manufacturers, and retailers

Source: GAO analysis of agency information. | GAO-21-593

Note: Effort numbers do not add up to 200 because some efforts fall into multiple categories.

Agencies have taken some actions to coordinate, such as by establishing interagency groups. However, they have not effectively managed fragmentation of diet-related efforts or the potential for overlap and duplication. Such fragmentation has impacted the agencies' ability to achieve certain outcomes. For example, according to agency officials and nonfederal stakeholders, agencies have not fully addressed important gaps in scientific knowledge where research is sparse, including on healthy diets for infants and young children. A federal strategy for diet-related efforts could provide sustained leadership and result in improved, cost-effective outcomes for reducing Americans' risk of diet-related chronic health conditions.