I have chosen to discuss this Special Interest Group PFCD “Partnership to Fight Chronic Diseases” because of its role in alleviating the burden of chronic diseases which includes; diabetes mellitus, asthma, cancer, diabetes, depression, chronic obstructive pulmonary disease, heart disease. Chronic diseases are responsible for seven out of ten deaths occurring annually in the United States (CDC, 2012). Chronic diseases threaten public health, “affecting more than one in four Americans, including one in 15 children,” (PFCD, Program overview, 2009). This special interest group represents the entire populace especially people living with chronic diseases for example senior citizens, the obese population etc. An estimated 27% of Americans have multiple chronic conditions, 75% amongst ages 65; people living with chronic disease spend two-thirds of health care costs (CDC, 2012). Even here in the developing world there is a significant increase in chronic non communicable diseases.

This “national and state-based coalition consists of hundreds of patients, providers, community, business and labor groups, health policy experts, committed to raising awareness of the number one cause of death, disability and rising health cost in the United States”. (PFCD Program overview, 2009).

The Partnership to Fight Chronic Disease increases awareness of preventable and treatable chronic diseases, “educates the public about chronic diseases; potential solutions for individuals and communities; mobilizes Americans to call for change in how governments, employers, and health institutions approach chronic disease and challenging policymakers on the health policy changes that are necessary to effectively fight chronic disease” (PFCD, program overview, 2009). It unites to ensure that “patient-focused policies and practices” are included in the national dialogue on important health care issue. PFCD increases awareness of chronic diseases amongst the populace and decision makers; promotes healthy lifestyles programs, occupational health and corporate sector responsibility towards preventive health; encourages and rewards development of disease prevention strategies and continuous advances in clinical practice (PFCD program overview, 2009).

PFCD has “highlighted risk factors for chronic diseases”, looked at the health of the world in the last twenty years and projected into the future which prompted it to call for action to ensure policy decisions on health consider this group of patients (PFCD, Road map to success, 2008). This call for action has brought into full glare the role of chronic diseases play in quality of an individual’s life and the increase in healthcare costs. PFCD is also involved in meetings and assemblies, local research, health screening, health education and has held sessions with policy makers to find solutions to the problem of chronic disease. It empowers patients with information that enables them to make healthier choices. It educates on several health issues an example is educating the populace and “Senate Special Committee on Aging” on protection of the Medicare program without shifting costs or cutting benefits (PFCD Exploring Opportunities to Improve Outcomes and Reduce Costs among the Growing Aging Population, 2013). This informs the government, international agencies, policy makers, communities, donors, researchers and individuals on right decisions on health, healthcare plan and health policy decisions for now and the future and enables all to find a solution to this burden on public health (PFCD Exploring Opportunities to Improve Outcomes and Reduce Costs among the Growing Aging Population, 2013).
This has in turn called for a reform of the Medicare program which takes care of most patients with chronic illness to incorporate preventive health and comprehensive care coordination into health care (PFCD *Exploring Opportunities to Improve Outcomes and Reduce Costs among the Growing Aging Population, 2013*). Preventive health programs like annual healthcare checks, free preventive and health screening programs, lifestyle adjustment to healthier practices, counseling on increasing compliance to medication use, greater care coordination, appropriate use of prescribed medications and access to medicines under part D, improved patients and healthcare provider communication, improved quality of care have been put in place as a result of the lobbying activities of Partnership to Fight Chronic Diseases (PFCD, Roadmap to successful program development, 2008). These measures will cumulatively result in improved health and quality of life, access to high-quality health care and preventive care, health and wellness promotion, reduction in health disparities, elimination of bureaucracy in the health system, enhanced health information, improved health innovations, reduction in healthcare cost in the long run and a healthier Medicare population (PFCD, Roadmap to successful program development, 2008).

Though reform of the Medicare program is advocated to put in place a healthier Medicare it will result in a reduction in Medicare benefits, reduction in access to care, higher co payments and it will save budget but not cost. All of these reasons have resulted in a resistance to change of the Medicare reform by Americans (PFDC *Exploring Opportunities to Improve Outcomes and Reduce Costs among the Growing Aging Population, 2013*). I spent hours in finding the annual PFCD spent on lobbying in the last reporting year. I was unsuccessful. PFCD was born in 2007 and till date it is linked to 150 effective programs in, “Keeping America Healthy” (PFCD Letter to President Obama, 2009). I can tell that PFCD certainly would have invested millions of dollars in lobbying.

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