Article 24: Medical Issues and Physical Health Programs

Physical health programs are vital across all life stages, adapting to the unique **medical issues** encountered from infancy through old age (Cockerham et al., 2017; Late Career Health Scientist Group, 2025; Watson et al., 2025). In childhood, structured activity aids developmental milestones and manages conditions like obesity or asthma, while programs for adults focus on preventing chronic diseases such as type 2 diabetes or heart disease. As individuals age, specialized physical therapy and exercise become crucial for maintaining mobility, managing arthritis, and mitigating fall risks, directly addressing age-related health challenges. Thus, integrated physical health initiatives offer continuous support, enhancing resilience and quality of life across the entire lifespan (Kadree et al., 2024; Marler et al., 2022; Ro & Lackey, 2023).

Causes and Scope of Medical Issues in the United States

Medical issues in the United States are predominantly driven by the high prevalence of chronic conditions, given that over half of adults are managing multiple health issues at once. Heart disease and cancer remain the leading causes of death, followed by unintentional injuries, including drug overdoses. These health challenges are largely fueled by modifiable lifestyle risk factors like poor nutrition, physical inactivity, obesity, and substance abuse, alongside significant socioeconomic disparities. Consequently, the nation faces high healthcare costs and lower life expectancies compared to other wealthy nations (Cockerham et al., 2017; Late Career Health Scientist Group, 2025; Watson et al., 2025).

Following that lead, a study examined the rates of long-term health problems among U.S. adults and how often people across three age groups (18–34, 35–64, 65+) experienced two or more conditions at the same time. Hence, the researchers used data from the Behavioral Risk Factor Surveillance System (BRFSS) for odd years from 2013 to 2023, drawing on about 2.67 million survey responses from adults across the country. Particularly, they tracked 12 chronic conditions: chronic asthma, arthritis, cancer (excluding skin cancer), chronic kidney disease (CKD), chronic obstructive pulmonary disease (COPD), depression, diabetes, heart disease, high blood pressure, high cholesterol, obesity, and stroke. The results showed that about 76% of U.S. adults had at least one of these conditions (≈194 million people), and about 51% had two or more (≈130 million people). Rates rose most sharply among young adults. Rates for those with at least one condition jumped from about 52.5% in 2013 to 59.5% in 2023, and those with multiple conditions increased from roughly 21.8% to 27.1% in the same year. The researchers concluded that chronic health issues are widespread across all age groups and growing especially fast among younger adults, highlighting the need for earlier prevention and stronger management, as well as age-specific public health strategies to reduce medical burdens and improve well-being (Watson et al., 2025).

Another study looked at how social and economic factors—known as social determinants of health (SDH)—shape long-term diseases in the United States. Thus, the authors drew on a wide range of published research, especially focusing on the work of the Mid-South Transdisciplinary Collaborative Center for Health Disparities Research and other U.S. studies. Particularly, they described how factors such as childhood disadvantage, low income, limited education, unemployment, neighborhood conditions, and social isolation act as root causes of chronic illnesses. The review highlights that habits like smoking and poor diet are important but embedded within those broader social circumstances.

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Overall, findings showed that people in worse economic or educational positions are at significantly higher risk of conditions such as heart disease, diabetes, obesity, and lung disease. Authors also explained key theories, including life course, fundamental cause, social capital, and healthy lifestyle, to make sense of how social determinants of health operate. They concluded that tackling chronic illness in the U.S. requires going beyond medical care and behavior change, arguing that the nation must address the structural, social, and economic contexts that predispose populations to poor health (Cockerham et al., 2017).

On a related note, a study examined the causes and growing scope of medical issues in the United States by reviewing how recent national policy changes are weakening the systems that prevent, track, and treat illness. Hence, the authors analyzed government actions, funding shifts, and restrictions that affect public health programs and research across the country. They found that cuts to agencies like the NIH and CDC, reduced support for Medicaid and community programs, and limits on data transparency all undermine the nation's ability to detect and address chronic diseases. The review highlights that when states and agencies lose funding or access to solid health data, preventable conditions—such as obesity, diabetes, heart disease, and infectious threats—spread more widely and become harder to manage. The authors also reported that weakened research capacity and censorship of health information slow the development of solutions for existing medical problems. Overall, the study concludes that these policy shifts directly expand the burden of illness in the U.S., and protecting Americans' health will require restoring funding, safeguarding data access, and strengthening prevention-focused systems (Late Career Health Scientist Group, 2025).

Effectiveness and Impact of Physical Health Programs

Physical health programs have been shown to be highly effective at reducing the risk and impact of medical issues. By encouraging regular physical activity and healthy lifestyle choices, these initiatives help individuals manage chronic conditions like heart disease, obesity, and diabetes. Furthermore, participation significantly lowers healthcare costs and improves overall longevity and quality of life for individuals. Thus, these programs are a cornerstone of preventative medicine, and they help foster healthier communities (Kadree et al., 2024; Marler et al., 2022; Ro & Lackey, 2023).

For instance, a study evaluated the effectiveness of a community-based weight management program in a U.S. primary care system in North Carolina. The researchers tracked adult patients over an 18-month pre/post intervention period to measure changes in health outcomes. Using clinic records from 550 adults enrolled between March 2019 and October 2020, they analyzed demographic information and body-weight measurements to understand how structured support influenced health. A total of 209 patients stayed engaged for at least four visits, giving them adequate exposure to the program's guidance and follow-up care. This group experienced meaningful improvements in their health: they lost an average of 5.7% of total body weight, and more than half achieved at least a 5% reduction—a level known to lower risks for obesity-related medical issues. About 20% reached a 10% loss, offering even greater health benefits. In contrast, patients who attended only one visit gained an average of 1.5%, underscoring the importance of sustained participation. Overall, the researchers concluded that this type of structured, clinic-based physical-health program can produce significant, medically relevant improvements and represents a promising approach for helping communities reduce obesity-related health burdens (Ro & Lackey, 2023).

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Another study examined the effectiveness of a mobile-based smoking-cessation program for adults in the United States. The program, called Pivot, paired a smartphone app with nicotine-replacement therapy and coaching support. Thus, researchers conducted a remote randomized controlled trial with 188 adult smokers recruited online. Particularly, they collected weekly self-reports for 12 weeks and follow-up data at 26 weeks, along with carbon-monoxide breath samples to confirm abstinence. Participants assigned to Pivot engaged with the app far more often (about 157 vs. 86 openings) and achieved higher validated quit rates at both 12 weeks (29% vs. 13%) and 26 weeks (21% vs. 10%). User feedback also showed that Pivot felt easier to use and more helpful in reducing smoking behaviors. The findings demonstrate that digital, accessible physical-health programs can meaningfully reduce major preventable medical issues. The researchers concluded that mobile health tools combining behavioral support and nicotine-replacement therapy offer an effective and scalable way to help Americans quit smoking and improve long-term health outcomes (Marler et al., 2022).

Lastly, a study evaluated the effectiveness of an expanded team-based chronic-care management program in the United States for patients with uncontrolled type 2 diabetes or hypertension. The researchers collected data from a convenience sample of 134 Medicare patients at an ambulatory clinic in Virginia between January and October 2022. Particularly, they used clinic records that included both baseline measurements and follow-up results. The care model in this program added a pharmacist and community-health worker to the usual provider-nurse duo in order to perform social-determinant assessments, medication reviews, and monthly care plan evaluations. The findings showed statistically significant improvements in diabetes control and blood-pressure control among the participants. Provider workload also decreased, and Medicare reimbursement covered 85.5% of program costs, demonstrating fiscal viability. The researchers concluded that this team-based chronic-care program not only improved medical outcomes for adults with serious chronic conditions but also offered a sustainable and scalable model for physical-health programs to help mitigate major medical issues in the United States (Kadree et al., 2024).

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