How do you wipe out the nation’s heart disease epidemic? I have long advocated hard-hitting national campaigns to promote heart-healthy diets, along with policy changes (like calorie labeling at chain restaurants and taxes on junk foods) that would, as the World Health Organization puts it, “make the healthy choice the easy choice.”

But people who already have heart disease need more. To avoid going under the knife, they have to make major, rapid changes. That’s where lifestyle physicians like Dean Ornish have been highly effective. Ornish showed that a diet, exercise, and anti-stress program can unclog arteries in heart disease patients. The downside treatment by lifestyle physicians typically involves one-on-one help, so it’s relatively costly (though far cheaper than surgery and a lifetime supply of drugs).

What about Americans who aren’t at immediate risk of a heart attack—people with higher-than-healthy cholesterol and triglycerides, a bit of a paunch, rising blood pressure, and perhaps pre-diabetes?

The best approach I’ve seen is the Coronary Health Improvement Project (CHIP), which was developed by creative health educator Dr. Hans Diehl. Working with hospitals in communities like Rockford, Illinois; Kalamazoo, Michigan; and Cornwall, Ontario, in Canada, Diehl gathers up to 400 people at a time into his lifestyle improvement course. Over a four-week period, participants (who pay about $300) attend 32 hours of lectures, take cooking classes, go on supermarket tours to re-learn shopping habits, and are encouraged to walk for 30 minutes a day.

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The food message is largely to eat a more plant-based diet: more vegetables, fruit, beans, and whole grains and less meat, cheese, and egg yolks. Attendees are also urged to stop wasting calories on sugar-laden soft drinks, candy, and “snacks in crinkly bags.”

Before-and-after health exams in a recent randomized clinical trial of CHIP participants show that attendees cut back on saturated fat and cholesterol by about one-third, and that their LDL (“bad”) cholesterol dropped by about 10 percent.” They boosted their fruits and vegetables and ate more food, yet took in fewer calories and lost an average of seven pounds. Hypertension rates dropped form about 19 percent of participants to 8 percent. Not bad for a four-week program!

And CHIP attendees—who average 50 years of age, are middle-income, and are at risk for heart disease—say they just plain feel better. What’s more, in Rockford, where there are more than 4,000 CHIP graduates, some 30 restaurants are now offering at least five CHIP-approved menu items.

If a cost-efficient program like CHIP were expanded across the country, it could reduce the risk of heart disease (and diabetes, obesity, and cancer) in millions of people. Using a video program, CHIP has set up workshops for health trainers in 250 cities and corporations. But we need more.

For the cost of a Humvee, any town could have a CHIP of its own. For the cost of a submarine or a farm subsidy, the entire country could get a CHIP on its shoulder.

I hope that members of Congress who are concerned about health and the cost of health care would see the virtue—and savings—of investing in prevention, rather than waiting until people get sick and need far more costly treatment.

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