CENEGENICS medical institute

HEALTHY LIFESTYLES FOR HEALTHY AGING

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Obesity Epidemic Impacts National Healthcare Costs: $147 billion annually

Washington summit delivers staggering news

Washington, DC—entrenched in a battle for healthcare reform—became the site for the first "Weight of the Nation" conference, held by the Centers for Disease Control (CDC).

CDC Director Thomas Frieden, MD said, "It is critical that we take effective steps to contain and reduce the enormous burden of obesity on our nation."

Consistently, reports demonstrate that if we don't take significant, preventive steps now for obesity, our healthcare costs will continue to spin out of control. A CDC focus was encouraging communities to promote healthier nutrition and exercise.

A study presented at the conference—National Medical Spending Attributable to Obesity: Payer- and Service-Specific Estimates, published online in July 27, 2009's *Health Affairs*—says that "amid calls for health reform, real cost savings are more likely to be achieved through reducing obesity and related risk factors."

Lead study author Eric Finkelstein, PhD, says that "In this study, we compared aggregate annual medical expenditures for normal individuals and obese individuals. And we looked at expenditures for prescription drugs, outpatient/inpatient. What we found is that normal individuals have expenditures that are 42% lower than expenditures for obese individuals—about $1,442 less."

Finkelstein is a health economists in RTI International's Public Health Economics Program, where he focuses on the economic causes and consequences of health behaviors with an emphasis on obesity-related behaviors.

He and his study cohorts found that the "increased prevalence of obesity is responsible for almost $40 billion of increased medical spending through 2006, including $7 billion in Medicare prescription costs."

When you add it all up—Medicare, Medicaid and private payers—the **estimated medical costs of obesity is $147 billion per year** by 2008 with Medicare/Medicaid taking up roughly half of the total.

"Drugs were the single biggest driver of the three," Finkelstein said. "For Medicare, prescription drugs for obese individuals were 80% greater than prescription drugs for normal weight individuals."

Looking at the data, obese people have a much greater risk for high cholesterol, diabetes, hypertension, making the condition a clear driver of those costs. **"Obesity is costly," Finkelstein said. "The only way to show real savings in costs is to reduce the prevalence of obesity and related illnesses."**

QUICK TIPS

One day blurs into the next, finding many of us at fast-food eateries. The more fast food consumed, the higher calorie intake—and more pounds we put on.

- Choose the leaner, healthier alternatives, even at Wendy's, Burger King, Subway and all the rest.
- Opt for salads over fries or onion rings. But don't submerge salads in dressing. Use vinegar or vinegar/light oil or a lemon wedge.
- Try the grilled chicken on whole grain bun—or better yet, hold the bun.
- Drink non-sweetened tea or water; skip the sweetened, fructose-ridden beverages.
- Skip the mayo and "special" sauces.
- Never choose the supersize option.
- At your favorite restaurants, ask if a dish can be steamed or grilled.
- Request healthier substitutions over mashed potatoes, high-glycemic sides or buttery veggies.
- Order leaner-cut meats, chicken, turkey and fish.
- Avoid cheese dishes since restaurants use fatter dairy products.
- Go with lunch portion for dinner—or get a to-go box to divide your meal and package 1/2 of it before you begin your meal.

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In a previous paper—National Medical Spending Attributable To Overweight And Obesity: How Much And Who's Paying?
—Finkelstein stated:

> *Unless programs aimed at reducing the rise in obesity rates are successfully implemented, overweight- and obesity-attributable spending will continue to increase and government will continue to finance a sizable portion of the total. Moreover, given that such spending now rivals spending attributable to smoking, it may be increasingly difficult to justify the disparity between the many interventions that have been implemented to reduce smoking rates and the paucity of interventions aimed at reducing obesity rates.*

Halting the obesity pandemic will mean all-inclusive societal changes, per the Washington conference.

Medical intervention also key. The physician role is evident—talk to patients in a straightforward, easy-to-understand manner about obesity, weight loss and its subsequent diseases.

Finkelstein explained in an interview, "I think there's something physician's can do. In fact, in a separate study, we published a paper that showed roughly 50% of individuals diagnosed with hypertension, high blood pressure or diabetes , one year later were unaware or never told they had this condition. Clearly, the message is not being given—or not being given in a way that individuals can understand it."

He argues that physicians can improve the doctor-patient communications so individuals really do "get" the message. Because of patients miss the significance of the message, they won't change their behavior.

Recommendations. Finklestein's research paper gave no policy recommendations; however, his book—*The Fattening of America*—set strategies:

- The most likely and most effective intervention strategy is to target youth . . . and encourage them to engage in healthy behaviors and healthy lifestyles, actively doing them at home, school and in between.
- At the end of the day, if you want people to change their behavior, you need to change the cost and benefits associated with healthy choices. That would mean raising the cost of unhealthy choices or making healthier alternatives more affordable.

Per the CDC, the Surgeon General agrees, recommending the "nation take on an informed, sensitive approach to communicate with and educate American people about health issues related to overweight and obesity.

Everyone, the Surgeon General says, must work together to . . .

- Change the perception of overweight and obesity at all ages—with the primary concern being one of health, not appearance.

- Educate all expectant parents about the many benefits of breastfeeding since breastfed infants are less likely to become
- overweight as they grow older. Mothers who breastfed may return to pre-pregnancy weight more quickly.

- Educate healthcare providers in the **prevention and treatment of overweight and obesity across the lifespan**.

- Provide culturally appropriate education in schools and communities about healthy eating habits and regular physical activity.

- Emphasize the consumer's role in making wise food and physical activity choices.

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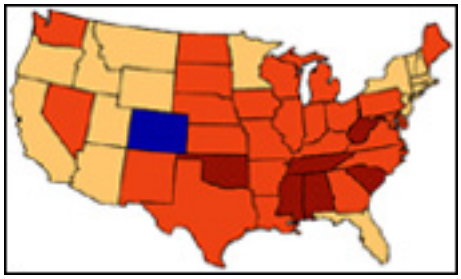
U.S. Obesity Trends, 1985-2008*



In 2008, only one state (Colorado) had a prevalence of obesity less than 20%. Thirty-two states had a prevalence equal to or greater than 25%; six of these states (Alabama, Mississippi, Oklahoma, South Carolina, Tennessee, and West Virginia) had a prevalence of obesity equal to or greater than 30%.

Trends by State 1985–2008*

Obesity is defined as a body mass index (BMI) of 30 or greater. BMI is calculated from a person's weight and height and provides a reasonable indicator of body fatness and weight categories that may lead to health problems. Obesity is a major risk factor for cardiovascular disease, certain types of cancer, and type 2 diabetes.

*Taken from the CDC site.

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