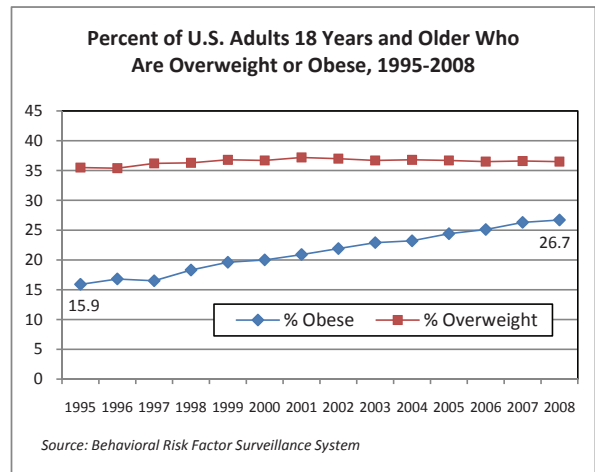


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Rising Obesity Rates Exacting Huge Economic Toll

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When Walt Kelly, creator of the comic strip “Pogo,” recast Commodore Perry’s words into the more memorable, “We have met the enemy and he is us,” they resonated over the decades.¹ Their timelessness is echoed in today’s overweight and obesity epidemic, which affects 36.5 and 26.7 percent of U.S. adults, respectively.² Contemporary culture has given rise to its own commentary. The futuristic, animated film “WALL-E,” for example, depicts humans as immobilized by their enormous weight and content to shop online. The facts, however, are anything but funny. According to the National Health and Nutrition Examination Study (NHANES), a household survey which includes a physical examination of survey participants, 15 percent of the U.S. population aged 20 to 74 years was obese from 1976 to 1980, a rate that rose to 35.1 percent by 2005-06.³ As measured by self-reported body mass index (BMI), the nation’s overweight population changed little between 1995 and 2008, but the obesity rate rose from 15.9 percent to 26.7 percent.⁴ By 2008, only Colorado’s obesity rate was below 20 percent, while 32 states had rates of 25 percent or higher, and 6 had rates above 30 percent. Kentucky ranked seventh at 29.8 percent.⁵ That 37 percent of Kentucky children are overweight or obese⁶ portends a future we can ill afford.



As body weight increases, chronic disease and its costly consequences follow. The health risks associated with obesity, RAND researchers found, are greater than those of smoking, drinking, or poverty, each of which is strongly associated with poor health outcomes and early mortality. Compared to normal-weight persons of the same age and sex and similar socioeconomic status, obese individuals experience a 67 percent increase in chronic conditions, comparable only to that of aging from 30 to 50 years.⁶ Obese individuals also spend about 36 percent more than normal-weight individuals on health care services and 77 percent more on drugs.⁷ High blood pressure, which poses a substantial cardiovascular risk, is also linked to obesity.⁸ For older workers, diagnosed hypertension was the second leading cause of lost workdays, 2,176 days per 1,000 workers, in 2007.⁹ Diagnosed arthritis, for which obesity is a known risk factor,¹⁰ is associated with the highest number of lost workdays, 2,297 per 1,000 persons per year.¹¹ Chronic conditions pose additional limitations: workers with diagnosed diabetes, for example, are three times more likely to be limited in the work they can perform than workers without the diagnosis.¹² On average, a firm that employs 1,000 people loses an estimated \$285,000 a year due to obese employees.¹³ Some researchers conclude that obese persons earn an average of \$3.41 an hour or \$7,093 a year less than their normal-weight peers.¹⁴

A 2007 study of seven chronic diseases—cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions—estimated their toll at \$1.3 trillion a year, with U.S. businesses absorbing an estimated \$1.1 trillion in lost productivity a year.¹⁵ Kentucky ranked 47th on this study’s Chronic Disease Index, experienc-

The effects of obesity on a person's health are comparable to aging 20 years.

Strongly associated with obesity, chronic disease costs are a blow to the economy.

Obesity exacts high health care costs that, in turn, undermine jobs creation, competitiveness, and economic output.

Changing environments conducive to obesity is imperative.

ing a \$22 billion impact in 2003 and facing avoidable costs of \$17.8 billion over the next 20 years.¹⁶

Chronic conditions are also linked to high rates of disability, Kentucky's Achilles heel. RAND researchers conclude that obesity has contributed to rising U.S. disability rates, especially among younger people. If rising obesity rates continue unabated, they predict disability rates will rise by 1 percent more a year among Americans aged 50 to 69, potentially reducing or reversing gains made in the health status of elders.¹⁷ Nearly a fifth (19.8 percent) of Kentucky's 21- to 64-year-old population was disabled in 2007, the nation's third highest disability rate in these prime labor force participation years.¹⁸ The disability rate among younger people, aged 5 to 20 years old, ranks fourth in the nation, boding poorly for the future capacity of the state's labor force.¹⁹

Obesity is exacting huge health care costs, recent research concludes. Nearly 10 percent of all medical spending in the United States or as much as \$147 billion a year in 2008 may have been attributable to obesity.²⁰ Using 2008 dollars, annual adult per capita medical spending attributable to obesity was \$1,429 or 42 percent higher for obese persons compared to those of normal weight.²¹ Obese individuals who had private insurance, most of which is sponsored by employers, incurred the highest annual increase in both in 1998 (58.1 percent) and 2006 (67.2 percent) when compared to normal-weight individuals and to those covered by Medicaid and Medicare.²² Importantly, a recent RAND study concludes that excessive growth in health care costs depresses employment, output, and value added to the U.S. gross domestic product. The effects were strongest in industries with the highest portion of workers participating in employer-sponsored health insurance.²³

If, as the CDC posits, American society has become "obesogenic," that is, "characterized by environments that promote increased food intake, nonhealthful foods, and physical inactivity,"²⁴ public policy, employer practices, and community, organizational, and institutional initiatives must work in concert to foster change in this environment. Without change, rates of obesity will likely continue to rise, undermining labor force capacity and competitiveness, and elevating private and public health care costs. From public schools and government workplaces to the myriad recipients of government services, public policy can influence the lifestyle choices of a significant portion of the state's population. Kentucky's future health status and economic well-being depend on how rapidly, effectively, and broadly it facilitates weight loss and lower obesity rates.

¹Wikipedia, "Pogo," <<http://en.wikipedia.org>> 14 Aug. 2009 (The quote first appeared in 1970); ²Behavioral Risk Factor Surveillance System (BRFSS), Centers for Disease Control and Prevention (CDC), "Weight Classification by Body Mass Index (BMI)" 2008 <<http://apps.nccd.cdc.gov/brfss>>; ³National Center for Health Statistics, *Health E-Stat*, "Prevalence of Overweight, Obesity, and Extreme Obesity Among Adults: United States, Trends 1976-1980 through 2005-2006," Dec. 2008 ⁴BRFSS; ⁵*F as in Fat 2009* (Washington, DC: Trust for America's Health and Robert Wood Johnson, 2009); ⁶*F as in Fat 2009*; ⁷Roland Sturm, "The Effects of Obesity, Smoking, and Drinking on Medical Problems and Costs," *Health Affairs* 21.2 (2002): 245-253; ⁸See, for example, Daniel M. Huse, "Obesity in the Workforce: Health Effects and Healthcare Costs," *Research Brief*, Thompson Healthcare, April 2007; Kamal Rahmouni, Marcelo L. G. Correia, William G. Haynes, and Allyn L. Mark, "Obesity-Associated Hypertension," *Hypertension* 45 (2005): 9-14; and Gurkirpal Singh, Jeffrey D. Miller, Daniel M. Huse, Dan Pettitt, Ralph B. D'Agostino, and Mason W. Russell, "Consequences of Increased Systolic Blood Pressure in Patients with Osteoarthritis and Rheumatoid Arthritis," *The Journal of Rheumatology* 30:4 (2003): 704-719; ⁹Pfizer Global Pharmaceuticals, "The Health Status of the U.S. Workforce" (2007); ¹⁰Susan Bartlett, "Osteoarthritis Weight Management," The Johns Hopkins Arthritis Center <<http://www.hopkins-arthritis.org>>; ¹¹Pfizer; ¹²Pfizer; ¹³Eric A. Finkelstein and Laurie Zuckerman, *The Fattening of America* (Hoboken, NJ: Wiley, 2008); ¹⁴Tina Peng, "Five Financial Costs of American Obesity," *Newsweek* 15 Aug. 2008; ¹⁵Ross DeVol and Armen Bedroussian, *An Unhealthy America: The Economic Burden of Chronic Disease* (Santa Monica, CA: Milken Institute, 2007); ¹⁶DeVol and Bedroussian; ¹⁷Darius N. Lakdawalla, Jayanta Bhattacharya, and Dana P. Goldman, "Are the Young Becoming More Disabled?" *Health Affairs* 23.1 (2004), and Roland Sturm, Jeanne S. Ringel, and Tatiana Andreyeva, "Increasing Obesity Rates and Disability Trends," *Health Affairs* 21.2 (2004); ¹⁸U.S. Census Bureau, 2007 American Community Survey (ACS), "R1802. Percent of People 21 to 64 Years Old with a Disability," <<http://factfinder.census.gov>>; ¹⁹ACS, "R1801. Percent of People 5 to 20 Years Old with a Disability"; ²⁰Eric A. Finkelstein, Justin G. Trogdon, Joel W. Cohen, and William Dietz, "Annual Medical Spending Attributable to Obesity," *Health Affairs* (Web exclusive) 27 July 2009; ²¹Finkelstein et al.; ²²Finkelstein et al.; ²³Neeraj Sood, Arkadipta Ghosh, Jose J. Escarce, "Health Care Cost Growth and the Economic Performance of U.S. Industries," *HSR: Health Services Research* 3 June 2009; ²⁴CDC, "Overweight and Obesity," <<http://www.cdc.gov/obesity/index.html>>.