3. POLICY POSITION

EFFECTS OF OBESITY ON HEALTH CARE

BACKGROUND

As the nation looks toward controlling health care costs, no workable agenda can ignore the pressing issue of combating obesity in America. After smoking, which causes an estimated 400,000 deaths annually, weight-related conditions are the second leading cause of death in the United States, resulting in about 300,000 preventable deaths each year. What’s worse, dramatic new statistics show that obesity has increased at record levels over the past decade, from 25 percent of adults in 1980 to 34 percent today. As a result, an estimated 58 million adult Americans, or over one-third of the adult population, are overweight. This high incidence of obesity is particularly pronounced in minority populations, especially among women, and is rampant among low-income ethnic populations. Obesity is also a serious health problem for the nation’s children. Since 1980, there has been a 42 percent increase in childhood obesity rates. One out of five teenagers now is considered significantly overweight. What makes this jump in childhood obesity especially worrisome is that obesity in children is related to cardiovascular disease.

Escalating rates of obesity are considered a major public health threat because they are directly linked to a number of disabling and life-threatening diseases. Medical researchers calculate that 88 to 97 percent of all cases of Type II (non-insulin dependent) diabetes, 57 to 70 percent of coronary heart disease cases, 11 percent of breast cancers, and 10 percent of colon cancers that are diagnosed in overweight Americans are attributable to obesity. Further, about one-third of all cases of hypertension are thought to be due to obesity, while 70 percent of gallstone cases are attributable to being overweight. What’s more, unhealthy weight is associated with osteoarthritis and gout, along with a number of other disabling conditions. For this reason, obesity is one of the most pervasive health risks affecting Americans today, and is also a multibillion dollar drain on the U.S. economy. Medical researchers, using prospective studies and national health statistics, put the cost of obesity at more than $100 billion annually. This includes $45.8 billion in direct costs, such as hospital care and physician services, or 6.8 percent of all health care costs. Further, obesity costs the economy $18.9 billion a year for such indirect costs as lost output caused by death and disability from weight-related diseases. The number of work days lost to illness attributable to obesity amounts to 53.6 million days per year. This lost productivity costs employers an additional $4.06 billion annually. These costs can clearly be reduced over time if the country puts its resources behind a national mobilization to promote healthy weight and increased physical activity. Central to this effort is the need to change public perceptions of obesity from an appearance problem to a disease that can be prevented, treated and successfully managed.
RECOMMENDATION

The Southern Legislative Conference of The Council of State Governments resolves to work collaboratively to promote guidelines for the prevention and treatment of obesity, and recommends that federal and state Medicaid programs ensure the availability of obesity-related treatment for people of all ages with low incomes. Further, educating the public about the prevention and treatment of obesity should be a national priority to generate support for the increased funding and availability of school and community-based physical activity and nutrition programs. In addition, new economic and workplace incentives for weight reduction efforts should be created. The nation’s physicians should be mobilized to combat obesity and expand research efforts into the prevention, causes, and treatment of obesity.

Adopted by the Human Services and Public Safety Committee, August 9, 1998, Charleston, South Carolina. Sponsored by Senator Diana E. Bajoie, Louisiana