

# Obesity Impact On Health Economic

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**Abstract:** America currently witnesses many healthcare challenges. One of those challenges is the rising rate of obesity. As a health risk obesity imposes both social and economic problems, as it involves high treatment costs and results in productivity loss in the labor market. Obesity also leads to many other health issues, such as blood pressure and cardiovascular diseases, which in turn increases risks for the nation overall. To deal with the issue, the US government has incorporated various interventions to control obesity, which focuses on motivating people to adopt effective dietary practices and be physically active. The government has also implemented structured and all-inclusive healthcare policies, covering all spheres of the community, including schools, local communities and workplaces to lessen health risks associated with obesity. However, these policies have been criticized for being less effective in reducing healthcare costs along with other procedural loopholes, which demand further research in the field along with steps to resolve the limitations.

## INTRODUCTION

Diabetes has become one of the biggest health challenges in America today. The negative influence of diabetes on health outcomes manifests itself in the many growing diseases, disability cases and complications associated with the disease (Dixon, 2010). These include the type 2 diabetes, loss of eyesight, and cardiovascular disease, as well as cancers related to obesity, and osteoarthritis. Obesity also has negative psychological effects on patients arising from low self-esteem due to feelings of inability to be productive. Obese individuals have reduced productivity levels owing to the condition, and this affects their ability to live a quality life. As Dixon (2010) observes, the negative health outcomes of being overweight are both physical and mental, and they have a direct consequence on the quality of life of the patients. In addition, obesity has cost direct and indirect implications for patients and their families, as well as the health care system. There are healthcare costs associated with obesity, and these costs continue to soar. Currently, about one third of American adults and 17 percent of adolescents are reported to be overweight. Consequently, these rates are predicted to rise with 42 percent of American adults projected to be obese by 2030 (Finkelstein et al., 2012). It is estimated that an overweight person spends \$3, 271 per year while a non-obese person spends only \$512 (Openchowski, 2012). Finkelstein (2012), reports that the annual cost of obesity is approximately \$147 billion, which is extremely high and could be detrimental to provision of quality healthcare services for the population. Direct medical spending is a significant economic impact of diabetes in America because it causes a myriad of health challenges that need to be controlled and managed on a daily basis (Hammond and Levine, 2010). Medical conditions that arise from obesity such as asthma, coronary heart diseases, strokes and hypertension cost a lot to diagnose and treat. Besides the direct medical costs, obesity has indirect expenses on the American economy. The loss of productivity in the labour market is one of the indirect impacts of obesity on the American economy. Loss of productivity happens as a result of both absenteeism and presentism. In the former, overweight members of the population are unable to attend work because of the health problems associated with the disorder. Hammond and Levine (2010) highlight the case of Shell Oil Company that reports to suffer losses of up to \$11.2 million annually due to obesity related absenteeism. Presentism on the other hand, also leads to loss of productivity because overweight workers are unable to be as productive as they should be because of cases of fatigue, sluggishness at work, loss of

concentration and general feeling of being unwell (Hammond and Levine, 2010). Hamming and Levine (2010) also point out that obesity has resulted in increased insurance premiums because insurers are charging extremely high premiums to cover for increased compensation claims. Consequently, employers are paying overweight people lesser wages to cover for the huge insurance costs they incur. Besides, obese Americans are incurring up to 105% more costs on prescription drugs than non-obese Americans. The economic costs associated with obesity cut across the entire economy starting with health care costs to insurance premiums, and upgrade of hospitals to accommodate the large percentage of the population suffering from complications from the disease (Hammond and Levine, 2010). Other expenses include the upgrading of public facilities such as public transport facilities including trains and buses. Other public places such as toilets have also had to be expanded and buildings to accommodate overweight Americans. Even the cost of fueling vehicles has become expensive because it takes more gasoline to carry heavy passengers. There are several interventions that have been designed to control obesity among the American population. The Centre of Excellence for Training and Research Translation (TRT) has created a framework to build the capacity of public health practitioners to evaluate policies in healthcare including regulations related to controlling obesity in America (Leeman, Sommers, Vu, Jernigan, Payne, Thompson, Heiser & Farris, 2012). TRT aims at devising holistic policies that will be long lasting and which alter the environment to rid people of unhealthy behaviors such as access to unhealthy foods and lack of physical activity. The United States has a food policy aimed at controlling what Americans eat to promote a healthy society and control obesity. Such a policy has required, for example, that fast food restaurants indicate the amount of calories for all their food so that Americans know what they consume (Alston, Okrent and Parks, 2012). Currently, President Obama is trying to pass his Obamacare plan for all Americans which will among other key factors, ensure that overweight Americans will be given comprehensive insurance cover (Hellmich, 2013). Obama's proposed plan will have obese people covered for screening and counselling, and weight loss guidance will also be provided. Besides the policies, the federal government has an on-going campaign to control and reduce obesity run by the First Lady, Michelle Obama. The campaign dubbed Let's Move addresses childhood obesity and also rallies communities and schools to promote overweight prevention programs at the local level. The First Lady has come out to

encourage children to eat healthy foods and exercise, while the Communities Putting Prevention to Work Program disseminates funds to communities in various states to support them in promoting healthy eating and physical activities (Center for Disease Control and Prevention, 2010). The interventions put in place to tackle obesity in America cannot be said to be cost effective because the amount of money used to control complications related to the condition are also very high. However, according to the Centre for Disease and Prevention (2010), the use of policies targeting the entire population are more cost effective than individual-centered approaches to obesity. At the same time, it can be argued that although there are efforts to control obesity in children as well as adults in schools, communities and at the work place in some companies, there are strong opposing forces that counter these efforts. These negative forces that counter obesity prevention efforts include the availability of unhealthy foods and sedentary lifestyles. As a result, even the policies and programs established to counter obesity are being slowed down thus more money is being used in the long term. In the long term therefore, the formulation of guidelines that address obesity directly is the most cost-effective way to deal with the situation in America. As the Centre for Disease and Prevention (2010) states, policies are holistic as they target everyone including healthcare providers to help them aid the population in preventing and controlling obesity. Seeing the projected levels of new obesity cases in America, it is clear that existing measures to counter it will require more funding and more aggressive campaigns that neutralise any efforts at making the control of obesity cost effective. Besides, the issue of the cost of food also counters obesity prevention and control because healthier foods such as fresh vegetables are more expensive. However, junk foods that include foods with high sugar and fat contents are cheaper so that majority of the people opt for them in favour of fresh farm products. Policy makers should maximize on the ability of good policies to prevent obesity in the United States. Policies should be designed and implemented in all levels starting from schools, local communities and in the work places. One viable way of alleviating obesity would be to tax foods based on their nutritional levels. Foodstuffs that are healthier should have reduced tax while those with high fat and sugar content should be highly taxed. Another recommendation would be to exempt fresh fruits and vegetables from tax so that they are affordable to majority of the American population. It would also be vital to devise policies that would see the integration of comprehensive obesity education in medical schools and re-train doctors on how to help people deal with obese and prevent new cases. Similarly, schools should be monitored to make sure that they only offer pupils and students healthy food options and integrate opportunities for physical exercises into their everyday schedules. Nutritional education programs should be intensified to enlighten the American citizens on how the foodstuffs they consume translates into their weight problems. This would have to include emphasis on food labels for all foods available to Americans and hefty fines for food companies that do not include accurate and clear labels. Overall, government interventions should be intensified on all levels to intervene on the obesity problem in America and not only reduce existing numbers of the

obese population but also prevent new cases of the same. Where a deeper concern is the inception of these ideas that fast food is good food because of the price. Cheap food does not equal food that is calorically important in a person diet. This concludes that there needs to be more educated approaches and initiatives taken by public schools, to teach children at an earlier age the importance of good nutrition, as seen earlier Michelle Obama and her initiative includes a mission statement that reflects the actions of America, she voices her concerns of the issues as follows, "The physical and emotional health of an entire generation and the economic health and security of our nation is at stake" (Obama, 2010) having the youth understand and begin gaining habits on their consumption will create less fear on an overweight America. Talking about either raising money for more education on the economics of healthcare, or lowering money given to those programs, is a matter of what is healthy according to the United States. Where this is potentially a lost cause is the free will aspect when talking about the health of others. If people are willing to pay a higher premium if they smoke, there should be the same willingness to pay higher premiums for being overweight. This is simple because with being overweight there are many other factors that come with it, and buyers need to be aware of those every growing prices because of the choices they have made. The large insurance companies are gaining a higher amount of profit because of these higher premiums, and as a business that is good for them, where it does hurt is the pockets of Americans, which should be acceptable because a person who puts harmful things into their body have to deal with the repercussions that come with those aspects of food entering ones body. If the argument for free will is given by those who are obese, then the results of those laws and understandable charges should not be of concern to those customers. "Only when individuals are protected from environmental variables by gastric surgery or limited to consume only portion-controlled meals can they successfully maintain a reduced weight." (Levitsky, DA. Pacanowski, CR., 2012) To keep a person in an environment for a long time can cost taxpayers large costs, so initiatives to keep those programs running will be low on the list of the American Economy. Efforts to try and control the environment of people and their food consumption are happening in the world today, in 2013 New York City banned all sugary drinks to be limited to only 16oz, the measure has "...placed a limit of 16-ounces on bottles and cups of sugar-containing sodas and other non-diet sweetened beverages beginning in March 2013" (Jaslow, 2012) These laws stop people from buying one item larger than 16 oz, but it does not stop someone from buying multiple drinks. This leads back to the issue of trying to contain a law that is very much controlled by two outside factors; free will and capitalism. Just as people have the right to eat the foods they want, advertisers have the right to advertise the food they want, and if the money of the people wants to go towards that then there should be no laws preventing that. The amount of money spent to help obesity is high, but there is no point in trying to prevent something that people will do otherwise. As helpful as it may have been to lower the amount of a sugary drink a person can have, it will never stop the amount that they can buy. As much as legislation tries to solve this problem by containing people in a certain environment, and offering

products at a smaller size, the biggest competitor to the argument is free will and where the American people want to put their money. Where the money should go is towards educating young people and adults the dangers and risks of being overweight. Through education these laws can have some actual impact without the need for loopholes. This does not mean that money should be taken away from funding these proactive measures to keep fatty foods away from people, and more money will have to go into healthcare and customers have to deal with higher premiums because of their weight. To confidently make a change insurance premiums should raise because the risk is equal to smoking, and customers have to be educated that if they are risking their own health, they are most likely going to have to go to the hospital more. If insurance companies charged the same rates for everyone, then it would continue a cycle of eating horribly and depending on cholesterol medicine in order to help with the issues. The cost that Americans go through themselves on taking care of obesity is high, surgery, products, doctor visits can cause a person to spend much more than they need to when dealing with their health, but that should be the way it goes. To cure the obesity epidemic in America, people have to become more responsible for their health and pay the cost to take care of it. To treat someone who is much more obese than another, to put them through surgeries, pills, and doctor visits, and charge them the same as a person who is healthy and goes to the doctor much less throughout the year is unfair. Those who do not use the medicare of America should not have to pay through their taxes for other people. Each person is responsible for their own health, and each person should take initiative towards being a healthier person. If it is not for the health, it is for the sake of lowering cost for that person. The less money a person has to spend on them self, the more panic may induce for them to become healthier. Overall the biggest issue with healthcare and obesity in America is competing against the free will of consumers, and the free will of business who make a profit off of selling bad food. There are many measures put in place for people to be aware of their food, from calories being on fast food signs, to after school programs paid for by state taxpayers, these all cannot compete with habit, income, and desire. The habits of bad eating are hard to break, the cheaper food is the more people may tend to buy it, and if a person does not want to lose weight, there is nothing an outside source can do. More Americans should take responsibility for their health and not count on the government to give them equal rates for people who have a preventable disease. The more money goes towards educating the youth, offering programs at a young age, family education, and cheaper healthier food overall in the United States, the more information young people have. Getting young people in a healthy habit is crucial for future legislation to work because it will instill a deeper knowledge about the issues that come, directly or indirectly, from obesity.

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