

Obesity and its impact on economic production

[Economics](#)



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According to the American Obesity Association, Body Mass Index (BMI) measurement is the primary factor in determining obesity. BMI is calculated by dividing weight in pounds by height in inches squared, and then multiplying by 704.5. If the result is greater than 30, obesity is diagnosed. "Obesity" and "overweight" are two distinct terms; overweight BMI measurements range from 25 to 29. Other methods for determining obesity include height/weight tables, measurement of waist circumference, and combined methods.

Obesity is a medical condition in which excess body fat has accumulated to a proportion that it may have a critical adverse effect on health, leading to a wide range of problems including high blood pressure, high cholesterol, Type II diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea and respiratory problems, and even some cancers (breast, colon and endometrial). Over time, a person's pancreas becomes unable to generate enough insulin, the level and timing of insulin become abnormal and blood sugar levels increase, reduced life expectancy and/or increased health problems.

People are generally considered obese when their body mass index (BMI), a measurement obtained by dividing a person's weight in kilograms by the square of the person's height in meters, exceeds 30 kg/m² depending on the country involved as the measurement varies by countries. Obesity increases the likelihood of various diseases, particularly heart disease, type 2 diabetes, obstructive sleep apnea, certain types of cancer, and osteoarthritis.

Obesity is most commonly caused by a combination of excessive food energy intake, lack of physical activity, and genetic susceptibility, although a few cases are caused primarily by genes, endocrine disorders, medications or psychiatric illness. Evidence to support the view that some obese people eat little yet gain weight due to a slow metabolism is limited; on average obese people have a greater energy expenditure than their thin counterparts due to the energy required to maintain an increased body mass.

CAUSES OF OBESITY Obesity carries direct ((personal health care, hospital care, physician services, allied health services, and medications) and indirect costs (lost output as a result of a Obesity and Its Impact on Economic Production By do]] brought about by different causative factors. In recent years, scientists have discovered that there may be genetic links involved in obesity. According to the American Obesity Association, a person's genetic background can increase the risk of becoming obese. However, many people who have obesity in their genes do not become obese.

This demonstrates that other factors must be involved. These factors are associated environmental and behavioral factors. Many people who do not have obesity in their genes go on to become obese due to an unhealthy, inactive environment. Lifestyle and behavior radically alters the chances of becoming obese. Many health advocates and doctors suggest that the increase in obesity may be due to the increase in processed foods, fast foods, and the lack of an active lifestyle that has been on the rise in the past few decades.

ECONOMIC IMPLICATIONS OF OBESITY The health of our economies and our bodies are inextricably linked. Not only do physically unhealthy people with obesity-related health issues, such as diabetes and heart-conditions, incur significant costs every year, the Economy bleeds from the additional costs incurred in lost manpower and productivity. Obesity is estimated to cause about 300, 000 deaths in the U. S. Every year, according to the American Obesity Association, with an estimated population of about million inhabitants, this figure represents a whopping 10% of the national population.

It also causes many other serious health conditions, such as diabetes, heart disease and high blood pressure. Studies have shown that obesity not only affects individuals; it also drains the economy. According to AAA, overweight and obese conditions cost a total of \$1 17 billion per year in medical expenses. Obesity also affects productivity, and an estimated \$3. 9 billion a year is lost due to weight-caused illnesses. In a study on lifetime health conducted by Thompson, Disease risks and costs increase substantially with increased body mass index.

The risk of hypertension for moderately obese 45- to 54-year-old men, for example is roughly 2-fold higher than for their non-obese peers (38. 1% vs.. 17. 7%), whereas the risk of type 2 diabetes mellitus is almost 3-fold higher (8. 1% vs.. 3. 0%). Lifetime risks of coronary heart disease and stroke are similarly elevated (41. 8% vs.. 34. 9% and 16. 2% vs. 13. 9%, respectively), whereas life expectancy is reduced by 1 year (26. 5 vs.. 27. 5 years). Total accounted lifetime medical care costs for the treatment of these 5 diseases are estimated to differ by \$10, 000 (\$29, 600 vs.. 19, 600) According to the <https://assignbuster.com/obesity-and-its-impact-on-economic-production/>

point estimate; lifetime medical expenditure might appear to be higher for obese people, despite their short life expectancy. With weight control, more people would enjoy their longevity with lower demands for medical care. The associated decrease in life expectancy for obese patients is well examined in this paper with concrete evidence given by analysis given by department of public health. Large decreases in life expectancy were associated with overweight and obesity; the decreases were related to that of smokers which proved identical.

Forty-year-old female non-smokers lost 3.3 years and 40-year-old male non-smokers lost 3.1 years of life expectancy because of overweight. Forty-year-old female non-smokers lost 7.1 years and 40-year-old male non-smoker's lost 5.8 years because of obesity. Obese female smokers lost 7.2 years and obese male smokers lost 6.7 years of life expectancy compared with normal-weight smokers. Obese female smokers lost 13.3 years and mass index at ages 30 to 49 years predicted mortality after ages 50 to 69 years, even after adjustment for body mass index at age 50 to 69 years.

Obesity and overweight in adulthood are associated with large decreases in life expectancy and increases in early mortality. These decreases are similar to those seen with smoking. Obesity in adulthood is a powerful predictor of death at older ages. Because of the increasing prevalence of obesity, more efficient prevention and treatment should become high priorities in public health. According to the American health association, About 12 million (16.9%) of U. S. Children ages 2 to 19 are obese. Nearly one in three (31.7%) U.

S. Children (23, 500, 000) ages 2 to 19 are overweight or obese. Over one-third (33. 7%) of U. S. Adults are obese (nearly 75 million adults) All these contribute negatively to economic production as they are huge loses in revenue both in the private and public sector. PREVENTIVE MEASURES The economy and the worlds future at large can be salvaged from the impending economic damage obesity will cost it by paying more attention to this problem which can be tackled if given the needed attention and allocated the appropriate resources.

Individually taking Off few pounds can provide everyone with cardiovascular benefits and productive life benefits, which has a bigger, better and healthier effect when done on a national scale. Obesity can be reduced by better help with Doctor's Examination which involves Health care providers examining obese patients before prescribing obesity treatments. They ask questions about the patients' medical history, diet and exercise routine. Blood tests tell medical professionals if the patients have thyroid problems that contributed to the weight gain.

Blood tests reveal liver conditions, cholesterol and other obesity-related health problems. The body composition is measured by doing a skin fold measurement. All these procedures can be done at a special facility that has equipment to measure body composition. Health care providers outline a treatment plan after a full examination. Obesity can also be minimized in the population by Behavioral Modification which is recommended to treat obesity before any medical intervention. This includes changing in diet and exercising.

The physician may provide nutritional guidelines based on individual health and caloric needs, a patient may have a team of professionals working with him/her and the doctor, including a dietitian or nutritionist. They help in setting realistic weight loss goals, learn how to count calories, read food labels, prepare food and choose healthy alternatives to your old diet.

Keeping a food diary an individual see what they eat and what triggers food cravings. Healthcare providers may recommend a personal trainer or simple exercises done based on individual health and size.

Another method of achieving an ideal IBM is through Counseling which may be included in behavior modification treatment. Also, Pills and Supplements may be combined with behavior modifications, over-the-counter diet products or prescription diet pills. These supplements suppress individual appetite and make people feel full faster. Doctors prescribe these treatments to obese patients with no outstanding health problems cause the side effects of many of these produces are heart palpitations and over-the-counter diet pills because of the health risks involved.

The other recommended procedure is through Weight Loss Surgery which serves as method of last resort to treat morbid obesity. Morbid obesity is defined as being more than 100 pounds overweight. Men with a IBM of more than 40 and women with a IBM of more than 35 are considered morbidly obese. Health care providers recommend this surgery for morbidly obese patients with health problems who have documentation that they have tried other weight loss methods. Barbaric surgery entails placing a band around the stomach to reduce the amount of food consumed. Gastric bypass surgery involves rerouting the digestive tract.

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