

Strategies for reducing obesity for the prevention of chronic illnesses



The rate of speed in which the occurrences of chronic illnesses has increased in the US has provoked a desperate movement amongst millions of individuals to take daily health decisions more seriously. For decades now, the pharmaceutical and medical industries have conducted an all-out effort to promulgate remedies that would target stress, depression, cancers, diabetes and everything else. However, how effective has these so-called remedies been in accomplishing what the medical industry has sought to cure. Well in the case of diabetes, as a nation, we have experienced an approximate 700 percent increase within the last 50 years. The billions of dollars being directed toward Cancer Research has not ameliorated the increase of patients being diagnosed with breast cancer, prostate cancer, colon cancer, etc. Drug addiction, the opioid crisis, depression and suicides have not faded away but have increased to stunningly high proportions. Thus, we can conclude that the pharmaceutical industry has not achieved its primary objective in suppressing the proliferation of chronic illnesses in our country, which is why we must explore other alternatives. As most educated individuals know, a healthy and vigorous lifestyle can be achieved and sustained by eating a wholesome and natural diet, experiencing adequate sleep, a daily exercise regime, and controlling stress. These strategies are crucial for the prevention of chronic illnesses as well as possibly curing some forms of diseases. Diabetes and obesity are the two chronic illnesses that will be discussed in more depth because they're both amongst the most commonly diagnosed chronic illnesses in our country today. The aim of this study is to provide some background information on these two commonly diagnosed chronic illnesses and discover the impact that this epidemic has had on our health care system. Possible remedies aiming to prevent the

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onset and outbreak of these two illnesses will also be explored in more detail.

Diabetes is a disease in which glucose in the blood and urine rise to elevated levels due to an impairment of insulin. This often causes an abnormal metabolism within the body and directly leads to excessive thirst and urination, along with rapid weight loss. Diabetes is classified into two separate divisions: Diabetes 1 and Diabetes 2, the latter being the more common form of diabetes, affecting anywhere from 90-95 percent of diabetic patients (cdc. gov, 2018). Some studies reveal that Diabetes 2 impacts the lives of over 29 million people in the United States, and as stated previously, has increased 700 percent within the last 50 years. Diabetes 2 is a form of illness when the body either fails to recognize or produce the hormone insulin (insulin resistance). This impairs proper functioning in the eyes, kidneys, nerves and heart; as well as causing energy levels within the body to plummet. Diabetes is typically treated by taking oral medications like pills and/or insulin to regulate blood glucose levels within the body in addition to partaking in healthy lifestyle changes. Diabetes remains as the seventh leading cause of death in the United States with about 1. 6 million deaths being directly caused by diabetes in 2015. Keeping this in mind, it is important to ask why the medical and pharmaceutical industries have not succeeded in decreasing the amount of chronic diseases that flourish in our beloved country, particularly diabetes. Our failures to contain the outbreak of diabetes has provoked a crippling effect on the healthcare system, primarily pertaining to costs, resources, human productivity, etc.

Diabetes is one of the leading causes of death in the United States. Billions of dollars are spent annually to provide diagnostic treatment, prescription medications, hospital inpatient care, therapy, and other basic services to aid millions of ill patients. The estimated total economic cost of diagnosed diabetes in 2017 is \$327 billion, a 26% increase from 2012 (diabetes. org, 2018). This illustrates the crippling impact that diabetes has on our healthcare system, requiring new technologies, experienced doctors and nurses, and most significantly, much time and public money. The largest element of medical expenditures for caring for people with diagnosed diabetes is hospital inpatient care, amounting to roughly 30% of the total annual costs for healthcare. Prescription medications is equally debilitating as it also consumes about 30% of total medical costs (diabetes. org, 2018). There are also indirect costs associated with a high number of the population suffering from diabetes, including lost productivity among medical employees and lost productivity among the diseased patients. In 1997, more than \$37 billion dollars was lost due to individuals not being capable of working and being productive due to diabetes (diabetes. org, 2017). Furthermore, with a higher prevalence in diabetes in the United States, more public money is required to fund government-sponsored programs like Medicare and Medicaid. About two thirds of the medical costs aimed at caring for diabetic patients is funded by Medicare, Medicaid and military programs (diabetes. org, 2017). Thus, diabetes and other chronic illnesses has become a financial burden for society and only time will tell as to whether the medical and pharmaceutical industries can ameliorate the nationwide epidemic.

Obesity is a condition involving an excessive amount of body fat. Too much body fat can have adverse effects on the human body, including an increased risk of high blood pressure, heart disease and other chronic illnesses. Health professionals have a method of identifying obesity within an individual by calculating the body mass index (BMI) of the body. Different methods of measurement are used throughout the world, but in the United States, the body mass index is determined by dividing a person's weight by the square of the person's height. Obesity is widespread in the United States, particularly in southern states, as 1 of every 3 adults are classified as suffering from being overweight and/or obese (Flegal, Kruszon, Carroll, etc., 2016). The Center for Disease Control and Prevention has determined that about 93.3 million of U. S adults suffered from obesity in 2015-2016 (cdc.gov, 2018). From 2000 to 2010, the number of Americans dealing with severe obesity has increased by 70 percent (Smith & Hattori, 2012). The causes of obesity among U. S adults and children are lack of physical activity, diets characterized by excess unhealthy fats and high-calorie foods, and on rare occasions, genetic disorders. A healthy diet consisting of whole foods and nutritionally-packed calories, adequate physical activity and sleep are important steps to take to protect from obesity and chronic diseases in general. The prevalence of obesity in the United States has led to a heavy financial and time-consuming burden on the healthcare system, which will be discussed further.

Research conducted by John Cawley, professor of policy analysis and management at Cornell University, demonstrates the impact that obesity has had on costs in the healthcare system. His study focuses on annual reports

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released by individual states, and shows some remarkable statistics on the extent in which some states are plagued by obesity. “ Over 2001-15, Kentucky and Wisconsin devoted over 20 percent of their Medicaid spending to obesity-related illness (Biener, Cawley & Meyerhoefer. 2018).” Other states have also been shown to struggle with the countless number of Medicaid patients dealing with obesity and obesity-related illnesses, states like North Carolina and Ohio for instance. The national average of Medicaid spending being directed toward obesity-related illnesses is 8. 23 percent (Biener, Cawley & Meyerhoefer. 2018), according to John Cawley in his research. Based on his findings, income, educational background and access to healthcare has proven to directly correlate with obesity.

Obesity, as a disease has flourished to an exponentially high degree within the past four decades and has had a crippling effect on the healthcare system. Lost productivity, the costs associated with equipment and hospital inpatient care, prescription medication costs, and other costs are the main factors that make obesity so costly for the healthcare system. Further studies conducted by John Cawley demonstrate the remarkable high medical costs associated with severe obesity. According to his extended research, the medical care costs of obese adults is raised by an estimated \$3, 429 (in 2013 dollars) (Cawley & Meyerhoefer, 2012). This is an increase of 11. 7 percent form 2005. The prevalence of obesity in society, the steady increase of medical costs per year, and a growing U. S population are all factors that causes obesity to become an even heavier financial burden. However, though the medical care costs of obesity seem to be plaguing the nation, there is another facet to the issue that slightly neutralizes the costs. With a

higher prevalence of obesity, U. S adults are more likely to get diagnosed with other chronic illnesses, thus leading to a shorter life span. The shorter life spans of obese adults reduce the amount of costs paid to diagnosed patients after the age of 85, because obese patients typically do not live as long as healthy individuals. Consequently, less Medicare, Medicaid and other health care benefits are required to suffice for the high number of obese patients' after a certain age. Some estimates conclude that Medicare enrollees 85 and older spend 2.5 times more on healthcare than those aged 65 to 74 (Cubansk, Swoope, Damico & Neuman, 2014). With the vast majority of obese patients facing mortality before age 85, this serves to offset the high amount of medical care costs that is spent to assist these patients; to a certain extent of course. To conclude, because lower rates of obesity lead to improved health and lower health care spending, there has been substantial effort performed in reducing the fraction of the population that is obese. However, at the same token, patients suffering from obesity have high mortality rates at younger ages, which slightly neutralizes the costs by decreasing the amount of benefits disbursed in later stages of life.

In addition to the costs of funding Medicaid services, Medicare costs are equally as troubling to the American taxpayer and middle class. Medicare services must be provided for individuals, particularly the elderly and mentally and physically-disabled. About 16 percent of individuals that are enrolled in Medicare are also enrolled in Medicaid, so public taxpayer money is required in abundance to compensate for many of these individuals and families seeking services. In 2016, net Medicare spending totaled \$588 billion and a decent portion of that was funded by payroll taxes (Angres &

Costantino, 2016). It is estimated that about 38 percent of the Medicare budget is funded by payroll taxes (Angres & Costantino, 2016). Thus, the Medicare programs may be more of a burden on American taxpayers than it is toward the pharmaceutical industry. Nonetheless, a sizable amount of money is required each year from the middle class to compensate for the amount of chronically ill patients in our hospitals. Furthermore, about 20 percent of Medicare enrollees rely on Medicaid benefits to compensate for the services that are not included in Medicare Advantage packages (Angres & Costantino, 2016). Thus, it is in the best interest of all Americans to live healthier lives so that much of our hard-earned wealth can be enjoyed instead of transferred to fund these healthcare programs.

The impact of chronic illnesses on health care expenditures and direct medical costs is remarkably high to say the least. Health care costs for chronic illnesses like cancer, diabetes, heart disease and obesity amounted to over 1 trillion dollars in 2016 (Waters & Graf, 2018). When accounting for other factors like lost economic productivity, the money utilized reaches over 3 times that amount. The chronic illness epidemic influences more aspects of our lives than realized. It not only costs much time and human productivity to be dispensed, but it also raises taxation to high proportions, transfers our hard-earned wealth to fund Medicare and Medicaid programs, consumes the lives of doctors and nurses, requires more equipment and technologies, and keeps people sick and lifeless. Thus, the American people should seek every possible remedy to reduce the number of patients perishing from diabetes, obesity and other chronic illnesses. The best remedies for this crisis include avoiding tobacco and alcohol by all means, or at least aim to minimize the

amount of tobacco and alcohol consumed. Also, a healthy diet characterized by wholesome, organic fruits, vegetables and nuts and meats are essential to maintaining a healthy weight and a well-functioning mind. Processed foods, foods laced with preservatives and chemicals, and genetically-modified foods should be avoided by all means necessary. Physical activity at least 2-3 times will certainly work wonders for the body by reducing the level of toxins in the body and stabilizing the body's systems. Walking, bike riding and running are all activities that strengthen the mind and body much more than driving automobiles. Finally, keeping in touch with your primary health provider can help with detecting the onset of chronic illnesses in the body at an earlier stage. These remedies and much more can cause the prevalence of diabetes and obesity to steadily decline; however, the commitment and determination of individuals is also required in order to accomplish these objectives.

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