

# Health Promotion Practitioner

Practical solutions for health enhancement programming

## “Mind-Boggling” Increase in Morbidly Obese a Heavy Burden for Health Promoters

We're losing the war on fat. Yet another study released in April and reported online in *Public Health* showed a nearly 25% increase in the nation's morbidly obese from 2000 to 2005 — despite the 1000% jump in bariatric surgeries since 1999. The study's author, Roland Sturm, an economist with RAND Corporation, points out the rise in morbidly obese exceeds the increase for those simply overweight. But it doesn't take a rocket scientist to figure out where the morbidly obese are coming from — they're not jumping directly there from normal weight.

Sturm calls the findings mind-boggling in a *USA Today* article. He goes on to say the self-reported data probably underestimates the problem and that a government study more accurately suggests a third of the population is obese, with 5% morbidly obese.

### The Biggest Losers

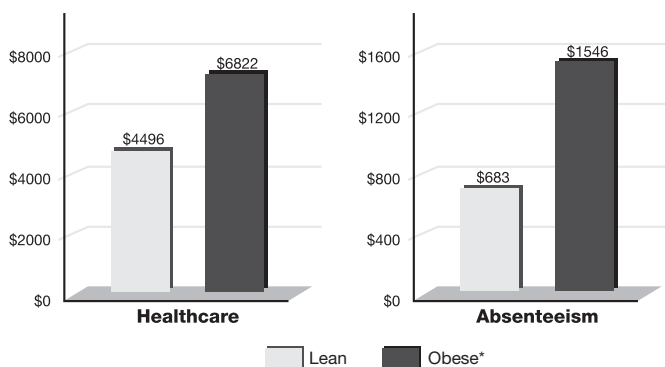
For now, all costs associated with our growing girth are reported in terms of the burden on government and business. Consider:

- Obesity costs employers more than \$12 billion each year in higher healthcare utilization, lower productivity, and more absenteeism
- Obesity-related disabilities cost employers an average \$8720 for each claimant
- Among women, obesity is linked to depression — another major medical claim cost driver for employers
- Annual healthcare costs are 11% higher among obese vs. nonobese people (36% higher inpatient and outpatient costs, 45% more inpatient days, and 77% higher medication costs).

These numbers are so large and so abstract, the individual can be lulled into a sense this is someone else's problem. But here's the fact: if obesity trends continue in our aging population, the enormous expense in comorbid conditions will dramatically push up healthcare costs as well as taxes to cover treatment.

Forget about the cost of current or future wars against terrorism or \$100 a barrel oil prices; we're creating a legacy of largesse that can be supported only by uninterrupted economic growth.

Economic Effect of Obesity on Business: 3-Year Costs



\*BMI > 27.8 kg/m<sup>2</sup> in men; 27.3 kg/m<sup>2</sup> in women.  
Burton et al., *Journal of Occupational and Environmental Medicine* 1998; 40:786.

## Something Has to Change

Expecting federal, state, or local governments to do anything meaningful to stem the tide is wishful thinking at best. In 1964 the Surgeon General released the first report on smoking and health, concluding it was the cause of lung cancer in both men and women. In 2007 — almost 43 years to the day (January 11, 1964) — Congress finally got around to banning smoking in the Speaker's lobby outside the entrance to the House floor (January 10, 2007). And most states still allow smoking in enclosed public establishments. Clearly, waiting 40 years for the government to act will be catastrophic.

---

*Comorbid conditions of obesity include heart disease, diabetes, musculoskeletal problems, depression, high blood pressure, dyslipidemia, stroke, arthritis, and some cancers.*

---

If we have any hope of slowing the runaway train of overweight and obesity, businesses must step up *now*. These recommendations are adapted from *Understanding Obesity: Beyond Teaching, Tinkering & Blaming* by the Hartman Group ([www.hartman-group.com](http://www.hartman-group.com)):

- *Remove vending machines, commissaries, and stocked refrigerators from the workplace.* Reducing easy access to unnecessary food will go a long way toward helping people recognize their invisible eating. Employees who want to graze throughout the day will have to fill their

own feedbags. The goal is just enough inconvenience to create awareness of habits. This tactic worked incredibly well in the case of smoking. When businesses began restricting smoking to small areas far outside the buildings, many chose not to smoke.

- *Create a culture that actively discourages employees from unloading excess food and treats at work.* Office kitchens have become disposal sites for candy, holiday dishes, party leftovers etc. This habit adds to the volume of extra, “unintended” calories.

- *Rethink the need for and types of items served at meetings.* When did it become a rule that any 10 people seated around a conference table to discuss strategies or present results must have meals or trays of snacks and an assortment of beverages?

- *As much as is realistic, establish schedules for meals.* A chief cause of our tendency to eat in isolation is our complicated, flexible schedules. If (most) are eating at the same time every day, the chances of eating together rise dramatically, and communal meals are a proven way to limit overeating.

Long-time *Practitioner* readers know we're big proponents of personal responsibility for health. The individual is, ultimately, the only one who can control what they eat and how active they are. But if employers are going to be responsible for the costs of obesity and overweight, along with the myriad comorbid conditions, it makes sense to create an environment where the individual can be successful. 🇺🇸



**Dean Witherspoon** is President of Health Enhancement Systems, a leader in behavior change innovation serving organizations in North America and throughout the world. With 20+ years experience, Dean has served on the Board of the Association for Worksite Health Promotion, spoken at more than 70 conferences, and published hundreds of articles. Before founding Health Enhancement Systems he held health promotion management positions with Kimberly-Clark Corporation, Presbyterian Hospital of Dallas, and The Dow Chemical Company. You can reach Dean at [deanw@hesonline.com](mailto:deanw@hesonline.com).