

Research Assessment #10

Date: 3 February 2018

Subject: The Effects Of Obesity, Smoking, And Drinking On Medical Problems And Costs

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MLA citation:

<https://www.healthaffairs.org/doi/full/10.1377/hlthaff.21.2.245>

Assessment: The Effects Of Obesity, Smoking, And Drinking On Medical Problems And Costs

This article, by Ronald Sturm, compares the effects of obesity, overweight, smoking, and problem drinking on health care use and health status based on national survey data. Obesity is associated with a 36 percent increase in inpatient and outpatient spending and a 77 percent increase in medications, compared with a 21 percent increase in inpatient and outpatient spending and a 28 percent increase in medications for current smokers and smaller effects for problem Drinkers. Despite the obvious disparity in cost and widespread effect, the latter two groups have received more consistent attention in recent decades in clinical practice and public health policy. Many behavioral risk factors, chief among them smoking, heavy drinking, and obesity, are known causes of chronic health conditions. Chronic health conditions, like cancer, diabetes, or heart disease, in turn are primary drivers of healthcare spending, disability, and death.

One of the many things I took away from this article is the need for developed countries to implement better preventative health care rather than treatment care. With the study rise in the amount spent on cosmetic bariatric surgeries, weight treatment medications, and other expenses, the large percentage of US GDP spent on healthcare would be immensely decreased. Smoking, drinking, and obesity are all widespread epidemics, but obesity in particular has seen a rapid increase in the population in the last 25 years. Based on recent research, 1 in 3 adults are considered overweight and 1 in 5 adults are considered obese. Considering the fact that obesity inevitably leads to a substantial decrease in quality of health-related life, one would assume that people would connect the dots and choose to make a change in their lifestyles. However, “achieving lasting health behavioral change is difficult and rarely achieved by exhorting individuals to exercise more, eat healthier foods, stop smoking, or drink responsibly”. In my opinion, by implementing a more preventative-oriented healthcare environment, the overall cost of such conditions would be greatly decreased and the health of the population as a whole would improve greatly. This concept also can be applied to the healthcare environment in developing countries since the overall wellness factor of human health is not as attended to as the disease-oriented treatment facilities. By

adding more wellness facilities and educational services around the world, the whole health of the human population could see an impressive increase as well.

Relating to the environment of developed countries and the healthcare problems, “Car Friendly (and bike/pedestrian-hostile) urban developments; desk jobs; television; and relatively cheap, calorie-dense foods are some of the recent environmental changes that have changed relative prices in favor of less physical activity without a corresponding decreased caloric intake”. The impact of the modern lifestyle on the overall health of humans has caused an increase in behaviors that cause the onset of chronic diseases and a decrease in conventional weight loss remedies (like exercise). Additionally, obesity is found to be the leading cause of diabetes and one of the leading causes of hypertension in adults. With the reduction of such conditions, there can also be a reduction in the amount of energy, money, and time spent on treating these all-too-common chronic diseases.

As I further my research in public health, I would, in addition to healthcare administration itself, like to venture into researching topics like the article that I assessed in this paper. Learning about diseases and conditions in the world today and the implications on the expenditure and administration of healthcare will help me gain a more global and knowledgeable perspective on the field.