

## Obesity management: Good for public health; bad for public purse

A major motivation for investing in disease prevention is to reduce costs. For example, it seems obvious that healthcare dollars spent on heart disease, diabetes, arthritis, and certain cancers would be saved if obese people returned to normal weight. This appears to be true, but only until middle age. A recent study using computer-based modelling indicates lifetime medical costs are actually less among those who are obese, and among smokers, than people who are healthy-weight and never smoked. Timing matters.

This is because obese people generally live 4.5 years less than healthy-weight people. (Note that other markers, such as socio-economic status, influence longevity.) Among these three groups, the obese incur the highest annual medical costs up to age 56, when smokers take over. However, for healthy-weight people, the years added by avoiding smoking and obesity allow other diseases to emerge and create medical cost.

These findings challenge the notion that preventing all chronic diseases will reduce long-term healthcare funding pressures. But should health cost saving be the prime goal of prevention strategies? More appropriately, agree the authors, “*The aim of health care is not to save money but to save people from preventable suffering and death.*” For workplaces, lower rates of disease and disability are likely to improve employee productivity and quality of life, and these savings in indirect morbidity costs are likely to exceed the added cost of direct medical expenditures for those who live longer.

The study does not suggest that obesity is good. Higher rates of obesity may reduce healthcare budgets in the long term, but the short term financial, personal and organizational costs are considerably more important for employers, individuals, and governments.

**Source:** van Baal, PHM, JJ Polder, et al, 2008. Lifetime Medical Costs of Obesity: Prevention No Cure for Increasing Health Expenditure. *PLoS Medicine*, February, 5(2).

## Key issues in Canadian wellness programs

There is very little published, arms-length, peer-reviewed research on Canadian workplace health promotion strategies or programs. This often leaves employers and their advisors relying on old data, anecdote, international studies, or on information that may be biased or incomplete. While the body of evidence is compelling overall, credible new information is always welcome.

A new Canadian study has identified several critical elements, tips and recommendations for workplace wellness programs, based on a literature review and interviews with seven Canadian experts.

Employer motivation for these programs has traditionally been focused on employee health, e.g., high rates of preventable chronic disease, or occupational health and safety regulations. As often now, strategies support human resource goals, such as attraction and retention, work-life balance, or morale.

The critical success factors include stakeholder engagement (e.g., from employees, management, unions, insurers, health professionals and institutions), organizational culture, economic costs and benefits, and measurable health outcomes, including quality of life. These are all linked and interdependent. A healthy organization was defined as “one whose culture, climate, and practice creates an environment that promotes employee health and safety, as well as organizational effectiveness.”

Since health is often defined differently by gender, generation, and ethnicity, the report encourages flexible and adaptable programs. The authors offer a number of tips, including the use of incentives, good communication about goals and programs that appeals to all employee segments, confidentiality, a long-term and sustained approach, and programs and activities that are available during paid work time.

This report affirms the value of workplace wellness programs and though limited in scope, its findings are useful for those planning, providing and promoting better health at work.

**Source:** Morrison E, NJ MacKinnon, 2008. Workplace wellness programs in Canada: An exploration of key issues. *Healthcare Management Forum*, Spring.

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