

HEALTHY EATING AND PHYSICAL ACTIVITY

Prevention and Economic and Social Advantage

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Background

The evolution of the concept of cost of health to that of investment for health is increasingly establishing itself in the various decision-making areas of society.

However, there are some barriers that deter consolidation.

Are the areas on which you need to work in order to arrive at a global health protection based on the overcoming of social inequalities, economic organization, and even gender.

Background

The return on the investment in healthcare is not short-term, but long-term average.

This is perhaps one of the most difficult barriers to overcome.

This barrier is well-represented on the table of decision makers, but it is also present in the individual's perceived citizen.

Background

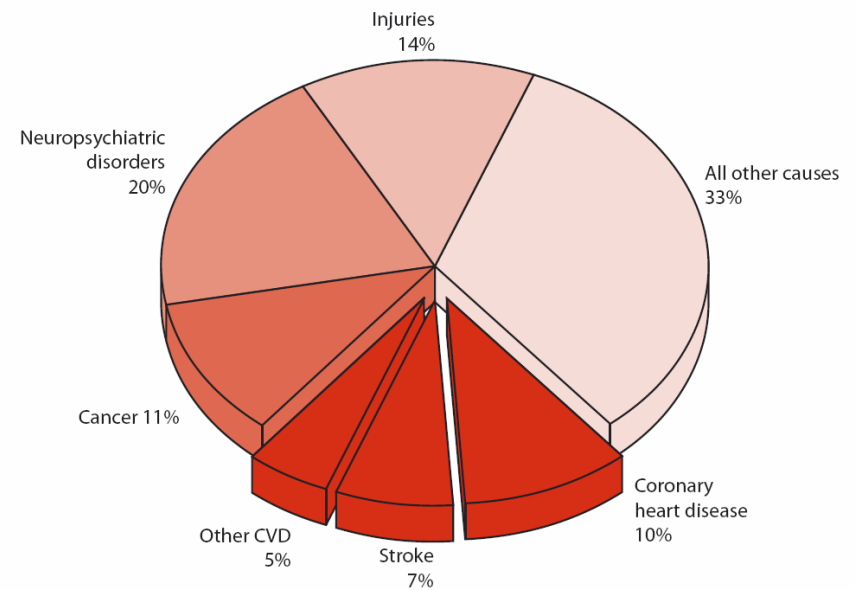
It is difficult to understand how the prevention, for example, of cardiovascular diseases should start already from childhood when the return you appreciate the fourth-fifth decade.

Unfortunately conditions such as diabetes and obesity are already evident in the youth age and this should already alert those who must manage the public affairs.

Social costs: Cardiovascular disease causes a large loss of DALYs in EU

- **Disability adjusted life years (DALYs):**
the main measure of the impact of a disease
- **DALYs take into account morbidity and years of life lost due to premature mortality**
- **In Europe, over 34 million DALYs (23% overall) are lost due to CV diseases**
- **In developed EU countries, 17% of DALYs lost are due to CV diseases**

Figure 2.2a Disability-adjusted life years lost by cause, 2002, Europe



Fonte: European cardiovascular disease statistics, 2008



The importance of proper nutrition and physical activity in reducing rates of disease and death from chronic diseases has been well established (McGinnis, 1993 - DeptHumServ, 1996)

Poor diet and physical inactivity cause 310,000 to 580,000 deaths per year and are major contributors to disabilities that result from diabetes, osteoporosis, obesity, and stroke.

The diets of many population subgroups contain too much total fat, saturated fat, and calories **but not enough** of other important elements such as calcium.

Low fruit and vegetable consumption and high saturated fat intake are associated with coronary heart disease, some cancers, and diabetes.

Additional evidence suggests that breastfeeding may help prevent childhood obesity.

Regular physical activity is essential for a healthy life. Physically inactive people are almost twice as likely to develop coronary heart disease as people who engage in regular physical activity.

Thus physical inactivity poses almost as much risk for heart disease as cigarette smoking, high blood pressure, or a high cholesterol level, but is more prevalent than any of these other risk factors.

People with other risk factors for coronary heart disease, such as obesity and hypertension, may particularly benefit from physical activity.

It also helps older adults remain independent and enhances the quality of life for people of all ages.

In developed countries it is estimated that around 30-50% of people exceeds the ideal weight and that this condition occurs in an increasingly early age.

According to recent data the share of Kids/Teens that are overweight and obese is equal to 13% in Finland, to 18% in Sweden and arrives at 31% in Greece, that share with Spain and Italy the highest prevalence of obesity.

Because obesity is a risk factor for several chronic diseases, the economic and social consequences of this obesity epidemic could be overwhelming.

While many factors have contributed to the obesity epidemic, **prevention efforts should focus** on helping people reduce their calorie intake and increase their physical activity.

The prevalence of obesity is increasing more rapidly among children than among adults.

The economic burden of poor diet, physical inactivity, and obesity is substantial.

All are significant risk factors for developing coronary heart disease, certain types of cancer, stroke, and diabetes, conditions that involve considerable medical expense as well as lost work time, disability, and premature death.

Taken together, inactivity and obesity accounted for 11% of the health care expenditures in the United States.

In addition to these economic costs, **immeasurable costs due to social and emotional problems**, both for those affected and for their friends and families, may result from inactivity- and obesity-related diseases.

Because poor dietary habits and physical inactivity are associated with many adverse health outcomes, most adults and children could benefit from interventions designed to improve their eating habits and increase their activity levels.

Such intervention programs fall into three general categories: health promotion, primary prevention, and secondary prevention.

The goal of health promotion is to help people establish an active lifestyle and healthy eating habits early in life and to maintain these behaviors throughout their lives.

The goal of **primary prevention** is to help people who have risk factors for chronic disease (e.g., elevated blood pressure or serum cholesterol levels) prevent or postpone the onset of disease by establishing more active lifestyles and healthier eating habits.

The goals of **secondary prevention** are to help people who already have a chronic disease cope with and control these conditions and to prevent additional disability by increasing their physical activity and establishing more healthful eating patterns.

Socio-economic cost of obesity and associated diseases represents an extremely topical issue for policy makers deputies to programming and management of health.

The prevalence of patients with Obesity must be reduced, and one of the main objectives is to be represented by the design of food education programs in order to reduce the consumption of animal fats to increase your intake of complex carbohydrates and reduce the use of simple sugars

The problem, therefore being very complex, makes different aspects are taken into account and analysed, although an exhaustive analysis looks very complicated due to the reduced availability of data, due to the lack of attention paid to this issue by scholars and policy makers.

As regards the economic impact, on which focuses this operational unit, the points of greatest interest are the following:

- Direct Costs (both health and non health);
- Indirect Costs;
- Intangible Costs.

We must also remember that the above estimates should be considered very conservative, in particular because it does not take into account all pathologies related to overweight and obesity and, above all, because they focus on a BMI greater than 30.

If you were considering also the BMI between 23 and 30 you should refer to a population 3-4 times greater, with obvious major consequences in terms of both economic and financial.

To quantify the economic costs of obesity, as for other States must assess the morbid resources necessary for the diagnosis and treatment of diseases which are directly linked to excess weight, as well as those due to treating obesity itself (**direct costs**).

We must also quantify the indirect costs as well as the morbid state impact on quality of life and the consequences that this entails ("**intangible**" costs).

Added Value

Regulatory activity, therefore, increasingly tended to cost containment must pay attention also to the prospects of development of enterprises, from which it derives a benefit in terms of added value, not only monetary, but also for improvement and extension of life.

 **Model to evaluate the Innovation.**

Prospettive

Health investment constitutes a winning strategy in favour of the individual, society and the economy of a modern country.

In fact invest in health leads to:

- less disability and therefore less loss of productivity;**
- reducing the costs of care and welfare for preventable diseases;**
- development of medical research and industry;**
- promotion of citizen responsibility to protect its assets.**

To this end, at the Faculty of Economics of Tor Vergata has begun a study that tries to estimate economic and financial impact of obesity and physical activity (the first results seem to be basically in line with the calculated values for the countries where such studies are already in progress).

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