



*July 2009*

*ABC News Healthcare Summit*

*with*

*President Barrack Obama*

# ***GETSMART PRODUCTIONS***

***The Mission: 300 million Americans cut deep fried food and sugar consumption in half—the oil will be redirected into our diesel fuel supply, and the sugar converted to alcohol for fuel, providing 5-10% of our needs.***

Monday, September 7, 2009

**Dear President Barrack Obama,**

I am contacting you today regarding some *new solutions* for three of our most pressing problems, our *energy crisis, healthcare crisis, and economic crisis*. My company, *Getsmart Productions*, is producing two prime time reality TV shows which will inspire the American people to take action to solve our greatest national and international problems. *The power of a few is small, the power of many is large*. The difficult challenges we face are too much for our leaders to solve *alone*. The active participation of every person you represent is a necessary ingredient for success. Let's challenge our citizens to help our leaders to accomplish the missions *they are tasked with*. With effective communication between the public and our leaders, *we can become a force which faces and solves our most urgent problems*.

## **The Mission—The Ultimate Reality TV Adventure**

The purpose of *The Mission* is to inspire the American public to become actively engaged in solving our most pressing national and world problems. Global warming, poverty, the energy crisis, healthcare—we have a long list of what is wrong and projected to worsen in the future. In *The Mission*, a team of ten leaders will work to find and implement solutions to seemingly unsolvable problems, and invite the citizens of America to help by taking action in their daily lives. Through *The Mission*, the most powerful element in any problem solving effort will be better utilized: **the will of the people to find a way.**

## **The Health Project—A Reality TV Challenge**

America's health system is in *crisis*. In California, where I lived for 35 years, many emergency hospitals in the *Los Angeles* area have been closed. We all need to confront the urgency of our situation—access to healthcare is a matter of life and death. One of our team, a *UCLA* Professor of Medicine for over 30 years, has educated us to understand that most illness is *preventable and/or reversible* with healthy living. In *The Health Project* we will work to inspire every American to get healthy, to both save our own lives and extend access to healthcare to the **50 million of us who do not have access**. There are more than **50 million Americans** receiving ongoing treatment by primary care physicians for reversible ailments like *hyper-tension* and type 2 diabetes. The one group can utilize the health boot camps to get healthy, which will make room in the system for the Americans who lack access.

**Obesity is catching up to tobacco as the leading cause of death in America. If this trend continues it will soon overtake tobacco. This is a tragedy. We are looking at this as a wake-up call.**

Julie Gerberding, Director  
*Centers for Disease Control & Prevention, 2008*

*The Mission* will work with *The Health Project* to inspire us to get healthy. 100 people will attend a health program designed by one of our team—a UCLA professor of medicine. 300 million Americans will be invited to watch and get healthy too. We can cut our deep fried food and sugar consumption; the oil can be used as diesel fuel and the sugar converted to alcohol to mix with gasoline—two already available options. These steps can be taken *overnight* in schools across America. By getting healthy we can provide *five to ten percent of our domestic fuel needs* in the near future and send a message to those who are holding us hostage by cranking up the price of oil: **The power is in our own hands!**

**Reducing Health Care Costs by Reducing the Need and Demand for Medical Services**

***Preventable illness makes up approximately 70 percent of the burden of illness and the associated costs.*** Well-developed national statistics such as those outlined in *Healthy People 2000* and *Healthy U.S. 1991* document this central fact clearly. McGinnis and Foege have carefully reclassified the causes of death in the United States, using underlying actual causes rather than the traditional disease-oriented classifications; they found that preventable causes account for eight of the nine leading categories and for **980,000 deaths per year**.

How can we reduce the burden of illness and thus the need and demand for medical services? Ideally, a society of healthy people does not smoke, does not consume alcohol to excess, exercises regularly, eats wisely, and treats hypertension. We believe one requirement is broad access to wisely designed **programs of health promotion**. This addresses the challenge of preventing illness as well as reducing health care costs.

James F. Fries, *Stanford University*, and  
C. Everett Koop, M.D. et al, *The Health Project Consortium*  
<http://content.nejm.org/cgi/content/full/329/5/321>

How can 150 million overweight and unhealthy Americans be inspired to take action and get healthy? We have over 1.8 million returning war veterans who could be employed in *health education programs* in every community. This is the ***boot-camp cure***—with intensive healthy living we can eliminate most illness. **It's a simple idea: allow seniors to utilize the money Medicare is spending for their medication for health programs which eliminate the need for the meds.** Some of the more than **\$100 billion** we now spend every year on medication to reverse the negative impact of how we live can pay for these services. **Programs for health promotion**, which Dr. Koop discusses above, have been proposed in legislation by Senators Kennedy, Lugar, Murray, Bingaman, Levin, Lincoln, and Rockefeller—**Bill S.982**. Rather than health insurance expenditures going to pharmaceutical companies far away, they are spent locally to *actually avoid illness entirely*, while also creating jobs and increasing tax revenue in every community.

***Winning the Future, by Newt Gingrich***

An acute care system guarantees acute care. For example we know what we ought to do with diabetes. We ought to get you to change your behavior as an individual so you don't become diabetic. *Type 2 diabetes* is largely a function of culture. So first of all we ought to reinstitute physical education in every school, *K through 12*—real physical education. Because kids need to turn off the TV, turn off the *Gameboy*, go do something for an hour, because exercise is a major component of avoiding diabetes. Second we need to change diets because the first thing we want to do is to get people to not be diabetic. We have had a system which up until now has said we are not going to treat any of that until you are really sick, but now the minute you need a monthly stipend for your blindness while we fix your amputations, while we are sending you to the kidney dialysis center, we'll pay for all of that because we are really generous. That's really a very destructive model.

On diet it's very straightforward—we have a very clear idea of what you should not eat if you are young and if you want to avoid diabetes. Sound public health is not going to have 30 ounces of soft drinks available in public schools. We have to recognize, we as a species are not designed for a sedentary life eating *fat* and *sugar*. We like having a sedentary life eating fat and sugar, but it kills us, and we have to really as a culture decide *this was an interesting detour from being healthy*, but we need to rethink our school lunch programs, and we need to be real straight about this—we are faced with an explosion of diabetes that both has a human cost and a financial cost that nobody is yet taking seriously.

A *RAND* report found that one in five returning Iraq and Afghanistan war Veterans has *traumatic stress*, which is in essence *extreme internal stress*. By creating jobs in which they are utilizing their skills to help others get healthy, they can work on their own health and healing. ***Let's give our returning military a challenge and a mission—to get America healthy and solve our energy crisis.*** The food which is killing us can become a solution to multiple problems. America can get healthy, save our lives, cut our healthcare costs in half, and by creating a large supply of domestic fuel we can bring down the international price of oil—this will have a positive impact on the *economies of all nations*.

This year, more than 1 million Americans will be diagnosed with cancer, a disease commonly believed to be preventable. Only 5-10% of all cancer cases can be attributed to genetics—the remaining 90-95% have their roots in environment and lifestyle—smoking, diet (*fried foods*, red meat), alcohol, pollutants, stress, obesity, and physical inactivity. Cancer prevention requires smoking cessation, increased ingestion of fruits and vegetables, whole grains, minimal meat, moderate alcohol, caloric restriction, and exercise.

Anand, Kunnumakara, Sundaram, et al  
*University of Texas M. D. Anderson Cancer Center, 2008*

**The Mission** proposal is compatible with your own advisors recommendations about how we can solve the health crisis. Dr. Jeanne Lambrew, your new Director of the *HHS Office of Health Reform*, and John Podesta have written several reports about how to save money by cutting the rate of illness with healthy living programs. They advocate for funding a national “prevention workforce” to get us on the right track.

***"Prioritizing Prevention:*** The gravity of the problem of preventable disease, coupled with the inadequacy of the existing system, suggests that a new model is needed to prioritize wellness. To be effective, it should strive to make preventive services valued by individuals and providers, available, and affordable. It should elevate wellness within the health system and complement it with new delivery systems. Payment for prevention should be designed to leverage behavioral change and widespread use. Finally, it should be universal, providing recommended prevention services irrespective of individuals' insurance status."

Professor Jeanne Lambrew, *University of Texas Austin*  
Director of *Health and Human Services Office of Health Reform*  
<http://budget.house.gov/hearings/2008/07.16Lambrew.pdf>

A simple and non-controversial way to pay for these health boot camps is by allowing *Medicaid* patients to shift the cost of their illness (drugs and doctors visits), to pay for the cure. For a senior this might be a few hundred to over a thousand dollars a month.

President Obama—I support your goal of delivering healthcare to every American. Republicans cite GAO predictions that your plan will cost more than a trillion dollars over time. You responded that you will find a way to offset the cost with equal savings. **I'm not aware of any option which can save as much as the majority of Americans putting a 100% effort into getting healthy.**

**Energy Manhattan Project Technology #1: The People—and The Mission**

The energy crisis is destroying our economy, leading to job loss, hunger, and a worldwide recession. You, Secretary Clinton, Senators Alexander, Hagel, McCain, Bingaman, Domenici, Murkowski, Reps. Forbes, Gordon, Wamp, Culberson, and Newt Gingrich have suggested America launch an *Energy Manhattan Project* to find and fund the top ideas for alternative energy. We propose **The Mission** be added to the *EMP* initiative and the American public can become a force to be reckoned with. Steps taken by the majority on an individual level can have a great impact. *United We Stand, Divided We Fall!*

**The Mission Founding Board of Advisors**

**Chris Bennett** is a member of the *United States Service Command of America*, a group of former military and civilian volunteers who provide medical, psychological, and material aid to people in crisis after disasters. The *USSC* was involved in crisis assistance after Hurricane Katrina and 911. He is the founder of *Getsmart Productions* which is currently developing **The Mission**—a prime time TV show about **real missions** which are working to solve our most urgent problems with citizen participation.

**Colonel George Demos, PhD.** is a retired military psychologist who was a professor at *California State University* in Long Beach. Colonel Demos is the director of psychological services for the *USSC*.

**Chaplain Joseph Howe**, an active minister for almost 40 years, is the director of the *USSC*. He is the son of Rev. Gilbert Howe, founder of GIs for Christ, a military ministry founded in 1941 which he took over after his father's death and led for 26 years. He now directs *World Ministries to the Armed Forces*.

I utilize *The Mission* Reality TV show as a tool to facilitate the success of the considerable challenges you are working to solve. You can think of the American people as *citizen soldiers working on your behalf*.

**Your views and ideas can be heard. They need to be. The American people are counting on us.**

A change of direction for the country of this magnitude can most effectively be launched from the White House. Please contact us for more information about how you can participate in **The Mission**.

Sincerely,

Chris Bennett

***Getsmart Productions***

Phone: 512-264-2330

I've always felt in these 30 years I've been part of this body, we are called upon now and then to make the tough call and stand up to the American public and say, 'we've got to all pull together, the people and government.'

**Senator John Warner—Senate Floor, July 17, 2008**

Let's work together—let's do something special! Let's restore people's faith in our system, and that we are capable—*Republicans, Democrats, and Americans*, to come together and really do something significant for not only ourselves today, but more important for our children, for our grandchildren, for posterity.

**Senator George Voinovich—Senate Floor, July 23, 2008**

## **SECRETARY OF STATE**

### **HILLARY RODHAM CLINTON**

#### *An Ounce of Prevention is Worth a Pound of Intensive Care*

*Our passion for food is a national obsession, so is our guilt over it. One in three adults is overweight, up from one in four during the 1970's. At the same time, it is estimated that one in twelve American children suffers from hunger. Although diet is not an exact science, and we differ in the amounts and kinds of foods we can healthily consume, these physiological factors account for only a small number of overweight people. Most of us (including me) simply exercise too little and eat too much.*

*A study by the Center for Disease Control confirmed this picture, showing that physical activity among children and teenagers has declined during the time average weight has gone up. In a 1990 Youth Risk Behavior Study, only 37 percent of high school students reported getting at least twenty minutes of vigorous exercise three or more times a week, down from more than 60 percent in the 1970's. Only half of American teenagers are enrolled in physical education classes, and only one in five attend daily.*

From *It Takes a Village*—Published 1996

## **JEANNE LAMBREW**

*Deputy Director of the White House Office of Health Reform*

*“Preventive health care service could reduce government spending on health care. If all elderly received a flu vaccine, health costs could be reduced by nearly \$1 billion per year. Over 25 years, Medicare could save an estimated \$890 billion from effective control of hyper-tension, and \$1 trillion from returning to levels of obesity observed in the 1980s.”*

Cleaves M. Bennett, M.D.

UCLA Professor of Medicine (retired)

[www.NoMoreMedicines.com](http://www.NoMoreMedicines.com)

“A diet of bad news served up on a daily basis has a bad effect on us—and I’m speaking medically. Among other things, it raises our blood pressure. And that’s true even if we don’t think it’s true, or don’t think much about it at all. Even if we tell ourselves and our friends, ‘Oh, I read the paper every day and watch the six o’clock news, and it doesn’t upset me.’ Can you feel your blood pressure go up when you read about the nuclear buildup in Europe, or a gang rape, or an airline crash? Or can you feel your gut tighten?”

You may think you’re immune to bad news and that it doesn’t affect you. But when you read about an overturned school bus a thousand miles away, to a certain extent your body mimics the terror you would feel if that bus had your children on it. You’re really not immune—bad news does take its toll on your health.”

*In 12 Weeks You Can Control Your High Blood Pressure Without Drugs!*

Psychologist Daniel Goleman

*Social Intelligence—The New Science of Human Relationships*

***“The brain itself is social—that’s the most exciting finding. One person’s inner state affects and drives the other person. We’re forming brain-to-brain bridges—a two-way traffic system—all the time. We actually catch each other’s emotions like a cold. If we’re in toxic relationships with people who are constantly putting us down, this has actual physical consequences.”***

*(AARP Magazine—Jan/Feb 2007)*

***“Emotions are contagious. We’ve all known it experientially. You know after you have a really fun coffee with a friend, you feel good. When you have a rude clerk in a store, you walk away feeling bad. Mirror neurons link brain-to-brain. This has caught the imagination of people who do research on the workplace and organizational life. They have done studies that show if you put a person in a meeting who is either purposely upbeat or downbeat, it changes the whole group’s collective mood for better or worse.”***

[www.usatoday.com/news/health/2006-09-24-social-intelligence\\_x.htm](http://www.usatoday.com/news/health/2006-09-24-social-intelligence_x.htm)

House of Representatives—Committee on Government Reform

”Complementary And Alternative Medicine In Government-Funded Health Programs”

FEBRUARY 24, 1999

DAN BURTON, Indiana, *Chairman*

**Present: Representatives Burton, Gilman, Morella, Davis, Sanford, Hutchinson, Biggert, Chenoweth, Waxman, Maloney, Norton, Kucinich, and Blagojevich.**

Dean Ornish, M.D., Professor of Medicine at the University of California in San Francisco, testified about his health program, which has been proven to reverse heart disease with exercise, dietary changes, and stress reduction. Present were Congressmen Dan Burton, Henry Waxman, and others.

“In the past, lifestyle changes have been viewed as prevention, but we are showing they can also be an alternative treatment. I went to insurance companies and I said, ‘Would you pay for these kinds of interventions?’ “

They said, "No, we don't pay for diet and lifestyle."

"Why not?"

"We don't pay for that because that is prevention. We don't pay for prevention."

"What is wrong with prevention?"

"Twenty to thirty percent of people change companies every year. It may take years to see the benefits. So why should we spend our money today for some future benefit that may occur years later, when chances are some other company will get it?"

And I said, "It is the right thing to do." That wasn't persuasive enough. So I said, "It is not just prevention. It can be an alternative treatment. For every patient, every man or woman, who chooses to change lifestyle rather than, say, undergoing bypass surgery, you save **\$50,000** immediately—real dollars today, not just theoretical dollars years later."

They replied, "That sounds great in theory. We don't think people can do it. So it is too hard to change lifestyles. So if we pay for your program, most patients who can't follow it, we will end up paying for their bypasses anyway. Now our costs have gone up rather than down."

Dean Ornish, M.D.: “Not only the immediate savings, but also the long-term savings can occur because so many bypasses and angioplasties clog up after just a few months or a few years; 40 to 50 percent of angioplastied arteries clog up again within just 4 to 6 months.”

“There is potentially a lot of money to be saved. In 1994, over \$15 billion in the United States was spent just on those two operations. So that even if only 20 or 30 percent of the people were willing to make these changes, it is a savings of billions of dollars per year—real dollars today, because it is a direct alternative to these treatments.”

“This approach empowers the individual. It can immediately and substantially reduce healthcare costs by billions of dollars, while improving the quality of care, rather than limiting access to it. It offers the information and tools that allow individuals to be individually responsible, personally responsible, for their own healthcare choices and decisions, and it provides access to quality, compassionate, and competent, affordable healthcare to those who most need it.”

**“If you actually look at all the scientific data, if we talk about evidence-based, randomized, double-blind—or not double-blind, but placebo-controlled studies, there have been three major randomized trials of bypass surgery, and in every one of them they found that bypass surgery prolongs life or prevents heart attacks in only about 2 percent of people. Those are the most severe diseases.”**

“No study has ever even been conducted that compares angioplasty with just drug therapy to see whether it prolongs life or prevents heart attacks. **So for the vast majority of Americans who get operated on for these two operations, for which billions of dollars are spent every year, there is no evidence that it prolongs their life or prevents heart attacks.** What it does do is relieve their chest pain or their angina. So it has value. But we found in all of our studies a greater than 90 percent reduction in angina or chest pain within weeks when people make bigger changes in diet and lifestyle than most doctors recommend.”

**“An interesting fact is that, because the cost differential between a bypass and paying for lifestyle intervention is so great—it is, say, maybe \$50,000 for a bypass and, say, \$7,000 for a year of lifestyle training—if we just delayed surgery for a year and a half, and then 100 percent of people failed, the interest saved on that \$50,000 would more than cover the cost of a lifestyle program.** We have certainly done a lot better than that.” —Dean Ornish, M.D., UC San Francisco

**Congressman Dan Burton** (R—Chairman): “I'd be willing to bet that every member of this committee has lost a family member to cancer, heart disease, or some other serious illness. There is not anyone in this room whose family has not been touched by cancer, heart disease or some other devastating disease. **Last year, we began looking at the level of funding for alternative medicine cancer research through the National Institutes of Health. We learned that less than \$20 million of the \$2.7 billion that is the budget for the National Cancer Institute, was devoted to research in alternative medicine. This is less than 1 percent of their total budget, and I think that's deplorable.**”

**“With the epidemic-level increases of chronic conditions such as heart disease, obesity, diabetes, arthritis, asthma, and depression, as well as the high percentages of cancers such as lung cancer, breast cancer, prostate cancer, colon cancer, and melanoma, we have to be aggressive and open-minded in looking for additional options in medical care. We have to find effective and efficient ways to treat chronic and debilitating illnesses. We need to integrate the wisdom of the ages with the knowledge of this century and move forward into the next millennium expediently.”**

SOURCE: [http://commdocs.house.gov/committees/gro/hgo56145.000/hgo56145\\_of.htm](http://commdocs.house.gov/committees/gro/hgo56145.000/hgo56145_of.htm)

**Benefits of recruiting participants with friends and increasing social support for weight loss and maintenance.**

Rena Wing, **University of Pittsburgh School of Medicine**

Robert Jeffery, **University of Minnesota School of Public Health**

Western Psychiatric Institute and Clinic, University of Pittsburgh School of Medicine, Pennsylvania, [wingrr@pitt.edu](mailto:wingrr@pitt.edu)

To determine the benefits of social support for weight loss and maintenance, this study recruited participants (N = 166) either alone or with 3 friends or family members and then randomly assigned them to a standard behavioral treatment (SBT) or SBT with social support strategies. Participants recruited with friends had greater weight losses at the end of the 4-month treatment and at Month 10 follow-up. Both recruitment strategy and the social support manipulation affected treatment completion and weight-loss maintenance.

In those **recruited alone** and given SBT, **76%** completed treatment and **24%** maintained their weight loss in full from Months 4 to 10.

Among those **recruited with friends** and given SBT plus social support, **95%** completed treatment and **66%** maintained their weight loss in full.

Obesity has increased 61 percent in a 10-year period and accounts for 27 percent of growth in overall health care spending. The prevalence of [preventable Type 2] *diabetes* has increased 49 percent between 1990 and 2000. Because of the increasing need for health care, increased utilization is one of the factors continually driving up costs. Another factor is technology and new drug and treatment development.

Pharmaceutical development alone drives increased costs and significantly increased utilization rates. *Stress, less exercise, and poor eating habits are contributors to the deteriorating health status, but instead of changing behavior, patients rely heavily on the new drugs that treat stress, high cholesterol and blood pressure.* In the U.S., increased prescription utilization accounts for 51 percent of the trend.

**Code Red Report**

[www.coderedtexas.org](http://www.coderedtexas.org)

**'Adventure therapy' combined with cognitive-behavioral treatment for overweight adolescents.**

[Jelalian E](#), [Mehlenbeck R](#), [Lloyd-Richardson EE](#), [Birmaher V](#), [Wing RR](#).

Department of Psychiatry, Rhode Island Hospital, **Brown Medical School**, Providence, 02903. [Elissa\\_Jelalian@brown.edu](mailto:Elissa_Jelalian@brown.edu)

**OBJECTIVE:** Since peers have such an important influence on adolescents, we evaluated the efficacy of adding peer-based 'adventure therapy' to a standard cognitive-behavioral weight control program for overweight adolescents.

**METHODS:** Adolescents (N = 76) aged 13-16 years and 20 to 80% overweight were randomly assigned to one of two treatment conditions: **cognitive-behavioral group treatment with 'adventure therapy' similar to *Outward Bound* (cognitive-behavioral treatment with peer-enhanced adventure therapy** (CBT + PEAT)) or cognitive-behavioral group treatment with aerobic exercise (CBT+EXER). Anthropometric and psychosocial measures were obtained at baseline, at the end of the 16-week intervention, and at 10 months following randomization.

**RESULTS:** Adolescents assigned to both treatment conditions demonstrated significant weight loss over time. Average weight loss did not differ significantly between groups (-5.31 kg for CBT + PEAT and -3.20 kg for CBT + EXER) at the end of treatment. **There was a significant difference in the percentage of participants maintaining a minimum 4.5 kg (10 pounds) weight loss (35% in the CBT + PEAT condition vs 12% in the CBT+EXER condition) 10 months from randomization.**

**CONCLUSIONS:** Peer-based 'adventure therapy' is a promising adjunct to standard cognitive-behavioral weight control intervention for adolescents, and may be most effective for older adolescents.

## *Prevention Makes Common “Cents” Report*

U.S. Department of Health and Human Services—September 2003

*"So many of our health problems can be avoided through diet, exercise and making sure we take care of ourselves. By promoting healthy lifestyles, we can improve the quality of life for all Americans, and reduce health care costs dramatically."*

Tommy G. Thompson, Secretary, DHHS

Expenditures for health care in the United States continue to rise and are estimated to reach \$1.66 trillion in 2003. Much of these costs can be attributed to the diagnosis and treatment of chronic diseases and conditions such as diabetes, obesity, cardiovascular disease and asthma.

- Approximately 129 million U.S. adults are overweight or obese which costs this Nation anywhere from \$69 billion to \$117 billion per year.
- In 2000, an estimated 17 million people (6.2 percent of the population) had diabetes, costing the U.S. approximately \$132 billion.
- Heart disease and stroke are the first and third leading causes of death in the United States. In 2003 alone, 1.1 million Americans will have a heart attack. Cardiovascular diseases cost the Nation more than \$300 billion each year.
- Approximately 23 million adults and 9 million children have been diagnosed with asthma, with costs near \$14 billion per year.

A much smaller amount is spent on preventing these conditions. There is accumulating evidence that much of the morbidity and mortality associated with these chronic diseases may be preventable.

For many Americans, individual behavior and lifestyle choices influence the development and course of these chronic conditions. Unhealthy behaviors, such as a poor diet, lack of physical activity, and tobacco use are risk factors for many chronic conditions and diseases. A high calorie diet and sedentary lifestyle commonly result in excessive weight gain. Overweight and obesity are risk factors for a large number of chronic diseases, most significantly, type 2 diabetes, congestive heart failure, stroke, and hypertension. Encouraging individuals to adopt healthy habits and practices may reduce the burden of chronic disease in communities throughout the United States.

By changing the way they live, individual Americans could change their personal health status and the health landscape of the Nation dramatically.

In 2003, it is estimated that the U.S. will spend \$1.66 trillion on health care expenditures. Health care spending is growing faster than the gross domestic product (GDP) and is projected to account for 17.7 percent of the GDP by 2012, up from 14.1 percent in 2001. A small number of chronic disorders-such as diabetes and cardiovascular diseases-account for the majority of deaths each year, and the medical care costs of people with chronic diseases account for more than 75 percent of the nation's medical care costs.

**Health Care Utilization**-Research has shown that as body mass increases, so too do health care utilization and costs. Obesity may account for as much as a 36% increase in costs for inpatient and ambulatory care for individuals-a greater increase than that attributed to aging 20 years, smoking, or problem drinking. In addition to using more physician and hospital services, obese individuals have high annual costs for medications, particularly those for diabetes and cardiovascular disease (CVD). One researcher estimated that obese individuals may pay as much as 77 percent more for medications compared to non-obese individuals. Conversely, there is evidence that patients who lose weight reduce their use of these kinds of medications, and even modest sustained weight loss (a reduction of 10 percent in body weight) may reduce expected lifetime health care costs for major obesity-related diseases by \$2,200 to \$5,300, depending on age, gender, and initial BMI

**Significant Costs**-Most estimates of total (direct and indirect combined) costs of overweight and obesity to the Nation range from \$69 billion per year to \$117 billion per year. This estimated \$117 billion includes \$61 billion for direct costs and \$56 billion for indirect costs. One study of the costs of treating major disorders relating to obesity estimated that obesity cost the Nation as much as \$102 billion for direct costs alone in 1999. (These amounts represent 27 percent to 31 percent of the total costs of treating these disorders, regardless of obesity.) Included in this \$102 billion:

- \$6.7 - \$7.4 billion for arthritis;
- \$25.5 - \$30.6 billion for heart disease;
- \$18.4 - \$20.5 billion for type 2 diabetes;
- \$8.3 - \$9.6 billion for hypertension; and
- \$6.1 - \$8.1 billion for stroke.

**CONCLUSION**—*There is clear evidence that the costs of chronic conditions are enormous, as are the potential savings from preventing them, even if there may not always be agreement on the exact amounts of these costs and savings. Since a large part of the root cause of chronic conditions involves attitudes and behavioral choices, the prospect of reducing their prevalence appears daunting and promising at the same time.*

The stakes are so great that the challenge must be met. It is ironic that in this day of high-tech, complex, and costly medical procedures and treatments, simple, inexpensive, easily-understood actions, such as increasing physical activity, controlling weight, and quitting smoking, could have such a huge impact on the quality of life and the cost of health care. While there always will be legitimate debate over the costs and benefits of particular health promotion and disease prevention endeavors, the Nation simply cannot afford *not* to step up efforts to reverse the growing prevalence of chronic disorders. Resources and energy need to be marshaled in all sectors and at all levels of society-federal, state, tribal, and local governments, foundations, associations, health care providers and insurers, businesses, communities, schools, families, and individuals-to control and prevent the chronic conditions that threaten the Nation's physical and financial well-being.

SOURCE: <http://aspe.hhs.gov/health/prevention>