

Modifiable health risks linked to more than \$730 billion in US health care costs

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Modifiable health risks, such as obesity, high blood pressure, and smoking, were linked to over \$730 billion in health care spending in the US in 2016, according to a study published in *The Lancet Public Health*.

Researchers from the Institute for Health Metrics and Evaluation (IHME), an independent global health research center at the University of Washington School of Medicine, and Vitality Group, found that the costs were largely due to five risk factors: overweight and obesity, high blood pressure, high blood sugar, poor diet, and smoking. Spending associated with risk factors in 2016 constituted 27% of the \$2.7 trillion spent on health care that was included in the study.

"Given that US healthcare expenses are almost double that of other developed nations, we set out to understand how much of these costs could be attributed to modifiable risk factors," said Francois Millard, chief actuarial officer, Vitality and a study author. "While the relationship between lifestyle risks and [medical conditions](#) is understood, this is the first study to offer a comprehensive analysis of [health](#) spending related to these risks. This helps inform how our society is investing its resources, and why health should be at the center of all policy discussion, not just those related to sickness. We are seeing with COVID-19 that prevention is paramount to our own health and the health of our economies. It's time to apply the same urgency to these other [preventable diseases](#)."

Prior to this study, information had not been available on the combined effects of all major risks and the association with health care spending. These new findings fill an important gap in understanding the potential impact of private and public health promotion and prevention initiatives, including programs such as Vitality.

"This study builds on previous work to understand which [health conditions](#) contribute the most to increases in health care spending in the US," said Joseph Dieleman, Ph.D., senior author on the study, health economist, and associate professor at IHME. "Looking at risks allows us to better understand where these costs start, since unmanaged risk factors often lead to more serious health conditions later in life. While

we can't draw conclusions about possible reductions in spending from this research, the findings illustrate the huge costs tied to poor diets, high blood pressure, smoking, and obesity. Moving forward, it's crucial to focus on preventing and managing these key risks before they turn into costly diseases, so that more people have the chance to live a long and healthy life."

Additional study findings:

- Controllable and treatable risk were strongly related to costly US medical conditions—including cardiovascular disease, cancers, diabetes, and chronic respiratory diseases.
- Costs were driven largely by five modifiable risk factors—overweight and obesity (high body mass index), \$238.5 billion; [high blood pressure](#), \$179.9 billion; high fasting plasma glucose, \$171.9 billion; dietary risks, \$143.6 billion; and [tobacco smoke](#), \$130.0 billion.
- Health care spending increases significantly with age, with the greatest proportion of risk-attributable spending associated with those aged 65 years and older (44.8%).

Building on a companion analysis by IHME of US health care spending published earlier this year in *JAMA*, the study extends findings from that research by estimating the proportion of spending attributable to 84 modifiable [risk factors](#) by health condition, age group, and sex. These findings have significant implications for public health care spending and [private health insurance](#) in both the US and other high-income countries. While it is not feasible to realize the full potential savings estimate from this research, significant improvements in health, reductions in medical conditions, and control of associated health care costs may be possible over time.

The research offers policymakers, actuaries, consultants, and health plan

administrators data that support the need to focus public and private health programs on initiatives with the greatest potential to improve health and reduce [health care](#) costs. Favorable outcomes have been achieved, for example, through smoking cessation programs that have reduced lung cancer and its treatment [costs](#), and weight-reduction programs that have far-reaching impact on several of the cited conditions.

More information: Howard J Bolnick et al, Health-care spending attributable to modifiable risk factors in the USA: an economic attribution analysis, *The Lancet Public Health* (2020). [DOI: 10.1016/S2468-2667\(20\)30203-6](#)

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