Reducing Obesity-Related Health Care Costs in the Community

Despite public health measures to reduce the risk of cardiovascular disease (CVD), obesity has reached epidemic proportions with staggering medical costs. Although risk reduction therapies to improve survival and quality of life are well known, implementing effective strategies for sustained lifestyle modification and reducing health care cost remains a challenge.

To improve the long-term financial well-being of our society, minimize the costs due to poor health, and reduce CVD in the general population, a lifestyle modification program at the community level is crucial. The company Ourlife (Savannah, Georgia) conducted a county-sponsored comprehensive lifestyle program to reduce the burden of chronic disease and associated health care spending.

Methods. Subjects were employees of Chatham County Municipal Government in Savannah. These employees were overweight or obese, with a body mass index (BMI) of 25 or greater (calculated as weight in kilograms divided by height in meters squared) and currently receiving treatment for hypertension, type 2 diabetes mellitus, and/or hyperlipidemia. All participants received intensive behavior, nutrition, and physical activity counseling from multidisciplinary staff. Dietary recommendations were based on the 2006 Scientific Statement from the American Heart Association Nutrition Committee. Regular physical activity was encouraged, and approaches to managing obesity and minimizing its complications were provided. Clinical objective data including BMI, waist circumference, blood pressure, and fasting blood glucose, hemoglobin A1c, and fasting lipid levels were collected on enrollment and at the completion of the program. Open-label use of generic medications was encouraged. Medication dose titration and adjustments were performed on the discretion of the physician.

Results. Participants achieved a mean weight loss of 8 kg at 13 weeks. Body mass index and waist circumference improved for all participants at the end of the program. Annual health care savings, based on generic substitutions of the established drug program, were estimated to be $3090 per participant. Mean blood pressure and low- and high-density lipoprotein cholesterol levels remained stable despite generic substitution of medications.

Comment. The primary goal of this study was to reduce the economic burden of overweight and obesity in the Savannah community by promoting healthy behavioral interventions. Clinically meaningful weight loss was achieved during a 3-month period, with concomitant reduction in BMI. Encouragement of a healthy lifestyle with an exercise program as a covered benefit, such as Medicare’s SilverSneakers, or an employer-sponsored worksite wellness program, is one of many known effective...
strategies to reduce long-term health care costs. The other increasingly attractive option is the use of generic substitution of original medication to control the spending on outpatient prescription drugs, which is the third largest component of health care expenses after hospital care and physician services. Although improvement in lipid analysis was not appreciated on a similar basis, a portion of the samples collected were on a nonfasting state and several participants had their high-potency–branded statins changed to lower-potency generic ones. Despite this, an important finding of the study was the absence of worsening lipid status. The annual health care dollars saved using generic versions of commonly prescribed medications was approximately $105,092, with an estimated $35,087 in annual health care cost savings after employer expenses.

The delivery of appropriate and effective preventive care involves motivation, education, and societal and community factors. Some of the limitations of our study include a small sample size and the lack of a control group. Larger studies among various other employers within the community will determine the applicability and efficacy of an employer-sponsored lifestyle modification program.

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