



Risks expand as costs stack up

By Mark Armstrong and Nathan Deans*

Three out of every five (61%) adult Australians and one in four (25%) children are either overweight or obese, according to the latest reports from the Australian Institute of Health and Welfare.

Being overweight or obese has long been associated with various health issues and is a recognised risk factor for coronary heart disease, type 2 diabetes, arthritis, depression and stroke.

In fact, obesity now represents about 7.5% of the total burden of costs on Australia's total annual health expenditure. In May 2009, in a document released by the Commonwealth titled "Weighing It Up", Access Economics put forward that the national economic costs of obesity was in the region of \$58.2 billion and deemed the total annual cost in 2008 to be growing.

The financial costs account for \$8.283 billion (\$3.6 billion productivity costs, \$2

billion health systems costs and \$1.9 billion carer costs) with the net cost of lost earnings amounting to a further \$49.9 billion – all of which are projected to increase in coming years.

Research also suggested the issues were no longer limited to such health conditions, with strong links now being made between obesity and the risk of suffering physical injuries.

Dangers lurking

A study published in the May/June 2007 issue of *Journal of Health Promotion* looked at the rate of injury in overweight and obese adults in a cross-sectional study. Research analysed data associated with medically treated injuries

of 42,304 overweight and obese individuals (who had a body mass index (BMI) of 25-29).

It found those who were overweight were 15% more likely to have an injury, while obese people were 48% more likely. Types of injuries included sprains, strains, joint dislocations, falls as well as fractures of the legs, ankles and feet.

Meanwhile, results from a new study in Columbus, Ohio, suggested extremely obese people were more likely than those with 'normal' weight to injure themselves.

Researchers collected health and injury data during a one year period on more than 2,500 adults living in Colorado, whose conditions were broken down into normal weight (BMI=18.5-25) and extremely obese (BMI=35>).

More than half (51.7%) the injuries sustained by

	NORMAL-WEIGHT	EXTREMELY OBESE
MALE	17%	26%
FEMALE	12%	21.7%

CATEGORY	BMI	INJURY BREAKDOWN	
UNDERWEIGHT	< 18.5		
NORMAL WEIGHT	18.5 – 25	15%	15%
OVERWEIGHT	25 – 30		28%
OBESE I	30 – 35	85%	30%
OBESE II	35 – 40		
OBESE III	> 40		27%

obese and extremely obese people happened inside the home. Transportation areas – such as store parking lots, bus stations and airports – came in a distant second at 16.3%.

Also, over a third of the injuries (35.2%) were caused by acute over-exertion. Falls took second place, causing 29.9% of the injuries.

Injury rates reported by people who were overweight – but not obese (BMI=25– 29) – were similar to those of 'normal' weight participants. Results showed that 16.3% of overweight men and 12.3% of overweight women reported injuries.

In addition, having a BMI in the overweight or obese range increases the risk of traumatic workplace injury, according to researchers at the Johns Hopkins Bloomberg School of Public Health.

The researchers used medical and injury surveillance data on hourly workers employed in eight plants of the same aluminium manufacturer to determine whether increased BMI was a risk factor for workplace injury.

Employees were grouped into five categories – underweight, normal, overweight, obesity levels I and II as well as obesity level III.

Of the 7,690 workers studied, 29% were injured at least once during the 36 month period.

Three main areas where the obesity epidemic could have future implications for the Australian economy and society are: (1) treatment of co-morbidities; (2) hospital costs, and; (3) the need for ongoing monitoring of interventions.

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