

YOUR OWN HEALTH AND FITNESS

# Progressive Health Observer

A News Commentary Alternative to Big Box Medicine

## Health Care Bankruptcy

**Most of the costliest health conditions are preventable with diet and exercise**

**H**ealth insurance is a crap shoot. Insurance companies bet that we will pay them more in premiums than they will have to pay us in benefits.

Insurance companies work from actuarial tables that describe the frequency with which people need medical care based on each person's characteristics (age, sex, etc.). Based on the characteristics of a group (for example, the people working at a business), an insurance company tries to figure out how many people in that group will need medical treatment and what treatments they will need. The company then sets premiums so that they will take in more money than they expect to spend.

You might think that insurance companies have a powerful financial incentive to reward prevention. You'd think they would reward people who take care of themselves. But they don't. All they know is what's in the actuarial tables, which tells them the chances that, given your age, etc., you'll have a heart attack or get cancer or break a leg. They're rolling the dice. And you're the dice.

Health Maintenance Organizations (HMO) have an incentive to promote prevention because they are both the insurer and the provider. Unfortunately, HMO prevention is confined to the doctor's office (they couldn't get mercury out of your tuna even if they wanted to). And financially, their incentive is to keep you away from expensive treatments, not to support your health.

Medical insurance is a business. They know that the people they insure will get sick and injured. What they worry about is how much they will have to spend.

What we spend as a nation on medical care is the fastest growing part na-

tional income. What we spend individually on medical care takes an increasing chunk out of our personal income.

### The top 15 medical care costs

An article in *Health Affairs*, "Which Medical Conditions Account for the Rise in Health Care Spending?" looks at medical spending in 1987 compared to 2000.

Between 1987 and 2000 medical-care spending doubled before adjusting for inflation. After adjusting for inflation, so-called real dollar spending increased 46%, about 3.5% per year.

**The 15 medical conditions that contributed the most to medical care spending, 1987 compared to 2000**

Medical Condition	Percent change 1987 to 2000	
	Cost per case treated	Treatment prevalence
Mental disorders	11.3%	96.1%
Lung conditions	31.5%	49.4%
Hypertension	57.2%	16.9%
Heart disease	16.5%	0.6%
Stroke	17.0%	108.3%
Arthritis	18.3%	27.1%
Cancer	-1.1%	17.0%
Skin disorders	34.9%	18.3%
Diabetes	-7.6%	43.9%
Infectious disease	91.2%	-11.3%
Pneumonia	64.2%	-10.9%
Back problems	-7.9%	49.8%
Endocrine disorders	-7.2%	32.8%
Kidney disease	-22.6%	34.5%
Trauma	41.3%	-30.9%

Fifteen medical conditions accounted for over half of all medical spending increases. There are two parts to spending increases: the number of people treated for a medical condition and the cost of treating a person with that condition.

When we think of medical cost increases, we often think of ever more expensive treatments, especially the cost of pharmaceuticals and advanced technologies. However, the number of people treated has been an equally

powerful cause of cost increases.

The number of people treated increases because there are more people *and* because a greater percentage of them get treated (treatment prevalence increases).

As an example, suppose the total population grew from 200 million in 1987 to 250 million in 2000. If the number of people treated for diabetes increased from 10 million people to 12.5 million, the treatment prevalence would remain the same at 5%. But if the number of people treated for diabetes increased to 15 million, both the number *and* the prevalence increase, the prevalence from 5% to 6%.

If the prevalence increases, something is affecting people more. It might be more actual sickness or it might be that doctors are paying more attention and finding people they would not have noticed before.

The table on the left shows the top 15 conditions along with both the change in per-treatment spending and the change in treatment prevalence. The conditions are listed by how much inflation-adjusted spending changed, from highest to lowest.

For example, spending on mental disorders increased the most (by \$26 billion) between 1987 and 2000. While treatment costs increased by 11.3% (from \$1,301 to \$1,448), the prevalence of treated cases almost doubled (96.1% from 4.4% of the population to 8.6%). That is, people were suffering twice as many mental disorders or doctors were recognizing mental disorders more readily or some combination of the two.

### Prevalence and prevention

The most startling thing about the conditions in the table is that their prevalence has increased for all but three: more people are getting sick or more doctors are noticing. Some increases have been dramatic—stroke and mental disorders in particular, followed by lung conditions, diabetes, and back problems.

In light of increased per-treatment costs, it would make financial sense to promote environmental changes that prevent these conditions. Unfortunately, our current health-care is dominated by the medical model. Medical care requires a diagnosis. For something to happen, you have to enter the medical care system. Once in and diagnosed, you will be treated with drugs and technology.

This contrasts with a prevention-oriented health-care system dominated by public health that eliminates our exposure to toxic social and physical environments prevents disease before it starts.

Each of the 15 medical conditions is the result of your body's response to its environment. Most are affected di-

rectly by nutrition and physical activity: heart disease, stroke, arthritis, diabetes, hypertension, asthma, kidney disease, endocrine disorders, depression, and cancer. The other conditions are affected indirectly by the capacity of a well-nourished and well-conditioned body to withstand physical, chemical, and biological assaults.

For example, even conventional science recognizes that diet and exercise are better than drugs for preventing diabetes. Recent research has shown that walking reduces the risk of Alzheimers. And although hunter-gatherer diets like the Atkins and South Beach Diet are sold as weight loss programs, both were developed to reduce the risk of heart attacks and strokes.

While we should work as citizens to reduce treatment costs and the availability of medical care, you don't have to wait. You can create your own prevention program with

- whole, nutrient-dense foods supplemented by vitamins and minerals
- and regular exercise that includes both aerobics (such as walking or swimming) and weight resistance (such as weight lifting or pilates).

The insurance industry won't reduce your premiums, but taking these preventive actions will help you avoid the medical-care horrors described in the books reviewed in this issue on page 7. **JF**

**Resources**

Berman, Layna. 2004. The Hunter-Gatherer Diet. Your Own Health And Fitness. Broadcast March 2, 2004.  
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