

Who's Getting Fat? We Are!

DESPITE THE SEEMINGLY CONTINUOUS advancements in medicine, prescription drugs, and the human genome, we're in the midst of an epidemic—an obesity epidemic. Simply put, a large percentage of the American population is overweight and is getting more so.

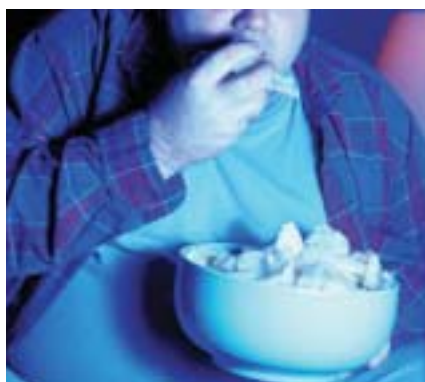
We're up against a difficult enemy to overcome—our own behavior, including improper eating habits and inadequate physical activity. The statistics are startling. According to the Centers for Disease Control and Prevention (CDC) in Atlanta, in 2000 more than 56 percent of U.S. adults were overweight and about 20 percent were obese. This latter percentage compares with just 12 percent a decade ago. An estimated 300,000 American adults die of causes attributed to obesity, while the estimated direct costs of obesity and physical inactivity account for about 9.4 percent of U.S. health care expenditures.

Whenever I travel outside the United States, I automatically assume that anyone who looks fat must be an American. This isn't something to be proud of. Maybe it's related to the size of the portions we're served in American restaurants. (Where else in the world are doggie bags used?) Or maybe it's because of the kind of food we eat—too much greasy fast food. We need to get better control of our nutrition, both in terms of quantity and quality.

In fact, although we appear to be a trendsetter, others are close behind. For example, in the United Kingdom, about twice as many people are obese compared with 20 years ago. Other countries, including those currently underdeveloped economically, will likely be next, as they seem to be copying our eating habits as soon as they can afford to.

SAM GUTTERMAN IS DIRECTOR AND CONSULTING ACTUARY WITH PRICEWATERHOUSECOOPERS LLP IN CHICAGO.

The trend in this epidemic contrasts sharply with that of smoking, another long-term life and health-threatening be-



havior whose frequency has diminished over the past few decades. Favorable mortality trends have resulted from our reduction in smoking. For example, the mortality rate of males from lung cancer peaked in 1990, while the peak for females might be reached soon. The increase in mortality due to obesity won't be seen for quite a while.

Like smoking, obesity has a relatively long gestation period before its serious health effects are felt. It results in such maladies as cardiovascular diseases and diabetes. But unlike smoking, there are no restrictions in food advertising or sports sponsorship in sight. Although the surgeon general has produced useful information regarding this epidemic and occasional articles are written about it, no coordinated lobby has formed against overindulgence. But the everyday impact on the quality of life and chronic conditions can be just as severe as smoking.

In spite of the possibility that an anti-fat pill might be invented one day, the long-term mortality risk is significant. Although improvements in public health

and medical technology have significantly improved longevity and the quality of life, I believe the obesity epidemic might significantly offset these otherwise favorable trends.

The epidemic has reached even children, an aspect that could contribute even more to adverse long-term future mortality and health care trends. According to the CDC, about 13 percent of American children and adolescents are seriously overweight.

And once you're overweight, control or reversal can be quite difficult. One need look no further than the diet shelves at your local bookstore—filled with books describing fad diets that come in and out of favor.

In contrast, the number of health clubs across the country is growing, and health food stores are gaining market share. Being thin and fit are generally seen as desirable. But not everyone can afford the clubs or other means of enhancing our health. Many can't or won't make the time to exercise regularly; I know that I find it more difficult to allocate time to it than I used to. And not everyone has the willpower to control his or her eating habits.

Obesity seems to increase as income decreases. About 26 percent of those who haven't completed high school are classified as being obese, while only about 15 percent of those who completed college are. But the percentage of obese college graduates has increased at a faster rate than those with less education. Rich kids like MacDonald's too.

Even though actuaries deal in large numbers and abstractions, it's personal behavior that often has an impact on what lies behind those abstractions. Will obesity raise mortality rates? Probably. Should actuaries (particularly life actuaries) support and participate in activities that heighten the awareness of the obesity problem? Though it may be outside the actuary's job description, it probably couldn't hurt.