



## America is Sicker Than Europe

Study finds more obesity, smoking costs U.S. billions

By Lisa Girion

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Costly diseases, many of them related to obesity and smoking, are more prevalent among aging Americans than their European peers and add up to \$100 billion to \$150 billion a year in treatment costs to the U.S. health care tab, a new study says.

The study by researchers at Emory University's Rollins School of Public Health found higher rates of several serious diseases – including cancer, diabetes and heart disease – among Americans age 50 and older, as compared with aging Europeans.

For example, heart disease was diagnosed in nearly twice as many Americans as Europeans ages 50 and older. More than 16 percent of American senior citizens had diagnosed diabetes, compared with about 11 percent of their European peers. And arthritis and cancer were more than twice as common among Americans than Europeans.

The study published online last week by the Journal of Health Affairs found Americans were nearly twice as likely as Europeans to be obese (33.1 percent versus 17.1 percent), and they also were more likely to be current or former smokers (53 percent versus 43 percent).

"We expected to see differences between disease prevalence in the United States and Europe, but the extent of the differences is surprising," said lead author Kenneth Thorpe, a public health professor at Emory and former deputy assistant secretary of the U.S. Department of Health and Human Services.

### Affects the Economy

The study has implications for the ongoing debate over health care reform and attempts to illustrate the economic consequences of lifestyle choices often viewed as intensely personal.

Does the Emory study mean that Americans actually are sicker than Europeans, or that their illnesses more likely to be diagnosed and treated?

Both, the authors said.

When it comes to cancer, the higher diagnosis rate appears to be due to more intensive screening in the U.S. they said. But higher rates of obesity-related diseases and conditions, such as high blood pressure, suggest Americans also are, indeed, sicker.

"I think the big difference is the doubling of obesity rates," Thorpe said. "If you look at the doctor-diagnosed rates of diabetes and other chronic diseases related to obesity, it's just startling. It just jumped out at us when we looked at it."

It is the latest look at why the U.S. spends more on health care than any of its European counterparts. In 2004, the year of data the Emory study examined, the U.S. spent \$6,102 per capita on health care – about twice that of the Netherlands and Germany, and nearly twice that of France.

If older Americans were diagnosed and treated at the lower European rate for 10 common chronic conditions, the authors estimate, this would reduce spending by \$100 billion to \$150 billion per year, which is 13 percent to 19 percent of U.S. spending on this age group.

#### **Solution: diet**

The study concludes the best way to trim U.S. health care spending – or at least curb its rate of increase – is to put Americans on a diet and encourage other measures aimed at preventing diseases.

Physicians such as Rob Blackman, a Los Angeles internist, already counsel their patients to take a cue from Europeans in the way they eat – less fast food – and the way they pace their lives. Six week vacations and afternoon siestas help reduce stress levels that make people vulnerable to disease, he said.

Such conventions, commonplace in Europe, are unheard of in the U.S., so the advice is often easier given than taken.

“Last year, I took a 15-day vacation – first time I took more than 10 days in 30 years,” Blackman said, “I couldn’t believe how much better I felt. It’s like the old saying, ‘You don’t know how sick you are until you get better.’”

Other studies have sought to explain the spending gap between the U.S. and Europe by comparing factors such as capacity, access to technology and prices.

Thorpe said he hopes the study helps shift the debate over health care reform away from arguing about who pays for what to a focus on preventing diseases that affect the quality of life and run up costs.

He said he would like to see the nation embrace obesity and disease prevention the way it targeted cigarette smoking. That campaign slashed smoking rates by more than half.

The U.S. health care system – driven by when and how providers get paid – does not promote prevention of effective disease management, Thorpe said.

“We wait for people to get sick. They show up. We treat them. And doctors and hospitals get paid. That’s not a very good way for managing disease,” he said.