Obesity: Upsetting the Public Health Balance

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In the Asia-Pacific region, health care and public health is a major area of budgetary expenditure. This journal has always advocated for a balance between public health, with its emphasis on prevention and population-wide health programs, and expenditure on health care. Health care services emphasize treating the individual and for this reason tend to be biased toward higher income citizens who live in the cities. Public health emphasizes “health for all,” no matter how poor or disadvantaged the citizen may be. To achieve health for all, there needs to be an appropriate balance between curative medicine and preventive health care.

But a new epidemic threatens the balance between public health and clinical medicine in our region. This issue of the journal again includes articles on obesity from Thailand and Japan and articles on exercise. The public health answer to obesity is simple and well known—and yet so complicated to adopt on a community-wide basis: “breastfeed all infants,” and for children and adults, “eat less and move more.” Yet because the public health community has not been able to implement this strategy universally, we are faced with an increasing epidemic of obesity. While there are issues with accuracy in diagnosis due to varying definitions, the trend toward an increasingly obese population in the Asia-Pacific region is incontrovertible.¹ Walpole et al² have estimated that the prevalence of overweight in Asia had reached 24% in 2005, and studies since then have reported that rates are still increasing. In China, the news media coverage of obesity has increased in recent years, reflecting the epidemiological reality. But the problem is still portrayed in the popular press as a problem belonging to the individual placing little emphasis on community-wide prevention.³

The relationship between obesity and chronic disease has been documented in many epidemiological studies. Increased morbidity and mortality that is associated with obesity includes diabetes, coronary heart disease, and stroke, to name but a few of the conditions that are commonly listed in reviews.⁴ In a major cohort study, Chen et al⁵ documented the excess mortality in China due to obesity. For each 5 kg/m² increase in body mass index, the mortality from stroke and coronary heart disease increased by 50%.

There have been many attempts to apply an economic cost to the obesity epidemic. Wang and colleagues have projected that in the United States, the total health care costs attributable to obesity and overweight will double every decade to reach 860 to 960 billion US dollars by 2030.⁶ Obesity will conservatively account for 16% to 18% of total US health care costs, a massive imposition on even the wealthiest economy in the world. In another study, the additional cost of health care of being obese was estimated at $2741 (in 2005 dollars).⁷ In New Zealand, the cost

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