Do obese people use more health care resources?

RESULTS IN BRIEF

- Obese people use nearly 50% more health care resources than people of normal weight
- Overweight people use 20% more health care resources than people of normal weight

Obesity is recognised as a growing health issue in South Australia. A high Body Mass Index (BMI) is known to increase the risk of ill health, leading to a lowered quality of life and increased demand for health services. With finite health care resources available, it is important to understand the way in which resources are currently being used, and the reasons behind such use. Such understanding will assist with planning to meet future demands, and ensure the best use is being made of the resources that are available. In this report, BMI data from the North West Adelaide Health Study (NWAHS) are explored along with health service use costs.

METHODS

The NWAHS is a biomedical survey of people aged eighteen or over resident in the north-western area of Adelaide. Recruitment of participants was carried out through a Computer Assisted Telephone Interviewing system, with participants attending a clinic to allow the gathering of biomedical data. The data were weighted by region, age, sex and probability of selection in the household to the Australian Bureau of Statistics’ 1999 Estimated Residential Population. The study aims, methods and initial findings are detailed elsewhere.

Consent for the release of Health Insurance Commission Medicare Benefits Schedule (MBS) rebate data was requested from NWAHS participants. The MBS is considered a good source of data that is representative of healthcare service utilisation. It covers services such as professional attendances and many pathology services, but does not cover hospital inpatient costs. MBS data, consisting of date of service, MBS item number of service and rebate paid for service for the five years from mid 1997 to mid 2002 were matched for 93% (n=2352) of the 2523 study participants.

Participants were categorised according to their BMI as defined by the World Health Organisation. BMI is calculated by dividing weight in kilograms by the square of height in metres.

RESULTS

Of the participants for whom there had been successful MBS data linkage, two were removed from analysis as BMI could not be calculated.

Overall, nearly two thirds of the population of North West Adelaide are overweight or obese (see brief report 2003-3 ‘How many South Australians are severely overweight’). With such a high proportion falling in these categories, any difference in resource use based on weight classification is likely to make an impact on overall health resource use.

The 95% confidence intervals in figure 1 show that the MBS cost associated with being obese is statistically significantly higher than that associated with being normal weight. The cost associated with being overweight is itself statistically significantly higher than the cost associated with normal weight.

CONCLUSION

As BMI increases from normal to obese, health resource use increases. Moreover, increasing BMI is also associated with higher risk of co-morbidities. It is therefore possible that higher resource use may be a reflection of a higher health care demand driven by co-morbidities.

REFERENCES

1. National Health and Medical Research Council Acting on Australia’s Weight, AGPS Canberra, 1997

INFORMATION

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