



Is Poor Nutrition Hurting Your Bottom Line?

BY MEGAN MURPHY

THE ESTIMATED ECONOMIC BURDEN of chronic disease over the next 35 years is \$95 trillion in the United States alone. This includes both direct (e.g., illness treatment) and indirect (e.g., lost productivity and disability) health care costs.¹ Six out of 10 American adults suffer from a chronic disease² and obesity is by far the greatest risk factor.³ Many of the cardiometabolic diseases, such as heart disease, stroke, and type 2 diabetes, are “caused by our industrial diet, which means they are avoidable if we transform the food we grow, the food we produce, and the food we eat.”¹ One study discovered “nearly half of all the deaths in the U.S. in 2012 caused by cardiometabolic diseases were associated with suboptimal eating habits.”⁴ The Food is Medicine movement advocates the prevention and treatment of chronic illnesses through food.

The Real Cost of Chronic Illness

The Centers for Medicare and Medicaid Services Office of the Actuary 2019-2028 projections indicate that U.S. healthcare spending will reach \$4.2 trillion—or \$12,749 per person—this year and is projected to reach \$6.2 trillion by 2028.⁵ Combined direct and indirect healthcare costs for

chronic health conditions totaled \$3.7 trillion in 2016, or nearly one-fifth of the U.S. economy, and diseases caused by obesity and being overweight accounted for 47 percent (\$1.7 trillion) of those costs.³

Early Results Look Promising

Here’s the good news. While unhealthy eating may have gotten us into this dire situation, improving our diet is the solution. “Food and nutrition interventions can aid in prevention and management, and even reverse chronic disease. Introduced at large scale, proven interventions could save millions of lives and billions in healthcare costs each year,”⁶ notes the Aspen Institute’s Food is Medicine Initiative.

“Food is medicine” interventions are no or low-cost programs administered by clinicians through the health care system that may include medically-tailored meals, groceries, and produce prescriptions. Massachusetts and California have piloted programs with high-risk populations that have shown positive results. Findings from Massachusetts’ program revealed that “receipt of medically tailored meals was associated with a 16% net reduction in overall health care costs, 49% fewer inpatient hospital admissions,

and 72% fewer admissions into skilled nursing facilities compared with the control group.”⁷

Healthy Eating Reduces Insurance Costs

Business leaders see the direct impact that chronic disease has on their company’s health plan costs. Implementing employee programs that promote healthy eating will help reduce chronic illness and result in enormous savings, especially considering that suboptimal diets cost approximately \$50 billion each year.⁸ Savings include reducing or eliminating expensive prescription drug costs, fewer emergency room visits, hospital stays and doctor’s appointments and lower co-pays, insurance rates, and more.

We’re Here to Help

Lyons Companies strengthens businesses by proactively addressing risk management issues and providing cost-containment solutions. We monitor trends, like the Food is Medicine movement, to advise clients on potential business implications. We partnered with RCA Nutrition to help educate clients about targeted approaches to therapeutic food programs and nutritional coaching as a tool to improve lives and help drive down healthcare costs. If you would like to learn more about this partnership or other cost-containment strategies, contact us at: benefits@lyonsinsurance.com or 1.800.456.5508. ■

- 1 Hyman M. Food fix: How to save our health, our economy, our communities, and our planet—one bite at a time. *New York: Little, Brown Spark; 2020: 11-12.*
- 2 <https://www.cdc.gov/chronicdisease/resources/infographic/chronic-diseases.htm>
- 3 Waters H and Graf M, The Cost of Chronic Disease in the U.S. *Santa Monica, CA: Milken Institute; 2018; 2.*
- 4 Micha R, Peñalvo JL, Cudhea F, Imamura F, Rehm CD, Mozaffarian D. Association Between Dietary Factors and Mortality From Heart Disease, Stroke, and Type 2 Diabetes in the United States. *JAMA. 2017 Mar 7;317(9):912-924.*
- 5 [https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsProjected \(Tables 1 & 5\)](https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsProjected%20(Tables%201%20&%205))
- 6 <https://www.aspeninstitute.org/programs/food-and-society-program/food-is-medicine-project/>
- 7 Berkowitz SA, Terranova J, Randall L, et al. Association Between Receipt of a Medically Tailored Meal Program and Health Care Use. *JAMA Intern Med. 2019;179(6):786-79*
- 8 Lee Y, Mozaffarian D, Sy S, Huang Y, Liu J, Wilde PE, Abrahams-Gessel S, Jardim TSV, Gaziano TA, Micha R. Cost-effectiveness of financial incentives for improving diet and health through Medicare and Medicaid: A microsimulation study. *PLoS Med. 2019 Mar 19;16(3).*



Megan Murphy is the employee benefit team leader at Lyons Companies.



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