



# Opinion

## The weight is behind McCain, but Obama has the votes



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**T**here is a substantial, if imperfect, correlation between a map of the obese and overweight in the United States and maps of polling for the presidential race on websites such as RealClear Politics.

Of the 10 fattest states, nine show strong support for the Republican nominee, John McCain, with only Michigan – once considered a battleground state, but recently abandoned by McCain’s campaign – as the exception.

Of the 10 least obese and overweight states, eight support the Democratic nominee, Barack Obama, although Colorado, where Obama is ahead by four points, is still considered a toss-up. The exceptions are the conservative mountain states of Utah and Montana.

The bigger picture reinforces this story. In the heaviest half of the 50 states, polls in 68 per cent show support for McCain. Of the lightest half of the states, plus the District of Columbia, 84 per cent are for Obama.

There are many confounding factors here imposed on traditional voting patterns – a link between poverty and obesity, that the conservative states of the South traditionally enjoy fried foods, and the influence of the healthier cuisines of Asia and the Mediterranean on the east and west coasts.

Using the percentage of their populations that is obese and overweight as

an indicator, the slimmer Colorado, Florida, Nevada and Virginia – where the race is now considered too close to call – should deliver 54 electoral college votes to Obama.

Even if McCain wins all those toss-up states that are more obese and overweight – that is, Indiana, Missouri, North Carolina and Ohio – that would give him only 57 additional electoral college votes. Thus, the weightometre has Obama winning the presidential race by a margin of at least 318 electoral college votes to 220. Behind the numbers used to make this lightweight prediction lies the real story for the future of the US, and what the next president will do to tackle this serious health problem.

It is shocking to consider that in Mississippi, the “biggest” state in the nation, 32.6 per cent of people are obese, and if you add in those who are overweight, the figure is 68.1 per cent. Ten per cent of the population has diabetes and 33 per cent has high blood pressure.

Even in Colorado, the state with the lowest obesity rate in the nation, more than half the population is either obese or overweight. The figures are getting worse, not better.

Spending on health care in the US, already the highest per person in the world, is predicted to double by 2016 from the current figure of over \$US2 trillion (\$3 trillion) every year to \$US4.1 trillion, or 20 per cent of gross

domestic product. A study in 2004 found that 27 per cent of the increase in health-care spending between 1987 and 2001 was related to the rise in obesity rates.

The US Department of Health estimates obese and overweight adults cost the nation between \$US69 billion and \$US117 billion a year. The government-funded Medicaid and Medicare programs finance about half of the fat-related costs.

In Australia we are at risk of outweighing the US on the obesity scales. Over 60 per cent of adults, and one in four children, are either overweight or obese, and it is estimated the total cost of obesity to Australian society and governments this year is \$58 billion.

A report published last week by the National Preventative Health Taskforce calls for urgent action to tackle obesity, which it describes as “one of the greatest public health challenges” facing Australia.

The world economic crisis means a drive by governments and industry to cut the budget fat is under way. There are substantial savings to be made, and economic and avoidupois burdens to be lifted, by tackling the obesity crisis.

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