For people still struggling to make time for exercise, a new study offers a strong incentive: You’ll save $2,500 a year.

The savings, a result of reduced medical costs, don’t require much effort to accrue — just 30 minutes of walking five days a week is enough.

The findings come from an analysis of 26,239 men and women, published today in the Journal of the American Heart Association. Researchers from a number of universities and hospitals around the country, including Baptist Health South Florida, Yale, Johns Hopkins, Emory and Baylor,
decided to see if they could determine what being active or inactive costs each of us annually in health care spending.

Scientists and health policy experts have known for some time that inactivity is expensive at the public health level. Sedentary people are more likely than physically fit people to develop a number of diseases.

The costs associated with treating these ills are enormous. A startling study published in July in *The Lancet* looked at data from 142 nations about time lost from work, insurance claims, health care billing, and other costs that the researchers determined were most likely caused by people being sedentary and now suffering from heart disease, stroke, Type 2 diabetes, breast cancer or colon cancer. Each of these conditions is believed to be much more common among people who do not exercise.

The study concluded that inactivity costs the world economy almost $68 billion annually in medical expenses and lost productivity. In the United States alone, the total was almost $28 billion. Most of the global costs were borne by governments and businesses, the authors write, but almost $10 billion worldwide was paid out of the pockets of individuals.

But those kinds of aggregate numbers, while concerning, are also abstract. They don’t tell us how much each of us, individually, might be paying out or saving in future health costs when we decide either to go for that walk at lunchtime or skip it.

So for the new study, the researchers set out to quantify the value of exercise for each individual.

To do so, they first turned to a huge storehouse of data about what we spend on health care. The annual Medical Expenditure Panel Survey, which is conducted by federal agencies, asks a large, representative group of Americans what they have spent on health care in the past year. The survey includes detailed questions about insurance coverage, prescription costs, doctor visits, hospitalizations, medical devices, other out-of-pocket spending, reimbursements, and so on.

It also asks about health, such as any diagnosed illnesses.

A separate part of the survey covers lifestyle issues, such as the person’s income, educational level, and whether he or she smokes, as well about physical activity, and how often the person engages in moderate or vigorous exercise. (Moderate activities, according to the survey, would include brisk walking, bicycling gently, or raking leaves; vigorous exercise would be running, strenuous cycling or other activities that significantly increase heart rate and sweating.)

For the study, the researchers pulled data from the 2012 survey.

Because they wanted to look at costs related to inactivity, the researchers decided to focus on expenses among this group related to cardiovascular disease, since its incidence and severity are known to be affected by whether someone exercises.
They also stratified the people into two broad groups: those who did or did not meet national exercise guidelines, which recommend that someone work out moderately for 30 minutes five times per week.

Then they looked at how much each person had spent on health care in 2012 and whether being physically active had changed that outlay.

It turned out that it had, substantially. On average, someone who met the exercise guidelines paid $2,500 less in annual health care expenses related to heart disease than someone who did not walk or otherwise move for 30 minutes five times per week.

Those numbers included annual savings of about $400 on prescription medicines and far fewer emergency room visits and hospitalizations for people who regularly exercised.

The researchers arrived at these figures after controlling for insurance coverage, meaning that people with good insurance who did not meet the exercise guidelines paid more annually for their health care than those with skimpier coverage who regularly exercised.

The costs declined for exercisers even if they had been given a diagnosis of heart disease or had multiple risk factors for heart disease — such as high blood pressure and poor cholesterol profiles. If they met the exercise guidelines, they generally spent significantly less on annual health care than someone with heart disease or multiple risk factors who rarely worked out.

Overall, the data strongly suggest that “being physically active is good for your wallet,” says Dr. Khurram Nasir, a preventive cardiologist and director of the Center for Healthcare Advancement and Outcomes at Baptist Health South Florida hospital in Miami, who oversaw the study, which was funded by Baptist Health South Florida.

He also pointed out that this study focused only on expenses related to cardiovascular disease and that the actual annual cost savings from being physically active could be substantially higher than $2,500.

Of course, this was an associational study, meaning that it cannot directly prove that working out causes someone to spend less on health care, only that the two are linked.

But Dr. Nasir says he hopes that people who are reluctant to exercise might now consider the possibility that not moving is costing them money.