OBESITY CARE ADVOCACY NETWORK

MISSION:
To change how the nation perceives and approaches obesity in the United States.

Obesity and Health Disparities

Obesity in Adults

- About **42.4% of adults** aged 20 and over had obesity in 2018. Severe obesity affects **9.2% of adults**.
    - **Adults aged 40-59** had the highest prevalence of obesity compared to other age groups.
- The prevalence of obesity was lowest among non-Hispanic Asian adults (17.4%) and highest among **non-Hispanic Black (49.6%) and Hispanic (44.8%) adults.** Compared to non-Hispanic White populations:
    - Non-Hispanic Black Americans are **1.3 times** more likely to have obesity,
    - Hispanic Americans are **1.2 times** more likely to have obesity,
    - American Indian and Alaskan Natives are **1.6 times** more likely to have obesity, and
    - Native Hawaiians/Pacific Islanders are **80% percent** more likely to have obesity.
- **4 out of 5** Black or Hispanic American women have obesity or overweight.

Co-morbidities of Obesity

- Obesity increases the risk for **over 230 medical conditions**, including high blood pressure, heart disease, certain cancers, arthritis, lipid disorders, sleep apnea and type 2 diabetes.
    - Native Hawaiians/Pacific Islanders are **2.5 times more likely** to have diabetes and **3.9 times** as likely to experience a stroke than non-Hispanic White adults.
    - Asian Americans are **40% more likely** to be diagnosed with diabetes than White Americans.
    - Black adults are **1.5 times** as likely to experience stroke, **40% more likely** to have high blood pressure and **60% more likely** to be diagnosed with diabetes than non-Hispanic White adults.
    - Hispanic adults are **1.7 times** more likely to have diabetes than White adults.

COVID-19 and Obesity

- Obesity is a risk factor for severe COVID-19 illness, and higher rates of hospitalization, ICU admission, and death. Of those hospitalized for COVID-19, **79% had overweight or obesity**.
    - Among Medicare beneficiaries hospitalized for COVID-19, **32% also had obesity**.
    - **Prior history of metabolic surgery** was associated with lower rates of hospital and ICU admission.
- A recent model showed that if obesity prevalence were reduced by 5% at the start of the pandemic, there would have been almost **5,000 fewer deaths** from COVID-19 by October 2020.
    - If obesity prevalence were reduced by 25%, there would have been **24,000 fewer deaths**.
- **Communities of color** are disproportionately affected by COVID-19, especially Latinx and Black adults and persons from low-income households. These populations also have a **higher prevalence of obesity** and are more likely to have worse outcomes from COVID-19.
    - Black Americans are hospitalized **287% more** and Hispanic Americans are hospitalized **271% more** than White Americans due to COVID-19.
    - A disproportionate share of **COVID-19 deaths** occur within minority communities.
- Pandemic shelter-in-place orders coincided with decreases in observed daily step counts, self-reported increases in snacking/overeating, and significant **weight gain (**about 1.5 pounds/month).
    - About 61% of adults reported undesired weight changes since the start of the pandemic, with about 2 in 5 adults (42%) saying they **gained more weight** than intended.
    - Of this group, respondents gained an **average of 29 pounds** (median 15 pounds) and 1 in 10 (10%) said they gained more than 50 pounds.
    - **Parents, essential workers, and communities of color** also reported higher levels of stress during the pandemic, leading to increased rates of unhealthy habits that may also contribute to obesity.

Social Determinants of Health and Obesity

- Minority groups have experienced long-standing **systemic inequities** that affect their health and may also contribute to the higher rates of both obesity and COVID-19 seen in communities of color:
  - **Social/Community Context**: Racism, discrimination and violence in social and medical settings.
  - **Health Care Access/Quality**: Limited access to quality health care, higher rates of under- or no insurance, lower general health status.
  - **Economic Stability**: Overrepresentation in essential and lower-wage jobs, higher incarceration rates.
  - **Education Access/Quality**: Less access to quality education.
  - **Neighborhood/Built Environment**: Higher rates of food insecurity and low-nutrition foods, less access to safe and affordable housing, transportation, and physical activity locations.

Medicare and Obesity in Older Adults

- About **42.8% of adults aged 60 and over** had obesity in 2018. Severe obesity affects **5.8% of older adults**.
- As of 2020, around **63.1 million** Americans were enrolled in Medicare.
  - The rate of obesity among Medicare beneficiaries **doubled from 1987 to 2002 and nearly doubled again by 2016**.
- Medicare spending for individuals with obesity rose to **$44.3 billion** in 2015.
  - On average, Medicare spends **$2,018 more** per beneficiary with obesity (in 2019 dollars).
  - One analysis suggests that expanding coverage of anti-obesity interventions, including medications and intensive behavioral therapy, could save Medicare **$20 – $23 billion over 10 years**.

Costs of Obesity

- The total cost of obesity in the United States is estimated to be **$1.72 trillion**.
  - Direct healthcare costs are **$480 billion** and accounted for **28.2%** of annual healthcare costs.
  - Indirect costs due to absences, lost wages and reduced economic productivity, are **$1.24 trillion**.
- Healthcare costs for people with obesity are about **42% higher** than for unaffected adults.
  - For BMI 30+, each one-unit BMI increase was associated with an additional cost of **$253 per person**.
  - Among adults, obesity was associated with $1,861 excess annual medical costs per person, accounting for **$172 billion** of annual expenditures.
  - Most expenditures were due to severe obesity, associated with excess costs of **$3,097 per individual**.
  - The highest expenditures were for those **aged 60-70 with severe obesity**.

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