The Economic Impact of Obesity on Your Organization

Obesity Is Common and, Along With Its Comorbidities, Costly for Your Organization

Regardless of industry or occupation, obesity can affect the workforce.[1]

- Nearly one-third, or ~40,110,000, full-time employees have obesity

Obesity	T2D	CAD	OA	HTN
$86.9 billion[2,3,a]	**$327 billion**[5,b]	**$188 billion**[6,c]	**$186 billion**[7,d]	**$131 billion**[8,e]
This is roughly equivalent to the cost of hiring 1.7 million additional workers per year at $51,170 each[2-4]				

Obesity is a costly disease that may contribute to the costs of other chronic conditions.[9]

CAD=coronary artery disease; HTN=hypertension; OA=osteoarthritis; T2D=type 2 diabetes.
[a]Aggregate cost of obesity among full-time employees in the United States, according to data from a 2006 survey, adjusted to 2019 inflation rates.
[b]Includes direct medical costs and the costs of lost productivity (2017).
[c]Includes direct (medical) and indirect costs of coronary artery disease (2017).
[d]Aggregate medical expenditures, including out-of-pocket costs (1996-2005; 2007 dollars).
[e]Healthcare costs only (2003-2014, averaged).

Impact of Direct Medical Costs of Obesity for Health Plans

Direct medical costs of obesity-related complications in a hypothetical health plan of 100,000 members [10,11,a]:

T2D	OA	CAD
5325 affected members	13,704 affected members	1645 affected members
~$37.9 million total direct annual cost	~$27.1 million total direct annual cost	~$7.1 million total direct annual cost
~$31.55 PMPM	~$22.60 PMPM	~$5.93 PMPM

PMPM=per-member per-month.

[a] Costs shown are direct medical costs associated with treating specific overweight- and obesity-related comorbidities PMPM in 2016.

Over 10 years, an employee with a body mass index (BMI) ≥40 kg/m^2 can expect to incur a total economic burden nearly 3 times higher than an employee with a BMI 30 kg/m^2–34.9 kg/m^2 [12]

Obesity is also associated with high indirect costs for employers.

Short-term disability[13]

- Employees with obesity-related complications are nearly **2x as likely** to file short-term disability claims[a]

Absenteeism[2]

- Obesity-related absenteeism can cost US employers **$12.8 billion** annually

Workers' compensation[14]

- In a 3-year study of workers' compensation claims, claims were **160% higher** for employees with obesity (BMI ≥30 kg/m^2) compared with those who have normal weight (BMI 18.5 kg/m^2–25 kg/m^2)[b]

Presenteeism[2]

- Presenteeism in the workplace has been shown to be the **single largest cost driver** associated with obesity, regardless of BMI

Productivity[15]

- Increasing BMI is associated with **impaired work productivity** and indirect costs[c]

[a] Data from a retrospective analysis of a large, national employer database from 2006-2008 (n=89,097).[13]

[b] Study specific to the Louisiana Workers' Compensation Corporation Claims Payment Database for open claims. Study included ~2300 injured employees filing workers' compensation claims.[14]

[c] Study effects were not uniform, with notable differences emerging, based on participant's respective occupation.[15]

Helping Your Employees With Their Weight-Loss Journey May Be Beneficial to Your Bottom Line

Studies indicate that a 5% to 10% weight loss can help curb the economic impact of costly comorbidities.[16,17]

Estimated impact per each case avoided in the United States over 10 years if average adult BMI was reduced by 5%[17,18,a]:

Coronary heart disease and stroke

3.3 million
cases avoided

~$2.97 PMPM
associated savings

Hypertension

3.6 million
cases avoided

~$0.41 PMPM
associated saving

Type 2 diabetes

4.1 million
cases avoided

~$2.08 PMPM
associated savings

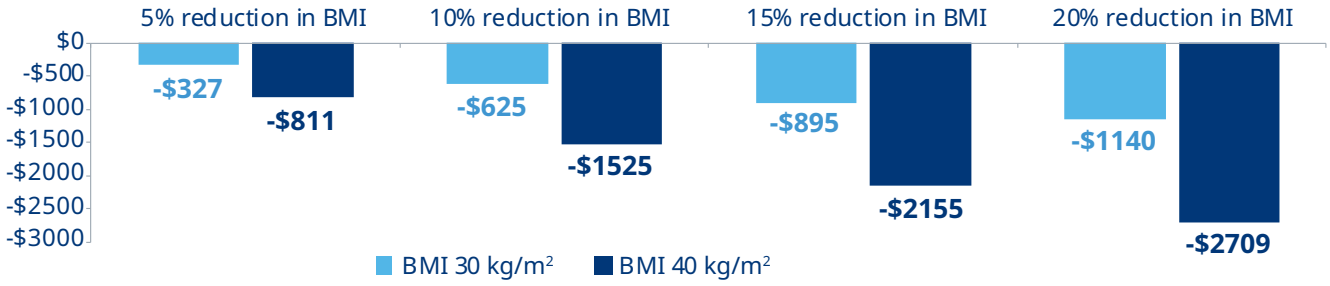
Arthritis

1.9 million
cases avoided

~$0.55 PMPM
associated saving

Predicted annual cost savings for patients with baseline BMI values of 30 kg/m² and 40 kg/m² [3,19,b,c]

Aggregated medical costs include inpatient, outpatient, prescription drugs, dental, vision, home and healthcare services, and medical equipment.



• A 20% reduction in BMI can lead to nearly double the cost savings compared with a 10% reduction in BMI

The economic benefits of sustained weight loss are contingent upon the appropriate weight-management approach being available for all obesity classes.

[a]From a medical expenditure model using data collected over a 10-year time period, which estimated the impact of weight loss on the incidence of several types of weight-related comorbidities and the associated cost savings.[17]

[b]Costs were calculated in 2010 US$ and adjusted for inflation in 2021.

[c]This study assessed costs using a 2 part model that estimates the probability of having medical expenditures and the amount of medical expenditures conditional on having any. The study used data from 2000-2010 waves of the Medical Expenditure Panel Survey (MEPS).[19]

Does Your Health Plan Include AOMs as a Treatment Option for Obesity?

Obesity management warrants a stepwise approach: AHA/ACC/TOS guidelines[20,a]

Treatment	BMI Category (kg/m^2)				
	25-26.9	27-29.9	30-34.9	35-39.9	≥40
Diet, physical activity, and behavior therapy	Yes, with comorbidities →	Yes →	Yes →	Yes →	Yes →
Pharmacotherapy		Yes, with comorbidities →	Yes →	Yes →	Yes →
Surgery				Yes, with comorbidities →	Yes →

ACC=American College of Cardiology; AHA=American Heart Association; TOS=The Obesity Society.
[a]Yes alone means that the treatment is indicated regardless of presence or absence of comorbidities. The solid arrow signifies the point at which treatment is initiated.[20]

The fastest growing classifications of obesity between 1998-2018 were Class II (35 kg/m^2 – 39.9 kg/m^2) and Class III (≥40 kg/m^2).[21]

- Between 2011 and 2018, the percentage of adults in the United States with Class II obesity increased 19% and Class III obesity increased 25%, while Class I obesity (30 kg/m^2 – 34.9 kg/m^2) increased 7%[21]

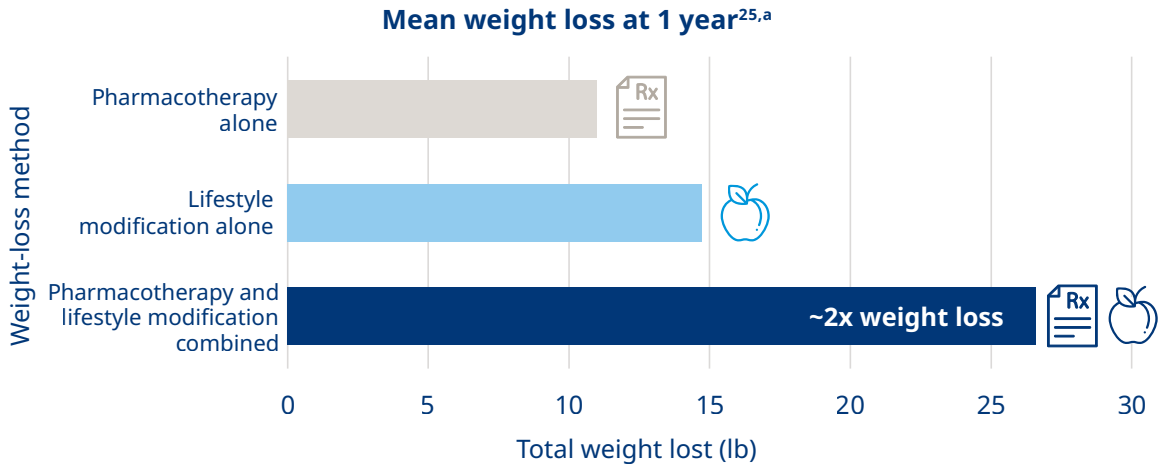
Per AHA/ACC/TOS guidelines, weight loss for people with Class II/III obesity may require medical intervention, like pharmacotherapy, or surgery for appropriate patients, in addition lifestyle modifications.[20]

Adding Anti-Obesity Medications (AOMs) to a Comprehensive Weight-Management Program May Help Appropriate Patients With Obesity Lose Weight

Sixty-seven percent of large employers offer wellness programs that incorporate employee benefits related to diet and exercise, spending an average of $6 million on these programs annually[22,23]; however, employees may not be benefiting as much as employers believe.[24]

- According to an online survey of 3000 people with obesity, only 17% of employees with obesity viewed wellness programs as beneficial, compared with 72% of employers[24]
- Corporate wellness programs are considered a solution for improving employee health and well-being, but are not meeting the needs of every person with obesity[24]

Adding AOMs to a comprehensive weight management program may help appropriate patients with obesity lose weight.[25]



[a]According to a study of 224 men and women aged 18 to 65 years with BMI of 30 kg/m^2 to 45 kg/m^2 who were randomly assigned to receive pharmacotherapy (sibutramine) alone, lifestyle-modification counseling, or pharmacotherapy with lifestyle-modification counseling (combined therapy).[25]

- It is critical to offer various options to your employees with obesity, as one specific strategy will not address the needs of everyone with obesity in your organization

Members who have better control of their obesity may mean fewer direct and indirect costs incurred from pricy comorbidities, employee absenteeism, etc.[16,26]

Most importantly, make sure you are communicating benefits to employees so that they can take advantage of your programs.

- Even though all employers in one study reported providing coverage for weight management, including prescription weight-loss medications, only 13% of employees with obesity were aware that this benefit was being offered[24]

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