F as in Fat: 2013
How Obesity Threatens America's Future

<table>
<thead>
<tr>
<th>MEAL</th>
<th>CALORIES</th>
<th>PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hamburger</td>
<td>280</td>
<td>.89</td>
</tr>
<tr>
<td>Cheeseburger</td>
<td>330</td>
<td>.99</td>
</tr>
<tr>
<td>Fish Sandwich</td>
<td>470</td>
<td>1.99</td>
</tr>
<tr>
<td>Fried Chicken</td>
<td>550</td>
<td>2.79</td>
</tr>
<tr>
<td>Quarter Pound Burger</td>
<td>430</td>
<td>2.29</td>
</tr>
<tr>
<td>Bacon Cheeseburger</td>
<td>540</td>
<td>2.29</td>
</tr>
<tr>
<td>Double Decker Burger</td>
<td>590</td>
<td>2.39</td>
</tr>
<tr>
<td>Fried Chicken</td>
<td>460</td>
<td>2.99</td>
</tr>
</tbody>
</table>

Trust for America's Health
www.healthyamericans.org

Robert Wood Johnson Foundation
Acknowledgements

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Cost Containment and Obesity Prevention

CURRENT STATUS:

Obesity is one of the biggest drivers of preventable chronic diseases and healthcare costs in the United States. Currently, estimates for these costs range from $147 billion to nearly $210 billion per year.\(^{28}\) In addition, job absenteeism related to obesity costs $4.3 billion annually.\(^{29}\)

The 2012 edition of *F as in Fat* featured a modeling study projecting what the rise in adult obesity could be if rates continued on their historical trajectory. Things continue on this course, by 2030, adult obesity could reach 50 percent and combined medical costs combined medical costs associated with treating preventable obesity-related diseases are estimated to increase by between $48 billion and $66 billion per year, and the loss in economic productivity could be between $390 billion and $580 billion annually.\(^{30}\)

As obesity rates rise, the risk of developing obesity-related health problems — type 2 diabetes, coronary heart disease and stroke, hypertension, arthritis and obesity-related cancer — increases exponentially.\(^{31}\) Twenty percent of American adults are diagnosed with diabetes, and today, approximately 90.4 million Americans have diabetes.\(^{32}\) More than 40 percent of hypertension cases can be attributed to obesity.\(^{33}\) And approximately one-third of cancer deaths are linked to obesity or lack of physical activity.\(^{34}\)

<table>
<thead>
<tr>
<th>Obesity in America 2010</th>
<th>Obesity in America 2030</th>
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<tbody>
<tr>
<td>36%</td>
<td>50%</td>
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</table>
However, if obesity trends were lowered by reducing the average adult BMI by only 5 percent, millions of Americans could be spared from serious health problems and preventable diseases, and the country could save $29.8 billion in five years, $158 billion in 10 years and $611.7 billion in 20 years.55

![Graph of projected obesity-related health care costs between 2010 and 2030.]

Reductions in obesity-related health care costs through lower prescription drug costs, fewer office visits, fewer hospitalizations, fewer emergency room visits, fewer sick days, and lower risk for a wide range of diseases.

To date, there has not been a sustained, strong national focus on prevention to deliver the potential results. A growing number of studies are demonstrating the positive returns that many strategies and programs can deliver for improving health, lowering healthcare costs and improving productivity.56 For instance, a 2008 study by the Urban Institute, The New York Academy of Medicine (NYAM) and TFAH found that an investment of $10 per person in proven community-based programs to increase physical activity, improve
nutrition, and prevent smoking and other tobacco use could save the country more than $16 billion annually within five years. That's a return of $5.60 for every $1 invested.\(^7\) Out of the $16 billion, Medicare could save more than $5 billion, and Medicaid could save more than $1.9 billion. Expanding the use of prevention programs would better inform the most effective, strategic public and private investments to yield the strongest results.

**FIVE-YEAR ROI ON $10 PER PERSON COMMUNITY-BASED INVESTMENT**

<table>
<thead>
<tr>
<th>Source</th>
<th>Savings</th>
</tr>
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<tbody>
<tr>
<td>Medicare</td>
<td>$5 billion</td>
</tr>
<tr>
<td>Medicaid</td>
<td>$1.9 billion</td>
</tr>
<tr>
<td>Private Insurance</td>
<td>$9.1 billion</td>
</tr>
</tbody>
</table>

**WHY CONTAINING OBESITY-RELATED HEALTHCARE COSTS MATTERS:**

Obesity has a major impact on direct and indirect health spending:

- Obese adults spend 42 percent more on healthcare costs than healthy-weight people.\(^3\)
- Annual medical claims costs per 100 full-time employees is $7,503 for healthy-weight workers and $51,091 for obese workers.
- Obese children had $194 higher outpatient visit expenditures, $114 higher prescription drug expenditures, and $25 higher emergency room expenditures, based on a two-year Medical Expenditure Panel Survey.\(^6\) Overweight and obesity in childhood is associated with $14.1 billion in additional prescription drug, emergency room, and outpatient visit costs annually.
- The average total health cost for a child treated for obesity under Medicaid is $6,730 annually, while the average health cost for all children covered by Medicaid is $2,446.\(^4\) The average total health cost for a child treated for obesity under private insurance is $3,743, while the average health cost for all children covered by private insurance is $1,108.\(^4\)
- Hospitalizations of children and youths with a diagnosis of obesity nearly doubled between 1999 and 2005, while total costs for children and youths with obesity-related hospitalizations increased from $125.9 million in 2001 to $237.6 million in 2005, measured in 2005 dollars.\(^2\)
- Obese-related job absenteeism costs $4.3 billion annually.\(^3\)
- Obesity is associated with lower productivity while at work (presenteeism), which costs employers $506 per obese worker per year.\(^4\)
- As a person's BMI increases, so do the number of sick days, medical claims and healthcare costs associated with that person.\(^5\)
- A number of studies have shown obese workers have higher workers' compensation claims.\(^4,47,48,49,50,51\)
Policy Recommendations:

- Preventing obesity and its related chronic diseases should be a major focus of healthcare cost-containment efforts.

- Funding for obesity-prevention programs will be important to achieve results in improving health and reducing healthcare costs. Programs and policies should include a wide range of partners to ensure success, including businesses, schools, community- and faith-based organizations, economic and community developers, and health providers.

- Because community-based obesity- and disease-prevention programs can significantly cut healthcare costs for communities, funding for evidence-based programs at all levels of government will continue to be important.

- Community-based programs must include the ability to evaluate effectiveness and cost savings, and demonstrate how savings can be shared among partners, including businesses and the healthcare system, and reinvested to continue to support prevention activities.

ADDITIONAL RESOURCES

- Bench the Obesity Cost Curve: Trust for America's Health, February 2017

