Women's Health

January 2024

Obesity in Women

Women's Health Issue Brief, Part 4

Purchaser Business Group on Health

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This is part two in a series of briefs about key women's health issues with particular relevance to women of workforce age and for which employers can act to improve both the quality of life and health of women in the workforce. Each brief provides a general overview of each of the women's health issues below and then describes research related to employer workforce and/or health care costs and health inequities as applicable.

Other briefs in this series:

Part 1, Overview of Women's Health

Part 2, Women's Mental Health

Part 3, Cardiovascular Health in Women

Part 5, Menopause / Healthy Aging in Women

Obesity is more prevalent among women (40%) than men (35%) and significantly impacts health, medical spending, and lost productivity, costing the U.S. healthcare system nearly $173 billion a year.

Overview of Obesity in Women

Obesity is defined as a body mass index (BMI) of 30 kg/m^2 or higher and overweight is greater than or equal to 25 to less than 30 kg/m^2. In the United States, obesity is more prevalent among women (40%) than men (35%).[1] The most recent CDC data states that the U.S. obesity prevalence was 41.9%, affecting approximately 90 million adults.[2] The national obesity rate has increased by 26% since 2008[3] and another 3% during the Covid-19 pandemic.[4] Obesity-related conditions include heart disease, stroke, type 2 diabetes, and certain types of cancer.[5] These are among the leading causes of preventable, premature death. Obesity specifically affects certain aspects of women's health; studies show a correlation between increased BMI in women 30 to 55 years of age and increased risk of mortality, as well as morbidities such as cardiovascular disease later in life.[6] Women with obesity are more likely to have heart disease, diabetes, and breast cancer than are women without obesity. Women who have obesity are also more likely to have problems getting pregnant than are women who are at a healthy weight, likely due to an increased risk of infertility and polycystic ovary syndrome.[7]

This issue brief uses gender-specific language and the term "women" for simplicity although much of this information may also apply to transgender men, nonbinary individuals or those who may identify differently than the gender and pronouns used in this issue brief.

Health Inequities Related to Obesity

According to the CDC, Black adults have the highest l evel of adult obesity nationally at 49.9% followed by Hispanic adults (45.6%), non-Hispanic white adults (41.4%) and Asian adults (16.1%).[8] Approximately 80% of Black women are considered obese or overweight and are 50% more likely to be obese than non-Hispanic white women.[9] As a result, Black women face a greater risk of developing health conditions associated with obesity, such as diabetes, heart disease, stroke and cancer. Complex factors contribute to rates of obesity among women of color, such as socioeconomic and cultural factors, structural bias in the healthcare system, living in food deserts, etc.[10] Obesity is disproportionately present among people with socioeconomic risk factors, which has important implications for strategies to improve health equity and clinical quality outcomes.[11] Obesity prevalence is lower among adults with family income of more than 350% of Federal Poverty Level (FPL) at 39.0% compared with those with family income more than 130% through 350% FPL, which occurs at 46.5%.[12]

Obesity & Employer Workforce and/or Cost

Several studies have found that being overweight or obese negatively affects job market performance, e.g., lower wages, less likely to be hired, more likely to remain unemployed, particularly for women.[13,14,15,16,17] Yet, obesity costs the U.S. healthcare system nearly $173 billion a year.[18] Employers experience additional indirect costs in terms of lost work time, lower productivity, and premature death. Research suggests that workplace presenteeism in some industries may be the single largest cost driver of obesity, regardless of body mass index (BMI).[19] Some of the increasing prevalence of obesity in the U.S can be ascribed to lack of healthy, affordable foods and places to be active. For example, according to the CDC, fewer than one in 10 children and adults eat the recommended daily amount of vegetables and just one in four adults meets physical activity guidelines. Forty percent of all households do not live within one mile of healthy food retailers.[20]

Given the significant impact of obesity on health, medical spending, and lost productivity, many employers have made achieving healthy weight and addressing obesity a top priority for their well-being initiatives and benefit strategies. Many employers recognize the importance of providing counseling on diet and activity, while offering financial and other incentives to employees and their families to lose weight.

Beyond behavior change, ten years have elapsed since the American Medical Association (AMA) recognized obesity as a complex, chronic disease that can benefit from medical intervention. Even as evidence has emerged on a broader set of physiologic and in some cases, genetic factors, there is still significant stigma associated with a diagnosis of obesity.[21] Many providers and employers increasingly acknowledge the important influence of environmental factors and social determinants of health. This has led to more expansive strategies that recognize obesity is not solely determined by personal choices in diet and activity.

The emergence of drugs previously approved by the U.S. Federal Drug Administration for diabetes management and blood sugar control, and now with expanded indications for weight management is a game changer. However, coverage of prescription weight loss drugs as part of the pharmacy benefit remains mixed. A 2016 employer survey found that while many employers offered behavior-focused weight loss programs (healthy eating, physical activity, stress management, etc.) and a bariatric surgery benefit, only one-third of employers covered prescription weight loss drugs. A more recent survey that included smaller and mid-sized employer groups reported anti-obesity medication (AOM) coverage at 22% compared to 45% covering bariatric surgery.[22] A survey of large self-funded employers reported 46% provide AOM coverage.[23]

Large employers recognize that addressing obesity as a co-morbid condition requires a multi-factoral approach that addresses health, including mental health and psychosocial factors, well-being and quality of life. Addressing stigma has also been critical to supporting the emotional and well-being needs of employees and their dependents, and many employers also invest in health coaching as well as mental health support. One employer, for example, offers a standalone weight-loss program, tools through their well-being vendor, a mobile app to track weight loss, as well as a health plan-based program to support the diversity of readiness and engagement preferences in their population.[24] Measured outcomes for the health plan-based program including an average 3.4% reduction in body weight; 32% of associates attending four or more weight-loss sessions had a 5% or greater weight loss.[25]

Another example is a manufacturing employer who has integrated obesity management into workplace safety. Their first weight management program was launched in 2015 as a pre-diabetes program and they have now integrated diabetes management and other risk factors like hypertension. Most recently, the participants were reporting approximately 3.5% weight loss and 70% of participants had sustained the weight loss a year later.[26] Recognizing the impact of food deserts that create challenges for local access to healthy foods, another manufacturer committed $800,000 in transformational grant funding to develop and launch mobile grocery markets and deployed them in six geographies identified as rural, low-income and/or communities of color.[27] Some employers also partner with faith-based organizations such as the Balm in Gilead, which advances Black health equity and has implemented Connecting Culture & Wellness as a covered benefit with 25 cohorts to date.

More information about obesity, treatment recommendations and guidelines is provided by the Obesity Action Coalition, The Obesity Society and the Obesity Medicine Association.

*For issue briefs on more women's health topics, **click here**.*

Endnotes

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Endnotes (continued)

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This issue brief was sponsored by Astellas.

About the Purchaser Business Group on Health (PBGH)

Purchaser Business Group on Health (PBGH) is a nonprofit coalition representing nearly 40 private employers and public entities across the U.S. that collectively spend $350 billion annually purchasing health care services for more than 21 million Americans and their families. PBGH has a 30-year track record of incubating new, disruptive operational programs in partnership with large employers and other health care purchasers. Our initiatives are designed to test innovative methods and scale successful approaches that lower health care costs and increase quality across the U.S.

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