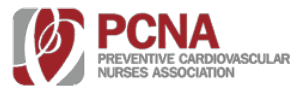


OBESITY



Obesity is defined as excessive fat accumulation that presents a risk to health. A body mass index (BMI) of over 30 is considered obese. The World Health Organization estimated that 5 million deaths were caused by a high BMI in 2019 alone.

KEY TAKEAWAYS



Nearly **95 million American adults** have elevated cholesterol levels.



Heart disease accounts for 17% of U.S. national health expenditures.



Prior authorization can cause **unnecessary treatment delays** for high cholesterol patients who fail statins.

POPULATION STATISTICS

Obesity has been increasing in epidemic proportions over the last several decades with it increasing in prevalence from 32.7% to 40.9% in US adults from 2017 – 2020.

- Nearly 70% of adults are classified as either overweight or obese as compared with fewer than 40% just 40 years ago.
- There are several adverse health effects of overweight and obesity on cardiovascular health.
- Obesity worsens most of the major cardiovascular disease (CVD) risk factors including blood cholesterol levels, blood pressure, glucose and inflammation. In addition, obesity is associated with coronary heart disease, heart failure and atrial fibrillation.

DEMOGRAPHIC STATISTICS

Obesity has both a genetic and environmental component. However, obesity affects some groups more than others:

- non-Hispanic Black adults, with the highest prevalence of obesity, followed by,
- Hispanic adults
- non-Hispanic White adults
- non-Hispanic Asian adults.

Obesity prevalence is highest among all races in the 40-59 years category. Overall, those of a lower socioeconomic status have higher rates of obesity.

FINANCIAL BURDEN

The financial burden of obesity is excessive and continues to rise. By some estimates, the US is spending anywhere from \$30-50 billion per on direct and indirect costs of obesity. Obesity is responsible for approximately 9% of Medicare spending and 12% of Medicaid spending.

ACCESS ISSUES

- **Obesity prevention is complex, due to both access issues and widespread bias or discrimination that occurs against people who are considered obese.** Weight bias occurs when a person is judged, stereotyped or discriminated against based on their weight. This occurs in all parts of society, even in the health care system, and can prevent people struggling with obesity from receiving necessary help or treatment. Knowing they will face this stigma may prevent people from seeking treatment in the first place, further worsening the issue.
- Today, less than 3% of patients who are eligible for antiobesity medications filled a prescription for agents including the newest agents glucagon-like peptide-1 (GLP-1) agonists liraglutide and semaglutide as well as orlistat, phentermine-topiramate, naltrexone-bupropion, which are all approved for long-term use. Medicare does not cover antiobesity medications. Most Medicaid state programs and some commercial insurers also do not cover these agents, especially the newer incretin-based medications. This speaks to a common bias against using obesity medications, even for people with a clear medical need.