

## The State of Obesity in

# Indiana



**1,895,073** Adults living with obesity<sup>1,2,a</sup>

**36.3%**Percentage of adults with obesity<sup>2</sup>

Prevalence of obesity varies depending on the population<sup>3</sup>:

**46.5**% Blacks

35.3% Whites **42.4**% Hispanics

**33.1**% Seniors

 $^{\circ}$ Obesity is defined as BMI ≥30 kg/m². Class 2 or 3 obesity is defined as BMI ≥35 kg/m². <sup>4</sup> BMI=body mass index.

(aged ≥65 years)

#### These counties have the highest percentage of people with obesity in Indiana5:



**44%**Knox



**43%** 



**43%** 

Obesity is a major risk factor for cardiometabolic disease.<sup>6</sup> In Indiana, the prevalence of cardiometabolic comorbidities of obesity include:



**34.5%** Hypertension<sup>7</sup>



35.6%
High cholesterol<sup>8</sup>



12.1%

<sup>b</sup>Estimates do not differentiate between type 1 and type 2 diabetes (T2D). T2D accounts for 90-95% of all diabetes cases and the data presented here are more likely to be characteristic of T2D.

## **National Obesity Statistics**

The direct and indirect costs of obesity for employers



Employees with obesity can incur up to a **2.5X increase in costs** vs employees of normal weight<sup>10,c</sup>



Absence due to illness or injury is

increased 128% for employees with obesity, or 3 additional days per year<sup>11</sup>

\$14,341 to \$28,321 employee with

Cost per employee with obesity per year<sup>10,d</sup>

\$271 to \$542

Annual productivity loss per employee with obesity<sup>11</sup>

Includes medical, pharmacy, sick days, disability, presenteeism, and workers' compensation costs. Cost increase depends on class (severity) of obesity.

dRange is based on class (severity) of obesity.

## Anti-obesity Medications (AOMs) and Coverage for Indiana Residents<sup>12</sup>

AOMs are FDA-approved medications for the management of obesity.



### Nationwide Coverage<sup>a</sup>

AOMs are covered by over 90% of National Pharmacy Benefit Managers.



#### Indiana Plan Coverage<sup>a</sup>

AOMs are covered on the following plans in Indiana:

State Employee Health Plan(s)

<sup>a</sup>Coverage data as of January 2023.

References: 1. U.S. Census Bureau. 2020: ACS 1-year estimates subject tables. Accessed March 31, 2023. https://data.census.gov/table?t=Age+and+Sex&g=0100000US\$0400000&y=2021&tid=ACSST1Y2020.S0101&moe=false&tp=true 2. Nutrition, physical activity, and obesity: data, trends and maps. Centers for Disease Control and Prevention website. Accessed March 31, 2023. https://nccd.cdc.gov/dnpao\_dtm/rdPage.aspx?rdReport=DNPAO\_DTM.ExploreByTopic&islClass=OWS&islTopic=OWS1&go=GO 3. BRFSS prevalence & trends data: BMI categories. Centers for Disease Control and Prevention website. Accessed February 13, 2023. https://nccd.cdc.gov/BRFSSPrevalence/rdPage.aspx?rdReport=DPH\_BRFSS.ExploreByTopic&irbLocationType=StatesAndMMSA&islClass=&islTopic=&islYear=&rdRnd=58747 4. What is obesity? Obesity Medicine Association website. Accessed February 13, 2023. https://obesitymedicine.org/what-is-obesity/ 5. County health rankings model: adult obesity. County Health Rankings & Roadmaps website. Accessed May 3, 2023. https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/health-behaviors/diet-and-exercise/adult-obesity?year=2023&tab=1&state=18 6. Regan JA, Shah SH. Obesity genomics and metabolomics: a nexus of cardiometabolic risk. *Curr Cardiol Rep.* 2020;22(12):174. 7. BRFSS prevalence & trends data: high blood pressure. Centers for Disease Control and Prevention website. Accessed March 31, 2023. https://nccd.cdc.gov/BRFSSPrevalence/rdPage.aspx?rdReport=DPH\_BRFSS.ExploreByTopic&irbLocationType=StatesAndMMSA&islClass=&islTopic=&islYear=&rdRnd=58747 8. BRFSS prevalence & trends data: high cholesterol. Centers for Disease Control and Prevention website. Accessed March 31, 2023. https://nccd.cdc.gov/BRFSSPrevalence/rdPage.aspx?rdReport=DPH\_BRFSS.ExploreByTopic&irbLocationType=StatesAndMMSA&islClass=&islTopic=&islYear=&rdRnd=58747 10. Ramasamy A, Laliberté F, Aktavoukian SA, et al. Direct and indirect cost of obesity among the privately insured in the United States: a focus on the impact by type of

