

The State of Obesity in

# North Dakota



208,510 Adults living with obesity<sup>1,2,a</sup>

35.2% Percentage of adults with obesity<sup>2</sup>

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

35.6%

<sup>a</sup>Obesity is defined as BMI ≥30 kg/m<sup>2</sup>. Class 2 or 3 obesity is defined as BMI ≥35 kg/m<sup>2</sup>.<sup>4</sup> BMI=body mass index.

(aged ≥65 years)

#### These counties have the highest percentage of people with obesity in North Dakota<sup>5</sup>:



49%





Obesity is a major risk factor for cardiometabolic disease.6 In North Dakota, the prevalence of cardiometabolic comorbidities of obesity include:







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 obesity per year<sup>10,d</sup>

\$271 to \$542

Annual productivity loss per employee with obesity11

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 North Dakota 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.



#### North Dakota Plan Coverage<sup>a</sup>

AOMs are covered on the following plans in North Dakota:

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.gow/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&isIclass=OWS&isITopic=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&isIclass= & isITopic=&isIYear=&rdRnd=58747 4. What is obesity? Obesity Medicine Association website. Accessed February 13, 2023. https://www.countyhealthrankings.org/explore-health-rankings/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-behaviors/diet-and-exercise/adult-obesity?year=2023&tab=1&state=38 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&isIClass=&isITopic=&isIYear=&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&isIClass=&isITopic=&isIYear=&rdRnd=58747 10. Ranasamy 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

