## The State of Obesity in Oklahoma Prevalence of obesity varies depending on the population<sup>3</sup>: 39.4% 1,193,308 Percentage Adults living with 45.2% 33.2% **39.9**% 38.4% obesity<sup>1,2,a</sup> of adults with **Blacks** Hispanics Seniors obesity<sup>2</sup> (aged ≥65 years) <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. These counties have the highest percentage of people with obesity in Oklahoma<sup>5</sup>: 45% 45% Obesity is a major risk factor for cardiometabolic disease.<sup>6</sup> In Oklahoma, the prevalence of cardiometabolic comorbidities of obesity include: 37.9% High cholesterol<sup>8</sup> <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>



Cost per 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.

<sup>d</sup>Range is based on class (severity) of obesity.

## Anti-obesity Medications (AOMs) and Coverage for Oklahoma 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.

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

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