

Condition Snapshot

Obesity

Obesity is more than a number on a scale – it’s a complex and costly epidemic. See how a whole-person approach may help employees achieve sustainable weight loss and reduce long-term health risks.



Definition

- Body mass index (BMI) of 30 or higher

Trend

- 32% increase in adult obesity rate from 1999–2023²
- 40.3% of adults and 21.1% of youths are considered obese²

Causes³

- Lack or limited amount of physical activity
- Eating more processed foods/sugar
- Genetics
- Lack of quality sleep

≈ **172M+**

U.S. adults are living with obesity¹

“Obesity is the apex predator of human health and well-being, and has become the #1 health risk in this nation.”

Dr. Rhonda Randall
Chief Medical Officer, UnitedHealthcare Employer & Individual

Taking a heavy toll

From musculoskeletal conditions and mental health to productivity at work, obesity has major impacts on employees and employers.

Who

Most common among:⁴








Females



Gen X
(born between 1965–1980)

Most prevalent in:⁵

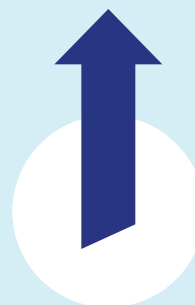
-  **1 West Virginia – 41.4%**
-  **2 Mississippi – 40.4%**
-  **3 Louisiana – 39.2%**
-  **4 Alabama and Arkansas – 38.9%**
-  **5 Indiana – 38.4%**

[Find your state →](#)

How

Increases risks of:⁶

- Type 2 diabetes
- High blood pressure and high cholesterol (risk factors for heart disease)
- Stroke
- Chronic kidney disease
- Many types of cancer
- Depression and anxiety



How much

\$770

average per member,
per month cost linked to
members with obesity¹

↑30%

increase in year-over-year
average cost per member,
per month⁴

\$4.3B

in productivity losses
each year from obesity-related
absenteeism⁷

Strategies for employers

Employers that take a whole-person approach to their benefits – for instance, by offering access to resources on healthier living and activities – may be able to better support employees living with obesity, as well as those hoping to avoid it.



Understand your population: Claims data can reveal the impact that obesity may be having on your workforce and why – including common comorbid health conditions and any social drivers of health challenges – to help inform health benefits design.



Offer weight-management programs:

Comprehensive programs, such as **Total Weight Support** are designed to pair **GLP-1s** with clinical oversight and pharmacy support to help employees achieve better outcomes and give employers a higher ROI.



Include Centers of Excellence (COE) in your network: For good candidates for bariatric surgery, Bariatric Resource Services provide quality, cost-effective care from designated COEs.



Walk the talk: Offer healthier, nonprocessed foods at meetings, events, on-site cafeterias and vending machines, and make it easier for employees to engage in physical activity by encouraging walking meetings or offering an on-site fitness center.



Educate your workforce: Share resources and tips on topics like exercise, nutrition, quality sleep and more.



Incentivize healthier choices: With incentive-based wellness programs, employees can earn rewards for walking, cycling, tracking sleep and more.

Learn how UnitedHealthcare supports
a whole-person health approach >



¹ Obesity and Severe Obesity Prevalence in Adults: United States, Aug. 2021–Aug. 2023. Centers for Disease Control and Prevention, Sept. 24, 2024. Available: <https://www.cdc.gov/nchs/products/databriefs/db508.htm>.

² The State of Obesity: Better policies for a healthier America. Trust for America's Health, Oct. 2025. Available: <https://www.tfah.org/wp-content/uploads/2025/10/TFAH-2025-ObesityReport-Fnl.pdf>.

³ Risk Factors for Obesity. Center for Disease Control and Prevention, Nov. 14, 2025. Available: <https://www.cdc.gov/obesity/risk-factors/risk-factors.html>.

⁴ UnitedHealthcare Employer & Individual self-funded and fully insured data based on claims incurred between Nov. 2024–Oct. 2025, paid through Jan. 2026.

⁵ Obesity in United States. America's Health Rankings, 2025. Available: <https://www.americashealthrankings.org/explore/measures/obesity>.

⁶ Consequences of Obesity. Center for Disease Control and Prevention, Dec. 5, 2026. Available: <https://www.cdc.gov/obesity/php/about/consequences.html>.

⁷ Mapped: The most (and least) overweight US cities in 2025. Advisory Board, March 19, 2025. Available: <https://www.advisory.com/daily-briefing/2025/03/19/overweight-cities>.

Disease Management programs and services may vary on a location-by-location basis and are subject to change with written notice. UnitedHealthcare does not guarantee availability of programs in all service areas and provider participation may vary. Certain items may be excluded from coverage and other requirements or restrictions may apply. If you select a new provider or are assigned to a provider who does not participate in the Disease Management program, your participation in the program will be terminated. Self-Funded or Self-Insured Plans (ASO) covered persons may have an additional premium cost. Please check with your employer, Vermont and Puerto Rico nor available to level funded members in District of Columbia, Hawaii, Vermont and Puerto Rico.

The Centers of Excellence (COE) program providers and medical centers are independent contractors who render care and treatment to health plan members. The COE program does not provide direct health care services or practice medicine, and the COE providers and medical centers are solely responsible for medical judgments and related treatments. The COE program is not liable for any act or omission, including negligence, committed by any independent contracted health care professional or medical center.

Employee benefits including group health plan benefits may be taxable benefits unless they fit into specific exception categories. Please consult with your tax specialist to determine taxability of these offerings.

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