



F as in Fat 2009: Obesity and the Baby Boom Generation

In the United States, there are currently approximately 35 million Americans over the age of 65. By 2020, that number is expected to reach 54.6 million, which is more than a 50 percent increase.ⁱ Obesity-related health care costs become more significant as people age because many of the diseases associated with obesity, such as cardiovascular disease, hypertension, and certain cancers, do not manifest until individuals reach their 50s or older.

Financial Impact of Obesity on Medicare:

- Adults age 65 and older with BMIs in the obese range are expected to live nearly as long as their normal-weight and overweight peers, but will have significantly higher health care costs.
- According to the Congressional Budget Office (CBO), Medicare spending is projected to more than triple from three percent of U.S. gross domestic product (GDP) in 2007 to 10 percent by 2057.ⁱⁱ Much of the growth in Medicare is associated with patients under management for obesity-related conditions.
- According to one study, three obesity-related conditions alone (diabetes, hypertension, and high cholesterol) collectively accounted for 16.1 percent of the increase in Medicare spending between 1987 and 2002.ⁱⁱⁱ
- Another study found that obese 70-year-olds will spend approximately \$39,000 more on health care than normal weight individuals, and that “Medicare will spend about 34 percent more on an obese person than on someone of normal weight.”^{iv}
- Studies have found that obese men ages 65 and older are estimated to have lifetime medical costs that were between \$18,000 and \$21,000 higher than normal-weight men (12.5 to 18 percent higher). Obese women age 65 and older had lifetime medical costs between \$32,000 and \$48,000 higher than average-weight women (16.8 percent and 63 percent).^{v vi}
- In general, health care for obese seniors (ages 65 and older) costs at least an additional \$1,486 or some analyses have found it could be as high as an additional \$6,192 per year than for non-obese individuals (36.8 to 88 percent higher).^{vii viii ix}

Obesity Trends and Projections:

- A new analysis commissioned by Trust for America's Health (TFAH) and conducted by researchers in the Department of Health Management and Policy at the University of Michigan School of Public Health found that Medicare and Medicaid obesity-related costs are likely to grow dramatically as the Baby Boom generation ages. The analysis demonstrates how obesity rates among adults ages 55 to 64 have significantly increased in the past 10 to 20 years in nearly all 50 states and the District of Columbia.
- Between 1995-1997 and 2005-2007, 49 states experienced significant increases in obesity among their 55- to 64-year-olds. The rate of increase ranged from a low of 3.9 percent in Vermont to a high of 15.3 percent in Oklahoma.
- Between 1995-1997 and 2005-2007, 49 states experienced a significant increase in the number of obese adults age 65 and older. The rate of growth was lowest in Alabama at 3.4 percent and highest in Oklahoma at 12.1 percent.
- TFAH also examined the difference between the number of obese 55- to 64-year-olds and the number of obese people age 65 and older in each state to determine the potential increase to the number of obese Medicare-eligible individuals in coming years. The analysis found that projected increases could range from 5.2 percent (in New York) to 16.3 percent (in Alabama).

- ⁱ U.S. Census Bureau. "Table 2a. Projected Population of the United States, by Age and Sex: 2000 to 2050." <http://www.census.gov/population/www/projections/usinterimproj/natproptab02a.pdf> (accessed April 28, 2009).
- ⁱⁱ Congressional Budget Office. *Technological Change and the Growth of Health Care Spending*. Washington, D.C.: The Congress of the United States, January 2008, p. 7.
- ⁱⁱⁱ Thorpe, K.E. and D.H. Howard. "The Rise in Spending among Medicare Beneficiaries: The Role of Chronic Disease Prevalence and Changes in Treatment Intensity." *Health Affairs* 25, web exclusive (2006): w378-w388.
- ^{iv} Lakdawalla, D.N., D.P. Goldman, and B. Shang. "The Health and Cost Consequences of Obesity among the Future Elderly." *Health Affairs*, Web Exclusive (2005): W5-R30-R41.
- ^v Yang, Z., and A.G. Hall. "The Financial Burden of Overweight and Obesity among Elderly Americans: The Dynamics of Weight, Longevity, and Health Care Cost." *Health Services Research* 43, no. 3 (June 2008): 849-868.
- ^{vi} Daviglus, M.L., K. Liu, L.L. Yan, et al. "Relation of Body Mass Index in Young Adulthood and Middle Age to Medicare Expenditures in Older Age." *Journal of the American Medical Association* 292, no. 22 (2004): 2743-49.
- ^{vii} Daviglus, M.L., K. Liu, L.L. Yan, et al. "Relation of Body Mass Index in Young Adulthood and Middle Age to Medicare Expenditures in Older Age." *Journal of the American Medical Association* 292, no. 22 (2004): 2743-49.
- ^{viii} Finkelstein, E., I.C. Fiebelkorn, and G. Wang. "National Medical Spending Attributable to Overweight and Obesity: How Much, and Who's Paying?" *Health Affairs*, Web Exclusive (2003): W3-219-226.
- ^{ix} Lakdawalla, D.N., D.P. Goldman, and B. Shang. "The Health and Cost Consequences of Obesity among the Future Elderly." *Health Affairs*, Web Exclusive (2005): W5-R30-R41.