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Prevalence of Obesity and Estimated Medical and Work Loss Costs Attributable to High BMI: The Baptist Health South Florida **Employee Study**

Khurram Nasir

Baptist Health Medical Group, khurramn@baptisthealth.net

Emir Veledar

Baptist Health South Florida, emirv@baptisthealth.net

Chukwuemeka Osondu

Baptist Health Medical Group, emekao@baptisthealth.net

Ehimen Aneni

Baptist Health Medical Group

Oluseve Ogunmoroti

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Author Information

Baptist Health South Florida, Miami, FL

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Abstract

BACKGROUND: Obesity is strongly related to chronic health problems and concomitant increased healthcare costs for employers. The aim of the study is to explore the distribution of obesity categories and estimate associated health costs among self-insured employees of Baptist Health South Florida (BHSF), a large not-for-profit health care organization.

METHODS: Distribution of BMI categories was determined among individuals participating in a voluntary health risk assessment (HRA) available to employees eligible for health benefits. The potential estimates of obesity related costs to BHSF were imputed using CDC's Obesity Cost Calculator based on data from NHIS and MEPS (http://http://www.cdc.gov/leanworks/costcalculator/disclaimer.html).

RESULTS: Overall 9996 (aged 43.1±12.1 years, 75% females, 75% Hispanic, 35% hypertensive, 4% diabetic) employees participated in 2013 annual HRA and wellness fair. The age-adjusted mean BMI was 29.3 (95% CI, 29.1-29.5) for men and 28.3 (95% CI, 28.15-28.45) kg/m2 for women. The table describes distribution of BMI categories according to gender and age groups. The age-adjusted prevalence of obesity (BMI>30 kg/m2) was 36% (95% CI, 34%-37%) among men and 32% (95% CI, 31%-33 %) among women. In BHSF employee population, 6% (n=581) were classified as morbidly obese (BMI>=40) and 7% (n=748)individuals met criteria for bariatric surgery. Total annual estimated cost attributable to high BMI (>25) were \$8.05 million

(74% medical and 26% work lost) of which 41% were contributed by 14% employees with BMI>35. The average attributable cost per high BMI employee ranged from \$598 among those with BMI 25-29.9 to \$2695 with BMI>=40.

CONCLUSIONS: One third of employees (predominantly female and Hispanic) in a large health care organization (BHSF) were obese. Given the significant financial burden imposed by obesity large self-insured organizations like BHSF have a lot to gain by introducing evidence-driven weight reduction programs, and tracking the success of these programs in the workforce.

Obesity; Worksite wellness programs Figure. No caption a...

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