

State-Level Estimates of Annual Medical Expenditures Attributable to Obesity

Finkelstein, E.A., Fiebelkorn, I.C., & Wang, G.J. (2004). State-level estimates of annual medical expenditures attributable to obesity. *Obesity Research*, 12 (1):18-24.

Annual U.S. obesity-attributable medical expenditures are estimated at \$75 billion in 2003 dollars, and approximately one-half of these expenditures are financed by Medicare and Medicaid. To provide state-level estimates of total, Medicare, and Medicaid medical expenditures attributable to obesity, we developed an econometric model that predicts medical expenditures. We used this model and state-representative data to quantify obesity-attributable medical expenditures.



Eric Finkelstein

State-level estimates range from \$87 million (Wyoming) to \$7.7 billion (California). Obesity-attributable Medicare expenditure estimates range from \$15 million (Wyoming) to \$1.7 billion (California), and Medicaid estimates range from \$23 million (Wyoming) to \$3.5 billion (New York).

These estimates of obesity-attributable medical expenditures present the best available information concerning the economic impact of obesity at the state level. The figures confirm earlier findings that obesity accounts for a significant, and preventable, portion of the nation's medical bill. Policymakers should consider these estimates, along with other factors, in determining how best to allocate scarce public health resources. However, because they are associated with large standard error, these estimates should not be used to make comparisons across states or among payers within states.

Link: <http://www.obesityresearch.org/cgi/content/abstract/12/1/18>