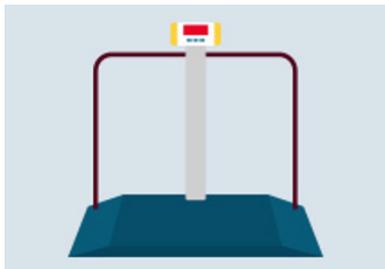


Obesity Disparities in Medicare Fee-For-Service Beneficiaries



Obesity is when body weight is higher than what is considered a healthy weight for a given height measured by the Body Mass Index (BMI), a screening tool. A BMI of 30.0 or higher is considered obesity. It is a common, serious, and costly disease. The Centers for Disease Control and Prevention (CDC) report 42.4% of adults with obesity in 2017-2018.¹ Obesity is associated with many chronic conditions such as cardiovascular disease and diabetes that disproportionately affect racial and ethnic minorities. Addressing the

prevention of obesity related disparities has the potential to reduce obesity prevalence while also closing the gap on health disparities among Medicare beneficiaries.

The Centers for Medicare & Medicaid Services' (CMS) chronic conditions data indicates that around 21% of all Medicare fee-for-service (FFS) beneficiaries had a diagnosis of obesity in 2019 compared to 6.2% in 2010.² [The Mapping Medicare Disparities Tool](#) developed by CMS Office of Minority Health shows the prevalence of obesity among Medicare FFS beneficiaries varied by race and ethnicity and geographic areas in 2020.³ As shown in Figure 1, the age standardized prevalence of obesity was higher among Medicare FFS beneficiaries who are Black/African American (24%) than their White (19%), Hispanic (18%), American Indian/Alaska Native (17%) and Asian/Pacific Islander (7%) counterparts. The rate of Medicare FFS enrollees with obesity also varied by geographic areas as shown in Figure 2. Alaska (10%) had the lowest and Alabama (30%) had the highest prevalence rate.

Figure 1. Age Standardized Prevalence of Obesity among Medicare FFS Beneficiaries by Race/Ethnicity, 2020

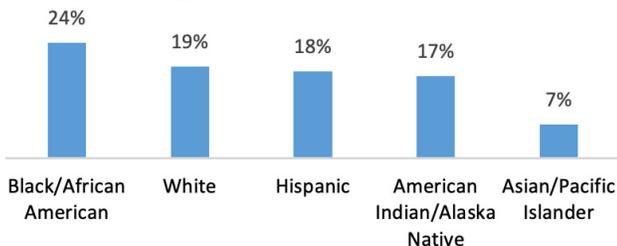


Figure 2. Prevalence of Obesity among Medicare FFS Beneficiaries by States, 2020

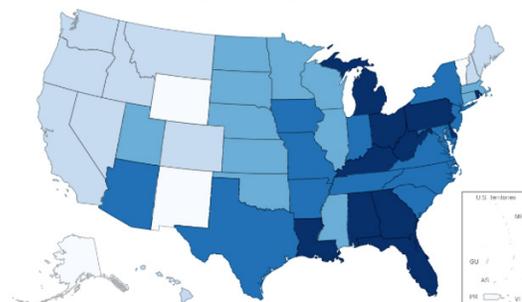
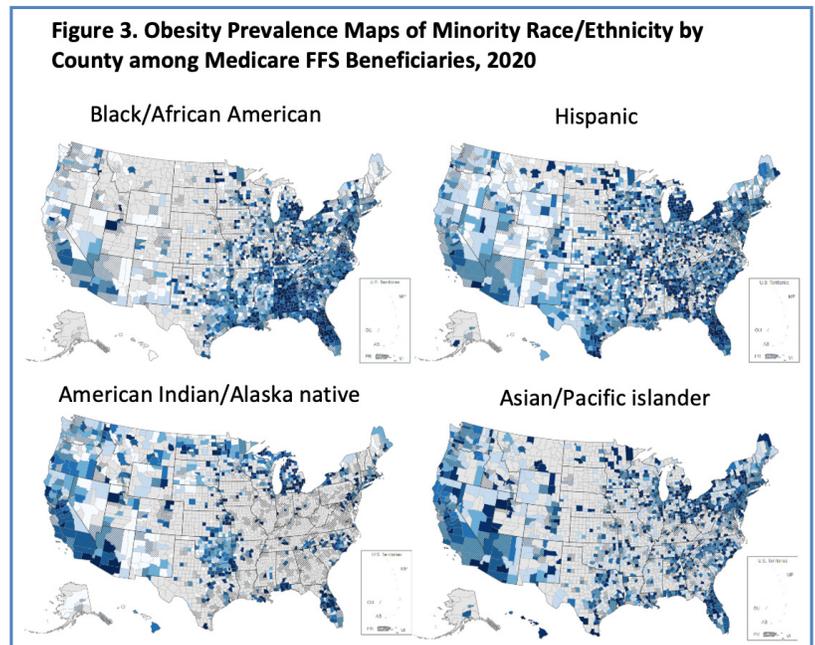


Figure 3 shows geographic differences in obesity prevalence among minority race and ethnic groups. Black/African American's obesity prevalence for 2020 was concentrated in the south and up the middle Atlantic and some areas of the west. For American Indian/Alaska Native, the prevalence was more concentrated in the west, with emphasis around the southwest area and in Oklahoma, while for Hispanics it was in more spread across the country from the west to the south and around east north central and along the east coast. And, for Asian/Pacific Islander population, the concentration was along the west coast with small groups throughout the south, northeast, and east north central.



Screening for obesity and behavioral counseling for eligible beneficiaries by primary care providers in settings such as physicians' offices are covered under Medicare Part B (Medical Insurance), yet a claims' analysis found that 33% of Medicare beneficiaries went for annual wellness visit in 2020.³

Beneficiary Resources

- [Obesity Behavioral Therapy](#)
- [Bariatric Surgery](#)
- [Diabetes Screenings](#)
- [Preventive & Screening Services](#)
- [Medicare and You Handbook](#)

Provider Resources

- [Physical Activity and Nutrition Reports and Publications](#)
- [Intensive Behavioral Therapy for Obesity \(CAG-00423N\)](#)
- [National Coverage Determination \(NCD\) for BARIATRIC Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity \(100.1\)](#)
- ["Obesity: Complex but Conquerable" \(Infographic\)](#)

References/Sources

1. Centers for Disease Control and Prevention. Adult Obesity Facts.
<https://www.cdc.gov/obesity/data/adult.html>
2. Centers for Medicare & Medicaid Services. Chronic Conditions Data Warehouse.
<https://www2.ccwdata.org/web/guest/medicare-tables-reports>
3. Centers for Medicare & Medicaid Services. Mapping Medicare Disparities Tool.
<https://data.cms.gov/mapping-medicare-disparities> (Results from 2020 were considered preliminary at the time of this analysis, as the data were not fully complete due to a “claims lag” between when a service occurs and when the claim is collected by CMS and, ultimately, appears in the CCW database.)

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If you have any questions or feedback, please contact HealthEquityTA@cms.hhs.gov.