TACSM Abstract

Elevated Medical Costs for Obese Fifth Graders in California and Texas

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ABSTRACT

Finkelstein et al. (2014) estimated that an obese ten-year-old, typically in the fifth grade, will incur between $12,660 and $19,630 in direct medical costs beyond those of a normal-weight ten-year-old over a lifetime. PURPOSE: The purpose was to estimate the lifetime direct medical costs attributable to obesity for fifth graders in the two most populous states, Texas and California. METHODS: Body composition data from the Presidential Youth Fitness Program's FITNESSGRAM® administered in California and Texas each school year from 2010 – 2011 to 2012 – 2013 were used. Data included information on 447,619 – 456,409 fifth graders each year in California and 296,887 – 337,514 fifth graders in Texas. The number and percentage of students in each of the FITNESSGRAM® body composition categories was calculated and those in the Needs Improvement – High Risk (NI – HR) were used for cost estimation. The number of students in the NI – HR category for each year in each state was multiplied by the recommended cost estimate of $19,000 to project the elevated lifetime medical costs attributable to obesity for each group of fifth graders in each state. RESULTS: More than 33% of fifth graders in California and more than 36% of fifth graders in Texas were categorized as NI – HR each year over the 3-year period. Results indicate that the increased lifetime direct medical costs due to obesity will be nearly $3 billion for each group of fifth graders in California and more than $2 billion for each group of fifth graders in Texas. CONCLUSIONS: When the percentage of obese fifth graders is extrapolated to the entire United States' 4 million 10-year-olds, this results in more than $25 billion in elevated direct lifetime medical costs attributable to obesity for this 1-year age cohort. These estimates are for obesity and do not include the additional costs associated with overweight (i.e., FITNESSGRAM® Needs Improvement – Some Risk category). This information should be used to influence spending decisions and resource allocation to obesity reduction and prevention efforts.