Media Brief

Key facts and reporting context for journalists

This brief highlights findings likely to be of interest for news coverage, along with context necessary to report them accurately. The full report contains complete sourcing, methodology, and caveats for every figure below. This report does not advocate for any policy, product, or point of view.

Numbers Worth Reporting

- 40.3% of U.S. adults have obesity; 38.5% meet the clinical definition of metabolic syndrome.
- More than 40 million Americans have diabetes; more than 115 million adults have prediabetes.
- 47.7% of U.S. adults — nearly half — have hypertension.
- 9 in 10 adults with chronic kidney disease, and more than 80% of the 83.7 million adults with obstructive sleep apnea, don't know they have it.
- $5.3 trillion — U.S. national health expenditures in 2024 (18.0% of GDP); employer family premiums hit $26,993 in 2025, the third straight year of 6%+ growth — the first time that's happened in two decades.

State-Level Story Angles

- Adult obesity ranges from 25.0% in Colorado to 41.4% in West Virginia.
- Rural Americans have meaningfully higher diagnosed diabetes rates than urban Americans nationally (12.3% vs. 9.3%).
- Hypertension is concentrated in the Southeast and Appalachia (the "Stroke Belt"), ranging from 24.6% in Colorado to 40.6% in Mississippi.
- 19 states had obesity prevalence at or above 35% in 2024 — down from 23 the year before, the first recorded decline since tracking began in 2011.

Developing Policy Stories

- Medicare's Hospital Insurance Trust Fund is now projected to be depleted by 2040 — twelve years sooner than the prior baseline (CBO, February 2026).
- The Medicare GLP-1 Bridge (effective July 1, 2026) is the first time Medicare has covered an anti-obesity medication for weight loss specifically — a $50/month copay for select drugs.
- Medicaid enrollment fell by roughly 4.3 million people (5.5%) in the year following the end of pandemic-era continuous enrollment.
- North Carolina's Healthy Opportunities Pilots showed a real cost reduction but no clear clinical improvement — and lost state funding despite federal authorization running through 2029. This is a genuinely mixed result, not a clean success or failure story.

Reporting Accurately — Common Pitfalls

- **Proposed vs. enacted:** this report tracks federal and state actions as announced, proposed, and enacted separately — a program's status can change quickly.
- **Vendor-sponsored data isn't independent evaluation:** this report's most-cited employer-vendor outcome data (Virta Health) is company-funded and company-authored. That doesn't make it false, but it hasn't been independently verified.

- **Cost reduction ≠ clinical improvement:** multiple programs in this report reduced spending or utilization without a matching, statistically clear improvement in clinical markers — this report treats these as separate findings, not one outcome.
- **Undiagnosed-prevalence estimates are modeled, not counted:** figures like "9 in 10 undiagnosed" for CKD come from statistical estimation, not a headcount, and carry more uncertainty than diagnosed-prevalence figures.

Derived from: Knox, James M. The State of Metabolic Health in America — 2026 Baseline Edition. Tampa, Florida: Eagles Benefits by Design, Inc.; August 2026. Full sourcing, methodology, and data-gap disclosures for every figure above appear in the complete report.

Questions, corrections, or requests for underlying source citations: James@CPS125.com