

CALIFORNIA | OBESITY + ACCESS

OBESITY CARE IN CALIFORNIA

Where science, access and policy meet.

For more than a decade, the Black Women's Health Imperative has worked alongside Black women to reduce the risk of diabetes, heart disease, high blood pressure and other chronic conditions. What we have learned is clear: lifestyle matters, but lifestyle alone is not the whole story.

WE KNOW MORE NOW.

Obesity is complex and chronic. It is influenced by biology, genetics, environment, stress, mental health and the conditions in which people live. If we are serious about improving health outcomes, we have to bring science, innovation, policy and practice together.

NEARLY 4,000

Black women reached through BWHI's
culturally tailored lifestyle-change program.

Question for California:

How should the state weigh science, cost
and equitable access in obesity care?

Source: Black Women's Health Imperative CYL2 program enrollment
and participation data, 2012–2025



**BLACK WOMEN'S
HEALTH IMPERATIVE**



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CALIFORNIA'S OBESITY - CARE LANDSCAPE

Access. Evidence. Equity. Cost.

THE OBESITY GAP FOR BLACK WOMEN

56%

of Black women were estimated to be living with obesity in 2022, the highest prevalence among the racial and ethnic groups studied.

20%

of Black women were estimated to be living with severe obesity, a condition associated with elevated health risks.

32%

of Black adults reported that they or someone in their household had difficulty paying for prescription medications in the past year.

THE MEDI-CAL CHANGE

Effective January 1, 2026, Medi-Cal no longer covers GLP-1 medications when used for weight loss or weight-management indications. Coverage continues for certain other FDA-approved indications, and eligible members under age 21 may receive coverage with prior authorization.

For BWHI, this raises a larger question: how should California align obesity policy with current science and the lived realities of women at greatest risk?

THE FEDERAL OPTION

The federal BALANCE model gives participating state Medicaid programs a pathway to negotiated GLP-1 pricing, federal Medicaid matching funds and required lifestyle-support services. Participation is voluntary, and final Medicaid net pricing is not publicly disclosed.

The key point: Under the BALANCE model, California pays only its defined share of obesity treatment costs. For GLP-1s priced at \$245 per patient per month, the state's portion is about \$122.50.

OBESITY COSTS

In 2025, obesity cost the state nearly \$60 billion dollars in total reduced economic activity, \$27.8 billion dollars in higher health care, absenteeism, and disability costs to employers, and \$3.1 billion dollars in higher medical and out-of-pocket costs.

BWHI'S POSITION

BWHI believes obesity should be treated like other chronic diseases and that patients should have access to evidence-based care. Discontinuing Medi-Cal coverage for GLP-1s used for obesity, conflicts with the direction of the science and may deepen disparities for women already carrying a disproportionate burden of metabolic disease.

"INNOVATION MEANS NOTHING IF THOSE MOST IN NEED CAN'T ACCESS IT."

Restoring Medi-Cal coverage for evidence-based obesity treatment would represent an investment in whole-person care and broader access to effective treatment options.

QUESTION FOR CALIFORNIA

HOW SHOULD CALIFORNIA WEIGH SCIENCE, COST AND EQUITABLE ACCESS IN OBESITY CARE?

Continue the conversation with BWHI.

Sources: JAMA (2026), U.S. Obesity Prevalence by Race and Ethnicity; KFF Health Tracking Poll (November 2025); Medi-Cal Rx; KFF analysis of the federal BALANCE model.