

Human cost of obesity

Living with obesity is about far more than weight



Humber and
North Yorkshire
Centre for Excellence

West Yorkshire
Health and Care Partnership



73.5% of participants reported avoiding social events because of their weight



Over 70% of participants experienced social isolation



66% of participants reported frequent emotional eating



78% of participants reported at least one mental health or neurodevelopmental condition, often linked to past trauma



74% of participants living with obesity said they felt misunderstood by healthcare professionals



Many participants described being unable to sustain employment due to obesity-related health problems



Participants were fearful of exercising in public. They avoided green spaces, and were reluctant to join classes

"The reason I'm fat is because I ate instead of self-harming... this body saved my life."



Human toll:

Obesity is deeply connected with trauma and a gateway to multiple long-term conditions. It is a chronic, relapsing medical condition that affects both physical health and emotional wellbeing. Responding requires trauma-informed care that addresses both the emotional and physical impacts of obesity.

Source:

More Than Weight: Exploring the human, social and economic cost of obesity. (West Yorkshire ICB and Humber and North Yorkshire ICB, 2025). Findings based on 119 lived experience survey responses, 190 workforce survey responses, and 5 focus groups.



Economic cost of obesity

Obesity costs West Yorkshire, Humber and North Yorkshire more than £6.1 billion every year

£ **£683 million** – the annual NHS cost of treating obesity and related conditions such as diabetes, cardiovascular disease, and cancer

£ **£2.84 billion** – productivity losses through absenteeism, presenteeism and early retirement

£ **£1.58 billion** – adult social care costs

£ **£1.05 billion** – wider economic impacts such as welfare dependency and unpaid care

£ Rising levels of obesity are driving increasing demand on already stretched health and care services, adding further financial pressure year on year

What are the next steps?

1. Address trauma and inequality as core drivers of obesity
2. Centre lived experience in service design and delivery
3. Provide professionals with the time, tools and skills to offer psychological support
4. Ensure equitable access to care across all parts of the region

Economic burden:

Obesity directly contributes to reduced workforce productivity, increased sickness absence, long-term disability, rising demand on health and social care services, and growing pressure on unpaid carers.



Source:

More Than Weight: Exploring the human, social and economic cost of obesity. (West Yorkshire ICB and Humber and North Yorkshire ICB, 2025). Estimates based on national datasets applied to local populations. Important note: These figures are estimates based on national datasets applied to local populations. They should be interpreted as indicative, not exact.



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Social cost of obesity

Obesity affects how people are treated - in public, in healthcare, and in relationships



73.5% of participants said they avoid social events due to shame or exclusion



Over **one-third** described negative effects on intimacy and relationships



11.8% of participants reported eating disorders linked to social judgement and shame



Participants reported inaccessible environments such as transport, theatres, seating and cafés



Many participants described healthcare harm: symptoms routinely dismissed and being told to "just lose weight"



Many participants recall being mocked as children for their weight

*"It's not just about weight.
It's about being seen. Being
believed. Being treated like a
whole person."*



Societal toll:

Stigma and exclusion strip away dignity and belonging. Environments that are not designed for larger bodies create daily barriers, while shame and discrimination undermine trust and participation.

Source:

More Than Weight: Exploring the human, social and economic cost of obesity. (West Yorkshire ICB and Humber and North Yorkshire ICB, 2025). Findings based on 119 lived experience survey responses, 190 workforce survey responses, and 5 focus groups.