



Title: The Impact of Obesity on Healthcare Utilization in Puerto Rico: Insights from the BRFSS

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Objectives: Obesity in Puerto Rico has reached alarming levels, affecting 72% of the adult population and placing significant strain on an already burdened healthcare system, compounded by the emigration of over 8,000 physicians. This study examines the relationship between obesity and healthcare utilization in Puerto Rico from 2021 to 2023.

Methodology: Using data from the Behavioral Risk Factor Surveillance System (BRFSS) and applying the Andersen Behavioral Model of Healthcare Utilization, this cross-sectional quantitative study analyzed 14,117 adults. The research evaluated how a body mass index (BMI ≥ 30) influences access to healthcare providers and routine medical visits, controlling for predisposing, enabling, and need factors through stratified logistic regression.

Results: The findings revealed complex patterns that varied by age and comorbidities. Contrary to initial hypotheses, individuals with obesity exhibited a higher likelihood of having a healthcare provider (OR=1.37; 95%CI: 1.36-1.38) but a significantly lower likelihood of attending annual routine visits (OR=0.64; 95%CI: 0.64-0.65). Stratified analysis highlighted different access patterns across age groups and the presence of comorbidities. Among young adults (ages 18-34) without comorbidities, obesity substantially increased the likelihood of having a provider by 65% (OR=1.65; 95%CI: 1.62-1.68). Conversely, middle-aged adults (ages 35-54) without comorbidities experienced a 51% reduction in this likelihood (OR=0.49; 95%CI: 0.47-0.50). For older adults (>55 years), the presence of comorbidities becomes critical. Individuals without comorbidities show reduced access regardless of BMI, while those with comorbidities demonstrated a unique dynamic: overweight status decreases access by 45% (OR=0.55; 95%CI: 0.53-0.57), while obesity increases it by 8% (OR=1.08; 95%CI: 1.04-1.11). Regarding routine medical visits, data indicated that among young adults without comorbidities, obesity significantly reduces the probability of recent visits by 25% (OR=0.75; 95%CI: 0.74-0.77). In middle-aged adults, there is also a notable reduction in access to routine visits (OR=0.65; 95%CI: 0.64-0.67), suggesting that those without comorbidities may not perceive an urgent need for care.

Conclusions: The study emphasizes the urgent need for policies addressing specific barriers related to age, health status, and comorbidities among individuals with obesity. The findings provide empirical evidence for developing personalized interventions aimed at improving equity in access to preventive services for vulnerable populations. These insights align with the World Health Organization's recommendations and the Action Plan for Obesity Prevention in Puerto Rico. Overall, the study underscores the critical intersection between obesity and healthcare access, revealing that while individuals with obesity may have improved access to providers, they face significant challenges in maintaining regular healthcare visits. Addressing these disparities is essential for enhancing the overall health of the Puerto Rican population and ensuring that healthcare systems are equipped to meet the needs of an increasingly obese population.

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