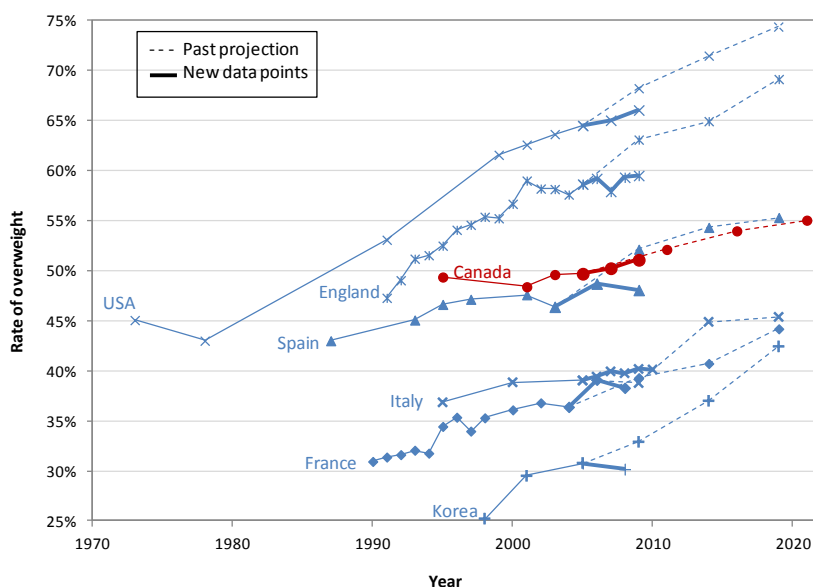


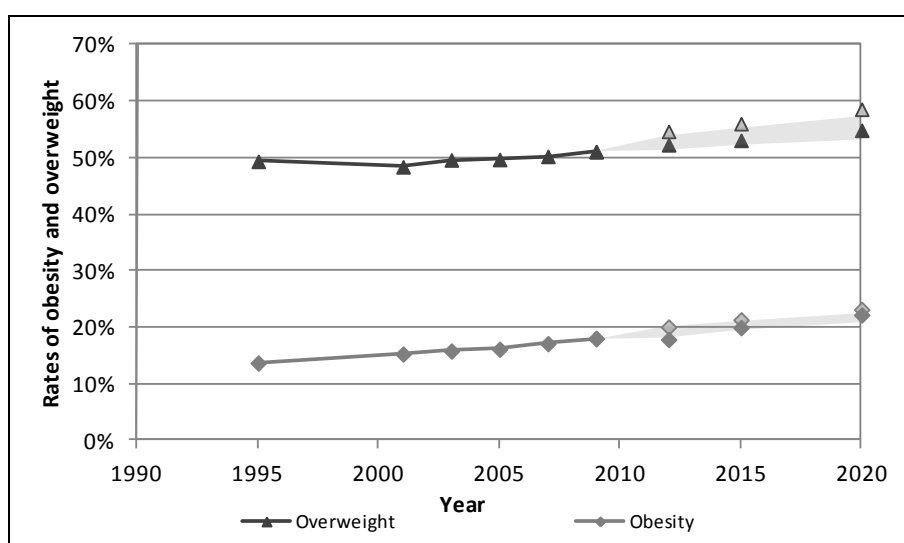
OBESITY AND THE ECONOMICS OF PREVENTION: FIT NOT FAT

KEY FACTS – CANADA, UPDATE 2012

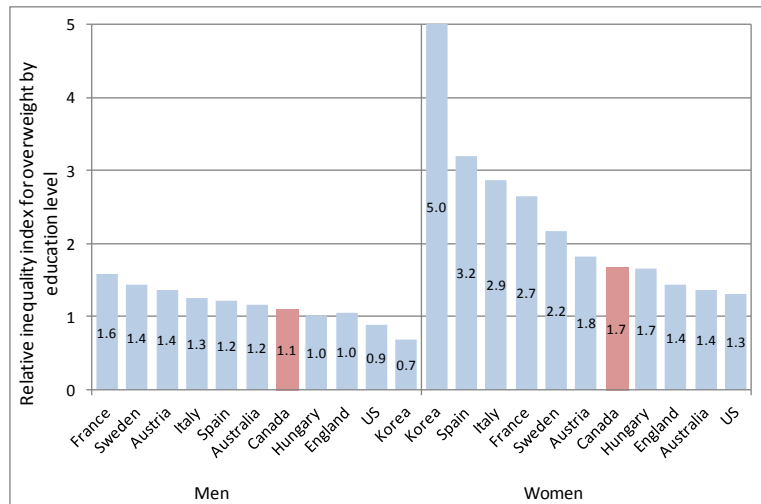
1. Obesity rates are high in Canada, relative to most OECD countries, but they have not increased substantially in the last 15 years. Two out of 3 men are overweight and 1 in 4 people are obese in Canada, but the rate of increase has been one of the slowest in the OECD. The latest data show that the proportion of adults who are overweight has steadily increased since the early 2000s, in line with previous OECD projections that had foreseen a 0.6% per year growth until 2020, assuming past long-term trends would continue unabated.



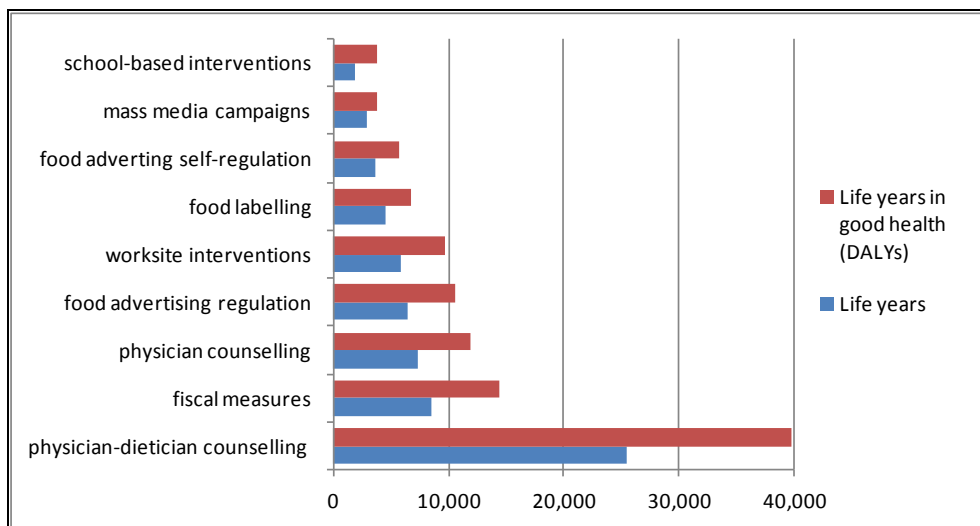
2. Taking account of the most recent data, new projection bands for 2010-2020 indicate that overweight and obesity rates are expected to grow, at most, by 8% during that period.



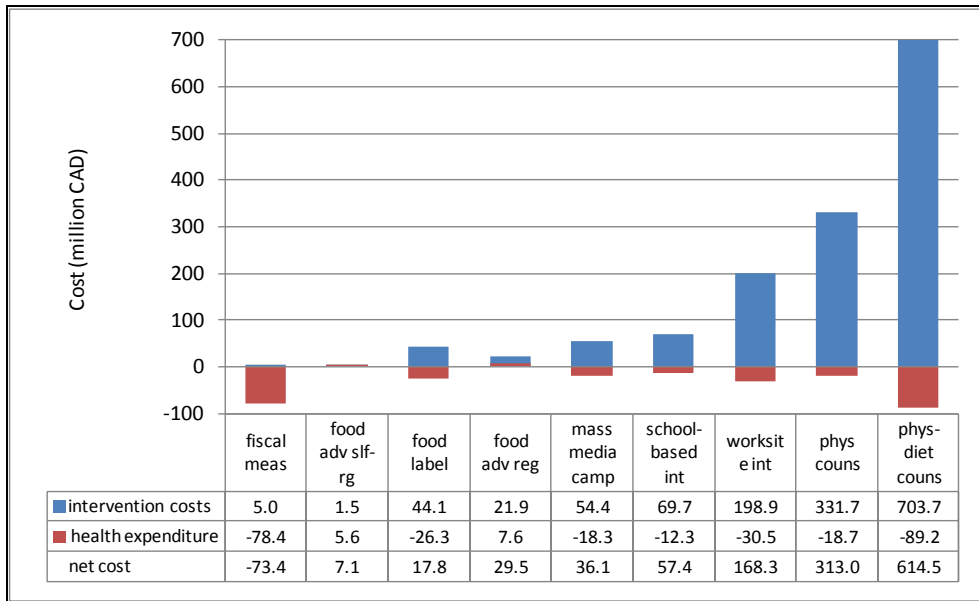
3. Overweight and obesity are more common in men, but large social disparities exist in women. Women with poor education are almost twice as likely as more educated women to be overweight, but this gap is not present in men. The degree of socio-economic inequality has remained virtually unchanged in recent years.



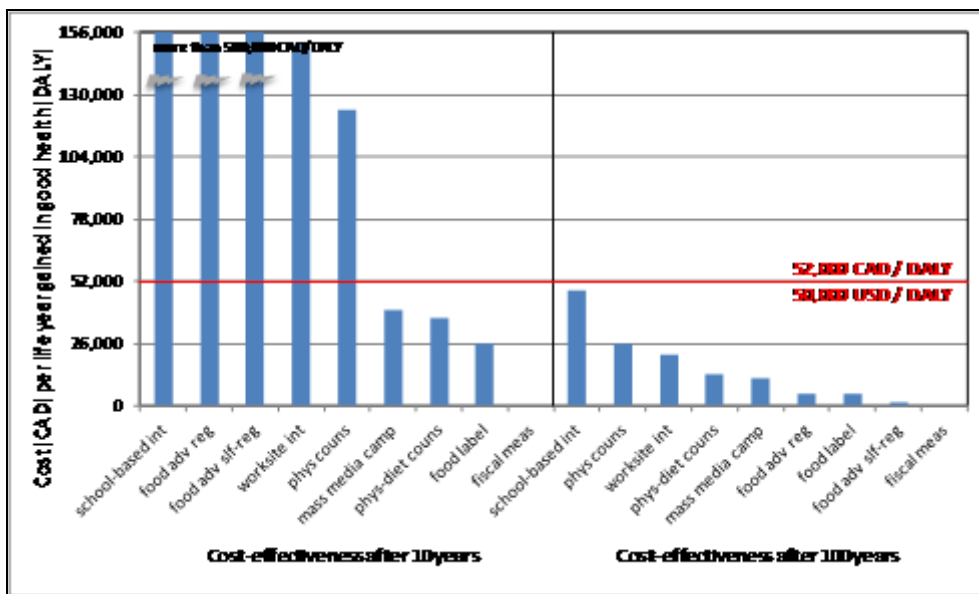
4. Individual prevention programmes could avoid up to 25 000 deaths from chronic diseases every year. Deaths avoided could increase to 40 000 if different interventions were combined in a comprehensive prevention strategy. An organised programme of counselling of obese people by their family doctors would also lead to an annual gain of 40 000 years of life in good health.



5. How much does prevention cost? How much does it save? Most prevention programmes would cost less than CAD 200 m every year, with individual counselling by family doctors costing up to CAD 700 m. Most prevention programmes will cut health expenditures for chronic diseases, but only by a relatively small margin (up to CAD 90 m per year).



6. Is prevention cost-effective? Prevention can improve health at a lower cost than many treatments offered today by OECD health systems. In Canada, all of the prevention programmes examined will be cost-effective in the long run – relative to the internationally accepted standard of around CAD 50 000 per year of life gained in good health. However, some programmes will take a longer time to produce their health effects and therefore will be less cost-effective in the short run.



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For more information, consult <http://www.oecd.org/health/prevention>.