



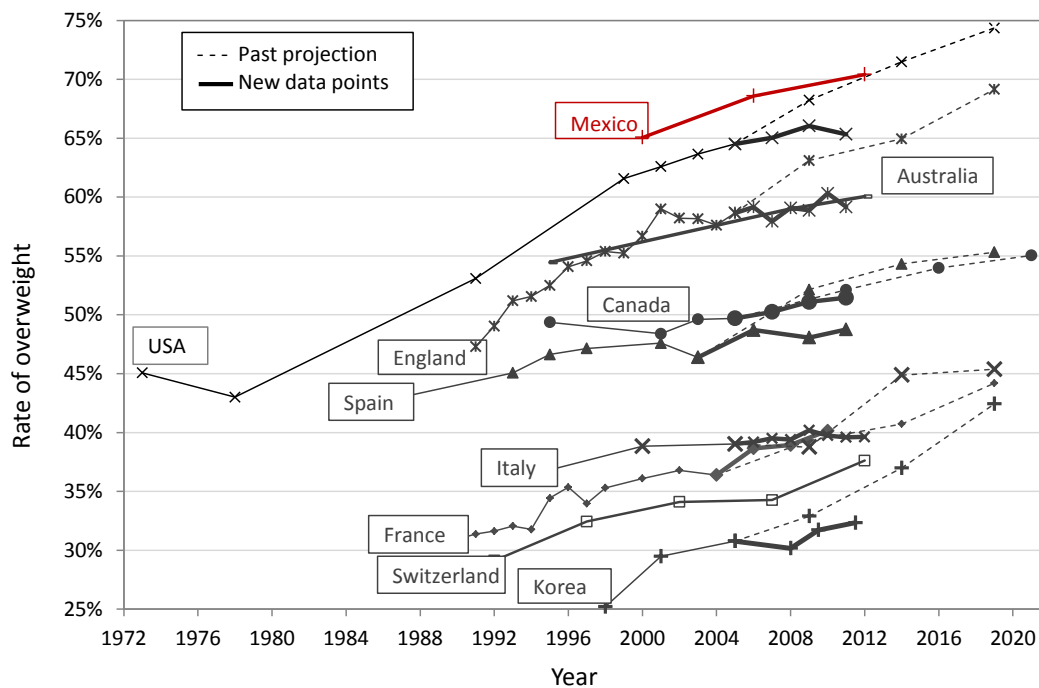
OBESITY AND THE ECONOMICS OF PREVENTION: FIT NOT FAT

KEY FACTS –MEXICO, UPDATE 2014

A. ADULTS

1. More than 70% of adults are overweight in Mexico, a higher proportion than in any other OECD country. About 32% of adults are obese, the second highest rate in the OECD, after the United States' (36.5%). Overweight and obesity rates increased steadily since 2000 in both men and women.

Figure 1. Trends in the prevalence of overweight (including obesity) in adults, selected OECD countries

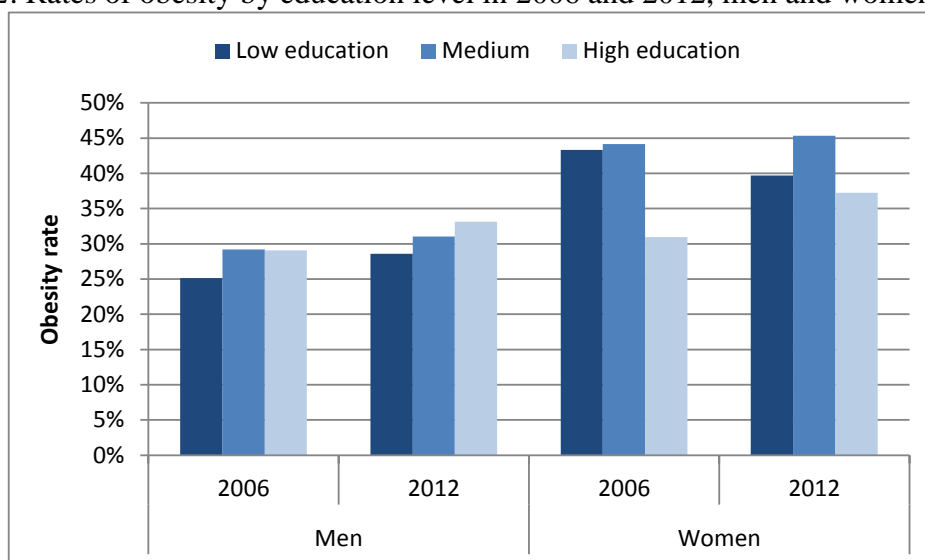


Source: OECD estimates based on national health surveys.

Note: Measured height and weight in Australia, England, Korea, Mexico and USA; self-reported data in other countries.

2. Overweight and obesity have different social patterns in men and women in Mexico. Men with lower levels of education are less likely to be obese than more educated men. In contrast, women with less education are more likely to be obese than more educated women (Figure 2). However, this gradient is observed in women living in urban, but not in rural, areas (Smith and Goldman, 2007; Perez *et al.*, 2014).

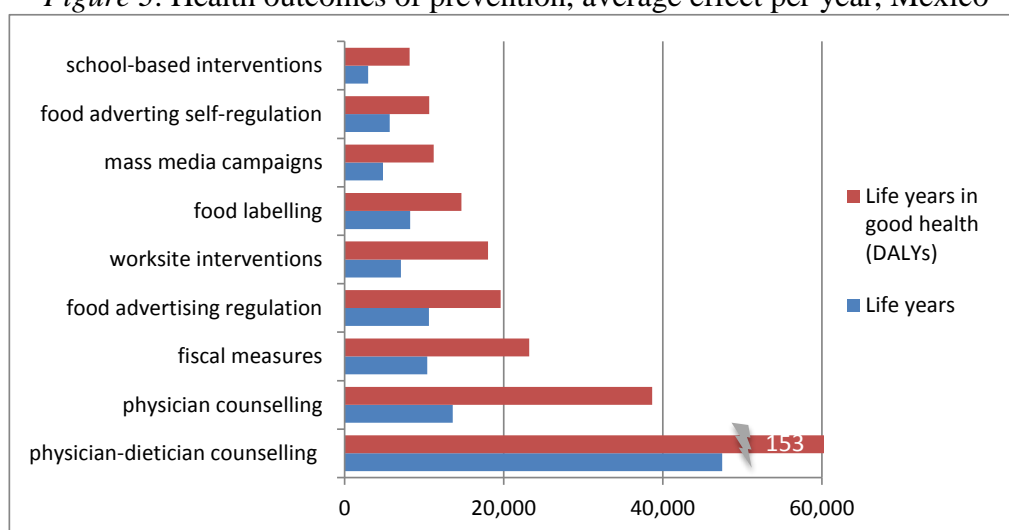
Figure 2. Rates of obesity by education level in 2006 and 2012, men and women, Mexico



Source: OECD estimates based on the Mexican survey *Encuesta Nacional de Salud y Nutrición*
 Note: Adjusted probabilities of obesity for men and women aged 40 (controlling for marital status, indigenous minority status, tobacco smoking, and working status).

3. Individual prevention programmes could avoid up to 47 000 deaths from chronic diseases every year. Deaths avoided could increase to 55 000 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 over 150 000 years of life in good health.

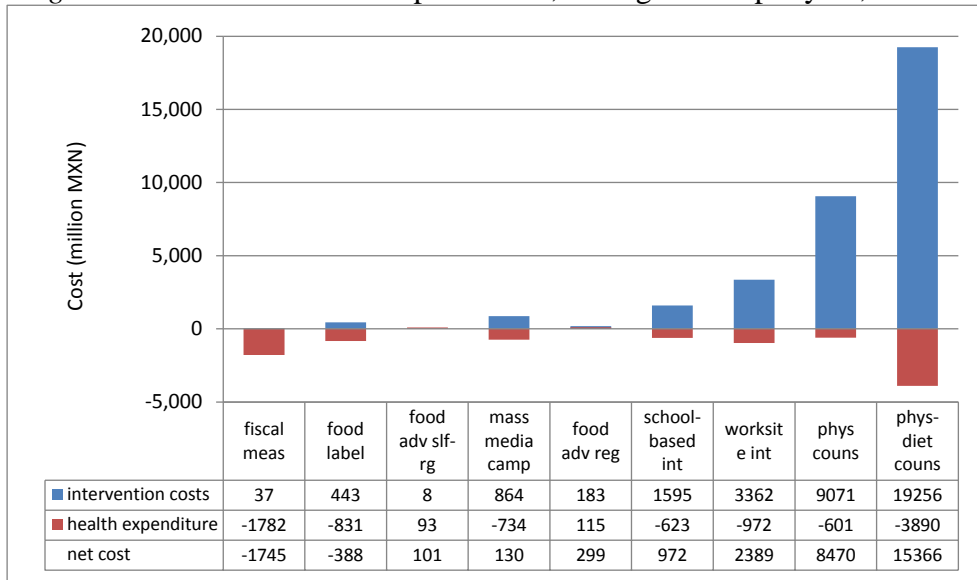
Figure 3. Health outcomes of prevention, average effect per year, Mexico



Source: OECD estimates.

4. How much does prevention cost? How much does it save? Most prevention programmes would cost less than MXN 3.5 bn every year, with individual counselling by family doctors costing up to MXN 19 bn. Most prevention programmes will cut health expenditures for chronic diseases, but only by a relatively small margin (up to MXN 3.9 bn per year).

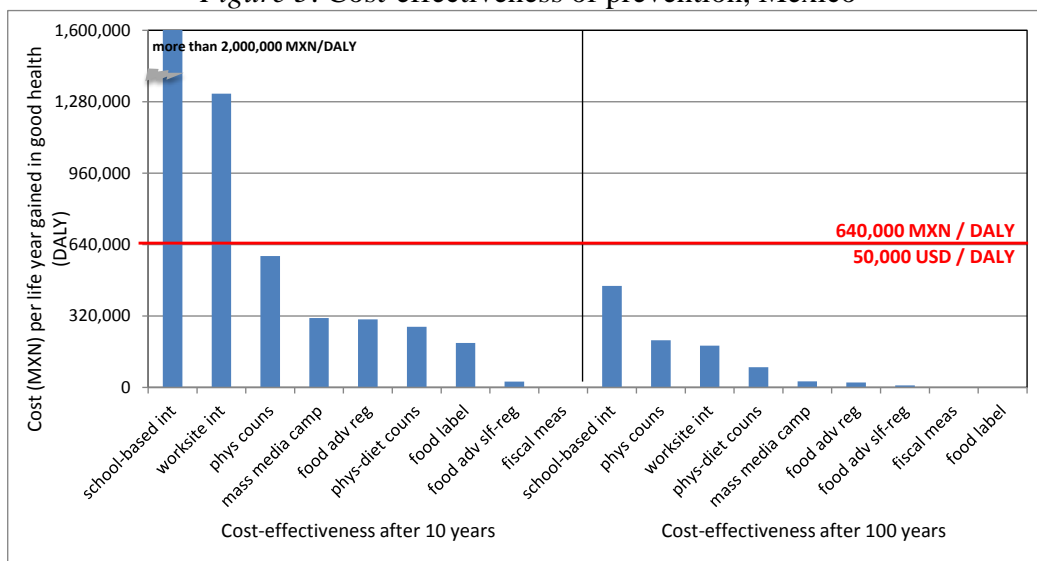
Figure 4. Economic effects of prevention, average effect per year, Mexico



Source: OECD estimates.

5. Is prevention cost-effective? Prevention can improve health at a lower cost than many treatments offered today by OECD health systems. In Mexico, all of the prevention programmes examined will be cost-effective in the long run – relative to internationally accepted standards corresponding to around MXN 640 000 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.

Figure 5. Cost-effectiveness of prevention, Mexico

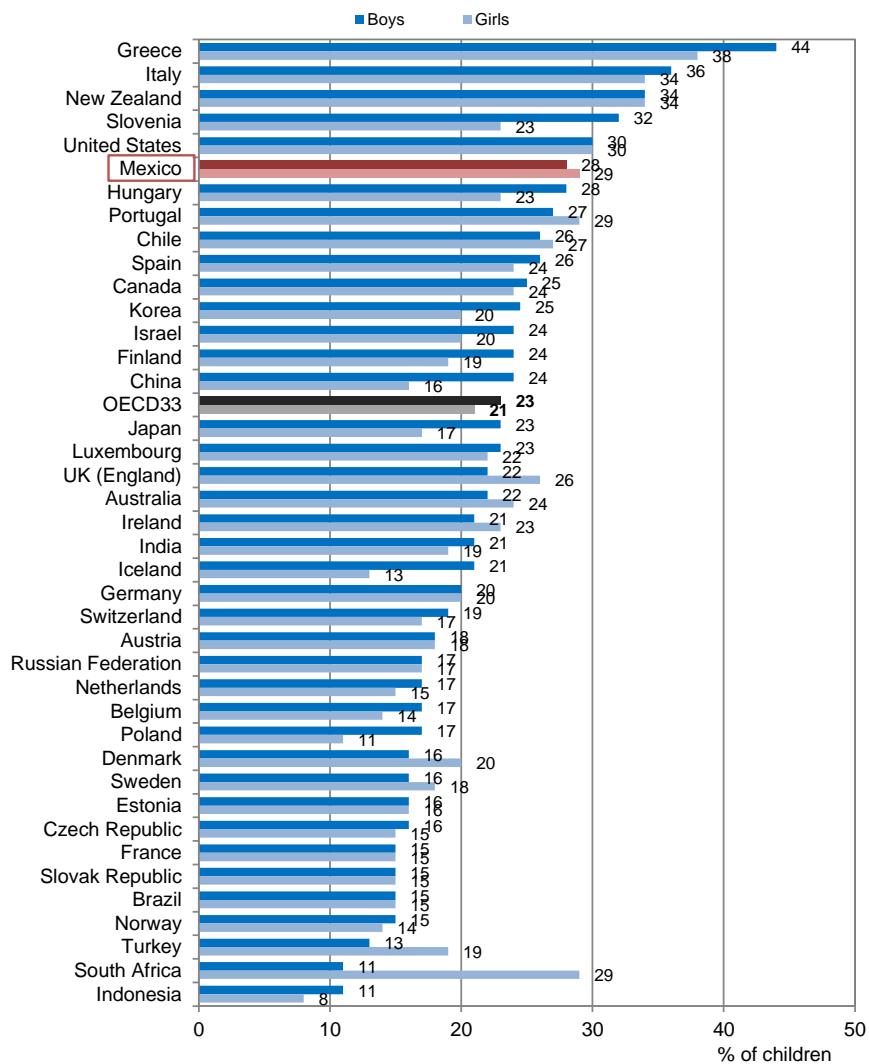


Source: OECD estimates.

B. CHILDREN

6. Child overweight rates in Mexico are among the highest in the OECD area. International data collated by the International Association for the Study of Obesity show that almost 1 in 3 children is overweight in Mexico, compared with 23% of boys and 21% of girls, on average, in OECD countries (Figure 3).

Figure 6. Measured overweight (including obesity) among children at different ages, 2010 or nearest year



Source: International Association for the Study of Obesity, 2013; Bös et al. (2004) for Luxembourg; and KNHANES 2011 for Korea.

References:

Smith K, Goldman N (2007). Socioeconomic differences in health among older adults in Mexico. *Social, Science & Medicine* 65 (7): 1372–1385.

Perez Ferrer C, McMunn A, Rivera Dommarco JA, Brunner EJ (2014). Educational Inequalities in Obesity among Mexican Women: Time-Trends from 1988 to 2012. *PLoS ONE* 9(3): e90195. doi:10.1371/journal.pone.0090195

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