



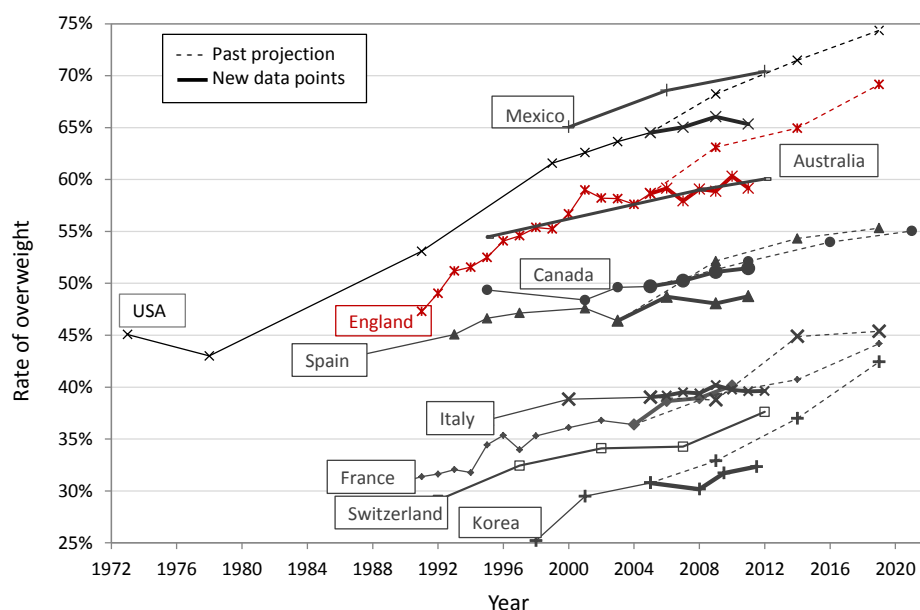
OBESITY AND THE ECONOMICS OF PREVENTION: FIT NOT FAT

KEY FACTS – ENGLAND, UPDATE 2014

A. ADULTS

1. Obesity rates in the United Kingdom are the second highest in Europe, after Hungary. Roughly 60% of adults are overweight and 1 in 4 are obese. In England, rates increased faster than in most OECD countries during the 1990s. The latest data confirm the previous findings of the Obesity Update 2012, and show that the proportion of adults who are overweight remained virtually stable since the early 2000s, whereas previous OECD projections had foreseen a 1.4% per year growth until 2020, assuming past long-term trends would continue unabated (Figure 1).

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

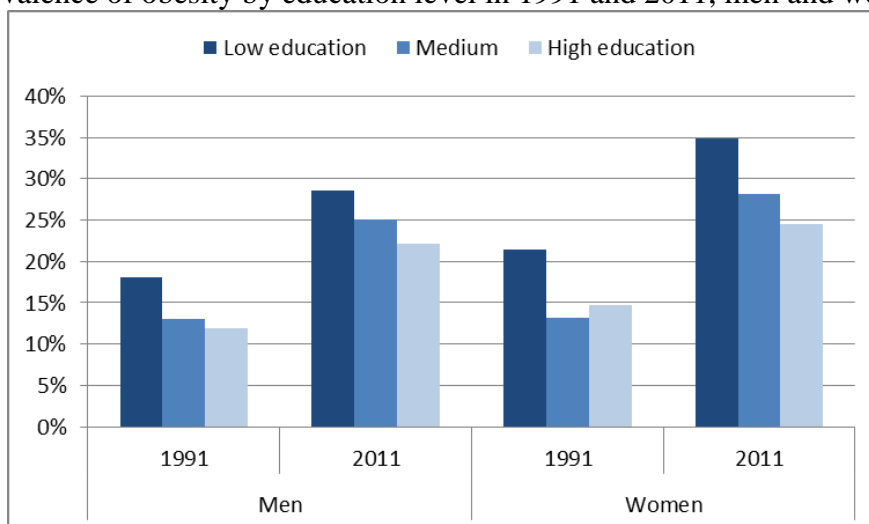


Source: OECD estimates based on national health surveys.

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

2. Large social disparities exist both in men and women. Women with less education are 1.6 times more likely to be obese than more educated women, this gap being less marked among men. Over the past two decades, the prevalence of obesity in men and women has increased in all education groups, suggesting persistence of social disparities (Figure 2).

Figure 2. Prevalence of obesity by education level in 1991 and 2011, men and women, England

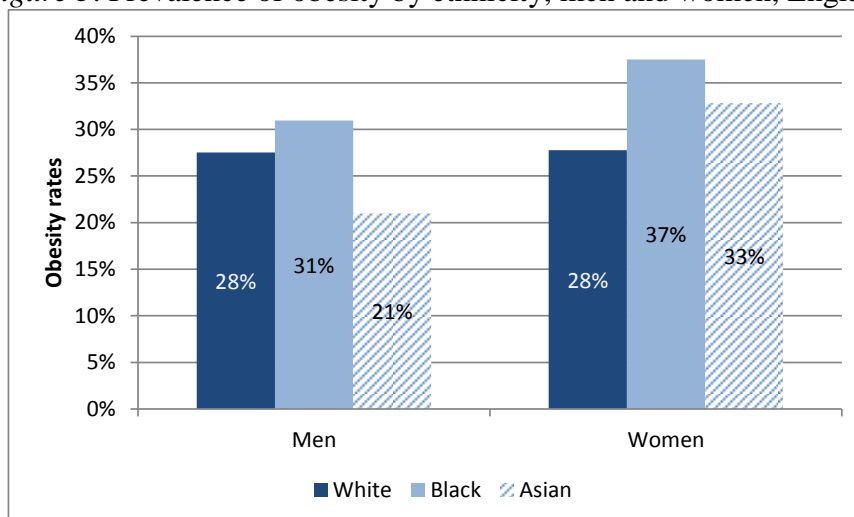


Source: OECD estimates based on the *Health Survey for England*.

Note: Adjusted probabilities of being obesity for men and women aged 40 controlling for marital status, ethnicity, tobacco smoking and working status.

3. Black men and women have the highest obesity rates (Figure 3). Obesity rates are 3 percentage points higher in Black men relative to White men, and 9 percentage points higher in Black women relative to White women. Asian men are less likely to be obese than their White counterparts, whereas Asian women are more likely to be obese than their White counterparts.

Figure 3. Prevalence of obesity by ethnicity, men and women, England

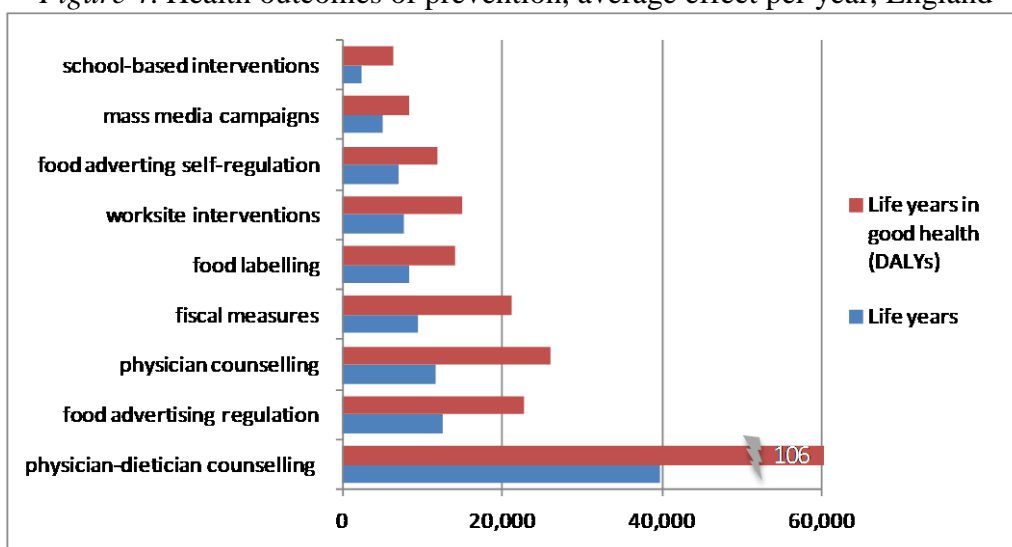


Source: OECD estimates based on the *Health Survey for England 2010-2011*.

Note: Adjusted probabilities of being obesity for men and women aged 40 controlling for marital status, education level, socioeconomic status, tobacco smoking and working status.

4. Individual prevention programmes could avoid up to 40 000 deaths from chronic diseases every year in England. Deaths avoided could increase to 70 000 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 100 000 years of life in good health.

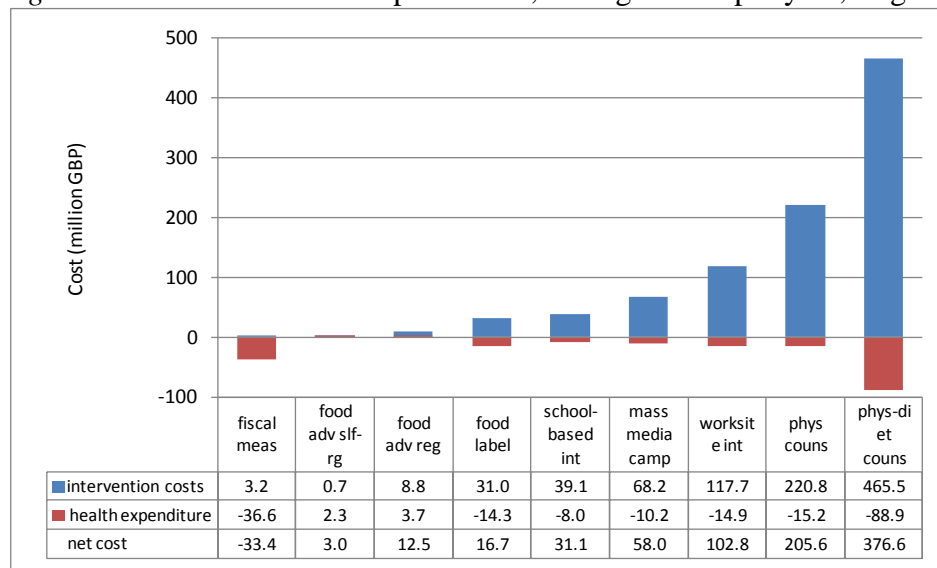
Figure 4. Health outcomes of prevention, average effect per year, England



Source: OECD estimates.

5. How much does prevention cost? How much does it save? Most prevention programmes would cost up to GBP 100 m every year, with individual counselling by family doctors costing up to GBP 465 m. Most prevention programmes will cut health expenditures for chronic diseases, but only by a relatively small margin (up to GBP 90 m per year).

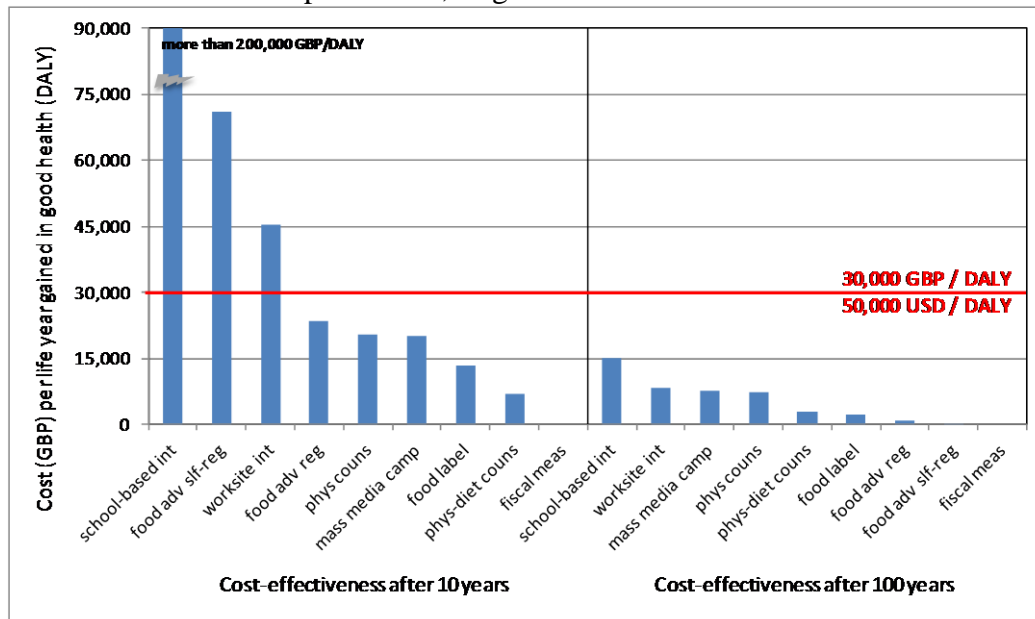
Figure 5. Economic effects of prevention, average effect per year, England



Source: OECD estimates.

6. Is prevention cost-effective? Prevention can improve health at a lower cost than many treatments offered today by OECD health systems. In England, all of the prevention programmes examined will be cost-effective in the long run – relative to the commonly used standard of GBP 30 000 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 6. Cost-effectiveness of prevention, England

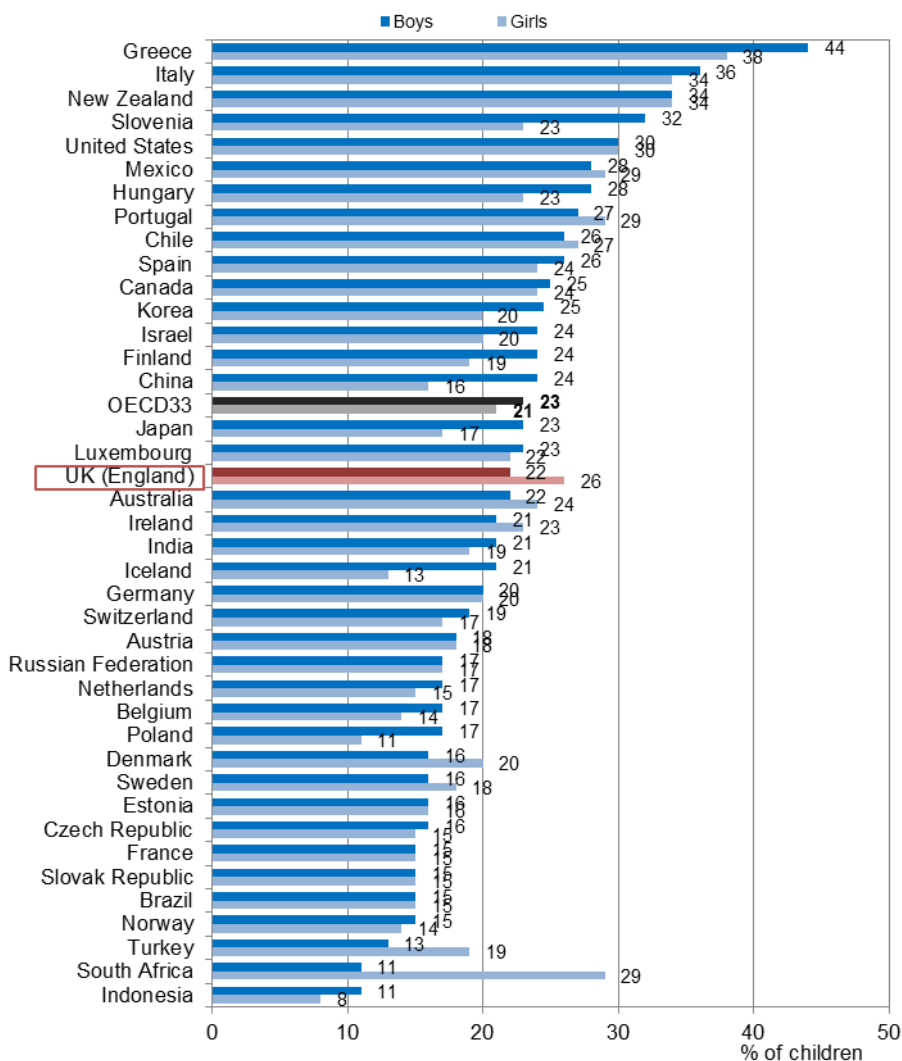


Source: OECD estimates.

B. CHILDREN

7. Overweight rates are relatively high among children too, in comparison to other OECD and key partner countries (Figure 3). International data collated by the International Association for the Study of Obesity show that 22% of boys and 26% of girls are overweight in England, compared with 23% of boys and 21% of girls, on average, in OECD countries.

Figure 7. Measured overweight (including obesity) among children at different ages, 2010 or nearest year

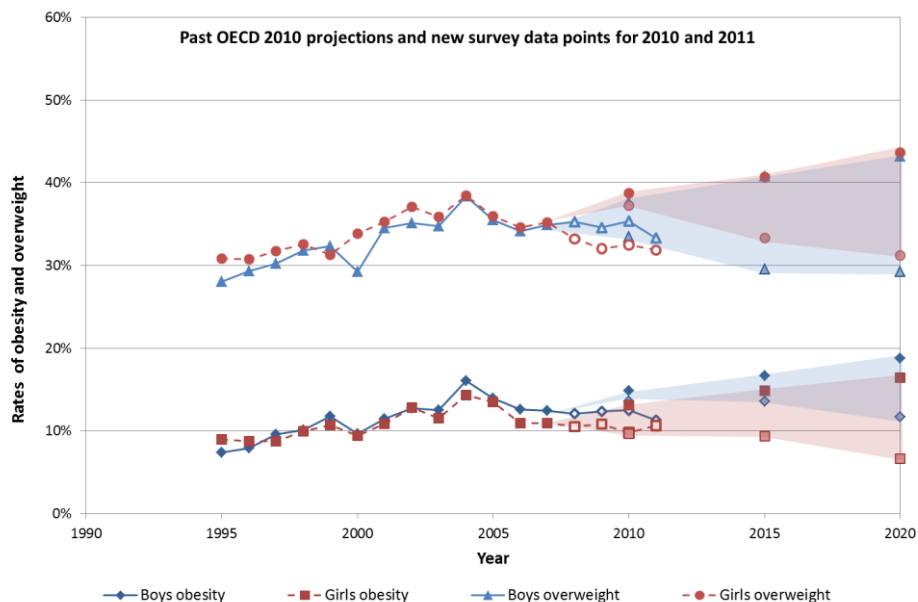


Source: International Association for the Study of Obesity, 2013; Bös et al. (2004) for Luxembourg; and KNHANES 2011 for Korea.

8. Child overweight and obesity increased substantially in England between 1995 and the mid-2000s, with overweight rates reaching peaks of nearly 40% around 2005 (Figure 4). However, the most recent data show continuing declines in overweight rates for boys and girls, and some signs of decline in obesity rates for boys and stable obesity rates for girls. The rates recorded in 2010

and 2011 are at the lower bound of previous OECD 2010 projections and sometimes even well below the previously projected range.

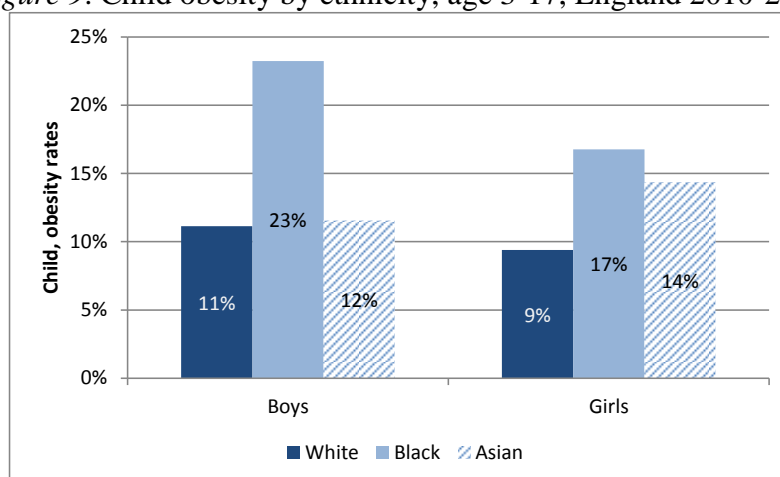
Figure 8. Past and future projected trends in child obesity and overweight, age 3-17, England



Source: OECD estimates based on the *Health Survey for England*.

9. Black and minority ethnic children have higher obesity rates than white children. Black children, in particular, have almost 50% higher rates than white children.

Figure 9. Child obesity by ethnicity, age 3-17, England 2010-2011



Source: OECD estimates based on the *Health Survey for England 2010-2011*.

Note: Adjusted probabilities of being obesity controlling for age, parents' obesity, socioeconomic status, and number of household members.

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