



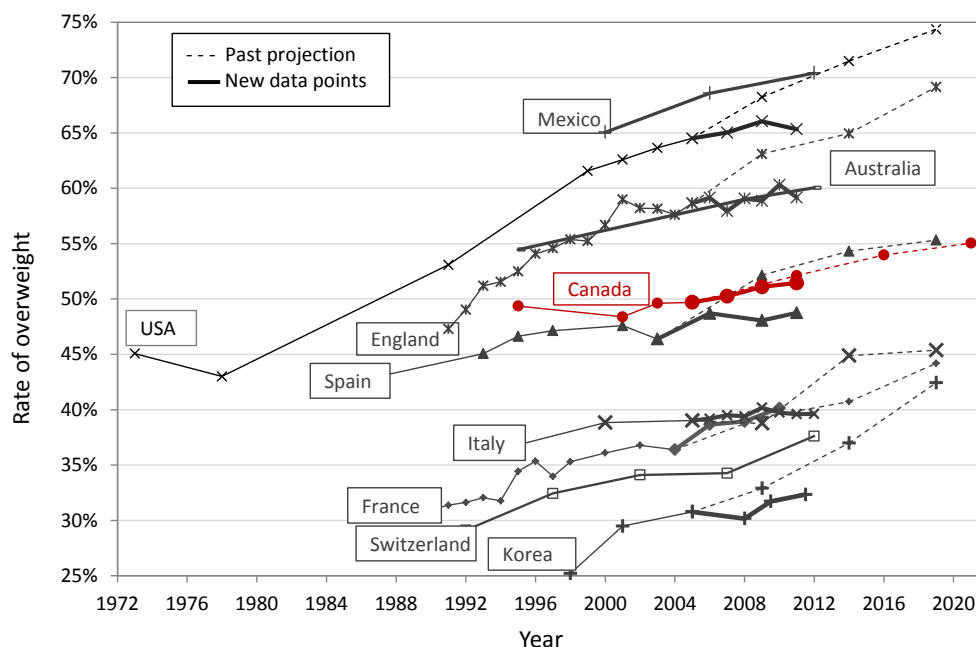
## OBSESITY AND THE ECONOMICS OF PREVENTION: FIT NOT FAT

### KEY FACTS – CANADA, UPDATE 2014

#### A. ADULTS

1. Obesity rates are high in Canada, relative to most OECD countries (Figure 1), 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 prevalence of overweight has grown slightly at a slower pace than previously projected by the OECD, which had foreseen a 0.6% per year growth until 2020, assuming past long-term trends would continue unabated.

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

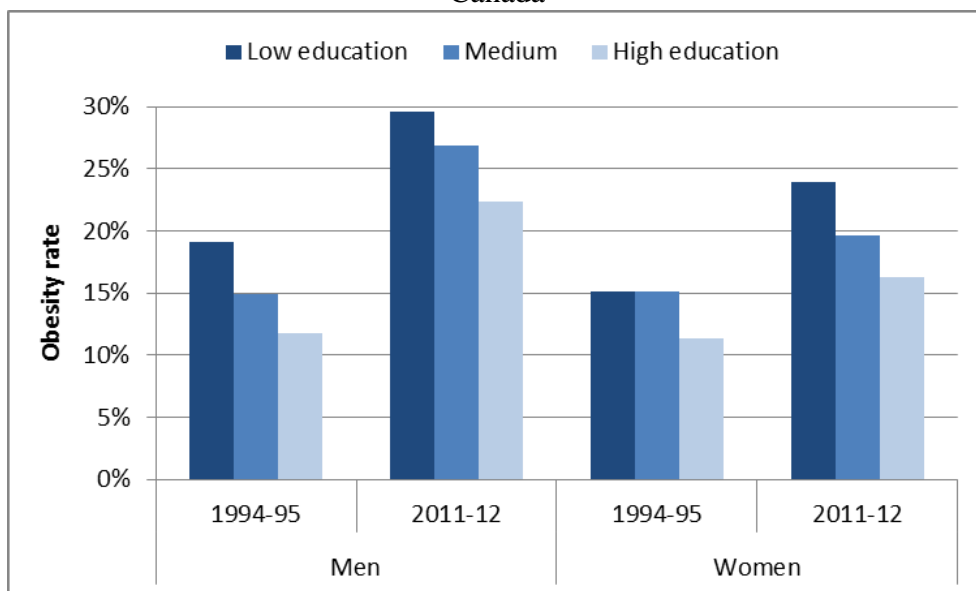


Source: OECD estimates based on national health surveys.

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

2. Overweight and obesity are more common in men, but larger social disparities exist in women (vis-à-vis socioeconomic status). Education-related disparities are somewhat consistent across genders. Women with less education are almost 1.6 times as likely as more educated women to be obese. Similarly, men with less education are almost 1.5 times as likely as the more educated to be obese. Over the past two decades, the probability of obesity in men and women –adjusted for all other covariates- has increased in all education groups (Figure 2). The degree of social inequality has remained virtually unchanged in recent years.

Figure 2. Prevalence of obesity by education level in 1994-95 and 2011-12, men and women, Canada

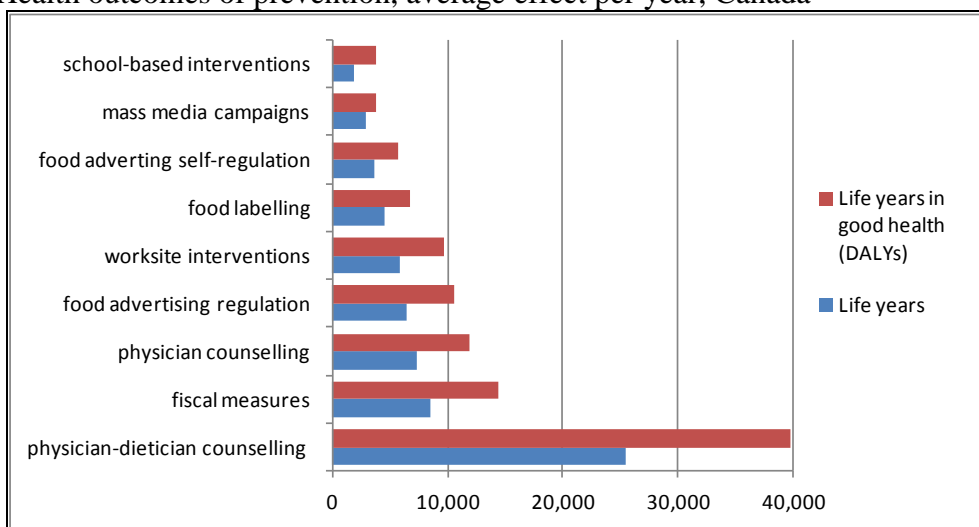


Source: OECD estimates based on the *Canadian Community Health Survey*

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

3. 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.

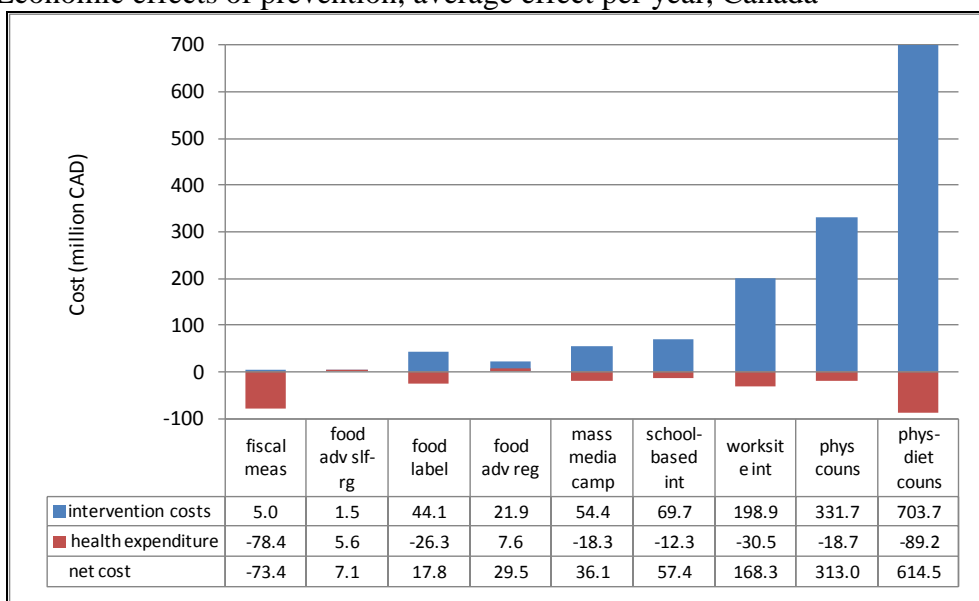
Figure 3. Health outcomes of prevention, average effect per year, Canada



Source: OECD estimates.

4. 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).

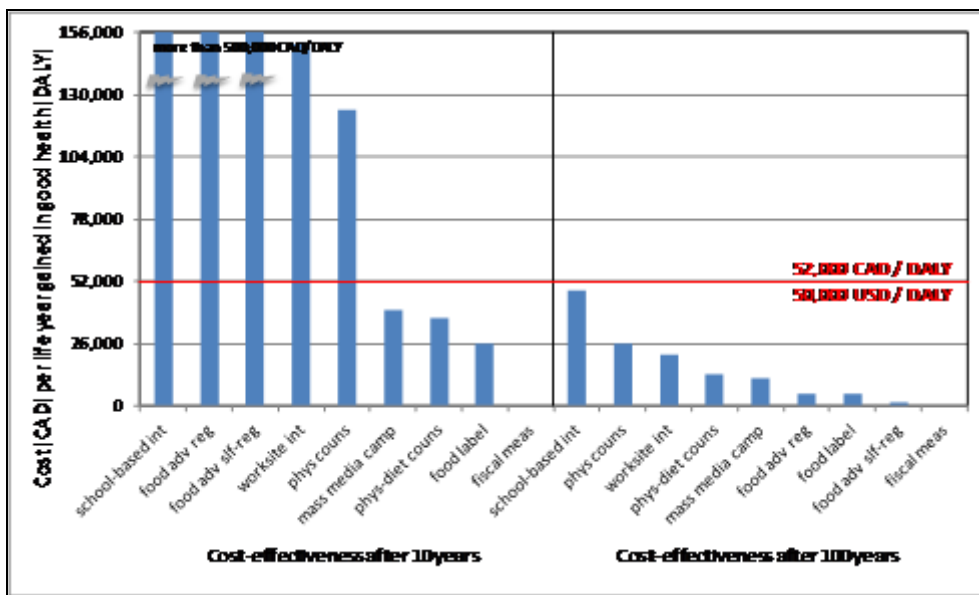
Figure 4. Economic effects of prevention, average effect per year, Canada



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 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.

Figure 5. Cost-effectiveness of prevention, Canada

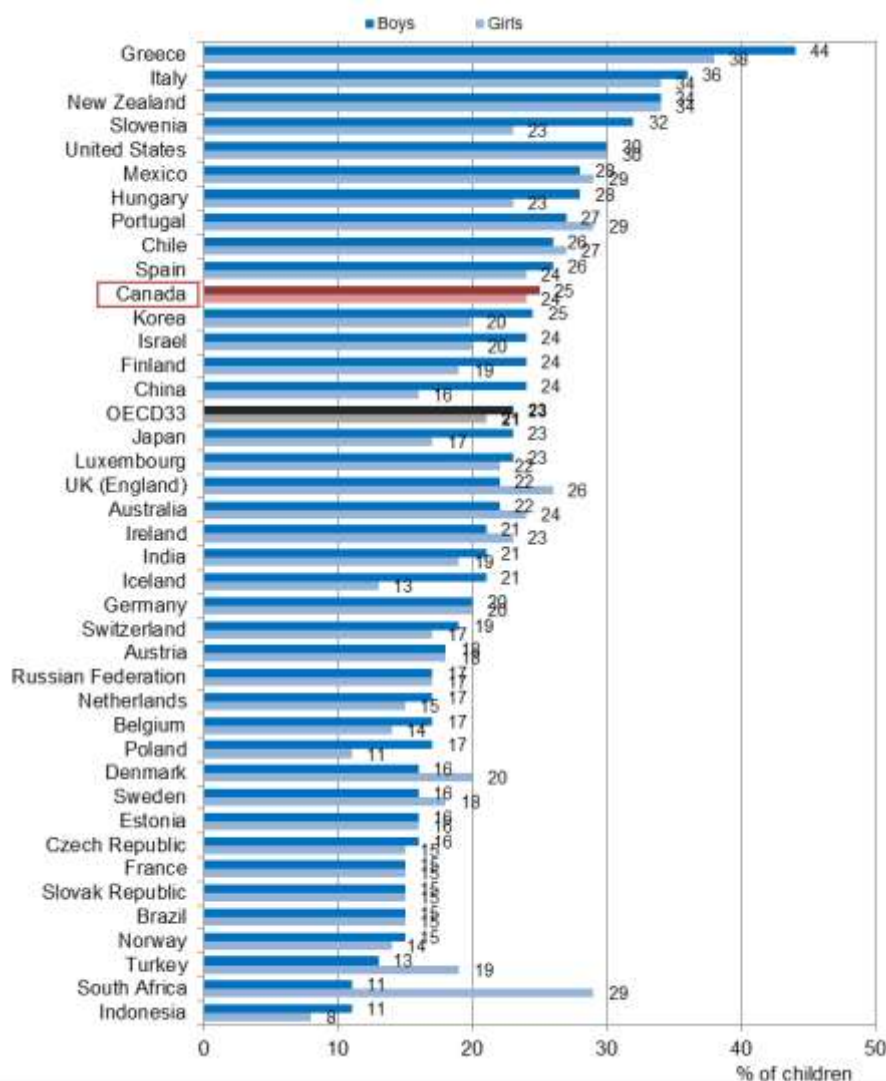


Source: OECD estimates.

## B. CHILDREN

6. Child overweight is high in Canada compared to other OECD countries. International data collated by the International Association for the Study of Obesity show that 1 in 4 children is overweight in Canada, 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.

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