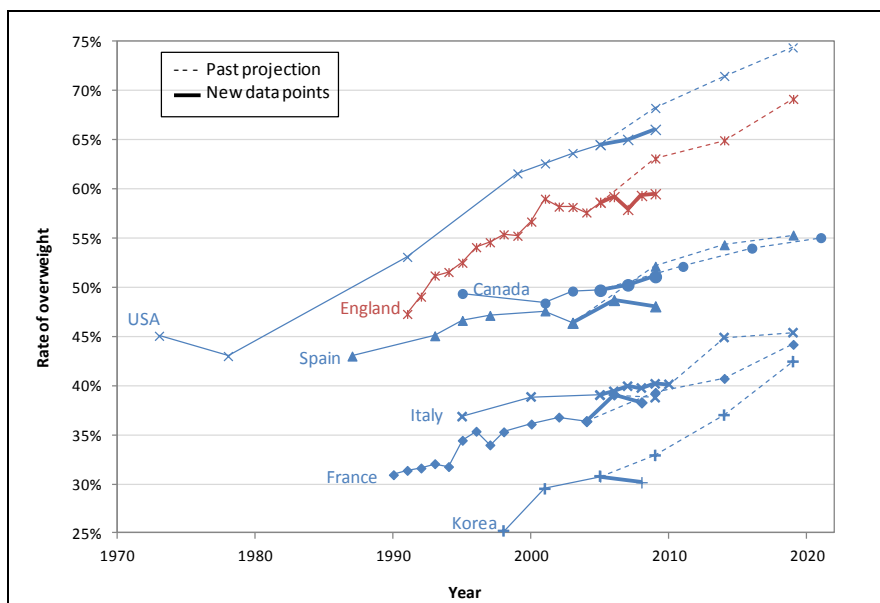


# OBESITY AND THE ECONOMICS OF PREVENTION: FIT NOT FAT

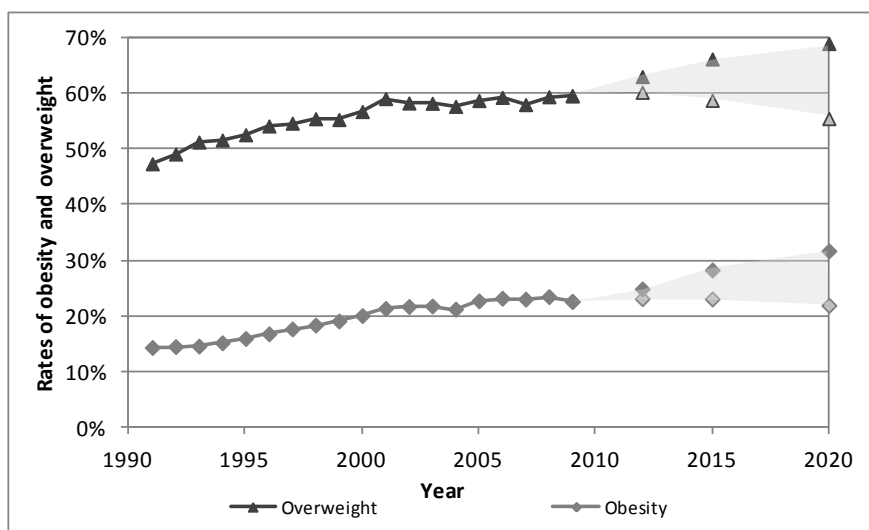
## KEY FACTS – ENGLAND, UPDATE 2012

### A. ADULTS

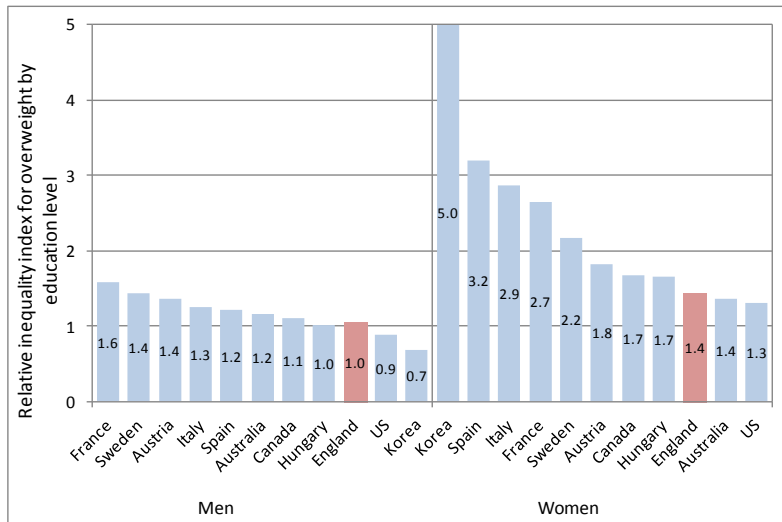
1. Obesity rates in the United Kingdom are the highest in Europe. Two out of 3 men are overweight and 1 in 4 people are obese. In England, rates increased faster than in most OECD countries during the 1990s. The latest data show that the proportion of adults who are overweight remained virtually stable 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.



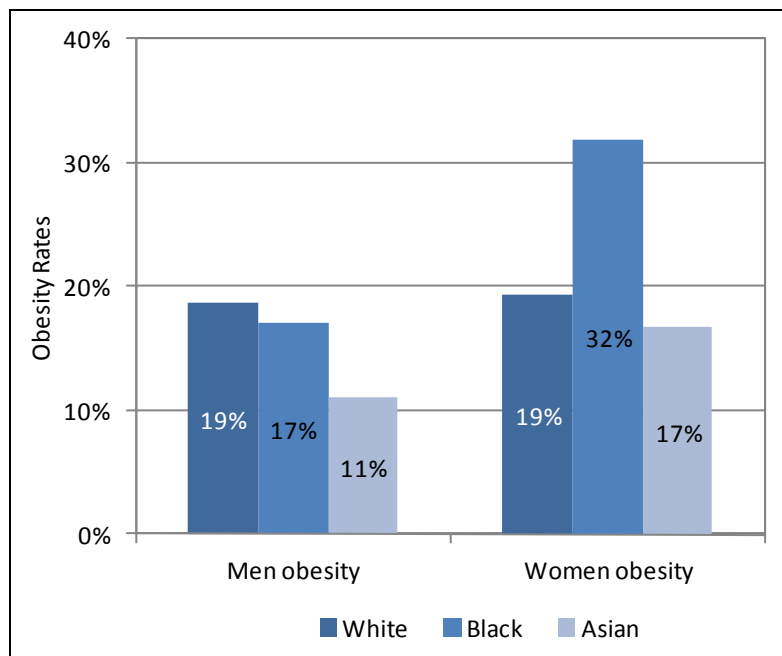
2. Taking account of the most recent data, new projection bands for 2010-2020 indicate that overweight and obesity rates are expected to grow, at most, by 10% during that period. Under more optimistic assumptions, rates may remain stable or even decline slightly.



3. More men than women are overweight, but large social disparities exist in women. Women with poor education are 1.4 times 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.

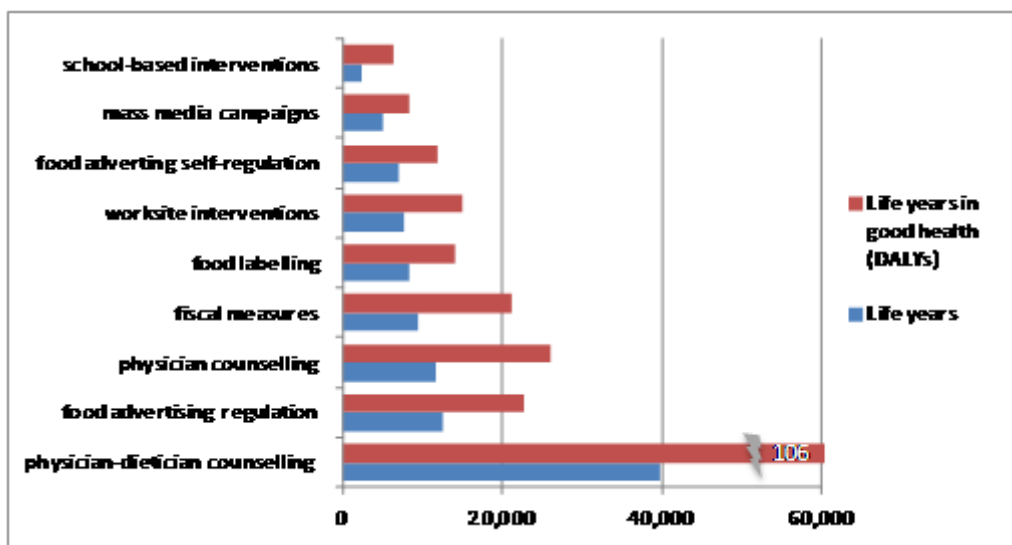


4. Black women have the highest obesity rates. Obesity rates are 13% higher in Black women relative to white women. Asian men and women, as well as black men, are less likely to be obese than their white counterparts.

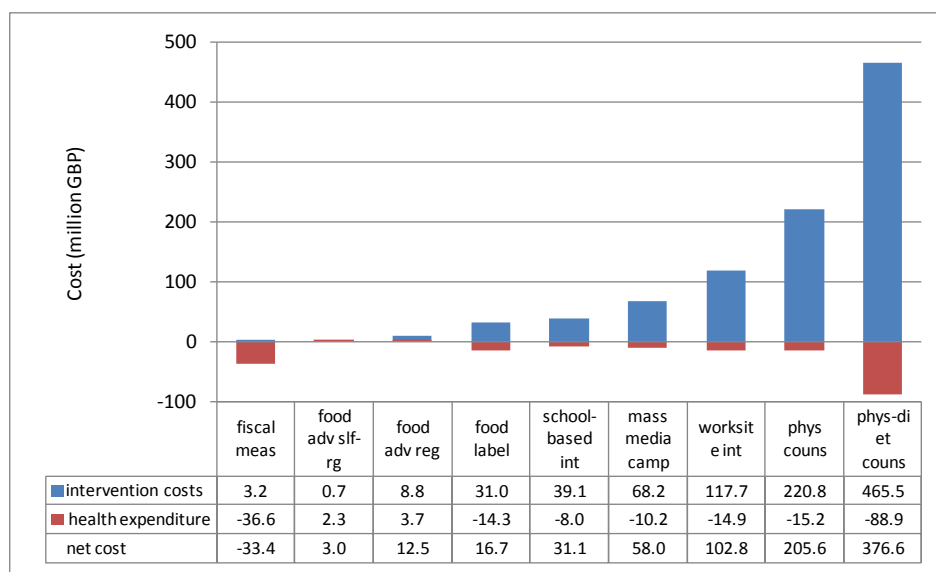


5. Individual prevention programmes could avoid up to 40 000 deaths from chronic diseases every year in England. Deaths avoided could increase to 70 000 if different interventions were combined in a comprehensive prevention strategy. An organised programme of counselling of

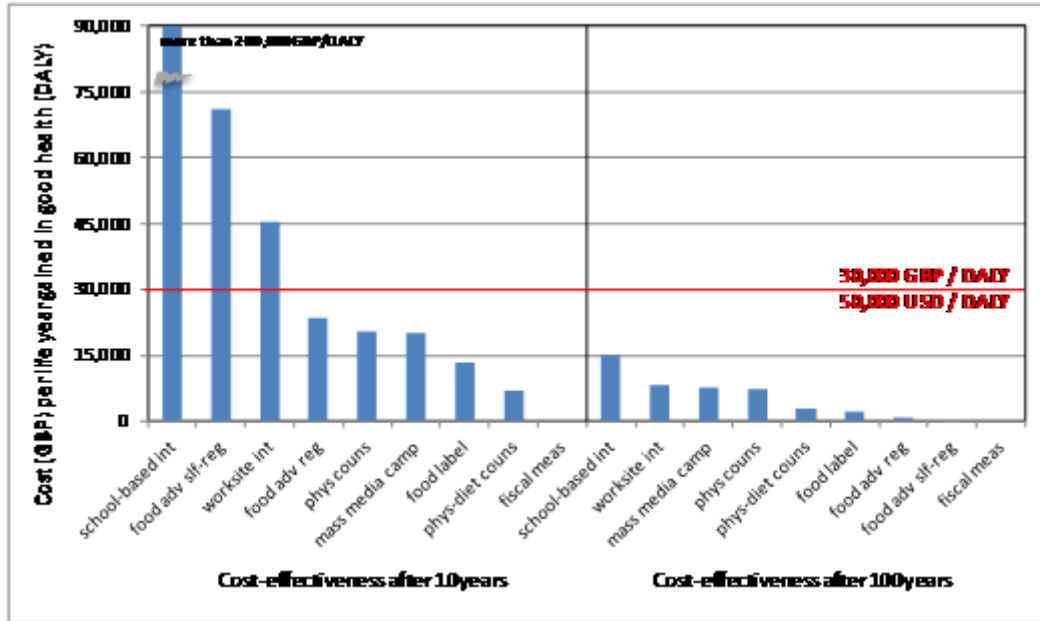
obese people by their family doctors would also lead to an annual gain of over 100 000 years of life in good health.



6. 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).

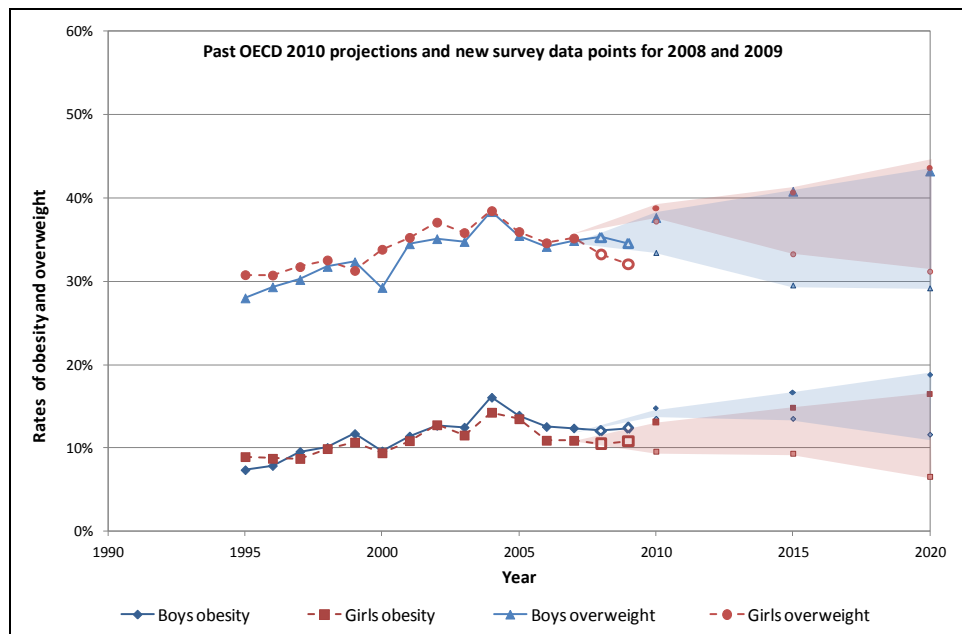


7. Is prevention cost-effective? Prevention can improve health at a lower cost than many treatments offered today by OECD health systems. In England, all of the prevention programmes examined will be cost-effective in the long run – relative to the commonly used standard of GBP 30 000 per year of life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

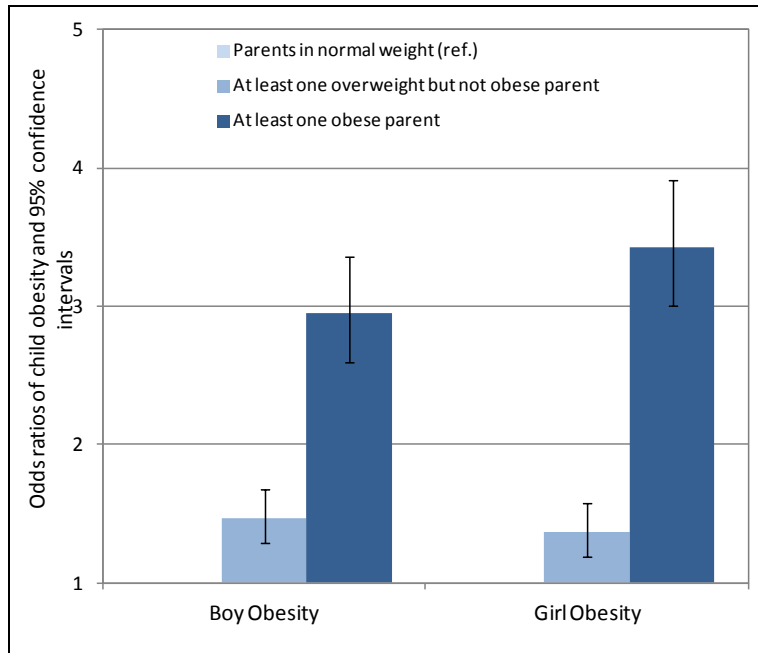


## B. CHILDREN

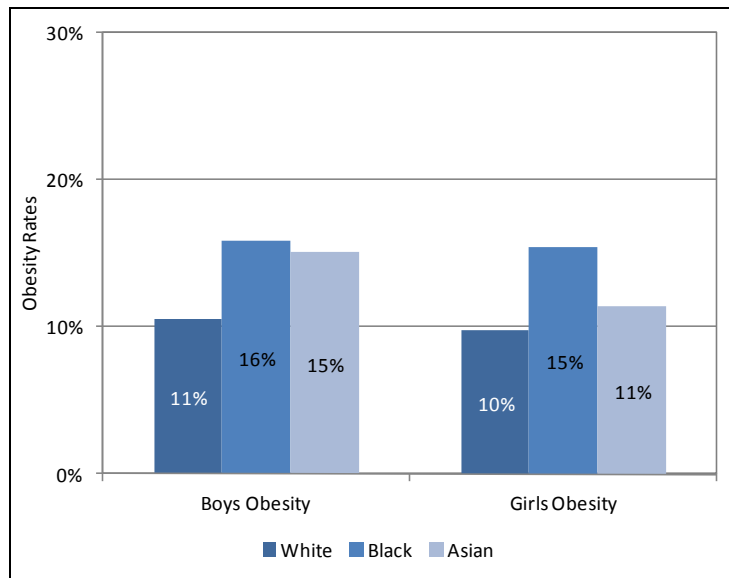
7. Almost 1 in 3 children is overweight in England and more than 1 in 3 in Scotland. Child overweight and obesity increased substantially in England between 1990 and the early 2000s, with overweight rates reaching peaks of nearly 40% around 2005. However, the most recent data show continuing slight declines in overweight rates and stable obesity rates. The rates recorded in 2008 and 2009 are at the lower end of previous OECD projection ranges and, in the case of overweight in girls, the new rate is well below the previously projected range.



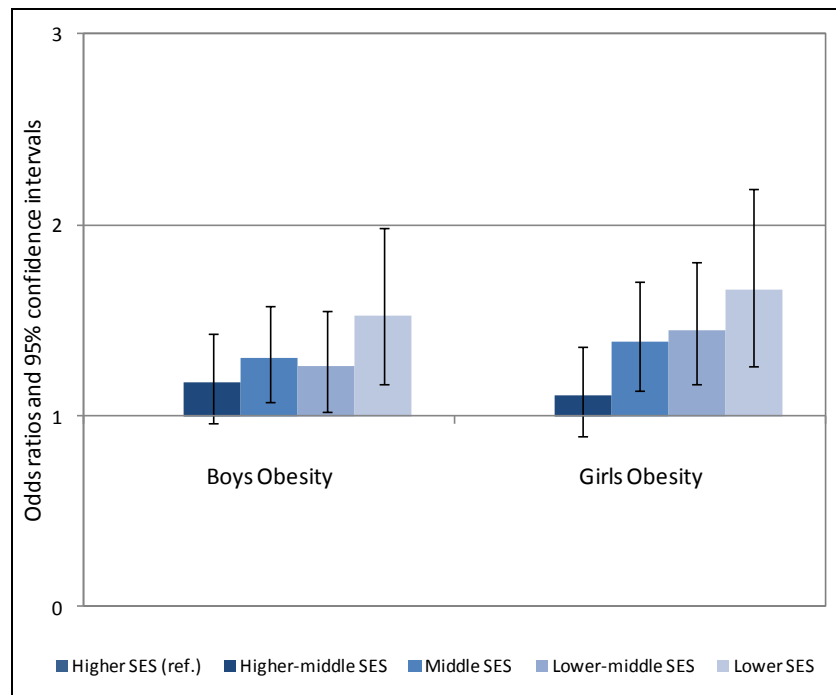
8. Children with obese parents are far more likely to be obese themselves. Children are about 3 times more likely to be obese if they have at least one obese parent.



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.



10. Socio-economic disparities are larger in children than adults. Less well off children are up to 1.7 times more likely to be obese than children from higher income groups. Disparities are present in boys as well as girls.



Note: SES: Socio-economic status

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