

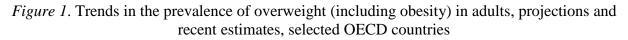


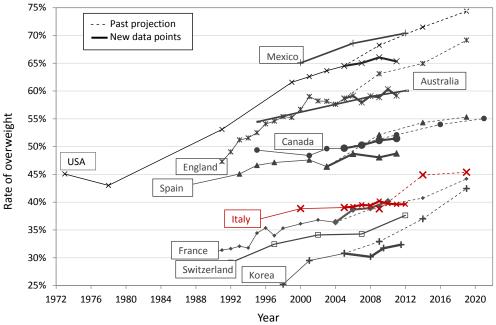
OBESITY AND THE ECONOMICS OF PREVENTION: FIT NOT FAT

KEY FACTS – ITALY, UPDATE 2014

A. ADULTS

1. <u>Obesity rates are low in Italy, relative to most OECD</u> countries (Figure 1), but the picture is definitely different for children (see below). About 1 in 10 adults is obese in Italy, while 40% are overweight (including obesity). The latest data show that the proportion of adults who are overweight has only mildly increased since the early 2000s, and is well below previous OECD projections.





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. <u>Large socio-economic disparities in obesity exist, both in men and women</u>. Women with less education in Italy are 1.5 times more likely to be obese than more educated women. The odd ratio for obesity between the low and high education groups is about the same degree in men. Since 2001, obesity rates have increased in all education groups and the pattern of inequality remains present (Figure 2).

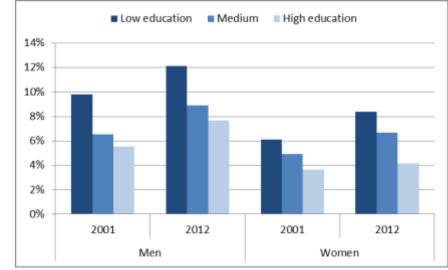
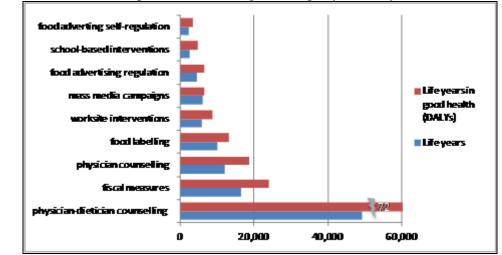


Figure 2. Prevalence of obesity by education level in 2001 and 2012, men and women, Italy

Source: OECD estimates based on the Italian survey *Aspetti della vita quotidiana* Note: Adjusted probabilities of being obesity for men and women aged 40 controlling for marital status, tobacco smoking and working status.

3. <u>Individual prevention programmes could avoid up to 50 000 deaths from chronic diseases every year</u>. Deaths avoided could increase to 75 000 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 70 000 years of life in good health.

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



Source: OECD estimates.

4. <u>How much does prevention cost? How much does it save</u>? Most prevention programmes would cost less than EUR 100 m every year, with individual counselling by family doctors costing up to EUR 580 m. Most prevention programmes will cut health expenditures for chronic diseases, but only by a relatively small margin (up to EUR 72 m per year).

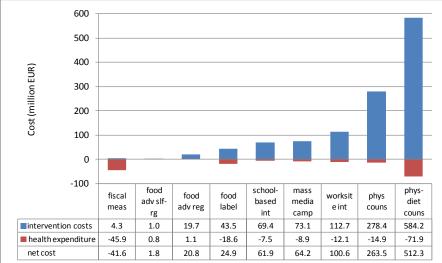
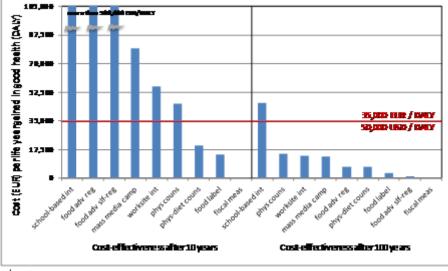


Figure 4. Economic effects of prevention, average effect per year, Italy

Source: OECD estimates.

5. <u>Is prevention cost-effective</u>? Prevention can improve health at a lower cost than many treatments offered today by OECD health systems. In Italy, almost all of the prevention programmes examined will be cost-effective in the long run – relative to internationally accepted standards corresponding to around EUR 35 000 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, Italy



Source: OECD estimates.

B. CHILDREN

6. <u>Child overweight is problematic in Italy.</u> International data collated by the International Association for the Study of Obesity show that 36% of boys and 34% of girls are overweight or obese in Italy, compared with 23% of boys and 21% of girls, on average, in OECD countries (Figure 3).

Boys Girls Greece 44 36 Italy New Zealand Slovenia United States Mexico Hungary Portugal Chile Spain Canada Korea 24 Israel 24 Finland China 24 OECD33 23 23 Japan Luxembourg 23 UK (England) 26 Australia 24 Ireland 21 23 India 21 Iceland 21 Germany Switzerland Austria Russian Federation Netherlands 17 Belgium 17 Poland Denmark 16 20 18 18 Sweden Estonia 18 Czech Republic France Slovak Republic Brazil Norway Turkey 19 South Africa 29 11 Indonesia 0 10 20 30 40 50 % of children

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.

Release: 27 May 2014. <u>http://www.oecd.org/health/obesity-update.htm</u>. For more information, please contact: <u>Franco.Sassi@oecd.org</u>, <u>Marion.Devaux@oecd.org</u> or <u>Michele.Cecchini@oecd.org</u>.