2.3. Overweight and obesity among adults

The rise in overweight and obesity is a major public health concern. Obesity is a known risk factor for numerous health problems, including hypertension, high cholesterol, diabetes, cardiovascular diseases, respiratory problems (asthma), musculoskeletal diseases (arthritis) and some forms of cancer. Mortality risk also increases sharply once the overweight threshold is crossed (Sassi, 2010).

Based on latest available surveys, more than half (50.3%) of the adult population in the OECD report that they are overweight or obese. Among those countries where height and weight were measured, the proportion was even greater, at 55.8%. The prevalence of overweight and obesity among adults exceeds 50% in no less than 19 of 34 OECD countries. In contrast, overweight and obesity rates are much lower in Japan and Korea and in some European countries (France and Switzerland), although even in these countries rates are increasing.

The prevalence of obesity, which presents even greater health risks than overweight, varies nearly tenfold among OECD countries, from a low of 4% in Japan and Korea, to 30% or more in the United States and Mexico (Figure 2.3.1). Across the entire OECD region, 17% of the adult population are obese. Average obesity rates among men and women are similar, although there are disparities in some countries. In South Africa, Chile, Turkey and Mexico, a greater proportion of women are obese, whereas in the Russian Federation, Luxembourg and Spain men are.

Obesity prevalence has more than doubled over the past 20 years in Australia and New Zealand, and increased by half in the United Kingdom and the United States (Figure 2.3.2). Some 20-24% of adults in Australia, Canada, the United Kingdom and Ireland are obese, about the same rate as in the United States in the early 1990s. Obesity rates in many western European countries have also increased substantially over the past decade. The rapid rise occurred regardless of where levels stood two decades ago. Obesity almost doubled in both the Netherlands and the United Kingdom, even though the current rate in the Netherlands is around half that of the United Kingdom.

The rise in obesity has affected all population groups, regardless of sex, age, race, income or education level, but to varying extents. Evidence from a number of countries (Australia, Austria, Canada, England, France, Italy, Korea, Spain and the United States) indicates that obesity tends to be more common among individuals in disadvantaged socio-economic groups, especially if they are female (Sassi *et al.*, 2009). There is also a relationship between the number of years spent in full-time education and obesity, with the more educated displaying lower rates. Again, the gradient in obesity is stronger in women than in men (Sassi, 2010). A persistent socio-economic gradient in overweight and obesity is an indication that government policies have so far not addressed the link between obesity, and social disadvantage.

A number of behavioural and environmental factors have contributed to the rise in overweight and obesity rates in industrialised countries, including falling real prices of food and more time spent being physically inactive. Overweight and obesity has risen rapidly in children in recent decades, reaching double-figure rates in most OECD countries (see also Indicator 2.4 "Overweight and obesity among children").

Because obesity is associated with higher risks of chronic illnesses, it is linked to significant additional health care costs. There is a time lag between the onset of obesity and related health problems, suggesting that the rise in obesity over the past two decades will mean higher health care costs in the future. A recent study estimated that total costs linked to overweight and obesity in England in 2015 could increase by as much as 70% relative to 2007 and could be 2.4 times higher in 2025 (Foresight, 2007).

Definition and comparability

Overweight and obesity are defined as excessive weight presenting health risks because of the high proportion of body fat. The most frequently used measure is based on the body mass index (BMI), which is a single number that evaluates an individual's weight in relation to height (weight/height^2, with weight in kilograms and height in metres). Based on the WHO classification (WHO, 2000), adults with a BMI from 25 to 30 are defined as overweight, and those with a BMI of 30 or over as obese. This classification may not be suitable for all ethnic groups, who may have equivalent levels of risk at lower or higher BMI. The thresholds for adults are not suitable to measure overweight and obesity among children.

For most countries, overweight and obesity rates are self-reported through estimates of height and weight from population-based health interview surveys. However, around one-third of OECD countries derive their estimates from health examinations. These differences limit data comparability. Estimates from health examinations are generally higher, and are more reliable than estimates from health interviews.

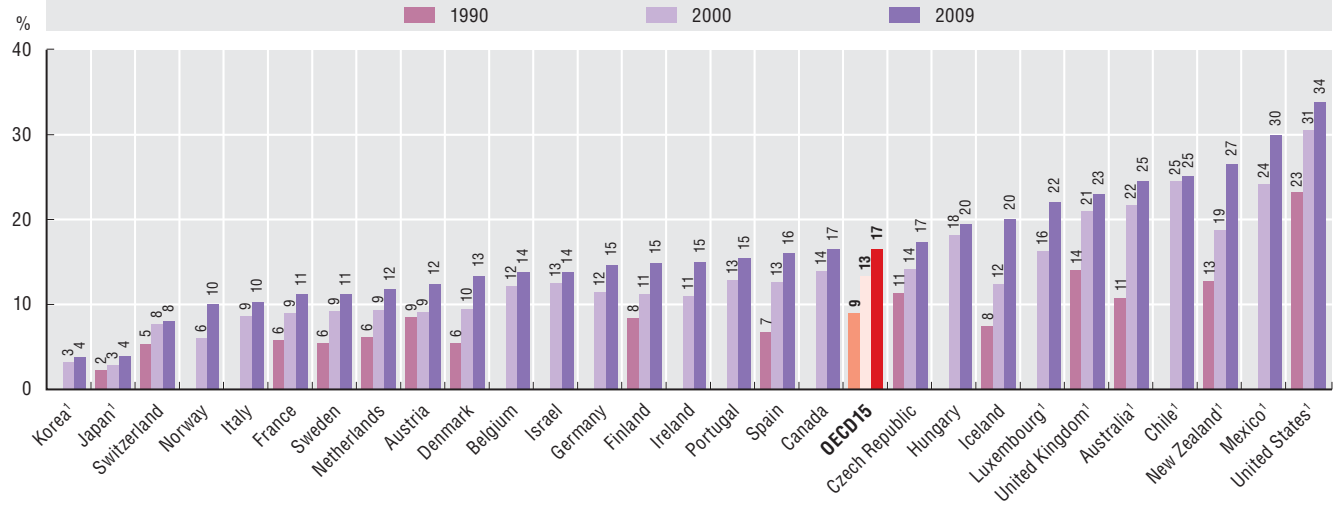
Information on data for Israel: *http://dx.doi.org/10.1787/888932315602*.

2.3.1 Prevalence of obesity among adults, 2009 (or nearest year)

Source: OECD Health Data 2011; national sources for non-OECD countries.

StatLink http://dx.doi.org/10.1787/888932523956

2.3.2 Increasing obesity rates among the adult population in OECD countries, 1990, 2000 and 2009 (or nearest years)



1. Data are based on measurements rather than self-reported height and weight.

Source: OECD Health Data 2011.

StatLink http://dx.doi.org/10.1787/888932523975