OBESITY AMONG ADULTS

Obesity is a known risk factor for numerous health problems, including hypertension, high cholesterol, diabetes, cardiovascular diseases, and some forms of cancer. As obesity is associated with higher risks of chronic illnesses, it is linked to significant additional health care costs as well as substantial indirect costs due to lower employment and loss of work productivity (OECD/EU, 2016).

On average across EU countries, 16% of adults were obese in 2014, according to data self-reported by people. Obesity rates among adults vary greatly across EU countries, from 9% in Romania to 26% in Malta (Figure 4.17). Obesity has increased in almost all European countries since 2000. It has notably increased in Finland, France, Ireland, the Netherlands, and Sweden where obesity rates used to be much lower. On the other hand, obesity rates among adults seem to have remained relatively stable between 2008 and 2014 in Belgium, the Czech Republic, Greece, Italy, Latvia and Poland.

Obesity rates based on the actual measurement of height and weight are much higher than those based on self-reported data (as many people either overestimate their height or underestimate their weight), but these more reliable data are only available in a limited number of countries. These data show that obesity rates have increased over the past decade in Finland, Hungary, Luxembourg and the United Kingdom, while they have plateaued in France and Ireland (Figure 4.18).

The prevalence of obesity is generally greater among people with primary education (20% based on self-reported data) than those with tertiary education (12%) on average (Figure 4.19). The gap in obesity by education level is particularly large in Luxembourg, Portugal, Slovenia and Spain, while it is smaller in Latvia and Romania.

A number of behavioural and environmental factors have contributed to the long-term rise in obesity rates across EU countries, including the widespread availability of energy-dense foods and an increasingly sedentary lifestyle. These factors have created obesogenic environments, putting people, and especially those in socially disadvantaged groups, more at risk.

A growing number of countries have adopted policies to prevent and reverse obesity from spreading further. One approach has been to improve the information available to citizens to make more healthy choices (e.g. through food and menu labelling, public awareness campaigns, mobile apps, restrictions or bans on food product advertising targeting children). For instance, easy-to-understand interpretative labels put on the front of prepacked food have been used on a voluntary basis in England (traffic-light system), France (Nutri-Score), Denmark, Norway, Sweden and Lithuania (Keyhole logo) (OECD, 2017). Policies and programmes to promote regular physical activity, such as subsidies to encourage cycling and worksite wellness programmes, have also become increasingly popular (OECD, 2017).

The taxation of foods high in fat, sugar or salt and/or sugary drinks is also used by an increasing number of countries to tackle overweight and obesity. At least nine countries in Europe (Belgium, Estonia, Finland, France, Hungary, Ireland, Norway, Portugal and the United Kingdom) have taxes in place on sugar-sweetened beverages in 2018.

At EU level, the 2007 Strategy for Europe on Nutrition, Overweight and Obesity-related Health Issues promotes a balanced diet and active lifestyle. It also encourages action by Member States and civil society (notably through the EU Platform for action on Diet, Physical Activity and Health) on food reformulation, marketing and advertising, physical activity, consumer information, and advocacy and information exchange (European Commission, 2016). A project on food reformulation will start at the end of 2018 to provide a baseline to help Member States monitor the removal of excess sugars, salt and fat from products that are bought every day in European supermarkets.

Definition and comparability

Obesity is 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, adults over age 18 with a BMI greater than or equal to 30 are defined as obese.

Obesity rates can be assessed through self-reported estimates of height and weight derived from population-based health interview surveys, or measured estimates derived from health examinations. Estimates from health examinations are generally higher and more reliable than from health interviews.

References

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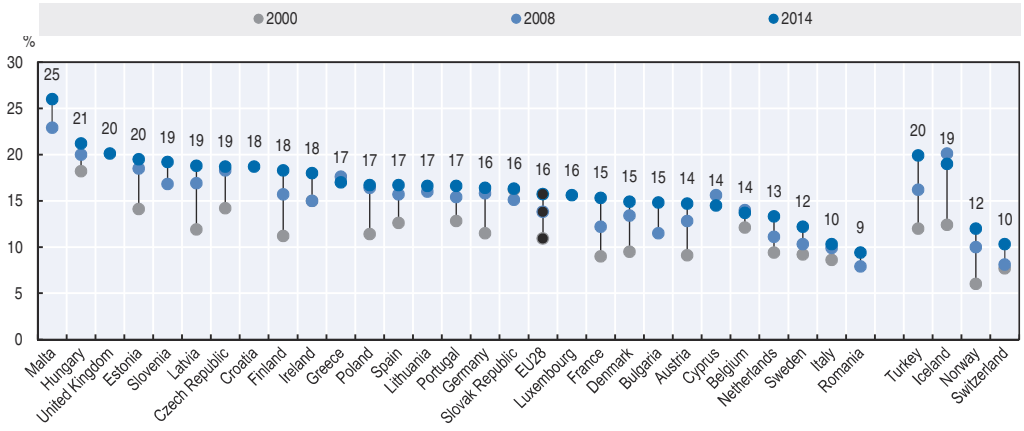
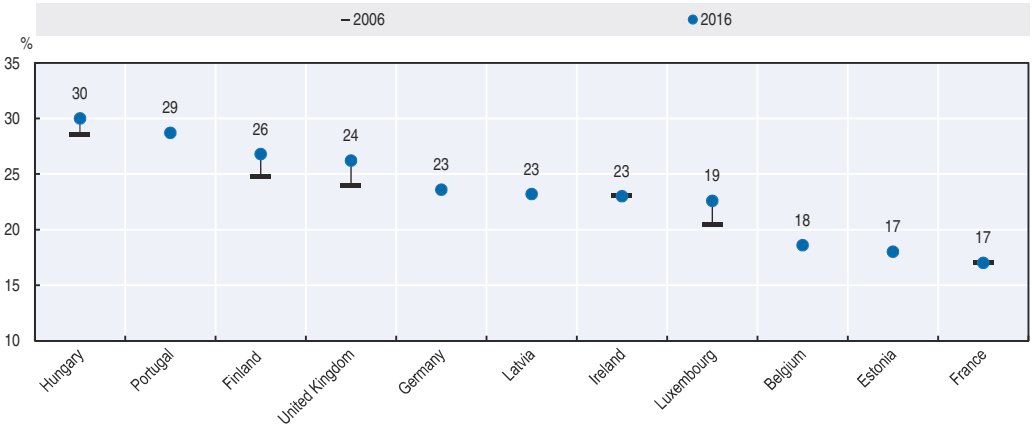
4.17. Changes in self-reported obesity rates among adults, 2000 to 2014 (or nearest year)



Source: Eurostat (EHIS 2008 and 2014) complemented with OECD Health Statistics 2018 for 2000 data and data for non-EU countries, *https://doi.org/10.1787/health-data-en*.

StatLink http://dx.doi.org/10.1787/888933835250

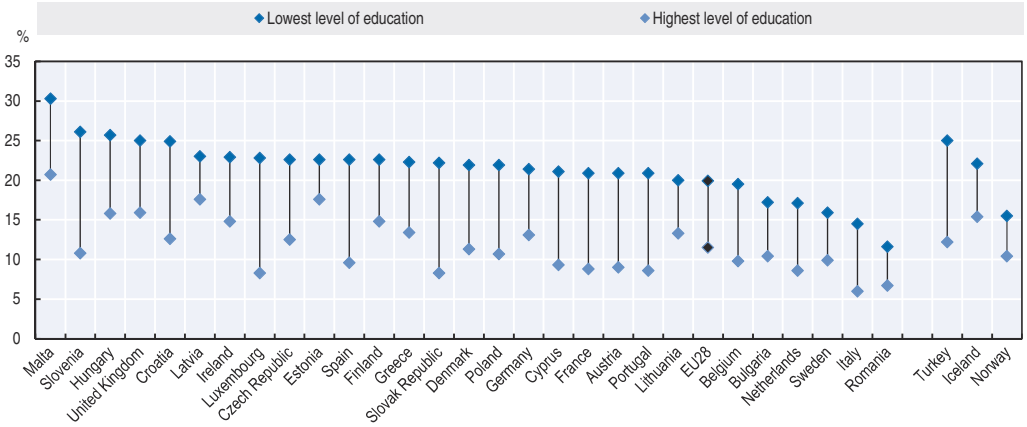
4.18. Changes in measured obesity rates among adults, 2006 to 2016 (or nearest year)



Source: OECD Health statistics 2018, *https://doi.org/10.1787/health-data-en*.

StatLink http://dx.doi.org/10.1787/888933835269

4.19. Self-reported obesity rates by education level, 2014



Note: The lowest level of education refers to people with less than a high-school diploma, while the highest level refers to people with a university or other tertiary diploma.
Source: Eurostat, EHIS 2014.

StatLink http://dx.doi.org/10.1787/888933835288

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OECD