Overweight and obesity among adults

Overweight and obesity are major risk factors for many chronic diseases, including diabetes, cardiovascular diseases, and cancer. High body mass index (BMI) led to nearly 4 million deaths in 2015, a 19.5% increase since 2005 worldwide. It is the leading risk factor in terms of healthy years of life lost in Turkey, second leading in six other OECD countries, and third leading in another 24 member countries (Forouzanfar et al., 2016). Obesity has risen quickly in the OECD in recent decades, and projections show that this trend will continue (OECD, 2017). It has affected all population groups, regardless of gender, age, race, income or education level, though to varying degrees (Sassi, 2010).

Across the OECD, 54% of the population is overweight, including 19% who are obese (Figure 4.14). Total overweight (BMI≥25) ranges from 24% in Japan and 33% in Korea to just over 70% in Mexico and the United States. Obesity (BMI≥30) is lowest in Italy, Japan and Korea (under 10%), and highest in Hungary, Mexico, New Zealand and the United States (30% or over). In most countries, pre-obesity (25≤BMI<30) accounts for the largest share of overweight people.

On average, 20% of women and 19% of men are obese (Figure 4.15). Gender gaps are lower than 1 point in Canada, France, Germany, Iceland, the Slovak Republic, Spain, Sweden and the United Kingdom. Women are more obese than men in a majority of countries, with disparities 10 points and over in Mexico, Turkey, as well as Colombia, and 22 points in South Africa. In the countries where men are more obese than women (Australia, the Czech Republic, Japan, Korea, Ireland and Slovenia), the gender gaps are much lower.

Obesity has greatly risen in the past two decades, even in countries where rates have been historically low (Figure 4.16). Obesity has more than doubled since the late 1990s in Korea and Norway. Rates seem to have stabilised in recent years in Italy and Japan. OECD countries with historically high rates of obesity are Canada, Chile, Mexico, the United Kingdom and the United States. These countries have also shown a great increase since the 1990s: +92% in the United Kingdom, and +65% in the United States. The increase has been slower in Canada, and Mexico since 2006, and the rise in Chile is nearly imperceptible.

OECD countries have increased implementation of a range of public health policies to try to slow the obesity epidemic (OECD, 2017). Food labelling measures, such as nutrient lists, informative logos, or traffic light schemes have been set up in Australia, England, France and New Zealand, among other countries. Social media and new technologies have become tools for public health promotion, through mass media campaigns aiming to increase public awareness about healthier choices (Goryakin et al., forthcoming). Taxation policies have also been increasingly implemented to raise the price of potentially unhealthy products such as foods high in salt, fat, or sugar. Taxes on sugar-sweetened beverages are amongst the most popular, and there is reasonable evidence that appropriately designed taxes would result in proportional reductions in consumption, especially if fixed at 20% of the retail price or more (WHO, 2016). Comprehensive policy packages that include health promotion, education, interventions in primary care settings, and broader regulatory and fiscal policies, provide affordable and cost-effective solutions to tackle obesity (OECD, 2010).

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, adults over age 18 with a BMI greater than or equal to 25 are defined as overweight, and those with a BMI greater than or equal to 30 as obese. Pre-obesity defines people whose BMI is greater than or equal to 25 and below 30. Most countries report data for the population aged 15 +, but there are some exceptions as highlighted in the data source of the OECD Health Statistics database.

Overweight and 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.

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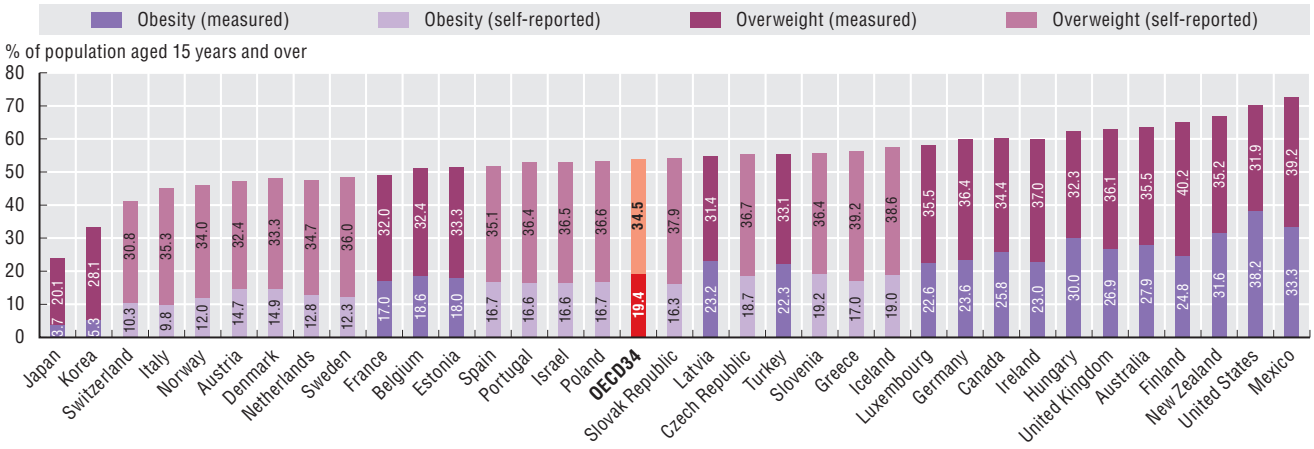
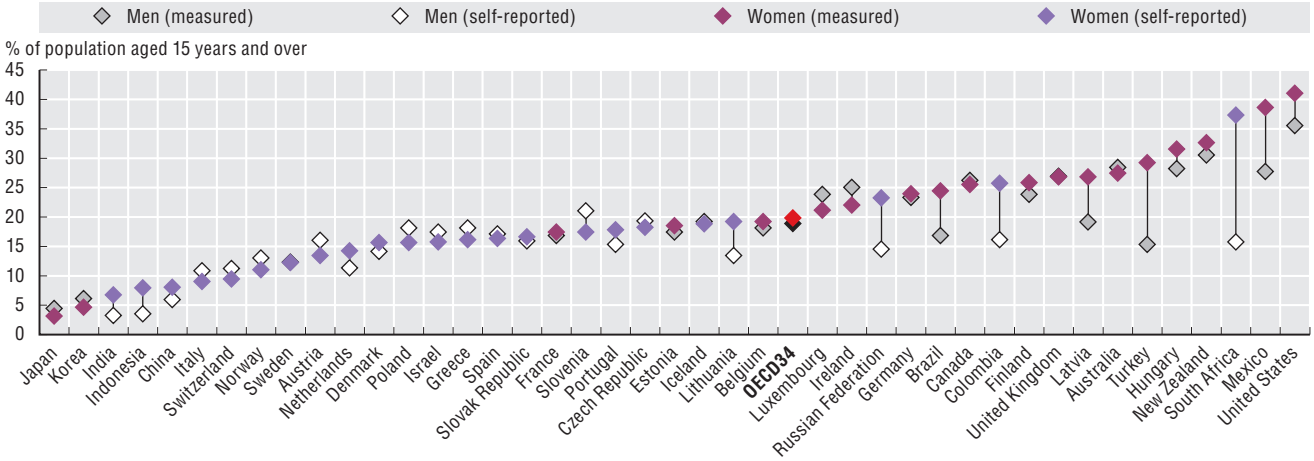
4.14. Overweight including obesity among adults, 2015 (or nearest year)



Source: OECD Health Statistics 2017.

StatLink http://dx.doi.org/10.1787/888933602956

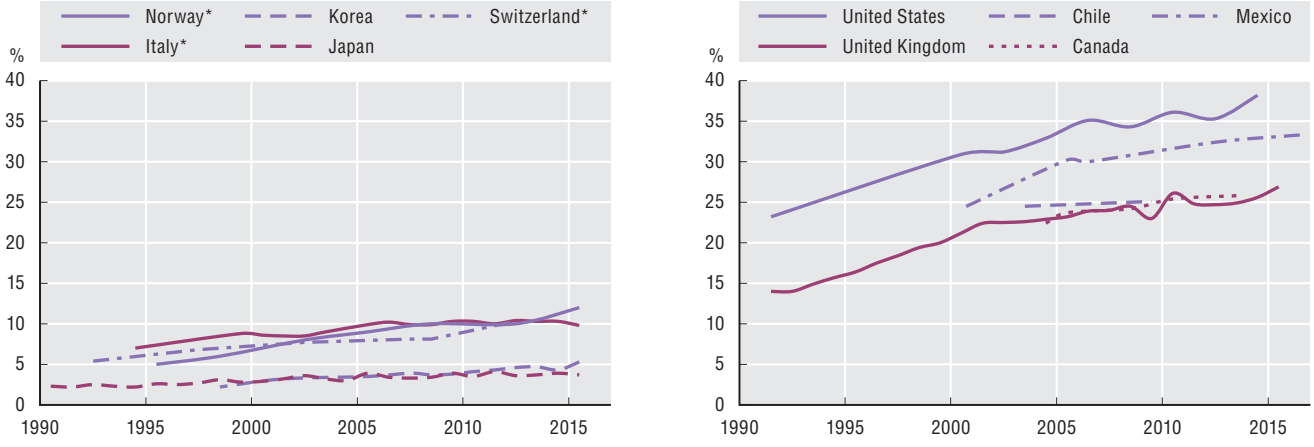
4.15. Obesity among adults by gender, 2015 (or nearest year)



Source: OECD Health Statistics 2017.

StatLink http://dx.doi.org/10.1787/888933602975

4.16. Evolution of obesity in selected OECD countries, 1990 to 2015 (or nearest year)



Note: Data in countries with a * were self-reported rather than measured.
Source: OECD Health Statistics 2017.

StatLink http://dx.doi.org/10.1787/888933602994

From:
Health at a Glance 2017
OECD Indicators

Access the complete publication at:
https://doi.org/10.1787/health_glance-2017-en

Please cite this chapter as:

OECD (2017), "Overweight and obesity among adults", in *Health at a Glance 2017: OECD Indicators*, OECD Publishing, Paris.

DOI: https://doi.org/10.1787/health_glance-2017-21-en