

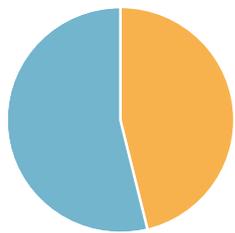
THE SOCIETAL IMPACT OF OBESITY

Obesity will continue to rise and put an unprecedented strain on society and healthcare systems.¹

Governments and health systems can achieve significant societal and economic gains by investing in strategies and structures that prevent, but also effectively support individuals living with obesity to achieve and maintain weight loss.^{2,3,4}

GLOBAL ECONOMIC IMPACT

Breakdown of average country spend associated with overweight and obesity*



54-59% Indirect costs e.g. lost productivity, societal costs⁵
41-46% Direct costs e.g. healthcare, medicines⁵

*based on a systematic review of studies addressing direct and indirect costs of overweight and obesity in adults between 2001 and 2011

2.8% Global
GDP

\$2 Trillion
Estimated global impact of obesity⁶

Similar to the impact of smoking or armed violence, war and terrorism on global GDP⁶



2-7% Of global healthcare spending is driven by high BMI⁶

3.3% Estimated curb of GDP due to obesity⁷

1/2 Of people with obesity have at least 5 comorbidities⁸

Rising levels of people who are overweight are causing many societal issues:⁷



Damaging health,
wealth and wellbeing



Lowering school
performance of children



Increasing risk of
unemployment



Shortening life
expectancy of adults

WEIGHT MANAGEMENT



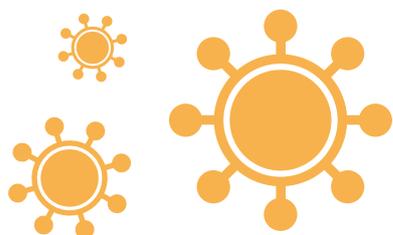
For people with obesity, long-term holistic weight management leads to:⁹

- fewer weight-related complications
- higher quality of life

This has a significant positive impact on:^{2,3,4}

- Society
- Individual
- Health systems
- Economy

ASSOCIATED HEALTH BENEFITS



Cancer: Moderate annual decrease in BMI associated with 25% decreased risk of mortality from any cancer¹⁰

Cardiovascular disease: Men: mean weight loss of 5.1kg = -20.4% risk reduction
Women: mean weight loss of 5.4kg = -12.6% risk reduction¹¹

IMPACT ON HEALTHCARE SERVICES



People who are overweight:⁷

- Use healthcare services more
- Undergo more surgery
- 2x as many prescriptions compared to people with a healthy weight

On average in OECD countries, people who are overweight will be responsible for:⁷

70% of all treatment costs for diabetes

23% of treatment costs for cardiovascular diseases

9% of cancers

\$425B

Estimated treatment costs caused by people who are overweight each year in OECD countries.⁷

PRODUCTIVITY AND WORKPLACE

On average, people with obesity have lower work productivity compared to those with a normal BMI¹²



3.1 days: average additional days of absenteeism for people living with obesity (compared to those with a normal weight)¹³



Individuals with **x1 chronic disease** associated with being overweight are **8% less likely to be employed** the following year⁷



Lost productivity accounts for **54–59%** of the obesity-related economic burden worldwide.⁵

INTERVENTIONS

6X INCREASE in economic return generated by every dollar spent on preventing obesity⁷



Policy makers should invest in a wide range of policy interventions aimed to:

- Tackle childhood obesity
- Reduce the obesity stigma
- Reduce bullying
- Improve the wellbeing and mental health of overweight children

To address obesity, governments and health authorities should invest in holistic approaches to address both early intervention and long-term management of obesity and the associated complications.

1. Pineda E, Sanchez-Romero LM, Brown M, et al. Forecasting future trends in obesity across Europe: the value of improving surveillance. *Obes Facts*. 2018 Nov; 11(5):360371/
2. Trust for America's Health, Robert Wood Johnson Foundation. *F as in fat: How obesity threatens America's future*. August 2013. Available at: <http://healthyamericans.org/assets/files/TAH2013FasInFatReportFinal%209.9.pdf> Last accessed April 2020.
3. Colagiuri S, Lee CM, Colagiuri R, et al. The cost of overweight and obesity in Australia. *Med J Aust*. 2010;192:260-4.
4. Rtveldade K, Marsh T, Barquera S, et al. Obesity prevalence in Mexico: impact on health and economic burden. *Public Health Nutr*. 2014;17:233-9.
5. Dee A, Kearns K, O'Neill C et al. The direct and indirect costs of both overweight and obesity: a systematic review. *BMC Res Notes*. 2014;7:242.
6. McKinsey Global Institute. *Overcoming Obesity: an initial economic analysis*. 2014. Available at: https://www.mckinsey.com/~/media/McKinsey/Business%20Functions/Economic%20Studies%20TEMP/Our%20Insights/How%20the%20world%20could%20better%20fight%20obesity/MGI_Overcoming_obesity_Full_report.ashx Last accessed April 2020.
7. OECD. *The Heavy Burden of Obesity: The Economics of Prevention*. OECD Health Policy Studies. OECD Publishing, Paris. Available at <https://doi.org/10.1787/67450d67-en>. Last accessed April 2020.
8. Agborsangaya CB, Majumdar SR, Sharma AM, Gregg EW, Padwal RS. Multimorbidity in a prospective cohort: prevalence and associations with weight loss and health status in severely obese patients. *Obesity (Silver Spring)*. 2015;23:707-12.
9. Han TS, Tajar A, O'Neill TW, et al. Impaired quality of life and sexual function in overweight and obese men: the European Male Ageing Study. *Eur J Endocrinol*. 2011;164:1003-11.
10. Taghizadeh N, Boezen HM, Schouten JP, Schroder CP, Elisabeth de Vries EG, Vonk JM. BMI and lifetime changes in BMI and cancer mortality risk. *PLoS One*. 2015;10:e0125261.
11. Iori I, Fatati G, Fusco MA, et al. Survey of cardiovascular risk factors in overweight and obese patients (SCOOP study) six-month changes in risk factor levels and cardiovascular risk. *Eur J Intern Med*. 2009;20:280-8.
12. Kudel I, Huang JC, Ganguly R. Impact of obesity on work productivity in different US occupations: analysis of the National Health and Wellness Survey 2014 to 2015. *J Occup Environ Med*. 2018;60:6-11.
13. Loeppke R, Taitel M, Haufle V, Parry T, Kessler RC, Jinnett K. Health and productivity as a business strategy: a multiemployer study. *J Occup Environ Med*. 2009;51:411-28.