



THE HIGH COST OF INACTION

TOP-LINE FINDINGS



Summary of Findings

Obesity rates in Canada have **reached significant levels**, with nearly one in three Canadians living with the chronic disease.¹ *Modeling the Cost of Inaction in Treating Obesity in Canada* is an economic analysis conducted by Obesity Canada to determine the **fiscal burden of untreated obesity** in 2023, using combined data from national surveys and published literature.

The findings demonstrate that a **failure to recognize obesity as a chronic and progressive disease**, combined with a lack of access to effective interventions, has resulted in substantial economic implications across the country. The report notes that costs will continue to rise if **urgent action is not taken**.



The cost of
inaction in
treating obesity in
Canada has reached
\$27.6 billion –
20% higher
than previous
estimates.¹



Canada's obesity epidemic in context

What is obesity?

Obesity is defined as a progressive, relapsing, complex **chronic disease** characterized by abnormal or excessive adipose tissue that negatively impacts health.ⁱⁱ The disease is the result of complex interactions between genetic, biological, environmental, behavioural and social factors – **not a lack of willpower.**ⁱⁱⁱ

While the definition of obesity clearly states that the disease is not merely about an **individual's size or weight**, most prevalence data relies on body mass index (BMI) classification, reflecting a **gap between evolving definitions** and current research practices.ⁱ

Obesity is a significant risk factor for over 200 chronic illnesses including cardiovascular disease, type 2 diabetes, respiratory disease, cancer and certain mental health conditions.ⁱⁱⁱ



Why aren't we doing more to treat and prevent obesity in Canada?

Canadians living with obesity face widespread weight bias and **weight-based discrimination** as the disease continues to be viewed as self-inflicted.^{iv} This contributes to the lack of access to effective, evidence-based interventions provided by governments and private health benefits.^{iv}

Despite leading medical organizations, including the Canadian Medical Association, the American Medical Association, and the World Health Organization, **recognizing obesity as a chronic disease** which requires treatment and prevention similar to other chronic diseases, **no province or territory officially recognizes obesity as such.**^v

Currently, **Canada's healthcare system does not** have the adequate interdisciplinary supports for obesity management. This is despite their recognized benefits in obesity treatment guidelines,^v and the availability of multiple evidenced-based treatments including intensive behavioral therapy, surgical interventions, and pharmacotherapy.ⁱⁱⁱ



Untreated obesity and Canada's healthcare system

Individuals with obesity have **significantly higher rates** of doctor visits, specialist consultations, emergency room visits, hospital stays, and prescription drug use compared to those with a healthy weight, **further straining healthcare system resources.**¹

\$5.9
BILLION

Associated with **19 million** more physician visits, among other care and support needs.¹

\$639
MILLION

Associated with **10,000 seniors** entering long-term care due to obesity-related diseases.¹

The impact of untreated obesity on Canada's economic prosperity

The indirect costs of obesity have reached an estimated **\$21.7 billion** due to increased absenteeism and presenteeism, additional disability pension payments, reduced productivity, lower workforce participation, and **premature death**.ⁱ

In addition to the medical and financial implications, more than half of those living with obesity face **social and psychological implications** due to weight bias.^{iv}

\$8.2B in economic losses from reduced workforce participation.ⁱ

\$3.8B in reduced personal income among employed individuals with obesity.ⁱ

\$2B in potential lost wages as a result of obesity-related deaths which have prematurely taken an estimated 45,200 individuals from the workforce.ⁱ

45% of adults with obesity and an associated disability did not work in the last year, potentially costing the Canadian Pension Plan millions annually.ⁱ

Despite these costs, fewer than 20% of Canadians with private drug benefit plans have access to obesity treatment medications approved by Health Canada.^v

The economic gender-disparity of obesity

Despite more men living with obesity, the disease has a greater impact on women's salaries and their ability to work – exacerbating other economic gender disparities.^{lvi}

Women living with obesity are 5.3% less likely to be employed compared to women of healthy weight. This disparity is far less pronounced for men, at only 0.3%.ⁱ



\$3.8B in estimated lost income and government tax revenue due to the fact that women with obesity earned 4% less annually than healthy-weight women.ⁱ

URGENT ACTION IS NEEDED

The *Modeling the Cost of Inaction in Treating Obesity in Canada* report emphasizes the urgent need for effective **Canada-wide public health strategies to prevent and treat obesity**. Investing in effective obesity treatment and prevention strategies is not only the right thing to do for Canadians living with the chronic disease, but it is **crucial for the economic well-being of Canada**.

Policy makers and employers must provide better access to care for Canadians living with obesity and medical professionals need to ensure patients receive evidence-based, patient-centered care by following the **2020 Canadian Adult Obesity Clinical Practice Guidelines**.

But first, Canada, and Canadians, must acknowledge obesity for what it is – a progressive and **complex chronic disease**. Only then will we be able to reshape the narrative, reducing the stigma and blame to **ensure people living with obesity are supported**.



About Modeling the Cost of Inaction in Treating Obesity in Canadaⁱ

The report, commissioned by Obesity Canada and funded by Lilly Canada, combined data from national surveys and published literature to estimate the 2023 economic burden of obesity. It compared adults with obesity (BMI \geq 30) to those with healthy weight (18.5 \leq BMI $<$ 25), and assessed healthcare costs, absenteeism, presenteeism, disability pensions, mortality-related costs, workforce participation, and earnings. Canadian data were used where possible, supplemented by U.S. data, standardized to 2023 CAD\$.

References

ⁱ Modeling the Cost of Inaction in Treating Obesity in Canada. Obesity Canada. 2024. ⁱⁱ An overview of weight and height measurements on World Obesity Day. Stats Canada. 2024. <https://www.statcan.gc.ca/o1/en/plus/5742-overview-weight-and-height-measurements-world-obesity-day>. Accessed October 15, 2024. ⁱⁱⁱ Understanding Obesity. Obesity Canada. Available at: <https://obesitycanada.ca/understanding-obesity/>. Accessed August 1, 2024. ^{iv} Weight Bias Reporting. Obesity Canada. Available at <https://obesitycanada.ca/resources/report-weight-bias/>. Accessed August 1, 2024. ^v Report Card on Access to Obesity Care. Obesity Canada. Available at: <https://obesitycanada.ca/wp-content/uploads/2019/05/OC-Report-Card-2019-English-Final.pdf>. Accessed August 1, 2024. ^{vi} Differences in obesity rates between rural communities and urban cities in Canada. Government of Canada. Available at: <https://health-infobase.canada.ca/datalab/canadian-risk-factor-atlas-obesity-blog.html?=&wbdisable=true>. Accessed August 1, 2024.