

Treat obesity as a chronic disease

A health system roadmap for better obesity care in Canada



**obesity
canada**

Obesity is a progressive, relapsing chronic disease. But across Canada, policy, measurement, funding and treatment access do not consistently reflect that reality.

Why action is needed



30%

of Canadian adults are living with obesity¹



200+

health conditions are associated with obesity²



\$27.6B

estimated annual cost of inaction in treating obesity in Canada³

Cost breakdown

\$21.7B

in indirect costs

\$5.9B

in direct healthcare costs

Including increased absenteeism and presenteeism, disability pension payments, reduced productivity, lower workforce participation, and premature death.

Five system gaps holding back better obesity care

Canada does not measure what matters **1**

Obesity is not consistently defined, diagnosed, tracked or monitored as a chronic disease. Current systems provide limited information on treatment access, quality of care and patient outcomes.

Access to primary care does not mean access to obesity care **2**

Evidence-informed assessment, treatment and referral pathways are not consistently available in primary care.

Access to surgery depends too much on where a person lives **3**

Eligibility criteria, wait times, pre-surgical support and long-term follow-up vary widely across Canada.

Obesity medication use is rising, but coverage is not **4**

Access often depends on income, private insurance coverage and benefits-plan design rather than clinical need.

Psychological care is essential, but often invisible **5**

Psychological and behavioural support remain underfunded, difficult to access and poorly measured, despite being core components of comprehensive obesity care.

Six actions governments and health systems can take now

1

Recognize

Recognize obesity as a chronic disease in health policy, systems planning, and chronic disease strategies.

2

Measure

Modernize obesity surveillance beyond BMI, including diagnosis, treatment access, quality of care and patient outcomes.

3

Integrate

Build obesity assessment, treatment, and referral pathways into primary care and chronic disease programs.

4

Enable

Build formal obesity medicine education and training pathways, and equip healthcare professionals with practical tools, billing mechanisms, and referral pathways.

5

Fund

Fund comprehensive obesity care, including allied health, psychological support, medications, surgery, and long-term follow-up.

6

Reduce bias

Reduce weight bias across healthcare, policy and public systems, and include people living with obesity in policy design.



Progress requires coordinated federal, provincial, and territorial action.

Governments, health systems, professional bodies and benefits providers all have a role to play.

Canada has strong clinical guidance. Now we need systems that can deliver timely, equitable and evidence-informed obesity care.

Read the evidence. Start the policy conversation.

→ Scan the QR code to access the full report.



¹ Statistics Canada. An overview of weight and height measurements on World Obesity Day. Available at: <https://www.statcan.gc.ca/o1/en/plus/5742-overview-weight-and-height-measurements-world-obesity-day>.

² Yuen MMA. Health Complications of Obesity: 224 Obesity-Associated Comorbidities from a Mechanistic Perspective. *Gastroenterol Clin North Am*. 2023 Jun;52(2):363-380. doi: 10.1016/j.gtc.2023.03.006.

³ Chen, F., Sapra, T., Natale, Z. et al. Modeling the cost of inaction in treating obesity in Canada. *BMC Public Health* 25, 865 (2025). <https://doi.org/10.1186/s12889-025-21905-2>