



## Obesity

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Obesity is defined generally as when a person is carrying too much body fat for their height and sex. The most commonly used measurement of obesity is the body mass index (BMI), which is defined as a person's weight in kilograms divided by the square of their height in metres. "Overweight" is defined as a BMI between 25 and 29.9. Obesity is defined as a BMI greater than 30. For children these BMI standards require adjustments for age and gender.

A 2007 Foresight study into obesity concluded that it is too simplistic to say that obesity is caused simply by energy intake exceeding expenditure. The Foresight team examined, in detail, a range of factors that could be causes of obesity such as: metabolic and genetic factors; food intake and activity behaviours; habits, beliefs and morals; the living environment; technology; and opportunities for physical activity.

Obesity can cause both short term and longer term problems. In the short term, problems might include: breathlessness; increased sweating; snoring; difficulty sleeping; inability to cope with sudden physical activity; feeling very tired every day; and back and joint pains. In the longer term being overweight or obese has been found to increase the risk of a wide range of chronic diseases, principally: type 2 diabetes; hypertension (high blood pressure); coronary heart disease and stroke; metabolic syndrome; osteoarthritis; and cancer.

The Coalition Government has set out ways to adapt the previous Labour Government's Change4Life programme, designed to cut levels of obesity, to take a more holistic approach to cover additional factors such behaviour and mental well-being. The Government has also set out plans for a new integrated public health service – Public Health England – to be created to provide better expertise and responsiveness on public health issues, including obesity.

Prevalence of obesity in adults (over 16s) is measured each year as part of the annual Health Survey for England. In 2009, 22% of men and 24% of women were classified as obese (including morbidly obese). Obesity prevalence among boys aged 2-15 in 2009 is estimated to be 16%; among girls, it is 15%. After a period of rapid increase, obesity levels among children are now at similar levels to those observed in 2001.

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## 1 What is obesity?

There is no statutory definition of obesity.

The World Health Organization (WHO) defines obesity as “abnormal or excessive fat accumulation that may impair health.”<sup>1</sup>

The NHS defines obesity as when a person is carrying too much body fat for their height and sex. Specifically it considers someone to be obese if they have a body mass index (BMI) of 30 or greater.<sup>2</sup> BMI is calculated by dividing someone’s weight in kilograms by their height in metres squared. Although it is a simplistic calculation, the NHS website offers the following as a rough guide:

- If your BMI is between 25 and 29.9, you are over the ideal weight for your height (overweight).
- If your BMI is between 30 and 39.9, you are obese.
- If your BMI is over 40, you are very obese (known as ‘morbidly obese’).

The BMI calculation cannot take into account if you are particularly muscular, or if you are going through puberty (when your body is still developing).

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<sup>1</sup> World Health Organization website, [Obesity and overweight](#) [on 20 May 2010]

<sup>2</sup> NHS Choices website, [Obesity](#) [on 20 May 2010]

For children these BMI standards require adjustments for age and gender, and specific charts for children and teenagers are available in the UK.<sup>3</sup>

Waist measurements may also be relevant. Generally if two people have the same BMI, the one with the bigger waist measurement is more likely to develop health problems as a result of being overweight. For men, the chance of developing health problems is higher if someone has a waist measurement is more than 94 cm (37 inches), and higher still if it is more than 102 cm (40 inches). For women, the chance of developing health problems is higher if someone has a waist measurement of more than 80 cm (31.5 inches), and higher still if it is more than 88 cm (34.5 inches).<sup>4</sup>

## 2 What problems can obesity cause?

Obesity can cause both short term and longer term problems. In the short term, problems might include: breathlessness; increased sweating; snoring; difficulty sleeping; inability to cope with sudden physical activity; feeling very tired every day; and back and joint pains.<sup>5</sup>

In the longer term being overweight or obese has been found to increase the risk of a wide range of chronic diseases, principally: type 2 diabetes; hypertension (high blood pressure); coronary heart disease and stroke; metabolic syndrome; osteoarthritis; and cancer.<sup>6</sup>

Obesity can also cause psychological problems, which may include: having low self-esteem; having a poor self-image; having low confidence levels; feeling isolated in society; or having reduced mobility leading to a poor quality of life.<sup>7</sup>

All of these problems can also in turn cause wider problems, such as restricting the ability to earn money.

Childhood obesity is associated with a higher chance of premature death and disability in adulthood.<sup>8</sup>

## 3 Causes of obesity

The Foresight programme of the Government Office for Science commissioned a report into Obesity, under the direction of the Government's Chief Scientific Adviser, which reported in October 2007, *Tackling Obesities: Future Choices – Project Report*.

The report concluded that it was simplistic to say that obesity was caused by energy intake exceeding expenditure. The Foresight team examined, in detail, a range of factors that could be causes of obesity including: biology, metabolic and genetic factors; impact of early life and growth patterns; food intake and activity behaviours; habits, beliefs and morals; the living environment; technology; opportunities for physical activity; food and drink access and availability; the price of food and drink; food marketing; purchasing capacity and impact on eating patterns; and impact of working practices.

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<sup>3</sup> See for example, Kids First for Health by Great Ormond Street Hospital website, *Find Your BMI* [on 20 May 2010]; and Teens First for Health by Great Ormond Street Hospital website, *Your weight and BMI* [on 20 May 2010]

<sup>4</sup> National Institute for Health and Clinical Excellence, *Information for the public: Preventing obesity and staying a healthy weight*, July 2008

<sup>5</sup> NHS Choices website, *Symptoms of Obesity* [on 20 May 2010]

<sup>6</sup> Foresight, *Tackling Obesities: Future Choices – Project Report*, 2nd Edition Government Office for Science, October 2007, p32

<sup>7</sup> NHS Choices website, *Symptoms of Obesity* [on 20 May 2010]

<sup>8</sup> World Health Organization website, *Obesity and overweight* [on 20 May 2010]

The report's summary of key points concluded that:

- The causes of obesity are complex and multifaceted, pointing to a range of different solutions.
- At the heart of this issue lies a homeostatic biological system that struggles to maintain an appropriate energy balance and therefore body weight. This system is not well adapted to a changing world, where the pace of technological progress and lifestyle change has outstripped that of human evolution.
- Human biology, growth and development early in life, eating and physical activity behaviours, people's beliefs and attitudes and broader economic and social drivers all have a role to play in determining obesity.<sup>9</sup>

The NHS Choices website makes clear that in addition to dietary and exercise factors, there can also be medical reasons for obesity as well:

Medical conditions that can cause weight gain include:

- Cushing's syndrome - a rare disorder that causes an over-production of steroid hormones (chemicals produced by the body),
- an under-active thyroid gland (hypothyroidism) - when your thyroid gland does not produce enough thyroid hormone (called thyroxine, or T4), and
- polycystic ovary syndrome (PCOS) - when women have a large number of cysts in their ovaries.

Certain medicines, including some corticosteroids and antidepressants, can also contribute to weight gain. Weight gain can also be a side effect of taking the combined contraceptive pill, and from quitting smoking.<sup>10</sup>

The NHS Choices website also has a section called "[behind the headlines](#)", which analyses and explains recent obesity stories in the press, including stories such as "diets alone will not shift weight" and "childcare link to obesity".

## 4 Treatment for obesity

Anybody who is concerned that they may be overweight should seek professional help from a GP or a nurse at a GP's surgery. Advice is also available from pharmacies.

The National Institute for Health and Clinical Excellence (NICE) has issued [Guidance on treatment for people who are overweight or obese](#), July 2008. The guidance is written for people who have problems with their weight and it explains the NHS care and treatment in England and Wales of people who are overweight or obese. It gives guidance on diet, exercise, lifestyle changes, slimming clubs and the use of medicines to help combat obesity.

The NHS choices website also has similar guidance on [Treating obesity](#).

NICE has also produced guidance on [Preventing obesity and staying a healthy weight](#), July 2008.

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<sup>9</sup> Foresight, [Tackling Obesity: Future Choices – Project Report](#), 2nd Edition Government Office for Science, October 2007, p59

<sup>10</sup> NHS Choices website, [Causes of obesity](#) [on 20 May 2010]

## 5 Labour Government policy

The previous Labour Government developed a number of policy proposals and actions to tackle obesity in children and adults:

Date	Title	Policy Outline
July 2000	<i>The NHS Plan: a plan for investment, a plan for reform</i> (Department of Health)	Announcement of the 5 A DAY Programme. Aim was to increase fruit and vegetable consumption and access to information on the benefits of eating a healthy balanced diet.  Later this programme was expanded to include the <i>School Fruit and Vegetable Scheme</i> .  Further information and evaluation of this policy is available from the achieved version of the <a href="#">Department of Health website</a> .
October 2002	<i>PE, School Sport and Club Links (PESSCL) strategy</i> (Joint Department for Culture, Media and Sport Initiative and Department for Education and Skills)	A public service agreement target shared by the two Departments to enhance the take-up of sporting opportunities by 5 to 16-year-olds.
16 November 2004	<i>Choosing Health</i> , (Department of Health)	Set out the key principles for supporting the public to make healthier and more informed choices on a range of key public health issues, including obesity.  The proposals for tackling obesity included: <ul style="list-style-type: none"> <li>• Improved marketing of healthy choices, such as a “5 a day” message on fruit and vegetables and working with sports groups to promote the health benefits of exercise.</li> <li>• Influencing industry to take more account of broader health issues and working with the food industry to improve food labelling.</li> <li>• Ensuring that information is available to disadvantaged groups to help tackle health inequalities.</li> <li>• Set a national target to halt, by 2010, the increase in the level of obesity in children under 11 years.</li> <li>• Improve nutrition and physical education in schools and establish a healthy start scheme to provide mothers on low incomes with vouchers that can be exchanged for fresh fruit and vegetables and fresh or formula milk.</li> <li>• It also established the <i>Communities for Health programme</i> which were projects to improve health in disadvantaged areas and the <i>Health trainers for disadvantaged areas scheme</i>.</li> </ul>
9 March 2005	Action Plans (Department of Health):  <i>Choosing Activity: a</i>	Set out the Government's plans to encourage and co-ordinate the

	<p><i>physical activity action plan</i></p> <p><i>Choosing a better diet: a food and health</i></p> <p><i>Delivering choosing health: making healthier choices easier</i></p>	<p>action of a range of departments and organisations to promote increased participation in physical activity across England.</p> <p>Set out the Government's plans to encourage and co-ordinate the action of a range of organisations to improve nutrition and health in England. It included action on: advertising and promotion of foods to children; simplified food labelling; obesity education and prevention; nutritional standards in schools, hospitals and the workplace.</p> <p>Set out how the Department of Health and the NHS, within the framework of government policies, would help more people make more healthy choices and reduce health inequalities.</p>
January 2008	<i>Healthy Weight, Healthy Lives: A Cross-Government strategy for England</i>	<p>Restated how the September 2007 public service target ambition to “be the first major nation to reverse the rising tide of obesity and overweight in the population by ensuring that everyone is able to achieve and maintain a healthy weight. Our initial focus is on children: by 2020 we will have reduced the proportion of overweight and obese children to 2000 levels,” would be implemented.</p> <p>It set out investment in school food, schools PE and sport, and play and plans to introduce compulsory cooking for all 11 to 14 year olds by 2011.</p>
January 2009	<i>Change4Life – Eat Well, Move More, Live Longer</i>	<p>Change4Life was launched as the the social marketing part of the Healthy Weight, Healthy Lives cross-governmental strategy for England. Its aim was to inspire a societal movement in improving, initially, children’s diets and activity levels. A <a href="#">One Year On Progress Report of Change4Life</a> was published in February 2010</p>
March 2010	<i>Healthy Weight, Healthy Lives: Two Years On</i>	<p>The report is a progress report on the 2008 strategy</p> <p>It said that Government was “well on the way to achieving our Public Service Agreement target of 18.6% child obesity prevalence in 2011”, and that “we are making good progress against our longer-term ambition, set out in Healthy Weight, Healthy Lives, of reducing the proportion of overweight and obese children to year 2000 levels by 2020.” It cautioned however, that there was still more to do and that obesity rates were still too high in certain groups such as 11-15 year olds and adults.</p> <p>Six months on, and a one year on follow-up reports are also available from the <a href="#">Department of Health website</a>.</p>

In addition to the policy and action reports the previous Government produced a number of other supporting documents for healthcare professionals, community workers, schools and members of the public. These are available from the [National Archives version of the Department of Health website](#) (snapshot of website taken on 7 April 2010).

## 6 Government policy on obesity

In July 2010 the Coalition Government announced that funding for the Change4Life programme will be scaled back:

**Ian Mearns:** To ask the Secretary of State for Health what factors he took into account on his decision to end his Department's funding for the Change4Life programme. [9019]

**Anne Milton:** The Department will continue to provide funding for the Change4Life campaign. The amount of taxpayers' money spent on Change4Life will be scaled back to focus on the core business of extending the campaign's reach and effectiveness.

**Ian Mearns:** To ask the Secretary of State for Health how much funding for the Change4Life programme he expects to be raised from the food industry. [9023]

**Anne Milton:** How much funding the food industry will contribute to the Change4Life campaign has yet to be discussed with representatives from food companies. Discussions will be taking place over the coming months to consider how funding arrangements will be developed from the existing support provided.<sup>11</sup>

The Guardian reported that Health Secretary, Andrew Lansley, had suggested that the Change4Life brand could be supported by private investment instead:

In a speech titled "A new approach to public health", he urged the drinks industry to get involved in Change4Life and help expand the health message beyond its primary focus on food high in fat, sugar and salt.

As a quid pro quo, he hinted that the government would not seek stricter regulation of food and drink advertising and marketing.

"We have to make Change4Life less a government campaign, more a social movement. Less paid for by government, more backed by business. Less about costly advertising, more about supporting family and individual responses," Lansley said.

"There has been a change of government and there will now be a change of approach. We will be progressively scaling back the amount of taxpayers' money spent on Change4Life and asking others, including the charities, the commercial sector and local authorities, to fill the gap." A Department of Health spokeswoman said no decision had been taken on what level of ad spend, if any, the government would continue to back Change4Life with.<sup>12</sup>

The *Scotland on Sunday* reported concern however, at the reliance on industry to provide the funding, particularly about whether the Change4Life message may become corrupted:

But Dr Vivienne Nathanson, the British Medical Association's head of professional activities, is worried that having industry at the helm of a potentially lifesaving strategy could damage what has so far proved an effective message.

"We think the campaign has been fantastic, really simple and impressive and has engaged the public," she says. "And some of the families in its target groups are quite difficult to reach. We need to not just educate people but get them to commit to long-term changes. It might be expensive, but it could cut the cost to the NHS in the long term.

"The question is: will there be money and will industry interfere? The worry is that they could scrap something which could be powerful. I am not a purist and I don't think that public health has to be completely separate from industry - for example, supermarkets have a powerful role to play - but I see that as being supportive and I don't want them

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<sup>11</sup> [HC Deb 19 July 2010 c86W](#)

<sup>12</sup> [guardian.co.uk, Health secretary axes £75m marketing budget for anti-obesity drive](#), 7 July 2010

to control the message because that could corrupt the message. We just want to make sure that the arrangements are clear that industry funds it but does not control it."<sup>13</sup>

On 30 November 2010 the Department of Health published a strategy for public health in England, *Healthy Lives, Healthy People*. The strategy set out that local government and local communities would “be at the heart of improving health and wellbeing for their populations and tackling inequalities.”<sup>14</sup> It proposed that a new integrated public health service – Public Health England – would be created to ensure expertise and responsiveness on public health issues, including obesity. In particular, the strategy set out the measures to improve childhood obesity, including making changes to the Change4Life programme and increasing opportunities for children to take exercise:

Families will be supported to make informed choices about their diet and their levels of physical activity, including through updated guidelines on physical activity. The Department of Health will broaden the Change4Life programme to take a more holistic approach to childhood issues, for instance covering mental wellbeing and strategies to help parents talk to their children about other health issues and behaviour, such as alcohol. The Department for Education will maintain existing standards for school food.

3.20 Children need access to high-quality physical education (PE), so DfE will ensure the requirement to provide PE in all maintained schools is retained and will provide new support to encourage a much wider take up of competitive team sports. The Department for Culture, Media and Sport (DCMS) will create an Olympic and Paralympic-style school sports competition, which will be offered to all schools from 2012, building on Change4Life clubs in schools. This year the Government is supporting walking and cycling in schools through the Department of Health’s Living Streets ‘Walk Once A Week’ initiative and the Department of Transport’s (DfT) funding for Bikeability cycle training. We are working towards every child being offered high-quality instruction on how to ride safely and confidently by the end of year 6 of school.

3.21 The Healthy Child Programme for school-age children will continue to be commissioned to provide those developing services with a clinical evidence based framework, including an expanded talking therapies service. The National Child Measurement Programme will continue to run, providing local areas with information about levels of overweight and obesity in children to inform planning and commissioning of local services.<sup>15</sup>

The strategy said that the Department of Health would publish a further document on obesity, to link with the strategy in “spring 2011”.<sup>16</sup> This has not yet been published.

In a Grand Committee debate in the House of Lords on 4 April 2011 the Minister, Earl Howe, summarised the Government’s plans to prevent rising levels of obesity. These plans included working with the food industry to reduce the fat content in food, providing easier access to healthier food and providing more healthy school meals:

Therefore, what is to be done? First, we need to give people the information and the opportunities so that people can choose to change their diet and lifestyle. A powerful way of doing this is through the Change4Life brand, which helps people to cut down on fatty and sugary foods and become more active. Another is working with industry to guide people towards healthier choices. The noble Lord, Lord Campbell-Savours,

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<sup>13</sup> Scotland on Sunday, *Obesity - Fat chance*, 11 July 2010

<sup>14</sup> Department of Health, *Healthy Lives, Healthy People*, 30 November 2010, p4

<sup>15</sup> Department of Health, *Healthy Lives, Healthy People*, 30 November 2010, p35

<sup>16</sup> Department of Health, *Healthy Lives, Healthy People*, 30 November 2010, p78

asked why we cannot ask restaurants and so on to place calorific content on menus. Through the responsibility deal, we now have 29 partners who are committed to posting calorific content on their menus in more than 4,000 restaurants. The noble Lord, Lord Patel, mentioned trans-fats, and my noble friend Lord Addington also referred to the fat content of food. They are both quite right. They will be pleased to hear that businesses have already committed themselves to removing artificial trans-fats from foods so that people can keep the tastes they enjoy without suffering such negative consequences. We shall continue to work with industry on other measures to help people to reduce their calorie intake, including reformulation. We will say more in the obesity document when it is published later this year.

A second issue is improving access to healthier food. In some areas, local shops simply do not stock healthier options. We are working with the Association of Convenience Stores to make fresh fruit and vegetables more available. The scheme has expanded incredibly quickly, with participating stores seeing a marked increase in the sale of fruit and vegetables. Of course, even if people have fresh produce, they still need to know what to do with it, so education is vital. There are many great local initiatives-involving the NHS, local authorities and a range of partners-which provide cookery schools and other local healthier eating initiatives.

The noble Baroness, Lady Thornton, spoke very eloquently about school food, and I agree with a lot of what she said. The Government are committed to ensuring that pupils can eat healthy, nutritious school food. We are supporting the School Food Trust in its work to help caterers to become more efficient while continuing to provide healthy meals. The schools budget will increase by £3.6 billion in cash terms by 2014-15-the end of the spending review period. Although the school lunch grant will not remain as a specific grant, it will be one of the grants that make up schools' baseline funding from 2011-12. It will, however, no longer be ring-fenced; it will be for schools to decide how to spend the money.

We have not changed the current rules for free school meals. Therefore, some 900,000 pupils in the neediest families-those without work-continue to receive free meals. We took the difficult decision not to extend eligibility to low-income working families because the previous Government had underfunded this plan by £295 million. The money saved by not extending eligibility will be used more directly to improve the educational attainment of disadvantaged pupils, which is key to extending opportunities for poorer children. We are continuing to support three pilot projects of extended free school meals. We will look at the evidence from these of the costs and benefits of extending free school meals before making any future decisions on this front.<sup>17</sup>

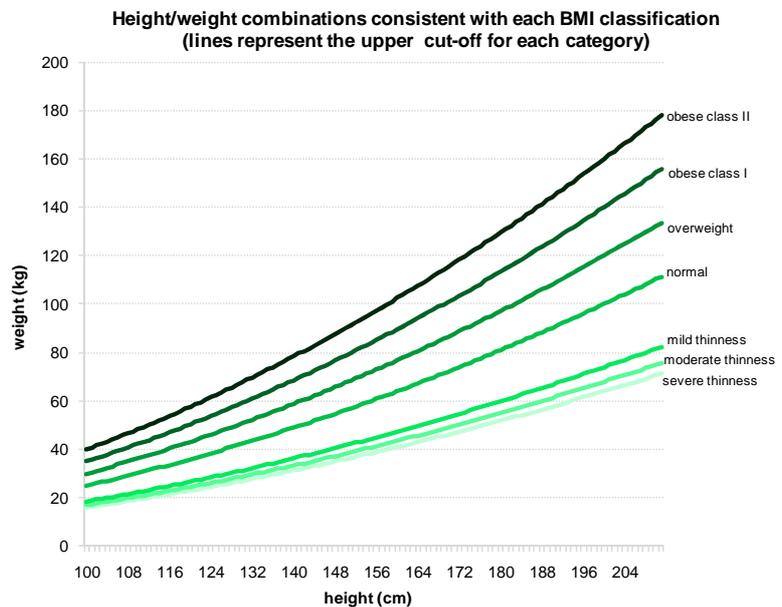
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<sup>17</sup> HC Deb 4 April 2011 [cGC271-2](#)

## 7 Statistics on obesity<sup>18</sup>

### 7.1 BMI

Obesity is defined as a disorder in which excess body fat has accumulated to an extent that health may be adversely affected.<sup>19</sup> The most commonly used measurement of obesity is the body mass index (BMI), which is defined as a person's weight in kilograms divided by the square of their height in metres. Overweight is defined as a BMI between 25 and 29.9. Obesity is defined as a BMI greater than 30. For children these BMI standards require adjustments for age and gender, and specific charts for children from birth up to 20 years are available in the UK.<sup>20</sup>

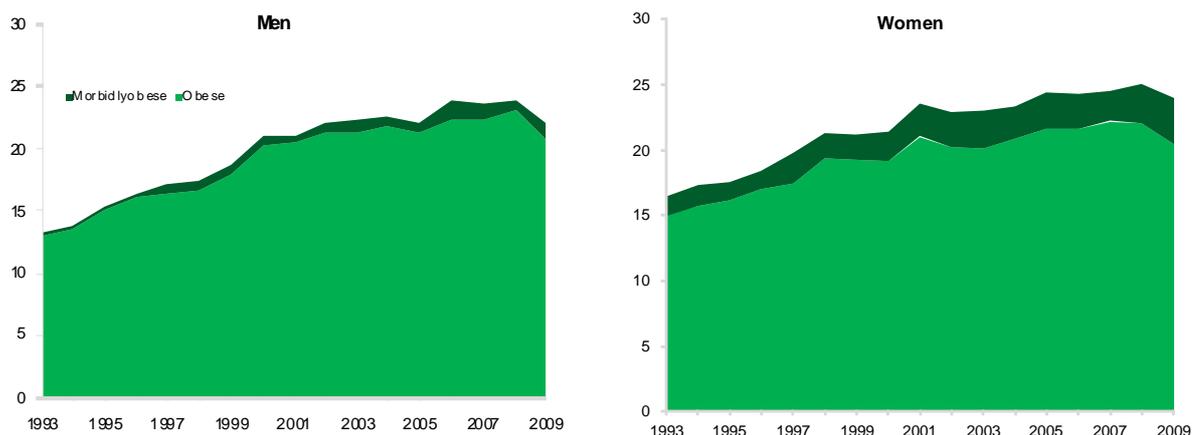


### 7.2 The prevalence of obesity

#### Adults

Prevalence of obesity in adults (over 16s) is measured each year as part of the annual Health Survey for England. In 2009, 22% of men and 24% of women were classified as obese (including morbidly obese). 3% of women and 1% of men were morbidly obese. The number of obese men in England has doubled since 1993; numbers of obese women have increased by 50%.

**Chart 2: Prevalence of obesity, adult men and women, 1993-2009**



<sup>18</sup> Statistics provided by Rachael Harker, Social and General Statistics Section

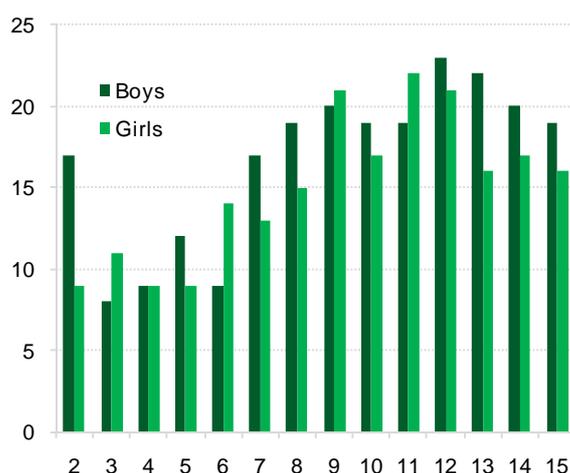
<sup>19</sup> "Storing up Problems", Report of a Working Party, Royal College of Physicians, February 2004

<sup>20</sup> WHO (1995): *The use and interpretation of anthropometry*

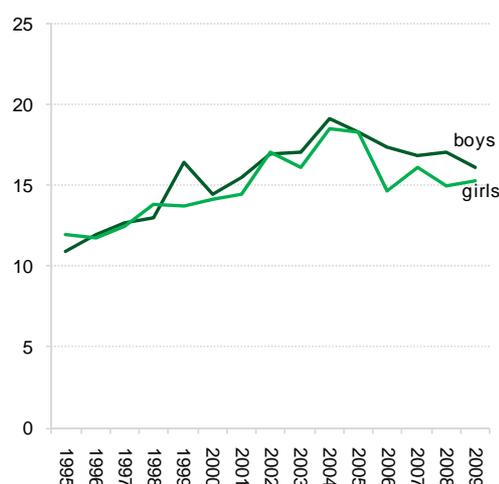
## Children

Prevalence of obesity in children has been measured as part of the Health Survey for England since 1995. Obesity prevalence among boys aged 2-15 in 2009 is estimated to be 16%; among girls, it is 15%. After a period of rapid increase, obesity levels among children are now at similar levels to those observed in 2001.

**Chart 3: Obesity prevalence among children by age and gender, 2009**



**Chart 4: Obesity prevalence by gender, 1995-2009**



Overweight young people have a 50% chance of becoming overweight adults.<sup>21</sup>

### 7.3 Forecasting obesity

Forecasts of obesity are usually based on extrapolations from trends observed in the figures described above (i.e. using the past as a guide to the future). Past forecasts of obesity, based on the rapid increase in prevalence observed in the 1990s look like they will overstate obesity levels<sup>22</sup> now that the rate of increase has slowed. For instance, a 2006 Department of Health report, based on 1993-2003 HSE figures, predicted obesity prevalence in 2010 would be 33% and 28% among women and men respectively; these figures look likely to be too high.

More recent forecasts, which take into account HSE data to 2007 predict male obesity to rise to 41% by 2025, and female obesity to rise to 36% by the same time<sup>23</sup>. Child obesity is predicted to be to 13% among boys and 14% in girls by 2020 (previous estimates, based on trends to 2004, put prevalence considerably higher, at 20% in boys and 22% in girls)<sup>24</sup>.

### 7.4 International comparisons of obesity prevalence

Many international estimates of obesity prevalence come from self-reported surveys, and are not directly comparable with the anthropometric data considered above. Out of the 27 EU countries, England is estimated to have the second-highest obesity prevalence, behind

<sup>21</sup> "Storing up Problems", Report of a Working Party, Royal College of Physicians, February 2004

<sup>22</sup> Department of Health [Forecasting obesity to 2010](#)

<sup>23</sup> National Heart Forum [Analysis from the Health Survey for England 1993-2007](#)

<sup>24</sup> National Heart Forum [Obesity: recent trends in children](#)

Greece, and the highest out of those EU countries where estimates are based on anthropometry. It remains lower than the US, however, where similar survey data for 2007/08 put obesity prevalence at 36% in women and 32% in men<sup>25</sup>.

## 7.5 The cost of obesity

Economic costs of obesity arise from the burden imposed on healthcare services in treating obesity-related illness and the lost productivity from excess unemployment and absenteeism among the obese. A report produced by the Government's Foresight Programme estimated the costs to the NHS of obesity in 2007 to be £2.3bn and the wider costs to be £15.8bn<sup>26</sup>. However, doubt has been cast over the methodology underpinning the latter figure<sup>27</sup>; other statisticians have shown that a basic mathematical error was made in its calculation, and the true figure is half that size (£7.9bn). Estimates of future costs rely on the accuracy of obesity prevalence forecasts.

## 8 Further reading

The House of Commons Health Committee published a report on [Obesity](#) in May 2004. The [Government's Response to the Committee's Report](#) was published in December 2004.

Further information about the Foresight Obesity project and its final report is available from the [Foresight website](#).

World Health Organisation (WHO) information about the global incidence of obesity is available from the [Obesity and Overweight pages of the WHO website](#).

The [British Medical Association website](#) gives further information about what the BMA is doing to tackle obesity and what action it would like to see from Government.

The National Obesity Forum (NOF) was established by medical practitioners in May 2000 to raise awareness of the growing health impact that being overweight or obese was having on patients and the NHS. Further information is available on the [National Obesity Forum website](#).

House of Commons Library Standard Note, [Food Labelling Nutrition – Voluntary Schemes](#), SN/SC/4019, 25 March 2011.

House of Commons Library Standard Note, [Food Advertising on Television](#), SN/SC/4020, 28 July 2010

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<sup>25</sup> International Obesity Task Force [Global Prevalence of Adult Obesity](#)

<sup>26</sup> Foresight [Tackling Obesities: future choices – project report, 2<sup>nd</sup> edn.](#)

<sup>27</sup> BBC News [Cost of obesity over-estimated](#)