

RECOMMENDATION

[Obesity Canada - Obésité Canada](#) calls on the Government of Canada to **recognize obesity as a chronic disease** and requests the necessary funds to develop a policy framework to support a national obesity strategy for all Canadians, addressing the key pillars of:

- Overcoming Weight Bias
- Access to Quality Care
- Access to Treatment
- Access to Relevant Data

COVID-19 and Obesity: A Call to Action

Obesity is a chronic disease characterized by excess or abnormal body fat that impairs health, not just body size or high body mass index (BMI). Obesity is caused by a number of different factors, including the environment, genes, emotional health, lack of sleep, medical problems or medications. Obesity, like many other chronic conditions, can be treated.

Accumulating evidence indicates that obesity is a pre-existing condition, putting people living with obesity at increased risk for COVID-19 disease severity and mortality.^{1 2} A review from Public Health England found that 7.7% of ICU patients with COVID-19 had severe obesity compared to 2.9% of the general population.³ A more recent cohort study with over 5,000 people in England, found that severe obesity (BMI>40) more than doubled the risk for death from COVID-19 illness.⁴

Given that currently 8.3 million Canadian adults are affected by obesity, it is prudent to consider the impact that COVID-19 can have on people living with obesity and implications for Canada's strained health care system.

The COVID-19 pandemic highlights the need for Canada to recognize obesity as a chronic disease requiring lifelong medical treatment and support. Treating obesity can improve the overall health and wellbeing and prevent obesity related complications (e.g. chronic inflammation and impaired immune response, hypertension, diabetes, coronary artery disease, and some cancers) that put individuals at higher risk for poor COVID-19 outcomes and fatalities.

Equally important is the impact of stigma, discrimination and the need to provide safe and respectful health care for people with obesity, including resources such as trained personnel, supplies and specialized equipment.⁵ Our recent [Weight Bias, Obesity Stigma & COVID-19 Call to Action Report](#), supported by twenty leading Canadian and international organizations, identifies key actions to address weight bias and obesity stigma in the midst of the pandemic.

As the federal government considers how to restart the Canadian economy as it recovers from the COVID-19 pandemic, we call on the federal government to support a better future for all Canadians living with obesity. Obesity affects the overall social and economic well-being of Canadians through both direct health care costs – an estimated \$3.9 billion annually – and indirectly through the pervasive social stigma associated with it. When indirect costs are included, such as short and long-term disability, absenteeism, presenteeism and premature death, this increases to \$7.1 billion.⁶

In Budget 2021, Obesity Canada calls on the Government of Canada to recognize obesity as a chronic disease and requests the necessary funds to develop a policy framework to inform a national obesity strategy for all

¹Docherty AB, Harrison EM, Green CA, Hardwick HE, Pius R, Norman L, et al. Features of 20 133 UK patients in hospital with covid-19 using the ISARIC WHO Clinical Characterisation Protocol: prospective observational cohort study. *BMJ*. 2020;369:m1985.

² Chiappetta, S., Sharma, A.M., Bottino, V. *et al.* COVID-19 and the role of chronic inflammation in patients with obesity. *Int J Obes* (2020). <https://doi.org/10.1038/s41366-020-0597-4>.

³ Public Health England (PHE). Disparities in the risk and outcomes of COVID-19 [Online]. 02 June 2020.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/889195/disparities_review.pdf

⁴ Williamson E, Walker AJ, Bhaskaran KJ, Bacon S, Bates C, Morton CE, et al. medRxiv. 2020:2020.05.06.20092999.

⁵ Bariatric friendly health care service. 2019; <https://obesitycanada.ca/resources/bariatric-friendly-health-care-service/>. Accessed April 28, 2020.

⁶ Obesity Canada-Obésité Canada. CMAJ 2020 August 4;192:E875-91. doi: 10.1503/cmaj.191707; obesitycanada.ca/guidelines

Canadians. This would build on Canada's collaborative federal, provincial and territorial framework to address childhood obesity and take the next steps to ensure that all Canadians live longer, healthier lives.

Prevalence of Obesity

The prevalence of obesity in adult Canadians has increased significantly over the past decades. Obesity, defined as a BMI ≥ 30 kg/m², affected 26.4% or 8.3 million Canadian adults in 2016. Severe obesity (BMI ≥ 35 kg/m²), the fastest growing obesity subgroup, increased disproportionately over this same period. Since 1985, severe obesity increased 455% and affected an estimated 1.9 million Canadian adults in 2016. Overweight, defined as a BMI between 25 and 29.9 kg/m², affected an additional 34% of adults in Canada (10.6 million individuals).⁷

Over the last three decades, abdominal obesity (as measured by waist circumference) has increased from 11.4% (1981) to 14.2% (1988) to 35.5% (2007-2009). Differences in waist circumference by sex are also reported. Over this time period men's average waist circumference increased by 6.5 cm while for women the average increase was 10.6 cm.⁸

In children, the prevalence of overweight and obesity increased from 23.3% in 1978-79 to 31.4% in 2014.⁹ Excess body weight differs significantly in children depending on sex, level of household income and place of residence. For example, obesity rates are higher: among 12-17-year-old boys (16.2%) than girls of the same age (9.3%), and in lower household income children (16.9%) than in higher income households (9.3%).¹⁰

According to self-reported data from the 2006 Aboriginal Peoples Survey, the prevalence of adult obesity was similar for Inuit, Metis and off-reserve First Nations populations (i.e. 23.9%, 26.4% and 26.1%, respectively). For on-reserve First Nation adults, self-reported estimates of obesity were much higher (36%). As self-reported data generally underestimates the prevalence of measured obesity, the actual prevalence of obesity in Indigenous populations is likely higher.¹¹

Economic Costs of Obesity

As a leading cause of type 2 diabetes, high blood pressure, heart disease, stroke, arthritis, some cancers and other health problems, obesity can have serious impacts on those who live with it. It is estimated that one in 10 premature deaths among Canadian adults is directly attributable to obesity.

⁷ Obesity Canada-Obésité Canada. CMAJ 2020 August 4;192:E875-91. doi: 10.1503/cmaj.191707; obesitycanada.ca/guidelines

⁸ Janssen I, Shields M, Craig CL, Tremblay MS. Prevalence and secular changes in abdominal obesity in Canadian adolescents and adults, 1981 to 2007-2009. *Obes Rev.* 2011;12(6):397-405. doi:10.1111/j.1467-789X.2010.00815.x

⁹ World Health Organization. WHO Child Growth Standards. *Dev Med Child Neurol.* 2009;51(12):1002-1002. doi:10.1111/j.1469-8749.2009.03503.x

¹⁰ Rao DP, Kropac E, Do MT, Roberts KC, Jayaraman GC. Childhood overweight and obesity trends in Canada. *Heal Promot Chronic Dis Prev Canada Res Policy Pract.* 2016;36(9):194-198. doi:10.24095/hpcdp.36.9.03

¹¹ Public Health Agency of Canada. Obesity in Canada – Prevalence among aboriginal populations. <https://www.canada.ca/en/public-health/services/health-promotion/healthy-living/obesity-canada/prevalence-among-aboriginal-populations.html>. Published 2011.

Globally, estimated annual costs of obesity are US\$2 trillion, representing 2.8% of the world's GDP.¹² annual direct medical care costs for hospital admissions, medication use, physician fees and emergency room visits were estimated to be \$3.9 billion CAD in 2010. When indirect costs are included, such as short and long-term disability, absenteeism, presenteeism and premature death, this increases to \$7.1 billion.¹³ At a cost of over \$7 billion per year, Canada's recovery cannot afford the status quo for obesity.

Obesity and Stigma

Obesity affects social and economic well-being due to pervasive social stigma and discrimination. As common as other forms of discrimination — including racism¹⁴ — weight bias and stigma can increase morbidity and mortality. Stemming from widespread harmful stereotypes of people living with obesity being lazy, unmotivated or lacking self-discipline, obesity stigma leads to significant inequities in access to employment, healthcare and education.¹⁵

Without comprehensive, evidence-based and people-centred strategies, the economic and psychosocial costs of obesity will continue to increase. Policy inaction on treating obesity as a chronic disease will also increase the impact of obesity to individuals living with obesity. Weight bias and weight-based discrimination have been shown to increase both morbidity and mortality at the population level.¹⁶ Thus, addressing weight bias and obesity stigma must be a priority for building a national approach to treating obesity and developing resilient systems that protect high-risk individuals and vulnerable populations.

Building a Policy Framework: Obesity in Canada

The cornerstone of Obesity Canada's recommendation is for Canada to recognize obesity as a chronic disease that should be treated. The [Canadian Medical Association](#), the American Medical Association and the World Health Organization now consider obesity a chronic disease.

Beyond a symbolic gesture, recognizing obesity as a chronic disease confirms the need to shift government policy towards a socio-ecological model of health that carries an obligation to our health systems and society to prevent and treat it as we do other chronic diseases, supporting a healthy Canada and a healthy economy for all Canadians.

Starting from this foundation, Obesity Canada requests that the Government of Canada dedicate the necessary funds to develop a policy framework to inform a national obesity strategy that would enable the identification of common principles and national objectives to enable treatment of obesity for all Canadians – adults and children – across the continuum of care, including:

- **Overcoming Weight Bias:** Weight bias, obesity stigma, and discrimination is preventable and should be addressed in public policy, education and health care. Public health policy makers should consider

¹² Swinburn BA, Kraak VI, Allender S, Atkins VJ, Baker PI, Bogard JR, et al. The global syndemic of obesity, undernutrition, and climate change: The Lancet Commission report. *Lancet* [Internet]. 2019 Feb;393(10173): 791–846. [https://doi.org/10.1016/S0140-6736\(18\)32822-8](https://doi.org/10.1016/S0140-6736(18)32822-8)

¹³ Obesity Canada-Obésité Canada. *CMAJ* 2020 August 4;192:E875-91. doi: 10.1503/cmaj.191707; obesitycanada.ca/guidelines

¹⁴ Puhl RM, Andreyeva T, Brownell KD. Perceptions of weight discrimination: prevalence and comparison to race and gender discrimination in America. *International journal of obesity*. 2008;32(6):992-1000.

¹⁵ Ramos Salas X, Alberga, A., Cameron, E., Estey, L., Forhan, M., Kirk, S.F.L., Russell-Mayhew, S., Sharma, A.M. Addressing weight bias and discrimination: moving beyond raising awareness to creating change. *Obesity Rev*. 2017;11:1323-35.

¹⁶ Sutin AR, Stephan Y, Terracciano A. Weight Discrimination and Risk of Mortality. *Psych Sci*. 2015;26(11):1803-11.

weight bias, obesity stigma, and discrimination as added burdens on population health outcomes and develop interventions to address it.

- **Access to Quality Care:** The 2020 Clinical Practice Guidelines¹⁷ require support to ensure they can transform care. There is a profound lack of interdisciplinary teams for obesity management in Canada and a lack of training among health care professionals. Education in obesity needs to be accessible to all healthcare professionals as this is critical to ensuring access to high quality, respectful, and evidence-based obesity care.
- **Access to Treatment:** Canadians affected by obesity face a complex landscape of treatment options, including psychological therapy, behavioural interventions, anti-obesity medications and bariatric surgery. These treatment options may differ by province and many have limited access and/or unacceptably long wait times under public health care programs.¹⁸
- **Access to Relevant Data:** Although Body Mass Index (BMI) is a helpful tool for population health surveillance, it is not a tool that can be used to clinically diagnose people with obesity. Obesity should be diagnosed by a qualified health professional using additional clinical tests and measures. Additional clinical and population-based studies that go beyond BMI should be implemented to develop more accurate reporting on obesity prevalence and health outcomes.

As an important first step, Obesity Canada, in collaboration with the Canadian Association for Bariatric Physicians and Surgeons, has developed the [Canadian Adult Obesity Clinical Practice Guidelines](#). Obesity Canada facilitated stakeholders with broad expertise and geographic representation, experiences of people living with obesity and Indigenous community members to develop the Guidelines with a vision of improving the standard of, and access to, care for individuals with obesity in all regions of Canada.

Together, through provincial, territorial and federal partnerships, Obesity Canada can work as a partner of the federal government to convene a broad coalition of stakeholders and shift our approach to obesity as a chronic disease and develop a policy framework to guide governments in the development of a national obesity strategy to support a healthy Canada and a healthy economy for all Canadians.

¹⁷ Obesity Canada-Obésité Canada. CMAJ 2020 August 4;192:E875-91. doi: 10.1503/cmaj.191707; obesitycanada.ca/guidelines

¹⁸ Obesity Canada Report Card 2019.

About Obesity Canada - Obésité Canada

[Obesity Canada - Obésité Canada](#) is the only national registered health charity exclusively dedicated to improving the lives of people living with obesity through research, education and advocacy. Our network of more than 30,000 organizations and individuals across Canada, including the leading obesity researchers and health professionals in the country, is committed to improving the lives of Canadians living with obesity.