

The economic costs associated with physical inactivity and obesity in Canada: an update.

Obesity and physical inactivity (PI) have significant economic consequences on the health care system in Canada: both are risk factors for other illnesses and disabilities. Indeed, they have been shown to increase risk of coronary artery disease, stroke, hypertension, colon cancer, type 2 diabetes, and osteoporosis. Previous research in Canada has investigated the direct cost of obesity (drugs, hospital, physician care), yet the indirect health care costs such as work loss due to disability are unknown.

By using a prevalence-based approach, the analytical review thus compiles the research linking PI and obesity to other chronic diseases and provides estimates of the direct, indirect, and the total health care expenditures that arise from both the condition, and lifestyle behaviour. Data on prevalence was obtained from the Canadian Community Health survey and confirm that incentivising physical activity and reducing obesity would reap benefits on health care spending. \$5.3 billion, or about 2.6% of total health care costs in Canada in 2001, were directly attributable to PI. Meanwhile, \$4.3 billion, or about 2.2% of total health care costs were directly attributable to obesity. Moreover, the risk of living a sedentary lifestyle was 16% higher in people living with obesity, whilst engaging in activity was found to lower the risk of developing obesity by 50%. In summary, promoting a physically active lifestyle and maintaining healthy weight are increasingly important.

Katzmarzyk PT, Janssen I. The economic costs associated with physical inactivity and obesity in Canada: an update. Can J Appl Physiol. 2004 Feb;29(1):90-115. doi: 10.1139/h04-008. PMID: 15001807.