

## **Obesity is on the Rise in Waterloo Region**

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### **The Issue**

Overweight and obesity<sup>†</sup> in the adult population of Waterloo Region has increased from 49.5% in 2005 to 55.5% in 2007/2008.<sup>2,3</sup> Table 1 shows an increasing trend of overweight and obesity for the Waterloo Region since 2005. Excess weight now affects the majority of the population in Waterloo Region (55.5%).<sup>2</sup>

**Table 1:** Self-reported overweight and obesity in Waterloo Region.

<b>Canadian Community Healthy Survey - Year</b>	<b>2005<sup>3</sup></b>	<b>2007/2008<sup>2</sup></b>
<b>18-34</b>	34.7%	40.7%
<b>35-49</b>	50.8%	56.4%
<b>50-64</b>	66.1%	68.7%
<b>65+</b>	57.9%	61.1%
<b>Total</b>	<b>49.8%</b>	<b>55.5%</b>

Table 2 highlights an alarming weight trend among men, where more than two thirds of men in the 35-49 and 65+ age groups are overweight or obese and over three quarters of men (76.8%) are at an unhealthy weight in the 50-64 age group.<sup>2</sup> Overall, Waterloo Region surpasses the Provincial averages for overweight and obesity in every age and gender group.<sup>2</sup>

**Table 2.** Percentage of self-reported overweight and obese individuals in Ontario and Waterloo Region by age and gender – 2007/2008.<sup>2</sup>

<b>Age Group</b>	<b>Males</b>		<b>Females</b>	
	<b>Ontario</b>	<b>Waterloo Region</b>	<b>Ontario</b>	<b>Waterloo Region</b>
<b>18-34</b>	46.1%	47.5%	28.4%	32.4%
<b>35-49</b>	63.9%	67.8%	43.5%	43.7%
<b>50-64</b>	67.9%	76.8%	54.2%	59.7%
<b>65+</b>	63.6%	65.9%	54.7%	57.2%

The burden of disease related to obesity has now surpassed smoking in North America<sup>4</sup> and is associated with the development of chronic diseases including: type II diabetes, certain types of cancer, coronary artery disease, stroke and hypertension.<sup>5</sup>

### **Making the Business Case**

The majority of working aged adults in Waterloo Region are overweight or obese.<sup>2</sup> As a result, workplaces face increased costs, from greater rates of absenteeism, presenteeism (poor productivity), and increased burden on healthy workers.<sup>6</sup> Absenteeism and healthcare costs are directly related to weight and rise as employee weight increases.<sup>7</sup> Additional costs to the workplace occur in the form of rising medication and benefits costs, leading to increased insurance premiums. Additionally, overweight and obese employees experience higher rates of disability, injuries, traffic collisions, turnover and early retirement.<sup>8-12</sup> The financial losses that

<sup>†</sup> Overweight is defined as a Body Mass Index (BMI) of 25 to 29.9 kg/m<sup>2</sup>. Individuals are considered to be obese at a BMI of 30 kg/m<sup>2</sup> or higher.<sup>1</sup>

result could otherwise be spent on education, technology, social improvements and private capital formation. Overweight and obese employees introduce a significant drain on employer resources.<sup>10</sup> By investing in the promotion of healthy weights in the workplace, employers have an opportunity to save financial resources. For example, one study found that for each 5% sustained weight loss in an overweight employee, an employer can save \$90 per employee per year; a 10% sustained weight loss could net \$190 in savings, per employee, per year.<sup>13</sup>

## **Supportive Environments and Nutrition Policies**

Education is commonly used to raise awareness and influence behaviour change. However, reviews of nutrition promotion efforts have concluded that general education interventions affect knowledge but not necessarily food purchases or meal choices.<sup>14</sup> In contrast, changes in the food supply<sup>††</sup> have been identified as the major driver of recent population trends of increasing rates of obesity and related health impacts (i.e. increased availability of convenience and fast foods as well as foods that are high in calories and added fat, sugar and salt).<sup>15-21</sup> The current rise in obesity could be explained by an average net increase of only 50 to 100 calories per day.<sup>22</sup> This is supported by recent research that shows that obese Canadians typically consume 200 more calories per day compared to non-obese Canadians.<sup>23</sup>

In order to address the current rise in overweight and obesity, workplaces must change their food environments through the implementation of supportive environmental healthy eating strategies and nutrition policies. By doing so, workplaces will make healthy choices the easy choices rather than placing the onus on individuals to resist unhealthy food choices. Examples of changing workplace food environments for the better include: serving healthy foods and beverages during meetings and events, ensuring healthy options are available in the cafeteria and vending machines at a comparable or lower price than other selections, offering ongoing support to employees through education and counselling, and providing refrigerators and microwaves to allow employees to bring in healthy foods.

As with other interventions requiring large scale social change, (e.g. tobacco reduction and seatbelt use), ongoing changes to the work place food environment and nutrition policies in conjunction with continued educational efforts will be required.<sup>24,25</sup> A nutrition policy can help clarify roles and expectations about food in your workplace and can help to ensure that environmental supports are sustained.

For more information on workplace nutrition please refer to the Healthy Eating Toolkit for Workplaces: <http://www.projecthealth.ca/files/healthy-eating-toolkit-for-workplaces.pdf>

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<sup>††</sup> “Food Supply” refers to the total amount of food available for human consumption, which is sold within the food system, including domestically-produced and imported foods (excluding exported foods). In this report, the data cited has been adjusted for retail, household and plate loss – which reduces the “food supply” by almost one-third. These adjusted data are considered to be a reasonable estimate of what the population consumed – on a per capita basis.

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