Last update : 04/04/2019

Metadata – Obesity in adults

Description	Proportion of adult persons (≥18 years) whose Body Mass Index (BMI) is ≥ 30 kg/m².
Rationale	Excessive body weight predisposes to various diseases, particularly cardiovascular diseases, diabetes mellitus type 2, cancers and osteoarthritis. Obesity is a growing public health problem. Many of the risks diminish with weight loss (1;2). Effective interventions exist to prevent and treat obesity. The indicator is recommended as a health promotion indicator by the OECD and is one of the ECHI indicators (3;4).
Primary Data source	Belgian Health Interview Surveys 1997-2001-2004-2008-2013 for self-reported data [The Food Consumption Survey (FCS) Belgium 2014 provides measured data. It was not chosen because of the long time between FCS surveys.]
Indicator source	For the self-reported indicator: Belgian HIS reports and HISIA 1997-2001-2004-2008-2013 (https://hisia.wiv-isp.be/SitePages/Home.aspx). Although the FCS provides indicators based on height and weight measurements, that are more robust than self-reported ones, the HIS indicators were chosen because they allow reporting trends. For international comparisons, Eurostat (EHIS 2014) provides comparable data for the participating countries. The OECD provides data from several national data sources, but with a mix of self-reported and measured data. We used OECD self-reported data in this report.
Periodicity	Every 3-5 years for the HIS
Technical definitions and limitations	The percentage of people aged 18 years or older reporting measures of weight and height giving a BMI >= 30; this percentage is weighted according to the survey design. The Body Mass Index (BMI) is defined as the individual's body weight (in kilograms) divided by the square of their height (in meters). Weight and height are self-reported and derived from the Health Interview Survey (HIS) questions BMI01: How tall are you? (cm) and BMI02: How much do you weight without clothes and shoes? (kg). Since these data are self-reported they can suffer from inaccuracy of the measures. They can also be subject to some bias: overweight people tend to underestimate their weight and overestimate their height, leading to an underestimation of the overweight prevalence. However, it is likely that the bias remains quite stable over time, allowing for time trends monitoring. Data from the Food Consumption Survey are measured data, that are more accurate, but they do not allow to measure time trends. Age-adjustment was made using a logistic regression, with the age distribution of the Belgium 2013 as weights for age groups.
International comparability	Availability: Yes. EHIS 2014 provides data for 17 countries. OECD provides data from several national data sources, some of which are based on self-reported measures, while others are based on health examination. Comparability: using a mix of self-reported and measured data hampers the international comparison. The lack of age-standardization in the international data can also hamper the comparability for this indicator because obesity is increasing with age (except in the oldest age groups).

Reference List

(1) WHO. Obesity - Preventing and managing the Global Epidemic. Report of a WHO consultation on obesity. Geneva: WHO; 1998.

(2) WHO. The challenge of obesity in the WHO European region and the strategies for response: summary. World Health Organization; 2007.

(3) Marshall M, Klazinga N, Leatherman S, Hardy C, Bergmann E, Pisco L, et al. OECD Health Care Quality Indicator Project. The expert panel on primary care prevention and health promotion. Int J Qual Health Care 2006 Sep;18:Suppl-5.

(4) Verschuuren M, Achterberg PW, Gijsen R, Harbers MM, Vijge E, Wilk EA, et al. ECHI Indicator Development and Documentation - Joint action for ECHIM final Report Part II. II ed. RIVM; 2012.