Foreword

"There was a fat boy in our street. People called him fatso," observes the main character in Kieron Smith, Boy, a novel by James Kellman narrated from the point of view of a child from the time he is 4 to almost 13. Through his eyes, we see a picture of life in Glasgow in the 1960s – and get an idea of the changes taking place. At the time, obesity was unusual enough to draw attention. Yet now more than a third of Scottish 12-year-olds are overweight, a fifth are obese and over one in ten severely obese. The statistics for adults are even worse, with almost two-thirds of men and more than half of women overweight. The situation is better in the other OECD countries, apart from the United States, but obesity is a concern almost everywhere, in the OECD area and beyond.

If economics is “the study of human behaviour as a relationship between ends and scarce means which have alternative uses”¹ it must have something to say on lifestyles, health and, above all, on the epidemic of obesity that has developed over the past 30 years, one of the largest epidemics in the history of mankind. Indeed, obesity has become a favourite subject for economists in various parts of the world, but the role of economics in addressing the determinants and consequences of individual health-related behaviours has been interpreted rather narrowly by many, including some economists. This book is a humble attempt to explore the broader scope of the potential contribution of economics to the design of effective, efficient and equitable approaches to chronic disease prevention, with a focus on diseases linked to unhealthy diets, sedentary lifestyles and obesity.

The public health paradigm, which still inspires and guides the field of chronic disease prevention, is well reflected in Geoffrey Rose’s famous statement “It is better to be healthy than ill or dead. That is the beginning and the end of the only real argument for preventive medicine. It is sufficient.”² To an economist, Rose’s argument is of critical importance, but it is not sufficient. And no sensible economist would claim that what is missing is the “economic argument” that prevention will be a “money-saver”, dismissed as “misleading, or even false”, by Rose himself. This book provides ample evidence that Rose’s stance on this type of economic argument is well founded. The role of economics is to ensure that prevention improves social welfare and its distribution across social groups. This is what an economist would regard as a “sufficient” argument for prevention. Health is one dimension of social welfare, but not the only one, and not always the most important. Human behaviours are driven by many “ends”, to use Lionel Robbins’ word, which are all in competition with each other because resources to pursue them are scarce. If so many people in the OECD area and beyond have been
gaining weight to the point that their health and longevity are affected, it may mean that ends other than the pursuit of good health have taken a higher priority at a certain point in time, or it may mean that people’s priorities have been increasingly constrained by environmental influences, which they have not been able to handle. The role of economics is to determine what mechanisms have been at play in the development of the obesity epidemic and whether implementing actions that have the potential to reverse current trends in obesity would generate an improvement in social welfare.

This book is the result of work undertaken at the OECD since 2007, following a mandate received from the OECD Health Ministers at a meeting in Paris in 2004. The book presents a wealth of data and analyses carried out by the OECD with the aim of supporting the development of policies for tackling obesity and preventing chronic diseases by its member countries. Some of these analyses were designed and undertaken in close partnership with the World Health Organisation.

Notes

2. Geoffrey Rose (1992), The Strategy of Preventive Medicine, Oxford University Press.