

Canada



Health systems

Economic classification: **High Income**

Health systems summary

The Canadian Health Act (CHA) was passed in 1984. The aim of the CHA was to ensure that all Canadian citizens had 'free at the point of care' for approved healthcare needs. Now, almost all Canadians' healthcare is provided for by Medicare, a publicly funded, single-payer health care system. If a treatment is classified as 'medically necessary' it must be funded through the government funded Medicare system. Medicare plans, however, do not cover pharmaceuticals, home care or long-term care costs. These additional costs are required to be covered by supplementary health insurance.

Approximately 70% of total health expenditure is publicly sourced (primarily through general taxation). Around half of the remaining 30% come from out of pocket payments by patients.

Indicators

Where is the country's government in the journey towards defining 'Obesity as a disease'?	Some progress
Where is the country's healthcare provider in the journey towards defining 'Obesity as a disease'?	Some progress
Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?	Some progress
Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?	Yes
Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?	No
Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?	No
Are there any obesity-specific recommendations or guidelines published for adults?	Yes
Are there any obesity-specific recommendations or guidelines published for children?	Yes
In practice, how is obesity treatment largely funded?	Out of pocket

Perceived barriers to treatment

Lack of training for
healthcare
professionals

Obesity not
recognised as a
disease

Lack of treatment
facilities

Summary of stakeholder feedback

While the Canadian Medical Association classifies obesity as a disease, the Canadian Government does not. Official recognition of obesity as a chronic disease by the government would ensure that obesity was included within the chronic disease treatment portfolio so there would be more funds and incentives to treat.

Though the current health system should theoretically allow people with obesity to receive health care in a structured and systematic way, stakeholders suggest that obesity is not effectively managed within the current health system. The availability of treatment varies widely between provinces and territories, staff are inadequately trained and there is a lack of multi-disciplinary teams despite it being widely recognised by healthcare practitioners to be crucial for successful obesity management.

Stakeholders report that individuals often enter the system via the emergency room and then are not referred onto appropriate care. When they are referred onto care, the availability of weight loss programmes and bariatric treatments is inconsistent and often subject to long waiting times in the public sector (particularly for the latter). As a result, those that can afford to go abroad for bariatric treatment do so and much of the population use unregulated and expensive weight-loss service providers.

Stakeholders also reported that many health care practitioners feel ill-equipped to treat obesity and feel that existing government guidelines are outdated. It was highlighted however that the Canadian Task Force on Preventive Health Care published prevention, treatment and management guidelines for adults and children in primary care in 2015.

Based on interviews/survey returns from 4 stakeholders

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