# Report card
## Chile

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Obesity prevalence

Adults, 2016-2017

Survey type: Measured
Age: 15+
Sample size: 6233
Area covered: National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Children, 2013

Survey type: Self-reported
Age: 13-17
References: Global School-based Student Health Survey (GSHS), available at [https://www.cdc.gov/gshs/countries/index.htm](https://www.cdc.gov/gshs/countries/index.htm) (last accessed 28.04.20)
Notes: WHO cutoffs.
Cutoffs: WHO
% Adults living with obesity in Chile 1988-2016

Men

Survey type: Measured

References: For full details of references visit https://data.worldobesity.org/

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
Women

Survey type: Measured

References: For full details of references visit https://data.worldobesity.org/

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
% Adults living with overweight or obesity in Chile 1988-2016

Men

Survey type: Measured

References: For full details of references visit https://data.worldobesity.org/

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
Women

Survey type: Measured

References: For full details of references visit https://data.worldobesity.org/

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
Overweight/obesity by education

Adults, 2016-2017

Survey type: Measured
Age: 15+
Sample size: 6233
Area covered: National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Overweight/obesity by age

Adults, 2016-2017

Survey type: Measured
Sample size: 6233
Area covered: National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Insufficient physical activity

Adults, 2016

Men, 2016

Women, 2016

Children, 2010

% insufficient physical activity

Age: 11-17

References:

Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
% insufficient physical activity

Boys, 2010


Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
### Girls, 2010

<table>
<thead>
<tr>
<th>Country</th>
<th>% Insufficient Physical Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada</td>
<td>11-17</td>
</tr>
<tr>
<td>Belize</td>
<td>11-17</td>
</tr>
<tr>
<td>United States</td>
<td>11-17</td>
</tr>
<tr>
<td>Antigua &amp; Barbuda</td>
<td>11-17</td>
</tr>
<tr>
<td>Suriname</td>
<td>11-17</td>
</tr>
<tr>
<td>Dominica</td>
<td>11-17</td>
</tr>
<tr>
<td>Trinidad &amp; Tobago</td>
<td>11-17</td>
</tr>
<tr>
<td>St Kitts &amp; Nevis</td>
<td>11-17</td>
</tr>
<tr>
<td>St Lucia</td>
<td>11-17</td>
</tr>
<tr>
<td>Peru</td>
<td>11-17</td>
</tr>
<tr>
<td>Guyana</td>
<td>11-17</td>
</tr>
<tr>
<td>Barbados</td>
<td>11-17</td>
</tr>
<tr>
<td>Colombia</td>
<td>11-17</td>
</tr>
<tr>
<td>Grenada</td>
<td>11-17</td>
</tr>
<tr>
<td>Honduras</td>
<td>11-17</td>
</tr>
<tr>
<td>Argentina</td>
<td>11-17</td>
</tr>
<tr>
<td>Bahamas</td>
<td>11-17</td>
</tr>
<tr>
<td>Guatemala</td>
<td>11-17</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>11-17</td>
</tr>
<tr>
<td>St Vincent &amp; Gren.</td>
<td>11-17</td>
</tr>
<tr>
<td>Bolivia</td>
<td>11-17</td>
</tr>
<tr>
<td>El Salvador</td>
<td>11-17</td>
</tr>
<tr>
<td>Chile</td>
<td>11-17</td>
</tr>
<tr>
<td>Uruguay</td>
<td>11-17</td>
</tr>
<tr>
<td>Brazil</td>
<td>11-17</td>
</tr>
<tr>
<td>Ecuador</td>
<td>11-17</td>
</tr>
<tr>
<td>Venezuela</td>
<td>11-17</td>
</tr>
</tbody>
</table>

**Age:** 11-17

**References:**

**Notes:**
% of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

**Definitions:**
% Adolescents insufficiently active (age standardised estimate)
Average daily frequency of carbonated soft drink consumption

Children, 2009-2015

Survey type: Measured
Age: 12-17

References:
Estimated per-capita fruit intake

Adults, 2017

Survey type: Measured
Age: 25+
References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]
Definitions: Estimated per-capita fruit intake (g/day)
### Prevalence of less-than-daily fruit consumption

**Children, 2009-2015**

<table>
<thead>
<tr>
<th>Country</th>
<th>% daily consumption</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guatemala</td>
<td>20</td>
</tr>
<tr>
<td>Guyana</td>
<td>20</td>
</tr>
<tr>
<td>Suriname</td>
<td>20</td>
</tr>
<tr>
<td>Jamaica</td>
<td>20</td>
</tr>
<tr>
<td>Grenada</td>
<td>20</td>
</tr>
<tr>
<td>El Salvador</td>
<td>20</td>
</tr>
<tr>
<td>Peru</td>
<td>20</td>
</tr>
<tr>
<td>Chile</td>
<td>40</td>
</tr>
<tr>
<td>Belize</td>
<td>30</td>
</tr>
<tr>
<td>Uruguay</td>
<td>30</td>
</tr>
<tr>
<td>Bolivia</td>
<td>30</td>
</tr>
<tr>
<td>Dominica</td>
<td>30</td>
</tr>
<tr>
<td>Antigua &amp; Barbuda</td>
<td>30</td>
</tr>
<tr>
<td>Argentina</td>
<td>30</td>
</tr>
<tr>
<td>Honduras</td>
<td>30</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>30</td>
</tr>
<tr>
<td>St Kitts &amp; Nevis</td>
<td>30</td>
</tr>
<tr>
<td>Bahamas</td>
<td>30</td>
</tr>
<tr>
<td>Trinidad &amp; Tobago</td>
<td>30</td>
</tr>
</tbody>
</table>

**Survey type:** Measured

**Age:** 12-17


**Definitions:** Prevalence of less-than-daily fruit consumption (% less-than-daily fruit consumption)
Prevalence of less-than-daily vegetable consumption

Children, 2009-2015

Survey type: Measured
Age: 12-17


Definitions: Prevalence of less-than-daily vegetable consumption (% less-than-daily vegetable consumption)
Average weekly frequency of fast food consumption

Children, 2009-2015

Estimated per-capita processed meat intake

Adults, 2017

Survey type: Measured

Age: 25+

References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]

Definitions: Estimated per-capita processed meat intake (g per day)
Estimated per-capita whole grains intake

Adults, 2017

Survey type: Measured

Age: 25+

References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]

Definitions: Estimated per-capita whole grains intake (g/day)
Mental health - depression disorders

Adults, 2015


Definitions: % of population with depression disorders
Mental health - anxiety disorders

Adults, 2015


Definitions: % of population with anxiety disorders
Oesophageal cancer

Men, 2018

References: Global Cancer Observatory, Cancer incidence rates http://gco.iarc.fr/ (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
**Women, 2018**

**Incidence per 100,000**

- Belize
- Suriname
- Nicaragua
- Bahamas
- Barbados
- Mexico
- Panama
- Guyana
- Ecuador
- Venezuela
- Bolivia
- Costa Rica
- El Salvador
- Guatemala
- Colombia
- Peru
- Honduras
- Jamaica
- Dominican Republic
- United States
- Cuba
- Paraguay
- Canada
- Brazil
- Argentina
- Chile
- Uruguay

**Age:** 20+


**Definitions:** Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
Breast cancer

Women, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, breast, females, ages 20+. ASR (World) per 100,000
Colorectal cancer

Men, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Women, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Pancreatic cancer

Men, 2018

Age: 20+

References: Global Cancer Observatory, Cancer incidence rates [http://gco.iarc.fr/] (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
Gallbladder cancer

Men, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
Women, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
Kidney cancer

Men, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
Women, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
Cancer of the uterus

Women, 2018

Age: 20+

References: Global Cancer Observatory, Cancer incidence rates http://gco.iarc.fr/ (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, cervix uteri, females, ages 20+. ASR (World) per 100,000
Raised blood pressure

Adults, 2015


Definitions: Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Men, 2015


Definitions: Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Women, 2015


Definitions: Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Raised cholesterol

Adults, 2008


Definitions: % Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Men, 2008

References:

Definitions:
% Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Women, 2008


Definitions: % Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Raised fasting blood glucose

Men, 2014-2019


Definitions: Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).
Women, 2014-2019


Definitions: Age Standardised % raised fasting blood glucose (≥ 7.0 mmol/L or on medication).
Diabetes prevalence

Adults, 2017


Definitions: Diabetes age-adjusted comparative prevalence (%).
Health systems

Economic classification: High Income

Health systems summary

Chile has a mixed public/private health insurance system that together provides universal health coverage. All workers must use 7% of their income to pay for health insurance but individuals can choose to contribute to the public insurance provided by Fondo Nacional de Salud or to private insurance provided by Instituciones de Salud Previsional. Coverage under the two types of insurance are not identical, there are differences between and within them and this is often based on contribution (and therefore an individual's income). Approximately 78% of the population is covered by public insurance, including most of the rural and urban poor and retirees. On the other hand, private insurers covers a smaller but wealthier segment of the population, creating inequality in risk pooling between the two insurance types.

General taxation and out of pocket expenditure are used to supplement the insurances. Out of pocket expenditure remains high (at approximately 38% of total health expenditure), so financial protection in Chile is considered to be poor.

Indicators

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where is the country’s government in the journey towards defining ‘Obesity as a disease’?</td>
<td>Some progress</td>
</tr>
<tr>
<td>Where is the country’s healthcare provider in the journey towards defining ‘Obesity as a disease’?</td>
<td>No</td>
</tr>
<tr>
<td>In practice, how is obesity treatment largely funded?</td>
<td>Not known</td>
</tr>
<tr>
<td>Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?</td>
<td>No</td>
</tr>
<tr>
<td>Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?</td>
<td>Yes</td>
</tr>
<tr>
<td>Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?</td>
<td>Partial</td>
</tr>
<tr>
<td>Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?</td>
<td>No</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for adults?</td>
<td>No</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for children?</td>
<td>No</td>
</tr>
</tbody>
</table>
Perceived barriers to treatment

<table>
<thead>
<tr>
<th>Lack of political will, interest and action</th>
<th>Poor health literacy and behaviour</th>
<th>Social determinants of health</th>
<th>Food cost and availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of financial investment and funding for coverage</td>
<td>Lack of opportunity for physical activity</td>
<td>Lack of training for healthcare professionals</td>
<td>High cost of out of pocket payments</td>
</tr>
<tr>
<td>Obesity not recognised as a disease</td>
<td>Lack of evidence, monitoring and research</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Summary of stakeholder feedback

Stakeholders acknowledged that Chile has adopted and implemented a handful of initiatives and laws to address obesity, including regulations on the advertisement and labelling of foods and restricted access to unhealthy products in schools. Despite this, it was considered that efforts were insufficient and inefficient, with improved investment and a more intersectoral approach needed. In short, it was felt that although the government talked about obesity as an epidemic, it did not yet treat obesity as a disease.

Similarly, it was judged that healthcare providers too do not treat obesity as a disease. Availability and coverage of obesity treatment was reported to be poor in both the public and private system as obesity is believed to be an aesthetic issue rather than a medical one. However, obesity treatment was considered to be better provided for in the private system as other ailments took priority in the public system and there were better trained professionals in the private system.

It was suggested that those with obesity would become eligible for treatment when their BMI was 30 kg/m² or above, with people entering the system via primary care in the public system and by going straight to a specialist in the private system. However, the few options in the public system, poor insurance coverage and long waiting lists mean that many fall out the system without receiving adequate treatment. The result is mass undertreatment of obesity in Chile.

Stakeholders noted that there are no guidelines or recommendations for obesity treatment for adults or children, and obesity did not feature heavily in any non-communicable disease strategies. They also highlighted that there is limited to no specialist obesity training available for health professionals, with SCOPE seemingly the only notable option. The availability of suitably trained, qualified professions was therefore considered limited in urban areas but worse in rural areas.

Based on interviews/survey returns from 8 stakeholders