

## 4. RISK FACTORS FOR HEALTH

### Diet and physical activity among adults

A healthy diet is associated with improved health outcomes. Adults who follow a diet rich in fruit and vegetables and low in fat, sugars and salt/sodium are at a lower risk of developing one or more cardiovascular diseases and certain types of cancer (Graf and Cecchini, 2017[21]). A healthy diet may also reduce the likelihood of being overweight or obese. In 2019, diets low in fruit, vegetables and legumes were responsible for an estimated total of 2.7 million deaths worldwide (Institute for Health Metrics and Evaluation, 2020[22]).

On average across 30 OECD countries, 59.1% of people aged 15 and over consumed vegetables each day in 2019. Countries with the highest rates of vegetable consumption were Australia, Korea, New Zealand and the United States, all of which recorded values greater than 90% (Figure 4.9). At the other end of the spectrum, this figure fell below 40% in Latvia and the Netherlands. Women are more likely than men to eat at least one portion of vegetables per day (64.2% of women versus 53.6% of men, on average). Daily vegetable consumption was higher among women than men in all countries. Regarding fruit consumption, over half (56%) of all adults consumed at least one piece of fruit per day in 2019 on average across 31 OECD countries. Values for this metric were highest in Australia and New Zealand (greater than 75%). Conversely, Chile, Luxembourg and Latvia recorded values below 40%. As with vegetable consumption, women are more likely to consume fruit daily in all countries. The gender gap in fruit consumption was widest in Finland, Sweden and Luxembourg, with a difference of over 18 percentage points.

Regular consumption of sugar-sweetened beverages contributes to the spread of obesity and to the onset of other metabolic diseases such as diabetes (Hu and Malik, 2010[23]). Across 24 OECD countries, 8% of people aged 15 and over consumed sugar-sweetened beverages at least once a day in 2019 (Figure 4.10). This proportion varies from 2-3% in Estonia, Lithuania, Finland and Latvia, to 11% or more in the Czech Republic, Hungary, Poland and Germany, and up to 20% in Belgium. In the United States, 49% of adults consumed at least one sugar-sweetened beverage on a given day during 2011-14, according to NHANES data (Rosinger et al., 2017[24]). In all countries, men are more likely than women to consume such beverages daily. The gender gap is relatively wide in Poland, Germany and Belgium (a 7-8 percentage point difference). Younger age groups are more likely to consume sugar-sweetened beverages daily, particularly those aged 15-24.

Insufficient levels of physical activity are risk factors for chronic diseases, such as cardiovascular disease and diabetes. Regular physical activity improves mental and musculoskeletal health, and reduces the risk of various non-communicable diseases and depression (Warburton, Nicol and Bredin, 2006[25]). While countries across the world agreed on a global target to reduce insufficient physical activity by 10% by 2025, progress toward this target has been slow (Guthold et al., 2019[26]). Further, during COVID-19, while some people increased their level of physical activity – participating in more sports, walking and similar – overall physical activity declined

and sedentary behaviours increased due to lockdowns (Stockwell et al., 2021[27]).

In 2016, more than one in three adults (34.7%) did not meet the recommended guidelines for physical activity on average across 36 OECD countries (Figure 4.11). Adults were most likely to be insufficiently active in Portugal, Costa Rica, Germany and Brazil (over 45% of adults). Conversely, in Finland, China and Russia, fewer than 20% of the adult population were insufficiently active. Women were more likely to be insufficiently active than men in all OECD countries except Finland, where the same proportion of men and women do not meet the recommended level of physical activity. The majority of OECD countries have implemented national guidelines to promote physical activity and multi-sectoral nutritional plans, with the latter present in all countries (OECD, 2019[28]).

#### Definition and comparability

Vegetable consumption is defined as the proportion of adults who consume at least one vegetable per day, excluding juice and potatoes. Estimates for vegetable consumption are derived from national health surveys and are self-reported (with some differences in reporting periods – see country-specific notes in the OECD Health Statistics database on definitions, sources and methods for further details). Data for Australia, Korea and New Zealand are derived from quantity-type questions (rather than frequency questions). Values for these countries may therefore be overestimated. Data for the Netherlands refers only to cooked or baked vegetables, which may underestimate consumption. Most countries report data for the population aged 15 years and over, with some exceptions as highlighted in the data source of the OECD Health Statistics database. These statistics were complemented with the European Health Interview Survey wave 3 data (2019) for Denmark and Estonia.

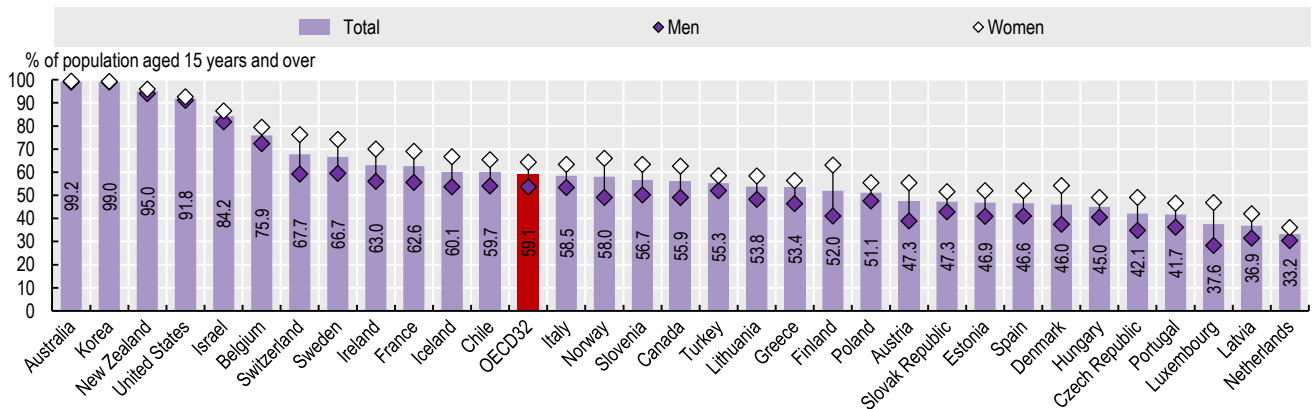
Sugar-sweetened beverage consumption data are taken from the European Health Interview Survey wave 3 (2019), compiled by Eurostat. The indicator presented here reports the frequency of drinking regular soft drinks, whether carbonated or not carbonated, bottled iced tea, energy drinks, syrup-based drinks and similar or any other non-alcoholic soft drinks that contain a lot of sugar. Artificially sweetened soft drinks are not included; neither are coffee and tea, even if sweetened with some sugar.

The indicator of insufficient physical activity is defined as attaining less than 150 minutes of moderate-intensity physical activity per week, or less than 75 minutes of vigorous-intensity physical activity per week. Estimates of insufficient physical activity are taken from the WHO Global Health Observatory, and are based on self-reports from the Global Physical Activity Questionnaire, the International Physical Activity Questionnaire or a similar questionnaire covering activity at work, in the household, for transport or during leisure time. These are crude estimates, not age-standardised.

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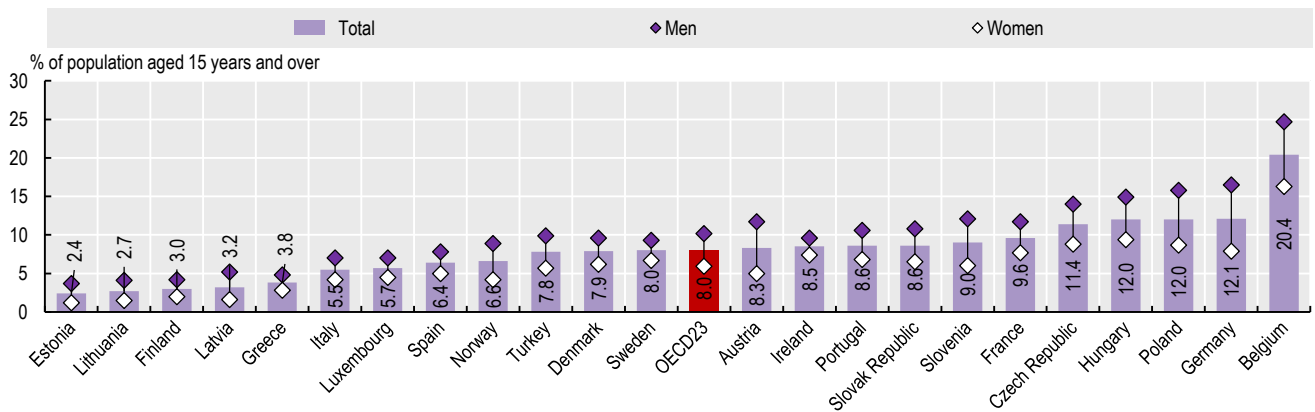
Figure 4.9. Daily vegetable consumption among population aged 15 and over, by sex, 2019 (or nearest year)



Source: OECD Health Statistics 2021, complemented with EHIS-3 data for Denmark and Estonia.

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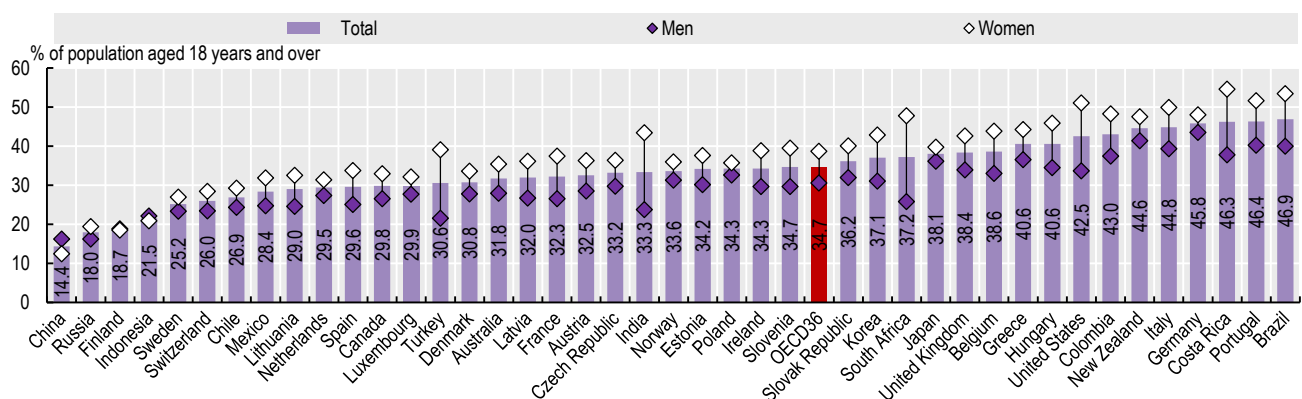
Figure 4.10. Daily consumption of sugar-sweetened beverages among population aged 15 and over, by sex, 2019



Source: Eurostat database, based on European Health Interview Survey (EHIS-3).

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Figure 4.11. Insufficient physical activity among adults, by sex, 2016



Source: WHO Global Health Observatory 2020.

StatLink <https://stat.link/oxnlk3>



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