








# How healthy are we? 2004

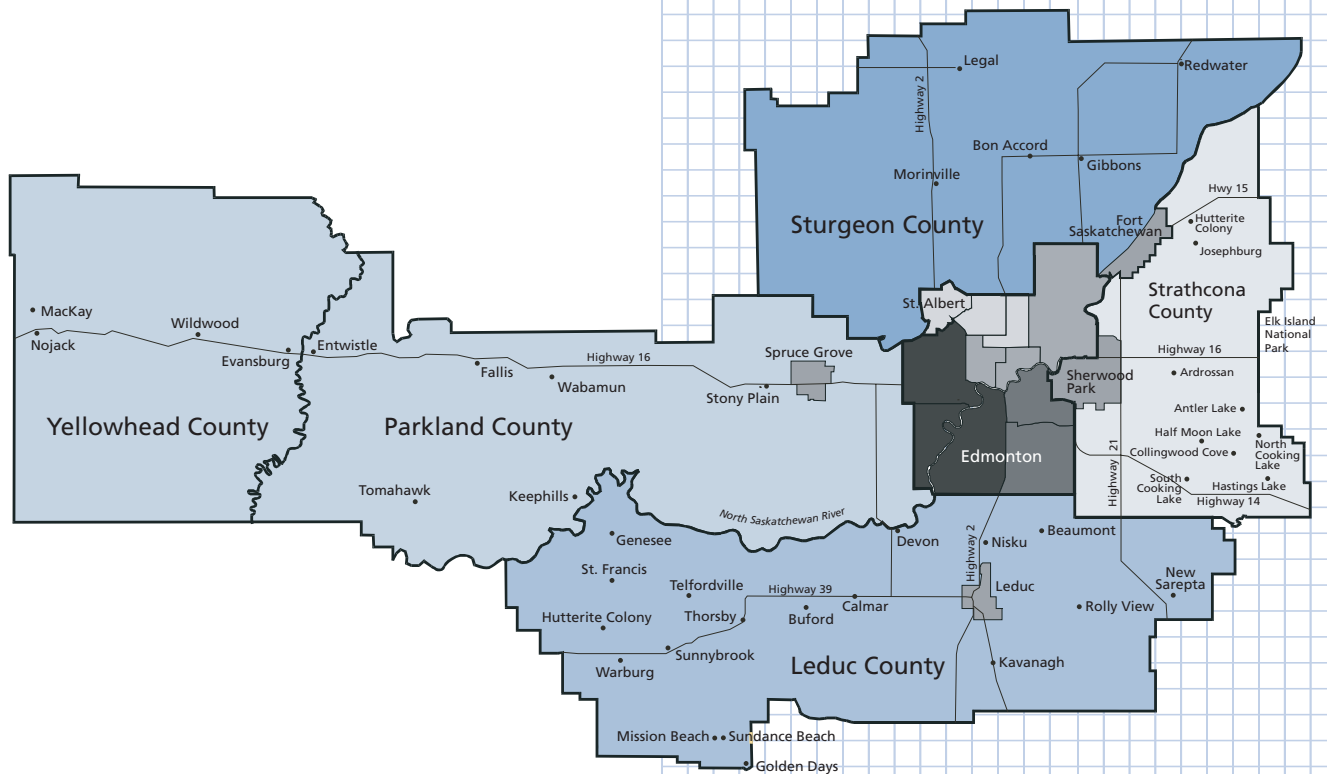
Time for  
the annual  
check-up



Capital  
Health

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The Capital Health region in Alberta is one of Canada's largest integrated academic health regions, providing complete health services to residents in the cities of Edmonton, Fort Saskatchewan, Leduc, Spruce Grove and St. Albert, and the counties of Leduc, Parkland, Strathcona and Sturgeon (and communities within their geographical areas), as well as the Town of Devon and communities in the eastern part of Yellowhead County.

### Population for the Capital Health region, 2003

Age Group	Females	Males	Total
< 1	5,619	5,810	11,429
1 - 4	22,502	23,637	46,139
5 - 9	30,154	32,018	62,172
10 - 14	33,956	35,340	69,296
15 - 19	34,803	36,399	71,202
20 - 44	189,378	188,531	377,909
45 - 64	118,655	119,507	238,162
65 - 74	30,743	28,141	58,884
75+	28,929	17,864	46,793
<b>TOTAL</b>	<b>494,739</b>	<b>487,247</b>	<b>981,986</b>



# Prevention works



Turn on the television, listen to the radio, read the newspaper, pick up a magazine, or search the web ... chances are good that you will quickly come across a story about how to stay healthy. It may involve a new discovery about the health benefit of certain foods. It might be an ad for exercise equipment. Or it may involve long-term research on the causes of particular illnesses or the impact of education, income, employment, housing and the environment on health.

Whatever the specifics, the word is getting out. **Prevention works** – and it works best in an environment and culture that supports healthy living.

Many of the leading diseases in our community – like heart disease, many types of cancer, and diabetes – can be prevented. In most cases, what we used to call “accidents” are not really accidents at all. They can be prevented.

If we make significant progress in preventing illness and injury, the health system could save millions of dollars a year. And more importantly, it will save lives and improve the quality of life for countless people.

The questions remain. Are we creating communities that support health? Are people listening? Are people taking steps to protect their own health?

These questions are at the heart of this year's report on *How healthy are we?* The report begins, as in the past, with an overview of some leading indicators of the overall health of people in the Capital Health region.

Overall, people in the region continue to enjoy good health, but there are areas of concern.

The report also zeros in on three critical issues – smoking, healthy eating, and physical activity. We've all heard the messages – don't smoke, eat more fruit and vegetables, and get active. It turns out that these three actions are probably the best ones people can take to stay healthy. Nevertheless, our rates of smoking and exposure to secondhand smoke are too high. Not enough of us load up our diet with fruit and vegetables. And too few of us make regular physical activity a vital part of our daily routine.

Good health is important to people. Most people understand that it's not good enough to simply expect the health system to fix us up when we're sick or injured. We need to continue to make changes so that the healthy choices are the easy choices for people.

By highlighting the message that prevention works, we hope more people will not only hear the message but take it to heart ... and take action to protect their own health.



# The annual check-up



Every year, we do an annual check-up on the health of people living in the Capital Health region. We check the vital signs, check for health problems, look at how people use the health system, and check the choices people make that affect their health and the health of others in our community.

This annual check-up helps detect early signs of health problems. It points out trends and shows changes in people's health. And it helps identify areas where action can be taken to prevent illness and injury and improve the overall health of people in the Capital Health region.

## A word about the data...

- *The most recent data available that are comparable for the Capital and Calgary Health regions, Alberta, and Canada are used in this report. Where trend data are available, they are included in the tables.*
- *Data from the 1996-97 National Population Health Survey (NPHS) were aggregated using 1996 regional health boundaries.*
- *Data from the 2000-01 Canadian Community Health Surveys (CCHS) were aggregated using pre-2003 regional health boundaries. For the 2003 CCHS, June 2003 regional health boundaries were used.*
- *Data sources for the tables are noted under the tables.*
- *Dashed lines in tables indicate that data were not available.*

## The vital signs continue to be good, but there are some troubling signs.

Overall, people in the Capital Health region continue to enjoy good health.

On the positive side, most people in the region can expect to live long and healthy lives. Men can expect to live to 76.2 years and women outlive them by about 4.8 years. We have also seen a decline in the rate of men and women dying from heart disease.

However, heart disease and cancer continue to be the leading causes of death in the region. Breast cancer, prostate cancer, lung cancer, and colorectal cancer are the four top cancers in Alberta and were responsible for over 50% of new cancers and cancer deaths in 2001.<sup>i</sup> There has been an increase in the rate of women dying from lung cancer while the death rates from other cancers, particularly breast cancer, have gone down.<sup>i</sup>

<sup>i</sup> Alberta Cancer Board. Cancer in Alberta: a regional picture, 2004.

## Check the vital signs

Health indicators	Year	Capital Health <sup>1</sup>	Calgary Health <sup>1</sup>	Alberta <sup>1</sup>	Canada
Low birth weight (% live births <2500 g)	1998	6.4	6.9	6.2	5.7 <sup>2</sup>
	2000	6.3	6.6	6.1	–
	2002	6.4	7.3	6.5	–
Preterm births (% live births <37 weeks)	1998	8.2	7.7	7.5	7.2 <sup>3</sup>
	2000	9.4	8.7	8.5	7.6 <sup>3</sup>
	2002	9.1	9.1	8.6	–
Teen birth rate (live births per 1,000 females aged 15-19 years)	1998	22.9	18.8	25.4	21.2 <sup>3</sup>
	2000	19.6	17.6	22.4	18.9 <sup>3</sup>
	2002	16.4	14.2	19.5	–
Teen pregnancy rate (pregnancies per 1,000 females aged 15-19 years)	1998	53.2 <sup>4</sup>	51.8 <sup>4</sup>	53.0 <sup>4</sup>	41.7 <sup>5</sup>
	2000	45.3 <sup>4</sup>	45.7 <sup>4</sup>	46.3 <sup>4</sup>	38.2 <sup>5</sup>
	2002	–	–	–	–
Infant mortality rate (per 1,000 live births)	97-99	5.4 <sup>6</sup>	4.3 <sup>6</sup>	5.1 <sup>6</sup>	5.3 <sup>7</sup>
	99-01	6.6	5.2	5.9	5.3 <sup>7</sup>
	00-02	6.2 <sup>6</sup>	5.7 <sup>6</sup>	6.5 <sup>6</sup>	5.2 <sup>7</sup>
Life expectancy at birth in years	1998 (M)	74.9 <sup>8</sup>	76.7 <sup>8</sup>	76.2 <sup>8</sup>	76.0 <sup>9</sup>
	1998 (F)	80.7 <sup>8</sup>	81.9 <sup>8</sup>	81.9 <sup>8</sup>	81.5 <sup>9</sup>
	2000 (M)	75.6 <sup>8</sup>	77.2 <sup>8</sup>	77.1 <sup>8</sup>	76.7 <sup>9</sup>
	2000 (F)	81.2 <sup>8</sup>	81.9 <sup>8</sup>	82.0 <sup>8</sup>	81.9 <sup>9</sup>
	2002 (M)	76.2 <sup>8</sup>	78.0 <sup>8</sup>	77.4 <sup>8</sup>	77.2 <sup>9</sup>
	2002 (F)	81.0 <sup>8</sup>	81.9 <sup>8</sup>	82.0 <sup>8</sup>	82.1 <sup>9</sup>
Death rate for heart disease (per 100,000)	1998	158.1	145.1	156.9	–
	2000	136.9	146.1	144.4	–
	2002	129.1	133.5	137.3	–
Death rate for cerebrovascular disease (stroke) (per 100,000)	1998	40.5	36.2	39.9	47.1 <sup>10</sup>
	2000	36.9	37.7	40.3	–
	2002	39.5	36.3	40.6	–
Suicide rate (per 100,000)	1998	15.3	12.0	13.8	12.4 <sup>10</sup>
	2000	13.1	12.9	13.1	–
	2002	12.9	13.1	13.3	–
Death rate for cancer (per 100,000)	1998	149.7	144.9	149.8	184.1 <sup>10</sup>
	2000	147.0	154.8	152.0	–
	2002	149.9	140.7	147.9	–
Death rate for unintentional injury (per 100,000)	1998	24.0	21.8	31.5	27.0 <sup>10</sup>
	2000	26.0	22.2	28.6	–
	2002	23.1	19.8	27.7	–

1 Vital Statistics, Alberta Registry (birth and death data 1998, 2000, 2002). December 2003 health region boundaries used. Mortality rates for selected causes are age/sex standardized to the 1996 Alberta population.

2 Statistics Canada. CANSIM Table 102-4005. Low birth weight (less than 2,500 grams), by sex, Canada, provinces and territories, annual.

3 Health Canada. Canadian Perinatal Health Report, 2003. Ottawa: Minister of Public Works and Government Services Canada, 2003.

4 Alberta Health and Wellness. Alberta Reproductive Health: Pregnancies and Births (2002). Pre-2003 health region boundaries used.

5 Statistics Canada. CANSIM Table 106-9001. Teen pregnancy, by pregnancy outcomes, women aged 15 to 19, Canada, provinces and territories, annual. Years 1998 and 2000.

6 Alberta Health and Wellness (Health Surveillance). Table B-2 Infant mortality (2003 health region boundaries used). [www.health.gov.ab.ca/regions/require/b2.htm](http://www.health.gov.ab.ca/regions/require/b2.htm).

7 Statistics Canada. CANSIM Table 102-0030. Infant mortality, by sex and birthweight, Canada, provinces and territories, annual (180 series). Years 1998, 2000, 2001.

8 Alberta Health and Wellness (Health Surveillance) Table B-1. Life expectancy at birth by health region of residence (2003 health region boundaries used). [www.health.gov.ab.ca/regions/require/b1.htm](http://www.health.gov.ab.ca/regions/require/b1.htm).

9 Statistics Canada. CANSIM Table 102-0511. Life expectancy – abridged life table, at birth and at age 65, by sex, Canada, provinces and territories, annual. Years 1998, 2000, 2002

10 Canadian Institute for Health Information and Statistics Canada. Health Indicators, Volume 2003, No. 2 (November), Catalogue #82-221-XIE. Mortality data are for 1997 and are age/sex standardized to the 1991 Canadian Population.

## Socio-economic indicators<sup>1</sup>

	Capital Health	Calgary Health	Alberta	Canada
<b>Families and households</b>				
Lone parent families (%)	16.1	14.4	14.4	15.7
Lone female parent (% of lone parent families)	81.1	80.6	79.8	81.3
Seniors (65 years of age and older) living alone (%)	28.0	25.5	27.7	26.7
% children at home who are 25 years of age and older	8.1	7.8	6.8	9.5
% Aboriginal population	4.4	2.8	5.3	3.3
<b>Income and education</b>				
Low income families (%)	12.3	10.2	10.5	12.8
Median family income – all Census families	\$60,760	\$64,737	\$60,142	\$55,016
Median family income – lone parent families	\$33,094	\$36,309	\$32,763	\$30,791
Housing affordability (proportion spending 30% or more of household income on shelter)	21.8	22.1	20.6	23.5
High school completion and/or some post secondary education (% of 20-34 year olds)	32.5	32.3	32.2	30.9
Less than high school completion (% of 20-34 year olds)	16.3	14.2	18.2	15.6
Unemployment rate (%) <sup>2</sup>	4.1	5.0	4.6	7.3

<sup>1</sup> Statistics Canada. 2001 Census. (2003 health region boundaries)

<sup>2</sup> Statistics Canada, Labour Force Characteristics, Unemployment Rates, June 2004 for Canada, provinces, and the Census Metropolitan Areas of Edmonton and Calgary.

Another concern is with newborn babies. Too many babies are born too soon or preterm (before 37 weeks gestation) and/or they are born too small for their gestational age – both factors that can result in babies who are low birth weight. This puts them at risk for health problems not only when they are born but also later in their lives.

Although the causes are complex and not fully understood, we know about some risk factors. Smoking, alcohol, and drug use during pregnancy, the age of the mother, multiple births, inadequate prenatal care, and certain medical conditions (e.g. high blood pressure) during pregnancy all increase the risk of having a baby that is low birth weight. In 2002, Capital Health's rate of low birth weight babies was 6.4%. That's lower than the rate in Calgary but higher than the provincial target of 5.5%. The preterm birth rate in Capital Health has steadily increased over the last 15 years

with 9.1% of babies in 2002 being born before 37 weeks.

## Health problems continue

- The percentage of people who rate their health as excellent or good has remained about the same. The proportions in Calgary and Alberta have been similar for 1996/97, 2000/01, and 2003 but for Canada, the percentage has decreased. Almost one quarter of people in the region indicate they experience quite a lot of stress in their lives.
- The risk of people experiencing depression has decreased from 2000/01 rates. Within Capital Health, 7% of people 12 years or older were at risk for a major depressive episode in 1996/97 and this increased considerably in 2000/01 to almost 10%. In 2003, the rate was down to 6%.

## Health problems<sup>1,2,3</sup>

	Year	Capital Health	Calgary Health	Alberta	Canada
High blood pressure (%)	96/97	8.0	8.1	8.0	10.0
	00/01	11.2	8.7	10.5	12.6
	2003	13.8	11.0	12.2	14.4
Diabetes (%)	96/97	2.7	2.2	2.4	3.2
	00/01	3.3	3.1	3.4	4.1
	2003	3.9	2.5	3.6	4.6
Asthma (%)	96/97	6.4	8.0	7.1	7.2
	00/01	10.2	8.2	8.9	8.4
	2003	8.7	9.9	9.1	8.4
Arthritis or rheumatism (%)	96/97	13.7	11.0	13.1	13.8
	00/01	17.0	12.9	15.9	15.2
	2003	17.4	13.7	16.3	16.8
Had an injury that limits normal activity (%)	96/97	15.7	12.4	13.9	10.9
	00/01	17.8	18.0	17.4	13.3
	2003	15.3	15.2	15.4	13.1
Self-rated health (% who rated health as excellent or very good)	96/97	62.0	67.5	64.3	67.0
	00/01	59.8	63.2	61.5	61.4
	2003	63.7	67.9	63.9	58.4
"Quite a lot" of life stress – 18 years of age and older (%)	96/97	–	–	–	–
	00/01	27.7	26.5	26.0	26.1
	2003	23.5	23.3	23.3	24.4
"Probable" risk of major depressive episode (%)	96/97	6.9	5.7	5.6	5.1
	00/01	9.9	9.3	9.2	7.1
	2003	6.1	6.7	6.4	–

1 Statistics Canada (1998). National Population Health Survey (NPHS), 1996/97, Public Use Microdata Files (PUMF).

2 Statistics Canada (2002). Canadian Community Health Survey (CCHS), 2000/01, (Pre-2003 health region boundaries).

3 Statistics Canada (2004). Canadian Community Health Survey (CCHS), 2003, (June 2003 health region boundaries).

Note: Data are for the population 12 years of age or older, unless otherwise noted.

- Injury rates within Capital Health and across Alberta continue to be a serious concern. However, the good news is that from 2000/01 to 2003, there was a decrease in the percentage of people in the region who say they have had an injury that limits their activity – down to 15.3% from 17.8%. However, it is still higher than the Canadian average of 13.1%.
- While the asthma rate increased from 1996/97 to 2000/01, there was a

decrease in 2003 to 8.7%. In Alberta, the rate has continued to increase. Among comparable health regions across Canada (Peer Group B), the lowest rate for asthma was in the North Shore/Coast Garibaldi Regional Health Unit in British Columbia (5.6%).

- A comparison of national survey data from 1996/97 and 2003 indicates that chronic health conditions such as high blood pressure, diabetes, and asthma are increasing.



- Rates for high blood pressure in the Capital Health region are up substantially from 8% in 1996/97 to 13.8% in 2003. High blood pressure increases the risk of stroke, aneurysms, heart failure, heart attacks, and kidney damage.
- Rates for diabetes have increased from 2.7% in 1996/97 to 3.9% in 2003. Similar increases can be seen across the province and across Canada. Nationally, 4.6% of people 12 years of age and older have been diagnosed by a health professional as having diabetes. The prevalence for men (4.9%) is slightly higher than for women (4.3%). Compared with other provinces, Alberta has the lowest prevalence of diabetes (3.6%) and Newfoundland has the highest (6.4%).

## Use of the health system continues to match the leading causes of illness and death

How we use the health system is a reflection of how healthy people are and what causes them to be ill or injured. The healthier people are and the more that is done to prevent illness and injury, the less people need to use the costly services in the health care system, especially hospitals and emergency departments.

- Circulatory disease, such as heart disease and stroke, and cancer continue to be the leading causes of death in the region, accounting for 63.1% of all deaths.
- An additional 9.1% of deaths are caused by respiratory disease. Respiratory disease is also among the top three reasons for going to a hospital or an emergency department.

### Check how we use the health system

**Leading health problems causing death, hospitalization, or an emergency department visit for Capital Health residents, 2002, percent and (rank)**

Cause	Deaths <sup>1</sup>	Hospital Discharges <sup>2</sup>	Emergency Department Visits <sup>2</sup>
Circulatory disease	<b>34.5% (1)</b>	<b>12.3% (1)</b>	3.8% (6)
Cancer	<b>28.6% (2)</b>	7.3% (5)	0.3%
Respiratory disease	<b>9.1% (3)</b>	<b>9.2% (3)</b>	<b>9.5% (2)</b>
Nervous/sense organ disease	4.4% (4)	3.0%	5.6% (4)
Unintentional injury	4.2% (5)	7.1% (6)	<b>20.1% (1)</b>
Digestive disease	4.0% (6)	<b>12.1% (2)</b>	<b>7.3% (3)</b>
Endocrine/metabolic disease	3.0% (7)	2.6%	1.3%
Intentional injury	2.9% (8)	1.1%	2.0%
Mental disorders	2.4% (9)	7.7% (4)	3.2%
Genitourinary system disease	1.8% (10)	6.2% (8)	3.8% (6)
Musculoskeletal disease	0.6%	6.5% (7)	4.6% (5)
<i>Total (including other causes)</i>	5,622	59,690 <sup>3</sup>	393,241

1 Vital Statistics Alberta Registry (Death Data, 2002).

2 Capital Health, Clinical Performance Information and Research Unit, 2002.

3 Number of hospital discharges does not include hospitalization for pregnancy/childbirth or for birth events. Hospitalization also includes discharges from the Cross Cancer Institute.

Note: All data are for December 2003 health region boundaries.

## Check how we use the health system (continued)

Indicators <sup>1</sup>	Year	Capital Health	Calgary Health	Alberta	Canada
Caesarean Section (C-sections) (% of live birth deliveries)	97/98	17.3	16.4	16.6	18.7
	98/99	18.9	18.5	17.7	19.2
	99/00	18.9	20.6	19.5	19.9
	00/01	20.8	21.8	21.1	21.4
	01/02	21.9	23.6	22.5	22.5
Vaginal birth after C-section (% of previous C-sections)	97/98	44.0	50.0	43.0	35.0
	98/99	38.0	45.0	–	35.0
	99/00	39.0	38.0	36.0	33.0
	00/01	33.0	34.7	33.2	29.9
	01/02	32.0	31.6	30.2	26.7
Hospitalization for pneumonia/influenza (Age 65 years and older, age standardized rate per 100,000)	97/98	1,119	1,049	1,496	1,241
	98/99	1,127	1,092	–	1,273
	99/00	1,237	1,277	1,744	1,297
	00/01	1,050	1,026	1,292	1,092
	01/02 <sup>2</sup>	548	615	799	768
Hospitalization for hip fracture (Age 65 years and older, age standardized rate per 100,000)	97/98	565	606	569	618
	98/99	595	529	–	599
	99/00	580	611	604	575
	00/01	516	622	592	575
	01/02	502	575	570	554
Hip replacement (per 100,000)	97/98	64.5	58.1	67.2	55.8
	98/99	62.9	57.8	69.1	57.0
	99/00	75.6	61.4	74.5	59.5
	00/01	71.4	63.3	73.0	57.6
	01/02	65.9	67.8	71.6	56.9
Knee replacement (per 100,000)	97/98	71.6	55.6	72.4	59.9
	98/99	68.7	52.7	67.4	61.4
	99/00	75.0	55.3	75.8	65.6
	00/01	81.5	65.7	82.0	66.8
	01/02	87.5	72.8	86.6	70.5
May not require hospitalization (% of all hospitalizations)	97/98	5.6	7.1	7.6	–
	98/99	5.1	6.9	8.0	–
	99/00	4.6	6.8	7.3	–
	00/01	–	–	–	–
	01/02	–	–	–	–

1 Canadian Institute for Health Information and Statistics Canada Health Indicators (Release dates: 2000, 2001, 2002, 2003 and 2004).

Data for the fiscal years 97/98, 98/99 and 99/00 are based on pre-2003 health region boundaries.

2 Indicator values may not be comparable with earlier years due to changes in the methodology.

Note: Rates are standardized to the 1991 Canadian population and are expressed as per 100,000 population.

Contact with health professionals <sup>1</sup>	Year	Capital Health	Calgary Health	Alberta	Canada
Contact with medical doctor(s) in the past 12 months	00/01	82.7%	82.0%	80.9%	81.3%
	2003	82.1%	82.4%	80.9%	80.0%
Contact with health professional(s) about mental health in the past 12 months	00/01	8.9%	10.0%	9.4%	8.2%
	2003	8.9%	8.6%	8.3%	–
Contact with dental professional(s) in the past 12 months	00/01	58.5%	60.9%	56.6%	70.1%
	2003	62.7%	70.7%	63.1%	63.6%
Contact with alternative health care provider(s) (e.g., naturopaths, massage therapists)	00/01	11.7%	12.5%	13.0%	11.0%
	2003	14.1%	18.5%	15.9%	12.4%

1 Statistics Canada. Canadian Community Health Survey (CCHS), 2002 and 2004.

- The most common reason for visits to emergency departments in the region is for unintentional injury such as falls, motor vehicle collisions, and sport-related injury.
- Just over 82% of people in the region contacted a physician in 2003. That rate is similar to Calgary, Alberta, and Canada. Provincially, 8.3% of Albertans consulted with a mental health professional at least once during the previous year. Women were more likely than men to have contacted a mental health professional (11.9% versus 4.7%). In Capital Health, 8.9% of people contacted a mental health professional – 12.3% for women and 5.6% for men.
- The percentage of people in the Capital Health region having contact with alternative health care providers has increased from 11.7% in 2000/01 to 14.1% in 2003. The increasing use of alternative health care is also seen in Alberta and Canada.

## Many people are able to make healthy choices, but some are not.

As we noted at the outset of this report, prevention works. Many of the leading illnesses and injuries in our region can be

prevented. While it is tempting to think that if we just get the message out, people will automatically make healthy choices, we know that the environment – physical, social, economic, and cultural – strongly shapes the potential for us to make healthy choices. We have to help build environments that promote health. We need to eliminate tobacco advertising and exposure to secondhand smoke. We need to make it easier to integrate physical activity into our lives at home, school, and in the workplace. Capital Health is helping to build healthy environments through its Population Health initiatives that focus on chronic disease prevention, injury prevention, healthy aging, and prevention of low birth weight.

- There has been an alarming increase in the number of adults who are overweight or obese, and evidence suggests that this trend is growing in children as well. Statistics Canada information indicates that over 1/3 of Canadian children aged 2-11 were overweight in 1998/99 and about half of them would be considered obese. It has been noted that “Canada’s obesity epidemic is galloping out of control and the health consequences will be staggering.”<sup>i</sup>

i Picard, André. “Fat children outweigh fat adults, Statscan says”. Globe and Mail, October 19, 2002.

- Over a 15 year period, from 1981 to 1996, the percentage of overweight and obese children aged 7-13 years tripled among boys (10.6% to 32.6%) and doubled among girls (13.1% to 26.6%).<sup>i</sup> Overweight and obesity rates among children may have stabilized in the last few years with the percentage of overweight and obese boys being 29% and for girls, 27% in 2000/01.<sup>i</sup>
- Just over 17% of people in the Capital Health region continue to smoke and

30% of non-smokers are exposed to secondhand smoke.

- Only 35% of people in the region meet the recommended target of five or more servings of fruit and vegetables a day.
- Although the majority of women get regular pap smears and breast exams to detect problems early, about half of the women between 50 and 69 years of age did not have a mammogram in the past two years.

## Check health choices

Indicators <sup>1,2</sup>	Year	Capital Health	Calgary Health	Alberta	Canada
Pap smear (% done in previous 3 years – women 18 to 69 years)	00/01	76.4	73.4	75.1	72.7
	2003	77.6	82.8	79.1	74.0
Mammogram (% done in previous 2 years – women 50 to 69 years)	00/01	54.9	46.4	50.8	51.8
	2003	48.7	56.5	50.6	49.1
Influenza immunization within the previous year (% aged 65 years and older)	00/01	71.0 <sup>3</sup>	–	64.1	63.0
	2003	72.6 <sup>3</sup>	59.3	59.2	62.4
Healthy body weight (18 years of age and older, excluding pregnant women) (% based on BMI <sup>4</sup> between 18.5 and 24.9)	00/01*	50.6	49.5	46.9	48.3
	2003	45.1	49.6	45.3	46.7
Overweight or obese (18 years of age and older, excluding pregnant women) (% based on BMI <sup>4</sup> of 25.0 or higher)	00/01*	45.7	46.4	49.1	47.4
	2003	49.2	45.5	49.6	48.2
Consume fruit and vegetables 5 or more times per day (%)	00/01	37.8	31.7	32.6	37.1
	2003	35.0	37.7	36.0	39.0
Physically active (%)	00/01	28.5	24.7	25.5	21.0
	2003	28.9	31.7	29.8	26.1
Daily smokers (%)	00/01	23.3	20.5	22.9	21.5
	2003	17.3	14.5	17.5	17.8
Former smokers (%)	00/01	34.0	33.0	35.2	36.7
	2003	36.7	40.6	38.4	39.2
Exposure to secondhand smoke in the last month among non-smokers (%)	00/01	29.5	28.2	29.7	27.6
Exposure to secondhand smoke at home among non-smokers (%)	2003	8.9	7.6	9.1	10.5
Frequency of drinking 5 or more drinks on one occasion, 12 or more times a year (%)	00/01	22.0	20.4	22.5	20.1
	2003	21.1	22.6	22.4	20.7

1 Statistics Canada (2002). Canadian Community Health Survey (CCHS), 2000/01, (Pre-2003 health region boundaries).

2 Statistics Canada (2004). Canadian Community Health Survey (CCHS), 2003, (June 2003 health region boundaries).

3 Actual immunization coverage rates for the Capital Health region, Public Health Division. The 2003 CCHS estimated the Influenza Immunization rate for seniors in the Capital Health region as 62.3%.

4 BMI is the Body Mass Index and takes into account both height and weight. It is derived by dividing weight in kilograms by height in meters squared.

\* For 2000/01 data, the age group is 20-64 years.

i Raine, K. Centre for Health Promotion Studies, University of Alberta. Overweight and obesity in Canada: A population health perspective. August 2004.

# The population health survey

The Population Health Survey 2002 was commissioned by Capital Health (Population Health Priorities) to provide trend information on a variety of population health indicators. The focus of the survey was on physical inactivity and tobacco use. The telephone-administered survey was conducted by the Population Research Lab at the University of Alberta between October and December 2002.

A sample of 3,850 individuals living in the Capital Health region was reached through random digit dialing. An extra 325 individuals who lived in the North East area of the region were surveyed to provide an adequate sample of North East residents for more detailed analyses. The total sample of 4,175 was large enough to provide reliable estimates for subgroups of interest including age-sex groups and public health service areas. Data were age-sex weighted to appropriately reflect the age-sex distribution of residents in the Capital Health region. The survey response rate was 59%.

The following sections of this report contain summaries based on the findings from the Population Health Survey. They cover smoking, exposure to secondhand smoke, physical inactivity, fruit and vegetable consumption, and body mass index.



# Smoking kills



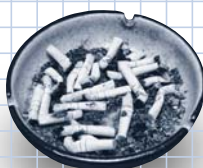
Attitudes to smoking have changed dramatically over the years. While there were plenty of skeptics in the past, there now is convincing and compelling evidence that smoking kills. In fact, cigarette smoking is the leading cause of preventable illness, disability and death in Canada.

From the days when many people smoked and homes and offices were regularly filled with smokers and secondhand smoke, now the majority of people do not smoke. Steps have been taken to deter young people from smoking, and laws have been enacted to prevent smoking in the workplace and in most public places, including restaurants and bars. Television ads showing it's cool to smoke have been replaced by graphic ads with disturbing images of a young female smoker's face and heart-rending messages from people like Barb Tarbox.

That's the good news.

On the less positive side, 23% of people in the Capital Health region smoke. When we consider age groups, the largest proportion of people who smoke is among young people between the ages of 18 and 24 and most of them started smoking when they were about 15 years old. Many smokers are smoking less or trying to quit. But the message isn't getting through to young women – they're smoking more than in the past. And more than one in ten women smoked regularly during their most recent pregnancy, even though smoking is known to cause serious health problems for both the mother and the baby.

In addition to the smokers themselves, half of the people in the region say they are exposed to secondhand smoke either at



home, in their cars, or where they work. The vast majority of people in the region (93%) know that secondhand smoke is bad for their health. Yet 30% of households allow people to smoke in their homes, 25% of people say it's okay to smoke in their cars, and 21% of people are exposed to secondhand smoke while they are working.

There is no doubt that smoking kills. If fewer people smoke, fewer people will die from cancer, heart disease and stroke. It's that simple, and it's that difficult, especially for people who are addicted to smoking. Prevention works, and we need to work harder to help people quit smoking or, even better, to discourage young people from smoking in the first place.

## Tobacco trends in the Capital Health region

### PREVALENCE OF SMOKING

#### Why is cigarette smoking a concern for Capital Health?

Cigarette smoking is the leading cause of preventable illness, disability and death in Canada, accounting for at least 21% of all deaths among Canadians 35 years of age and over.<sup>1</sup> In total, some 45,000 deaths are attributable to smoking every year.<sup>2</sup> An estimated 3,400 of these deaths occur in Alberta.<sup>3</sup>

Smoking is a significant factor in the three leading causes of death in Canada – cancer, heart disease and stroke – with one fifth of all deaths from these causes being attributed to cigarette smoking.<sup>4</sup> Much of the mortality from cancer, heart disease and stroke that we see today is the result of smoking behavior in the 1970s and 1980s.<sup>5</sup> Thus, if smoking rates in Canada continue to decline, we can expect to see associated decreases in mortality from these causes in future years.

In 2002, 21% of the Canadian population aged 15 and over were current smokers. The same year, the prevalence of smoking in Alberta was slightly higher at 23%.<sup>6</sup>

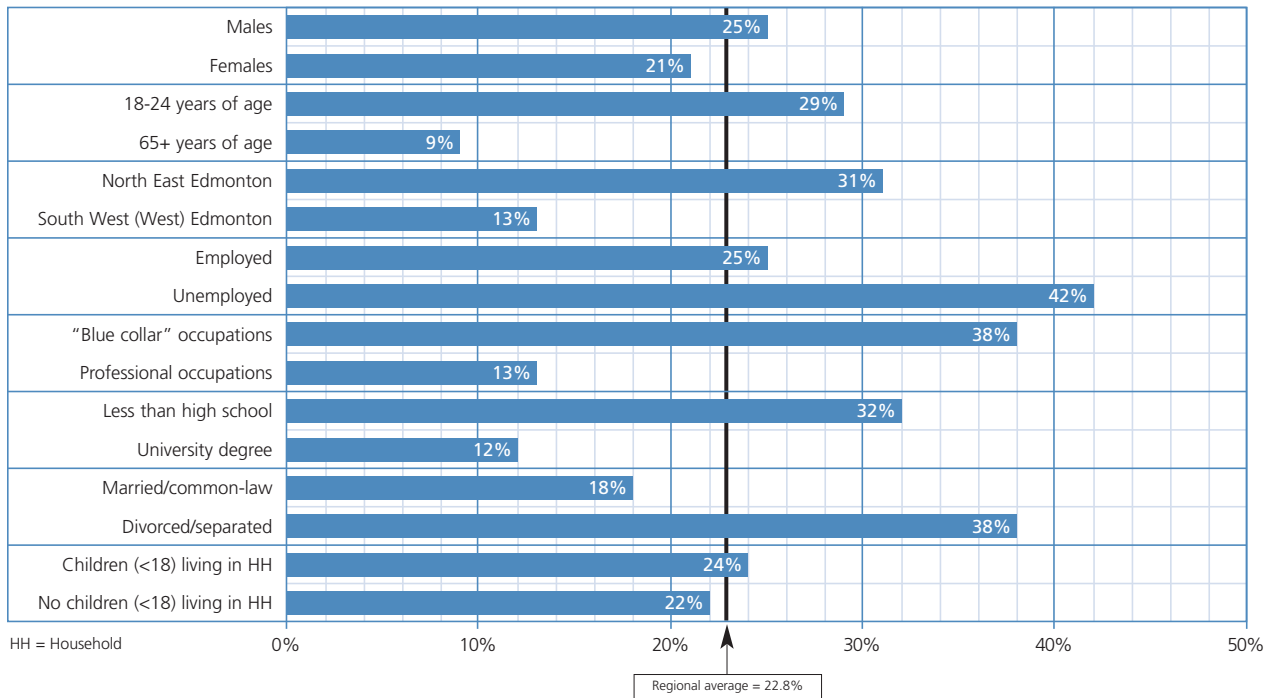
#### Prevalence of smoking in the Capital Health region in 2002

- 23% of Capital Health region residents (aged 18 years and older) are current smokers, including:
  - 19% who are daily smokers; and
  - 4% who are occasional smokers.
- 77% are non-smokers, including:
  - 32% who are former smokers; and
  - 45% who have never smoked.
- There are more former smokers in the region than current smokers.

#### Who is smoking in the Capital Health region?

- Men are slightly more likely than women to be current smokers (25% vs. 21%).
- By age group, the highest prevalence of smoking is among 18-24 year olds (29%).
- The prevalence of smoking varies substantially by geographic location in the region.
- Unemployed individuals are more likely to smoke than employed individuals (42% vs 25%).
- People who work in male-dominated, blue collar industries are more likely to smoke than people in professional occupation groups.
- People with lower levels of education are more likely to smoke than people with higher levels of education.
- People who are divorced/separated are more likely to smoke than people who are married/common-law (38% vs 18%).

## Smoking prevalence among selected groups (Capital Health region, 2002)



- Over 57% of adults between the ages of 18 and 34 have never smoked (not shown).

### How much do current daily smokers smoke?

- Daily smokers smoke an average of 14.6 cigarettes per day. This is lower than the Canadian and Albertan average of 16.4.<sup>6</sup>
- 37% of daily smokers are light smokers (1-10 cigarettes per day) while 30% are moderate smokers (11-20 cigarettes per day) and 33% are heavy smokers (20+ cigarettes per day).
- Two-thirds of heavy smokers in the region are male. Men smoke an average of 16.3 cigarettes daily compared to an average of 12.7 per day smoked by women.
- On average, younger smokers smoke less cigarettes per day than older smokers.

### At what age do people start smoking?

- 46% of people who have ever smoked a cigarette did so by 14 years of age. The average age for smoking initiation is 15.2 years.
- On average, males try smoking at a younger age than females (14.8 vs. 15.7 years).
- Former smokers report a slightly older average age for smoking initiation than do current smokers (15.4 years vs 14.9 years).
- The majority of current daily smokers started smoking daily when they were 15 years of age or older (81%), with an average age of 17.3 years.

### Are current smokers smoking more or less now compared to one year ago?

- Almost half of current smokers are smoking less now compared to one year ago (48%), 11% are smoking more, and



41% are smoking about the same amount.

- Young women, aged 18-24, are more likely than any other age-sex group to report that they are smoking more compared to one year ago (25%).
- The most common reason given by current smokers for smoking more now compared to a year ago is to cope with stress, to relax, or to calm down (40%).
- The most common reason given by current smokers for smoking less now compared to a year ago is that they are trying to cut back or quit smoking (38%) for their own health (26%), or because of the cost of cigarettes (23%).

### Occasional smokers

- Almost one in five (18%) current smokers identify themselves as occasional smokers (i.e., they do not smoke daily but do smoke in certain circumstances).
- Most occasional smokers smoke in social situations, including at a bar, parties and other celebrations (36%), when drinking alcohol (30%), and when they are around friends and relatives who smoke (18%).
- Occasional, or non-daily smokers consume an average of 41 cigarettes per month, with a median of 17.

### Final message

Smoking is a complex public health issue impacted by genetics, social and environmental factors, as well as prevention, programming and policy efforts. The findings of the Population Health Survey 2002 highlight a number of potential areas for action and some key target groups for prevention and cessation activities, including:

- Adults, 18-49 years;
- People who work in male dominated, blue-collar industries including trades, transportation and equipment operation,

and processing, manufacturing and utilities;

- People with lower levels of education, particularly those with less than high school;
- People who are unemployed; and
- People who are divorced/separated and who are single.

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- 2 Makomaski Illing EM, Kaiserman MJ. Mortality attributable to tobacco use in Canada and its regions, 1994 and 1996. *Chronic Diseases in Canada* 1999; 20(3): 111-117.
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### Suggested Citation for: Tobacco trends in the Capital Health region, PREVALENCE OF SMOKING

Kaida A, Edwards J, Fraser-Lee N, Kunyk D, Lightfoot P, Marko J, Spence JC, Spinola C. *Smoking in the Capital Health region – Report, Population Health Survey 2002*. Edmonton, Alberta: Capital Health; 2004.

## Exposure to secondhand smoke (SHS) in the Capital Health region

### What is SHS?

Exposure of non-smokers to secondhand smoke (SHS) is an entirely preventable cause of significant illness and death associated with tobacco use.<sup>1</sup> SHS is made up of the smoke that comes from the end of a burning cigarette, pipe or cigar (sidestream smoke) and the smoke that is exhaled by smokers (mainstream smoke). Sidestream smoke makes up most of SHS and has more cancer-causing agents than does mainstream smoke.<sup>2</sup>

### Why is SHS a concern for Capital Health?

The health risks to people who are regularly exposed to SHS are significant, including a 25% increased risk of lung disease and a 10% increased risk of heart disease.<sup>3</sup>

Exposure to SHS is particularly harmful in children, because their lungs are still growing and developing. Regular exposure to SHS in children can contribute to:

- Diseases of the lower respiratory tract, including bronchitis and pneumonia;<sup>2</sup>
- Middle ear disease;<sup>2</sup>
- Onset of asthma or worsening of existing asthma;<sup>2</sup> and
- Sudden infant death syndrome (SIDS).<sup>4</sup>

### Prevalence of smoking

- 23% of Capital Health region residents (aged 18 years and older) are current smokers and 77% are non-smokers (including 32% who are former smokers and 45% who have never smoked).

### Perceived health risks associated with exposure to SHS

- 93% of Capital Health region residents believe that there are health risks associated with exposure to SHS.

Compared to smokers, a higher proportion of non-smokers believe that there are health risks associated with exposure to SHS (87% and 94%, respectively).

- Over half (56%) of those who believe there are health risks associated with SHS exposure report that the health risks are 'very serious' and another 35% report that they are 'serious'.

Compared to smokers, a much higher proportion of non-smokers reported that the health risks are 'very serious' compared with smokers (37% and 62%, respectively).

### Exposure to SHS in the Capital Health region

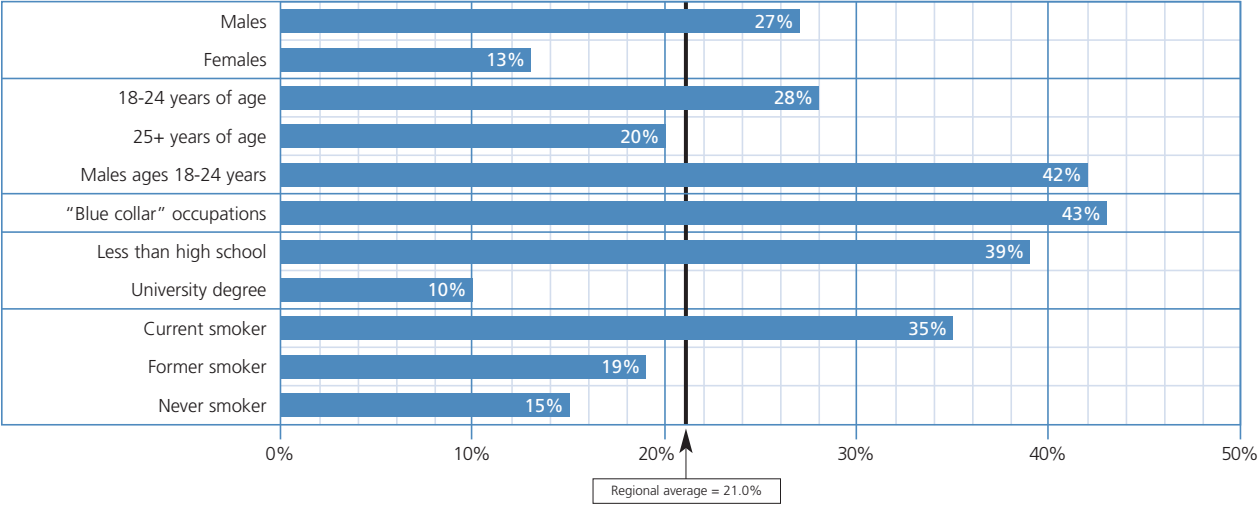
- 30% of households permit smoking in the home. This is higher than the Canadian rate of 23%.<sup>5</sup>
- 25% of residents permit smoking in their cars.
- 21% of residents are exposed to SHS in their workplace while working.
- 24% of residents are exposed to SHS in their workplace during breaks, including lunch.
- 50% of residents are exposed to SHS in at least one of the three sites (i.e., at home, in the car and in the workplace).
- 8% of residents are exposed to SHS in all three sites.

### Key groups of concern

People who are most likely to be exposed to SHS in their home, car and/or workplace include:

- Current smokers;
- Young males, 18-24 years;
- People who are unemployed;
- People with less than high school education;

Percentage reporting regular exposure to SHS at work, among selected groups (Capital Health region, 2002)



- People who live in the Central, North Central and North East areas of Edmonton; and/or
- People who work in blue collar jobs (i.e., trades, transportation, equipment operation).

**References**

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**Suggested Citation for: Exposure to secondhand smoke (SHS) in the Capital Health region**

Kaida A, Edwards J, Fraser-Lee N, Kunyk D, Lightfoot P, Marko J, Spence JC, Spinola C. *Exposure to Secondhand Smoke in the Capital Health region – Report, Population Health Survey 2002*. Edmonton, Alberta: Capital Health; 2004.



# One step at a time



How many people remember the old “Participation” ads comparing how active we were to a much older Swedish man?

The ads may be gone, but the message hasn’t changed.

We’re more likely to find Canadians on the couch or in front of the computer than out on the biking trails, at the fitness club, or even at the local rink.

People who are not sufficiently active are more likely to develop diseases such as heart disease, cancer and diabetes. There are huge costs associated with physical inactivity – to the health system, to families and to communities.

Over half (56%) of Canadians are not physically active enough to experience the health benefits that come from being active. Across Alberta, half of all adults are not active enough to experience health benefits and within Capital Health, the news is even worse – 60% of adults are not staying sufficiently active and are putting their health at risk as a result.

A number of factors are related to people’s activity levels.

- People are less active as they get older.
- Women are more likely to be less active than men.
- People who are unemployed are less likely to be active than those who are employed.
- People who work in the trades, transport or equipment operations, in farming, forestry, fishing and mining, in processing, manufacturing and utilities, or in sales and service occupations are

The 2002 Population Health Survey used the International Physical Activity Questionnaire. This instrument provides an estimate of physical activity that includes transportation, work, and leisure time.



more likely to be active than professionals.

- Contrary to national trends, within Capital Health, people with more education are less likely to be active than people with less education.
- Surprisingly, people who are underweight or have a normal weight are just as likely to be inactive as people who are overweight or obese.

The message about getting active has been out there for years. While we've seen some increase in activity, there is still room for improvement. On an individual level, we can all take steps to be more active in our daily lives. Governments and agencies need to do all they can to create environments where the healthy choice is the easy choice. Each of these steps will make a difference and help people stay healthy.

## Physical inactivity in the Capital Health region

### Why is physical inactivity a concern for Capital Health?

Lack of regular physical activity puts people at risk for serious health problems. In particular, physically inactive individuals are 90% more likely to acquire coronary artery disease, 60% more likely to suffer from osteoporosis and 40% more likely to experience a stroke, high blood pressure, colon cancer or Type 2 diabetes.<sup>1</sup>

In 2000/2001, 56% of adults 20 years and over in Canada were not considered active enough to obtain optimal health benefits.<sup>2</sup> At 52%, Alberta had the second lowest rate of physical inactivity (2nd best province), after British Columbia (46%).<sup>2</sup>

While these numbers are down significantly from 1981, when 79% of Canadian adults were considered insufficiently active, there is still much work to be done.

The cost of physical inactivity to the Canadian health system is enormous. In 1999, an estimated \$2.1 billion of health care expenditures were directly attributable to physical inactivity.<sup>1</sup> The highest costs were those associated with coronary artery disease, osteoporosis, stroke and hypertension. It is estimated that a 10% reduction in physical inactivity could reduce direct health-care costs in Canada by \$150 million per year.<sup>1</sup>

### How was physical inactivity measured?

Respondents to the Population Health Survey 2002 were asked a series of questions about their participation during the past 7 days in vigorous, moderate, walking and sedentary activities that lasted at least 10 minutes. These activities were estimated for transportation, during work, and leisure time taken together. Responses were then used to assign people to one of two groups:

- 1) insufficient physical activity; and
- 2) sufficient physical activity.

### Prevalence of physical inactivity in the Capital Health region in 2002

- 60% of adults, 18 years and older, in the Capital Health region are not sufficiently active to experience health benefits.

### Who is physically inactive in the Capital Health region?

- Women are more likely than men to be insufficiently active (63% vs. 57%).
- Young women, 18-24 years of age, are more likely than young men, to be insufficiently active (55% vs. 43%), as are women, 35-49 years of age, compared to men in the same age group (62% vs. 53%).
- People become progressively less active as they age: 49% of adults, 18-24 years of age, are insufficiently active compared to 73% of adults, aged 65 years and older.

- People who are unemployed are more likely to be insufficiently active than are people who are employed (71% vs. 55% respectively).
- People with higher levels of education are more likely to be insufficiently active than are people with lower levels of education. For example, 66% of people who completed university are insufficiently active compared to 54% of people who completed high school.
- People in “white collar” occupations report higher levels of physical inactivity than those in “blue collar” occupations (i.e., professionals 67% vs. trades/transport/equipment operation 39%).
- People who are married/common-law (62%), divorced/separated (61%) or widowed (72%) are more likely than people who are single, never married (52%) to be insufficiently active.

Interestingly, there is no difference in physical inactivity levels for those who are overweight

or obese compared to people who are underweight or are at healthy weight.

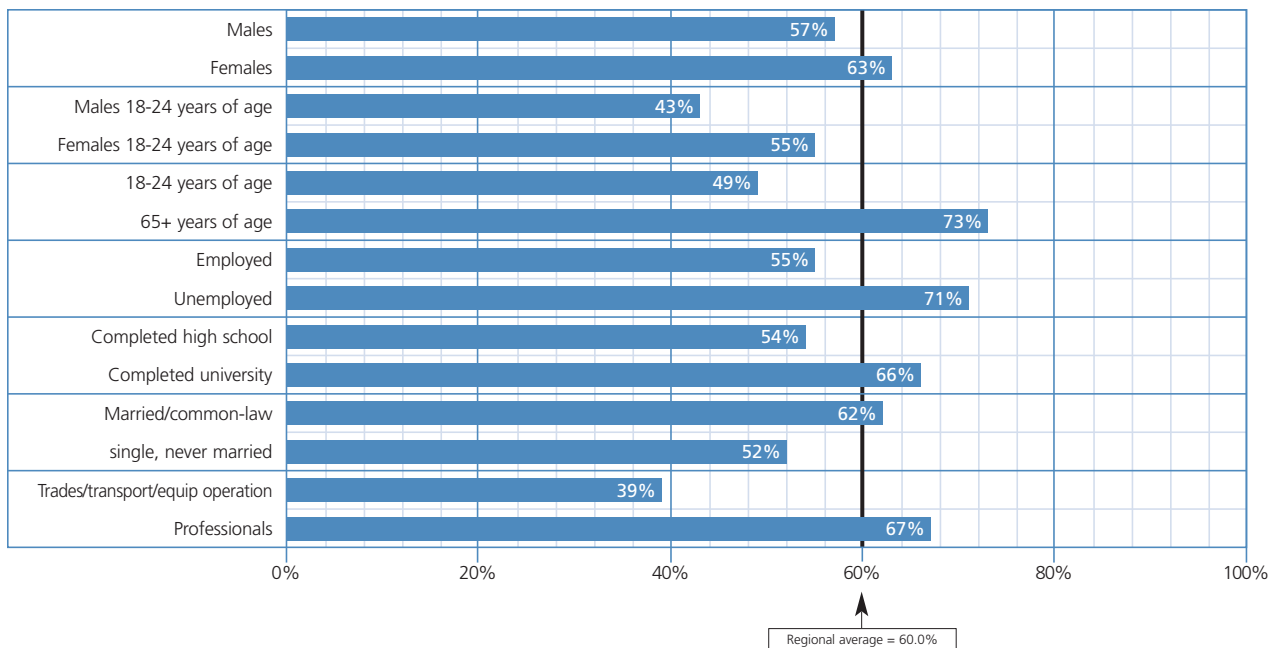
### Do people in the Capital Health region know they are insufficiently active?

- 32% of adults who are insufficiently active believe that they get as much as or more physical activity than they need.
- 43% of adults who are sufficiently active believe that they get less physical activity than they need.
- Just 29% of adults are aware of the Health Canada’s *Physical Activity Guide to Healthy Active Living* and only 7% say they have used it.
- 95% of adults agree or strongly agree that regular physical activity will “keep me healthy”.

### What stops people from being physically active?

- 49% of adults who report a disability or diagnosed health condition say it prevents them from being physically active (18% of all adults).

Physical inactivity among selected groups (%) (Capital Health region, 2002)



- Almost one in four people (24%) say that the crime rate (perceived) in their neighborhoods makes it unsafe to go on walks at night.

### **Does the environment influence physical activity rates?**

- The results are unclear from this survey as to how much the environment influences physical activity rates.
- In general, adults in the Capital Health region say they live in pleasant neighborhoods that encourage physical activity (i.e., 94% of people stated there were sidewalks on most of the streets in their neighbourhood and 88% stated they were within a 15 minute walk to a public transit stop). There was no difference in responses between insufficiently active individuals compared to sufficiently active individuals.
- However, people who are sufficiently active are more likely than people who are not sufficiently active to say that shops and stores are within easy walking distance of their homes (65% vs. 57%).

### **Preferred physical activities**

- The five most popular physical activities reported in the Capital Health region are: walking (48%), bicycling (18%), jogging/running (14%), swimming (13%) and weight training (13%).

### **Final message**

More than half of the adults in the Capital Health region are not sufficiently active to obtain health benefits. This high level of physical inactivity is a concern.

Most people are aware of the benefits of physical activity and recognize the need to be physically active. The vast majority of adults agree that regular physical activity will keep them healthy and reduce their chances of serious health problems.

While physical inactivity is evident across the population of the Capital Health region,

some people are more likely to be insufficiently active than others:

- Adults, 50 years and older;
- People who are unemployed;
- People in “white collar” occupations (professional, management, administrative groups).

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### **Suggested Citation for: Physical inactivity in the Capital Health region**

Kaida A, Spence JC, Edwards J, Fraser-Lee N, Lightfoot P, Marko J, Spinola C. *Physical Inactivity in the Capital Health region – Report from the 2002 Population Health Survey*. Edmonton, Alberta: Capital Health; 2004.



# We are what we eat



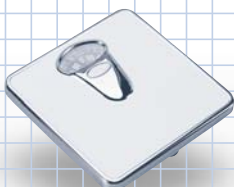
It's an old line and we've all heard it before. But research now shows that this isn't just a hollow cliché.

What we eat and how much we eat are critical to our health. And it turns out our mothers were right all along. Eating more fruit and vegetables can significantly decrease our risk for heart disease, diabetes and many types of cancer.

All we need to do is eat five to ten servings of fruit and vegetables a day. It doesn't sound like too onerous a chore. And yet, 57% of people in the Capital Health region say they don't meet the target.

Even more alarming is the increasing percentage of people who are overweight or obese. While about 49% of people in the region have a healthy body weight, the other half are considered overweight or obese. The number of children who do not have a healthy body weight has also increased at an alarming rate, and so has the corresponding rate of diabetes among children. These trends put people at serious risk for diabetes and heart disease, not to mention the ripple effect it has on physical activity, on families, and on personal self-esteem.

Unfortunately, our society doesn't have a very healthy attitude to eating and body weight, and our health region is no exception. We're constantly bombarded by contradictions. We talk about healthy eating, but there are fast food restaurants everywhere. We continually see images in the media of thin people, especially young women, and yet an increasing proportion of people are overweight. The latest diet fads promote ways of losing weight fast, but promoting good health is not necessarily





their number one priority. On top of that, people often are confused by changing messages. One day butter isn't good for you, and then it is. Fat is bad, and then it's not so bad in moderation – now carbohydrates have become the culprit.

We know our health depends on what we eat. We know that an unhealthy body weight puts our health at risk. What we need are more consistent and compelling messages based on what we do know:

- Prevention works – healthy eating prevents many of the leading illnesses.
- Eating five to ten servings a day of fruit and vegetables works.
- Keeping a healthy weight works.
- Being physically active works.

All of this works to keep us healthy.

## Healthy eating in the Capital Health region FRUIT AND VEGETABLE CONSUMPTION

### Why is fruit and vegetable consumption important to Capital Health?

One of the keys to health is eating a variety of fruit and vegetables in sufficient amounts. They are an important part of a healthy diet, and sufficient daily intake can help prevent chronic diseases like heart disease, cancer, diabetes and stroke.<sup>1</sup> The Alberta Cancer Board estimated that a 20% decrease in the number of new cancer cases could occur if individuals increased their fruit and vegetable consumption.<sup>2</sup>

### What is a sufficient amount of fruit and vegetables to eat?

Health Canada, as part of *Canada's Food Guide to Healthy Eating*, recommends eating between 5 and 10 servings of fruit and vegetables per day.<sup>3</sup>

The good news is that more people are eating sufficient amounts of fruit and vegetables. Results from the Canadian Community Health Survey are shown below. The percentage of people eating *less than 5 servings* of fruit and vegetables per day has been declining since 2000/2001 which is a positive health trend.

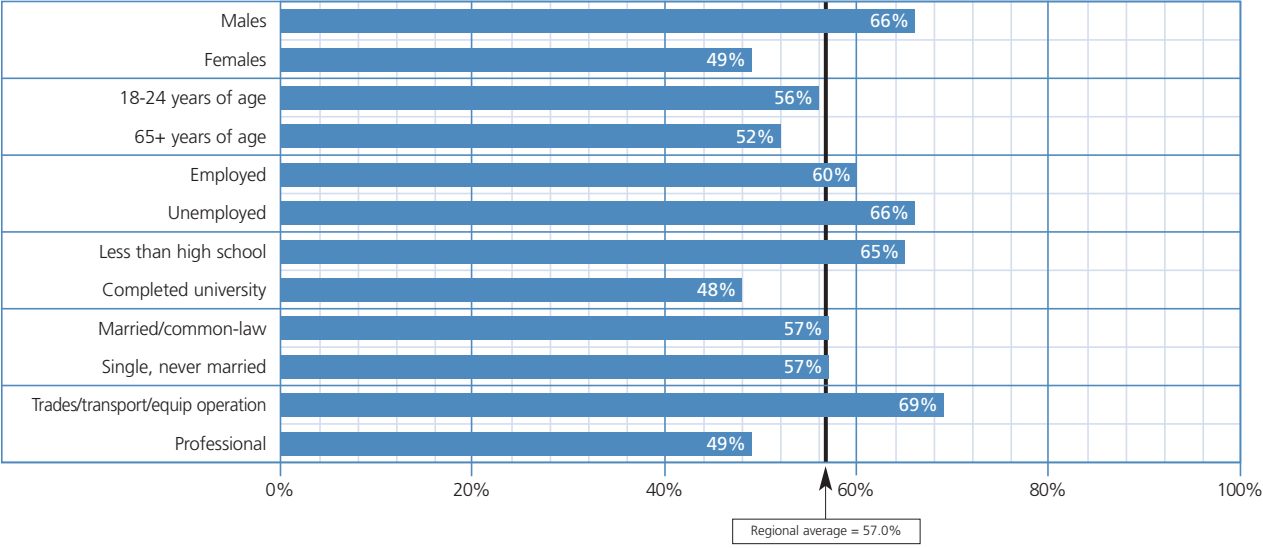
### Percent of people aged 12 years and older eating less than 5 servings of fruit and vegetables per day

	2000/2001 <sup>4</sup>	2003 <sup>5</sup>
Canada	62%	55%
Alberta	66%	56%

### Fruit and vegetable consumption in the Capital Health region

- 57% of adults, 18 years of age and older, in the Capital Health region do not eat the recommended 5 or more servings of fruit and vegetables per day.
- Males are more likely than females to eat less than 5 servings of fruit and vegetables per day (66% vs. 49%).
- More unemployed individuals eat less than 5 servings per day compared to employed individuals (66% vs. 60%).
- People with less than a high school education are more likely to eat less than 5 servings of fruit and vegetables per day than are people who have completed university (65% vs. 48%).
- There is no difference between those who are married/common-law and those who are single, never married in the percentage who eat less than 5 servings of fruit and vegetables per day (57% for both groups).
- People working in trades occupations are more likely to eat less than 5 servings of fruit and vegetables per day compared to those in professional occupations (69% vs. 49%).

**Percent of selected groups eating less than 5 servings of fruit and vegetables per day (Capital Health region, 2002)**



**Fruit and vegetable consumption in relation to health risk factors**

- Fruit and vegetable consumption is related to health risk factors such as physical activity, smoking status and body weight.
- People who are not physically active are more likely to eat less than 5 servings of fruit and vegetables compared to physically active people (60% vs. 54%).
- Current smokers are more likely to eat less than 5 servings of fruit and vegetables per day than people who have never smoked (67% vs. 51%).
- Overweight or obese people are more likely to eat less than 5 servings of fruit and vegetables per day than those who are at either a healthy weight or underweight (60% vs. 55%).

**Final message**

The good news is that there is a declining trend in the proportion of people who are not eating adequate amounts of fruit and

vegetables. However, over half of the residents (57%) in the Capital Health region are not eating the recommended 5 to 10 servings of fruit and vegetables per day.

Evidence suggests that a diet with high sugar and fat content is less costly than a diet high in fruit and vegetable content.<sup>6</sup> Reducing the cost of fruit and vegetables is one way of creating a supportive environment for increased fruit and vegetable consumption.

Sufficient fruit and vegetable consumption is necessary to protect against cardiovascular disease, cancer, diabetes and stroke. The importance of this should be emphasized and promoted throughout the population, with particular support for the following groups:

- People who are unemployed;
- People who have less than a high school education; and
- Men, especially those working in trades or technical occupations.

## References

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## Overweight and obesity in the Capital Health region BODY MASS INDEX

### Why is overweight and obesity a concern for Capital Health?

People who are overweight or obese are at greater risk for a wide range of chronic and potentially fatal health problems. These include osteoarthritis, respiratory problems, sleep apnea, skin problems, infertility, heart disease, type 2 diabetes, gallbladder disease and some cancers.<sup>1</sup>

The rate of overweight and obesity in Canada is increasing. Between 1985 and 2000, the proportion of Canadian adults

(20-64 years of age) who were overweight increased from 26% to 33%.<sup>2</sup> During this same period, the proportion of people who were obese more than doubled, from 6% to 15%.<sup>2</sup> In 2003, 48% of the Canadian population were overweight or obese.<sup>3</sup>

The prevalence of overweight and obesity is slightly higher in Alberta than in Canada. In 2003, 50% of Albertans were either overweight or obese.<sup>3</sup> Although the proportion of adults who are overweight has stayed fairly constant in Alberta, the rate of obesity has risen dramatically. In 1985, 14% of Albertans were obese, compared to 29% in 1997.<sup>4</sup>

### What is the Body Mass Index?

The Body Mass Index (BMI) is a ratio of two measures. It is calculated by dividing weight in kilograms by height in metres squared. For example, a person who is 1.82 metres tall and weighs 77 kilograms has a BMI of approximately 23. Weight classifications for specific BMI ranges and the risk of developing health problems are shown in the table on page 26.

### Limitations of BMI

Some groups may not be at the level of health risk indicated by their BMI. These include young adults who have not reached full growth, pregnant women, adults who have a naturally lean body build, highly muscular adults, seniors and people in some ethnic groups.<sup>5</sup>

Participants in the Population Health Survey 2002 self-reported their height and weight and it is known that people tend to underestimate their body weight.<sup>6</sup>

### What is a healthy body weight?

Based on the weight classification guidelines presented above, people that have a BMI between 18.5 and less than 25 are at a healthy body weight.

## Weight classification guidelines<sup>5</sup>

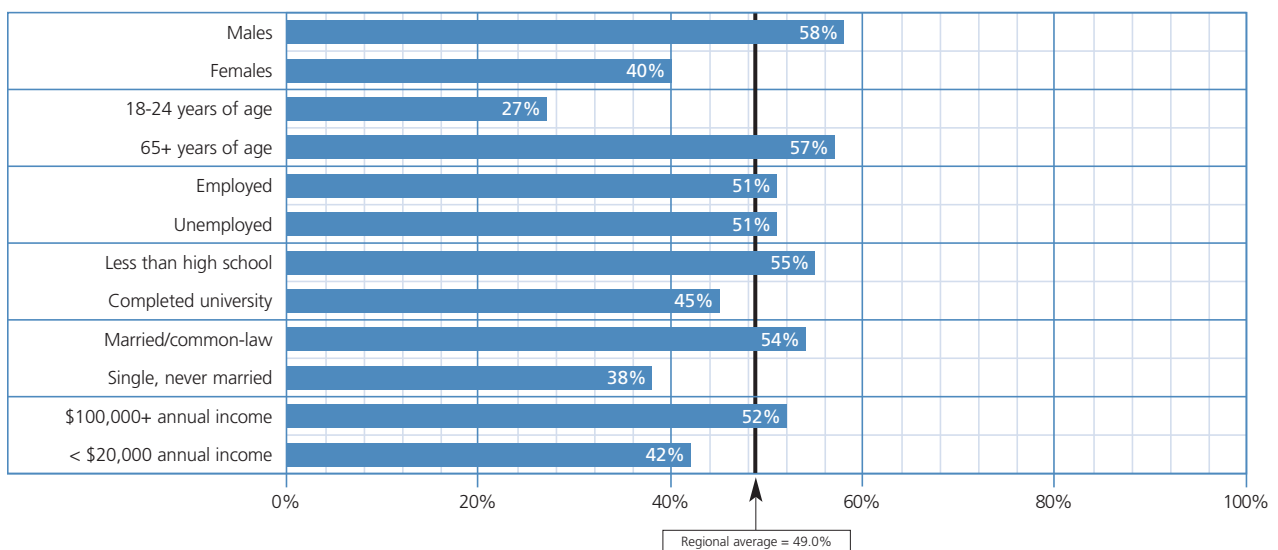
Classification	BMI range (kg/m <sup>2</sup> )	Risk of developing health problems
Underweight	<18.5	Increased
Normal weight	18.5 - 24.9	Least
Overweight	25 - 29.9	Increased
Obese	Class I	High
	Class II	Very high
	Class III	Extremely high

Note: For persons 65 years and older, the normal range may begin slightly above BMI 18.5 and extend into the 'overweight' range.

## Prevalence of overweight and obesity in the Capital Health region

- 49% of adults, 18 years of age and older, in the Capital health region are overweight (34%) or obese (15%). 49% are at healthy body weight and only 2% of adults are underweight.
- More males than females are overweight or obese (58% vs. 40%).
- Older adults are more likely to be overweight or obese than younger adults (57% of those 65 years of age and older vs. 27% of those 18-24 years of age).
- No difference in overweight or obesity exists between those who are employed and those who are unemployed (51% vs. 51%).
- People with less than a high school education are more likely to be overweight or obese than are people who have completed university (55% vs. 45%).
- People living in households with income less than \$20,000 per year are less likely to be overweight or obese compared to those living in households with income greater than \$100,000 per year (42% vs. 52%).

## Percent overweight and obese among selected groups (Capital Health region, 2002)



- Single people are less likely to be overweight or obese than those who are married (38% vs. 54%).

### BMI in relation to health risk factors

- Surprisingly, people who are not sufficiently physically active are no more likely to be overweight or obese than are people who are active (50% vs. 48%).
- Healthy eating appears to impact body weight as those who eat more than the minimum recommended 5 servings of fruit and vegetables per day are less likely to be overweight or obese than those eating less than 5 servings of fruit and vegetables per day (47% vs. 51%).
- Former smokers are more likely to be overweight or obese compared to current smokers (58% vs. 43%).

### Perception of body weight

- 42% of adults consider themselves to be overweight, 5% consider themselves to be underweight and 53% believe that their weight is “just about right.”
- In general, most people who are overweight or obese see themselves as overweight (69%), although nearly one-third (30%) think their weight is about right.
- Overweight or obese males are more likely than females to think that their weight is “just about right” (41% vs. 14%).

### Final message

Since the mid-1980s, BMI has been increasing across the population and there is no sign that this trend will change in the near future. There are many overlapping reasons why the BMI has been increasing. Factors such as how food is processed and marketed, the price of fresh food compared to high-fat, calorie dense processed food, the way cities are designed, the amount of exercise we get, the way we organize our daily lives and seek

convenience, and how much we know about nutrition and healthy eating can all influence BMI.

With almost half the population in the Capital Health region classified as either overweight or obese, action needs to be taken on several fronts. Some groups to focus increased attention for such action include:

- Males in all age categories;
- Adults, 50 years of age and older; and
- Children – although our survey did not include those under 18 years of age, childhood obesity rates have increased at an alarming rate.<sup>1</sup>

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## A closing word from Capital Health's Medical Officer of Health

This year's report is all about prevention. And the message is that prevention works.

We know that, in times when there are growing concerns about the sustainability of our health system, we need to look beyond the immediate pressures of treating people when they are ill or injured. One of the best long-term strategies for improving the sustainability of the health system is to help people stay healthy – to prevent diabetes and heart disease, to reduce traffic collisions and injuries, to give babies a healthy start in life, and to encourage people to stay healthy as they age.

At Capital Health, we take prevention seriously. We work with other health organizations, with community agencies, and with individuals in the community to create environments that support health. We support programs designed to get the message out to people and encourage them to take action. We support government programs and laws that discourage smoking. We produce reports like this one to show the impact of people's choices on their health and the health of everyone in the region.

But preventing illness and injury is not just a job for the health system. Each one of us is responsible. We are responsible for our own health and the health of our families. And it's up to each one of us to take the message to heart. Prevention works. And it's up to us to work together and make it work for everyone in the Capital Health region.

Handwritten signature of Dr. Gerry Predy in blue ink.

Dr. Gerry Predy  
Medical Officer of Health  
Capital Health Region, Alberta

# Keeping you informed

At Capital Health, we regularly track trends and assess the impact of a number of factors on the health of people in the region. We hope reports like this provide useful and interesting information for people and act as a catalyst for action.

If you have questions about the information or issues in this report or have other questions about the health of people in the region, please contact:

Medical Officer of Health  
Suite 300, 10216 – 124 Street  
Edmonton, Alberta T5N 4A3  
Phone: **(780) 413-7946**

For more information about the Population Health Survey, please contact  
Population Health Priorities  
Phone: (780) 413-7631  
Email: [pophealth@cha.ab.ca](mailto:pophealth@cha.ab.ca).

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## For more information and resources...

### Helpful phone numbers

#### Capital Health Link

Health advice and information  
*open 24 hours a day, 7 days a week*  
**408-LINK** (5465)

Poison Control Centre  
*open 24 hours a day, 7 days a week*  
**1-800-332-1414**

The Distress/Suicide Line  
*open 24 hours a day, 7 days a week*  
**482-4357**

Community Service Referral Line  
**482-0198**

Adult Mental Health Crisis Response Team  
**482-0222**

Children's Mental Health Crisis Services  
**427-4491**

### Helpful web sites

Capital Health  
[www.capitalhealth.ab.ca](http://www.capitalhealth.ab.ca)

Alberta Health and Wellness  
[www.health.gov.ab.ca](http://www.health.gov.ab.ca)

Health Canada  
[www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)

Canadian Health Network  
[www.canadian-health-network.ca](http://www.canadian-health-network.ca)

Health in Action (Alberta)  
[www.health-in-action.org](http://www.health-in-action.org)

Canadian Mental Health Association  
[www.cmha.ca](http://www.cmha.ca)

The Support Network  
[www.thesupportnetwork.com](http://www.thesupportnetwork.com)

Heart and Stroke Foundation of Canada  
[www.heartandstroke.ca](http://www.heartandstroke.ca)

Dietitians of Canada  
(for nutrition and BMI information)  
[www.dietitians.ca](http://www.dietitians.ca)

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On April 1, 2009, AHS brought together 12 formerly separate health entities in the province: nine geographically based health authorities (Chinook Health, Palliser Health Region, Calgary Health Region, David Thompson Health Region, East Central Health, Capital Health, Aspen Regional Health, Peace Country Health and Northern Lights Health Region) and three provincial entities working specifically in the areas of mental health (Alberta Mental Health Board), addiction (Alberta Alcohol and Drug Abuse Commission) and cancer (Alberta Cancer Board).