

Improving the Health of Canadians: Promoting Healthy Weights

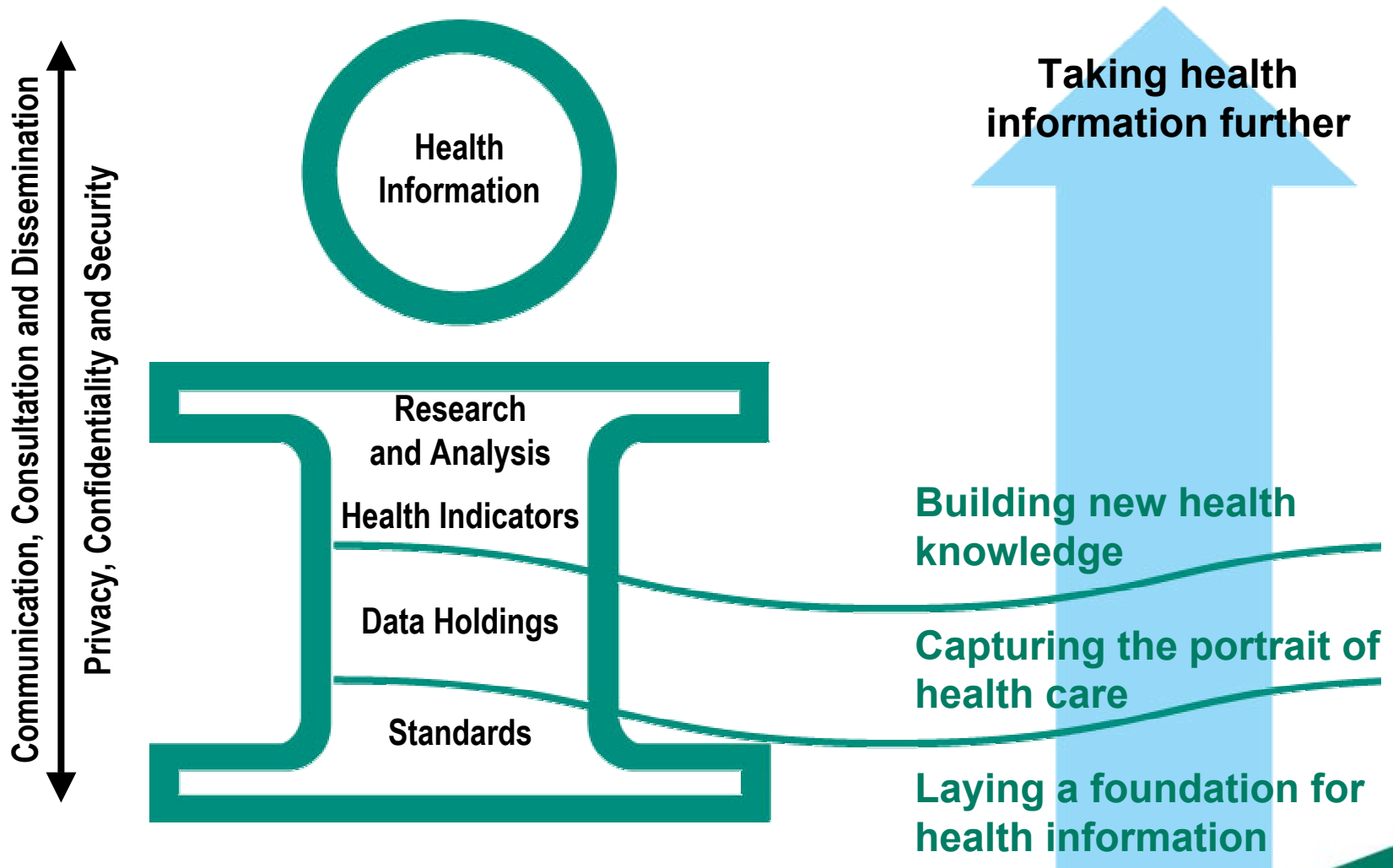
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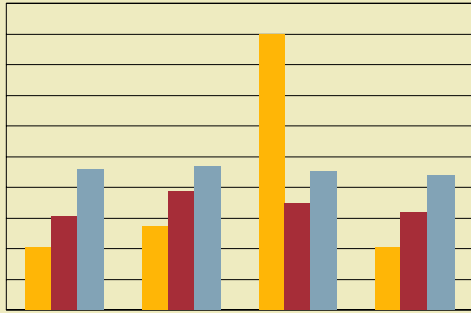
About CIHI



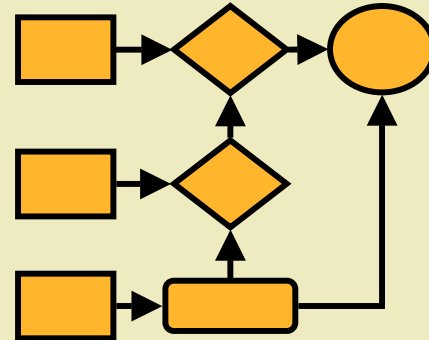
CPHI's Mission

1. To foster a better understanding of factors that affect the health of individuals and communities; and
2. To contribute to the development of policies that reduce inequities and improve the health and well-being of Canadians.

CPHI Strategic Functions



Knowledge Generation



Policy Synthesis



Knowledge Transfer



Knowledge Exchange

CPHI Council Members (as of December 2005)

- Richard Lessard (Chair)
- Monique Bégin
- André Corriveau
- Lynn McIntyre
- John Millar
- Cordell Neudorf
- Ian Potter
- Gerry Predy
- Elinor Wilson
- Michael Wolfson (ex-officio)
- Gregory Taylor (ex-officio)

CPHI's Key Strategic Areas 2004–2007

Healthy Transitions to Adulthood



◆ Place and Health

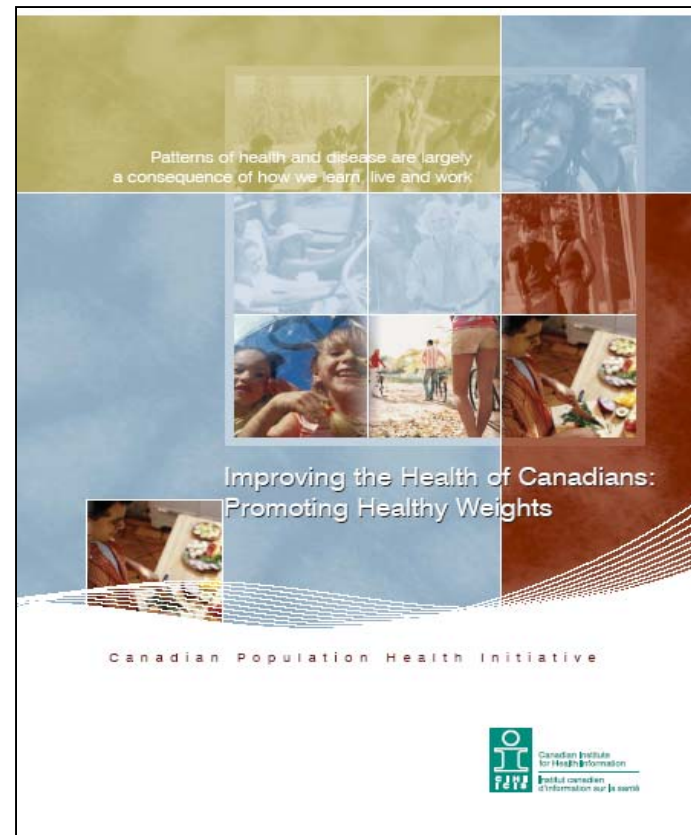


◆ Healthy Weights



Improving the Health of Canadians: Promoting Healthy Weights

- Series of three reports
- Second in the series of reports for 2005–2006
- Reviews research and presents analyses
- Reviews relevant programs and policies
- Presents information on the Canadian public's views on options to promote healthy weights



Expert Advisory Group Members

John Millar (Chair), Provincial Health Services Authority, B.C.

Theresa Glanville, Mount Saint Vincent University, N.S.

Jean Harvey, Chronic Disease Prevention Alliance of Canada

Hasan Hutchinson, Canadian Institutes of Health Research

Neil MacDonald, Alberta Health and Wellness

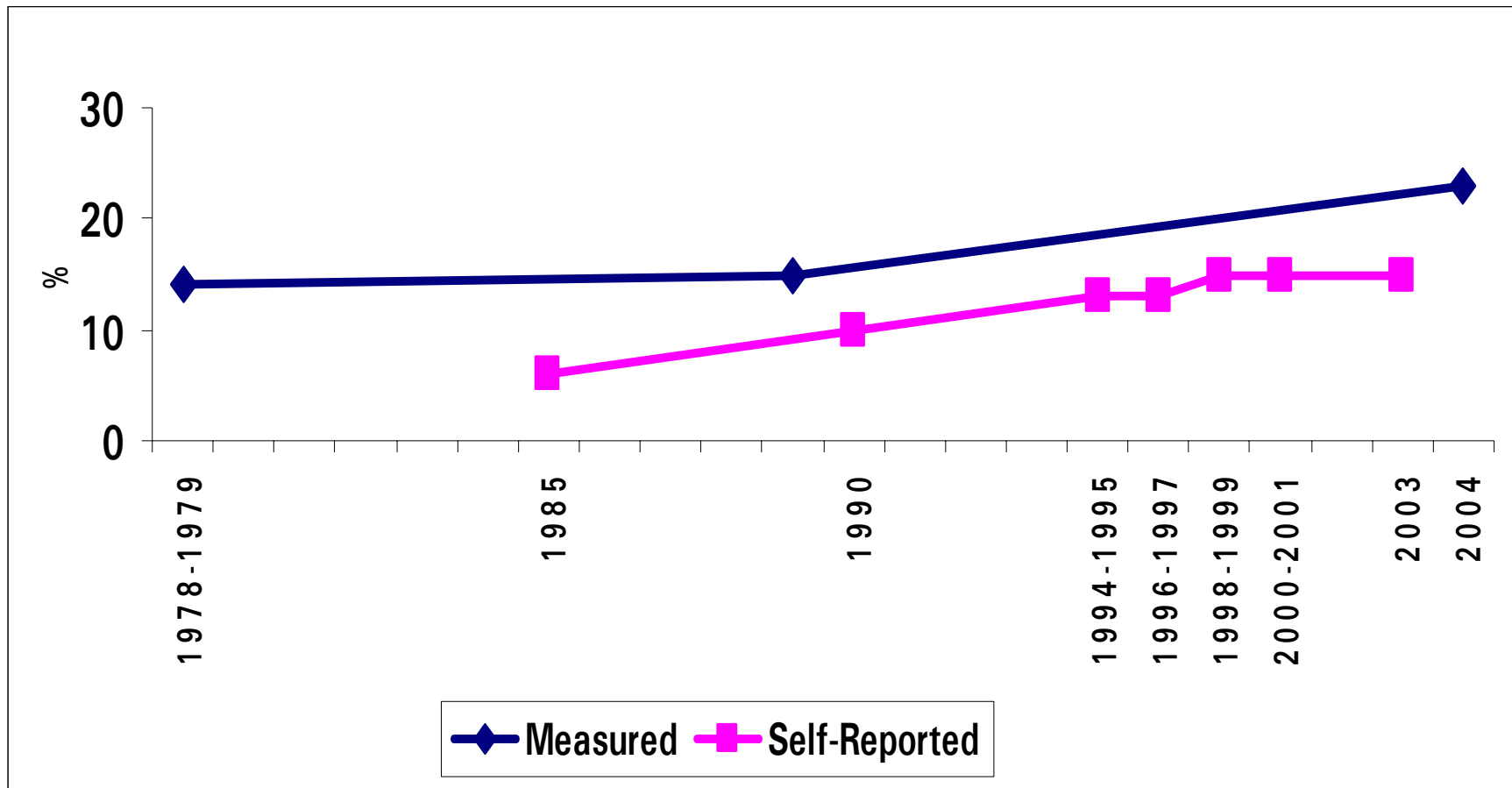
Sylvie Stachenko, Public Health Agency of Canada

Mark Tremblay, Statistics Canada

What's New About this Report?

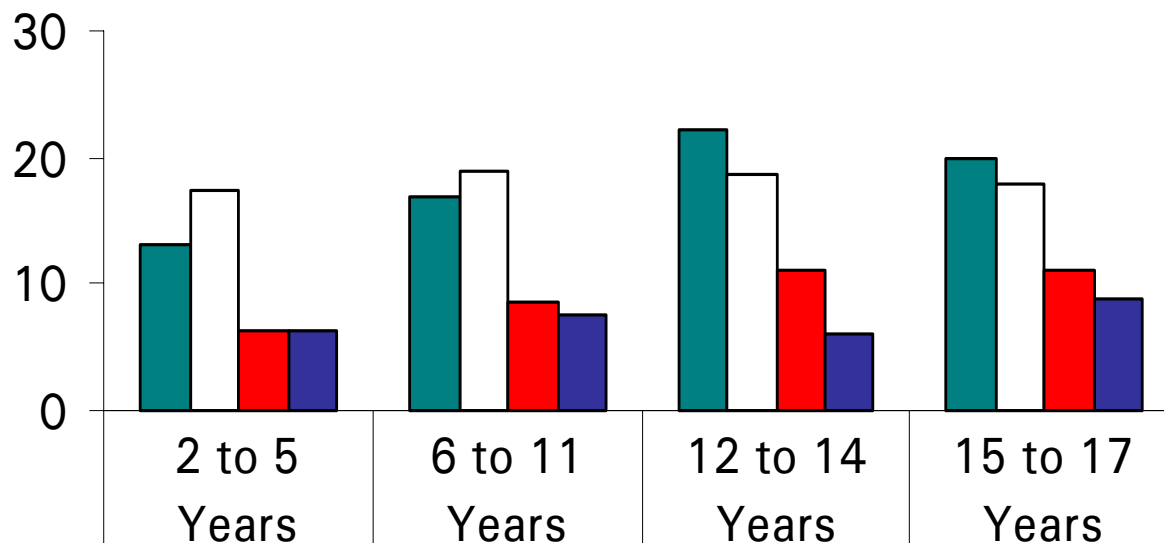
- *Improving the Health of Canadians: Promoting Healthy Weights* explores what we do and do not know about how features of the environments where we live, learn, work and play can make it easier – or harder – for us as Canadians to make choices that promote healthy weights.

Trends in Obesity Among Adults (1978 to 2004)



Trends in Obesity Among Children and Youth 12 to 17 Years (2004)

% of Children and Youth

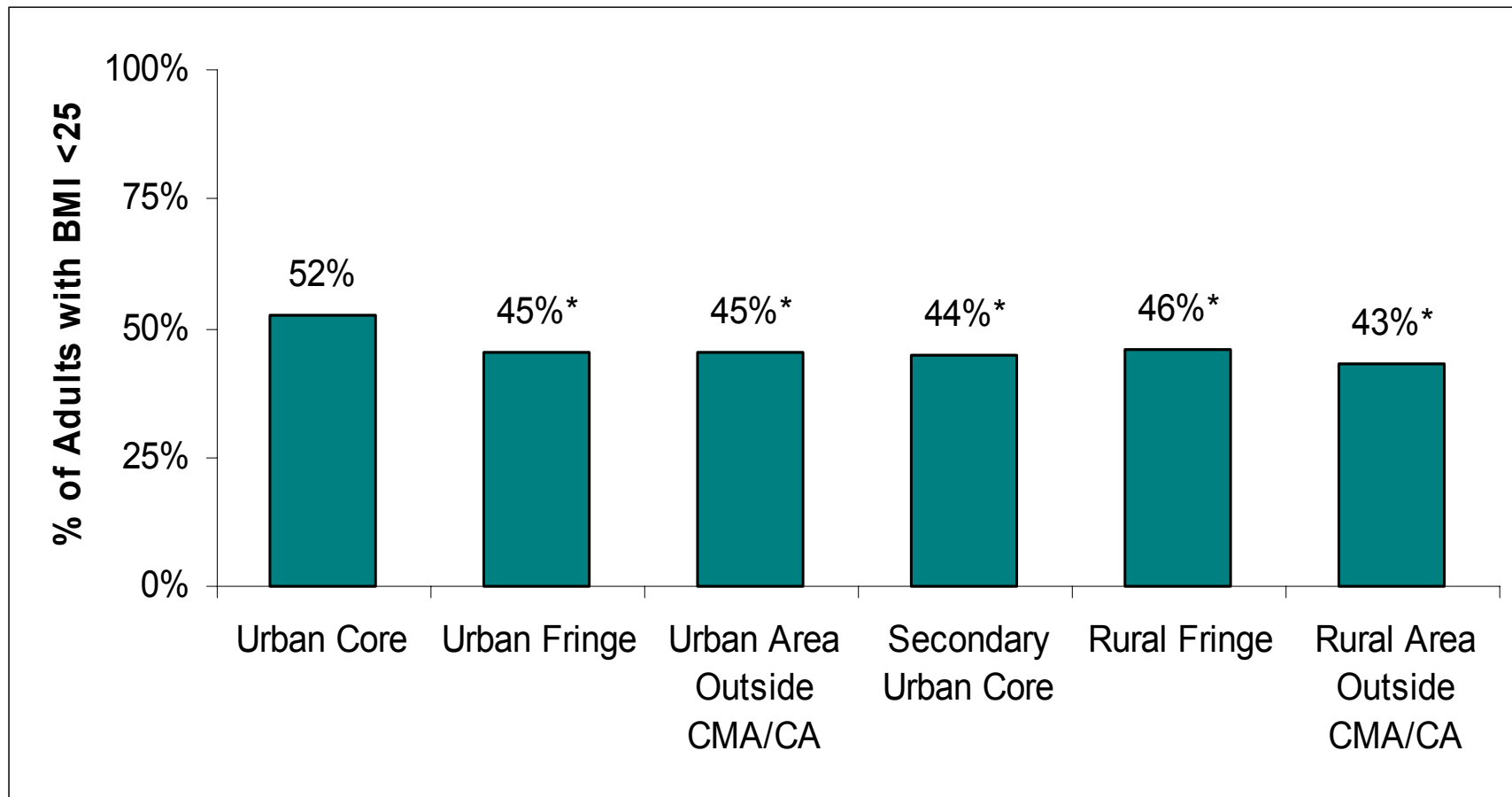


■ Overweight Males	13.1	17	22.1	20
□ Overweight Females	17.3	18.8	18.6	18
■ Obese Males	6.3E	8.5	11.1	11.2E
■ Obese Females	6.4E	7.5	6.1E	8.7

Where We Live

- **Features of the home and family environments linked to healthy weights:**
 - Whether infants are breastfed;
 - What parents eat and how physically active they are;
 - Whether children purchase their lunch and if families share meals at least three times per week; and
 - Amount of children's "screen time".

Adults Living in the Urban Core Report Lower BMIs



Source: CPHI analyses of CCHS 2.1 (2003) and Census 2001, Custom Tabulation.

* Significantly different from Urban Core, $p < .05$.

Where We Learn

- **School environments that provide healthy food options and limit the availability of non-nutritious foods may promote healthy weights.**
- **Initiatives shown to be effective at increasing physical activity include:**
 - Increasing the time children and youth spend in physical education classes; and
 - Training teachers to implement different types of physical education programs.

Coordinated School Health Programs

The U.S. Centers for Disease Control (CDC) recommends that coordinated school health programs include 8 components:

1. Health education
2. Physical education
3. Health services
4. Nutrition services
5. Health promotion for staff
6. Healthy school environment
7. Counselling and psychological services
8. Family/community involvement

An Example of a Coordinated School Health Program: Annapolis Valley Health Promoting School Project (AVHPSP)

	No Program	Nutrition Programs or Policies in Place	Participants in AVHPSP
% of Youth Overweight/Obese	33%	34%	18% *
% of Youth Obese Only	10%	10%	4% *

* Statistically significantly lower than students in schools with no program and that had nutrition programs or policies only ($p < .05$)

Where We Work (1)

- **Employers say the following factors prevent them from initiating/expanding physical activity programs:**
 - Lack of space and on-site facilities;
 - Insufficient company funds; and
 - Lack of time due to short lunch breaks.

Where We Work (2)

- **Surveys of Canadian worksites with 20+ employees show that workplace strategies range from:**
 - Having on-site fitness facilities (17%);
 - Offering employee subsidies for fitness programs (42%);
and
 - Hosting recreational activities (71%).

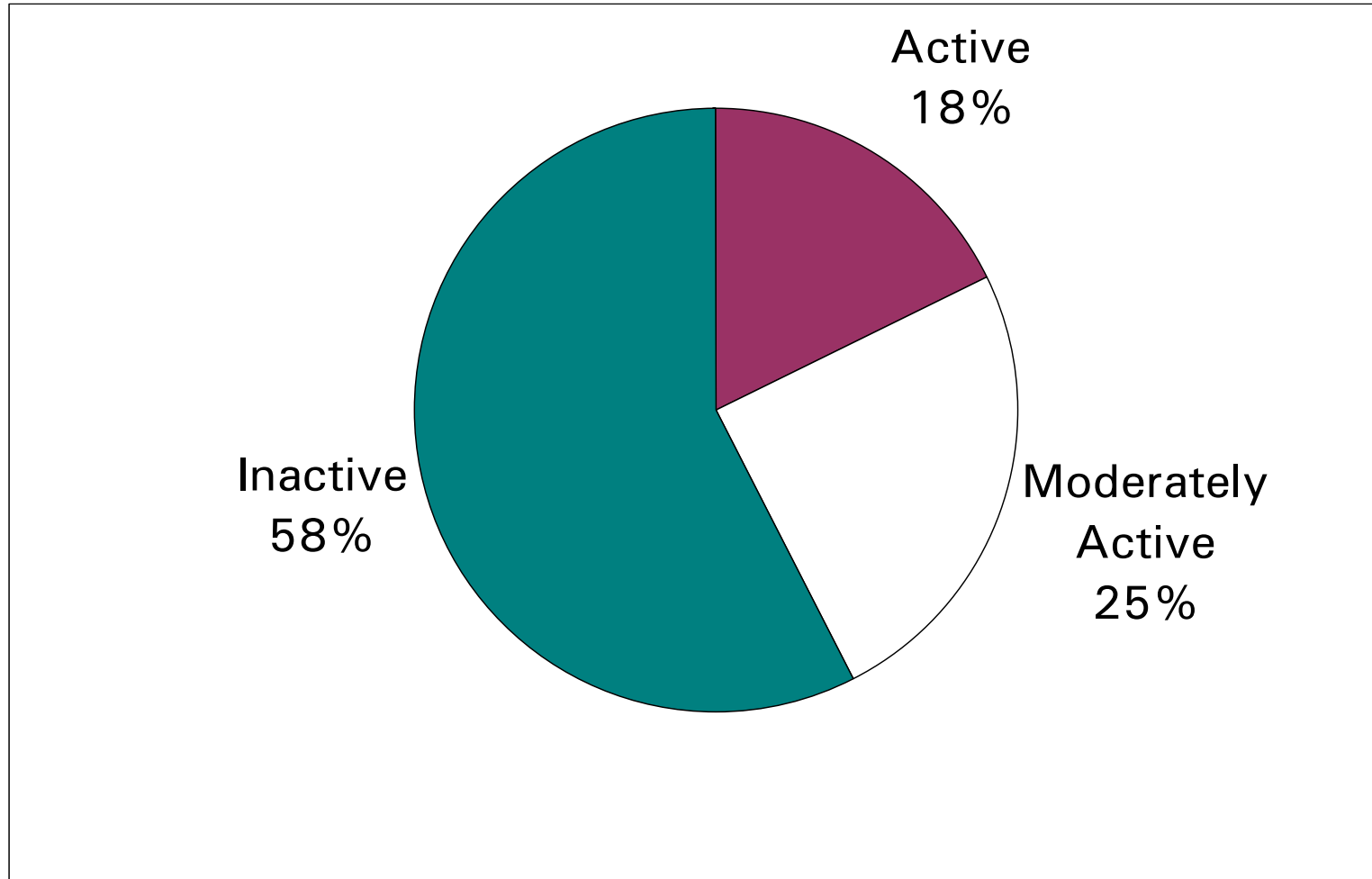
Where We Work and Obesity

- **There is a link between working conditions and obesity, for example:**
 - Lower likelihood of being obese among people who work in jobs that involve high levels of physical activity;
 - Higher rates of obesity among shift workers; and
 - Higher obesity among women unemployed for longer than one year.
- **The CDC reports that worksite interventions that combine diet and physical activity initiatives can be effective in helping employees control overweight and obesity.**

How We Get to Work & Where We Play

- **Community-based interventions such as Saskatoon *in motion* have had success at increasing levels of recreational physical activity.**
- **There is a link between engagement in physical activity/active transportation and many neighbourhood characteristics, for example:**
 - “Walkability”
 - Safety
 - Accessibility to bike paths and trails
 - Visual appeal
 - Number of active neighbours

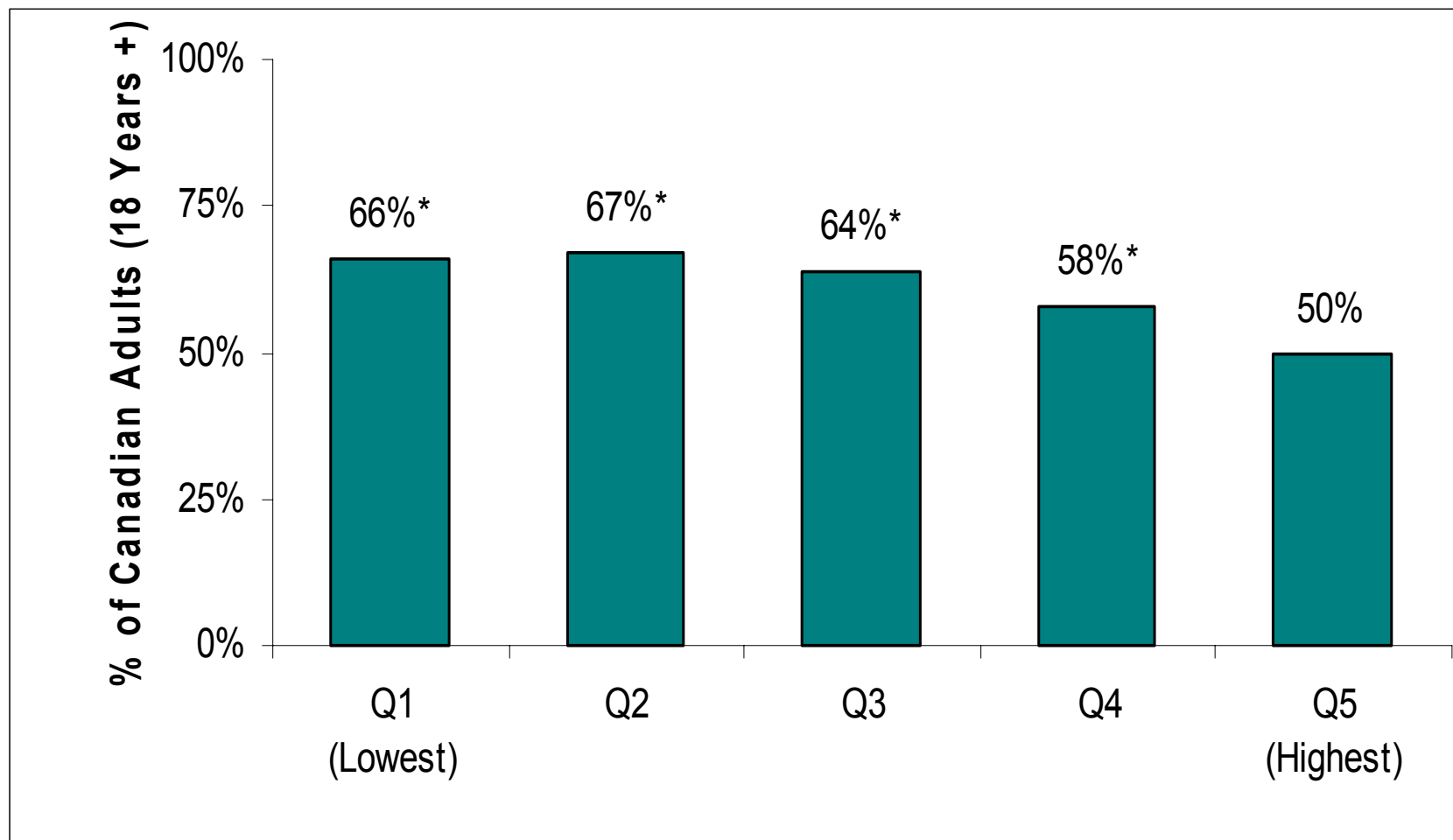
How Physically Active are Canadians?



Source: CPHI analyses of CCHS 2.2 (2004), Custom Tabulation.



Physical Inactivity and Income



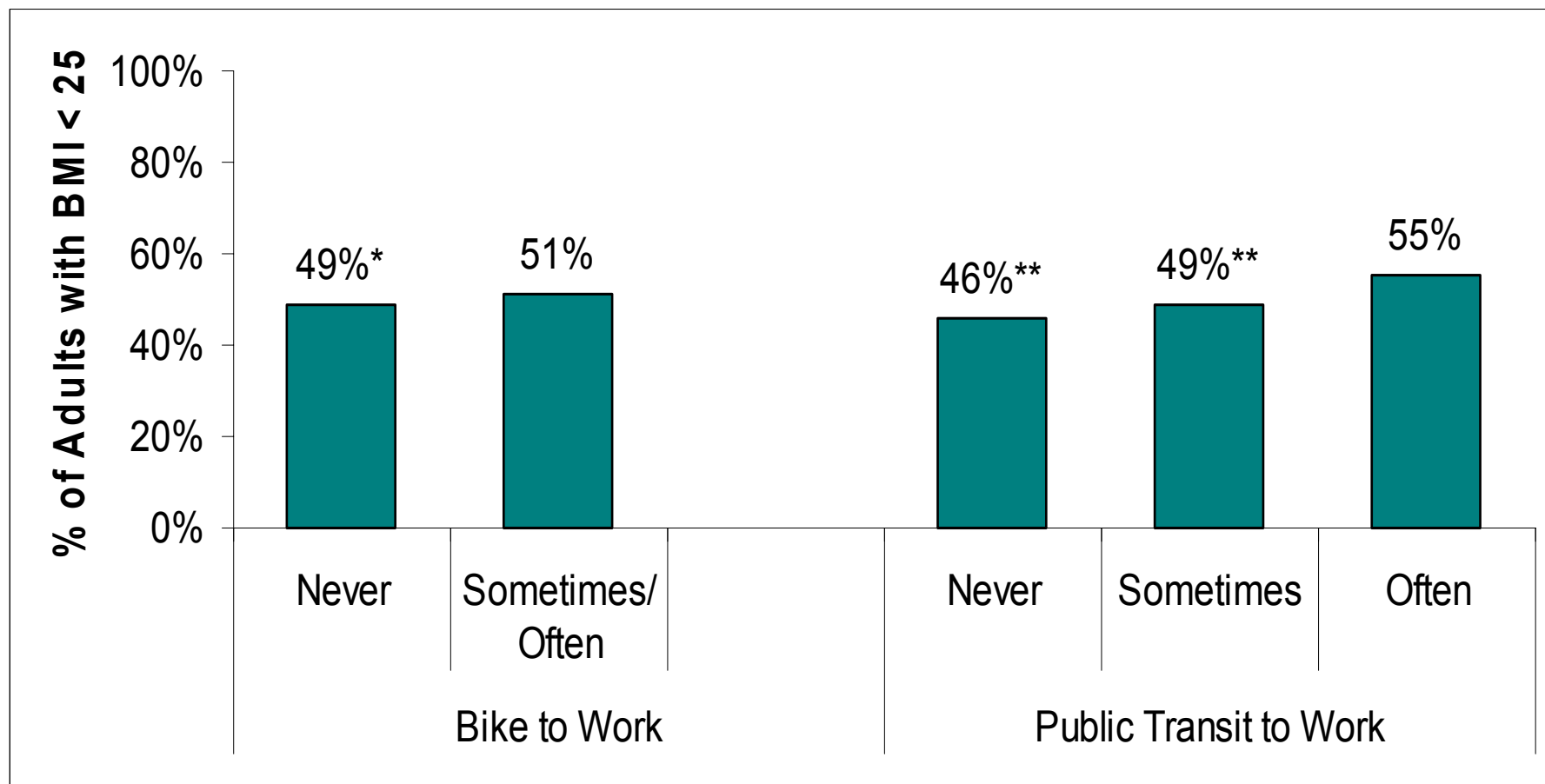
Source: CPHI analyses of CCHS 2.2 (2004), Custom Tabulation.

* Significantly different from Q5 (Highest Income Quintile), $p < .05$.

How We Get to Work & Where We Play (2)

- **U.S. and Canadian research reports that for each extra daily hour spent driving a car, the likelihood of being obese increases by 6%.**
- **Various factors influence active transportation:**
 - Sprawl or the distance (proximity) and ease of moving (connectivity) between trip origin and destination;
 - Health benefits;
 - Environmental benefits;
 - Quality of life benefits; and
 - Cost.

Adults who Bike or Take Public Transit to Work Report Lower BMIs



Source: CPHI analyses of CCHS 2.1 (2003) and Census 2001, Custom Tabulation.

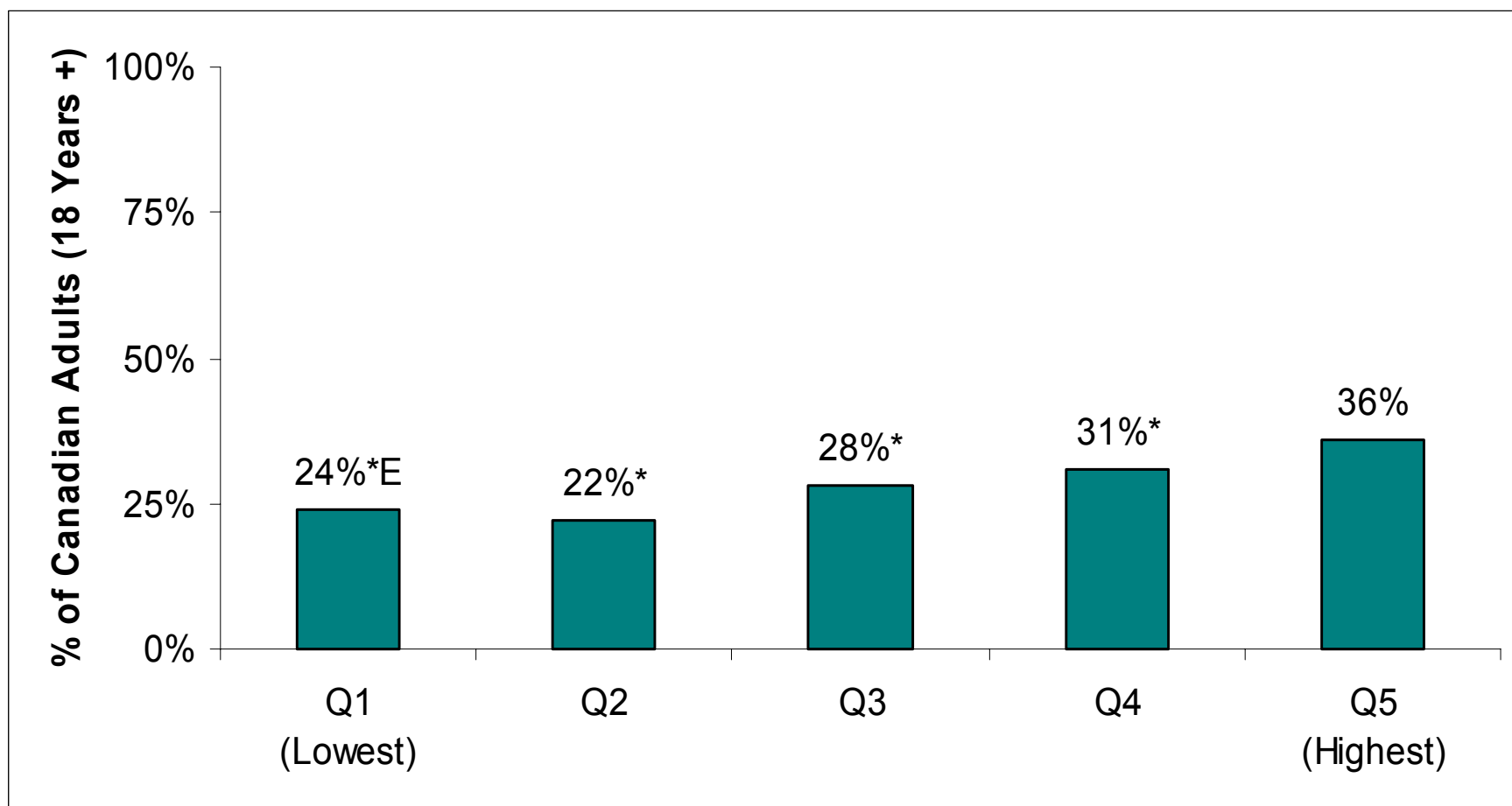
* Significantly different from Sometimes/Often Bike to Work, $p < .05$

** Significantly different from Often Take Public Transit to Work, $p < .05$

Broader Nutrition Environment

- **Some features of the broader nutrition environment linked to healthy weights:**
 - Whether people live in the territories, low-income households or single-mother households;
 - Cost of and access to food;
 - Whether food is energy-dense; and
 - The number of residents per fast-food restaurants.

Higher Fruit and Vegetable Consumption Among Adults in Highest Income Households



Source: CPHI analyses of CCHS 2.2 (2004), Custom Tabulation.

* Significantly different from other income quintiles, $p < .05$

Personal Health Services

Clinical Interventions

- The number of bariatric surgeries conducted in Canada has remained relatively stable within the last decade.

Experiences with Health Providers

- Research shows that some health professionals may subscribe to stereotypes toward overweight and obese people as 'lazy' and 'worthless', and project negative attitudes toward them.

Personal Health Services (2)

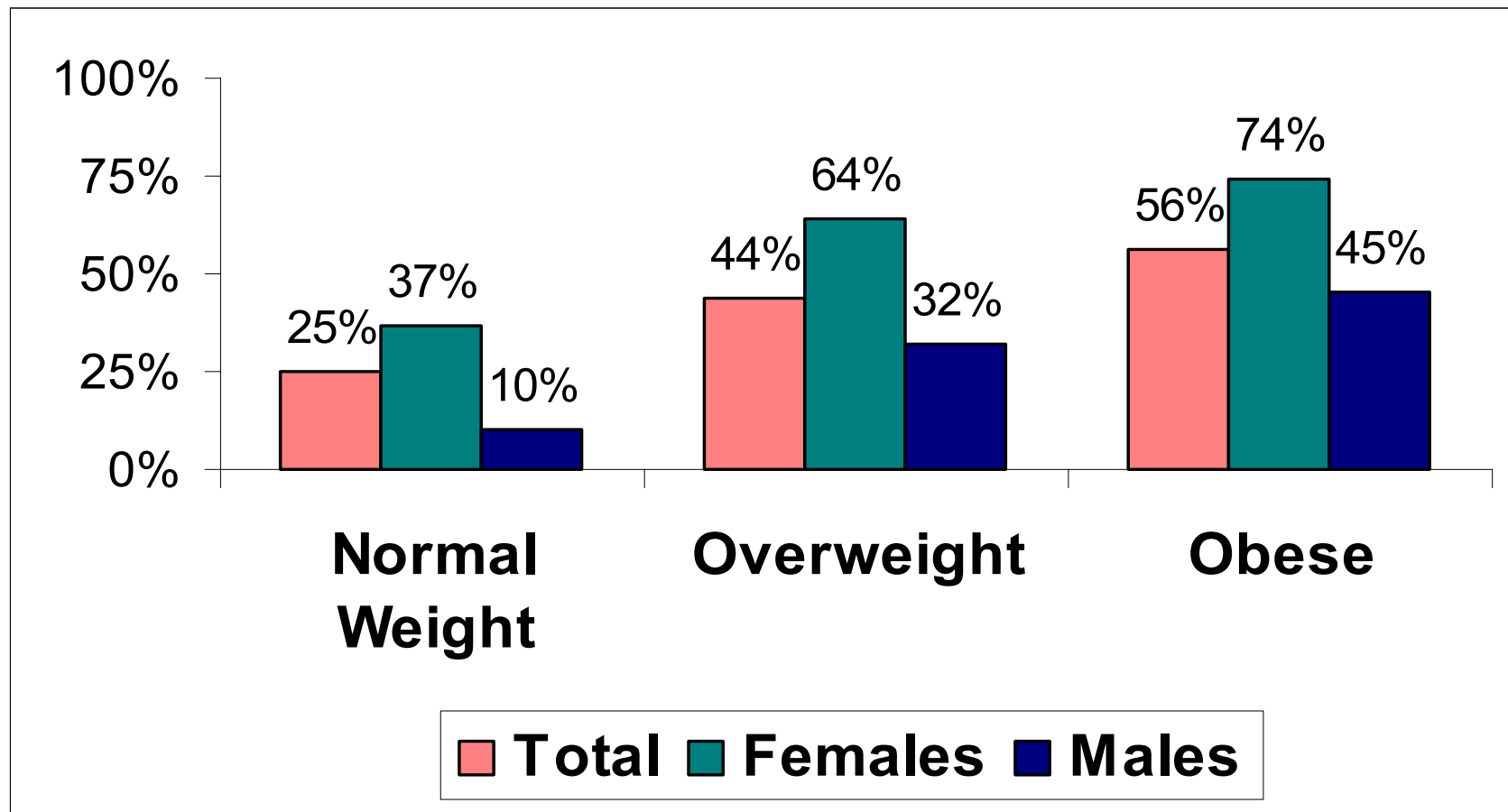
Commercial Weight Loss Programs

- Systematic reviews and randomized control studies, provide some support for the long-term effectiveness of weight-reducing diets (such as Weight Watchers) among adults.

Eating Disorders and Body Image

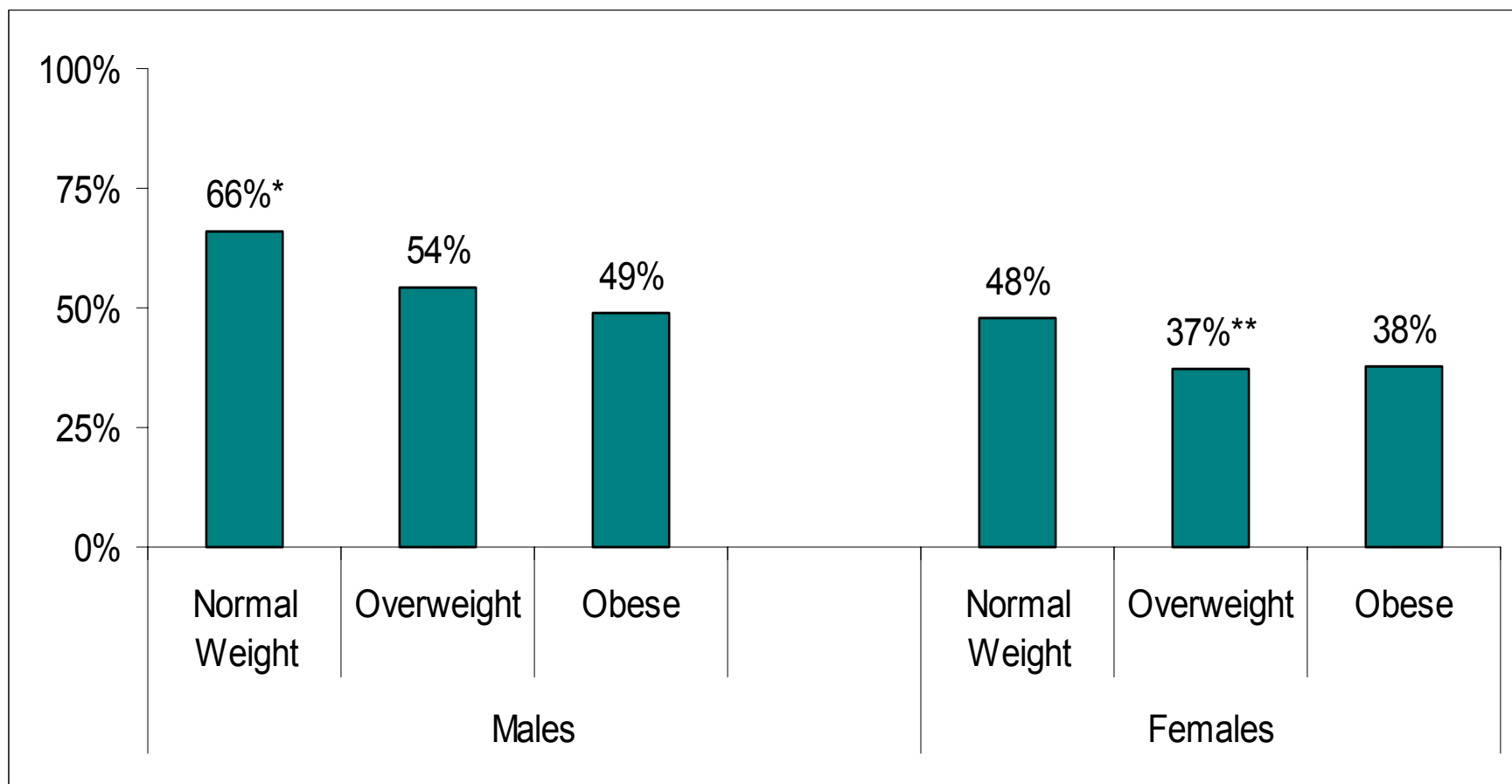
- Hospitalizations for eating disorders increased by 29% among 15- to 24-year-olds in Canada from 1987 to 1999.

% Youth 12-17 Trying to Lose Weight



Source: CPHI analyses of NLSCY (Cycle 4, 2000-2001), Custom Tabulation.

% of Youth (12-17 years) Reporting a Positive Physical Image by Self-Reported BMI

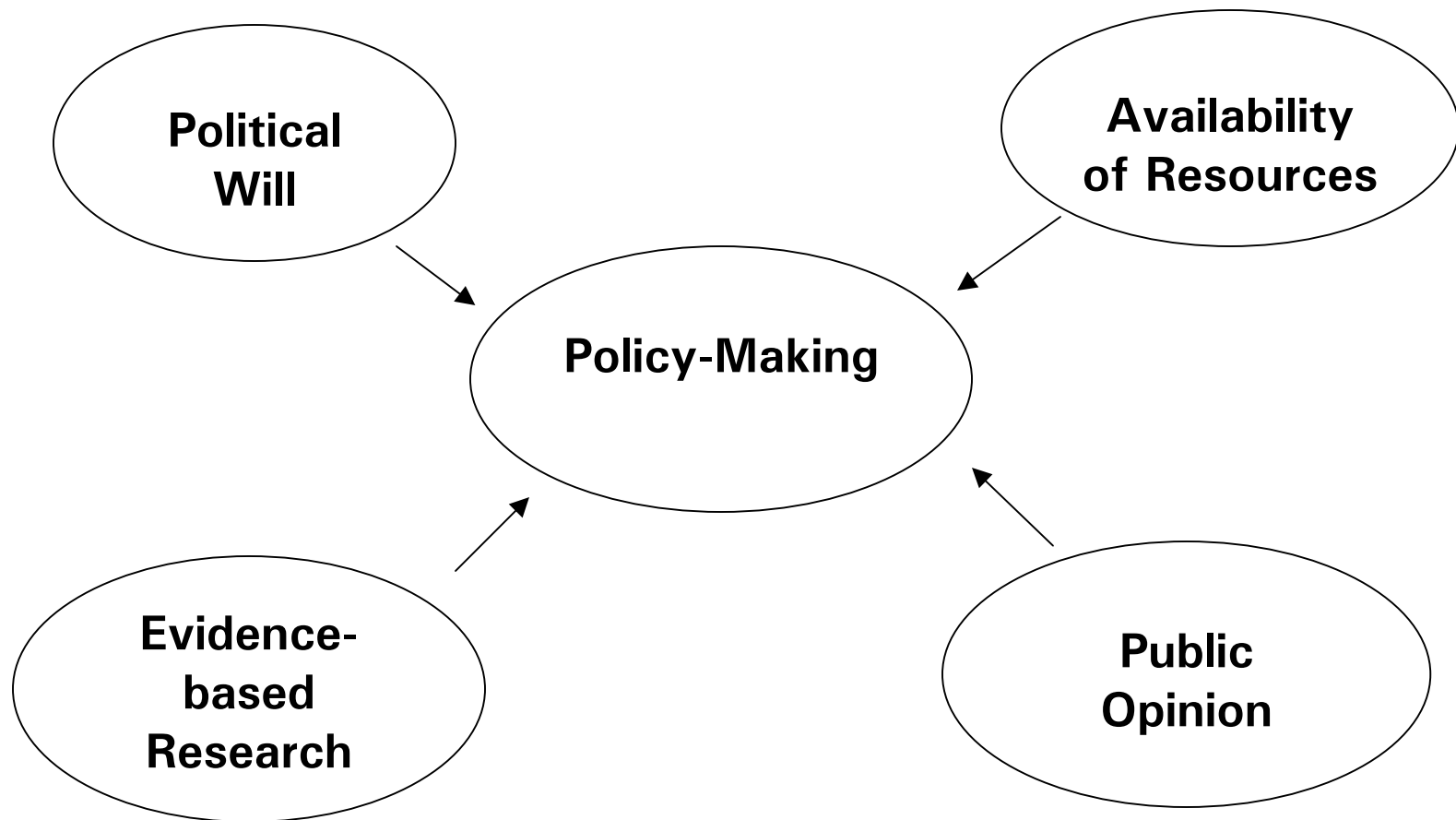


Source: CPHI analyses of NLSCY (Cycle 4, 2000-2001), Custom Tabulation.

* Significantly higher than overweight and obese males ($p < .05$)

** Significantly lower than normal weight and obese females ($p < .05$)

Policy-Making and Public Opinion

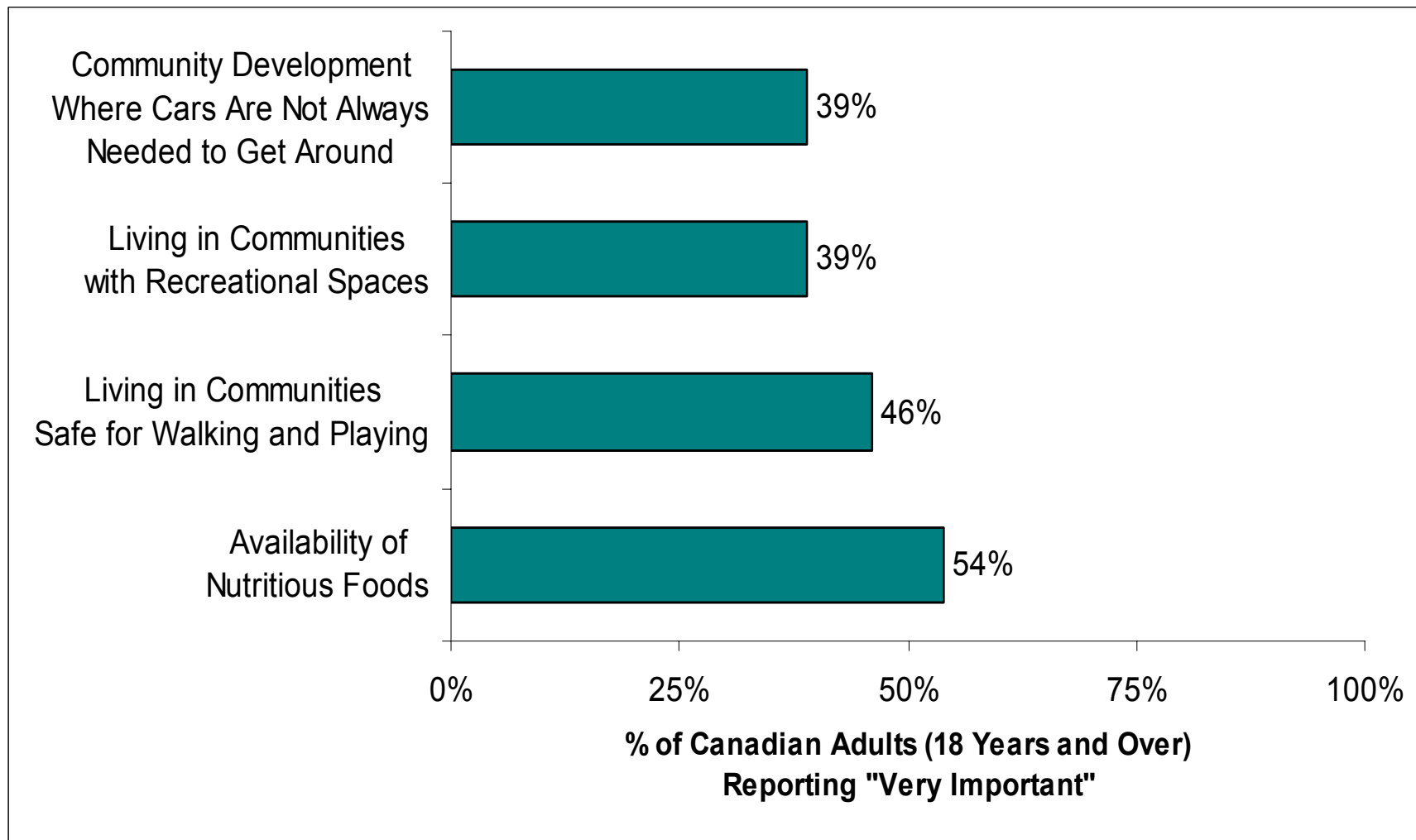


Sources: Nutbeam (2001); CPHI 2006

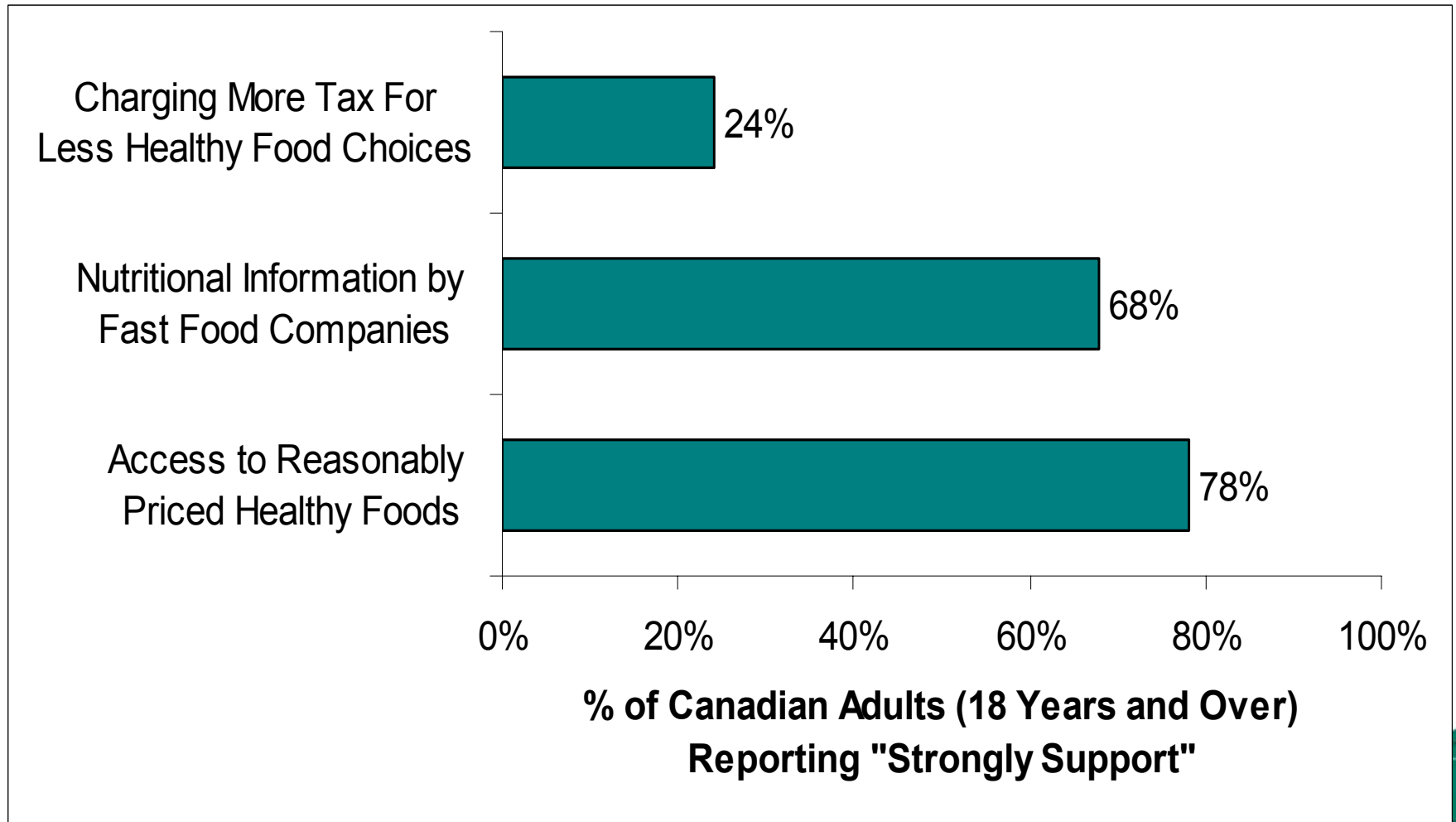
Obesity as a Health Issue: What Do Canadians Think?

- 56% think reducing obesity is very important to the overall health of Canadians
- 65% identified one's eating habits and 59% identified the amount of exercise people get as very important in preventing obesity
- 58% believe obesity is caused by personal choices
- 73% think individuals have the most responsibility for reducing obesity

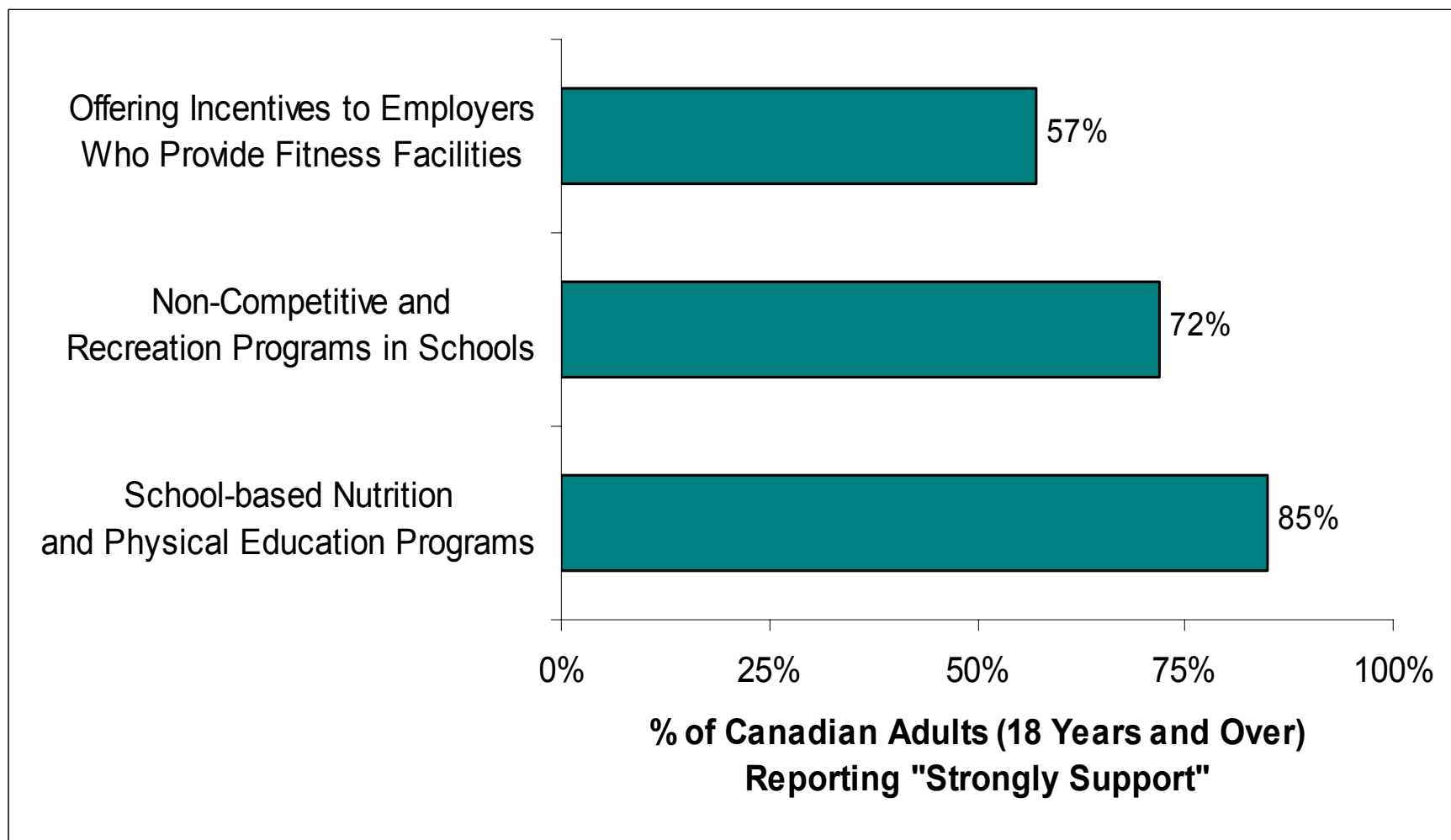
Factors Canadians Think are Very Important in Preventing Obesity



Potential Initiatives Strongly Supported by Canadians



Potential Initiatives Strongly Supported by Canadians



Summary and Conclusions



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What Do We Not Know? (1)

Where we live...

The association between obesity and:

- The effectiveness of home-based interventions to promote healthier eating and physical activity among parents and children;
- Issues specific to “screen time” such as the number of televisions and computers per household;
- Differences in the cost of nutritious and non-nutritious foods in Canada; and
- Portion size and people’s proximity to fast food restaurants in Canadians cities.

What Do We Not Know? (2)

Where we learn...

The association between obesity and:

- Recent provincial legislation regarding physical activity in schools;
- Recent provincial legislation and various school-based initiatives to promote healthy eating in schools (for example, removing vending machines); and
- The effectiveness of various coordinated programs in different demographic and cultural settings.

What Do We Not Know? (3)

Where we work...

The association between obesity and:

- The costs and benefits associated with programs to promote healthy eating and physical activity in Canadian workplaces; and
- The types of workplaces where programs may be most effective at promoting healthy weights.

What Do We Not Know? (4)

Where we play...

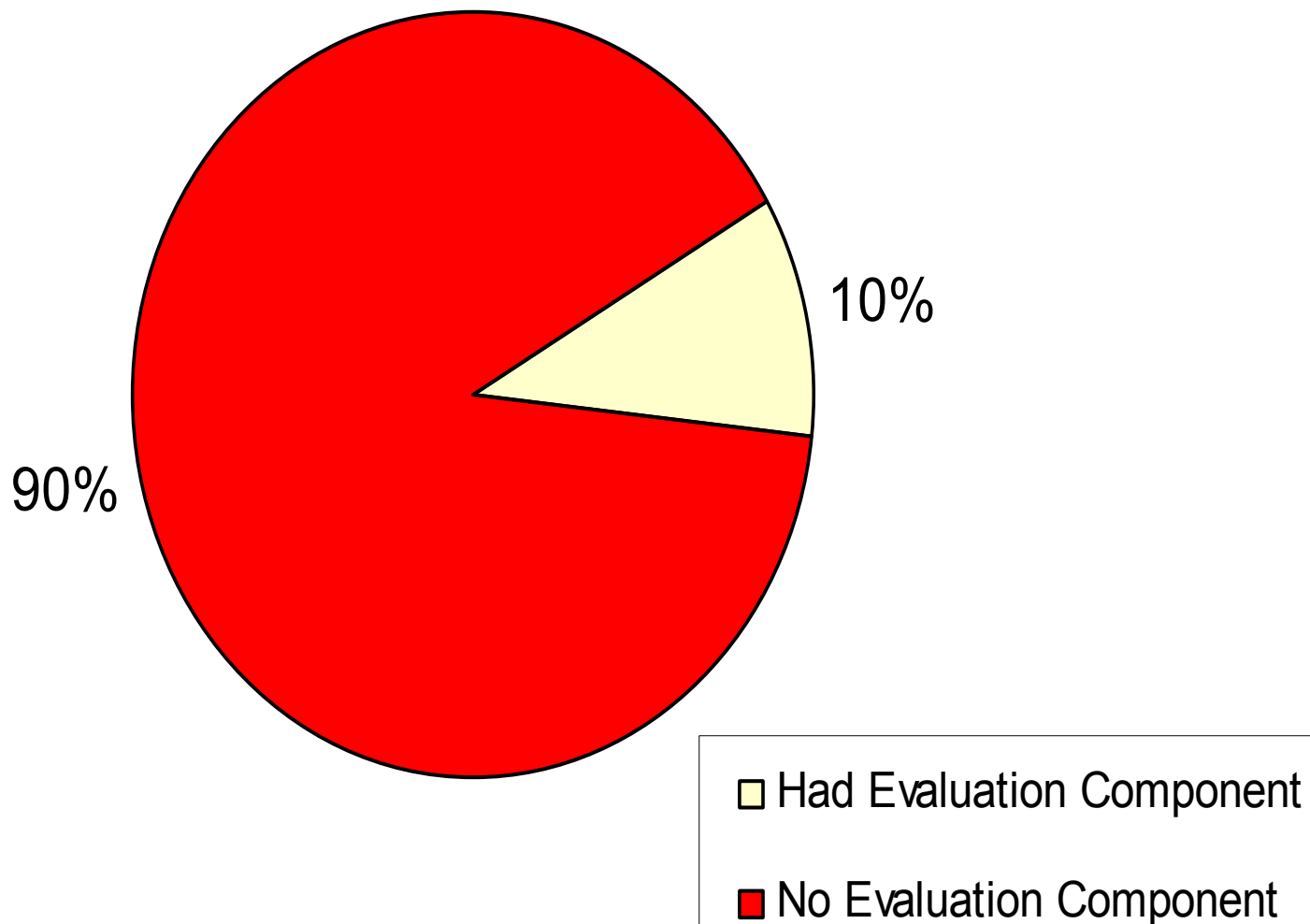
The association between obesity and:

- Community-based interventions; and
- Seasonal variation, particularly during cold weather months.

Conclusion

- **Preventing and treating obesity is a complex issue for which many factors in many settings can play a role.**
- **While there are numerous initiatives aimed at promoting healthy weights, there are few published evaluations.**

Programs in the HEAL Inventory



Conclusion (2)

- **Evidence presented in this report indicates there are many opportunities at the population level—in the settings where we live, learn, work and play—to promote healthy weights and support Canadians in the process of making healthier choices to promote healthy weights.**

Select CPHI-Funded Research on Healthy Weights

- Vulnerable Youth: A Study of Obesity, Poor Mental Health, and Risky Behaviours among Adolescents in Canada (Doug Willms)
- Moving Ahead by Looking Back: A Novel Approach for Establishing Physical Activity Guidelines for Children (Mark Tremblay)
- International Comparisons of Child Health (Shelley Phipps)
- A Province-Wide Life-Course Database on Child Development and Health (Paul Veugelers)

Select CPHI-Funded Research on Healthy Weights (2)

- State of the Evidence Review on Urban Health – Healthy Weights (Kim Raine, John Spence, John Church, Normand Boulé, Linda Slater, Karyn Gibbons, Josh Marko)
- *Overweight and Obesity in Canada – A Population Health Perspective* (Prepared by Kim Raine) (2004)
- *Socio-Demographic and Lifestyle Correlates of Obesity Technical Report* (Prepared by Cora Lynn Craig, Christine Cameron, Adrian Bauman) (2005)
- *Programs and Policies Related to Achieving Healthy Weights in Canada: An Inventory* (Prepared by Atlantic Health Promotion Research Centre) (2005)

Future reports in CPHI's *Improving the Health of Canadians* 2005-2006 Report Series

- Place and Health (urban health): Fall 2006



www.cihi.ca/cphi

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