

# Summary Report



## *Improving the Health of Canadians: Promoting Healthy Weights*

### What's New About *Improving the Health of Canadians: Promoting Healthy Weights*?

The solution to promoting healthy weights is often presented as a simple one—eat right and exercise. However, the solutions to this complex health issue are anything but simple, and can involve both our genetic make-up<sup>1</sup> and the choices that we make as individuals about what to eat and how physically active we are.<sup>2</sup> The solutions also involve the social, cultural, physical and economic environments around us. These environments can affect the choices we make, and these choices, in turn, can affect our body weight.

What's new about this report is its focus on how various 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. This summary report presents highlights from the full report. We invite you to refer to the underlying literature, data and references, at [www.cihi.ca/cphi](http://www.cihi.ca/cphi).



*Improving the Health of Canadians: Promoting Healthy Weights* reviews the latest research, presents new analyses and explores relevant policies and programs in six environments and settings:

- Community and physical environment;
- Workplace;
- School;
- Home and family environment;
- Nutrition environment; and
- Personal health services.

The BMI is used to identify weight-related health risks among individuals 18 years of age and older.<sup>3</sup>

What Is the Body Mass Index (BMI)?	Classification	BMI Category (kg/m <sup>2</sup> )
	Underweight	< 18.5
Normal Weight	18.5–24.9	
Overweight	25.0–29.9	
Obese		
• Class I	30.0–34.9	
• Class II	35.0–39.9	
• Class III	≥40.0	

## Where We Live: Home and Family Environment

Research indicates that there are many features linked to healthy weights and the home and family environments in which we live, including whether infants are breastfed;<sup>4</sup> what parents eat and how physically active they are;<sup>5</sup> whether children purchase their lunch at school and if families share meals together at home at least three times per week;<sup>6</sup> how much time children spend watching television, playing video games or using the computer;<sup>7</sup> and whether people live in the territories,<sup>8</sup> low-income households<sup>9</sup> or single-mother households.<sup>10</sup>

## Where We Learn: School

Studies show that the school setting is an environment where there can be many opportunities to promote healthy weights.

Initiatives shown to be effective at increasing physical activity include increasing the time children and youth spend in physical education classes, as well as training physical education teachers.<sup>11</sup> In addition, a recent synthesis of the literature shows that school environments that provide healthy food options and limit the availability of non-nutritious foods may promote healthy weights.<sup>12</sup> Lastly, some studies indicate that coordinated school health programs that actively engage the school, community and families can contribute to healthier eating and physical activity.<sup>13</sup>

## Where We Work: Workplaces

Although relatively few companies in Canada have formal policies encouraging physical activity,<sup>14</sup> systematic reviews show that worksite interventions that combine diet and physical activity initiatives can be effective in helping employees control overweight and obesity.<sup>15</sup> Factors that prevent workplaces from initiating or expanding physical activity programs include lack of space; lack of on-site facilities; insufficient company funds; and lack of time due to short lunch breaks.<sup>14</sup>

## Where We Play: Community and Physical Environment

Research shows that for each extra daily hour spent driving a car, the likelihood of being obese increases by 6%.<sup>16</sup> Research also shows that peoples’ engagement in physical activity and active transportation is linked with a number of neighbourhood-level characteristics, including “walkability”;<sup>17</sup> safety;<sup>18</sup> visual appeal;<sup>19</sup> accessibility to bike paths and trails; and number of active neighbours.<sup>20</sup>

## What Does the Canadian Public Think?

Policy-making can be influenced by a number of factors, including evidence-based research, political will and the availability of resources.<sup>21</sup> It can also be influenced by public opinion. As a result, in addition to the latest evidence, *Improving the Health of Canadians: Promoting Healthy Weights* also looks at the Canadian public's opinion about options to promote healthy weights.

To understand the public's opinion about options to promote healthy weights, CPHI funded a telephone survey: 1,816 Canadian adults participated, answering questions about factors that affect a person's weight, potential strategies to promote healthy weights and whose responsibility it is to deal with the issue of healthy weights.

### What does the Canadian public think about options to promote healthy weights?

According to CPHI's public opinion survey . . .

56% of Canadian adults think reducing obesity is very important to the overall health of Canadians.

65% and 59% of Canadians, respectively, identified individual factors such as one's eating habits and the amount of exercise people get as very important in preventing obesity.

Although there is evidence indicating that social and environmental factors can play a role in obesity, 58% of Canadian adults believe obesity is caused by personal choices and 73% think individuals have the most responsibility for reducing obesity in Canada.

- Canadians living in “urban cores” are more likely to self-report a BMI less than 25 than are adults living in other urban areas or in rural areas, according to CPHI analyses of 2003 data from the Canadian Community Health Survey (CCHS). (Of the 49% of Canadians in this less-than-25 BMI category, 4% are underweight [BMI less than 18.5] and the remainder have a BMI in the normal range [18.5 to 24.9]).
- These same analyses also show that Canadians living in areas where a number of residents bike or take public transit to work are also more likely to self-report a BMI less than 25 than are adults living in neighbourhoods where fewer people bike or take public transit.
- Adults in the highest income households are less likely to be inactive compared to adults in the lowest, lower-middle, middle and upper-middle income households, according to CPHI analyses of measured height and weight data from the 2004 CCHS.

- New CPHI analyses of physical activity data from the 2004 CCHS show that 18% of Canadian adults are active, 58% are inactive and the remainder are moderately active.
- Compared to adults in the lowest, lower-middle, middle and upper-middle income households, CPHI analyses of 2004 CCHS data show that adults in the highest income households are more likely to consume fruit and vegetables five or more times per day.
- CPHI analyses of data from the 2001 National Longitudinal Survey of Children and Youth (NLSCY) show that 25% of youth of normal weight, 44% of overweight youth and 56% of obese youth reported trying to lose weight.
- These same analyses also show that males of normal weight are more likely to report a positive physical image compared to males of other weights. Overweight females are less likely to report a positive physical image compared to females of other weights.

**What new CPHI analyses are presented in *Promoting Healthy Weights*?**

Sources: CCHS 2.1 (2003), CCHS 2.2 (2004), Census 2001 and NLSCY (Cycle 4, 2000–2001), Statistics Canada.

### About the Canadian Population Health Initiative

The Canadian Population Health Initiative (CPHI), a part of the Canadian Institute for Health Information (CIHI), was created in 1999. CPHI's mission is twofold:

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

---

## References

- 1 L. Perusse and C. Bouchard, "Gene-Diet Interactions in Obesity," *American Journal of Clinical Nutrition* 72, 5 Supplement (2000): pp. 1285S–1290S.
- 2 World Health Organization, *Diet, Nutrition and the Prevention of Chronic Diseases* (Geneva, Switzerland: WHO, 2003).
- 3 Health Canada, *Canadian Guidelines for Weight Classification in Adults* (Ottawa, Ont.: Health Canada, 2000), adapted from World Health Organization, *Obesity: Preventing and Managing the Global Epidemic: Report of a WHO Consultation on Obesity* (Geneva, Switzerland: WHO, 2000).
- 4 M. S. Kramer and R. Kakuma, "Optimal Duration of Exclusive Breastfeeding," *Cochrane Database of Systematic Reviews*, 1 (2002): p. CD003517.
- 5 G. Carrière, "Parent and Child Factors Associated With Youth Obesity," *Health Reports* 14 Supplement (2003): pp. 29–39, catalogue no. 82-003.
- 6 P. J. Veugelers and A. L. Fitzgerald, "Prevalence of and Risk Factors for Childhood Overweight and Obesity," *Canadian Medical Association Journal* 173, 6 (2005): pp. 607–613.
- 7 M. Shields, *Nutrition: Findings From the Canadian Community Health Survey. Issue No. 1. Measured Obesity: Overweight Canadian Children and Adolescents* (Ottawa, Ont.: Statistics Canada, 2005), catalogue no. 82-620-MWE2005001.
- 8 I. Ledrou and J. Gervais, "Food Insecurity," *Health Reports* 16, 3 (2005): pp. 47–51, catalogue no. 82-003.
- 9 S. Kirkpatrick and V. Tarasuk, "The Relationship Between Low Income and Household Food Expenditure Patterns in Canada," *Public Health Nutrition* 6, 6 (2003): pp. 589–597.
- 10 J. Che and J. Chen, "Food Insecurity in Canadian Households," *Health Reports* 12, 4 (2001): pp. 11–22, catalogue no. 82-003.
- 11 Committee on the Prevention of Obesity in Children and Youth, *Preventing Childhood Obesity: Health in the Balance* (Washington, DC: The National Academies Press, 2005).
- 12 K. Raine, *Overweight and Obesity in Canada* (Ottawa, Ont.: Canadian Institute for Health Information, 2004).
- 13 D. D. Allensworth and L. J. Kolbe, "The Comprehensive School Health Program: Exploring an Expanded Concept," *Journal of School Health* 57, 10 (1987): pp. 409–412.
- 14 C. Cameron and C. L. Craig, *Increasing Physical Activity: Building Active Workplaces* (Ottawa, Ont.: Canadian Fitness and Lifestyle Research Institute, 2004).
- 15 Guide to Community Preventive Services, "Worksite Programs Combining Nutrition and Physical Activity Are Recommended to Control Overweight or Obesity," [online], cited August 15, 2005, from <[www.thecommunityguide.org/obese/obese-int-worksite.pdf](http://www.thecommunityguide.org/obese/obese-int-worksite.pdf)>.
- 16 L. D. Frank, M. A. Andresen and T. L. Schmid, "Obesity Relationships With Community Design, Physical Activity, and Time Spent in Cars," *American Journal of Preventive Medicine* 27, 2 (2004): pp. 87–96.
- 17 L. D. Frank et al., "Linking Objectively Measured Physical Activity With Objectively Measured Urban Form Findings From SMARTRAQ," *American Journal of Preventive Medicine* 28, 2 Supplement 2 (2005): pp. 117–125.
- 18 C. L. Craig et al., *Increasing Physical Activity: Building a Supportive Recreation and Sport System* (Ottawa, Ont.: Canadian Fitness and Lifestyle Research Institute, 2001).
- 19 A. Ellaway, S. Macintyre and X. Bonnefoy, "Graffiti, Greenery, and Obesity in Adults: Secondary Analysis of European Cross Sectional Survey," *British Medical Journal* 331, 7517 (2005): pp. 611–612.
- 20 C. M. Hoehner et al., "Perceived and Objective Environmental Measures and Physical Activity Among Urban Adults," *American Journal of Preventive Medicine* 28, 2 Supplement 2 (2005): pp. 105–116.
- 21 D. Nutbeam, "Evidence-Based Public Policy for Health: Matching Research to Policy Need," *Promotion and Education* 2, Supplement (2001): pp. 15–27.