

Indicator: Obesity

Data Years: 2003, 2005, 2007–2008, 2009–2010, 2011–2012, 2013

Indicator Description: Age-standardized prevalence rate of population age 18 and older who were classified as obese based on self-reported height and weight (per 100)

Rationale: The prevalence of obesity has been increasing in Canada,¹ and obesity is a risk factor for type 2 diabetes, cardiovascular disease and cancer.² The rise in obesity prevalence has been associated with increased economic burden in Canada (direct health care costs as well as indirect costs due to loss of productivity), with the annual costs estimated to have increased from \$3.9 billion to \$4.6 billion between 2000 and 2008.³ Factors associated with obesity include dietary behaviours,⁴ physical inactivity⁵ and characteristics of the environment, such as residential density and street connectivity.⁶

Data Source: Canadian Community Health Survey (CCHS), Statistics Canada

Income Disaggregator: Self-reported adjusted household income from the CCHS

Denominator Description: CCHS respondents age 18 and older

Exclusions:

1. Pregnant females
2. Persons less than 3 feet (0.914 metres) tall or greater than 6 feet 11 inches (2.108 metres) tall
3. Non-response categories (“refusal,” “don’t know” and “not stated”)
4. Respondents from the 3 territories (as income quintile data is unavailable)

Numerator Description: CCHS respondents age 18 and older with a body mass index (BMI) greater than or equal to 30.00 kg/m², based on self-reported height and weight. BMI is calculated by dividing the respondent’s body weight (in kilograms) by his or her height (in metres) squared.

According to Health Canada⁷ guidelines, the index for body weight classification is as follows:

- Less than 18.50: Underweight
- 18.50 to 24.99: Normal weight
- 25.00 to 29.99: Overweight
- 30.00 to 34.99: Obese, Class I
- 35.00 to 39.99: Obese, Class II
- 40.00 or greater: Obese, Class III

Survey Weight: Person level

Method of Age-Standardization: Direct age-standardization to the Canada 2011 standard population

Age Groupings for Standardization: 18–19; 20–24; 25–29; 30–34; 35–39; 40–44; 45–49; 50–54; 55–59; 60–64; 65–69; 70–74; 75–79; 80–84; 85–89; 90–94; 95–99; 100+

Geographic Assignment: Respondent’s province of residence according to postal code in the CCHS

Geographic Coverage: All 10 provinces (territories excluded)

Interpretation: Lower rates are desirable.

Case Selection Criteria: Respondents with a calculated BMI greater than or equal to 30.00 kg/m²

Self-reported height variable (metres): HWT DHTM

Self-reported weight variable (kilograms): HWT CDWTK

Specific Survey Question: N/A

Percentage Missing Due to Income:

	2003	2005	2007–2008	2009–2010	2011–2012	2013
Percentage Missing*	14.7	14.6	14.7	16.9	12.4	11.3

Note

* Percentage missing refers to the proportion of CCHS respondents who did not report income for this indicator and are therefore excluded from analyses based on self-reported adjusted household income quintiles.

Data Source Description:

Canadian Community Health Survey: The CCHS is a cross-sectional survey that collects information related to health status, health care utilization and health determinants for the community-dwelling Canadian population on an ongoing basis. The primary purpose of data collection is health surveillance and population health research. The CCHS target population is Canadians age 12 and older in all provinces and territories. Excluded from the sampling frame are individuals living on Indian reserves and Crown lands, institutional residents, full-time members of the Canadian Armed Forces and residents of certain remote regions (Région du Nunavik and Région des Terres-Cries-de-la-Baie-James). Altogether, these exclusions represent less than 3% of the target population.⁸

Sample Size: 130,000 (prior to 2007); 65,000 (2007 onward)

References

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3. Canadian Institute for Health Information and Public Health Agency of Canada. *Obesity in Canada*. Ottawa, ON: CIHI; 2011.
4. Swinburn BA, Caterson I, Seidell JC, James WP. Diet, nutrition and the prevention of excess weight gain and obesity. *Public Health Nutr*. 2004;7(1A):123-146.
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