

# Keeping Albertans healthy

Fall 2004

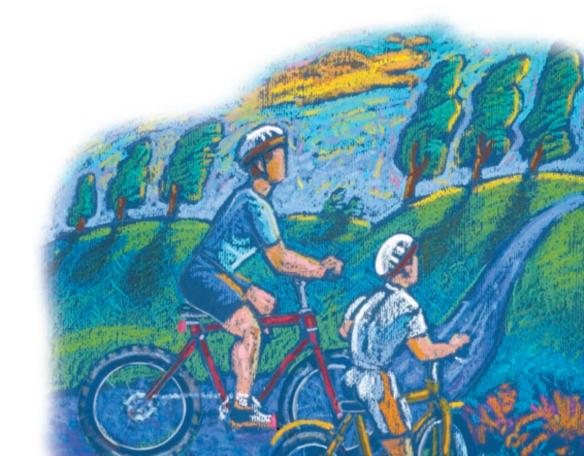
# How healthy are Albertans?



Health is much more than just the absence of disease or disability. It is a state of physical, emotional and social well-being. Our

education, employment, income and physical environment influence our health as much or more than the quality and availability of health services. Compared to people in other provinces and in many countries, Albertans are living longer and most of our years are spent in good health.

However, some Albertans are dying from preventable causes, and not all groups enjoy optimal health. For example, First Nations communities are at greater risk of diabetes.



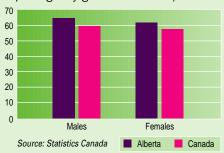
## Measures of the health of Alberta's population

**Life expectancy** data from Alberta in 2001 showed males could expect to live 77 years, and females, 82.3 years. However, these data do not show how many of those years are lived in good health. Chronic disease, frailty and disability tend to become more prevalent at older ages, so a population with a higher life expectancy may not be healthier.

**Self-rated health** is a simple measure that shows how many people aged 12 and over report their health as very good or excellent. Statistics Canada shows 63.9 per cent of Albertans reported very good or excellent health in 2003, compared to 58.4 per cent of Canadians. Generally, males report slightly better health than females.



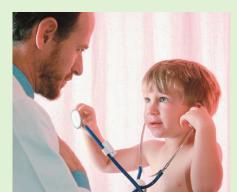
By Gender, 2003 (percentage reporting very good or excellent)



#### Health-adjusted life expectancy is a

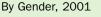
new method that combines life expectancy and health status measures to reflect both quantity and quality in a single measure. Health-adjusted life expectancy is the number of years in good health that an individual can expect to live.

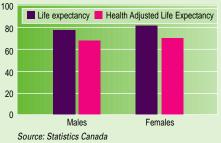
In Alberta in 2001, the health-adjusted life expectancy for men was 67.6 years (88 per cent of total life expectancy),



and for women the health-adjusted life expectancy was 69.7 years (85 per cent of total life expectancy). These data show that, although women live longer, more of their life is lived in poor health.

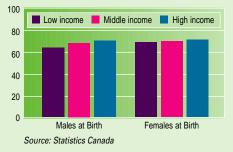
# 8 The Expectancy at Birth in Alberta





Statistics Canada also estimated health-adjusted life expectancy for populations based on household income levels. The results show that Albertans in the lowest income group have lower health-adjusted life expectancy than Albertans in the highest income group. This gap is larger for men (almost six years) than for women (two years).

#### Health Adjusted Life Expectancy at Birth in Alberta By Gender and Income, 2001



The Government of Alberta is concerned about the health disparity between low and high income Albertans. Crossministry programs are looking at how to reduce the impact of low income on health and well-being through accessible, affordable housing; appropriate access to health services; Alberta Health Care Insurance and Alberta Blue Cross premium subsidies; the Alberta Child Health Benefit; and support for individuals with special needs.



# Determinants of health and their impact on the health of Albertans

Health is influenced by gender, age, genetics, personal health practices and coping skills, social support, living and working conditions, the physical environment, income and education, and early childhood experiences. These are called the determinants of health. Some factors, such as personal health practices and coping skills, can be influenced by people's attitudes, behaviors and choices. Other factors such as gender and genetic endowment are outside a person's control.

**Behaviour choices and health** are linked. The most common chronic diseases such as heart disease, diabetes, cancer and chronic obstructive lung disease are often linked to a few common risk factors, such as poor nutrition, lack of physical activity, tobacco use and substance abuse. Studies show that, by consciously making healthier choices, people can improve their health and reduce the risk of chronic disease and injury.

**Physical activity and food choices** have a major influence on the development and progression of several chronic diseases, such as heart disease, cancer and type 2 diabetes. Studies show physically inactive people are almost twice as likely to develop heart disease compared to those who participate in regular physical activity.

Are Albertans physically active? In Alberta, 56.8 per cent of males are active or moderately active, while 54.3 per cent of females are active or moderately active. For both sexes, on average, more Albertans are physically active (55.6 per cent) than Canadians are nationally (51.7 per cent). **Leisure-time Physical Activity** 2003 (per cent active or moderately active)



Source: Statistics Canada

**Body Mass Index** (BMI) is a common method of classifying body weight and healthy weight range. To calculate your BMI, divide your weight in kilograms by your height in metres squared. The BMI international standard classifies adults with a BMI between 25 and 30 as overweight, and a BMI of 30 or higher as obese.

**Albertans are overweight.** In Alberta, 42 per cent of males and 26 per cent of females are overweight. The rate of adult obesity in Alberta is similar to the Canadian average.

#### Population in Body Mass Index (BMI) Category in Alberta By Gender, 2003 (per cent)



Underweight males – estimate with high variability – use with caution Source: Statistics Canada

# **Diabetes**

**Type 2 diabetes** accounts for 90-95 per cent of all cases of diabetes. Type 2 diabetes is largely preventable. Diabetes is a serious, chronic health condition and a major cause of and contributor to disease and death among Albertans. People with diabetes are 2.5 times more likely to have heart disease, 11 times more likely to have kidney failure, 17 times more likely to have an amputation, and eight times more likely to undergo bypass surgery.

Alberta's diabetes rate increased by roughly one-third (33.7 per cent) between 1990 and 2000. An estimate for 2000 shows 4.1 per cent of Albertans have been diagnosed with diabetes, slightly lower than the Canadian average. The number of Albertans living with diabetes is expected to double over the next 15 years. The prevalence rate in the First Nations population is 2.5 times higher than in the general population.

#### Bin Diabetes: Age-Sex Adjusted Prevalence

Persons aged 20 and older 1997/98 to 1999/00 (per cent)



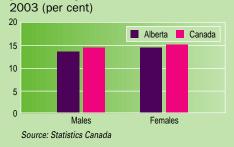
**The Alberta Diabetes Strategy** aims to reduce diabetes rates over the next 10 years, and help diabetics better manage their disease and avoid its complications. The strategy helps 40,000 low-income Albertans buy supplies and screens Aboriginal people living off-reserve for diabetes and its complications. The strategy also funds the \$2 million *Keep Your Body in Check* information program led by the Canadian Diabetes Association, to help Albertans make lifestyle choices to prevent type 2 diabetes.

# Tobacco use

**Tobacco use** kills an estimated 3,400 Albertans each year. It is considered the single most significant cause of preventable disease and death in Alberta. Smoking is known to cause heart disease, several kinds of cancer, including lung and cancers of the mouth, pharynx (throat), larynx (voice box) and esophagus, and is a contributing cause of cancers of the bladder, kidney and pancreas.

**Teen smoking** is defined as anyone between 12 to 19 years of age who has smoked at least one cigarette in the past 30 days. Smoking rates have decreased among Alberta teens. In 2003, 13.9 per cent of Alberta teens smoked compared to 17.9 per cent in 2000. In 2003, Alberta teen smoking rates were comparable to the 2003 Canadian average. Image At the same time 8.1 per cent of Alberta teens reported smoking daily, lower than the Canadian average of 9.1 per cent.

#### Teens Who Smoked at Least One Cigarette During the past 30 days



#### **The Alberta Tobacco Reduction Strategy** is a provincial government initiative launched in 2002 to reduce

smoking rates and prevent young people from starting to smoke. The strategy includes:

- Prevention and education programs
- Information and public awareness campaigns
- Legislation to prevent youth from smoking
- A Smoker's Help Line to assist smokers who want to quit
- Research and evaluation.

Statistics Canada 2003 Canadian Community Health Survey results show about 90,000 fewer Albertans smoke since the Alberta Tobacco Reduction Strategy was introduced.

# Improving healthy behaviours and preventing chronic disease

The leading causes of death and disability in Alberta are chronic diseases like heart disease, diabetes and cancer, and preventable injuries. Preventable disease and injury drive up health care costs while they lower productivity and quality of life.

**Helping Albertans stay healthy** is an important goal in the government's health business plan to 2007. Although it may take 20 or more years to reduce preventable disease and injury, we are starting now with a number of strategies that encourage healthy behaviour.

Framework for a Healthy Alberta, a cross-ministry initiative led by Alberta Health and Wellness approved in 2003, has set 10-year objectives and targets to improve healthy behaviours and reduce the rate of preventable chronic diseases. Our success in reducing chronic disease will be dependent upon how successful we are in improving healthy behaviours over the next decade.

**Healthy U** was launched in January 2003 to encourage Albertans to include healthy eating and regular physical activity in their lives. *Healthy U* includes TV and radio ads, an informative website and the *Healthy U* Crew. The crew is a team of energetic young Albertans who travel to summer events to promote healthy eating and physical activity. As well, the *Healthy U* @ Work program helps employees include physical activity and



healthy eating in their workday while the *Community Choosewell Challenge* engages communities.

More information is available at www.healthyalberta.com.

The Alberta Healthy Living Network is an alliance of more than 200 organizations that aims to provide provincial leadership in promoting health and preventing chronic disease in Alberta. Alberta Health and Wellness is proud to be a member. The network has been designated a demonstration site for the World Health Organization Countrywide Integrated Non-communicable Disease Intervention (CINDI) Program.

#### **MIKE'S STORY**

Mike is a busy father of three who works long hours and hasn't always made time to eat well or exercise regularly. Last year when he visited his physician for a regular check-up, Mike found out his cholesterol level was too high and he was at r<u>isk of a heart</u> attack. His physician recommended Mike visit Alberta's Healthy U web site for some pointers on how to incorporate healthy choices into his busy lifestyle. Mike now includes healthy eating and regular exercise as part of his daily routine. His cholesterol is back to normal and he has more energy at the end of the day for his children.



# Looking ahead

Albertans can take responsibility for their health by making good personal choices and participating in initiatives that create healthy communities. Alberta Health and Wellness is taking steps to protect Albertans' health and encourages everyone to make better daily decisions about eating and physical activity. Over the next few years we expect to see improvement in the health of Albertans.

### For more information:

Alberta Health and Wellness Phone: (780) 427-7164

E-mail: ahinform@gov.ab.ca

Dial 310-000 for toll free access outside Edmonton

Access is available on-line at www.health.gov.ab.ca

When you see a key it means that the information is a featured indicator based on a plan for reporting comparable health indicators developed by the Federal, Provincial and Territorial Ministers of Health. The Report of the Auditor General of Alberta on the featured indicators, and an appendix including methodology and technical information is available in the *Province of Alberta's 2004 Report on Comparable Health Indicators* at www.health.gov.ab.ca/public/how\_healthy.html.

Complete results and technical information for all provinces and territories will be available after December 1, 2004 on the Canadian Institute for Health Information website at: *www.cihi.com* 

