# Report card

## Canada

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Obesity prevalence

Adults, 2017

Survey type: Measured
Age: 18-79
Sample size: 5071
Area covered: National


Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m². obesity refers to a BMI greater than 30kg/m².
Children, 2017

Survey type: Measured
Age: 5-17
Sample size: 5071
Area covered: National
Notes: WHO cut-offs used.
Cutoffs: WHO
% Adults living with obesity in Canada 1970-2017

Survey type: Measured

References: For full details of references visit https://data.worldobesity.org/

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
% Adults living with overweight or obesity in Canada 1970-2017

Survey type: Measured

References: For full details of references visit https://data.worldobesity.org/

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
Overweight/obesity by education

Adults, 2004

Survey type: Measured
Age: 25-64
Sample size: 8383
Area covered: National
References: Canadian Community Survey 2004
Notes: Treat Post Secondary Obese figure with caution

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Children, 2004

Survey type: Measured
Age: 2-17
Sample size: 8661
Area covered: National
References: Canadian Community Survey 2004
Notes: Treat Post Secondary Obese figure with caution IOTF International Cut off used
Cutoffs: IOTF
### Overweight/obesity by age

**Adults, 2008**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 20-34</td>
<td>30%</td>
<td>40%</td>
</tr>
<tr>
<td>Age 35-44</td>
<td>40%</td>
<td>50%</td>
</tr>
<tr>
<td>Age 45-64</td>
<td>60%</td>
<td>70%</td>
</tr>
<tr>
<td>Age 65+</td>
<td>70%</td>
<td>80%</td>
</tr>
</tbody>
</table>

**Survey type:** Measured

**Area covered:** National

**References:**


Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Children, 2009-2011

Survey type: Measured
Sample size: 2123
Area covered: National


Notes: IOTF International Cut-off Points

Cutoffs: IOTF
Overweight/obesity by region

Men, 2014

Survey type: Self-reported
Age: 18+
Area covered: National


Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
### Women, 2014

<table>
<thead>
<tr>
<th>Province</th>
<th>% Overweight or Obesity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alberta</td>
<td>52.1%</td>
</tr>
<tr>
<td>British Columbia</td>
<td>50.1%</td>
</tr>
<tr>
<td>Canada</td>
<td>54.1%</td>
</tr>
<tr>
<td>Manitoba</td>
<td>54.2%</td>
</tr>
<tr>
<td>New Brunswick</td>
<td>53.9%</td>
</tr>
<tr>
<td>New Foundland &amp; Labrador</td>
<td>54.5%</td>
</tr>
<tr>
<td>Northwest Territory</td>
<td>53.7%</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>55.2%</td>
</tr>
<tr>
<td>Nunavut</td>
<td>54.9%</td>
</tr>
<tr>
<td>Ontario</td>
<td>56.5%</td>
</tr>
<tr>
<td>Prince Edward Island</td>
<td>54.8%</td>
</tr>
<tr>
<td>Quebec</td>
<td>55.6%</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>54.0%</td>
</tr>
<tr>
<td>Yukon</td>
<td>54.3%</td>
</tr>
</tbody>
</table>

**Survey type:** Self-reported  
**Age:** 18+  
**Area covered:** National  

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
### Children, 2014

<table>
<thead>
<tr>
<th>Region</th>
<th>Overweight or obesity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alberta</td>
<td>24.5%</td>
</tr>
<tr>
<td>British Colombia</td>
<td>19.0%</td>
</tr>
<tr>
<td>Canada</td>
<td>23.3%</td>
</tr>
<tr>
<td>Manitoba</td>
<td>23.6%</td>
</tr>
<tr>
<td>New Brunswick</td>
<td>42.7%</td>
</tr>
<tr>
<td>New Foundland &amp; Labrador</td>
<td>20.9%</td>
</tr>
<tr>
<td>Ontario</td>
<td>20.6%</td>
</tr>
<tr>
<td>Quebec</td>
<td>21.1%</td>
</tr>
</tbody>
</table>

**Survey type:** Self-reported  
**Age:** 12-17  
**Area covered:** National Survey  
**Notes:** IOTF International Cut Off's Applied Some regions supplied % but results considered unreliable as sample too small  
**Cutoffs:** IOTF
Overweight/obesity by socio-economic group

Men, 2002-2003

Survey type: Self-reported
Age: 18+
Sample size: 2221
Area covered: National


Notes: SELF REPORTED DATA

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Women, 2002-2003

Survey type: Self-reported
Age: 18+
Sample size: 2221
Area covered: National

Notes: SELF REPORTED DATA

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
### Children, 2004

<table>
<thead>
<tr>
<th>Survey type:</th>
<th>Measured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age:</td>
<td>2-17</td>
</tr>
<tr>
<td>Sample size:</td>
<td>8661</td>
</tr>
<tr>
<td>Area covered:</td>
<td>National</td>
</tr>
<tr>
<td>References:</td>
<td>Canadian Community Survey 2004</td>
</tr>
<tr>
<td>Notes:</td>
<td>Treat Low income figures with caution (see paper for full details) IOTF International Cut off used</td>
</tr>
<tr>
<td>Cutoffs:</td>
<td>IOTF</td>
</tr>
</tbody>
</table>
Insufficient physical activity

Adults, 2016

Men, 2016

Women, 2016

<table>
<thead>
<tr>
<th>Country</th>
<th>% Insufficient Physical Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>0</td>
</tr>
<tr>
<td>Antigua &amp; Barbuda</td>
<td>11-17</td>
</tr>
<tr>
<td>Belize</td>
<td>80</td>
</tr>
<tr>
<td>Suriname</td>
<td>80</td>
</tr>
<tr>
<td>Barbados</td>
<td>80</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>80</td>
</tr>
<tr>
<td>St Kitts &amp; Nevis</td>
<td>80</td>
</tr>
<tr>
<td>Argentina</td>
<td>80</td>
</tr>
<tr>
<td>Dominica</td>
<td>80</td>
</tr>
<tr>
<td>Honduras</td>
<td>80</td>
</tr>
<tr>
<td>Uruguay</td>
<td>80</td>
</tr>
<tr>
<td>Guyana</td>
<td>80</td>
</tr>
<tr>
<td>Bahamas</td>
<td>80</td>
</tr>
<tr>
<td>Guatemala</td>
<td>80</td>
</tr>
<tr>
<td>St Lucia</td>
<td>80</td>
</tr>
<tr>
<td>Grenada</td>
<td>80</td>
</tr>
<tr>
<td>Peru</td>
<td>80</td>
</tr>
<tr>
<td>Chile</td>
<td>80</td>
</tr>
<tr>
<td>Colombia</td>
<td>80</td>
</tr>
<tr>
<td>Bolivia</td>
<td>80</td>
</tr>
<tr>
<td>El Salvador</td>
<td>80</td>
</tr>
<tr>
<td>Brazil</td>
<td>80</td>
</tr>
<tr>
<td>St Vincent &amp; Gren.</td>
<td>80</td>
</tr>
<tr>
<td>Ecuador</td>
<td>80</td>
</tr>
<tr>
<td>Venezuela</td>
<td>80</td>
</tr>
</tbody>
</table>

Age: 11-17

References: [Global Health Observatory data repository, World Health Organisation](http://apps.who.int/gho/data/node.main.A893?lang=en)

Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
Boys, 2010

Age: 11-17


Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
Girls, 2010

Age: 11-17


Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
Estimated per-capita fruit intake

Adults, 2017

Survey type: Measured
Age: 25+
References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]
Definitions: Estimated per-capita fruit intake (g/day)
Estimated per-capita processed meat intake

Adults, 2017

Survey type: Measured

Age: 25+


Definitions: Estimated per-capita processed meat intake (g per day)
Estimated per-capita whole grains intake

Adults, 2017

Survey type: Measured

Age: 25+


Definitions: Estimated per-capita whole grains intake (g/day)
Mental health - depression disorders

Adults, 2015


Definitions: % of population with depression disorders
Mental health - anxiety disorders

Adults, 2015


Definitions: % of population with anxiety disorders
Oesophageal cancer

Men, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
Women, 2018

Incidence per 100,000

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
Breast cancer

Women, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, breast, females, ages 20+. ASR (World) per 100,000
Colorectal cancer

Men, 2018

Incidence per 100,000

Age: 20+

References: Global Cancer Observatory, Cancer incidence rates http://gco.iarc.fr/ (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Incidence per 100,000

Age:


Definitions: Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Pancreatic cancer

Men, 2018

Age: 20+

References: Global Cancer Observatory, Cancer incidence rates http://gco.iarc.fr/ (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
Gallbladder cancer

Men, 2018

References: Global Cancer Observatory, Cancer incidence rates [http://gco.iarc.fr/] (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Incidence per 100,000

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
Kidney cancer

Men, 2018

References: Global Cancer Observatory, Cancer incidence rates [http://gco.iarc.fr/] (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Incidences per 100,000

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
Cancer of the uterus

Women, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, cervix uteri, females, ages 20+. ASR (World) per 100,000
Raised blood pressure

Adults, 2015

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A875?lang=en

Definitions:
Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).

Definitions: Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Women, 2015

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A875?lang=en

Definitions:
Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Raised cholesterol

Adults, 2008

References:

Definitions:
% Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Men, 2008


Definitions: % Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Women, 2008

% Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A885

Definitions:
% Raised total cholesterol (> = 5.0 mmol/L) (age-standardized estimate).
Raised fasting blood glucose

Men, 2014-2019

References: Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A869?lang=en

Definitions: Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).
Women, 2014-2019


Definitions: Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).
Diabetes prevalence

Adults, 2017


Definitions: Diabetes age-adjusted comparative prevalence (%).
Health systems

Economic classification: High Income

Health systems summary

The Canadian Health Act (CHA) was passed in 1984. The aim of the CHA was to ensure that all Canadian citizens had ‘free at the point of care’ for approved healthcare needs. Now, almost all Canadian’s healthcare is provided for by Medicare, a publicly funded, single-payer health care system. If a treatment is classified as ‘medically necessary’ it must be funded through the government funded Medicare system. Medicare plans, however, do not cover pharmaceuticals, home care or long-term care costs. These additional costs are required to be covered by supplementary health insurance.

Approximately 70% of total health expenditure is publicly sourced (primarily through general taxation). Around half of the remaining 30% come from out of pocket payments by patients.

Indicators

<table>
<thead>
<tr>
<th>Question</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where is the country’s government in the journey towards defining ‘Obesity as a disease’?</td>
<td>No</td>
</tr>
<tr>
<td>Where is the country’s healthcare provider in the journey towards defining ‘Obesity as a disease’?</td>
<td>Some progress</td>
</tr>
<tr>
<td>In practice, how is obesity treatment largely funded?</td>
<td>Out of pocket</td>
</tr>
<tr>
<td>Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?</td>
<td>Partial</td>
</tr>
<tr>
<td>Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?</td>
<td>Partial</td>
</tr>
<tr>
<td>Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?</td>
<td>No</td>
</tr>
<tr>
<td>Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?</td>
<td>No</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for adults?</td>
<td>No</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for children?</td>
<td>No</td>
</tr>
</tbody>
</table>
Perceived barriers to treatment

Lack of training for healthcare professionals  Obesity not recognised as a disease  Lack of treatment facilities

Summary of stakeholder feedback

While the Canadian Medical Association classifies obesity as a disease, the Canadian Government does not. Official recognition of obesity as a chronic disease by the government would ensure that obesity was included within the chronic disease treatment portfolio so there would be more funds and incentives to treat.

Though the current health system should theoretically allow people with obesity to receive health care in a structured and systematic way, stakeholders suggest that obesity is not effectively managed within the current health system. The availability of treatment varies widely between provinces and territories, staff are inadequately trained and there is a lack of multi-disciplinary teams despite it being widely recognised by healthcare practitioners to be crucial for successful obesity management.

Stakeholders report that individuals often enter the system via the emergency room and then are not referred onto appropriate care. When they are referred onto care, the availability of weight loss programmes and bariatric treatments is inconsistent and often subject to long waiting times in the public sector (particularly for the latter). As a result, those that can afford to go abroad for bariatric treatment do so and much of the population use unregulated and expensive weight-loss service providers.

Stakeholders also reported that many health care practitioners feel ill-equipped to treat obesity and feel that existing government guidelines are outdated. It was highlighted however that the Canadian Task Force on Preventive Health Care published prevention, treatment and management guidelines for adults and children in primary care in 2015.

*Based on interviews/survey returns from 4 stakeholders*

Last updated: June 2020