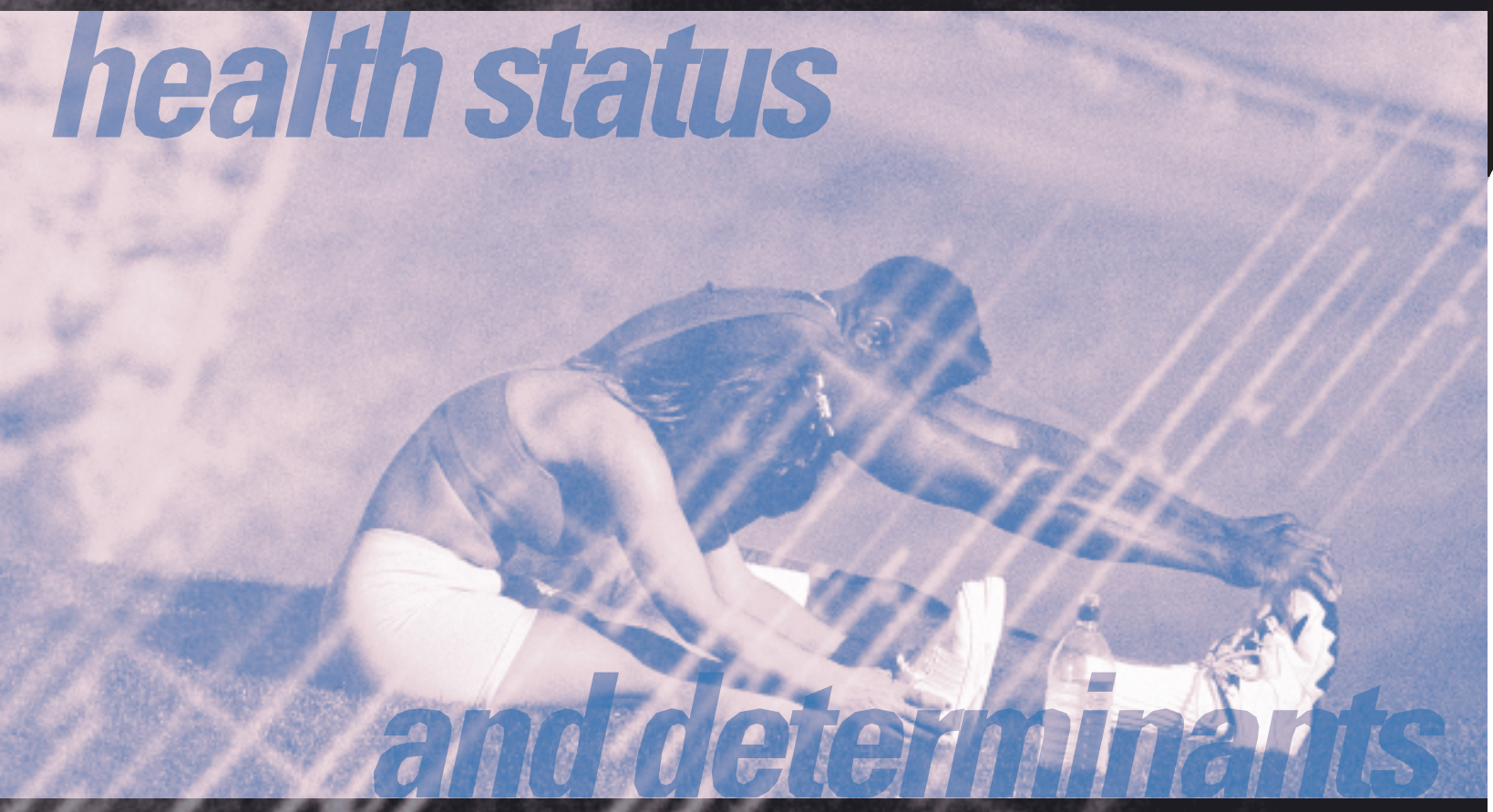
Section C

health status and determinants

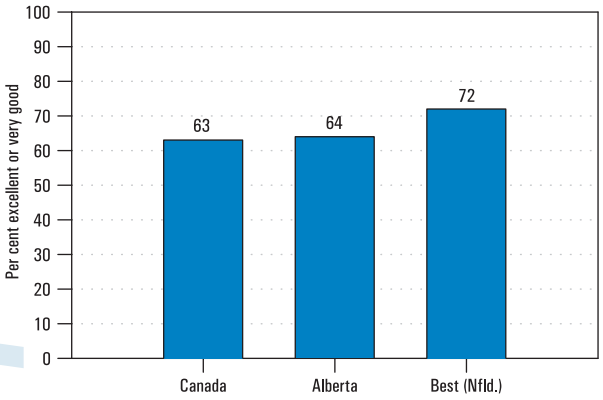


C.1 Self-Reported Health

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

Self-reported health status — the subjective experience of how healthy a person feels — is an important health indicator. In 1996/1997, almost two out of three (64 per cent) Albertans age 15 and above reported that their health was very good or excellent. This proportion is about the same as the national average (63 per cent), but less than Newfoundland (72 per cent), the best province in terms of this measure.

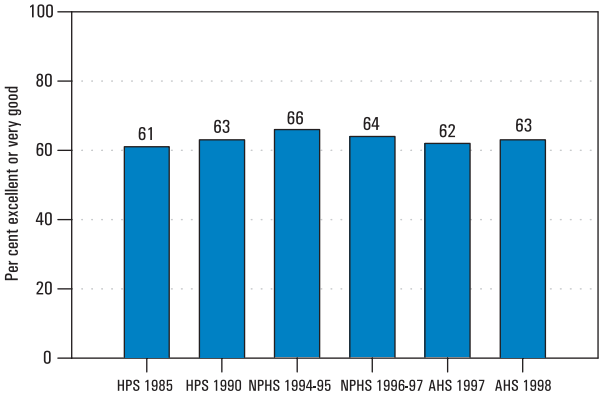
Figure C.1.1
Self-Reported Health, 1996 - 1997 (Canada, Alberta, Best Province)



Source: National Population Health Survey, 1996 - 1997 (age 15+)

Over the past 13 years, self-reported health status has been fairly constant in Alberta across various surveys. Higher results in years measured by the National Population Health Survey (NPHS) may reflect a slight difference in the wording of the question in the NPHS.

Figure C.1.2
Trends in Self-Reported Health in Alberta, 1985 - 1998



Sources: HPS: Health Promotion Survey
NPHS: National Population Health Survey (age 15+)
AHS: Alberta Health Survey (age 18+)

Provincial Business Plan Targets

The provincial target for 2000 is that at least 70 per cent of Albertans aged 18 to 64, and 75 per cent of Albertans aged 65 and over, will report excellent, very good or good health.

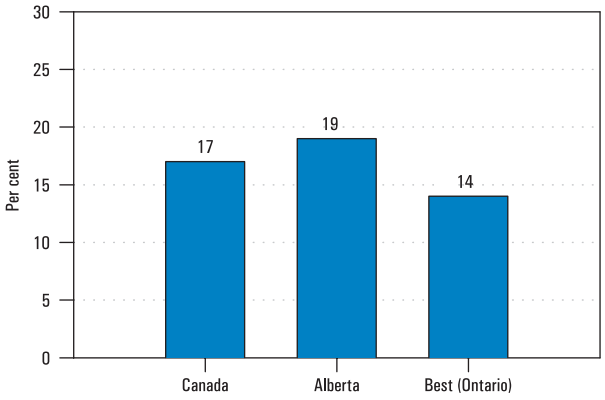
Provincial Strategies

- Action for Health — Grants are provided to RHAs to increase their capacity to plan, deliver and implement initiatives related to health promotion and injury/disease prevention.
- "You're Amazing"— Alberta Health and Wellness has concluded a two year health promotion initiative focused on health determinants and targeted at young families. An evaluation of the initiative has recently been concluded.
- Health in Action — This is an electronic clearinghouse accessible through the Internet, which provides information on health promotion and injury/disease prevention programs, projects and research.

C.2 Self-Reported Disability

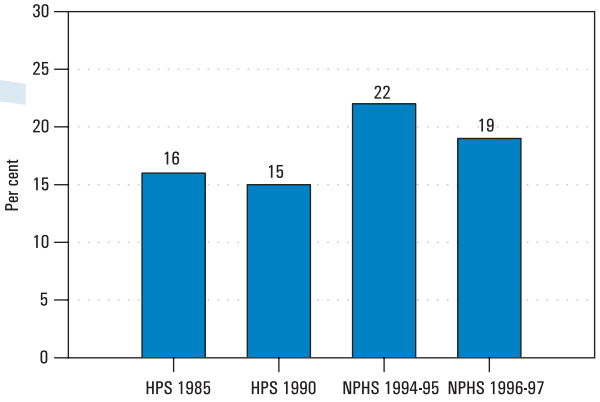
Approximately 19 per cent of Albertans age 15 and above report that their activities are limited as a result of a long-term physical or mental condition or other health problem. These limitations may affect activities in the home, school, or workplace. They can affect access to transportation, employment and leisure activities. This proportion is slightly higher than the Canadian average (17 per cent), and somewhat higher than that of the best province, Ontario (14 per cent).

Figure C.2.1
Self-Reported Disability 1996 - 1997 (Canada, Alberta, Best Province)



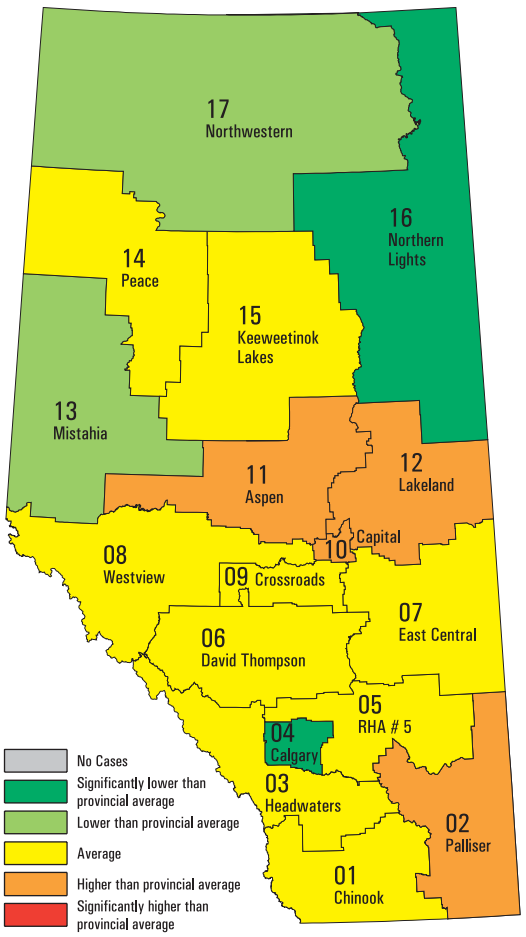
Source: National Population Health Survey, 1996 - 1997 (age 15+)

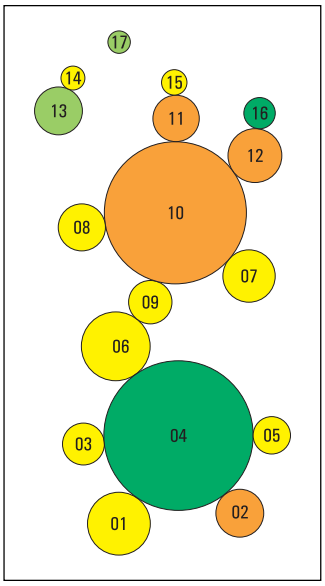
Figure C.2.2
Trends in Self-Reported Disability in Alberta, 1985, 1990, 1994-1995, 1996-1997



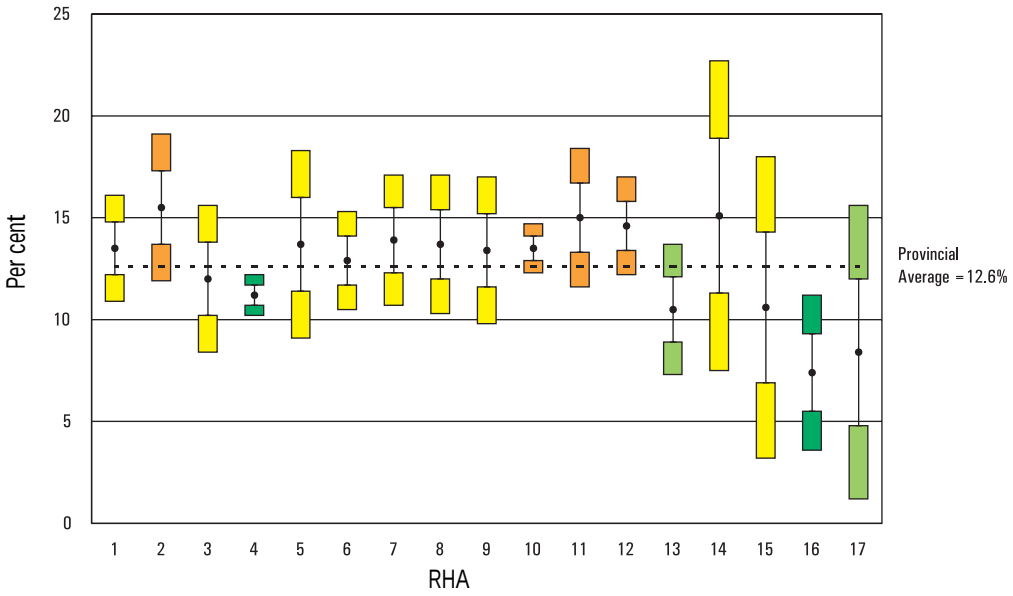
Sources: HPS: Health Promotion Survey
NPHS: National Population Health Survey (age 15+)

Figure C.2.3
Regional differences for self-reported disability in Alberta (all ages), 1996*





RHA Population Cartogram



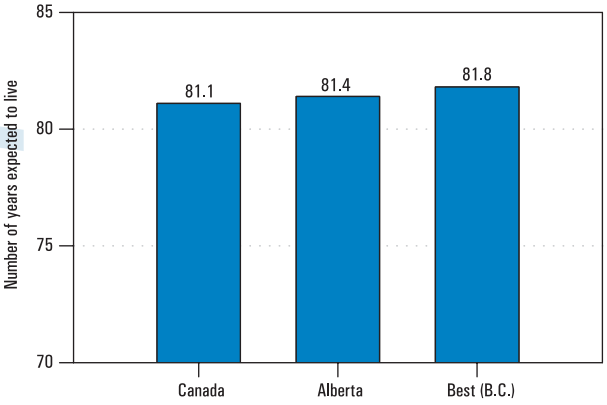
Source: National Population Health Survey, 1996 - 1997

*This map is drawn on the 1996 RHA boundaries, not the current boundaries set in 1998.

C.3 Life Expectancy

Life expectancy is "the average number of years an individual of a given age is expected to live if current mortality rates continue to apply" (Last, J. *Dictionary of Epidemiology,* 3rd edition, Oxford University Press, New York, 1995 p 59). An increasing life expectancy at birth is frequently interpreted as an indicator that a population is healthy, has adequate access to health care, has healthy diets, and is protected from the effects of environmental, workplace, or other hazards that would shorten life.

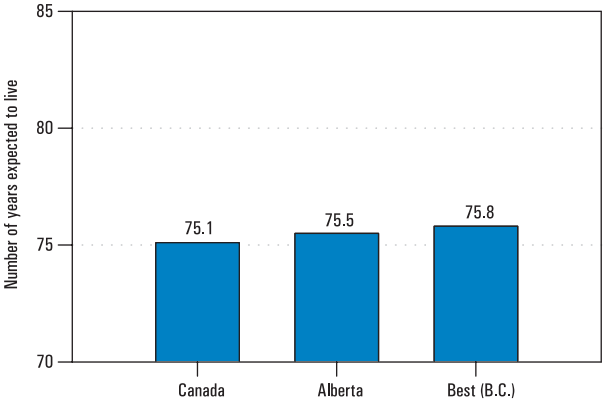
Figure C.3.1 (a)
Female Life Expectancy at Birth, 1994 (Canada, Alberta, Best Province)



Source: Current Demographic Situation in Canada: 1994, Statistics Canada

Life expectancy is calculated using estimates of age-specific mortality rates for a defined population over a circumscribed time period. Because these estimates depend upon large populations for stability, life expectancy is most often interpreted for large populations. Measures of variability should be calculated if the measure is to be employed on smaller regional populations.

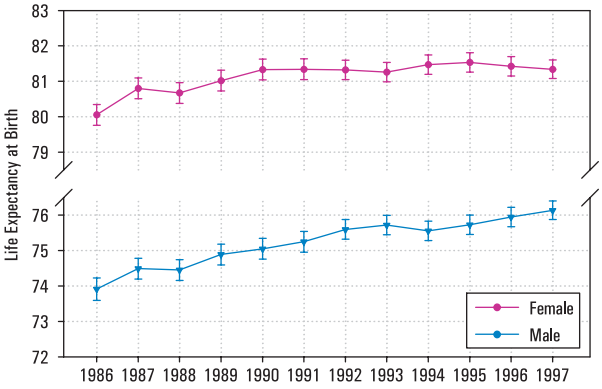
Figure C.3.1 (b)
Male Life Expectancy at Birth, 1994 (Canada, Alberta, Best Province)



Source: Current Demographic Situation in Canada: 1994, Statistics Canada

The figure below shows the life expectancy at birth (and its 95 per cent confidence interval) for Alberta males and females over the past decade. There is a general upward trend, more marked for males than for females.

Figure C.3.2
Trends in Alberta Life Expectancy at Birth 1986 - 1997

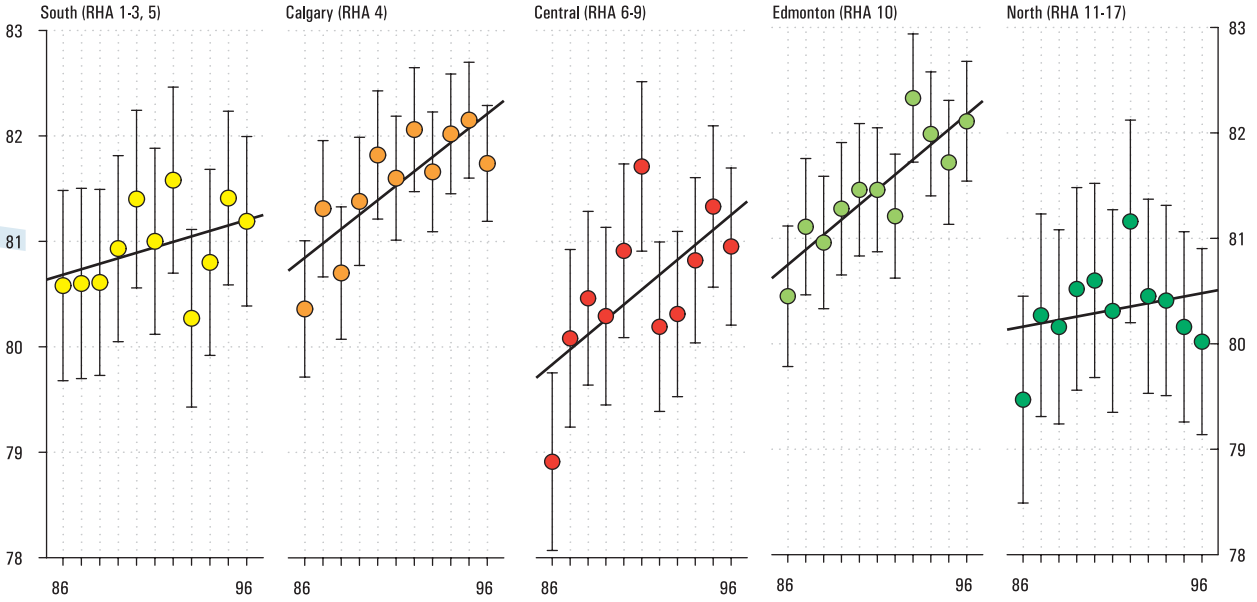


Source: Health Surveillance Branch, Alberta Health, 1997

The following figures are calculated on smaller regions and show larger variability (as indicated by width of the 95 per cent confidence around each point). For both females and males, life expectancy has increased at the regional level as indicated by the upward sloping trend lines, though for individual regions there is considerable fluctuation around this trend line. These figures also show that gains in life expectancy have been greater for the major urban areas (Calgary and Edmonton) than for the predominantly rural areas.

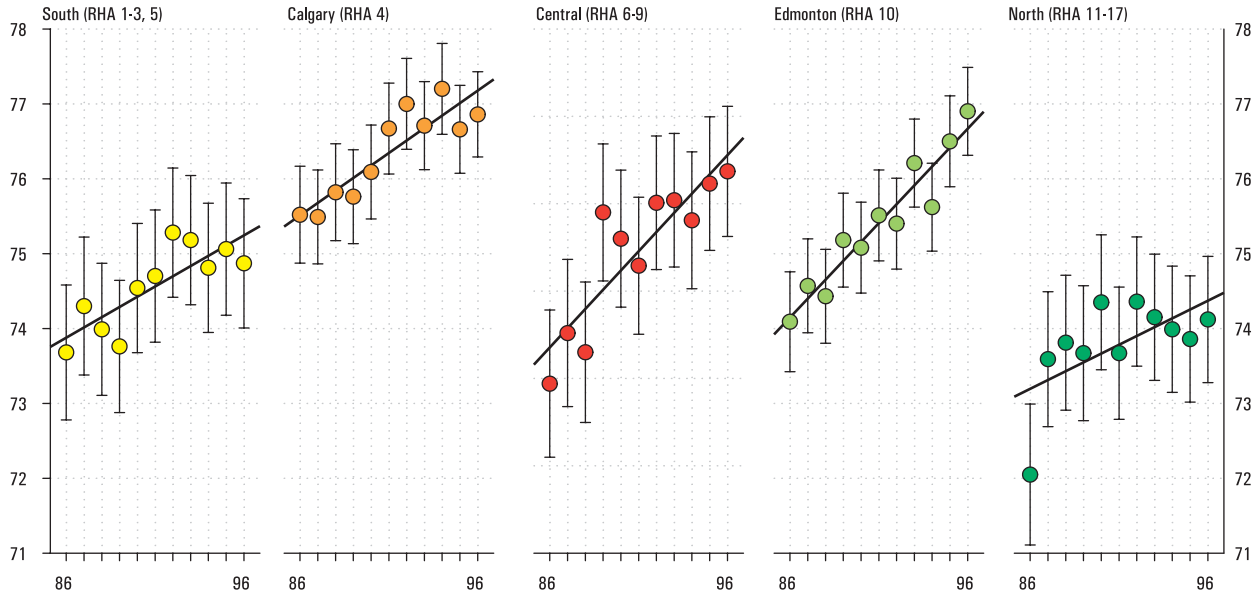
Further information can be found in two separately available reports: *Life Expectancy as a Health Indicator* and *Life Expectancy in Alberta: Socioeconomic Perspectives.*

Figure C.3.3 (a)
Female Life Expectancy at Birth by Region 1986 - 1996



Source: Health Surveillance Branch, Alberta Health, 1997

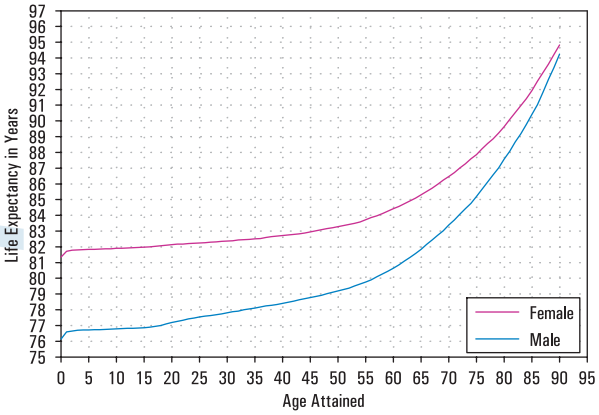
Figure C.3.3 (b)
Male Life Expectancy at Birth by Region 1986 - 1996



Source: Health Surveillance Branch, Alberta Health, 1997

As individuals continue to survive through time, their life expectancies increase as they continue to avoid premature death. For example a male who was 65 years of age in 1997 will have a life expectancy of about 81 years, while a female who was 65 years of age will have a life expectancy of about 85.2 years. These figures are of particular importance for planning the delivery of services to the ageing.

Figure C.3.4
Conditional Life Expectancy, Alberta, 1997



Source: Health Surveillance Branch, Alberta Health, 1999

Provincial Business Plan Targets

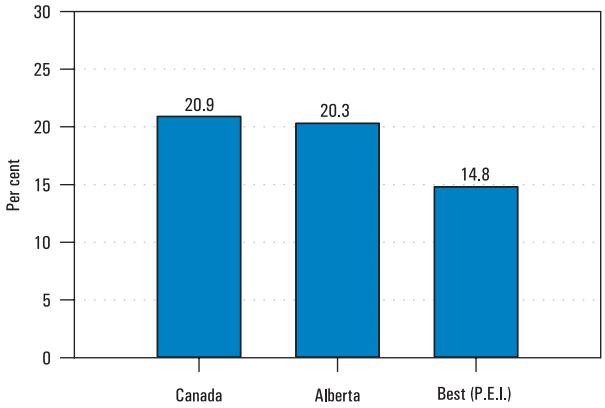
The provincial target for 2000 is that life expectancy at birth will have reached 77 years for males and 83 years for females.

C.4 Childhood Poverty

Living in poverty increases the risk of poor health and is associated with decreased life expectancy. Children living in poverty are particularly at risk. They are more likely to have poorer nutrition, increased infections, and are often not well prepared for school entry. The effects of childhood poverty can often be measured well into adulthood. For the purposes of this section, "children" are defined as those under the age of 18; "living in poverty" is defined as the situation when 56.2 per cent or more of the child's family income is being spent on shelter, food and taxes.

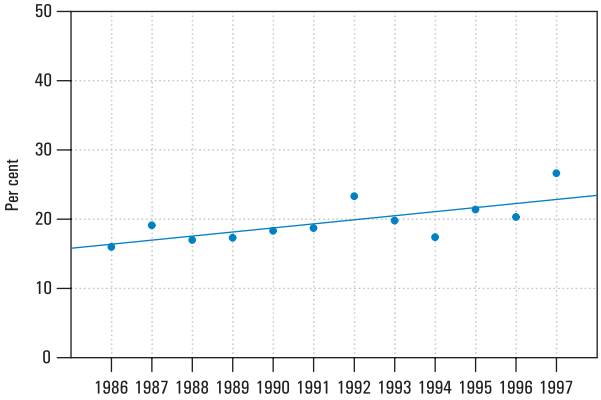
In 1996, Alberta had the fifth lowest child poverty rate in the country at 20.3 per cent. This was below the national average of 20.9 per cent and higher than the 14.8 per cent reported for Prince Edward Island, the province with the lowest rate.

Figure C.4.1
Child Poverty, 1996 (Canada, Alberta, Best Province)



Source: Poverty Profile 1996, National Council of Welfare, spring 1998

Figure C.4.2
Percentage of Children Living Below the Poverty Line, Alberta, 1986 - 1997

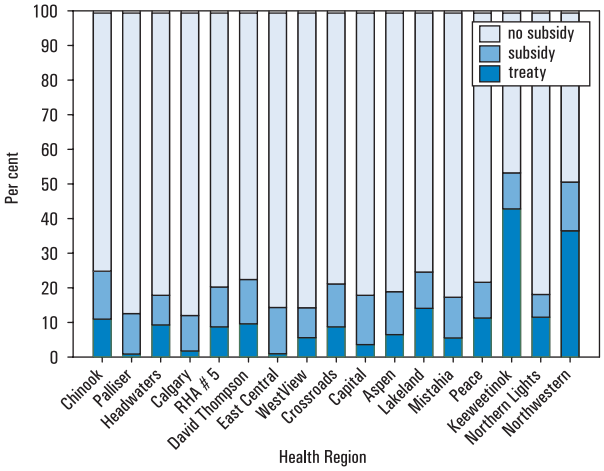


Source: Poverty Profile 1996, National Council of Welfare, spring 1998

Comparable figures for each of Alberta's 17 regional health authorities are not available. However, the Alberta Health Care Insurance Plan Stakeholder Registry offers proxies for low income. Partial subsidies and waivers of AHCIP premiums are available to families with an adjusted taxable income below $12,620. Full premium subsidies are available to families with incomes below $7,500. As of June 30, 1998, 82.4 per cent of children under the age of 18 were in families not requiring any form of relief from paying AHCIP premiums. Low income families comprised 11.9 per cent of children. More detailed information on AHCIP premiums can be found on the Alberta Health and Wellness website.

On a provincial level, 82.4 per cent of families receive no subsidy for health care premiums from Alberta Health and Wellness, but the proportion varies by RHA. Keeweetinok Lakes and Northwestern Health Regions have the highest proportion of people receiving subsidies, partly because they have a greater proportion of First Nations peoples. (Many First Nations people qualify for payment of their premiums by Health Canada).

Figure C.4.3
Percentage of Children in Families With: AHCIP Premium Subsidy; No Subsidy; or Treaty Status, 1998



Source: Alberta Health Care Insurance Plan Stakeholder Registration File, 1998

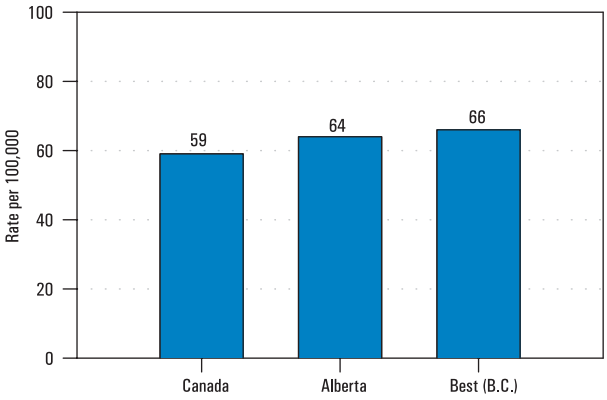
C.5 Physical Activity

physical activity

Regular physical activity relieves stress, builds strength, increases resistance to disease or injury, improves cardiovascular fitness, and helps maintain healthy weight levels.

In the 1996/1997 National Population Health Survey, 64 per cent of Albertans reported that they participated in physical activity at least three times per week. This is higher than the national average, 59 per cent, but slightly less than the best province, British Columbia, 66 per cent.

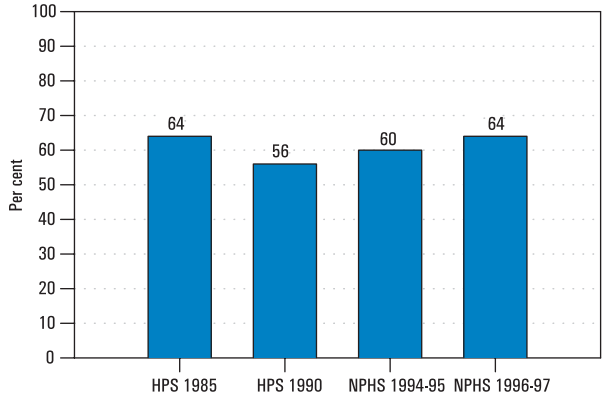
Figure C.5.1
Regular Physical Activity, 1996 - 1997 (Canada, Alberta, Best Province)



Source: National Population Health Survey (age 15+)

Over the past decade, the proportion of Albertans who are physically active has fluctuated. In 1985, 64 per cent of Albertans engaged in physical activity at least three times per week. However, by 1990 this figure had dropped to 56 per cent. Since then, there has been a resurgence back to 64 per cent.

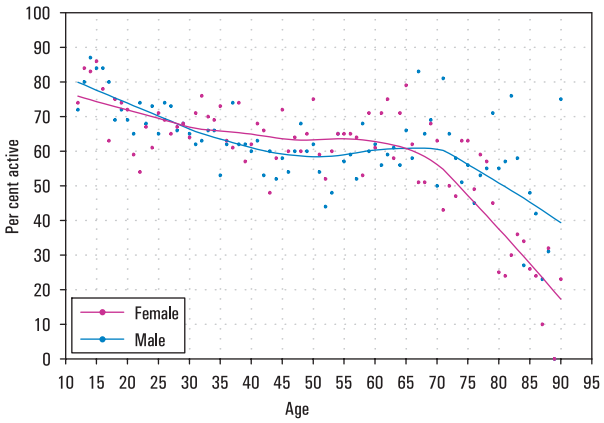
Figure C.5.2
Albertans Engaged in Regular Physical Activity, 1985, 1990, 1994 - 1995, 1996 - 1997



Source: HPS (Health Promotion Survey)
NPHS (National Population Health Survey, age 15+)

In 1996, the majority of males and females younger than 70 engaged in physical activity at least three times per week. People older than 70 were less active however, with the greater drop-off noticeable among females.

Figure C.5.3
Albertans Engaged in Regular Physical Activity, Age- and Sex-Specific Rates, 1996

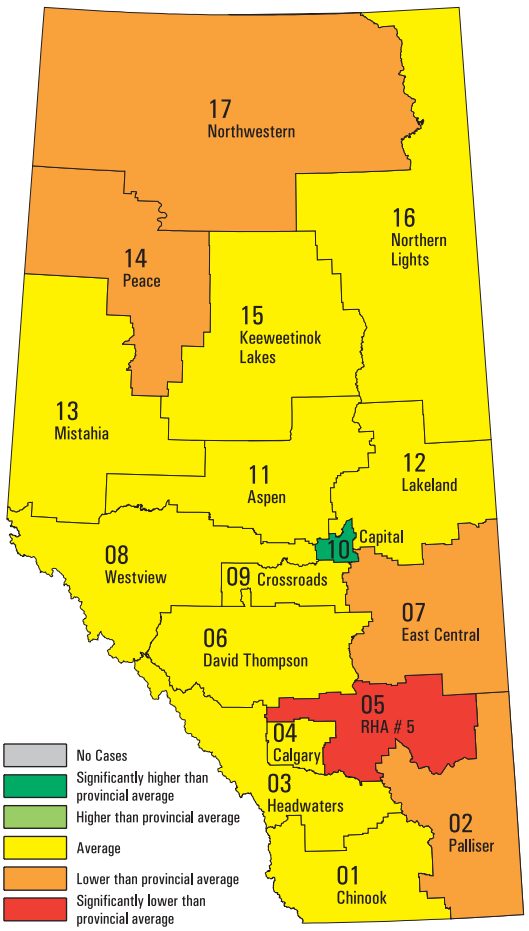


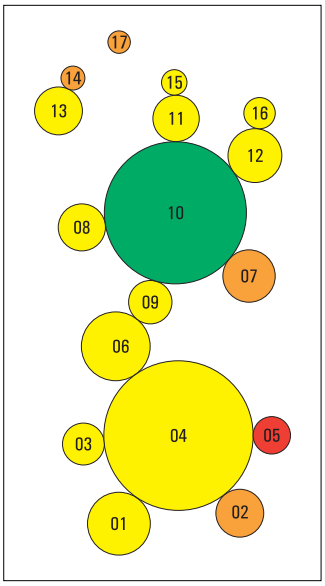
Source: National Population Health Survey, 1996-1997

Provincial Strategies

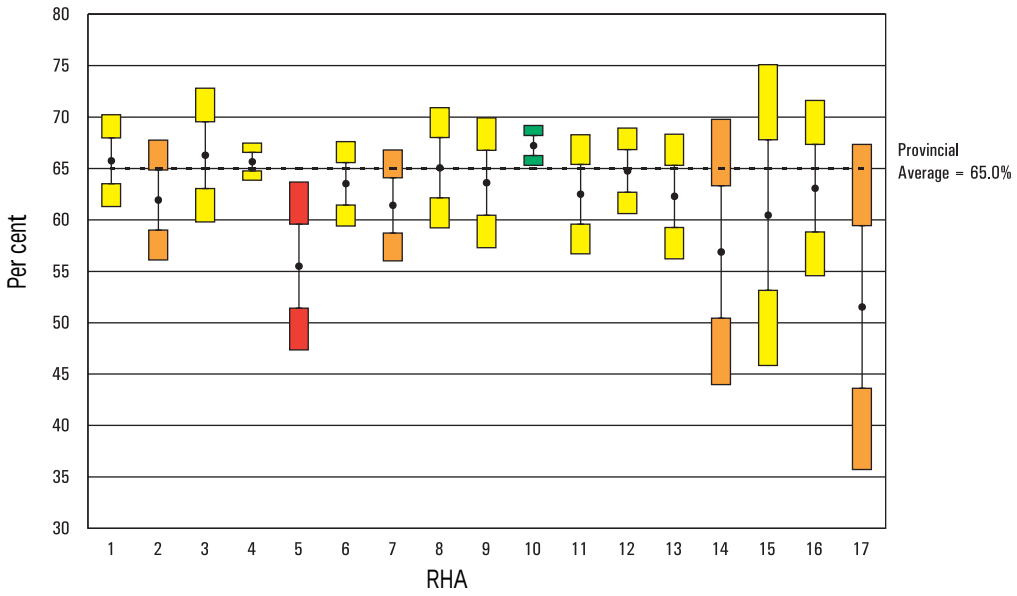
- Alberta Health and Wellness provides input into decisions regarding active living grants for community agencies from the Alberta Sport, Recreation, Parks and Wildlife Foundation.
- Alberta Health and Wellness participates as an active member of the Minister's Coordinating Council on Active Living. This council was established to examine and advise on appropriate ways to implement the Alberta Active Living Strategy recommendations as outlined by the Alberta Active Living Task Force Report. Several government departments participate in this Coordinating Council with Alberta Community Development having the lead.

Figure C.5.4
Albertans Engaged in Regular Physical Activity, Regional Differences, 1996*





RHA Population Cartogram



Source: National Population Health Survey, 1996-1997

*This map is drawn on the 1996 RHA boundaries, not the current boundaries set in 1998.

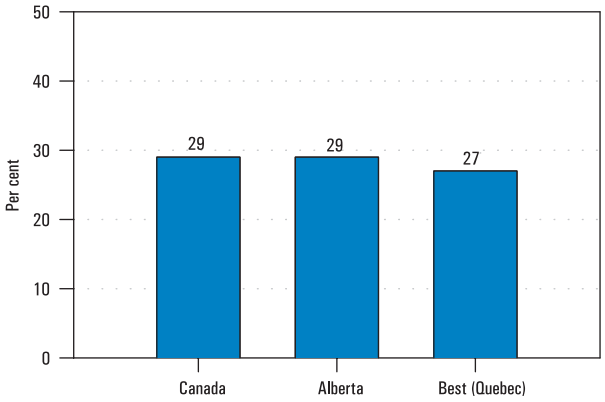
C.6 Overweight

Body weight depends on factors such as genetics, nutrition, mental health, and level of physical activity. Overweight and obesity are linked to a range of health problems, especially cardiovascular disease and diabetes.

Body mass index (BMI) is the most common measure of weight for height, and is used to determine whether a person's weight is over or under the desirable weight for their height. The BMI is calculated as 'weight in kilograms' divided by 'height in metres' squared. Adults between the ages of 20 and 64, excluding pregnant women, may be considered overweight if they have a BMI greater than 27.

In 1996/1997, 29 per cent of Albertans were overweight according to the above criteria. This is the same as the national average and slightly higher than the best province, Quebec (27 per cent).

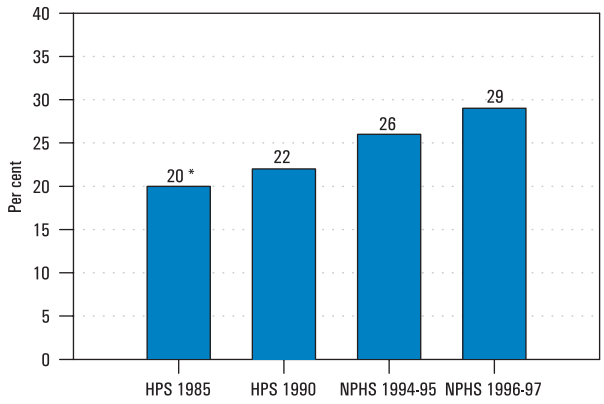
Figure C.6.1
Overweight Adults, 1996 - 1997 (Canada, Alberta, Best Province)



Source: National Population Health Survey, 1996 - 1997

Between 1985 and 1997, the proportion of overweight adults in Alberta rose steadily, from 20 per cent to 29 per cent. There was also an increase for Canada overall.

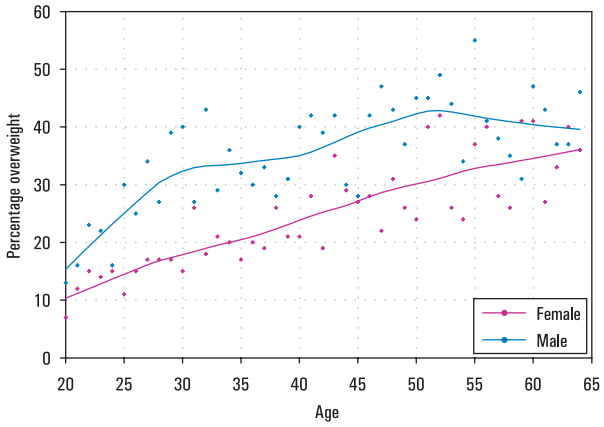
Figure C.6.2
Overweight Adults in Alberta and Canada, 1985, 1990, 1994-1995, 1996-1997



Source: Health Promotion Survey (HPS)
National Population Health Survey (NPHS)
* Updated calculation

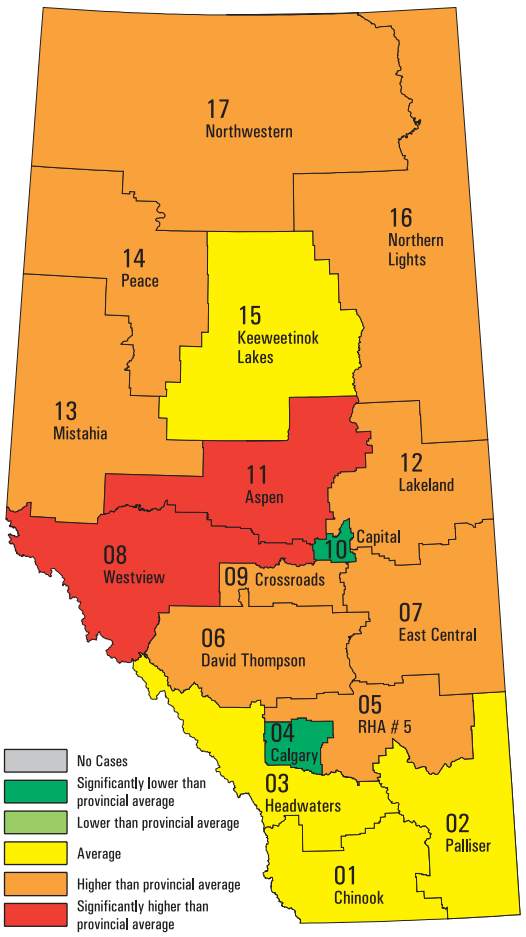
In 1996, a greater proportion of older Albertans was overweight than the proportions in younger age groups, with a larger percentage of overweight males than females. Weight appears to rise with age.

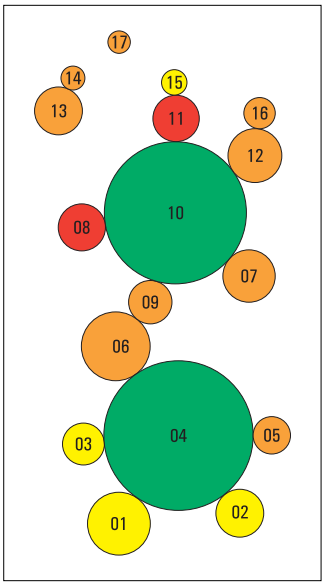
Figure C.6.3
Age- and Sex-Specific Rates for Overweight Adults in Alberta, 1996



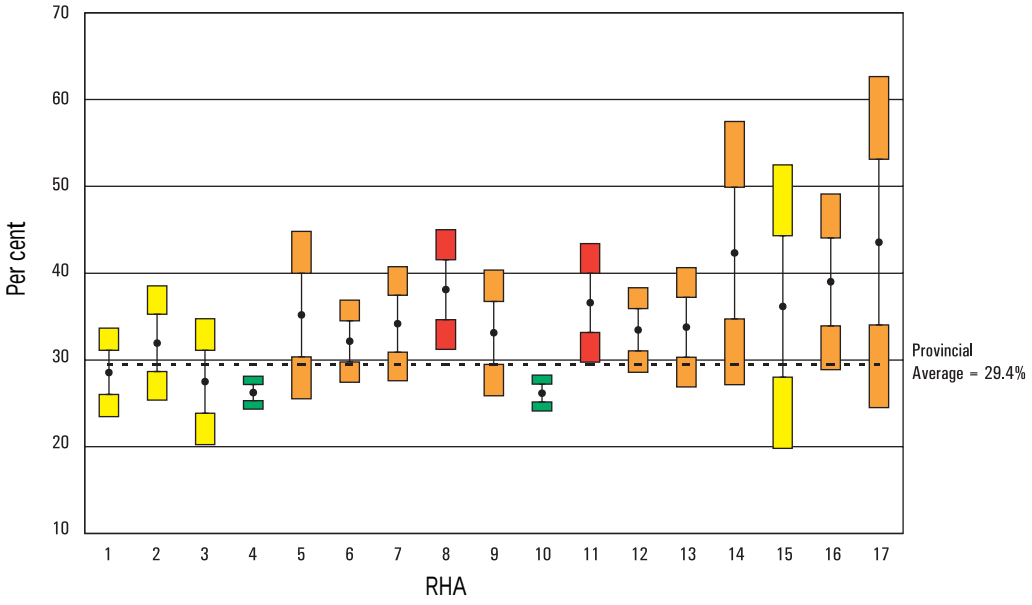
Source: National Population Health Survey, 1996 - 1997

Figure C.6.4
Regional Differences for Overweight Adults in Alberta, 1996*





RHA Population Cartogram



Source: National Population Health Survey, 1996 - 1997

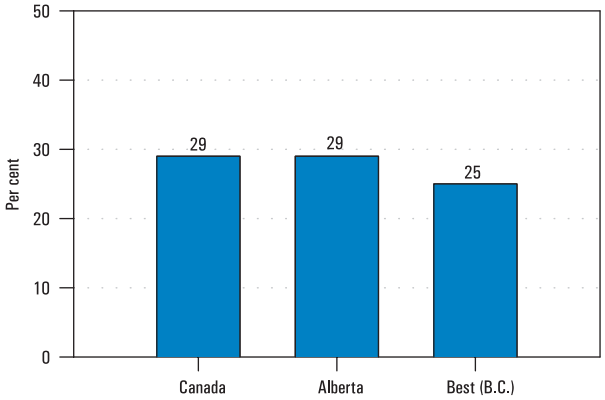
*This map is drawn on the 1996 RHA boundaries, not the current boundaries set in 1998.

C.7 Tobacco Use

There is little doubt that tobacco use is a serious threat to health. Smoking or exposure to tobacco smoke is a known cause of heart disease and lung cancer as well as emphysema and other respiratory diseases. Women who smoke during pregnancy are more likely to have small babies with increased risk of birth-related complications and chronic health problems. Children living with smokers are more prone to allergies, ear infections, coughs, and other respiratory ailments.

In 1996/1997, nearly 30 per cent of Albertans age 15 and over reported that they smoked cigarettes daily or occasionally. This is the same as the national rate and higher than the best province, British Columbia, at 25 per cent.

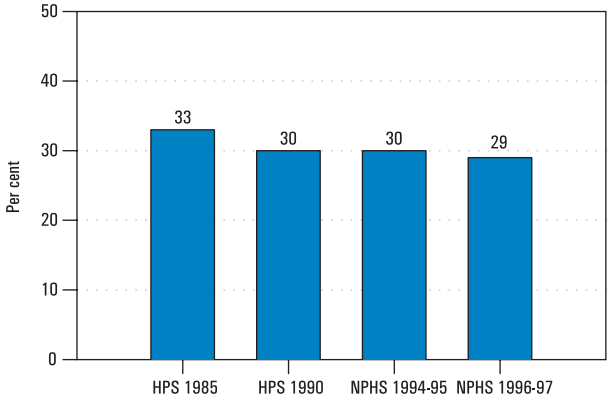
Figure C.7.1
Current Cigarette Smokers in Alberta and Canada, 1996 - 1997



Source: National Population Health Survey (age 15+)

Since the 1970s, the proportion of Albertans and Canadians who smoke cigarettes has decreased. However, there is a disturbing increase in the proportion of smokers under 25, especially females.

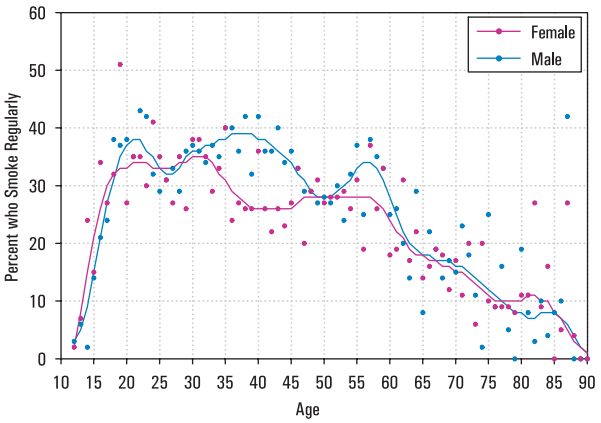
Figure C.7.2
Cigarette Smokers in Alberta, 1985, 1990, 1994-1995, 1996-1997



Sources: HPS: Health Promotion Survey
NPHS: National Population Health Survey (age 15+)

The 20-to-55 age range showed the highest proportion of smokers in 1996, although between the ages of 30 and 50 the percentage of smoking females is noticeably lower than for males.

Figure C.7.3 Age- and Sex-Specific Rates for Cigarette Smokers in Alberta, 1996



Source: National Population Health Survey, 1996 - 1997

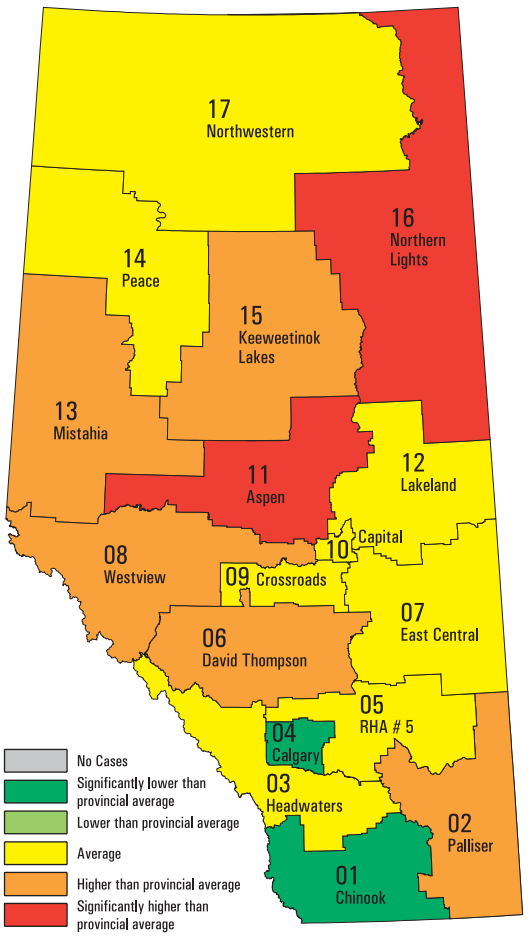
Provincial Business Plan Targets

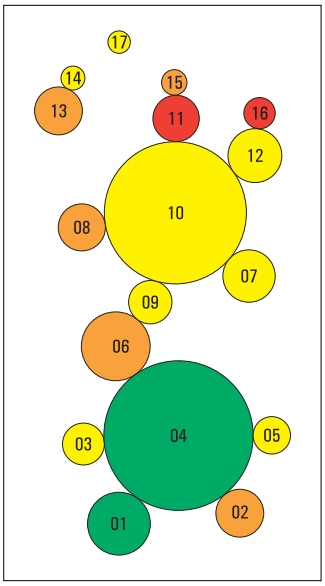
The provincial target for 2000 is that 75 per cent of Albertans (aged 12 and older) will report that they do not smoke.

Provincial Strategies

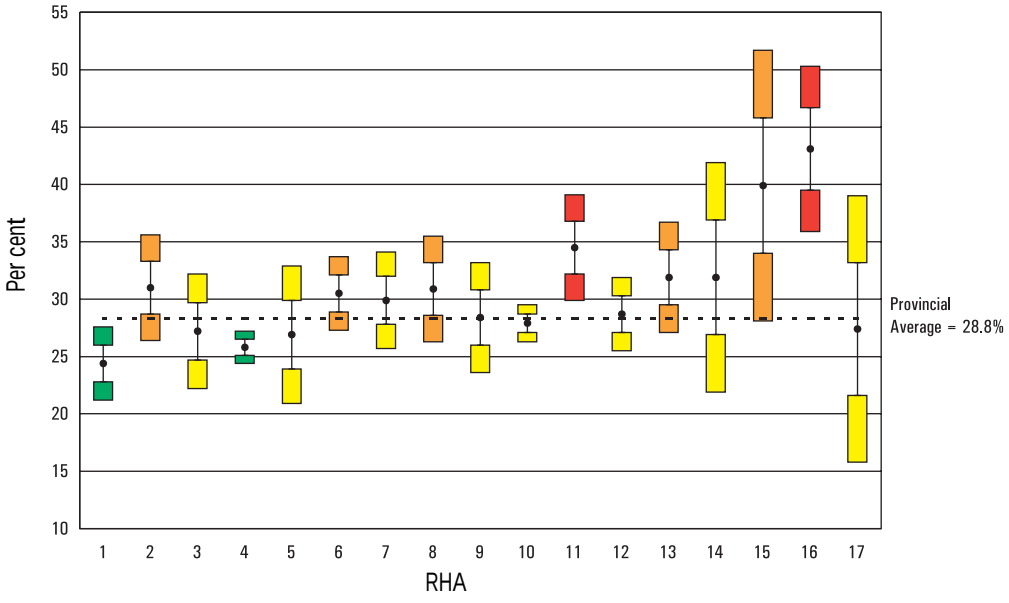
- Alberta Tobacco Reduction Plan — Funded by Alberta Health and Wellness, this collaborative, comprehensive plan has been developed in consultation with more than 50 stakeholders. The plan identifies strategies to reduce tobacco use in the province, and is being implemented by the Alberta Tobacco Reduction Alliance (ATRA), an organization with more than 70 members, including regional health authorities, other government departments, professional organizations, non-profit organizations, and the corporate sector.

Figure C.7.4
Regional Differences for Cigarette Smokers in Alberta, 1996*





RHA Population Cartogram



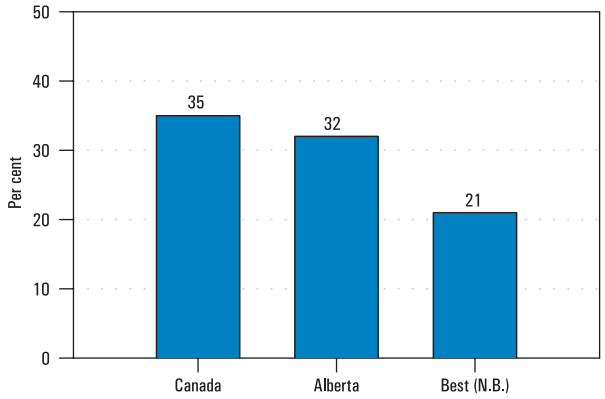
Source: National Population Health Survey, 1996 - 1997

*This map is drawn on the 1996 RHA boundaries, not the current boundaries set in 1998.

C.8 Alcohol Use

According to the 1996/1997 National Population Health Survey, about one-third of Albertans aged 15 and over drink at least once per week. This rate is slightly lower than the national average (35 per cent), and is higher than that of the best province, New Brunswick (21 per cent).

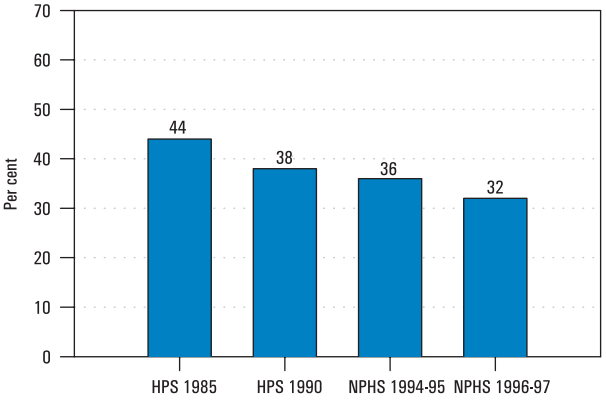
Figure C.8.1
Weekly Drinkers, 1996 - 1997 (Canada, Alberta, Best Province)



Source: National Population Health Survey
(sampled from the total population, aged 15 and over, including both drinkers and non-drinkers)

Over the past decade, the proportion of Albertans who drink at least once per week has decreased steadily, from 44 to 32 per cent.

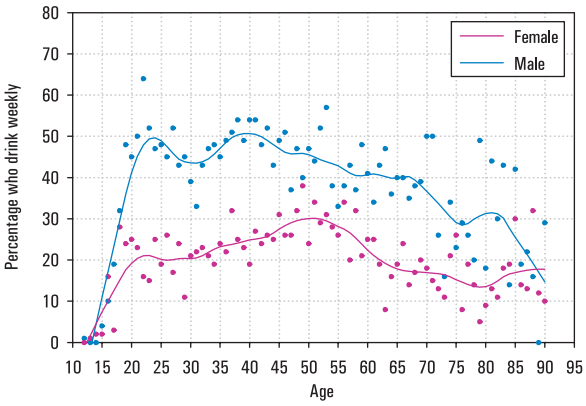
Figure C.8.2
Weekly Drinkers in Alberta, 1985, 1990, 1994-1995, 1996-1997



Sources: HPS: Health Promotion Survey
NPHS: National Population Health Survey
(sampled from the total population, aged 15 and over, including both drinkers and non-drinkers)

In 1996, almost half the males (48 per cent) in the 20-to-49 age range had at least one drink per week, while only 23 per cent of females in the same age group drank weekly.

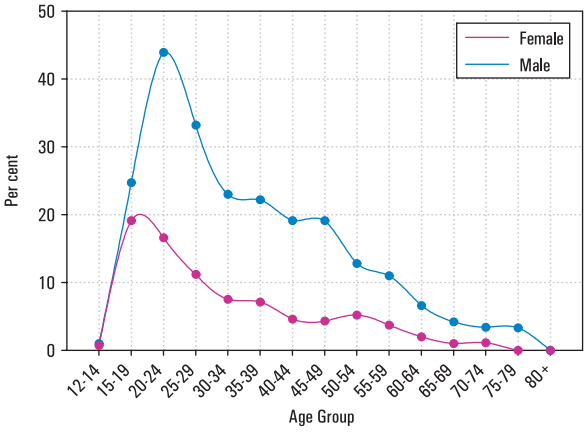
Figure C.8.3a
Age- and Sex-Specific Rates for Weekly Drinkers in Alberta, 1996



Source: National Population Health Survey, 1996 - 1997
(sampled from the total population age 15 and over including both drinkers and non-drinkers)

People who have at least five drinks at one sitting, 12 or more times per year, are considered to be problem drinkers. In 1996, 45 per cent of Alberta males in their early twenties fit this definition.

Figure C.8.3b
Age- and Sex-Specific Rates for Problem Drinkers in Alberta, 1996

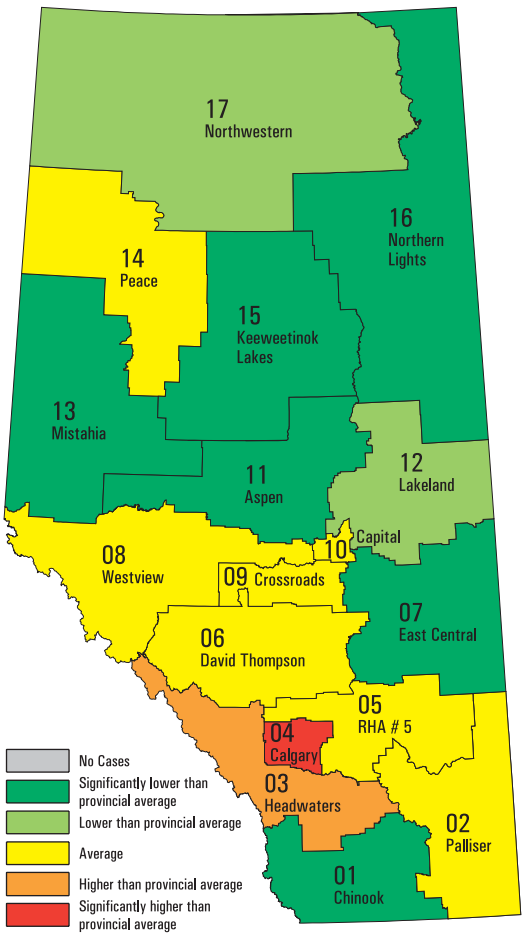


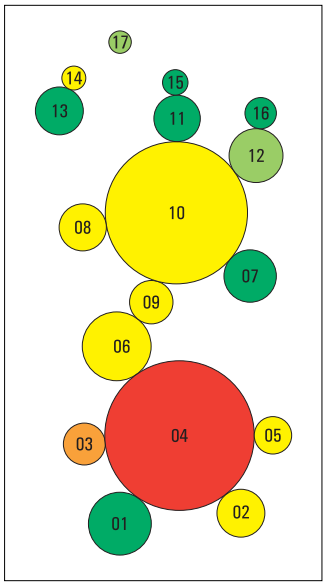
Source: National Population Health Survey, 1996 - 1997
(sampled from the total population age 15 and over including both drinkers and non-drinkers)

Provincial Strategies

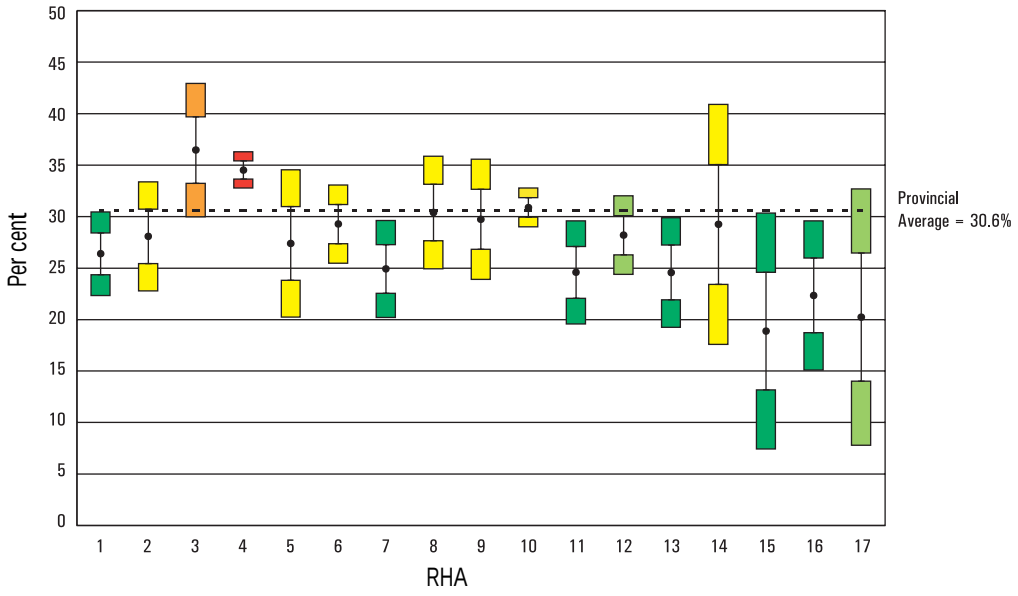
- The Alberta Alcohol and Drug Abuse Commission (AADAC) has as its mission to assist Albertans in achieving freedom from abuse of alcohol, other drugs and gambling. It provides treatment services, prevention services, and current information on trends and issues in these areas.
- Alberta Health and Wellness is a member of the Partnership on Fetal Alcohol Syndrome and effects (FAS/FAE) to implement initiatives focused on the prevention of FAS/FAE. Other partners include regional health authorities, the Alberta Mental Health Board, the Alberta Medical Association, AADAC, Alberta Children's Services, Alberta Justice, Alberta Learning, and Health Canada.

Figure C.8.4 (a)
Regional Differences for Weekly Drinkers in Alberta, 1996*





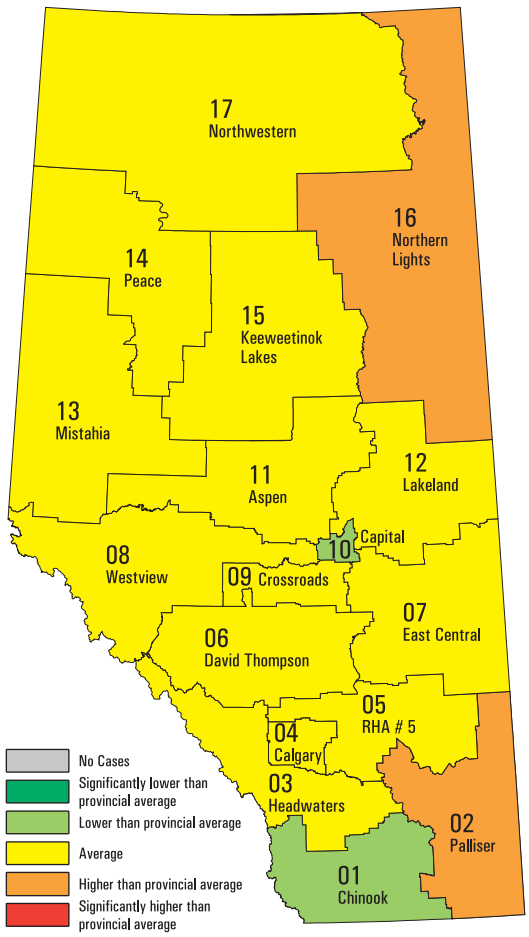
RHA Population Cartogram

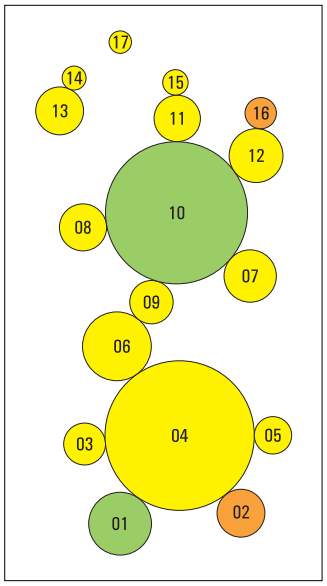


Source: National Population Health Survey, 1996 - 1997

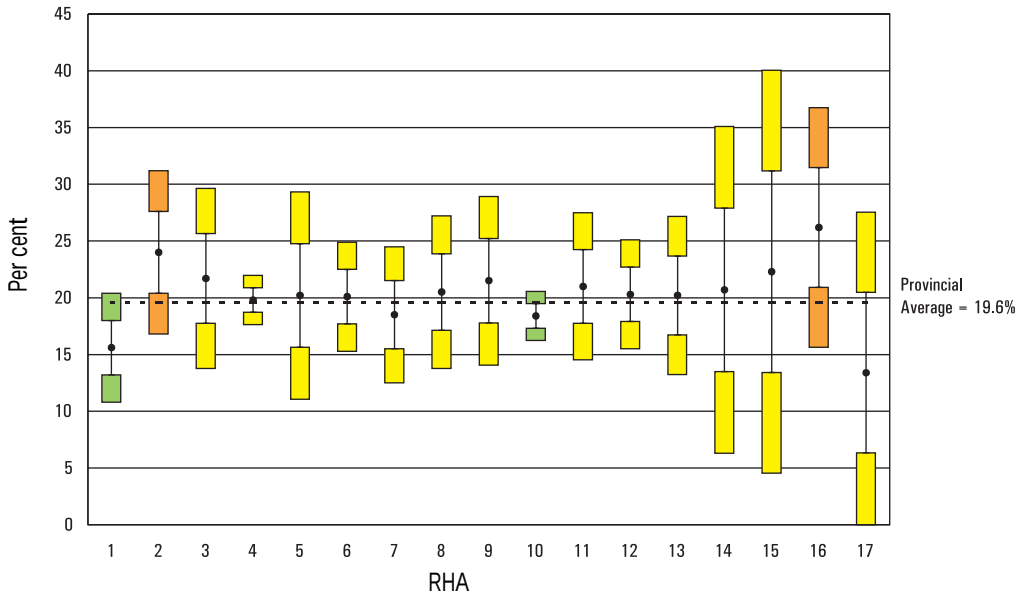
*This map is drawn on the 1996 RHA boundaries, not the current boundaries set in 1998.

Figure C.8.4 (b)
Regional Differences for Male Problem Drinkers in Alberta, 1996*





RHA Population Cartogram



Source: National Population Health Survey, 1996 - 1997

*This map is drawn on the 1996 RHA boundaries, not the current boundaries set in 1998.