

Unintentional Injuries

The final category of conditions presented is unintentional injury (that is, injuries that do not include suicide or violence inflicted by others). As with suicide, injury data is commonly represented using potential years of life lost (PYLL). Figure 13 shows the PYLL due to unintentional injuries for Manitoba and Canada in 2001. Males in Manitoba and Canada appear to have a much higher PYLL rate due to unintentional injury than females – almost three times higher. Manitoba's unintentional injury PYLL is higher than the Canadian values both for males and females, as well as overall (938 vs. 585 years per 100,000 population aged less than 75 years).

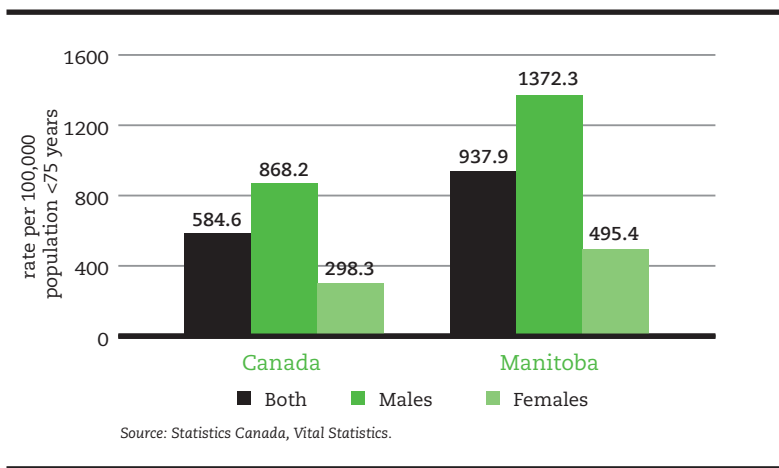


Figure 13. Rate of Potential Years of Life Lost due to Unintentional Injury, Manitoba and Canada, 2001.

Activities that can prevent or delay the onset of chronic disease include:

- eating healthy foods
- stopping smoking
- drinking less alcohol
- being more active.

For families:

- watching less television
- going for walks or bike rides
- preparing and eating meals together.

Maintaining good health

With most diseases, modifiable risk factors play an important role. A considerable portion of chronic diseases can be prevented or their onset delayed by choosing certain activities or behaviours over others. Recent international research has provided even stronger evidence that stopping smoking, eating healthy foods and being physically active can greatly lower the risk of heart attacks, diabetes and some cancers.

Previously, this report examined the health of Manitoba's population as a whole by looking at life expectancy, infant mortality and low birth weight. The following indicators also can be used to gauge the overall health and well-being of Manitobans. These three indicators are largely influenced by social and other environmental factors, as well as by personal behaviours:

- Body Mass Index (BMI)
- physical activity
- smoking

Body Mass Index (BMI)

Healthy bodies come in all sorts of different shapes and sizes. The key to a healthy weight is to balance the amount and type of food consumed against an appropriate level of activity. The Body Mass Index (BMI) is a common method of determining if a person's weight falls within a healthy range, according to their height.

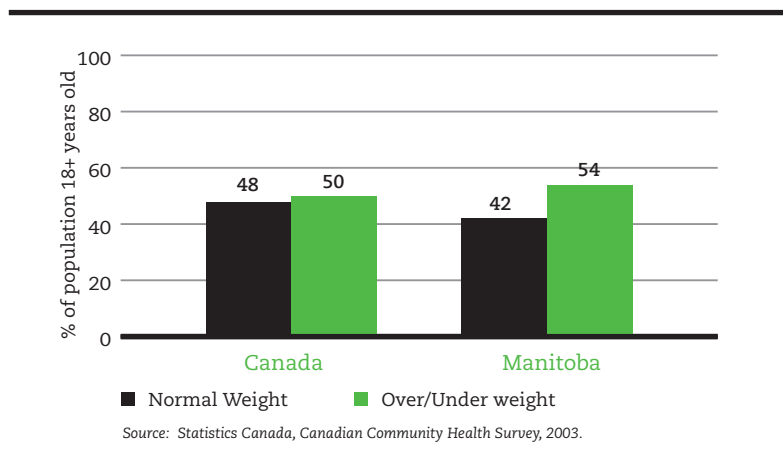
BMI's between 18.5 and 24.9 are considered ideal. Lower than that, an individual is considered underweight; between 25 and 29.9 is considered overweight; and a BMI of 30 or more is considered obese. A tool to calculate BMI is available at: http://www.hc-sc.gc.ca/hpfb-dgpsa/onpp-bppn/bmi_chart_java_e.html

There has been such a large increase in the number of overweight and obese Canadians in the last 20 years, and the health consequences are so significant, that obesity is now considered to be an epidemic. Of particular concern is the rate of obesity among children and among First Nations peoples⁹.

Being overweight can result in raised blood pressure and blood cholesterol levels. It can also lead to diabetes. Recently, obesity has been linked with the development of cancers of the colon, breast cancer (after menopause), endometrium, kidney and esophagus. It is estimated that excess body weight could be associated with 14 to 20 per cent of all cancer deaths.¹⁰

So, how are Manitobans doing with respect to their weight? Figure 14a shows the distribution of weight for Manitobans and for Canadians. Forty-two per cent of Manitobans surveyed had an ideal or "normal" healthy weight, compared to 48 per cent nationally. Thirty-four per cent of Manitobans surveyed were overweight and approximately 18 per cent obese (Figure 14b). As Figure 14b shows, there are also significant gender differences in weight; the Manitoba men surveyed were significantly more likely than the women to be overweight or obese.

Figure 14a.
Age-standardized
Per cent
of Population
with Normal
BMI,
Manitoba and,
Canada, 2003.



Body Mass Index or BMI is a common method of determining if an individual's weight falls within a healthy range.

⁹ Overweight and Obesity in Canada: A Population Health Perspective CIHI, August 2004

¹⁰ Calle et al, 2003. "Overweight, obesity and mortality for cancer in a prospectively studied cohort of US adults" *New England Journal of Medicine* 348(17):1625-38. See also, Calle and Thun, 2004 "Obesity and cancer" *Oncogene* 23(38):6365-78.

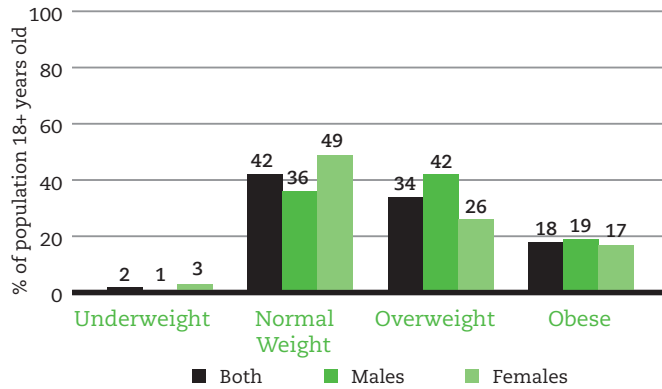


Figure 14b. Body Mass Index by Sex, Age-standardized Per cent of Population, Manitoba, 2003.

Source: Statistics Canada, Canadian Community Health Survey, 2003.

Notes:

1. Percentages for Manitoba males were statistically significantly different than percentages for Manitoba females across all weight categories.

It is important to note that the survey data upon which these findings are based does not include First Nations people. Very limited data about obesity exists for this group, but some small studies have suggested that the obesity rate among First Nations may be double that seen in non-First Nation populations⁹. First Nations individuals comprise a much larger percentage of the Manitoban population relative to Canada (13.6 per cent vs. 3.3 per cent for Canada¹¹), so the proportion of overweight and obese Manitobans may be significantly underestimated by these figures. As well, these data are based on self-reported height and weight and evidence suggests that these are likely underestimated. Pregnant women are also excluded from the data.

When obesity is examined over time, there is a statistically significant increase in the proportion of obese Canadians, with the proportion rising from 13 per cent in 1994 to 15 per cent in 2003 (Figure 14c). In 1994, Manitoba's obesity rate was the same as the Canadian rate for 2003. By 2003, 18 per cent of Manitobans surveyed were considered to be obese.

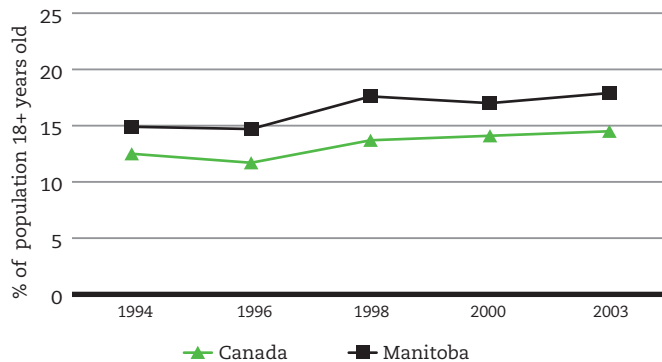


Figure 14c. Age-standardized Per cent of Population Who Reported a Body Mass Index of 30.0 or Higher (Obese), Manitoba and Canada, 1994 - 2003.

Source: Statistics Canada, Canadian Community Health Survey, 2000/01 & 2003; National Population Health Survey, 1994/95 & 1998/99.

Notes:

1. Percentage for Canada in 2003 is statistically significantly different than percentage for Canada in 1994.
2. Changes over time for this indicator should be interpreted with caution due to a change in mode of data collection between 2001 and 2003.

¹¹ Data from 2001 Census

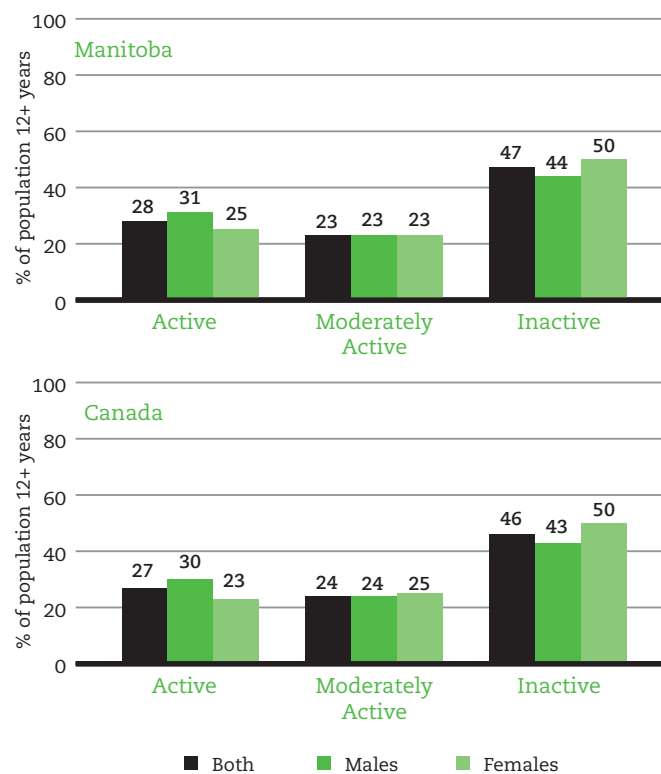
Physical activity

Physical activity reduces stress, increases energy, and helps in achieving and maintaining a healthy body weight – all important factors in living a healthy lifestyle.

Figure 15a shows activity levels among Manitobans and Canadians surveyed for the Canadian Community Health Survey. Respondents were classified as active, moderately active or inactive based on recall of their physical activity in the three months prior to the survey. In the 2003 survey, less than 30 per cent of Manitobans surveyed reported being physically active and almost half (47 per cent) reported being inactive.

Significantly fewer Manitoba women reported being active (25 per cent vs. 31 per cent for males) and significantly more reported being inactive (50 per cent vs. 44 per cent for males). Recent research suggests that, for women, being less active increases the risk of heart disease even more than being overweight¹².

Figure 15a.
Age-standardized Per cent of Population, by Physical Activity Level and Sex, Manitoba and Canada 2003.



Source: Statistics Canada, Canadian Community Health Survey, 2003.

Notes:

1. Percentages for Manitoba males were statistically significantly different than percentages for Manitoba females in the 'Active' and 'Inactive' categories.
2. Percentages for Canada males were statistically significantly different than percentages for Canada females in all Activity categories.

¹² "Relationship of Physical Fitness vs. Body Mass Index With Coronary Artery Disease and Cardiovascular Events in Women" Wessel et al. JAMA 292:1179-87, 2004.

Both Manitoba and Canada showed similar (and significant) increases in individual activity levels over time. In 1994, approximately 19 per cent of both Manitobans and Canadians surveyed indicated that they were physically active compared to 27 to 28 per cent in 2003 (Figure 15b).

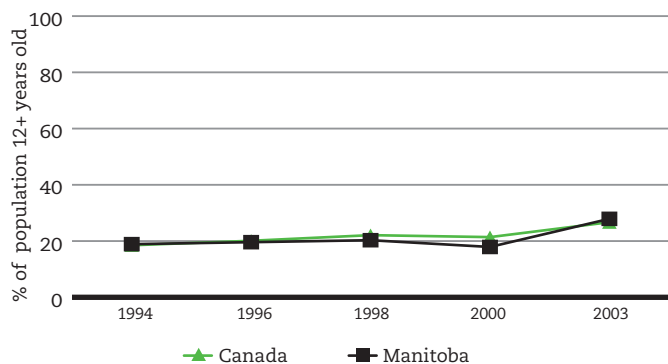


Figure 15b. Age-standardized Per cent of Population, who reported being Physically Active Manitoba and Canada 1994-2003.

Source: Statistics Canada, Canadian Community Health Survey, 2000/01 & 2003; National Population Health Survey, 1994/95 & 1998/99.

Notes:

1. Canada and Manitoba rates for 2003 are statistically significantly different than Canada and Manitoba rates for 1994.
2. Changes over time for this indicator should be interpreted with caution due to a change in mode of data collection between 2001 and 2003.

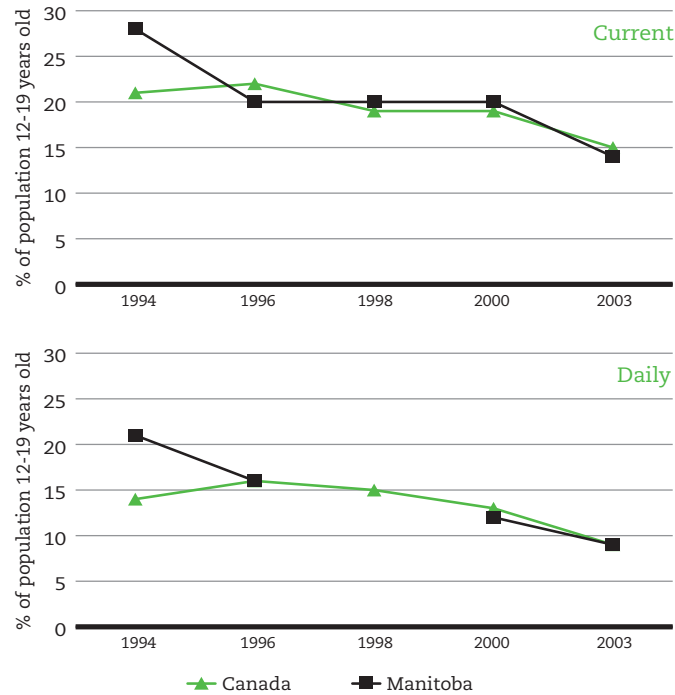
Smoking among youth

Tobacco use is a major cause of preventable illness and death. In addition to the burden of lung cancer as a consequence of smoking, other diseases including COPD, heart disease, other cancers, etc. are associated with smoking. A recent World Health Organization (WHO) study showed that smokers under the age of 40 were five times more likely to have a heart attack than non-smokers, and that about 80 per cent of people aged 35 to 39 who had heart attacks were smokers¹³.

Since 1994, self-reported tobacco use among Canadian and Manitoban teens has declined (Figure 16a, Current Smoker). Of the current smokers, about two-thirds, both in 1994 and in 2003, indicated that they smoked daily (Figure 16a, Daily smoker). In 2003, 14 per cent of Manitoba teens indicated that they were current smokers and nine per cent, or two-thirds of the current smokers, indicated they were daily smokers. Much of the Manitoba data for youth smoking is based on a relatively small number of responses. Where this is the case, it is indicated in the notes that accompany the figure: these data should be interpreted with caution.

¹³ "Current smoking and the risk of non-fatal myocardial infarctions in the WHO MONICA project populations" Mahonen et al, Tobacco Control 2004; 13:244-250

Figure 16a.
Per cent of Teen Population who are Current or Daily Smokers, (Crude Percentage) Manitoba and Canada, 1994-2003.



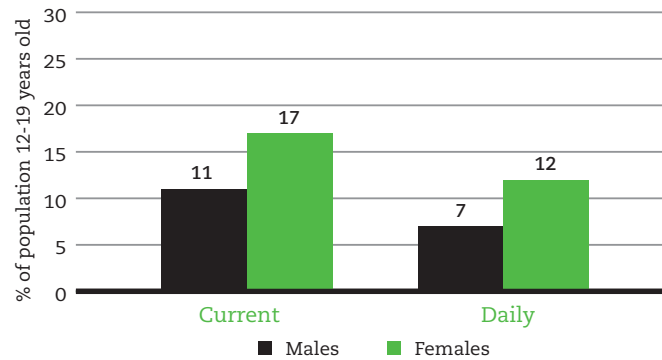
Source: Statistics Canada, Canadian Community Health Survey, 2000/01 & 2003; National Population Health Survey, 1995 to 1999.

Notes:

1. Denominator is the percentage of the population aged 12-19.
2. Daily smokers are a subset of current smokers.
3. Manitoba data for 1998 was too unreliable to be published.
4. Current: percentages for Manitoba in 1994 and 1998 should be interpreted with caution.
5. Daily: percentages for Manitoba in 1994 should be interpreted with caution.
6. Percentages for Canada for both Current and Daily smokers in 2003 were statistically significantly different than percentages for Canada in 1994.
7. Percentage for Manitoba for Current smokers in 2003 was statistically significantly different than percentage for Manitoba in 1994.

In 2003, approximately 17 per cent of the Manitoba teenage girls surveyed and 11 per cent of teenage boys indicated that they were current smokers (Figure 16b). Due to the small number of responses upon which these data are based, the numbers for current teenage male smoking and all the daily smoking information should be interpreted with caution.

Figure 16b.
Per cent of Teen Population who are Current or Daily Smokers, by Sex, (Crude Percentage) Manitoba, 2003.



Source: Source: Statistics Canada, Canadian Community Health Survey, 2003.

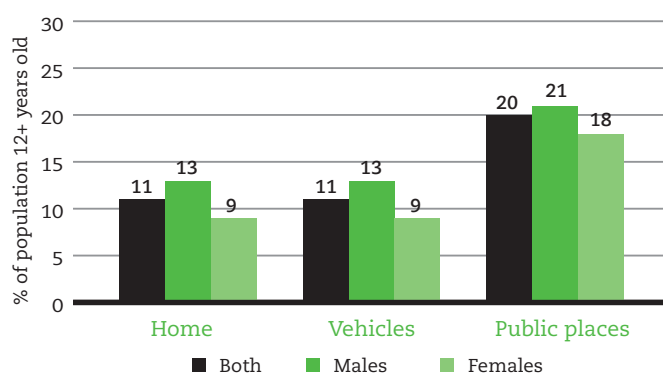
Notes:

1. Denominator is the percentage of the population aged 12-19.
2. Daily smokers are a subset of current smokers.
3. Data for current Manitoba male smokers and all daily smokers should be interpreted with caution.

Second-hand smoke

Although the number of individuals who smoke is declining, many people continue to be exposed to second-hand smoke. Figure 17 shows the proportion of individuals who indicated that they had been exposed to second-hand smoke in the month prior to being surveyed, by location of the exposure.

About 20 per cent of the Manitobans surveyed indicated that they had been exposed to second-hand smoke in a public place; 11 per cent indicated that they had encountered second-hand smoke in the home and in vehicles. Generally, men reported higher levels of exposure to second-hand smoke than did women, although none of the differences were statistically significant.



Source: Statistics Canada, Canadian Community Health Survey, 2003.

Figure 17. Per cent of Population Exposed to Second-hand Smoke in the Last Month, by Location and Sex, (Crude Percentage) Manitoba, 2003.

Screening and prevention

In addition to lifestyle modifications, annual check-ups, screening and preventive measures such as vaccinations are also important for staying healthy. In a 2003 survey, 86 per cent of Manitobans (85 per cent of Canadians) reported having a regular family doctor¹⁴. Family physicians play an important role in maintaining, as well as improving health. During preventive visits, they have a chance to discuss personal risk factors and health goals with their patients, while regular check-ups allow general practitioners to screen for early signs of health problems, and offer other preventive services such as immunizations.

PAP testing

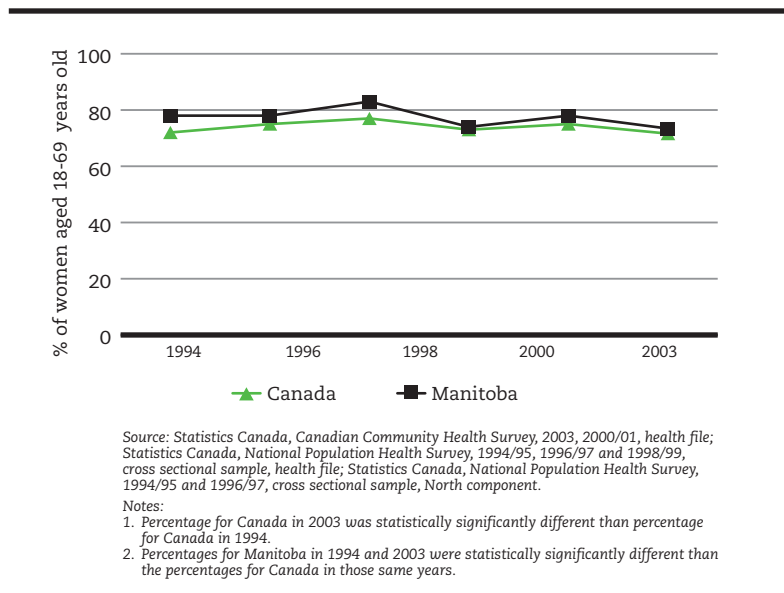
Figure 18 shows the proportion of women who received a PAP test within the last three years (the recommended frequency for this type of screening) for each of the years indicated. PAP testing is one of the most successful cancer screening tools. If the screen is performed regularly, it detects up to 90 per cent of cervical cancers early in their development. Treatment at an early stage is usually effective.

¹⁴ Health Services Access Survey, 2003. The difference between the Manitoban and Canadian rates is not significant.

In 2003, 78 per cent of Manitoba women who should have had a PAP smear did so (screening is only recommended for women aged 18 to 69). The comparable Canadian value was 75 per cent. This difference is statistically significant. Since 1994, there has been a statistically significant increase in the proportion of women being screened nationally.

PAP testing is a screen for cervical cancer and is recommended once every three years for women aged 18 to 69 years.

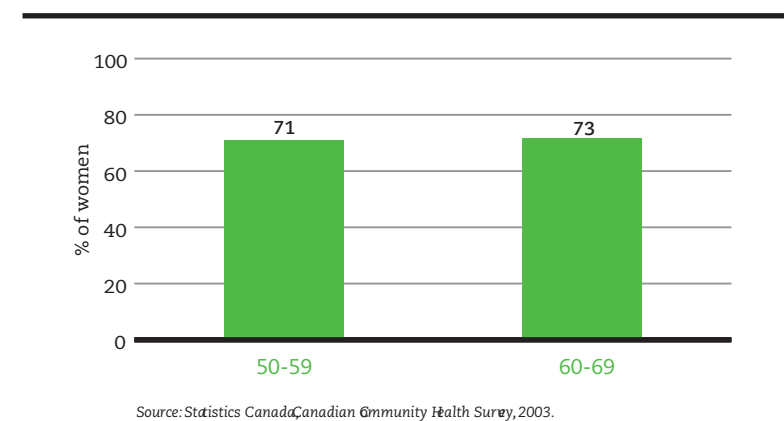
Figure 18. Age-standardized Per cent of Females who had a PAP Smear test within the Last Three Years, Manitoba and Canada, 1994-2003.



Mammography

Screening mammography is used to detect early breast cancer in women at increased risk because of their age. In Manitoba, it is recommended that screening mammography be offered every two years to all women 50 to 69 years of age (although it may be offered to younger women based on a positive family history of breast cancer). Figure 19 shows the proportion of Manitoba women receiving at least one mammogram (screening or other) by age group. About 71 per cent of women aged 50 to 59 had at least one mammogram in the two years prior to 2003, and 73 per cent for the women in the 60 to 69 year age group.

Figure 19. Per cent of Female Population who had a Mammogram Within the Last Two Years, by Age Group, (Crude Percentage) Manitoba, 2003.

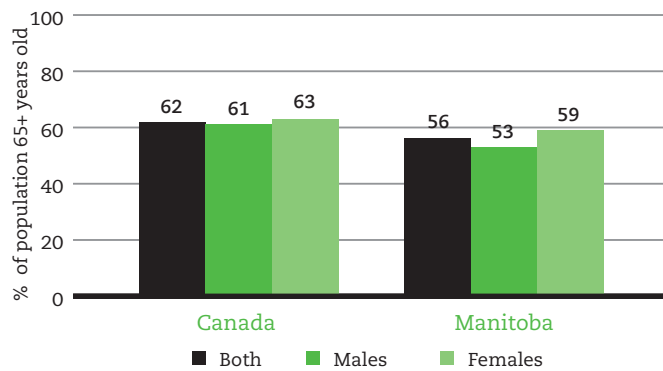


Influenza immunizations

Influenza (the flu) is a common respiratory illness that affects millions of Canadians each year. In Canada, flu season generally runs from November to April. The flu is very contagious and can cause serious illness and even death, especially in the elderly, the very young and those with chronic medical conditions.

This survey-based indicator reports the percentage of individuals aged 65 years or older who received an influenza immunization within the last year. As indicated in Figure 20, over half of survey respondents both nationally and provincially reported having received a recent flu immunization. Specifically, 56 per cent of Manitobans and 62 per cent of Canadians aged 65 years or older reported having been immunized. The Manitoba rate is significantly lower than the Canadian rate, primarily due to fewer flu immunizations among male seniors (53 per cent compared to 61 per cent).

These survey-based numbers underestimate the actual number of Manitoban and Canadian seniors who received vaccinations, as the survey on which they were based does not include personal care home residents. Since 1999, Manitoba Health's influenza vaccination campaign has specifically targeted individuals living in personal care homes as a key "at-risk" group. Data for 2003, from Manitoba's immunization database (the Manitoba Immunization Monitoring System or MIMS), show that the actual influenza coverage rate for Manitobans aged 65 years or older – including residents of personal care homes – was 68 per cent.



Source: Statistics Canada, Canadian Community Health Survey, 2003.

Notes:

1. Manitoba males are significantly statistically different from Canadian males.
2. The overall Manitoba percentage is significantly statistically different from the overall Canadian percentage.

Figure 20. Age-standardized Per cent of Senior Population who had an Influenza Immunization Less Than One Year Ago, by Sex, Manitoba and Canada, 2003.