

# Canadian Health Measures Survey: Household and physical measures data, 2016 and 2017

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## Canadian Health Measures Survey: Household and clinic data

Sleep duration and sleep quality are both important factors for the overall health of a person. Sleep apnea is a condition that can affect both sleep duration and sleep quality. It is characterized by periods of breathing interruptions during sleep, and is associated with cardiovascular disease and other heart-related conditions.

According to results from the 2016 and 2017 Canadian Health Measures Survey (CHMS), about 6% of Canadian adults aged 18 to 79 reported that they have been diagnosed with sleep apnea by a health care professional.

### Nearly one in seven Canadian adults at high risk of sleep apnea

Among the 94% Canadian adults who have not been diagnosed with sleep apnea by a health care professional, nearly 15% were considered high-risk and another 15% were considered moderate-risk for developing sleep apnea.

Sleep apnea risk is calculated based on the presence of several risk factors, including loud snoring, tiredness, observed apneas, very high body mass index (BMI > 35 kg/m<sup>2</sup>), or a large neck circumference (≥17 inches for men or ≥16 inches for women).

Sleep apnea risk factors differ between men and women. Men (20%) were twice as likely as women (10%) to report snoring loud enough to be heard through closed doors. Men (9%) were three times more likely than women (3%) to report that someone had observed them stop breathing during sleep. Men (6%) were also three times more likely than women (2%) to have a large neck circumference.

By contrast, women (67%) were more likely than men (53%) to report that they often felt tired, fatigued or sleepy during the day time. Women (53%) were also more likely to report having trouble going to sleep or staying asleep sometimes, often or always (without the use of sleeping aids), compared with men (32%). Women (13%) were more than two times as likely to have a very high BMI compared with men (5%).

For more information on sleep apnea and its risk factors, see the fact sheet titled "[Sleep Apnea in Canada, 2016 and 2017](#)," available today.

## Prevalence of overweight and obesity unchanged over the course of a decade

Excess body weight increases the risk of high blood pressure, heart disease, cancer and diabetes, among other conditions. A decade of data on Canadians' BMI, which is the ratio of a person's weight in kilograms to their height in metres (kg/m<sup>2</sup>), show that the prevalence of overweight and obesity among Canadian adults has not changed. In 2016 and 2017, 6 in 10 Canadian adults aged 18 to 79 were either overweight or obese according to their BMI based on directly measured height and weight.

The prevalence of obesity differed according to several sociodemographic characteristics. Obesity was higher among older adults aged 60 to 79 (33%) compared with younger adults (20%). Obesity was also higher among those with a lower household education level (less than high school, at 40%) compared with those with a post-secondary graduation (24%). Obesity was nearly two times higher among Canadian-born people (30%) compared with immigrants (17%).

For more information on overweight and obesity in Canada, see the infographic titled "[Obesity in Canadian Adults, 2016 and 2017](#)," also available today.



### Note to readers

Cycle 5 of the Canadian Health Measures Survey (CHMS) was conducted from January 2016 to December 2017. The target population consists of persons 3 to 79 years of age living in the provinces. The observed population excludes persons living in the three territories; persons living on reserves and other Aboriginal settlements in the provinces; full-time members of the Canadian Forces; the institutionalized population and residents of certain remote regions. Altogether these exclusions represent approximately 4% of the target population.

Weight files and instructions are available for combining cycle 5 CHMS data (where possible) with equivalent data from cycles 1 to 4.

### A decade of Canadian Health Measures Survey data

Today marks the first release of the 2016 and 2017 CHMS data. The first cycle of the CHMS began collection in 2007, which means that there are now 10 years of data available on the health of Canadians aged 3 to 79 collected through direct physical measurements, in addition to a questionnaire. The CHMS data can be used for a variety of purposes, from identifying chronic conditions in the population to changes in direct physical measures of Canadians over time. The results of the CHMS are used by governments to design health policies and programs. The results are also used by Canadians when making decisions about their health.

### Coming soon

The CHMS Cycle 5 (2016 and 2017) household and clinic data (excluding bone health and vision) files are available today, with the release of more data coming soon. Non-environmental lab data (including complete blood count and nutrition markers) as well as self-reported medication data will be available in December 2018. Activity monitor, bone health, vision and environmental lab data will be released throughout 2019. Look for updates to estimates for blood pressure, hypertension and physical fitness in 2019 as well.

**Available tables:** [13-10-0319-01](#) and [13-10-0373-01](#).

**Definitions, data sources and methods:** survey number [5071](#).

The fact sheet "[Sleep Apnea in Canada, 2016 and 2017](#)" is now available as part of *Health Fact Sheets* ([82-625-X](#)). The infographic "[Obesity in Canadian Adults, 2016 and 2017](#)" is also now available as part of *Statistics Canada – Infographics* ([11-627-M](#)).

For more information, or to enquire about the concepts, methods or data quality of this release, contact us (toll-free 1-800-263-1136; 514-283-8300; [STATCAN.infostats-infostats.STATCAN@canada.ca](mailto:STATCAN.infostats-infostats.STATCAN@canada.ca)) or Media Relations (613-951-4636; [STATCAN.mediahotline-ligneinfomedias.STATCAN@canada.ca](mailto:STATCAN.mediahotline-ligneinfomedias.STATCAN@canada.ca)).