

Health Fact Sheets

Overweight and obese adults, 2018

Release date: June 25, 2019



How to obtain more information

For information about this product or the wide range of services and data available from Statistics Canada, visit our website, www.statcan.gc.ca.

You can also contact us by

email at STATCAN.infostats-infostats.STATCAN@canada.ca

telephone, from Monday to Friday, 8:30 a.m. to 4:30 p.m., at the following numbers:

- | | |
|---|----------------|
| • Statistical Information Service | 1-800-263-1136 |
| • National telecommunications device for the hearing impaired | 1-800-363-7629 |
| • Fax line | 1-514-283-9350 |

Depository Services Program

- | | |
|------------------|----------------|
| • Inquiries line | 1-800-635-7943 |
| • Fax line | 1-800-565-7757 |

Standards of service to the public

Statistics Canada is committed to serving its clients in a prompt, reliable and courteous manner. To this end, Statistics Canada has developed standards of service that its employees observe. To obtain a copy of these service standards, please contact Statistics Canada toll-free at 1-800-263-1136. The service standards are also published on www.statcan.gc.ca under "Contact us" > "Standards of service to the public."

Note of appreciation

Canada owes the success of its statistical system to a long-standing partnership between Statistics Canada, the citizens of Canada, its businesses, governments and other institutions. Accurate and timely statistical information could not be produced without their continued co-operation and goodwill.

Published by authority of the Minister responsible for Statistics Canada

© Her Majesty the Queen in Right of Canada as represented by the Minister of Industry, 2019

All rights reserved. Use of this publication is governed by the Statistics Canada [Open Licence Agreement](#).

An [HTML version](#) is also available.

Cette publication est aussi disponible en français.

Health Fact Sheets

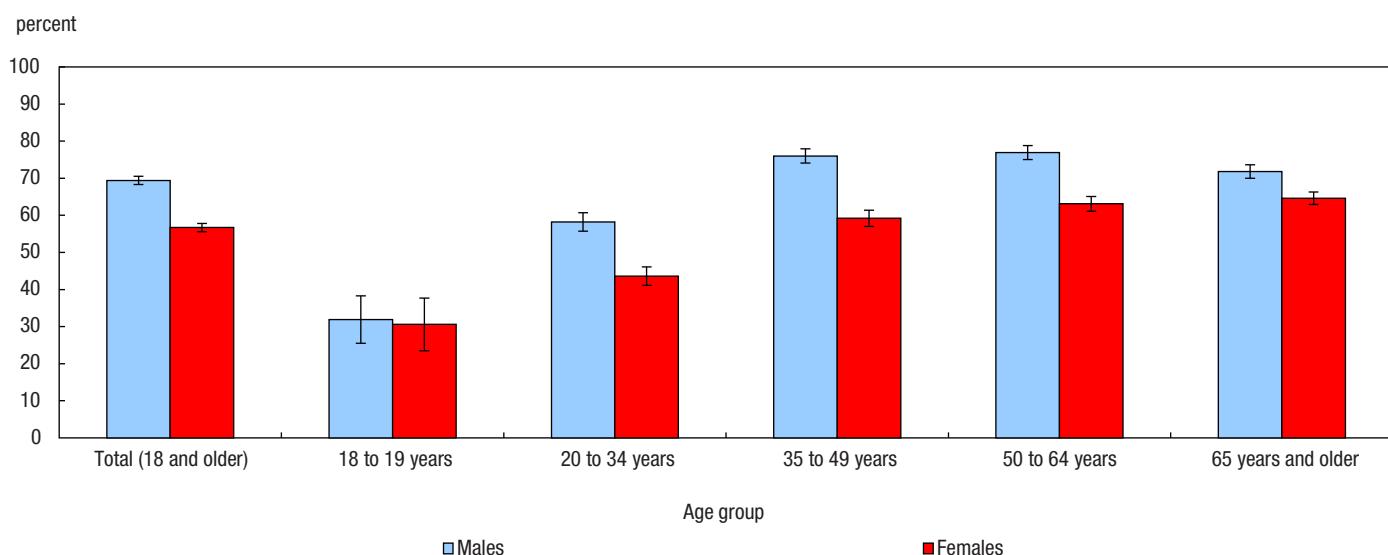
Statistics Canada, Catalogue no.82-625-X

Overweight and obese adults, 2018

In 2018, 26.8% of Canadians 18 and older (roughly 7.3 million adults) reported height and weight that classified them as obese.^{1,2} Another 9.9 million adults (36.3%) were classified as overweight – bringing the total population with increased health risks due to excess weight to 63.1% in 2018. This was an increase from 2015 where 61.9% of Canadians aged 18 and older were overweight or obese.³

Overall, the proportion of adults who were overweight or obese was higher among males (69.4%) than among females (56.7%). In fact, the proportion who were overweight or obese was higher for males for all age groups starting at age 20. There was no difference between the sexes for those aged 18 and 19 (Chart 1).

Chart 1 Overweight or obese (adjusted), by age group and sex, population aged 18 and older, Canada, 2018

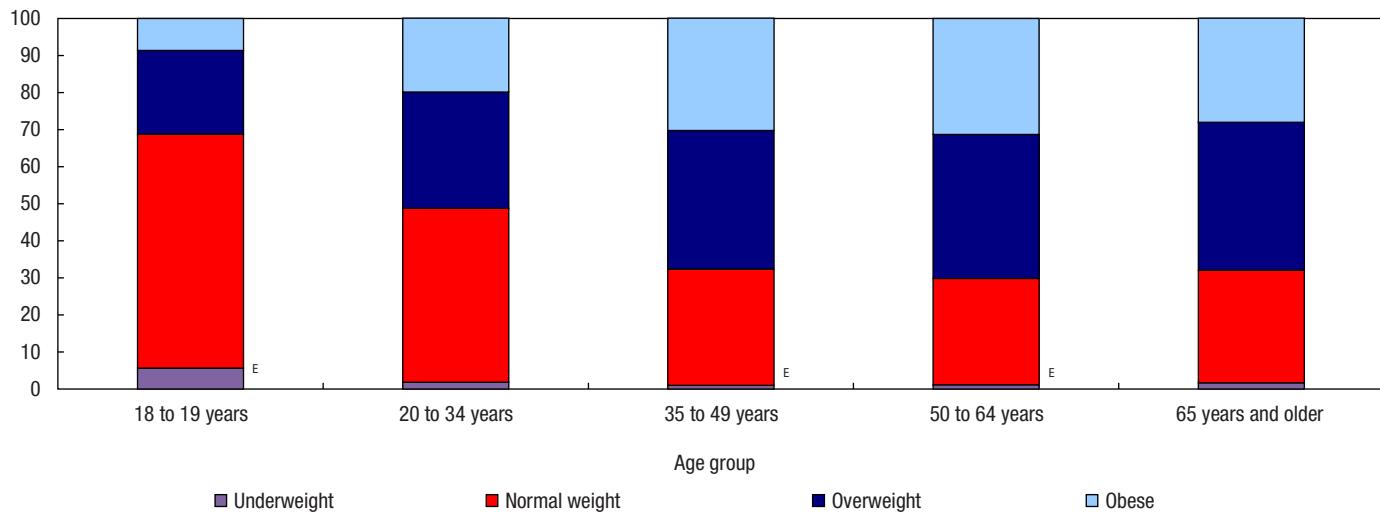


Source: Canadian Community Health Survey, 2018.

In 2018, the proportion of adults classified as normal weight decreased with age from 18 up to age 64. The proportion classified as underweight was highest amongst those aged 18 or 19 (Chart 2).⁴

Chart 2 Underweight, normal weight, overweight or obese (adjusted), by age group, population aged 18 and older, Canada, 2018

percent



E use with caution

Source: Canadian Community Health Survey, 2018.

Obese adults

The proportion of residents aged 18 and older who were obese was **lower** than the national average (26.8%) in:

- Quebec (25.0%)
- British Columbia (23.1%)

The proportion of residents aged 18 and older who were obese was **higher** than the national average in:

- Newfoundland and Labrador (40.2%)
- Prince Edward Island (37.8%)
- Nova Scotia (33.7%)
- New Brunswick (35.3%)
- Manitoba (30.8%)
- Saskatchewan (34.8%)
- Alberta (28.8%)

The proportion of residents in Ontario who were obese (26.1%) was about the same as the national average.

The highest level of education attained by household members had a significant impact on the proportion of adults who were obese. The proportion of adults who were obese decreased as education increased, from 34.5% among households where the highest level of education was less than secondary school graduation to 25.5% where at least one household member had completed post-secondary education.

Obesity can increase the risk of certain health conditions such as diabetes, high blood pressure and heart disease.⁵ In 2018, the prevalence of type 2 diabetes was higher among Canadians who were obese (13.4%) compared to Canadians with a normal weight (2.9%). Adults who were obese were also more likely to be diagnosed with high blood pressure (29.5%) and heart disease (6.0%); among adults with a normal weight, the prevalence was 9.5% for high blood pressure and 2.7% for heart disease.

About Overweight and obese adults

Obesity has been linked with many chronic diseases, including hypertension, type 2 diabetes, cardiovascular disease, osteoarthritis and certain types of cancer.

To assess the health risks of obesity, the World Health Organization and Health Canada use guidelines based on Body Mass Index (BMI)⁶, a measure that examines weight in relation to height. BMI is defined as weight in kilograms divided by the square of the height in metres (Table 1). BMI is calculated for the population aged 18 and older, excluding pregnant women, and persons less than 3 feet (0.914 metres) tall or greater than 6 feet 11 inches (2.108 metres).

Table 1
Weight ranges for underweight, normal weight, overweight and obese for selected heights

Height	Underweight*	Normal weight	Overweight*	Obese**
5'4"	less than 108.4 lbs	108.4 to 146.4 lbs	146.5 to 175.7 lbs	175.8 lbs or more
5'8"	less than 122.1 lbs	122.1 to 164.9 lbs	165.0 to 197.9 lbs	198.0 lbs or more
6'0"	less than 136.6 lbs	136.6 to 184.5 lbs	184.6 to 221.4 lbs	221.5 lbs or more
1.63 m	less than 49.2 kg	49.2 to 66.4 kg	66.5 to 79.6 kg	79.7 kg or more
1.73 m	less than 55.4 kg	55.4 to 74.8 kg	74.9 to 89.7 kg	89.8 kg or more
1.83 m	less than 62.0 kg	62.0 to 83.6 kg	83.7 to 100.4 kg	100.5 kg or more

* increased risk of health problems

** high to extremely high risk of health problems

About self-reported and directly measured body mass index data

Body mass index (BMI) can be computed using self-reported values, where the respondent is asked their height and weight, or by directly measuring respondents' height and weight.

Although directly measured data provide more accurate values of BMI, it is more costly and time-consuming to gather. Gathering measured data means interviewers require special training, and people may be less likely to participate because they find it more intrusive.

Self-reported data are less expensive and easier to gather than measured data: this is beneficial when sampling large numbers of people. However, self-reported data are subject to respondent biases—people may not know their height or weight. As well, their response may reflect perceived social and cultural norms about the ideal height and weight. Consequently, adults tend to underestimate their weight and overestimate their height, resulting in underestimation of their BMI.

Correction equations² were developed for adults (18 and over) so that self-reported data, which offers the advantage of large sample size, could be adjusted for respondent biases to approximate measured estimates, which are more accurate. The correction equations were developed using data from a 2005 Canadian Community Health Survey subsample. In the subsample, self-reported values were collected first and then interviewers took physical measurements. **The BMI estimates presented in this fact sheet have been calculated using these correction factors.**

More information on the differences between self-reported and directly measured data has been previously published in “Bias in self-reported estimates of obesity in Canadian health surveys: an update on correction equations for adults” and “Adjusting the scales: Obesity in Canada after correcting for respondent bias.”

References

- Connor Gorber, S., M. Shields, M.S. Tremblay, and I. McDowell. 2008. [The feasibility of establishing correction factors to adjust self-reported estimates of obesity](#). Health Reports. Statistics Canada Catalogue number 82-003, Vol. 19, no. 3. (accessed January 17th, 2017).
- Connor Gorber, S., M. Tremblay, D. Moher, and B Gorber. 2007. [A comparison of direct vs. self-report measures for assessing height, weight and body mass index: a systematic review](#). Obesity Reviews. Vol. 8, no. 4. (accessed January 17th, 2017).
- Health Canada. [Obesity](#). 2006. (accessed April 3rd, 2019).
- Navanellán T., and T. Janz. 2014. [Adjusting the scales: Obesity in the Canadian population after correcting for respondent bias](#) Health at a Glance. Statistics Canada Catalogue no. 82-624. (accessed March 15th, 2017).
- Shields, M., S. Connor Gorber, and M.S. Tremblay. 2008. [Effects of measurement on obesity and morbidity](#). Health Reports. Statistics Canada Catalogue no. 82-003. Vol. 19, no. 2. (accessed January 17th, 2017).
- Shields M, S. Connor Gorber, and M.S. Tremblay. 2008. [Estimates of obesity based on self-report versus direct measures](#). Health Reports Statistics Canada Catalogue no. 82-003. Vol. 19, no. 2. (accessed January 17th, 2017).
- Shields M, S. Connor Gorber, I. Janssen, and M.S. Tremblay. 2011. [Bias in self-reported estimates of obesity in Canadian health surveys: an update on correction equations for adults](#). Health Reports Statistics Canada Catalogue no. 82-003. Vol. 22, no. 3. (accessed January 17th, 2017).
- Tjempkema, M. 2006. [Adult Obesity](#). Health Reports. Statistics Canada Catalogue no. 82-003. Vol. 17, no. 3. (accessed January 17th, 2017).

Data

Additional data from the Canadian Community Health Survey are available from table [13-10-0096-01](#).

Notes

1. Estimates in this article referring to the national average or Canada rate exclude the territories. This is because the coverage of the Canadian Community Health Survey (CCHS) in 2018 does not represent the entire population of the territories. Only half of the communities in the territories were visited in 2017, and the other half in 2018 so analyses based on the territories are only available for two year cycles of the CCHS (e.g. 2017-2018).
2. Correction factors were applied to the height and weight of each respondent before calculating their BMI. Connor Gorber, S., M. Shields, M.S. Tremblay, and I. McDowell. 2008. [The feasibility of establishing correction factors to adjust self-reported estimates of obesity](#). Health Reports. Statistics Canada Catalogue number 82-003, Vol. 19, no. 3. (accessed January 17th, 2017).
3. In this article when two estimates are said to be different this indicates that the difference was statistically significant at a 95% confidence level (p-value less than 5%).
4. Note that the proportion of underweight individuals for those aged 18 to 19, 35 to 49, and 50 to 64 all had coefficients of variation above 15%; interpret with caution.
5. Health Canada. [Obesity](#). 2006. (accessed April 3rd, 2019).
6. Measures of BMI can be used to understand how the weight of a population changes over time and how weight is related to health risks. However, while BMI is useful to monitor the health of a population, it does not necessarily reflect health risks for a person. Individuals should be cautious if using BMI to classify themselves since this measure is not as precise for predicting health risks for people who are naturally very lean or muscular, or people from certain minority ethnic groups.

For more information on the Canadian Community Health Survey, please contact Statistics Canada's Statistical Information Service (toll-free 1-800-263-1136; 613-951-8116; STATCAN.infostats-infostats@statcan.ca).