

SUSTAINABILITY HIGHLIGHTS

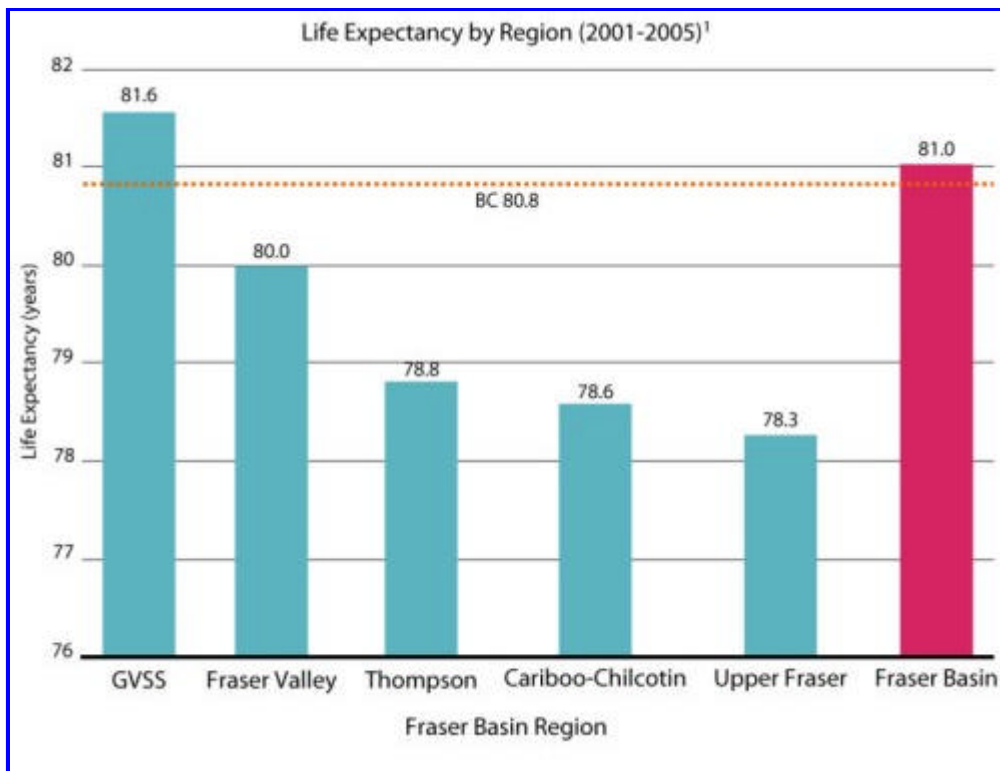
Good health is fundamental to a good quality of life. Given the diverse factors that influence health and well-being, trends in health can be assessed in a variety of ways. One method is to evaluate population health outcomes, such as life expectancy and self-rated health. Another is to examine the presence of health determinants in the environment, such as air and water quality, or human behaviours, such as smoking or physical inactivity. The state of health can also be assessed by examining demands on the health care system and its performance.

- Life expectancy of Fraser Basin residents is high on average (81 years), but lower in rural regions and for Aboriginal people (by 6.4 years). Based on data from 2001-2005, the lowest life expectancy rate is in the Upper Fraser region, at just over 78 years and highest in the Greater Vancouver-Sea to Sky (GVSS) region (81.6).
- The leading causes of death throughout the Basin are cancer, cardiovascular (heart) disease and cerebrovascular disease (strokes).
- Mortality rates for diabetes more than doubled in the Cariboo-Chilcotin region between 1995-2005 and are 65% higher in the Upper Fraser than in the Thompson region.

Life Expectancy		GETTING BETTER - Life expectancy continues to rise in all regions of the Basin, but four out of five regions are below the BC average.
Rate of Low-Weight Births		GETTING WORSE - Except in the Fraser Valley the rate of low-weight births has increased between 9% and 11%.
Rate of Type 2 Diabetes		GETTING WORSE - The rate has increased in all regions of the Basin.

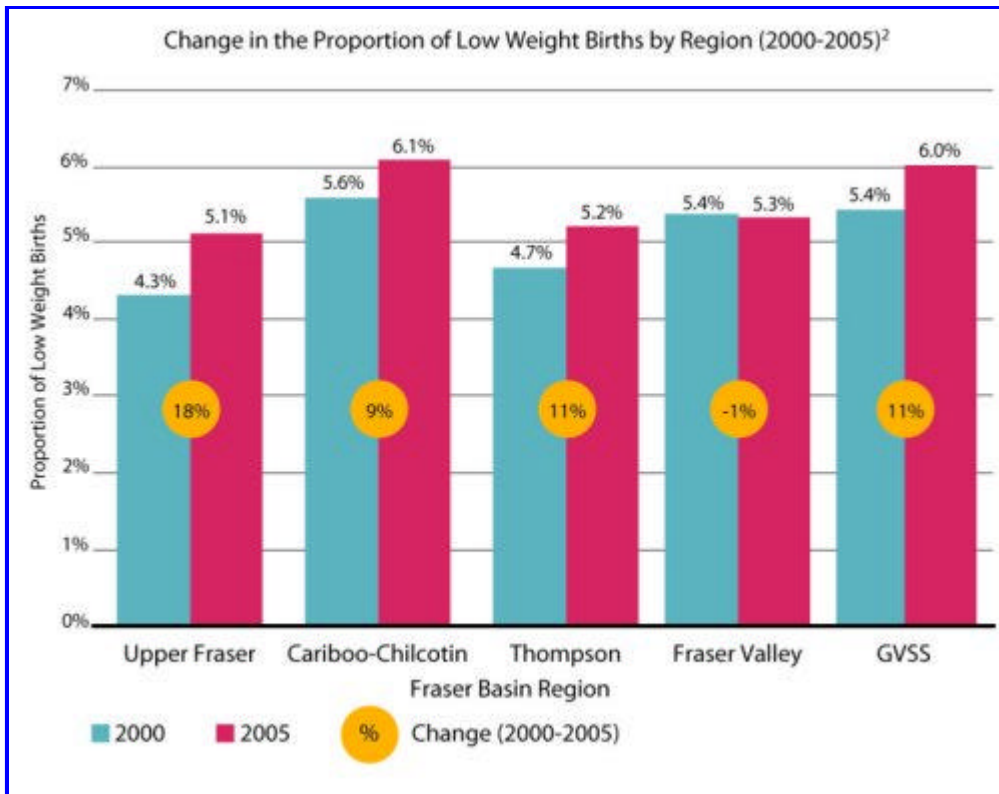
Life Expectancy (1987-2005) ¹

Life expectancy is one of the most frequently used indicators of a population's health status. In the Fraser Basin, life expectancies for men and women continue to rise. Between 1987-1991 and 2001-2005, the life expectancy of men increased by 5% (from 75 to 79 years) and by 3% for women (from 81 to 83 years). In all but one region, GVSS, life expectancy is below the provincial average of 80.8 years (**See Aboriginal and Non-Aboriginal Relations**).



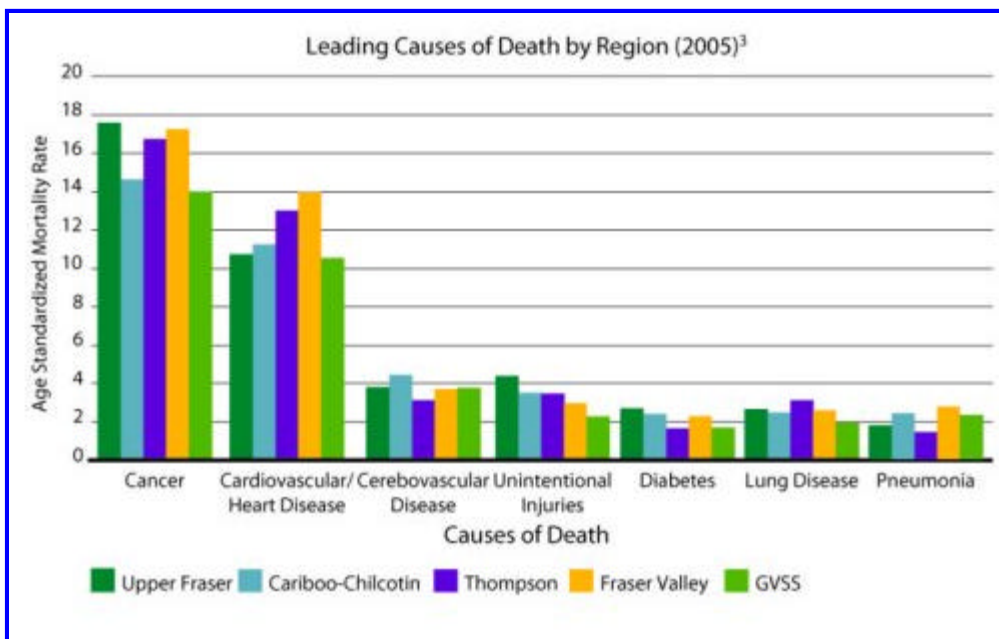
The Next Generation-Rate of Low-Weight Births (2000-2005) ²

Low-weight births, another standard measure of a population's health, are on the rise in the Fraser Basin. A baby's weight at birth is indicative of the newborn's chances for survival, growth, long-term health and psychosocial development. Over the past decade, the proportion of newborns of low birth weight (less than 2,500 grams) rose by 8% in the Basin, the most significant rates being in the Cariboo-Chilcotin and GVSS regions where the rates were above the BC average of 5.6%. Since 2000, the proportion has dropped slightly in the Fraser Valley region, but has risen between 9% and 11% in all other regions.



Leading Causes of Death (1995-2005) ³

Cancer remains the leading cause of death in the Basin, followed by cardiovascular (heart) disease and cerebrovascular disease (strokes). Looking at age standardized mortality rates (ASMRs) from 1995-2005, there have been steady decreases in mortality rates caused by both cardiovascular and cerebrovascular disease. Cancer mortality rates are 27% higher in the Upper Fraser than in the GVSS, and the rate for heart disease is 31% higher in the Fraser Valley than in the Upper Fraser.



Rising Rates of Diabetes (1995-2005) ⁴

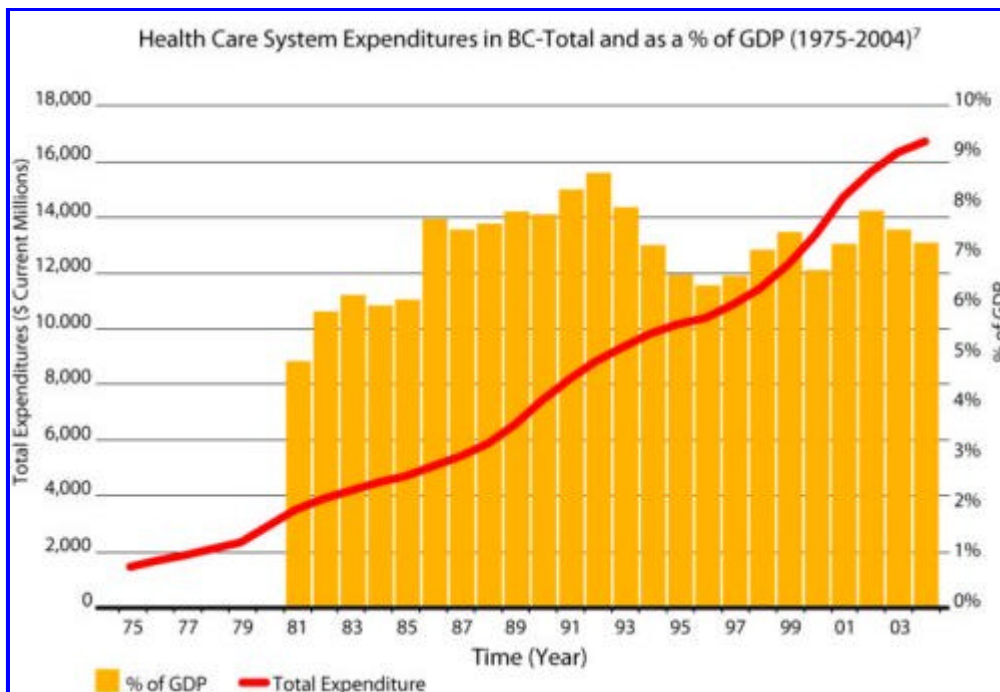
One emergent trend having a significant impact on individual health and the costs of health care is the increasing rate of diabetes. Diabetes is among the most prevalent of all chronic diseases worldwide and represents the seventh leading cause of death in the Basin. Between 1995 and 2005, the mortality rate more than doubled in the Cariboo-Chilcotin region, grew almost 63% in the Upper Fraser region, but only 7.5% in the GVSS region. Research suggests that 25-30% of the burden of diabetes in Canada can be attributed to risk factors such as smoking, physical inactivity, unhealthy eating habits, and social, economic, and cultural conditions.

Health Determinants Related to Lifestyle in BC (2003-2004) ^{5,6}

In 2004 in BC, 40% of adults were considered overweight and 19% were obese, while 20% of youth between the ages of two and 17 were overweight, and 7% were reported as being obese. Rates of physical inactivity are also a growing related health concern. In 2003, 41% of respondents to the Community Health Survey over the age of 30 indicated that they were inactive in their leisure time.

Health Care System Expenditures in BC (1984-2004) ⁷

Since 1994, total expenditures in the health care system have increased by 71% in BC. In 2004, costs were more than double what they were 20 years earlier. On the other hand, expenditures have typically remained in the range of 6-8% of GDP over the same period.



INSPIRED ACTION

What is being done?

- Action Schools! BC contributes to the health of children by integrating physical activity and healthy eating education: www.actionschoolsbc.ca.
- The Women North Project is focused on building a network of women and women's organizations in northern BC to aid health-related research, action, and policy initiatives: www3.telus.net/public/wnn/index.html.
- ADAPT, of the Vancouver Native Health Society, addresses the high rates of diabetes and its complications among Métis and off-reserve Aboriginal people living in Vancouver's Downtown Eastside: www.vnhs.net/programs/diabetes.htm.

What else can we do?

- Your community can join 99 others in BC already registered in the Active Communities Initiative, aimed at improving physical activity levels of British Columbians by 20% by the year 2010: www.bchealthycommunities.ca.
- Individuals can commit to healthy eating and exercise, and schools and institutions can replace unhealthy junk food sold by their cafeterias and vending machines with more nutritious, healthier options.

HEAL helps northern communities combat diabetes

Healthy Eating and Active Living (HEAL) is a network of individuals, organizations and communities from 100 Mile House to the Yukon border. Its goal is to prevent type 2 diabetes by spreading the word about the importance of healthy eating and active living. Since 2001, HEAL has provided seed money to 19 small projects ranging from community gardens and kitchens to policy development, involving 15 communities and over a thousand participants. The HEAL newsletter has built a subscriber base in 45 communities and involving 189 organizations: www.healbc.ca.

REFERENCES

1. Population Section, BC Statistics. (Deaths - Vital Statistics, Ministry of Health, Victoria, BC; Population - BC Stats, Ministry of Management Services, Victoria, BC).
2. BC Vital Statistics. Custom tabulation: www.vs.gov.bc.ca.
3. BC Vital Statistics. Custom tabulation: www.vs.gov.bc.ca.
4. BC Vital Statistics. Custom tabulation: www.vs.gov.bc.ca.
5. Statistics Canada, Canadian Community Health Survey, Nutrition, 2004.
6. Statistics Canada, Canadian Community Health Survey File 2003 (cycle 2.1). Also reported in the Provincial Health Officer's Annual Report 2004.
7. CIHI. National Health Expenditure Trends, 1975-2004.