

Canadian Community Health Survey, 2014

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New data from the 2014 Canadian Community Health Survey show that smoking rates continued to fall in Canada, reaching their lowest level since 2001.

The survey results also show important shifts in the health and behaviour of the Canadian population. For example, one in five Canadians, 18 years of age or older—roughly 5.3 million people—reported height and weight that classified them as obese.

Smoking on the decline

In 2014, 18.1% of Canadians aged 12 and older—about 5.4 million people—reported smoking either daily or occasionally. This was down from 19.3% in 2013 and a significant drop from 2001, when 28.2% of males and 23.8% of females reported smoking daily or occasionally.

Males were also more likely to have smoked in the previous year. Among the sexes, 21.4% of males and 14.8% of females reported that they smoked daily or occasionally in 2014.

British Columbia (14.3%) and Ontario (17.4%) were below the national average when it came to the proportion of smokers. Nunavut (62.0%), the Northwest Territories (33.3%) and Yukon (26.2%) were above the national average, as were Nova Scotia (22.1%), Newfoundland and Labrador (21.7%), New Brunswick (20.9%), Saskatchewan (20.5%) and Quebec (19.6%).

The percentage of daily or occasional smokers was the lowest for youths aged 12 to 17 (4.3%) and seniors aged 65 and older (9.4%). (For more information, see "[Smoking, 2014](#).")

Obesity

In 2014, 20.2% of Canadians aged 18 and older—roughly 5.3 million adults—reported height and weight that classified them as obese. The obesity rate among men increased to 21.8% in 2014 from 20.1% in 2013. This was markedly higher than in 2003, when it was 16.0%. Among women, the rate of obesity was 18.7% in 2014, up from 17.4% in 2013 and also up significantly from 2003, when it was 14.5%.

The rate of adults who reported height and weight that classified them as overweight in 2014 was 40.0% for men and 27.5% for women. Overall, the rate of overweight men has been stable for most years since 2003. The rate among women has been stable since 2003.

Together, 61.8% of men (8.2 million) and 46.2% of women (6.1 million) were obese or overweight and faced increased health risks because of excess weight.

Quebec and British Columbia were both below the national average in terms of proportion of the population who were obese. Northwest Territories (33.7%), Newfoundland and Labrador (30.4%), Nova Scotia (27.8%), New Brunswick (26.4%), Saskatchewan (25.1%) and Manitoba (24.5%) were above the national average. (For more information, see "[Overweight and obese adults \(self-reported\), 2014](#).")

Diabetes

In 2014, 6.7% of Canadians aged 12 or older (2.0 million people) reported that they had diabetes. This rate was similar to 2013, but higher than the rate for much of the last dozen years. From 2001 to 2014, males were more likely than females to report that they had diabetes. In 2014, the rates were 7.5% for males, compared with 5.8% for females.

The rate of diabetes among males and females increased with age up to 74 and levelled off after that. Males and females had roughly the same rates of diabetes up to age 44. From there, males were more likely than females to report a diagnosis of diabetes.



Newfoundland and Labrador (9.0%), New Brunswick (8.4%), and Nova Scotia (8.2%) had the highest proportion of their populations diagnosed with diabetes. These provinces also reported high obesity rates, which have been linked to diabetes. Ontario also had a diabetes rate above the national average (7.4%). Manitoba (5.6%), British Columbia (5.5%) and Alberta (5.0%) were all below the national average for diabetes. (For more information, see "[Diabetes, 2014](#).")

Fruit and vegetable consumption

In 2014, about 4 in 10 Canadians (39.5%) aged 12 and older—roughly 11.2 million people—reported that they consumed fruit and vegetables five or more times per day. Reported fruit and vegetable consumption declined from 2009, when it peaked at 45.6%.

From 2001 to 2014, females were more likely than males to consume fruit and vegetables five or more times daily. In 2014, 46.6% (6.7 million) of females consumed fruit and vegetables five or more times daily, compared with 32.1% (4.5 million) of males.

Quebec, at 46.3%, was the lone province above the national average. Most other provinces or territories were below the national average except for Alberta (38.8%), British Columbia (39.7%) and Yukon (41.5%), which were about the same. (For more information, see "[Fruit and vegetable consumption, 2014](#).")

Loss of productivity

In 2014, just over 30% of working Canadians aged 15 to 75 missed time at work because of their own physical or mental health. The average amount of time missed at work over a three-month period was five days. A higher proportion of females missed work (34.8%) compared with males (26.8%), though there was no difference in the average amount of time that was missed.

The most common reasons for missing work were infectious diseases such as a cold, flu, stomach flu or a respiratory infection.

Other chronic conditions

In 2014, the survey asked about three additional chronic conditions, fibromyalgia, chronic fatigue syndrome and multiple chemical sensitivities. It was found that among Canadians aged 12 or older, 1.7% had been diagnosed by a health professional with fibromyalgia, 1.4% had chronic fatigue syndrome and 2.4% had multiple chemical sensitivities. These are much the same rates as in 2010 for both fibromyalgia and chronic fatigue syndrome, while the rate for multiple chemical sensitivities decreased from 2.8% in 2010.

The proportion of women diagnosed with any of these conditions (1.0 million) was consistently higher than for men (390,000).

Note to readers

This article features analysis based on data from the 2014 Canadian Community Health Survey (CCHS). The analysis in this release covers selected health indicators on loss of productivity, fibromyalgia, multiple chemical sensitivities, chronic fatigue syndrome, obesity, smoking, diabetes and fruit and vegetable consumption.

The CCHS collects a wide range of self-reported information about the health status of Canadians, factors determining their health and their use of health care services.

Residents of Indian reserves, health care institutions, some remote areas, and full-time members of the Canadian Forces were excluded. In the North, the frame for the CCHS covers 92% of the targeted population in Yukon, 96% in the Northwest Territories and 92% in Nunavut.

Data on the loss of productivity (missed days at work) are based on questions asked to Canadians aged 15 to 75 who worked at some time in the three months preceding the survey. Respondents were asked if they missed work because of a chronic condition, injury, infectious disease, or other reason related to their physical or mental health. Respondents can report missing work for more than one reason. The average number of days missed in the analysis is an average of the number of days missed over three months. Although it is possible for a respondent to report missing work for more than one reason, the reported number of days missed were counted as independent of each other. For example, if a person missed two days because of a cold and five days because of an injury, those days were each counted as separate for a total of seven days.

Data for other chronic conditions were included in the survey in 2010 and 2014. At the time of collection, respondents were asked if they had "chronic fatigue syndrome" that had been diagnosed by a health professional. Although the condition can be referred to by other terms, such as "myalgic encephalomyelitis" or "systemic exertion intolerance disease," this analysis uses the term "chronic fatigue syndrome" to reflect what was asked during the interview.

Table 1
Canadians reporting that they missed work over a three-month period, by sex and reason for missing work, household population aged 15 to 75, 2014

	Total	Males	Females	Total	Males	Females
	%			average number of days missed over three months		
Total (any reason)	30.5	26.8	34.8	5	5	5
Infectious disease ¹	17.1	15.4	19.1	2	2	2
Injury	3.6	4.0	3.2	7	8	7
Chronic condition	5.4	3.9	7.2	9	10	8
Other	9.1	7.0	11.5	5	4	5

1. Cold, flu or influenza, stomach flu or respiratory infection, etc.

Source(s): Canadian Community Health Survey (3226).

Table 2
Canadians reporting a diagnosis of fibromyalgia, chronic fatigue syndrome, or multiple chemical sensitivities, by sex, household population aged 12 and older

	2010		2014	
	number	%	number	%
Total (any condition)¹	1,397,079	4.9	1,408,023	4.7
Fibromyalgia				
Total	438,980	1.5	519,146	1.7
Males	91,485 ^E	0.6 ^E	95,449	0.6
Females	347,495	2.4	423,696	2.8
Chronic fatigue syndrome				
Total	411,562	1.4	407,789	1.4
Males	138,082	1.0	149,013	1.0
Females	273,480	1.9	258,776	1.7
Multiple chemical sensitivities				
Total	800,562	2.8	722,630	2.4
Male	220,871	1.6	186,169	1.3
Female	579,691	4.0	536,461	3.5

^E use with caution

1. Total reporting fibromyalgia or chronic fatigue syndrome or multiple chemical sensitivities. The totals of individual conditions do not add up to the total as respondents may report more than one condition.

Source(s): Canadian Community Health Survey (3226).

Available in CANSIM: tables [105-0501](#) and [105-0503](#).

Definitions, data sources and methods: survey number [3226](#).

For more statistics and analysis on the health of Canadians and the health care system, visit the [Health in Canada](#) module, accessible from our website's home page, under *Features*.

The fact sheets "[Overweight and obese adults \(self-reported\), 2014](#)," "[Diabetes, 2014](#)," "[Smoking, 2014](#)" and "[Fruit and vegetable consumption, 2014](#)" from the publication *Health Fact Sheets (82-625-X)*, are now available from the *Browse by key resource* module of our website under *Publications*.

The following *Health Fact Sheets (82-625-X)* are also now available: "[Access to a regular medical doctor, 2014](#)," "[Asthma, 2014](#)," "[Arthritis, 2014](#)," "[High blood pressure, 2014](#)," "[Overweight and obese youth \(self-reported\), 2014](#)," "[Physical activity during leisure time, 2014](#)," "[Heavy drinking, 2014](#)," "[Perceived health, 2014](#)," "[Perceived life stress, 2014](#)" and "[Exposure to second-hand smoke at home, 2014](#)."

The publication *Health Indicators*, 2015, no. 1 ([82-221-X](#)), is also available from the *Browse by key resource* module of our website under *Publications*.

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