

# PHYSICAL HEALTH & WELL-BEING

## INDICATOR #9 Percentage of Children with Healthy Weight

### DEFINITION

**INDICATOR #9** — Percentage of 18-month-old children and percentage of students in grades 7–12 in BC with healthy weights, as determined by World Health Organization age-/sex-specific growth charts (height and weight).<sup>e</sup>

### KEY MESSAGES

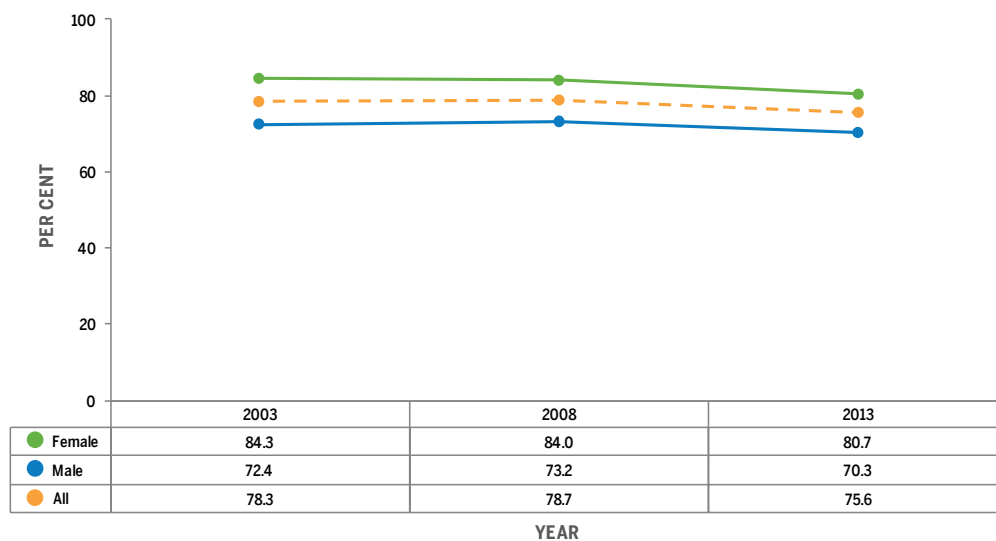
- ▶ The World Health Organization specifies a healthy weight-for-length for children age 0–2 and a healthy weight relative to height or body mass index (BMI) (calculated as kg/m<sup>2</sup>) for children and youth up to age 19 based on growth percentiles. Children between the ages of 2 and below 5 years have different healthy weight percentile guidelines than children and youth age 5–19. Based on these guidelines, a **healthy body weight** includes the following:
  - For children between the ages of 0 and below 2 years, having a weight-for-length at or above the 3rd percentile and at or below the 97th percentile.
  - For children between the ages of 2 and below 5 years, having a BMI at or above the 3rd percentile and at or below the 97th percentile.
  - For children and youth age 5–19, having a BMI at or above the 3rd percentile and at or below the 85th percentile.<sup>1</sup>
- ▶ Unhealthy weights include both **overweight/obese** and **underweight**, and predispose children and youth to long-term physical and mental health concerns.<sup>1–3</sup>
- ▶ There is an increased risk for overweight or obese youth to remain overweight or obese in adulthood.<sup>4</sup> The relationships between obesity, illness, and mortality in adults have been well-established,<sup>5,6</sup> and there is good evidence for an association between childhood obesity and poor physical health outcomes.<sup>7,8</sup>
- ▶ There is a complex relationship between obesity and socio-economic status; however, evidence shows that in developed countries obesity is higher among some groups with lower socio-economic status.<sup>9,10</sup>
- ▶ Eating disorders are conditions that cause a person to have unhealthy thoughts, feelings, and behaviours related to food and body image. Eating disorders are most common in teenage girls and young women, but they can occur at any age and in both sexes. People who have eating disorders may develop health problems, such as dehydration and malnutrition. Eating disorders also increase a person's risk of other health problems related to a poor diet, including menstrual period changes, thinning of the bones, and in severe cases, heart and other organ problems.<sup>11–13</sup>

<sup>e</sup>Only the body mass index of students in grades 7–12 are being measured and reported on in this report. Future reports may also be able to capture 18-month-old children.

► Figure 9.1 shows that the percentage of youth who report being at a healthy weight has remained relatively stable since 2003, and approximately 25 per cent of youth report not having a healthy weight. There is a 10 per cent difference between males and females, with males being less likely to report being at a healthy weight.

► There are geographic differences identified in Figures 9.2 and 9.3; for example, in 2013 there was more than a 10 per cent difference between Northern Health (66.9 per cent) and Vancouver Coastal Health (78.1 per cent) in the percentage of youth in grades 7–12 who reported being at a healthy weight.

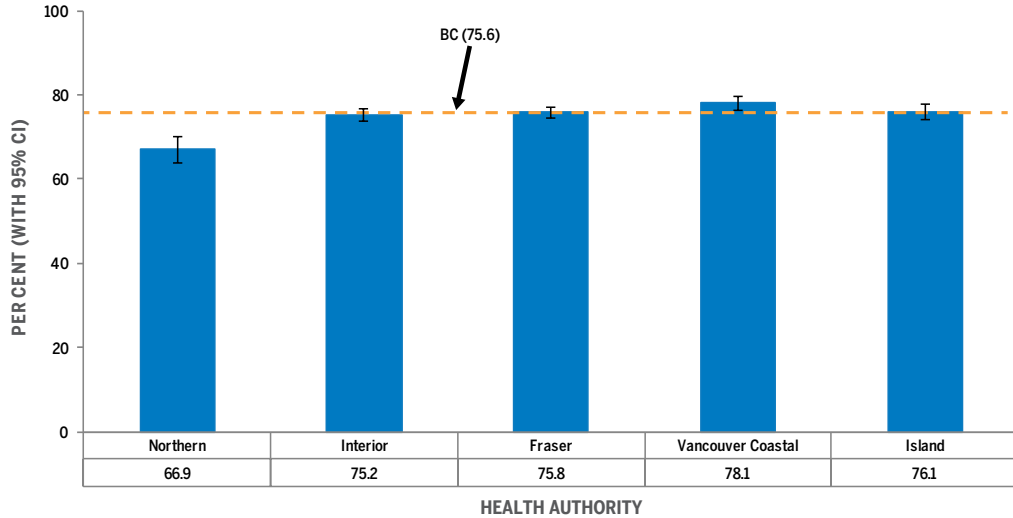
**FIG 9.1** Percentage of Students in Grades 7-12 Who Reported Being at a Healthy Body Weight, by Sex, BC, 2003, 2008, and 2013



**Notes:** "Healthy body weight" means having a body mass index (BMI) at or above the 3rd percentile and at or below the 85th percentile based on the 2007 World Health Organization guidelines for children and youth age 5-19. BMI was calculated using self-reported height and weight. The differences between 2003 and 2013 and between 2008 and 2013 were statistically significant for all groups. The difference between sexes was statistically significant for all years. See Appendix B for more information about this data source.

**Source:** McCreary Centre Society, BC Adolescent Health Survey, 2003, 2008, 2013. Prepared by the Surveillance and Epidemiology Team, BC Office of the Provincial Health Officer, 2016.

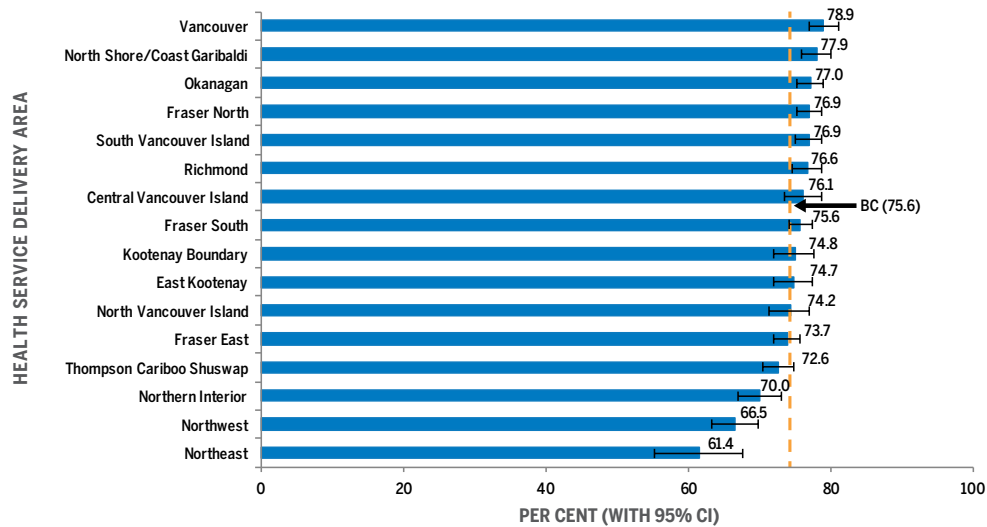
**FIG 9.2** Percentage of Students in Grades 7-12 Who Reported Being at a Healthy Body Weight, by Health Authority, BC, 2013



**Notes:** "Healthy body weight" means having a body mass index (BMI) at or above the 3rd percentile and at or below the 85th percentile based on the 2007 World Health Organization guidelines for children and youth age 5-19. BMI was calculated using self-reported height and weight. Health authority is based on the location of the school. See Appendix B for more information about this data source.

**Source:** McCreary Centre Society, BC Adolescent Health Survey, 2013. Prepared by the Surveillance and Epidemiology Team, BC Office of the Provincial Health Officer, 2016.

**FIG 9.3** Percentage of Students in Grades 7-12 Who Reported Being at a Healthy Body Weight, by Health Service Delivery Area, BC, 2013



**Notes:** "Healthy body weight" means having a body mass index (BMI) at or above the 3rd percentile and at or below the 85th percentile based on the 2007 World Health Organization guidelines for children and youth age 5-19. BMI was calculated using self-reported height and weight. Health service delivery area is based on the location of the school. See Appendix B for more information about this data source.

**Source:** McCreary Centre Society, BC Adolescent Health Survey, 2013. Prepared by the Surveillance and Epidemiology Team, BC Office of the Provincial Health Officer, 2016.

## REFERENCES

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