# British Columbia Healthy Eating Population Health Survey, 2013: Executive summary

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# **Executive summary**

his technical report presents the findings of the Healthy Eating Population Health Survey conducted in 2013 in British Columbia (B.C.) with the purpose to assess healthy eating knowledge and behaviours and to support the surveillance and monitoring of healthy eating across the province. This survey was conducted by the Provincial Health Services Authority (PHSA) to contribute to the provincial Healthy Eating Strategy, a three-year agenda (2011-2014) for coordinated, consolidated, and collective action to improve healthy eating in B.C. Developed as part of the Healthy Families BC initiative, the strategy employs health promotion and disease prevention strategy to improve the health and well-being of and prevent chronic disease among British Columbians.

In consultation with key stakeholders, including representatives from the Ministry of Health and the five regional health authorities, PHSA identified a series of healthy eating indicator measurements for this survey to investigate self-reported knowledge and behaviours of the adult British Columbian population with respect to food and nutrition. Adapted from a variety of existing national and provincial health surveys, the Healthy Eating Population Health Survey, 2013 questions were designed to address the specific needs of the HFBC Healthy Eating Strategy. Therefore, this survey's results may not be comparable with the results of other similar surveys due to variation in specific survey questions.

Launched in 2013, the survey was administered by BC Stats within the provision of Statistics Act. Survey data was collected from a random sample of 2,653 respondents aged 18 years or older, and data was weighted to ensure representation of B.C.'s population by health region, age, and gender.

## **Highlights**

## Eating habits and health

In the survey, "eating habits" were defined as what food and beverage the participants consume, and where and when they consume the food and beverage, and "health" was defined as not merely the absence of disease or injury but also physical, mental, and social well-being. Most British Columbians considered their eating habits (73.7%) and health (78.6%) to be good to very good. However, there were still about one quarter of British Columbians who thought their eating habits (26.3%) and health (21.4%) were fair to poor. Over half of British Columbians (53.3%) were overweight or obese.

Many British Columbians are participating in healthy eating habits and lifestyles that can contribute to better health. Most British Columbians (71.8%) indicated that they had improved or plan to improve at least one aspect of their eating habits in the past 12 months. The top three eating habits that they had improved or planned to improve were: eating more fruits and vegetables (88.4%), reducing sugary foods/drinks (83.8%), and reducing fat (77.4%). The top three reasons for improving or planning to improve eating habits further were: to improve overall health (94.3%), to increase energy or athletic performance (76.8%), and to manage weight (72.9%). Although results showed that British Columbians had sought out ways to improve their overall nutrition and health, about two-thirds (63.3%) reported they were not consuming fruits and vegetables five or more times per day (adequate daily fruit and vegetable consumption level used by

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Statistics Canada). The proportion of people who reported consuming fruits and vegetables five or more times per day was higher in females (44.8%) than males (28.2%).

Many nutritional and social benefits are associated with family meals. A vast majority of British Columbians (83.6%) reported eating a meal together at home with most or all of household members at least four times in a week. Younger British Columbians (age 18-34) were less likely to do so compared to senior British Columbians (age 65+).

## Access to healthy foods

Economic, social, and environmental factors play a role in determining individuals' access to healthy foods. A vast majority of British Columbians indicated that they had sufficient time to eat healthy foods (81.8%), healthy food options were available (89.1%), healthy foods were affordable (80.8%), and they had no difficulties getting healthy foods because of mobility issues or lack of transportation (90.2%). However, there were still about 10-20% of British Columbians who indicated having difficulty accessing healthy foods, including insufficient time to eat healthy foods (18.2%), the lack of availability (10.9%) or affordability (19.2%) of healthy food options, and mobility or transportation issues (9.8%). Younger British Columbians were more likely to experience insufficient time to eat healthy foods, and the lack of availability and affordability of healthy food options compared to seniors (age 65+). Meanwhile, seniors (age 65+) were more likely to experience mobility issues or lack of transportation than the younger population (age 18-34).

#### Food skills

Most British Columbians expressed that they had the skills to shop and cook for healthy meals (87.1%), and ate meals prepared from 'scratch' at home, using only fresh or whole ingredients, four times or more per week (88.2%). However, a relatively lower percentage of British Columbians (57.4%) reported taking time to prepare healthy meals when eating alone.

Females were more likely than males to have cooking and shopping skills, to take time to prepare healthy meals when eating alone, and to eat meals prepared from 'scratch' at home four times or more per week.

#### Sodium knowledge and eating behaviours

In order to test British Columbians' sodium-related knowledge, the survey provided a list of foods that participants rated as containing either high or low amounts of sodium. Although most British Columbians (90.7%) could identify all high-sodium foods correctly, only about half of British Columbians (50.8%) reported not purchasing a particular food or drink due to its high-sodium content in the past month. In addition, pre-packaged meals, processed foods, and foods that people select when they eat out generally contain more calories, sodium, and fat. Results showed that British Columbians reported eating processed foods (19.8%) four times or more per week, pre-packaged meals (39.2%), and foods from restaurants, cafeterias, and coffee shops (63.5%) at least once per week.

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Males were less likely than females to identify all high-sodium foods correctly. Males were also more likely to consume processed foods four times or more per week, pre-packaged meals, and food from restaurants, cafeterias, and coffee shops at least once per week.

### Sugary drinks

Although a majority of British Columbians (67.5%) indicated that they did not purchase a particular drink due to its high sugar or high caloric content in the past month, most British Columbians (78.1%) reported consuming one or more sugary drinks per week. For this survey, sugary drinks included: regular soda, pop or slushes, specialty coffee or tea drinks with added sugar, 100% fruit juice, sweetened fruit drinks, punches or lemonade, sports drinks, energy drinks, and vitamin-enhanced water. The top three sugary drinks that British Columbians had consumed one or more per week were: 100% fruit juice (57.6%), specialty coffee or tea drinks with added sugar (30.6%), and regular soda, pop, or slushes (27.5%). About one quarter of British Columbians (26.5%) reported that they had consumed one or more artificially sweetened drinks per week.

Males were more likely to consume one or more sugary drinks or artificially sweetened drinks per week than females. Younger adults (age 18-34) were more likely to consume one or more sugary drinks per week compared to seniors (age 65+).

#### Conclusion

This survey revealed that many British Columbians might not be eating as healthily as they think they are. A majority of people reported they had good to very good healthy eating habits, had sufficient cooking and shopping skills, and were able to identify all high-sodium foods correctly. However, questions related to specific eating behaviours revealed otherwise. For example, only about one-third of British Columbians consumed adequate fruits and vegetables daily.

In general, females were more likely to have better healthy eating knowledge, and behaviours than males. For example, females reported better sodium knowledge and food skills, were more likely to consume adequate fruits and vegetables daily, and were less likely to eat out at restaurants or consume sugary drinks weekly.

Approximately 10-20% of British Columbians reported having difficulty accessing healthy foods, including insufficient time to eat healthy foods, the lack of availability or affordability of healthy food options, and mobility or transportation issues.

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