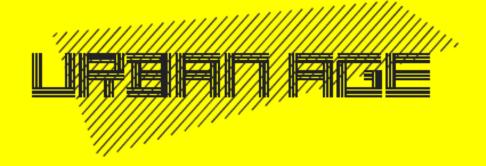
# CITIES, HEALTH AND WELL-BEING NOVEMBER 2011

#### Kee Seng Chia

Professor and Dean-Designate, School of Public Health; Director, Centre for Molecular Epidemiology, National University of Singapore

Changing Urban Lifestyles and Health in Singapore



All rights are reserved by the presenter www.urban-age.net





# Changing Urban Lifestyles and Health in Singapore

CITIES, HEALTH AND WELL-BEING URBAN AGE CONFERENCE, HONG KONG, 16-17 NOVEMBER 2011

Chia Kee Seng MBBS, MSc(OM), MD, FAMS Professor and Dean, Saw Swee Hock School of Public Health Director, NUS-GIS Centre for Molecular Epidemiology Professor of Epidemiology, Kaolinska Institutet, Sweden

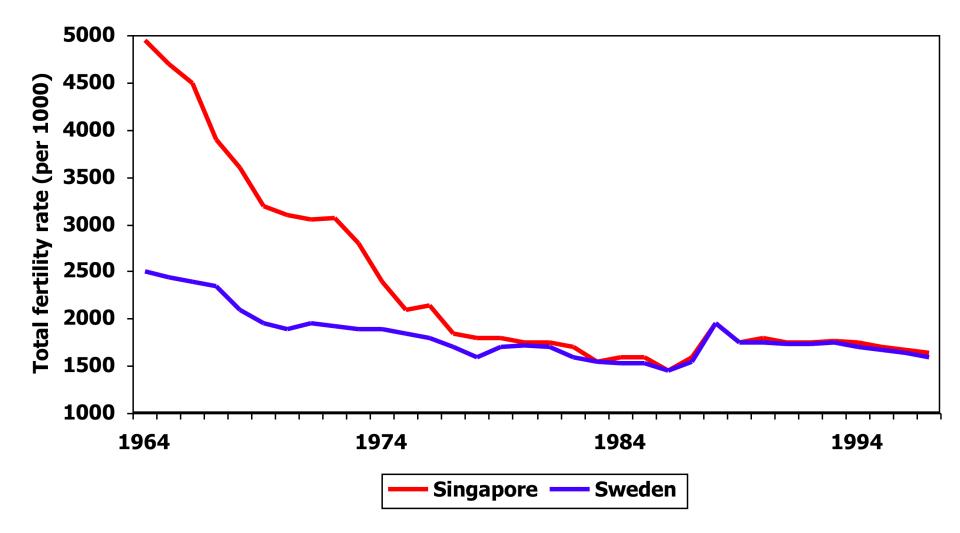


1960: 580 km<sup>2</sup> 2010: 710 km<sup>2</sup>

### **KEY POPULATION INDICATORS**

|                         | 1970    | 1980    | 1990    | 2000    | 2010    |
|-------------------------|---------|---------|---------|---------|---------|
|                         |         |         |         |         |         |
| Total Population ('000) | 2,074.5 | 2,413.9 | 3,047.1 | 4,027.9 | 5,076.7 |
| Resident Population     | 2,013.6 | 2,282.1 | 2,735.9 | 3,273.4 | 3,771.7 |
| Singapore Citizens      | 1,874.8 | 2,194.3 | 2,623.7 | 2,985.9 | 3,230.7 |
| Permanent Residents     | 138.8   | 87.8    | 112.1   | 287.5   | 541.0   |
| Non-Resident Population | 60.9    | 131.8   | 311.3   | 754.5   | 1,305.0 |
| Ethnic Composition (%)  | 100.0   | 100.0   | 100.0   | 100.0   | 100.0   |
| Chinese                 | 77.0    | 78.3    | 77.8    | 76.8    | 74.1    |
| Malays                  | 14.8    | 14.4    | 14.0    | 13.9    | 13.4    |
| Indians                 | 7.0     | 6.3     | 7.1     | 7.9     | 9.2     |
| Others                  | 1.2     | 1.0     | 1.1     | 1.4     | 3.3     |
|                         |         |         |         |         |         |

Total fertility rates (15-44), Sweden and Singapore, 1964-1977.



Chia KS et al. Profound changes in breast cancer incidence may reflect changes into a westernised lifestyle: a comparative population-based study in Singapore and Sweden. IJC2004; 113:302





#### PRINCIPAL CAUSES OF DEATH

|                     | 2007   | 2008   | 2009   |  |
|---------------------|--------|--------|--------|--|
| Total No. of Deaths | 17,140 | 17,222 | 17,101 |  |
| % of Total Deaths   |        |        |        |  |

#### % of Total Deaths

- Cancer 1. [ICD9: 140-208]
- **Ischaemic Heart Disease** 2. [ICD9: 410-414]
- Pneumonia 3. [ICD9: 480-486]
- Cerebrovascular Disease (including st 4. [ICD9: 430-438]
- Accidents, Poisoning & Violence 5. [ICD9 : E800-E999]
- Other Heart Diseases 6. [ICD9: 393-398,402,415-429]
- Urinary Tract Infections 7. [ICD9: 599.0]
- **Chronic Obstructive Lung Disease** 8. [ICD9: 490-493, 496]
- Nephritis, Nephrotic Syndrome & Nep 9. [ICD9: 580-589]
- 10. Diabetes Mellitus [ICD9:250]

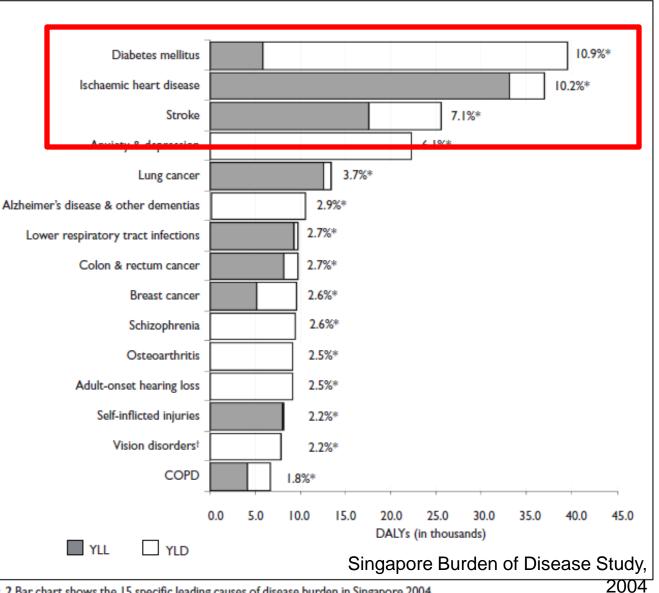
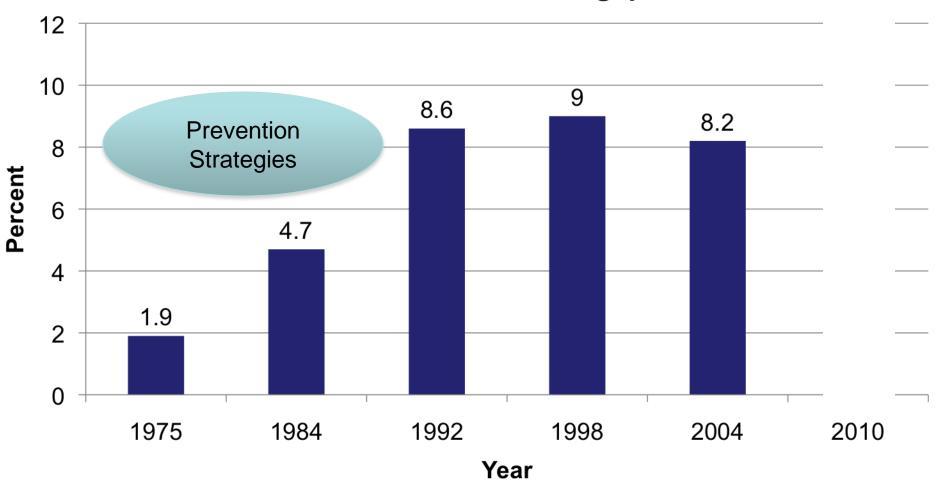
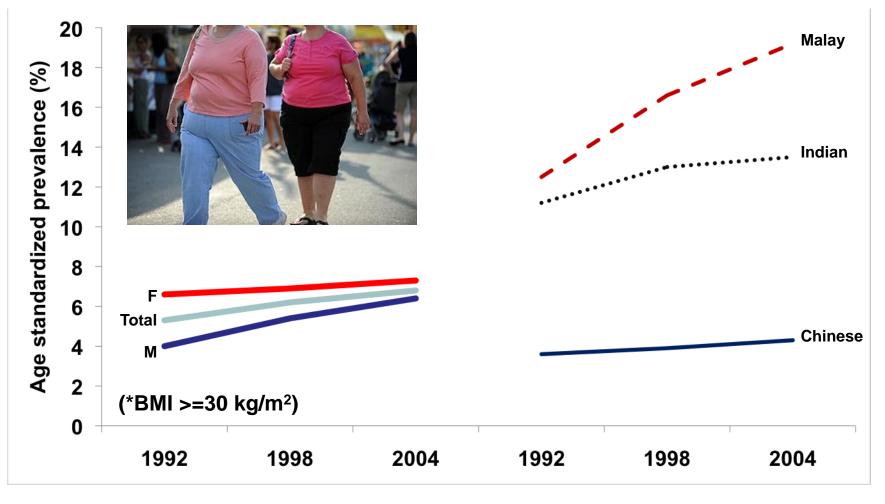


Fig. 2 Bar chart shows the 15 specific leading causes of disease burden in Singapore 2004.

#### **Prevalence of T2DM in Singapore**



#### TREND IN PREVALENCE OF OBESITY\* BY GENDER AND ETHNIC GROUPS



\*BMI >=30 kg/m<sup>2</sup>

National Health Survey 2004, Ministry of Health, Singapore

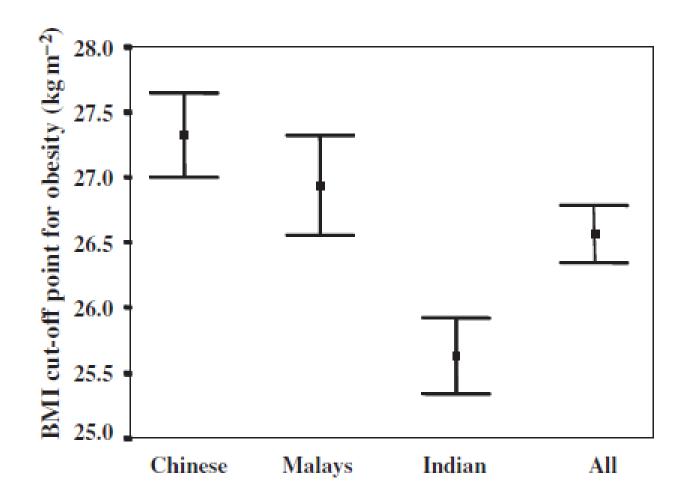
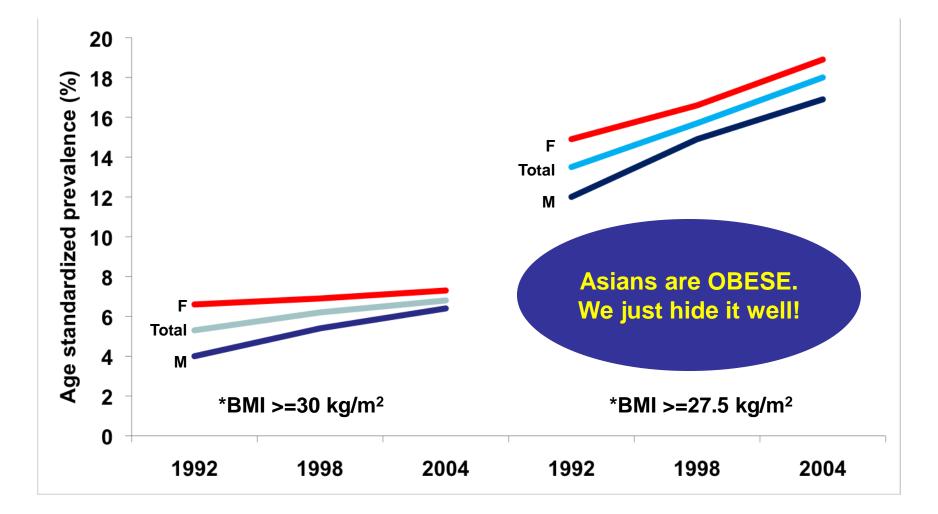


Figure 4 Recalculated cut-off point for obesity in different ethnic groups in Singapore. The cut-off point was calculated based on body fat per cent (BF%) in Caucasians of the same age and gender with a body mass index (BMI) of 30 kg m<sup>-2</sup>. Data were obtained from ref. 41.

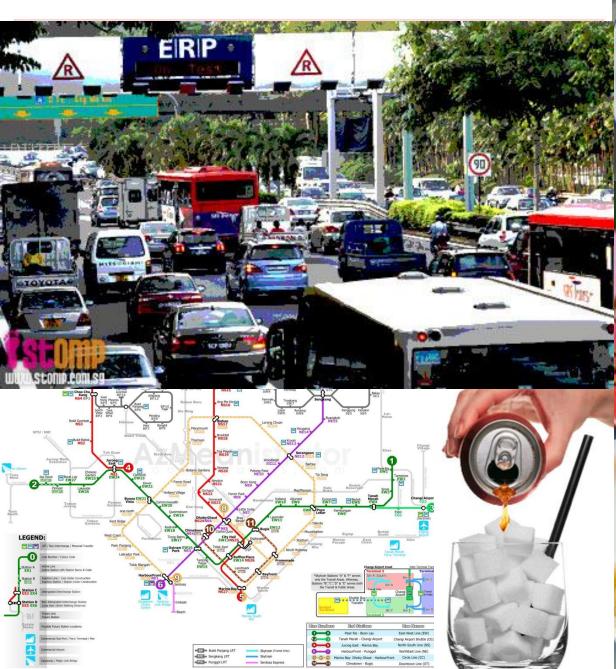
Asians are different from Caucasians and from each other in their BMI/body fat percent relationship. Obes Rev 2002;3(3):141-146

#### TREND IN PREVALENCE OF OBESITY\* BY GENDER AND ETHNIC GROUPS



National Health Survey 2004, Ministry of Health, Singapore 11/12

#### **Overwhelming "OBESOGENIC" Environment**





## **URBANISATION and OBESITY**

## Vrbanized lifestyle = "Obesogenic" Environment

- Ease of transport/apartment living/office environment: decline in level of physical activity.
- Conflict between health messages vs easy availability of unhealthy food items.

### ✓ Lack of awareness

- Superficial level of knowledge
- Distraction of post-genomic era

### ✓ Lack of co-ordination

- Multi-sectoral, multi-agencies, public-private integration
- Integrative modelling and simulation as a tool for evidence-based policy formulation.