

A. Definitions:

Proportion of the population aged 12 years and older who reported injuries in the past 12 months. Refers to injuries that are serious enough to limit normal activities. Repetitive strain injuries are not included. For those with more than one injury in the past 12 months, refers to “the most serious injury” as identified by the respondent.

B. Significance/Use:

Identifies populations at risk. Useful to target sub-populations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

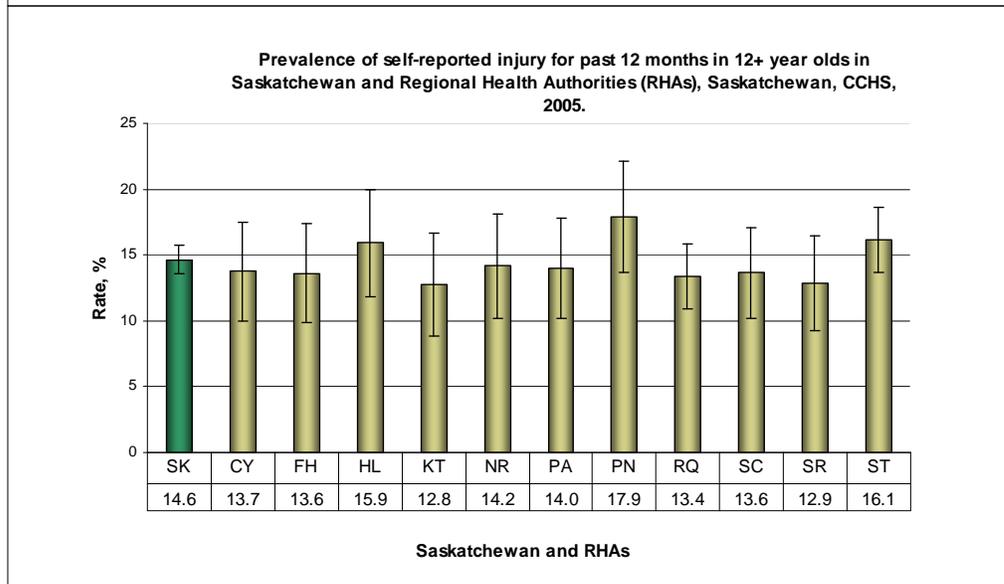
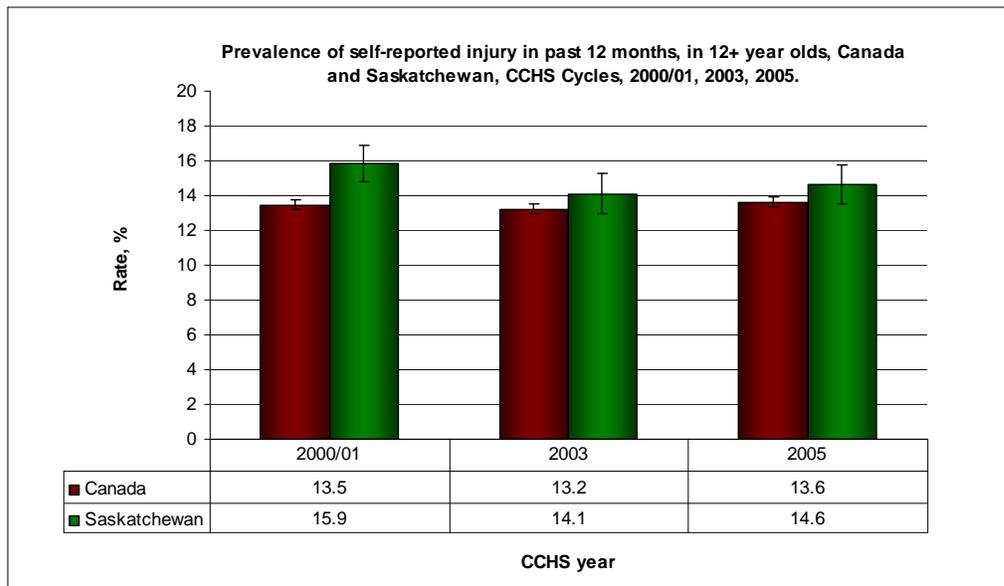
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

Does not include homeless people or individuals living in institutions, First Nations people living on Reserves or members of the Armed Forces.

Data were not available for 2007/2008.

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005. Data not available for 2007.



SUMMARY OF FINDINGS:

The Saskatchewan (SK) rate of self-reported injury serious enough to limit normal activities in the past 12 months, in 12+ year olds, declined slightly from 2000/01 to 2005, although the difference was not statistically significant. The Canadian rate remained fairly constant.

The difference between the Canadian and the provincial rates was significant only in 2000/01.

None of the regional health authority rates were significantly different from the provincial injury rate or each other in 2005. The lowest rate was in Kelsey Trail RHA (KT) and the highest in Prairie North RHA (PN).

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B. Significance/Use:

Identifies populations at risk. Useful to target sub-populations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

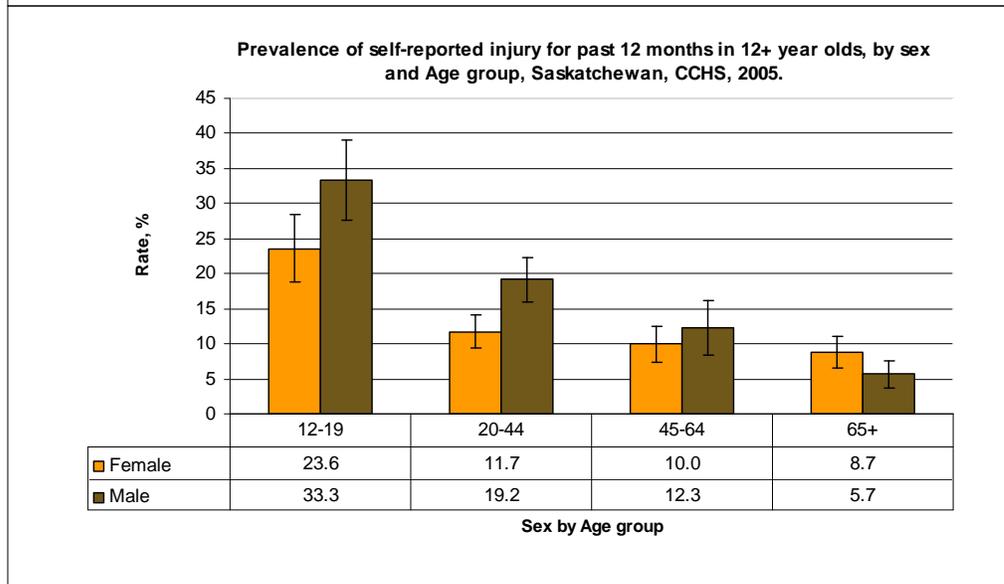
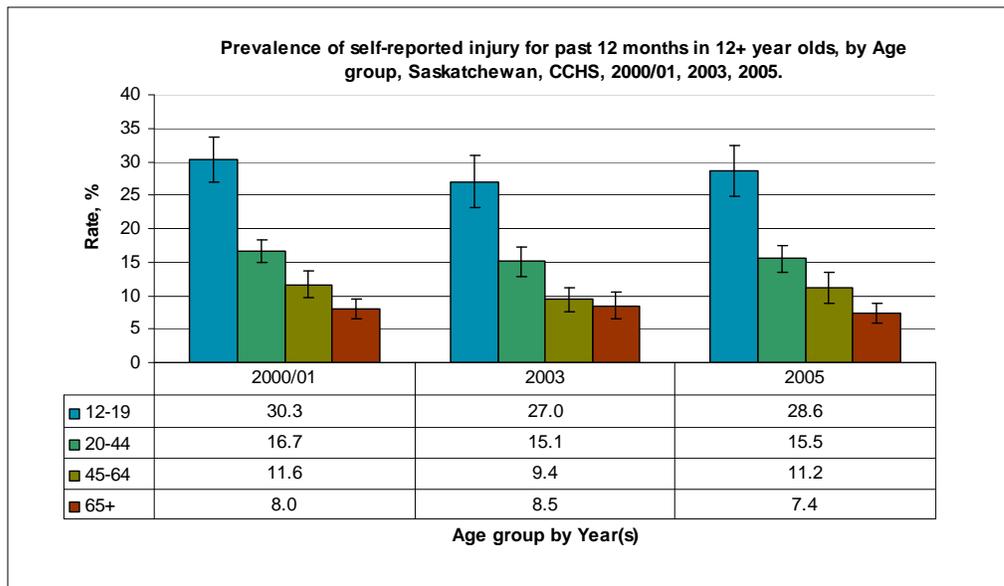
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Does not include homeless people or individuals living in institutions, First Nations people living on Reserves or members of the Armed Forces.

Data were not available for 2007/2008.

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005. Data not available for 2007.



SUMMARY OF FINDINGS:

Rates of self-reported injury serious enough to limit normal activities declined significantly with advancing age with adolescents, 12-19 years of age, reporting the highest rate of injury in 2000/01 through 2005.

In 2005, males were significantly more likely than females to report an injury. Across the age groups the rates tended to be higher in males than in females except in seniors aged 65+ years in which the pattern was reversed. The rate among 20-44 year olds was significantly higher in males than females.

In 2005, the rates declined with advancing age in both sexes.

A. Definitions:

Proportion of the population aged 12 years and older who reported injuries in the past 12 months. Refers to injuries that are serious enough to limit normal activities. Repetitive strain injuries are not included. For those with more than one injury in the past 12 months, refers to “the most serious injury” as identified by the respondent.

B. Significance/Use:

Identifies populations at risk. Useful to target sub-populations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

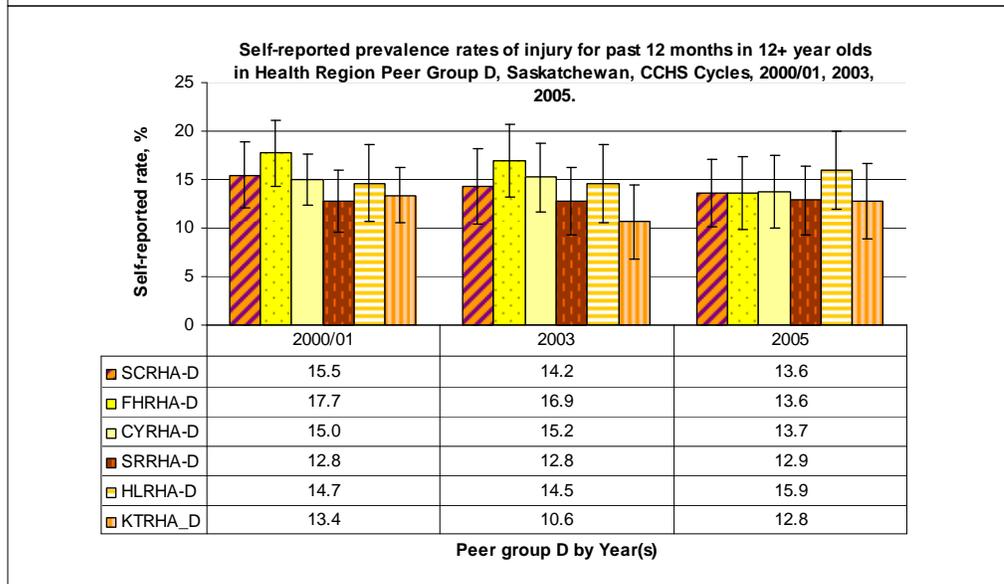
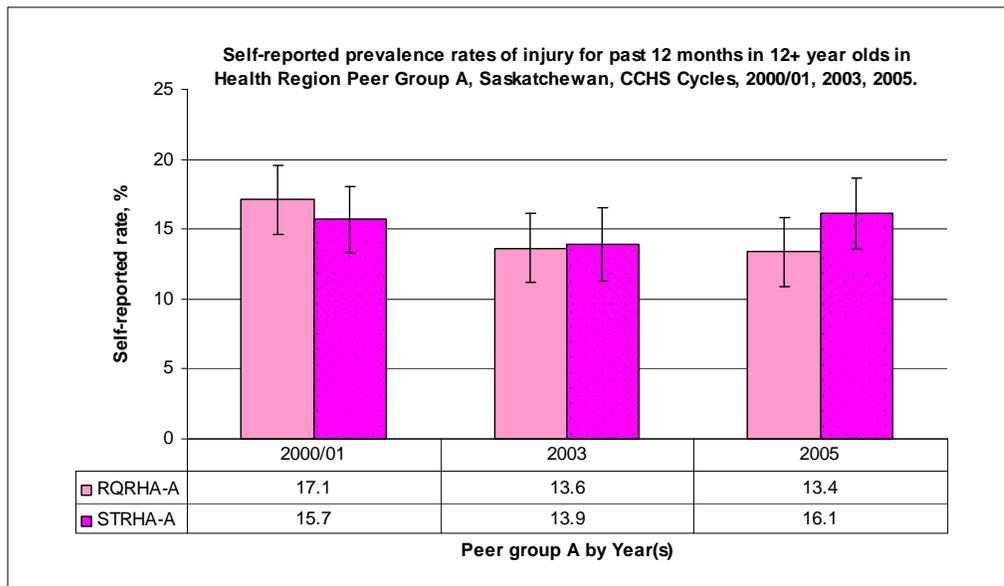
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

Does not include homeless people or individuals living in institutions, First Nations people living on Reserves or members of the Armed Forces.

Data were not available for 2007/2008.

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005. Data not available for 2007.



SUMMARY OF FINDINGS:

The rates of self-reported injury serious enough to limit normal activities in 12+ year olds in Peer Group A health regions, Saskatoon (STRHA) and Regina Qu'Appelle (RQRHA), were not significantly different across survey years. The rate was slightly lower in STRHA in 2000/01, almost identical in 2003 and reversed to be slightly higher in 2005.

The rates of self-reported injury in 12+ year olds in Peer Group D health regions, Sun Country (SCRHA), Five Hills (FHRHA), Cypress (CYRHA), Sunrise (SRRHA), Heartland (HLRHA) and Kelsey Trail (KTRHA), were not significantly different across the time period or from each other.

A. Definitions:

Proportion of the population aged 12 years and older who reported injuries in the past 12 months. Refers to injuries that are serious enough to limit normal activities. Repetitive strain injuries are not included. For those with more than one injury in the past 12 months, refers to “the most serious injury” as identified by the respondent.

B. Significance/Use:

Identifies populations at risk. Useful to target sub-populations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

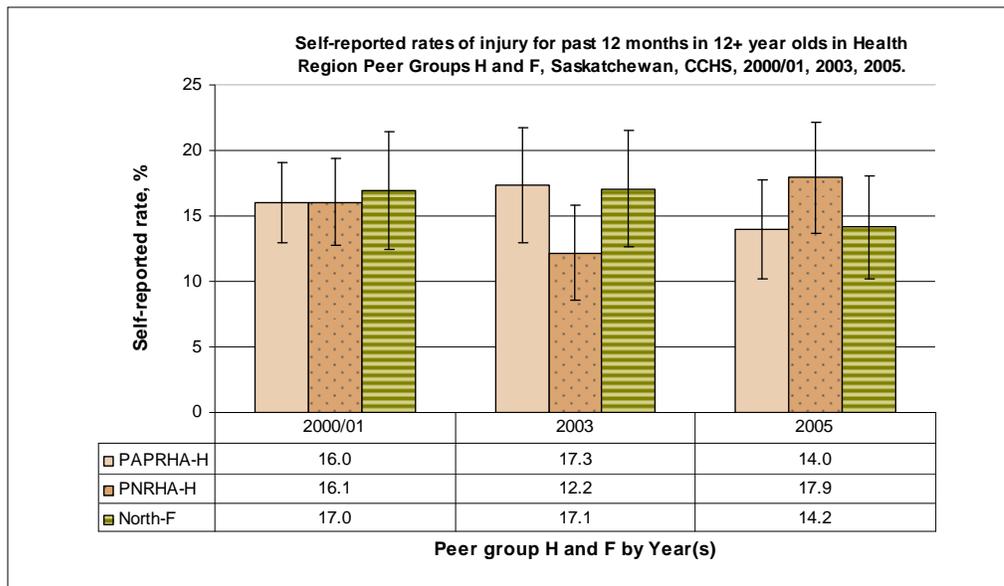
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

Does not include homeless people or individuals living in institutions, First Nations people living on Reserves or members of the Armed Forces.

Data were not available for 2007/2008.

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005. Data not available for 2007.



SUMMARY OF FINDINGS:

The self-reported rates of injury serious enough to limit normal activities in 12+ year olds in the health regions of Peer Group H (Prince Albert Parkland (PAPERHA) and Prairie North (PNRHA)) were not significantly different across the time period or from each other.

Peer Group F (Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority (North)) health regions were combined due to small numbers. The rates did not differ significantly from 2000/01 through 2005.

A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 E800-E869; E880-E929/ ICD10 V01-X59/Y85-Y86

B. Significance/Use:

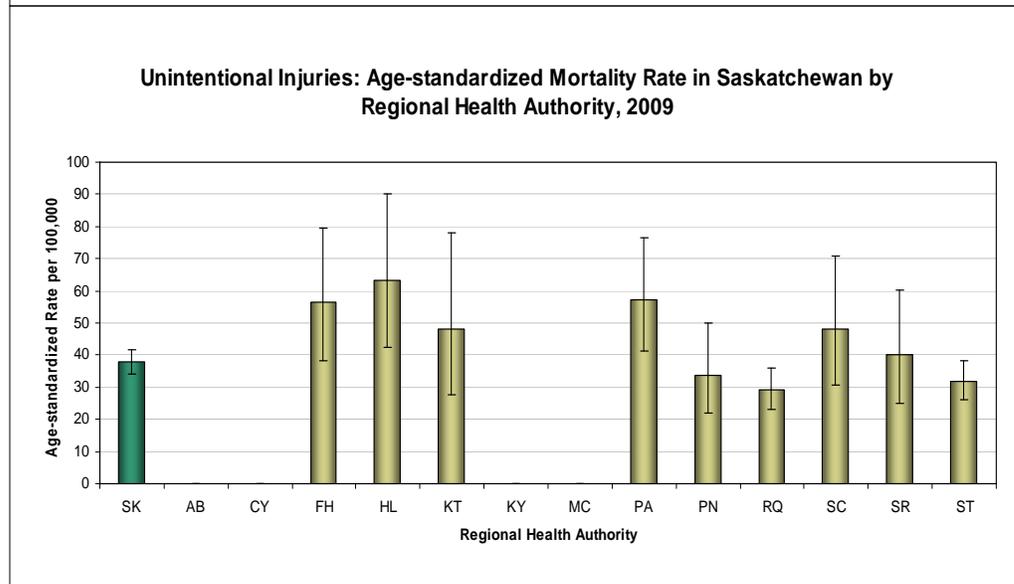
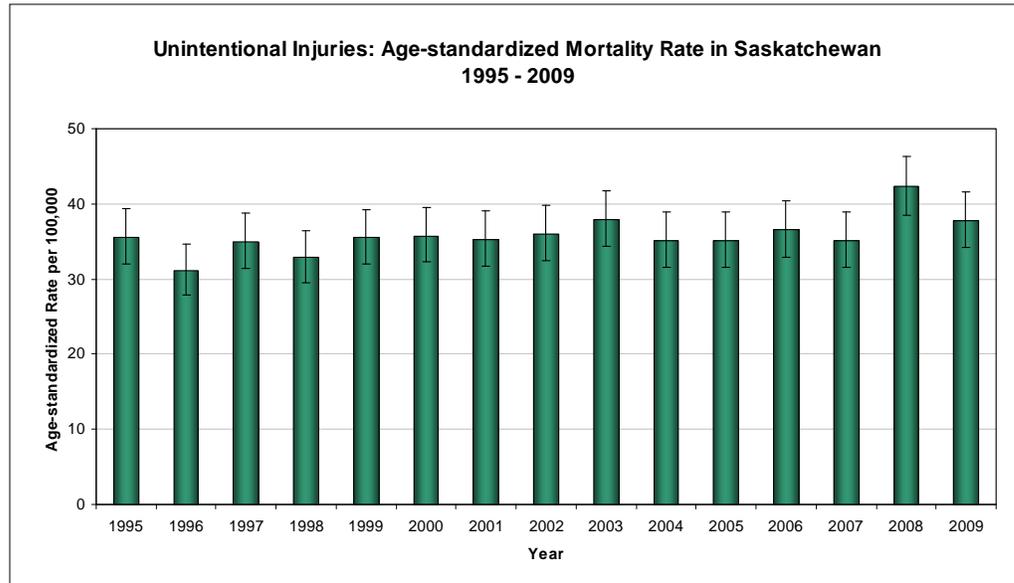
Mortality reflects the upper limit of the disease severity continuum. Mortality data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Death reflects the endpoint of disease severity. The analyses are based only on the underlying cause of death but there may be more contributing causes. Quantity rather than quality of life is measured. Differences in reporting may affect comparisons. Saskatchewan residents who died outside the province are not included.

D. Source:

SK Vital Statistics, death registration.



SUMMARY OF FINDINGS:

The age-standardized mortality rates (ASMR) related to unintentional injuries in Saskatchewan (SK) did not differ significantly from 1995 to 2009. With the exception of 2008, the annual ASMR consistently remained within the range of 30 and 40 deaths per 100,000 per year.

In 2009, the ASMRs related to unintentional injuries among the displayed regional health authorities did not significantly differ from the provincial rate.

Due to small numbers or zero counts, the rates are not displayed for Athabasca Health Authority (AB), Cypress (CY), Keewatin Yatthé (KY) and Mamawetan Churchill River (MC) health regions.

INJURY: UNINTENTIONAL INJURY MORTALITY BY AGE CHART 7-6 AND SEX

A. Definitions:

Number of deaths during a given calendar year per 100,000 population.

Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 E800-E869; E880-E929/ ICD10 V01-X59/Y85-Y86

B. Significance/Use:

Mortality reflects the upper limit of the disease severity continuum. Mortality data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

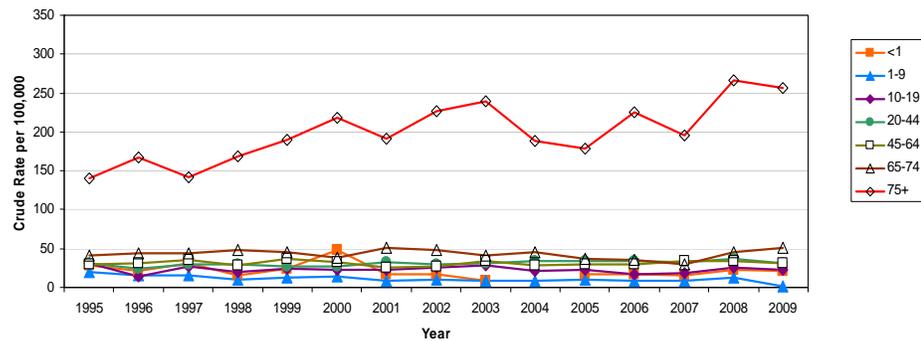
C. Limitations:

Death reflects the end-point of disease severity. The analyses are based only on the underlying cause of death but there may be more contributing causes. Quantity rather than quality of life is measured. Differences in reporting may affect comparisons. Saskatchewan residents who died outside the province are not included.

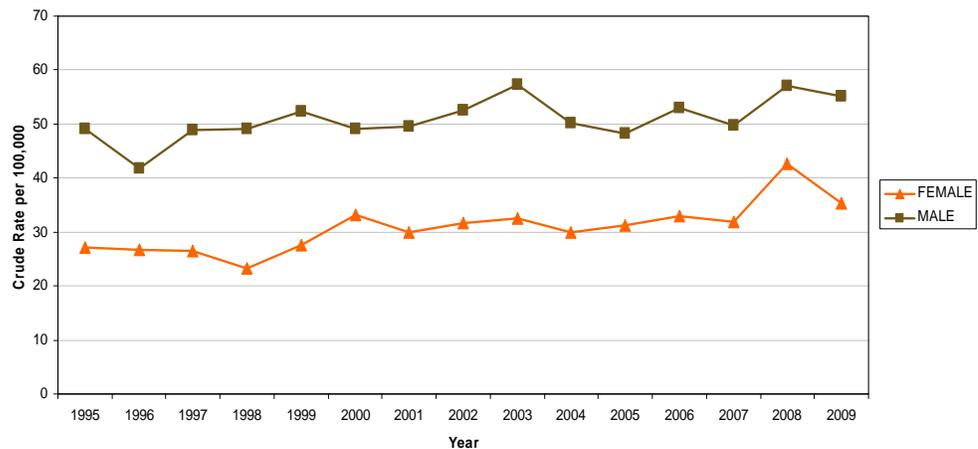
D. Source:

SK Vital Statistics, death registration.

Unintentional Injuries: Crude Rate of Mortality in Saskatchewan by Age Group, 1995 - 2009



Unintentional Injuries: Crude Rate of Mortality in Saskatchewan by sex, 1995 - 2009



SUMMARY OF FINDINGS:

The mortality rate related to unintentional injuries was considerably higher in those aged 75 years and older than in all other age groups. The rate increased by 83% from 1995 to 2009 in the 75 and older age category.

The annual rates for all age groups less than 75 years remained at or below 50/100,000 for the entire 1995 to 2009 time period.

The rate was higher in males than females for every year from 1995 to 2009 and fluctuated around 50/100,000 among males and around 30/100,000 among females.

A. Definitions:

Number of deaths during a given calendar year per 100,000 population.

Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 E800-E869; E880-E929/ ICD10 V01-X59/Y85-Y86

B. Significance/Use:

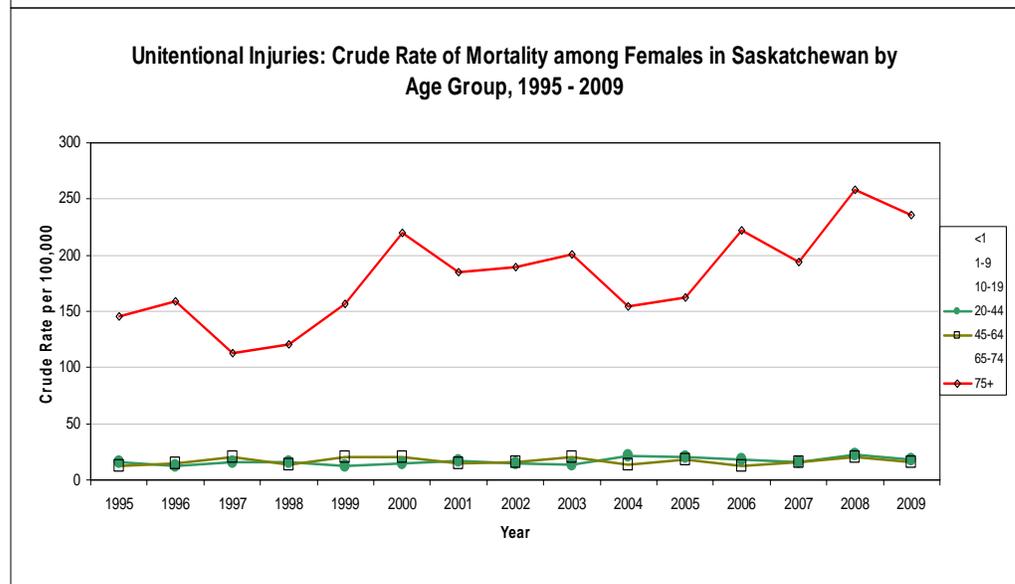
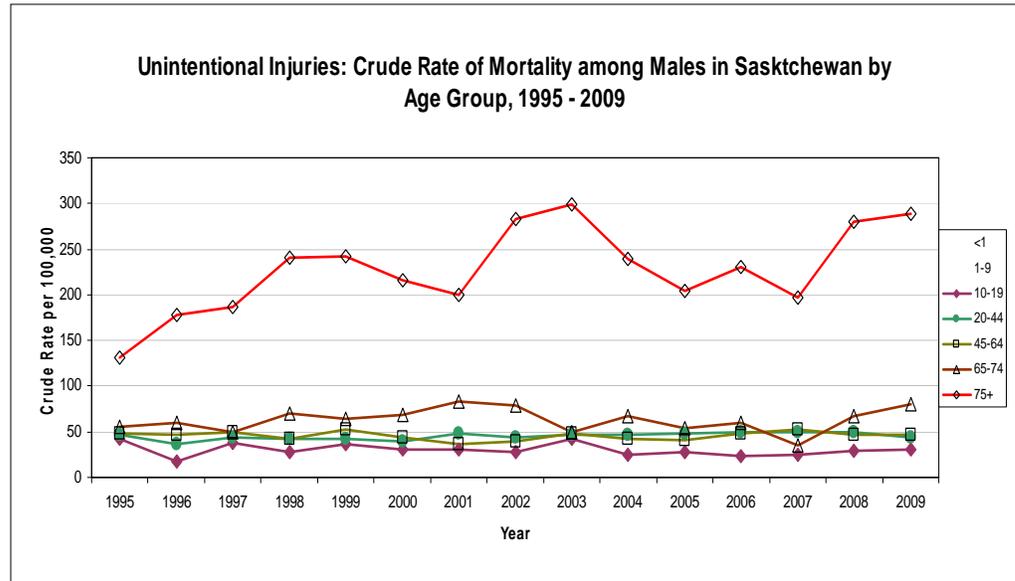
Mortality reflects the upper limit of the disease severity continuum. Mortality data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Death reflects the endpoint of disease severity. The analyses are based only on the underlying cause of death but there may be more contributing causes. Quantity rather than quality of life is measured. Differences in reporting may affect comparisons. Saskatchewan residents who died outside the province are not included.

D. Source:

SK Vital Statistics, death registration.



SUMMARY OF FINDINGS:

For males, the mortality rate related to unintentional injuries was highest among those over 74 years of age and it more than doubled between 1995 and 2009. The rates for males aged 10 to 74 years fluctuated during the same time period and were less than 100/100,000.

Among females, mortality was the highest for those over 74 years of age and it increased by 62% between 1995 to 2009. For females within age groups 20-44 and 45-64 years, the mortality rates related to unintentional injuries consistently remained under 25/100,000.

Rates for age groups less than 1 year, 1 to 9 years, and for females, 10 to 19 years and 65 to 74 years were not included due to small numbers.

INJURY: UNINTENTIONAL INJURY MORTALITY BY RHA CHART 7-8

A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 E800-E869; E880-E929/ ICD10 V01-X59/Y85-Y86

B. Significance/Use:

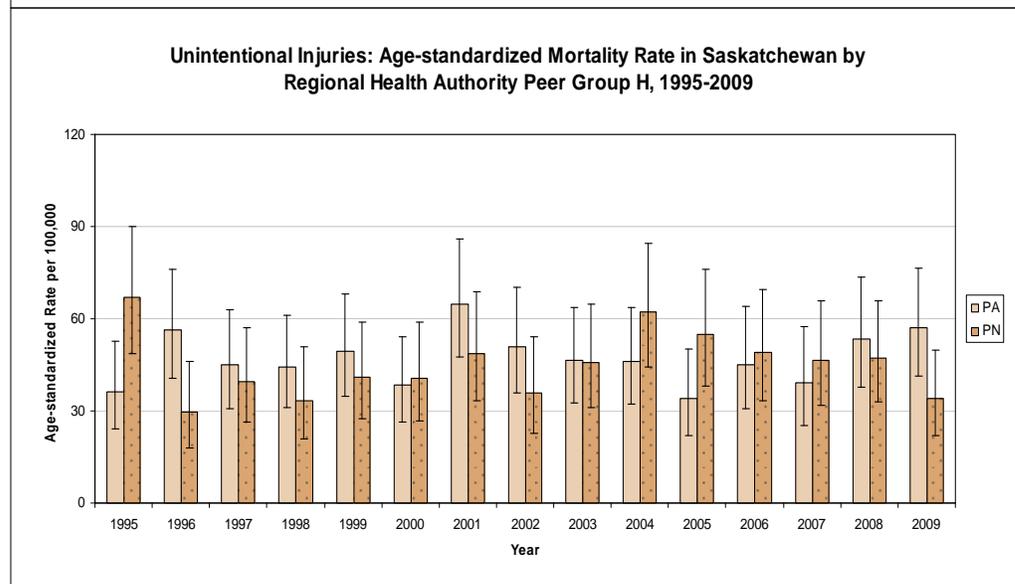
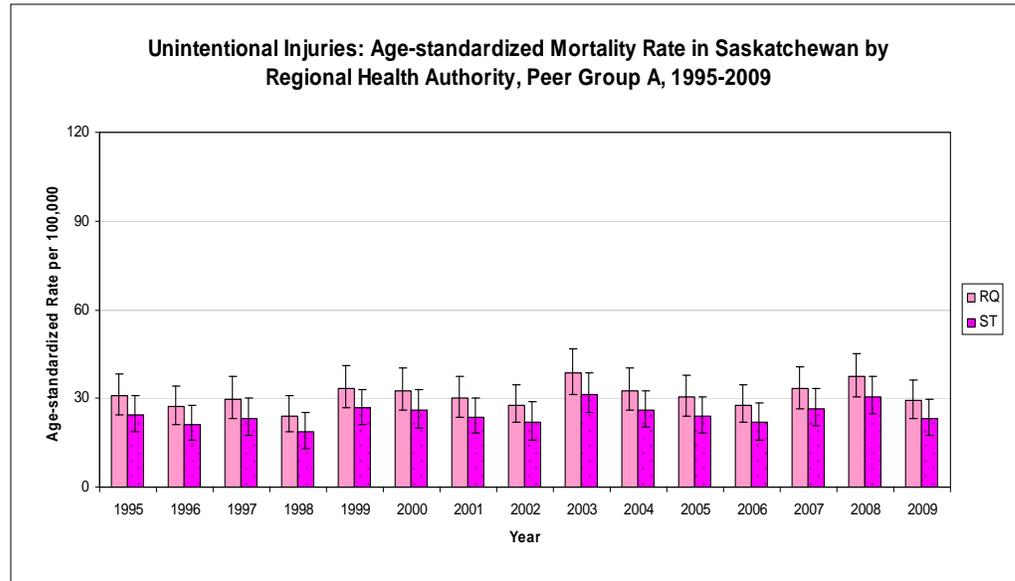
Mortality reflects the upper limit of the disease severity continuum. Mortality data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Death reflects the endpoint of disease severity. The analyses are based only on the underlying cause of death but there may be more contributing causes. Quantity rather than quality of life is measured. Differences in reporting may affect comparisons. Saskatchewan residents who died outside the province are not included.

D. Source:

SK Vital Statistics, death registration.



SUMMARY OF FINDINGS:

The age-standardized mortality rates (ASMR) related to unintentional injuries for the RHAs of Peer Group A, Regina Qu'Appelle (RQ) and Saskatoon (ST), were between 25 and 30/100,000 from 1995 to 2009. The rates were higher in RQ than ST, but the difference was not statistically significant.

The ASMRs for the RHAs of Peer Group H health regions, Prince Albert Parkland (PA) and Prairie North (PN), fluctuated between 30/100,000 and 70/100,000 from 1995 and 2009. The ASMRs did not differ significantly between the two regional health authorities.

INJURY: UNINTENTIONAL INJURY MORTALITY BY RHA CHART 7-9

A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 E800-E869; E880-E929/ ICD10 V01-X59/Y85-Y86

B. Significance/Use:

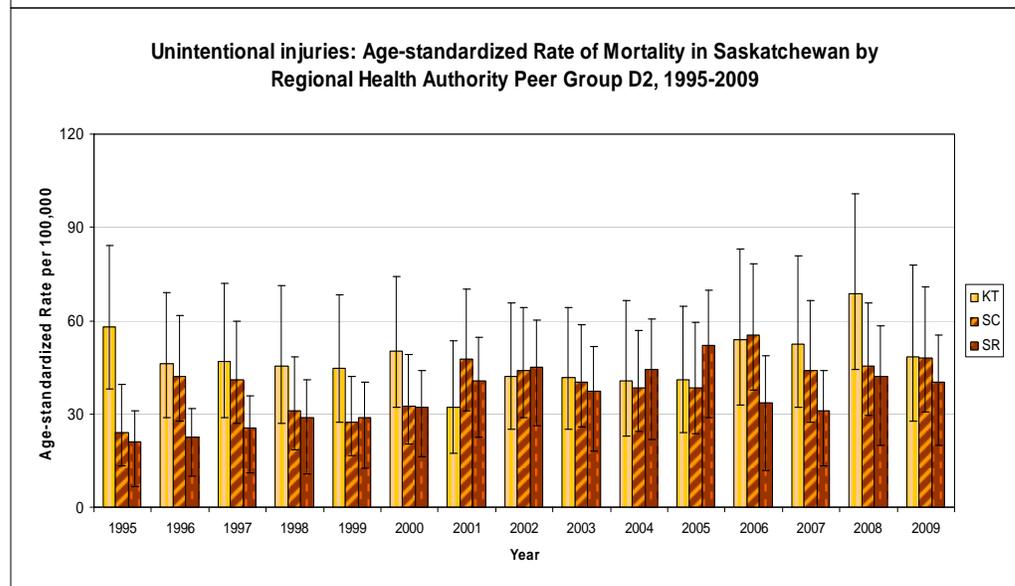
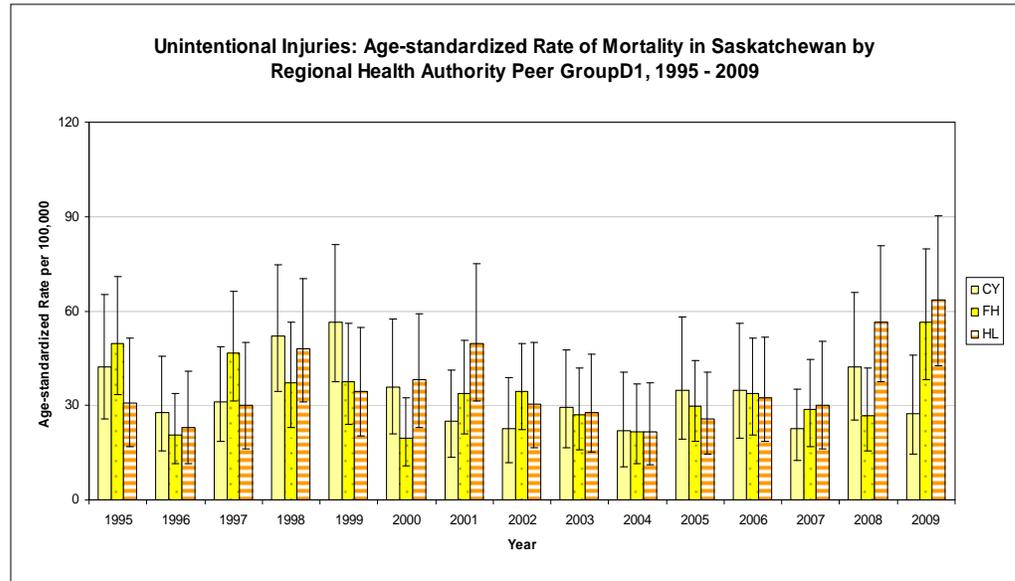
Mortality reflects the upper limit of the disease severity continuum. Mortality data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Death reflects the endpoint of disease severity. The analyses are based only on the underlying cause of death but there may be more contributing causes. Quantity rather than quality of life is measured. Differences in reporting may affect comparisons. Saskatchewan residents who died outside the province are not included.

D. Source:

SK Vital Statistics, death registration.



SUMMARY OF FINDINGS:

The age-standardized mortality rates (ASMR) related to unintentional injuries for Peer Group D regional health authorities (RHAs), Cypress (CY), Five Hills (FH), Heartland (HL), Kelsey Trail (KT), Sun Country (SC) and Sunrise (SR), were all within the same range between 1995 and 2009.

There was considerable fluctuation of the ASMR over time for all Peer Group D RHAs, showing neither an increasing or decreasing trend. This fluctuation may be due to small numbers.

The ASMRs for the RHAs of Peer Group F, Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority, were not displayed (either individually or combined) due to small numbers.

INJURY: UNINTENTIONAL INJURY HOSPITALIZATION CHART 7-10

- OVERALL

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E800-E869; E880-E929/ICD10 CA V01-X59/Y85-Y86

B. Significance/Use:

This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

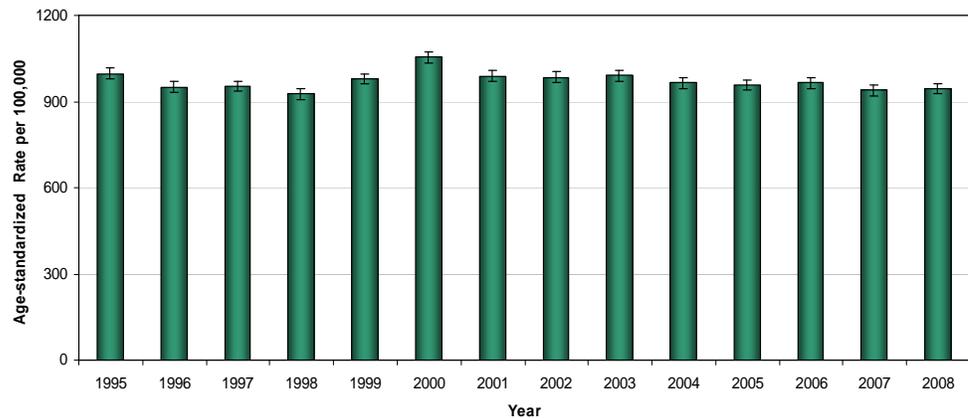
C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same condition. Differences in reporting may affect comparison.

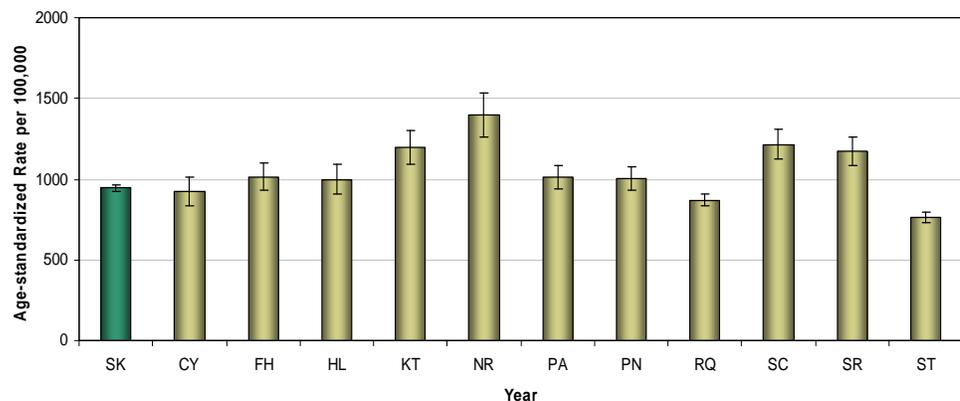
Source:

SK Ministry of Health year-end hospitalization files.

Unintentional Injuries: Age-standardized Rate of Hospital Separations in Saskatchewan, 1995 - 2008



Unintentional Injuries: Age-standardized Rate of Hospital Separations in the Regional Health Authorities of Saskatchewan, 2008



SUMMARY OF FINDINGS:

The age-standardized hospital separation rates (ASHSR) related to unintentional injuries in Saskatchewan did not differ significantly between 1995 and 2008; however the annual rates for 1998 and 2000 did significantly differ from many of the other years.

In 2008, the ASHSRs for Kelsey Trail (KT), Sun Country (SC), Sunrise (SR) and the combined three northern (NR) regional health authorities (RHAs) were significantly higher than the provincial rate while the rates within Regina Qu'Appelle (RQ) and Saskatoon (ST) RHAs were significantly lower than the provincial average.

INJURY: UNINTENTIONAL INJURY HOSPITALIZATIONS CHART 7-11 BY AGE AND SEX

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E800-E869; E880-E929/ICD10 CA V01-X59/Y85-Y86

B. Significance/Use:

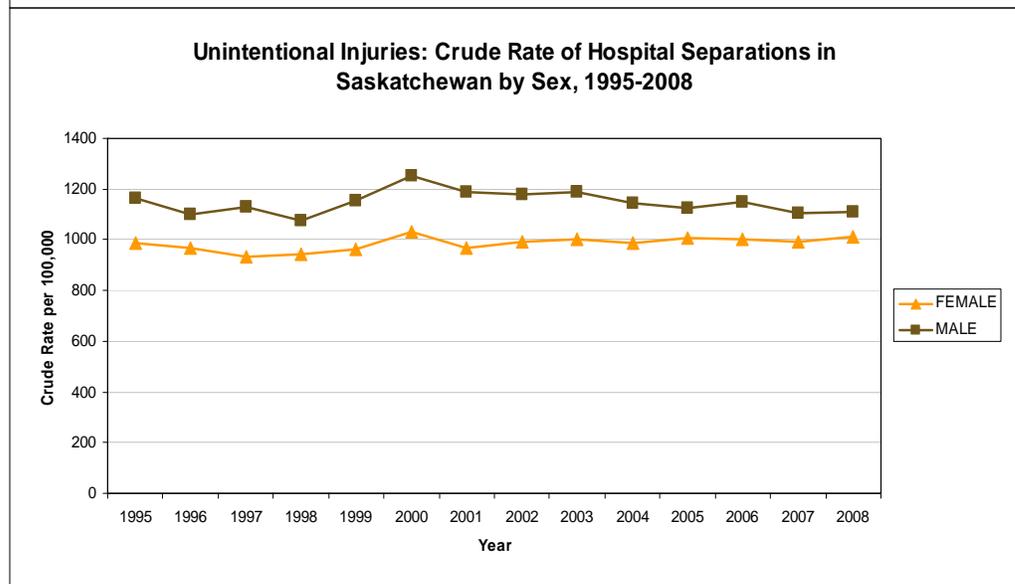
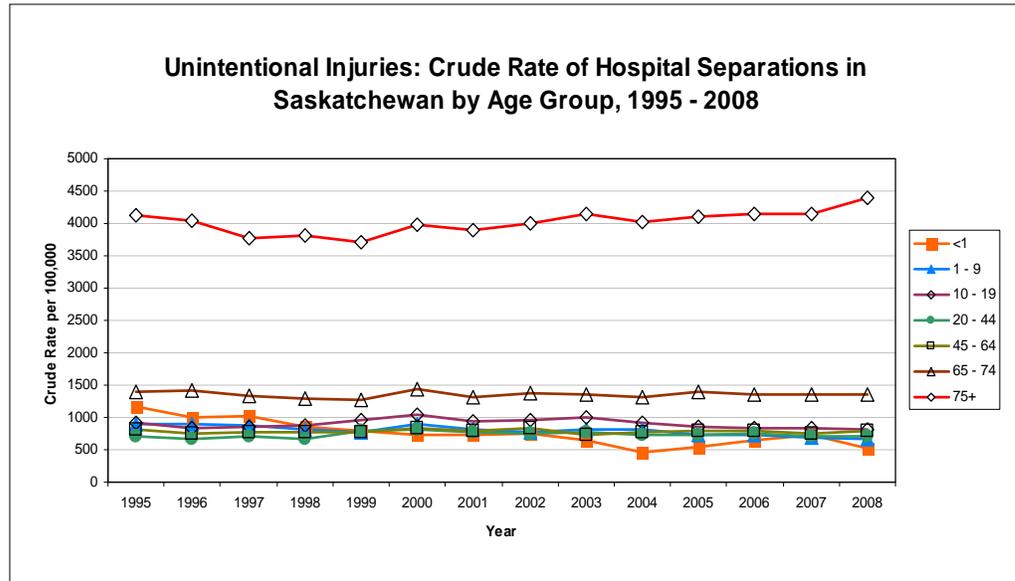
This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same condition. Differences in reporting may affect comparison.

Source:

SK Ministry of Health
Year-End Hospitalization files.



SUMMARY OF FINDINGS:

The age-specific rate of hospital separations related to unintentional injuries was highest in persons aged 75 and over and increased by 7% in this group between 1999 and 2008. In 2008, the rate was over three times higher in this age group compared to all other age groups.

The rates were consistently higher among males than females in Saskatchewan. An almost constant rate was maintained among both females (hovering around 1,000/100,000) and males (hovering around 1,200/100,000) from 1995 to 2008.

INJURY: UNINTENTIONAL INJURY HOSPITALIZATIONS CHART 7-12 BY SEX AND AGE

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E800-E869; E880-E929/ICD10 CA V01-X59/Y85-Y86

B. Significance/Use:

This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

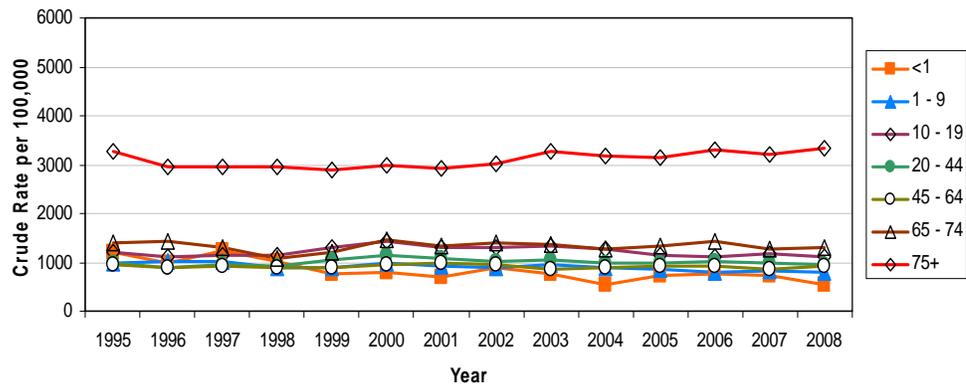
C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

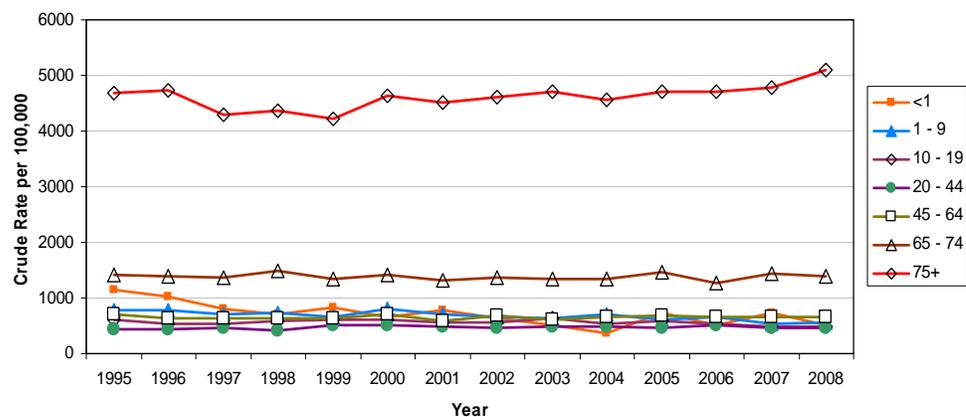
D. Source:

SK Ministry of Health year-end hospitalization files.

Unintentional Injuries: Crude Rate of Hospital Separations in Saskatchewan among Males by Age Group, 1995 to 2008



Unintentional Injuries: Crude Rate of Hospital Separations in Saskatchewan among Females by Age Group 1995 - 2008



SUMMARY OF FINDINGS:

The unintentional injuries-related hospital separation age-specific rates were highest in the male and female 75 + age groups and both increased from 1995 to 2008 (by 6 and 9%, respectively). The rate was higher among females aged 65 to 74 and 75 + years than males of the same age groups. For all other age groups, the pattern was reversed whereby the rate was higher among males than females.

The rate among female and male infants markedly declined by 55% and 56%, respectively, between 1995 and 2008.

There was very little variation in the rate of hospital separations for all other age groups.

INJURY: UNINTENTIONAL INJURY HOSPITALIZATIONS CHART 7-13 BY RHA

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E800-E869; E880-E929/ICD10 V01-X59/Y85-Y86

B. Significance/Use:

This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

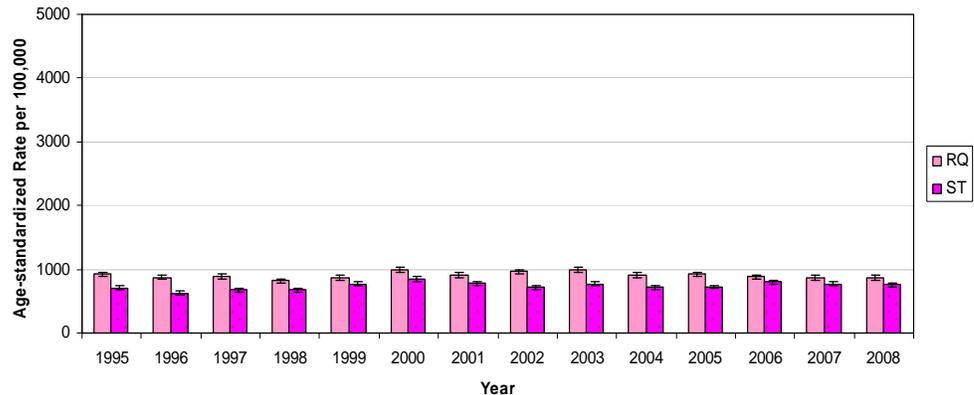
C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison

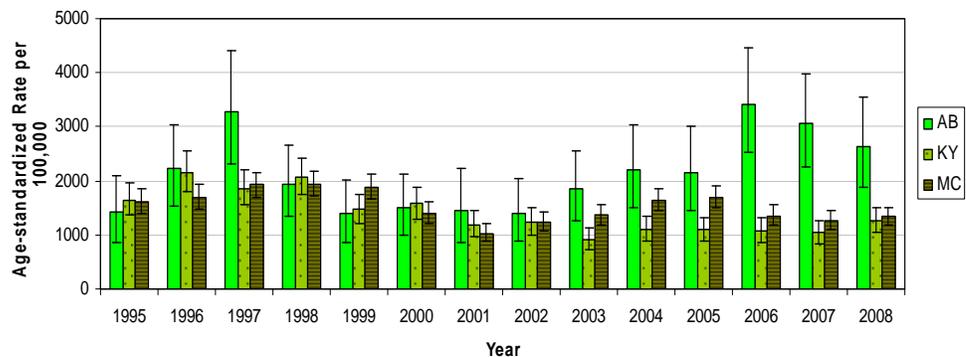
D. Source:

SK Ministry of Health year-end Hospitalization files

Unintentional Injuries: Age-standardized Rate of Hospital Separations in Saskatchewan by Regional Health Authority 1995 - 2008, Peer Group A



Unintentional Injuries: Age-standardized Rate of Hospital Separations in Saskatchewan by Regional Health Authority 1995 - 2008, Peer Group F



SUMMARY OF FINDINGS:

The age-standardized hospital separation rates (ASHSR) related to unintentional injuries for the Regional Health Authorities (RHA) of Peer Group A, Regina Qu'Appelle (RQ) and Saskatoon (ST), fluctuated annually with no discernible pattern between 1995 and 2008. The ST rate was significantly lower than the RQ rate for every year.

The ASHSRs for the RHAs of Peer Group F, Mamawetan Churchill River (MC), Keewatin Yatthé (KY) and Athabasca Health Authority (AB), fluctuated annually with no discernible change between 1995 and 2008. The annual ASHSR for 2006 to 2008 for AB were significantly greater than those of the other RHAs of Peer Group F.

INJURY: UNINTENTIONAL INJURY HOSPITALIZATIONS CHART 7-14 BY RHA

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E800-E869; E880-E929/ICD10 CA V01-X59/Y85-Y86

B. Significance/Use:

This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

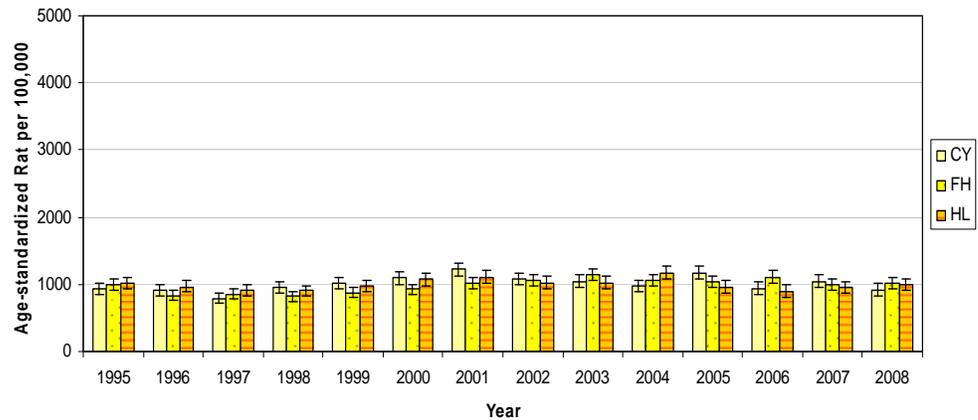
C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

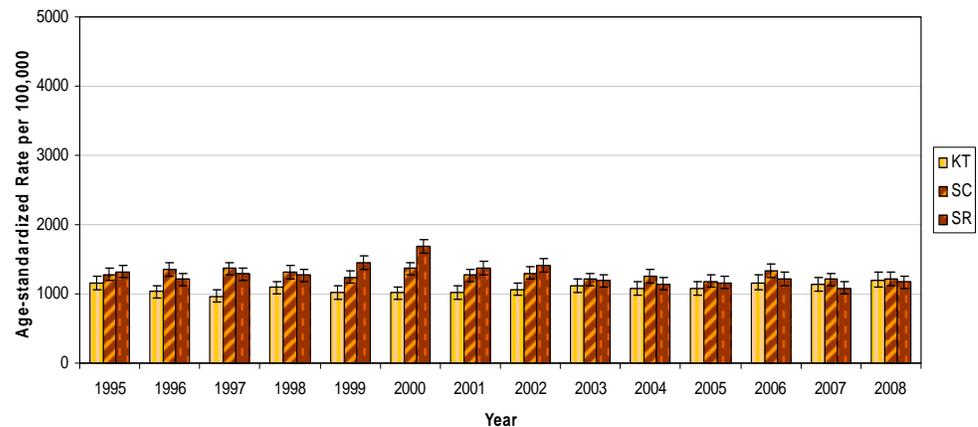
D. Source:

SK Ministry of Health year-end hospitalization files.

Unintentional Injuries: Age-standardized Rate of Hospital Separations by Regional Health Authority 1995-2008, Peer Group D1



Unintentional Injuries: Age-standardized Rate of Hospital Separations in Saskatchewan by Regional Health Authority 1995 - 2008, Peer Group D2



SUMMARY OF FINDINGS:

The age-standardized hospital separation rates (ASHSR) related to unintentional injuries for the Regional Health Authorities (RHA) of Peer Group D, Cypress (CY), Five Hills (FH), Heartland (HL), Kelsey Trail (KT), Sun Country (SC) and Sunrise (SR), fluctuated annually but did not increase or decrease in a consistent pattern between 1995 and 2008.

Between 1996 and 2002, KT was found to be significantly lower than SR.

INJURY: UNINTENTIONAL INJURY HOSPITALIZATIONS CHART 7-15 BY RHA

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E800-E869; E880-E929/ICD10 CA V01-X59/Y85-Y86

B. Significance/Use:

This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

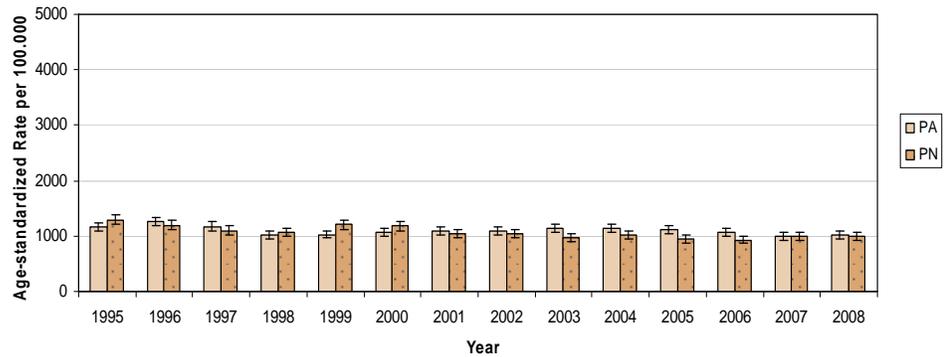
C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

D. Source:

SK Ministry of Health year-end hospitalization files.

Unintentional Injuries: Age-standardized Rate of Hospital Separations in Saskatchewan by Regional Health Authority 1995 - 2008, Peer Group H



SUMMARY OF FINDINGS:

The age-standardized hospital separation rates (ASHSR) related to unintentional injuries for the Regional Health Authorities (RHA) of Peer Group H, Prince Albert Parkland (PA) and Prairie North (PN), fluctuated slightly between 1995 and 2008 and were not statistically different from each other.

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD9 E827-E829, E850-E869(.x1), E880-E918(.x1), E919.0, E919.1-E928(.x1)/ICD10 CA V84, W30, U98.7

B. Significance/Use:

This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

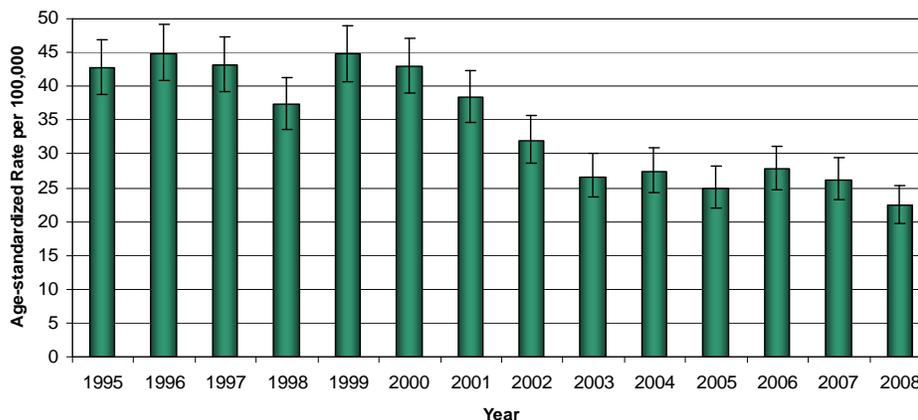
Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

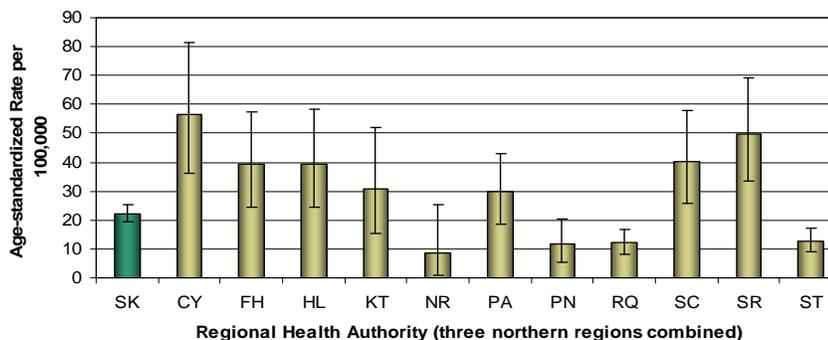
D. Source:

SK Ministry of Health year-end hospitalization files.

Farm Injury: Age-standardized Rate of Hospital Separations in Saskatchewan, 1995 - 2008



Farm Injury: Age-standardized Rate of Hospital Separations in Saskatchewan by Regional Health Authority, 2008 (three northern regions combined)



SUMMARY OF FINDINGS:

The provincial age-standardized hospital separation rates (ASHSR) related to farm injuries declined over time with a 50% decrease between 1995 and 2008.

In 2008, Cypress (CY), Sunrise (SR) and Sun Country (SC) Regional Health Authorities (RHA) report statistically significant higher rates than the provincial rate. Regina Qu'Appelle (RQ) and Saskatoon (ST) RHAs report statistically significantly lower rates than the provincial rate.

The rates for Kelsey Trail (KT), Prairie North (PN) and the three northern health regions combined (NR) are based on frequencies less than 20.

INJURY: FARM INJURY- HOSPITALIZATIONS BY AGE AND SEX CHART 7-17

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given fiscal year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD9 E827-E829, E850-E869(.x1), E880-E918(.x1), E919.0, E919.1-E928(.x1)/ ICD10 CA V84, W30, U98.7

B. Significance/Use:

This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

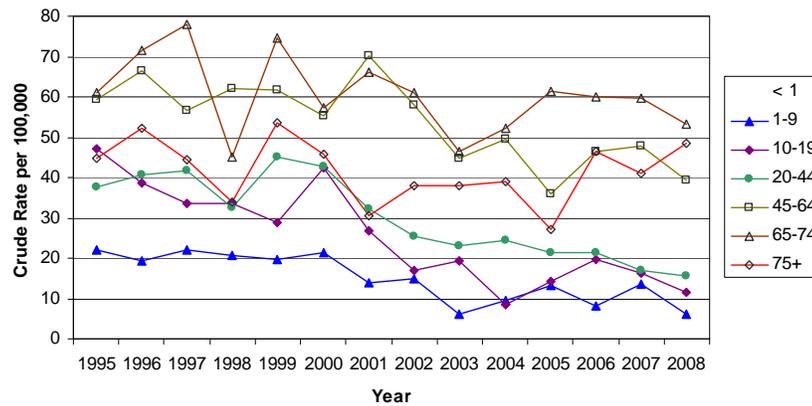
C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison. .

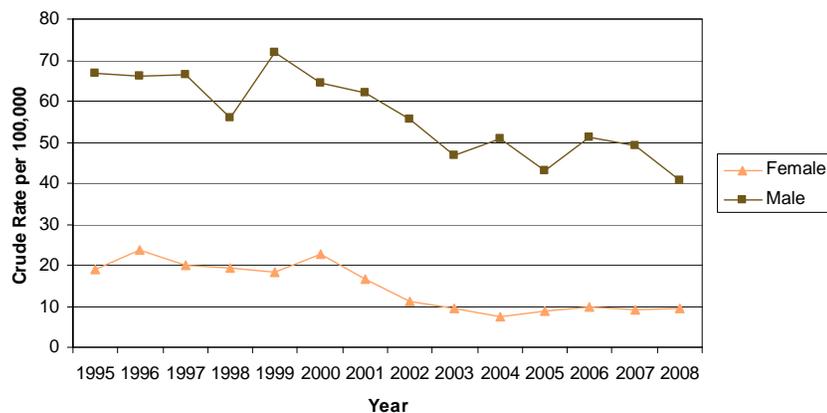
D. Source:

SK Ministry of Health year-end Hospitalization files.

Farm Injury: Crude Rate of Hospital Separations in Saskatchewan by Age Group, 1995 - 2008



Farm Injury: Crude Rate of Hospital Separations in Saskatchewan by Sex, 1995 - 2008



SUMMARY OF FINDINGS:

The age-specific farm injury-related hospitalization rates were higher among older adults (i.e., over 44 years). Rates among those aged 10-44 years declined over the time period with frequencies less than 20 in 2004 and 2008 among those aged 10-19 and among the 1-9 year old age group in 2001 and through 2008. The less than one year age group was not displayed due to small numbers.

The annual rates among males are consistently higher than among females. The rates declined over time in both sexes (39.5% among males and 49% among females) between 1995 and 2008.

INJURY: FARM INJURY - HOSPITALIZATIONS BY SEX CHART 7-18 AND AGE

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data ICD9 E827-E829, E850-E869(.x1), E880-E918(.x1), E919.0, E919.1-E928(.x1)/ICD10 CA V84, W30, U98.7

B. Significance/Use:

This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

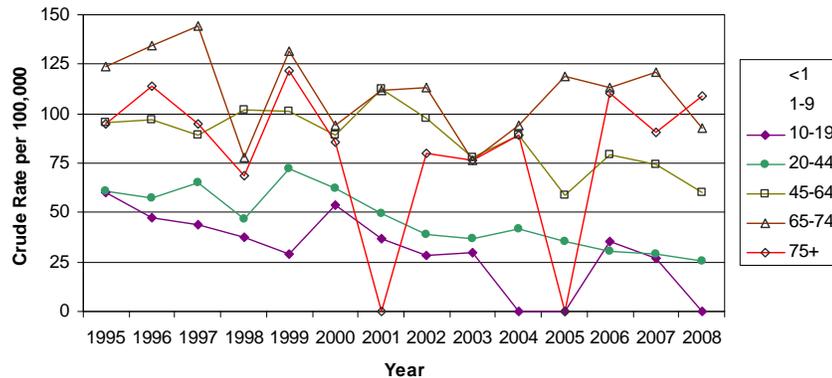
C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

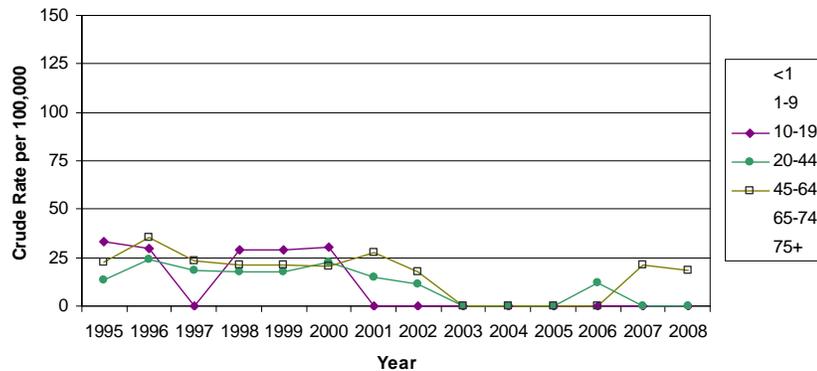
D. Source:

SK Ministry of Health year-end hospitalization files.

Farm Injury: Crude Rate of Hospital Separations among Males in Saskatchewan by Age Group, 1995 - 2008



Farm Injury: Crude Rate of Hospital Separations among Females in Saskatchewan by Age Group, 1995 - 2008



SUMMARY OF FINDINGS:

The farm injury-related hospital separation age-specific rates were lower among females than males with the highest rates found among men aged 65 years and older.

Among males and females, the rates in those less than 10 years were not displayed due to small numbers. The female age groups aged 65 years and over were also not displayed due to small numbers.

The rate of 0 represents suppressed rates due to small numbers.

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD9 E827-E829, E850-E869(.x1), E880-E918(.x1), E919.0, E919.1-E928(.x1)/ ICD10 CA V84, W30, U98.7

B. Significance/Use:

This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

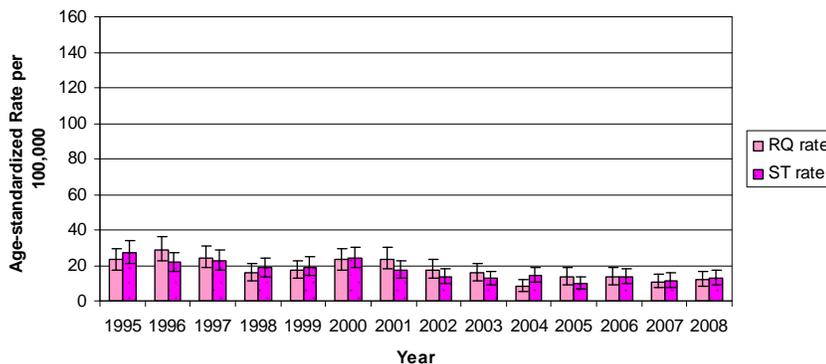
C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

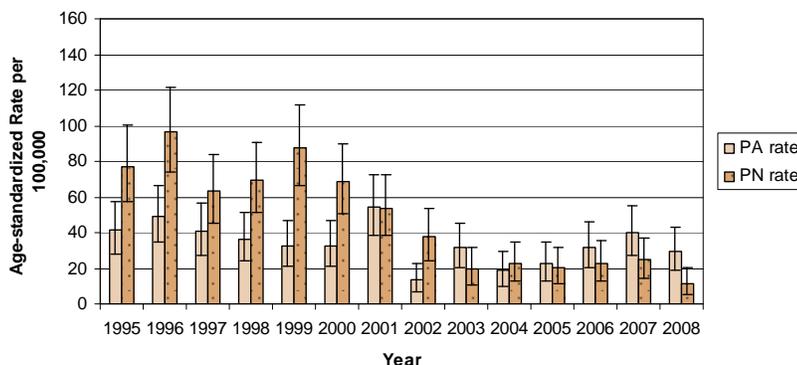
D. Source:

SK Ministry of Health year-end hospitalization files.

Farm Injury: Age-standardized Rate of Hospital Separations by Regional Health Authority in Peer Group A, 1995 - 2008



Farm Injury: Age-standardized Rate of Hospital Separations by Regional Health Authority in Peer Group H, 1995-2008



SUMMARY OF FINDINGS:

The annual farm injury-related age-standardized hospital separation rates (ASHSR) for Peer Group A health regions, Regina Qu’Appelle (RQ) and Saskatoon (ST), declined over time. The two health regions were not statistically different from each other.

In Peer Group H health regions, during the late 1990s for most years Prairie North (PN) reported higher ASHSRs than Prince Albert Parkland (PA). From 2002 forward, both regions reported several annual frequencies of less than 20.

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD9 E827-E829, E850-E869(.x1), E880-E918(.x1), E919.0, E919.1-E928(.x1)/ICD10 CA V84, W30, U98.7

B. Significance/Use:

This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

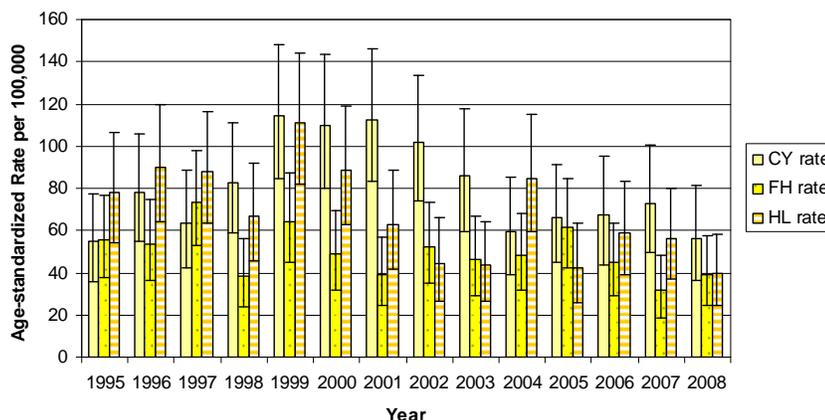
C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

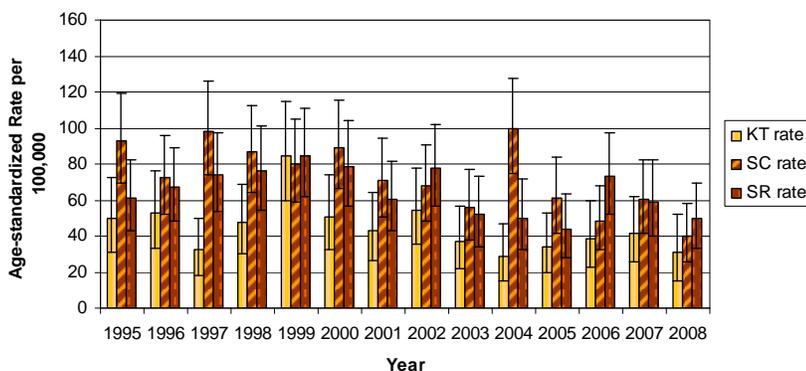
D. Source:

SK Ministry of Health year-end hospitalization files.

Farm Injury: Age-standardized Rate of Hospital Separations by Regional Health Authority in Peer Group D1, 1995-2008



Farm Injury: Age-standardized Rate per 100,000 by Regional Health Authority in Peer Group D2, 1995-2008



SUMMARY OF FINDINGS:

In the Peer Group D1 health regions, Cypress (CY), Five Hills (FH) and Heartland (HL), the age-standardized hospital separation rates (ASHSR) related to farm injuries fluctuated across time. In general, although there were exceptions, ASHSRs among the three health regions were not statistically different.

In the Peer Group D2 health regions, Kelsey Trail (KT), Sun Country (SC) and Sunrise (SR), no discernible pattern emerged. In general, although there were exceptions, the ASHSRs were not statistically different. KT reported frequencies less than 20 in 1997, 2004, 2005, 2006 and 2008.

ASHSRs for Peer Group F, the northern health regions, were not displayed due to small numbers.

A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 E880-E888/ICD10 W00-W19

B. Significance/Use:

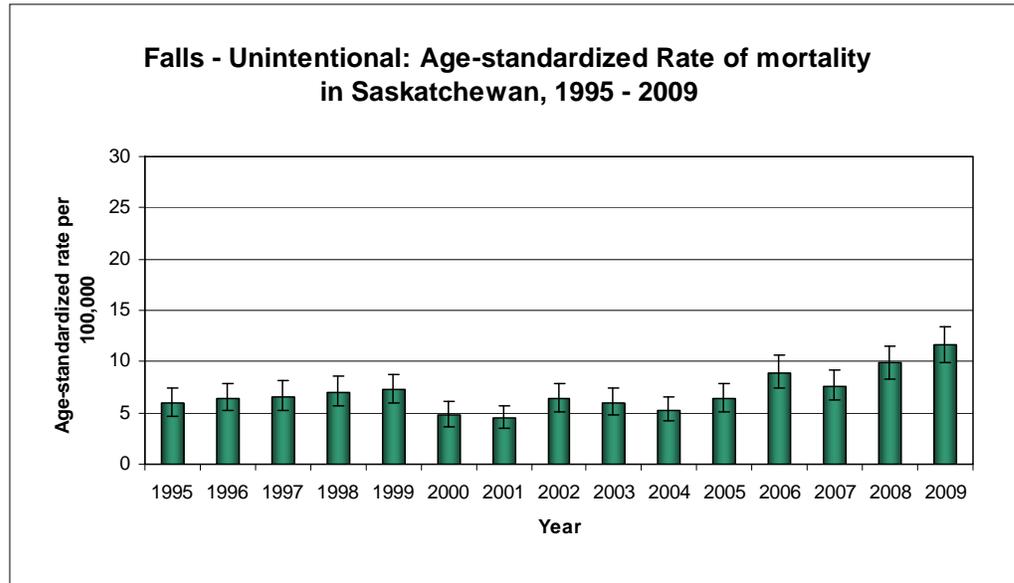
Mortality reflects the upper limit of the disease severity continuum. Mortality data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Death reflects the endpoint of disease severity. The analyses are based only the underlying cause of death but there may be more contributing causes. Quantity rather than quality of life is measured. Differences in reporting may affect comparisons. Saskatchewan residents who died outside the province are not included.

D. Source:

SK MOH, vital statistics, death registration.



SUMMARY OF FINDINGS:

As well as year-to-year variation, there appeared to be an increasing trend in the age-standardized mortality rates (ASMR) related to unintentional falls in Saskatchewan between 2004 and 2009.

Only three Saskatchewan health regions had over 20 deaths due to unintentional falls in 2009, Prince Albert Parkland (22 deaths), Regina Qu'Appelle (33 deaths) and Saskatoon (51 deaths). As a result, the health region ASMRs for 2009 were not displayed.

A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes ICD9 E880-E888/ICD10 W00-W19

B. Significance/Use:

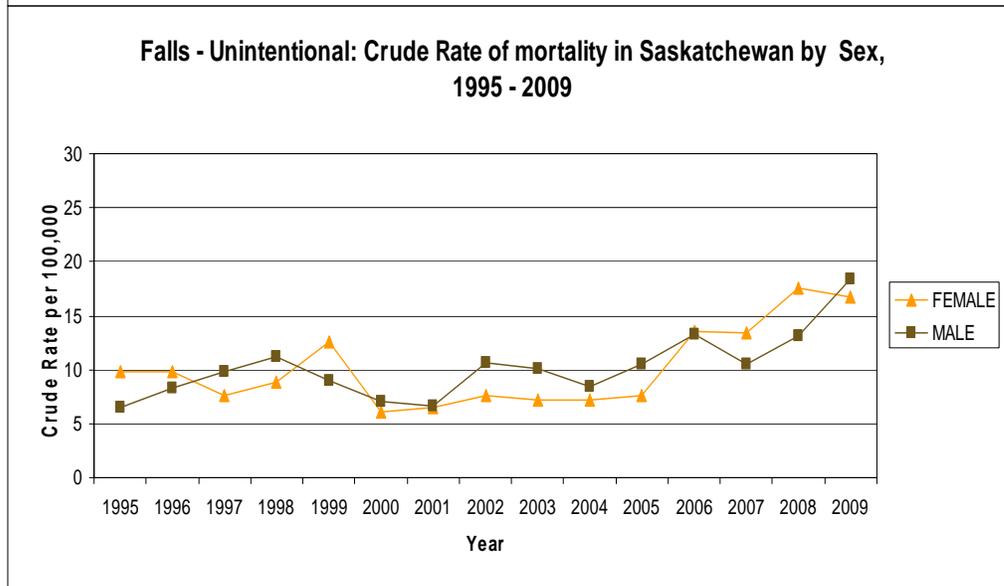
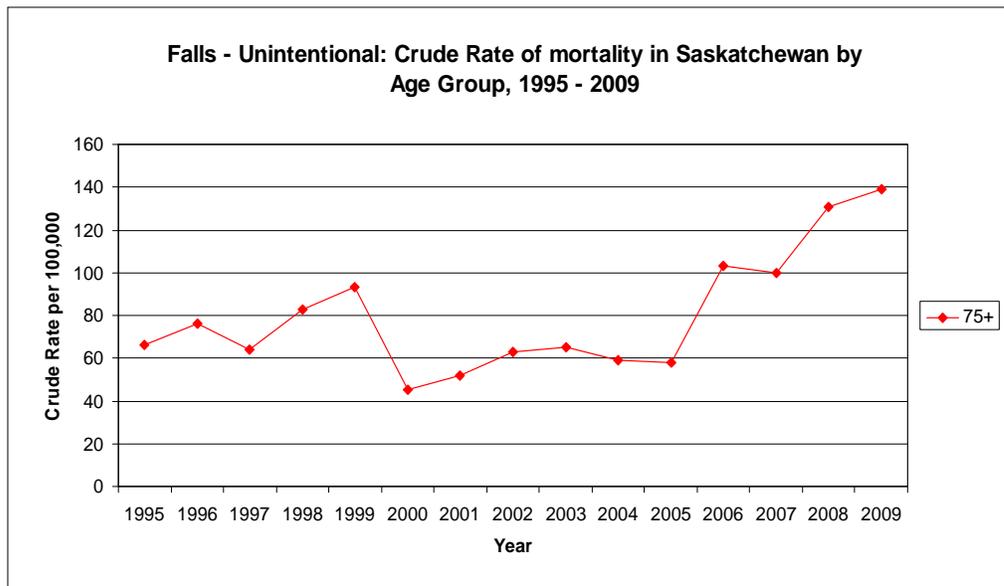
Mortality reflects the upper limit of the disease severity continuum. Mortality data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Death reflects the end-point of disease severity. The analyses are based only on the underlying cause of death but there may be more contributing causes. Quantity rather than quality of life is measured. Differences in reporting may affect comparisons. Saskatchewan residents who died outside the province are not included.

D. Source:

SK MOH, vital statistics, death registration.



SUMMARY OF FINDINGS:

In Saskatchewan, mortality rates related to unintentional falls were highest in the 75 year and over age group. In all other age groups there were less than 20 deaths in all but one year and these groups were, therefore, not displayed.

An increasing trend in unintentional fall-related deaths for the 75 years and over age group in Saskatchewan was seen between 2000 to 2009.

Males and females followed the same increasing trend in unintentional fall-related deaths between 1995 to 2009. Neither males nor females had consistently higher rates of mortality.

A. Definitions:

Number of deaths during a given calendar year per 100,000 population.

Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 E880-E888/ICD10 W00-W19

B. Significance/Use:

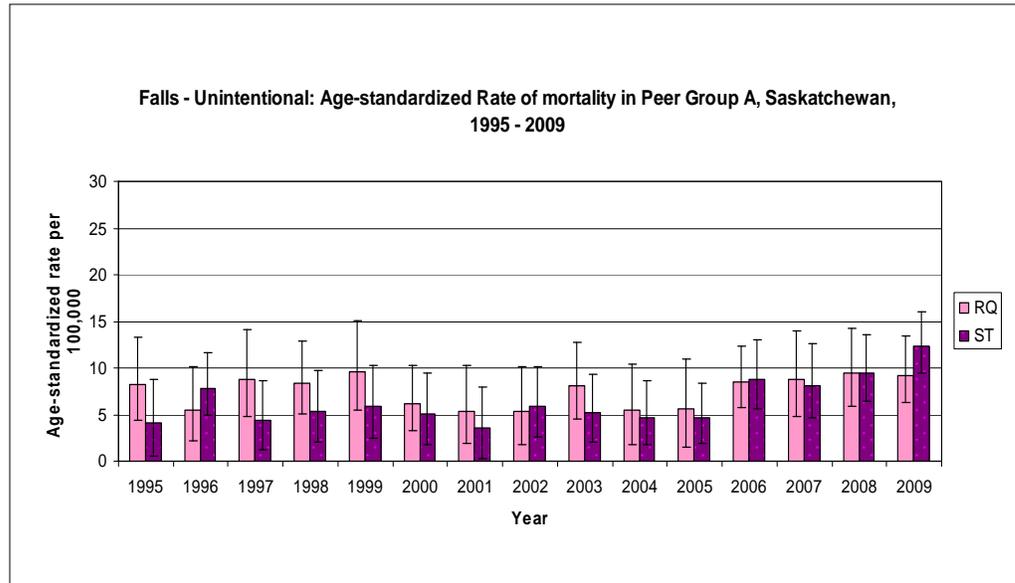
Mortality reflects the upper limit of the disease severity continuum. Mortality data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Death reflects the end-point of disease severity. The analyses are based only on the underlying cause of death but there may be more contributing causes. Quantity rather than quality of life is measured. Differences in reporting may affect comparisons. Saskatchewan residents who died outside the province are not included.

D. Source:

SK MOH, vital statistics, death registration.



SUMMARY OF FINDINGS:

There was no significant difference in the age-standardized mortality rates (ASMR) related to unintentional falls between the Peer Group A, Regina Qu'Appelle (RQ) and Saskatoon (ST), health regions.

Despite year-to-year variation, there was no significant trend in unintentional fall-related death rates for the RQ or ST health regions between 1995 and 2009.

The remaining Peer Groups were not displayed due to small numbers.

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E880-E888/ ICD10-CA W00-W19

B. Significance/Use:

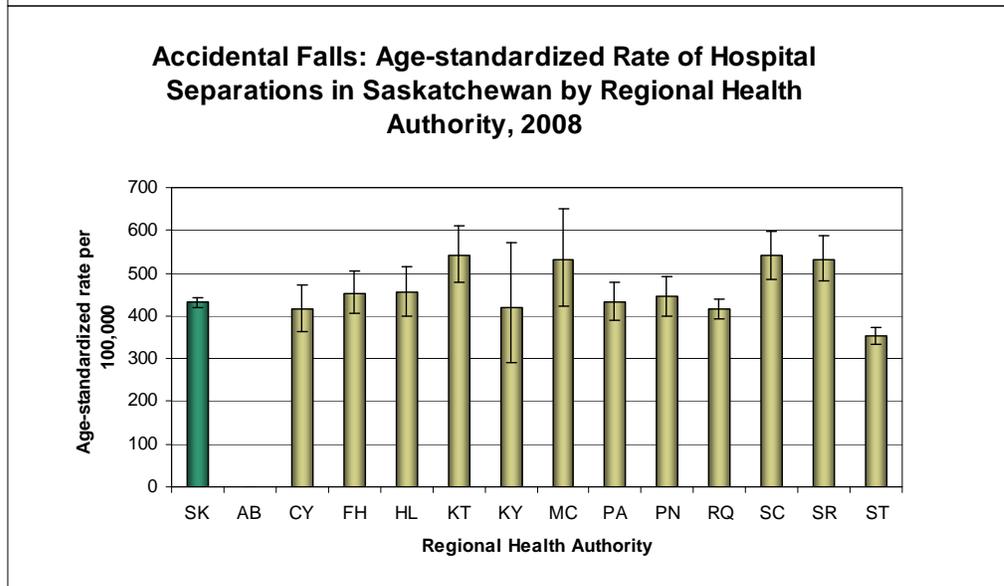
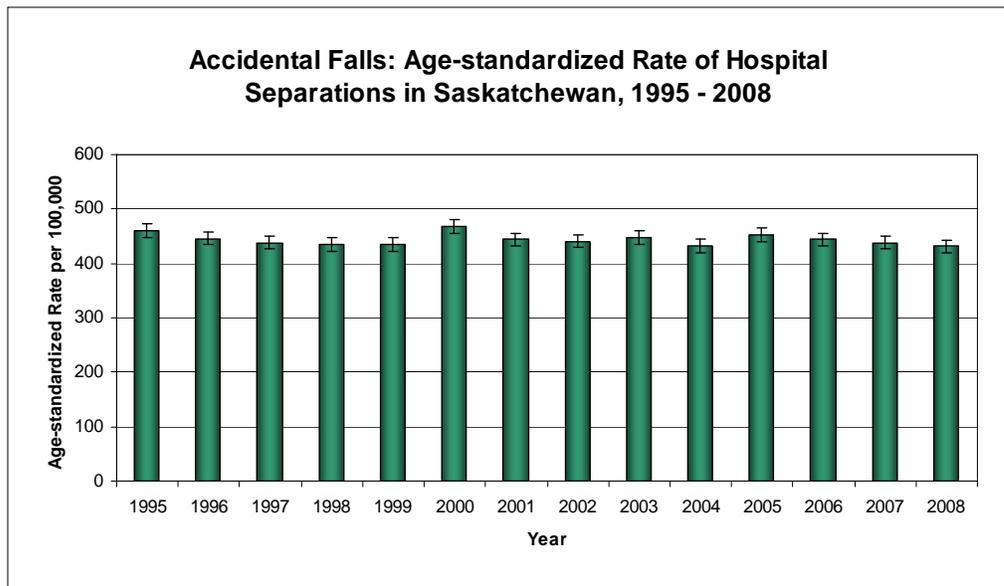
This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

D. Source:

SK Ministry of Health year-end hospitalization files.



SUMMARY OF FINDINGS:

The age-standardized hospital separation rates (ASHSR) related to accidental falls varied slightly over time with no pattern. Most ASHSRs during the period 1995 to 2008 were not statistically different from each other. Over the 14 year period, the rates declined by a statistically significant 6 percent.

Kelsey Trail (KT), Sun Country (SC) and Sunrise (SR) Health Regions had rates that were statistically significantly higher than the provincial rate. Saskatoon (ST) Health Region had a rate that was statistically lower than the provincial rate. Athabasca Health Authority (AB) rates were not displayed due to small numbers.

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E880-E888/ ICD10-CA W00-W19

B. Significance/Use:

This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

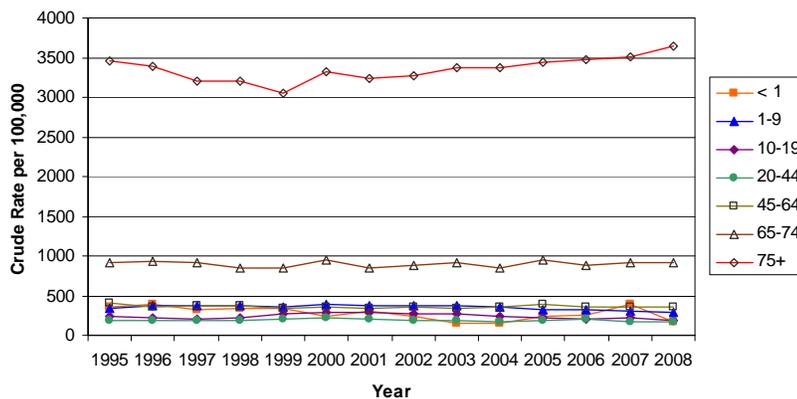
C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

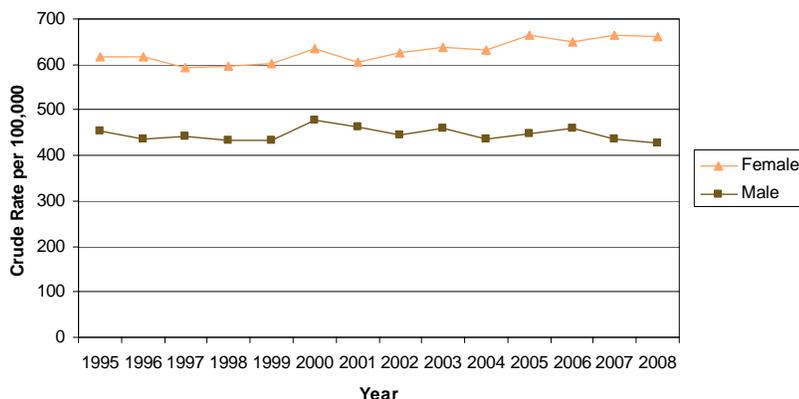
D. Source:

SK Ministry of Health year-end hospitalization files.

Accidental Falls: Crude Rate of Hospital Separations in Saskatchewan by Age Group, 1995 - 2008



Accidental Falls: Crude Rate of Hospital Separations in Saskatchewan by Sex, 1995 - 2008



SUMMARY OF FINDINGS:

Hospital separation rates related to accidental falls were highest among seniors aged 75 years and older, followed by seniors aged 65 to 74 years. Rates in the 75+ age group were 3.5 to 4 times higher than the rates in the 65 to 74 year age group. Among non-seniors, rates were highest in the 1 to 9 and 45 to 64 year age groups.

The annual sex-specific rates were consistently higher among females than males. On average, across the years, the rate for females exceeded the rate for males by 41% (range 31% to 54%). Between 1995 and 2008, the hospital separation rate for accidental falls increased by 7.1% for females and decreased by 5.9% for males.

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E880-E888/ICD10-CA W00-W19

B. Significance/Use:

This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

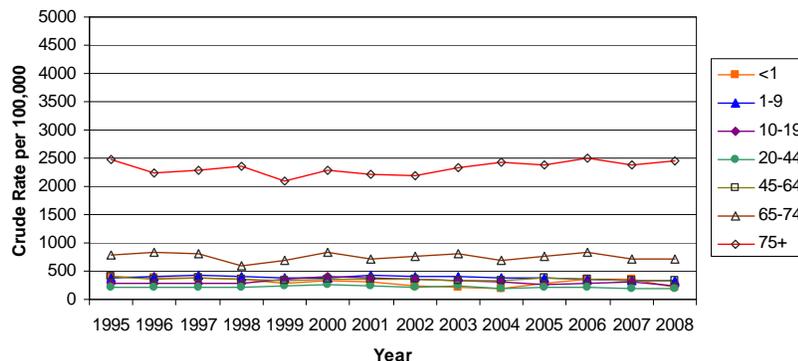
C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

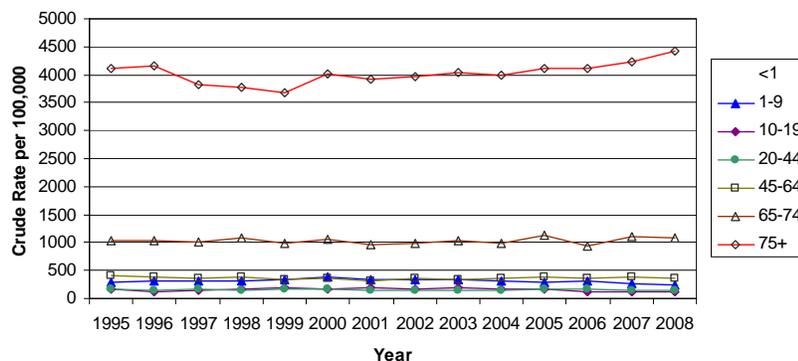
D. Source:

SK Ministry of Health year-end hospitalization files.

Accidental Falls: Crude Rate of Hospital Separations among Males in Saskatchewan by Age Group, 1995 - 2008



Accidental Falls: Crude Rate of Hospital Separations among Females in Saskatchewan by Age Group, 1995 - 2008



SUMMARY OF FINDINGS:

For both sexes, the hospital separation rates related to accidental falls were highest among seniors aged 75 years and older, followed by seniors aged 65 to 74 years.

Female hospital separation rates exceeded male rates in those aged 65 years and over.

The rates for females less than 1 year of age were suppressed due to small numbers.

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E880-E888/ ICD10-CA W00-W19

B. Significance/Use:

This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

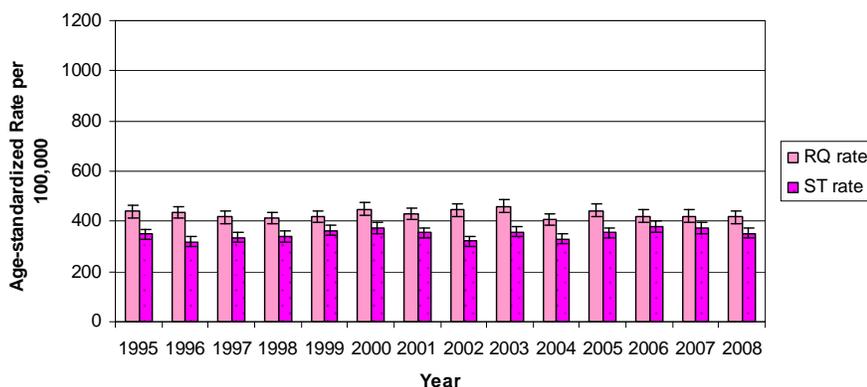
C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

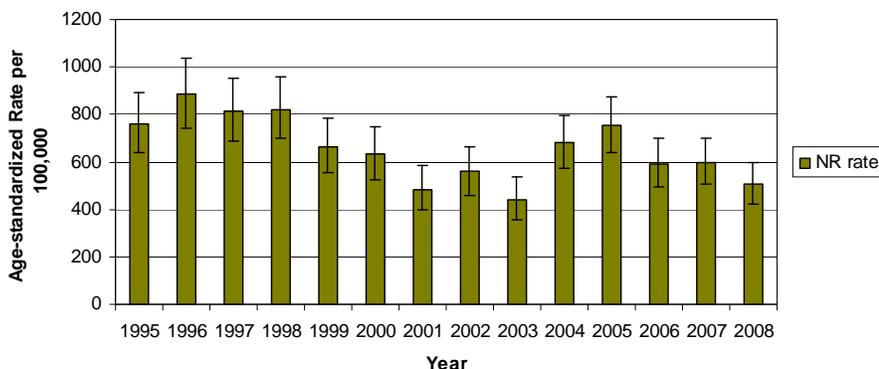
D. Source:

SK Ministry of Health year-end hospitalization files.

Accidental Falls: Age-standardized Rate of Hospital Separations by Regional Health Authority in Peer Group A, 1995 - 2008



Accidental Falls: Age-standardized Rate of Hospital Separations for the three Northern Health Regions of Peer Group F, 1995 - 2008



SUMMARY OF FINDINGS:

The age-standardized hospital separation rates (ASHSR) related to accidental falls for Peer Group A health regions (Regina Qu'Appelle (RQ) and Saskatoon (ST)) remained relatively stable throughout 1995 to 2008. In most years, the rates were significantly higher in RQ than in ST.

From 1995 to 2008, the ASHSR declined by 33.5% in the combined northern (NR) health regions. Due to small numbers the three northern regions were combined.

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E880-E888/ ICD10-CA W00-W19

B. Significance/Use:

This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

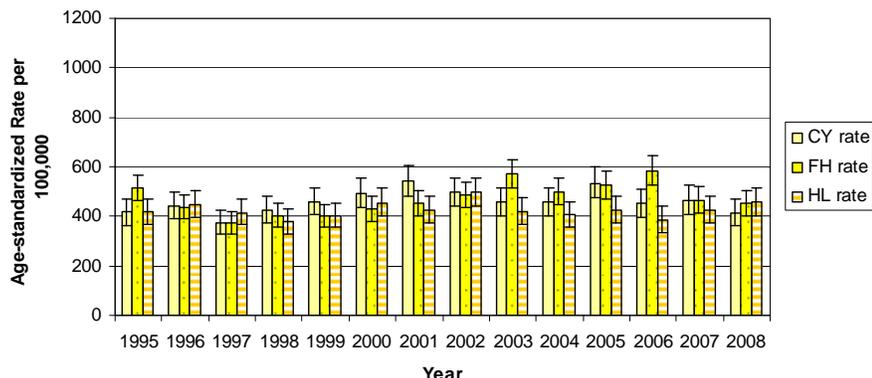
C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

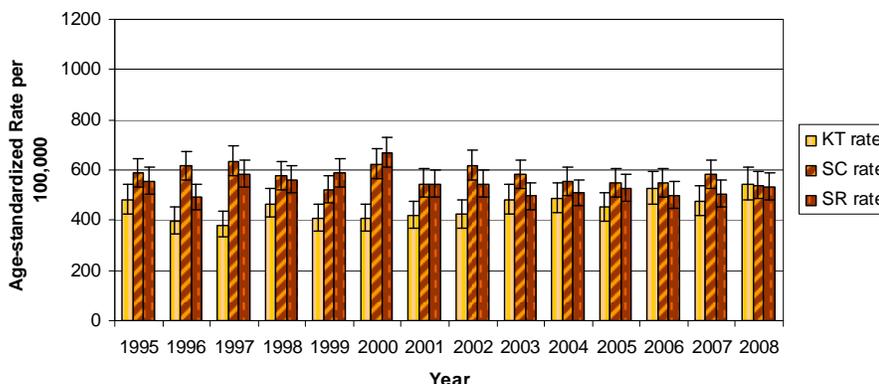
D. Source:

SK Ministry of Health year-end hospitalization files.

Accidental Falls: Age-standardized Rate of Hospital Separations by Regional Health Authority in Peer Group D1, 1995 - 2008



Accidental Falls: Age-standardized Rate per 100,000 by Regional Health Authority in Peer Group D2, 1995 - 2008



SUMMARY OF FINDINGS:

The age-standardized hospital separation rates (ASHSR) related to accidental falls for Peer Group D1 health regions (Cypress (CY), Five Hills (FH) and Heartland (HL)) were similar. ASHSRs within each of the health regions were not found to differ significantly over time; however, the rates between health regions differed significantly for a few of the years.

Over time the ASHSR related to accidental falls in the Peer Group D2 health regions (Kelsey Trail (KT), Sun Country (SC) and Sunrise (SR)) were not significantly different over time. From 1995 to 2002, the ASHSR for KT was lower than for SC and SR, although the differences were not statistically significant in some years.

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E880-E888/ ICD10-CA W00-W19

B. Significance/Use:

This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

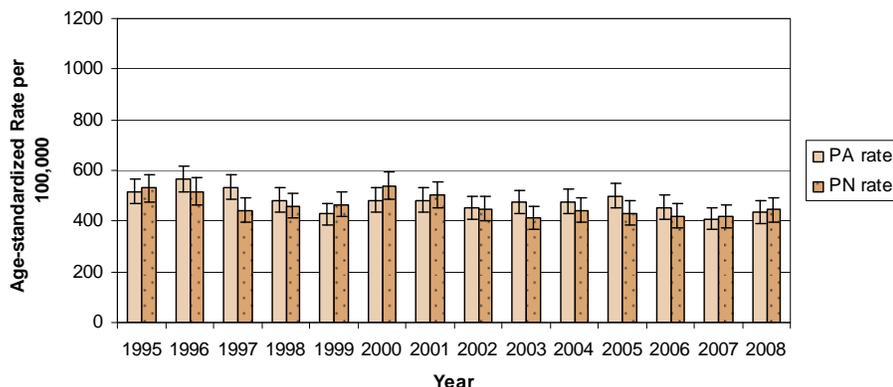
C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

D. Source:

SK Ministry of Health year-end hospitalization files.

Accidental Falls: Age-standardized Rate of Hospital Separations by Regional Health Authority in Peer Group H, 1995 - 2008



SUMMARY OF FINDINGS:

There was no significant difference in the age-standardized hospital separation rates (ASHSR) related to accidental falls for Peer Group H health regions (Prince Albert Parkland (PA) and Prairie North (PN)) between 1995 and 2008.

From 1995 to 2008, the ASHSR declined by 16% in both the Prince Albert Parkland and Prairie North Health Regions. The difference over time was not statistically significant in either health region.

A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9: E810 -E819/ ICD10: V30-V79(.4-.9), V83-V86(.0-.3), V20-V28(.3-.9), V29(.4-.9), V12-V14(.3-.9), V19(.4-.6), V02-V04(.1-.9), V09.2, V80(.3-.5), V81.1, V82.1, V87(.0-.8), V89.2

B. Significance/Use:

Mortality reflects the upper limit of the disease severity continuum. Mortality data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

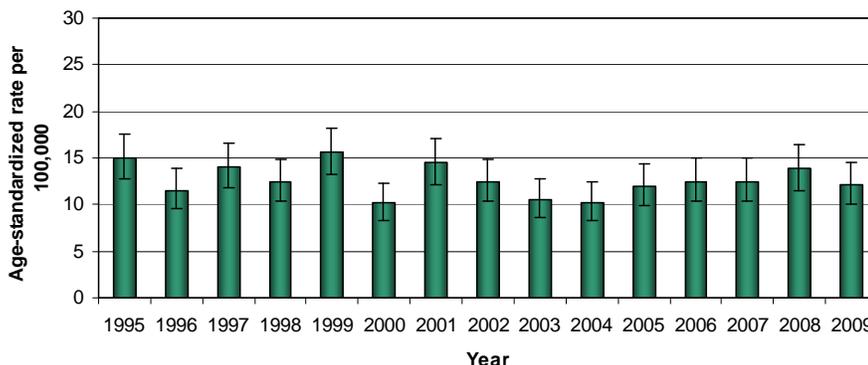
C. Limitations:

Death reflects the endpoint of disease severity. The analyses are based only on the underlying cause of death but there may be more contributing causes. Quantity rather than quality of life is measured. Differences in reporting may affect comparisons. Saskatchewan residents who died outside the province are not included.

D. Source:

SK Vital Statistics, death registration.

Motor Vehicle Traffic Crash Injuries: Age-standardized Rate of mortality in Saskatchewan, 1995 - 2009



SUMMARY OF FINDINGS:

The age-standardized mortality rate (ASMR) related to motor vehicle traffic crash injuries fluctuated from year to year, but there was no discernable trend in the rates between 1995 and 2009.

Saskatoon Health Region was the only health region with over 20 deaths due to motor vehicle traffic crashes in 2009. As a result, the age-standardized rates for 2009 were not displayed for the regions.

INJURY: MOTOR VEHICLE - MORTALITY BY AGE AND SEX CHART 7-31

SEX

A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9: E810 -E819/ ICD10: V30-V79(.4-.9), V83-V86(.0-.3), V20-V28(.3-.9), V29(.4-.9), V12-V14(.3-.9), V19(.4-.6), V02-V04(.1, .9), V09.2, V80(.3-.5), V81.1, V82.1, V87(.0-.8), V89.2

B. Significance/Use:

Mortality reflects the upper limit of the disease severity continuum. Mortality data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

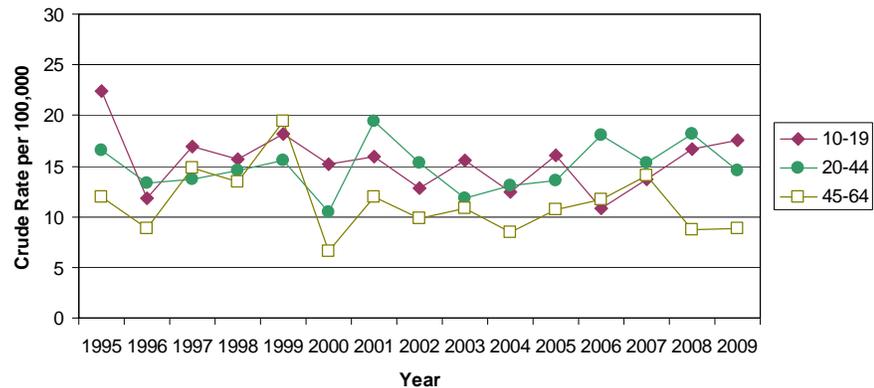
C. Limitations:

Death reflects the end-point of disease severity. The analyses are based only on the underlying cause of death but there may be more contributing causes. Quantity rather than quality of life is measured. Differences in reporting may affect comparisons. Saskatchewan residents who died outside the province are not included.

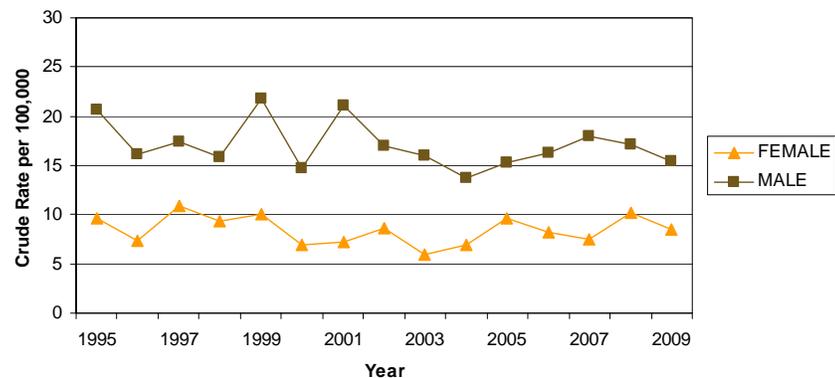
D. Source:

SK Vital Statistics, death registration.

Motor Vehicle Traffic Crash Injuries: Crude Rate of mortality in Saskatchewan by Age Group, 1995 - 2009



Motor Vehicle Traffic Crash Injuries: Crude Rate of mortality in Saskatchewan by Sex, 1995 - 2009



SUMMARY OF FINDINGS:

Age-specific mortality rates related to motor vehicle traffic crash injuries were highest in the 10-19, 20-44 and 45-64 year age groups with no discernable trends over time.

Age groups less than 1, 1 to 9, 65 to 74 and 75+ years were not displayed due to small numbers.

Mortality rates for males and females were fairly stable over time. Males had consistently higher rates of death due to motor vehicle traffic crashes than females for the entire time period between 1995 to 2009.

INJURY: MOTOR VEHICLE - MORTALITY BY SEX AND AGE CHART 7-32

A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9: E810 -E819/ ICD10: V30-V79(.4-.9), V83-V86(.0-.3), V20-V28(.3-.9), V29(.4-.9), V12-V14(.3-.9), V19(.4-.6), V02-V04(.1, .9), V09.2, V80(.3-5), V81.1, V82.1, V87(.0-.8), V89.2

B. Significance/Use:

Mortality reflects the upper limit of the disease severity continuum. Mortality data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

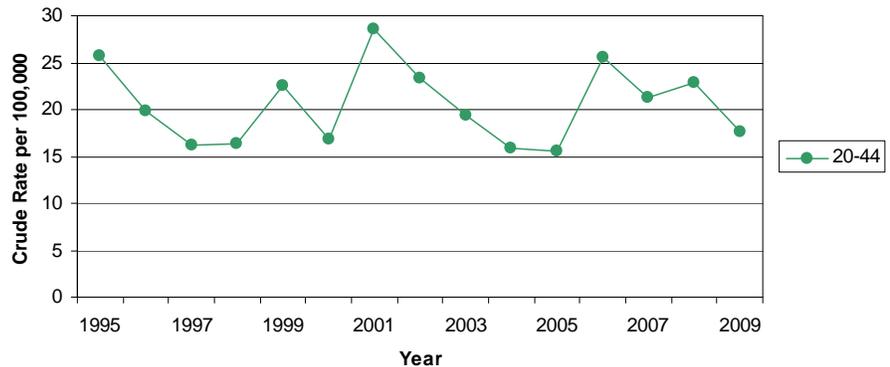
C. Limitations:

Death reflects the end-point of disease severity. The analyses are based only the underlying cause of death but there may be more contributing causes. Quantity rather than quality of life is measured. Differences in reporting may affect comparisons. Saskatchewan residents who died outside the province are not included.

D. Source:

SK Vital Statistics, death registration.

Motor Vehicle Traffic Crash Injuries: Crude Rate of mortality among males in Saskatchewan by Age Group, 1995 - 2009



SUMMARY OF FINDINGS:

For Saskatchewan males, only the 20-44 year age group had adequate numbers of deaths related to motor vehicle traffic crashes to display. Although there was year to year variation, no discernable trend in deaths for 20 to 44 year old males over time was seen.

For Saskatchewan females, no age groups were displayed due to the small number of motor vehicle traffic crash deaths in each group.

A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9: E810 -E819/ ICD10: V30-V79(.4-.9), V83-V86(.0-.3), V20-V28(.3-.9), V29(.4-.9), V12-V14(.3-.9), V19(.4-.6), V02-V04(.1, .9), V09.2, V80(.3-5), V81.1, V82.1, V87(.0-.8), V89.2

B. Significance/Use:

Mortality reflects the upper limit of the disease severity continuum. Mortality data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

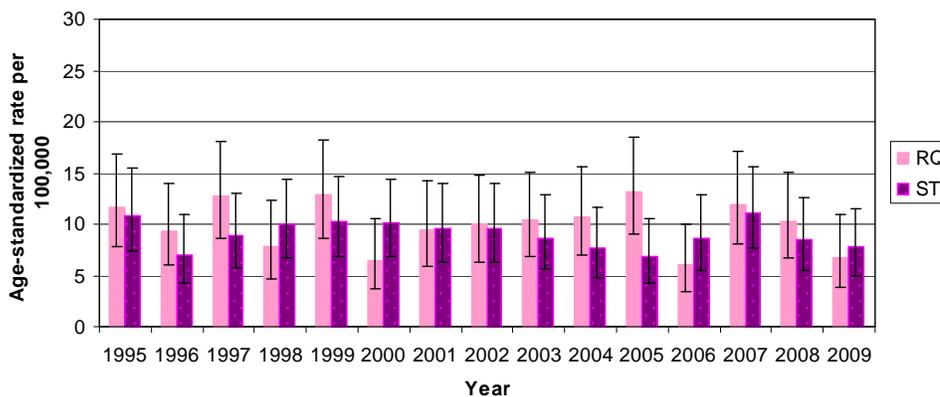
C. Limitations:

Death reflects the end-point of disease severity. The analyses are based only the underlying cause of death but there may be more contributing causes. Quantity rather than quality of life is measured. Differences in reporting may affect comparisons. Saskatchewan residents who died outside the province are not included.

D. Source:

SK Vital Statistics, death registration.

Motor Vehicle Traffic Crash Injuries: Age-standardized Rate of mortality in Peer Group A, Saskatchewan, 1995 - 2009



SUMMARY OF FINDINGS:

Peer Group A health regions, Saskatoon (ST) and Regina Qu'Appelle (RQ), were the only two regions with over 20 deaths related to motor vehicle traffic crashes in most years.

Both health regions had similar age-standardized mortality rates with no discernable trend for motor vehicle traffic crash deaths over time.

The remaining peer groups were not displayed due to small numbers.

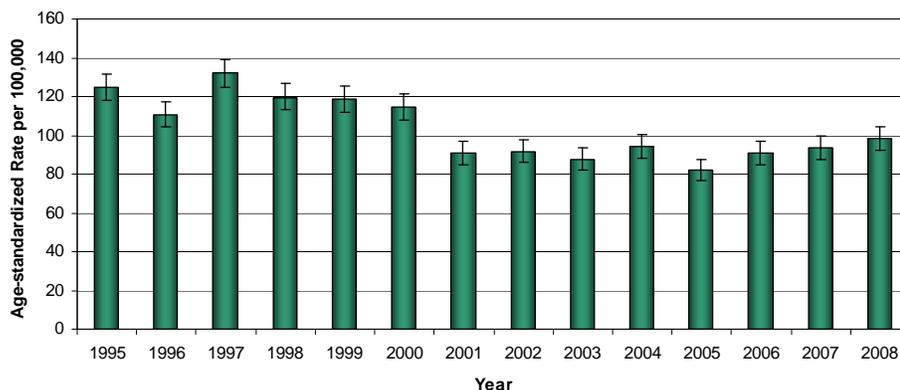
A. Definitions: Number of hospital separations (discharges, transfers and deaths) during a given fyear per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E810-E819/ ICD10-CA V02-V04(.1), V02-V04(.9), V09.2, V12-V14(.3-.9), V19(.4-.6), V20-V28(.3-.9), V29(.4-.9), V30-V79(.4-.9), V80(.3-.5), V81.1, V82.1, V83-V86(.0-.3), V87(.0-.8), V89.2

B. Significance/Use: This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

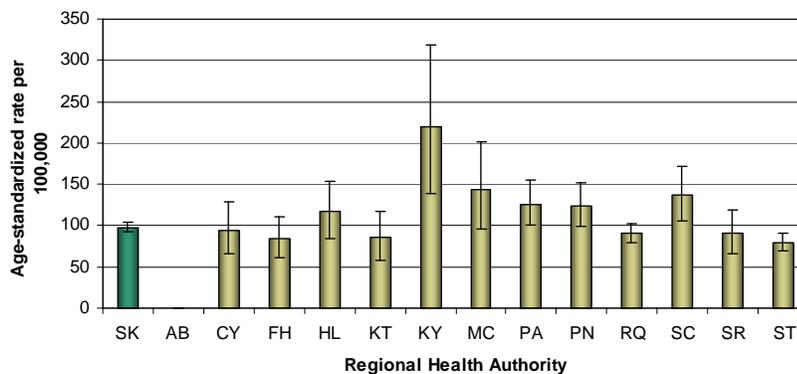
C. Limitations: Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

D. Source: SK Ministry of Health year-end hospitalization files.

Motor Vehicle Traffic Crashes: Age-standardized Rate of Hospital Separations in Saskatchewan, 1995 - 2008



Motor Vehicle Traffic Crashes: Age-standardized Rate of Hospital Separations in Saskatchewan by Regional Health Authority, 2008



SUMMARY OF FINDINGS:

The age-standardized hospital separation rate (ASHSR) related to motor vehicle traffic crash injuries declined over time with a 25.6% decrease between 1997 and 2008.

Only three health regions reported ASHSRs statistically different from the provincial rate in 2008: Keewatin Yatthé (KY) and Sun Country (SC) with a higher ASHSR and Saskatoon (ST) with a lower ASHSR.

The Athabasca Health Authority (AB) rate was not displayed due to small numbers.

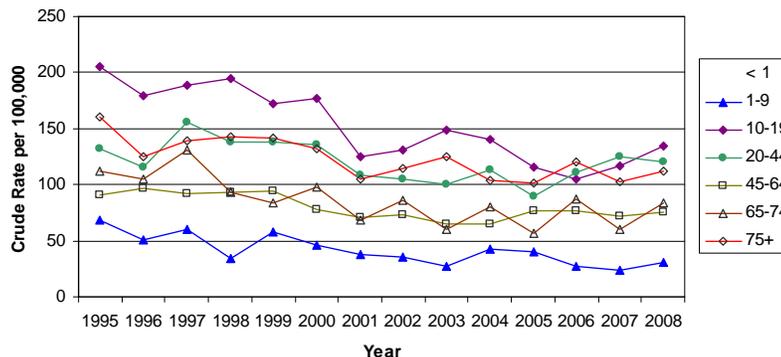
A. Definitions: Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E810-E819/ICD10-CA V02-V04(.1), V02-V04(.9), V09.2, V12-V14(.3-.9), V19(.4-.6), V20-V28(.3-.9), V29(.4-.9), V30-V79(.4-.9), V80(.3-.5), V81.1, V82.1, V83-V86(.0-.3), V87(.0-.8), V89.2

B. Significance/Use: This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

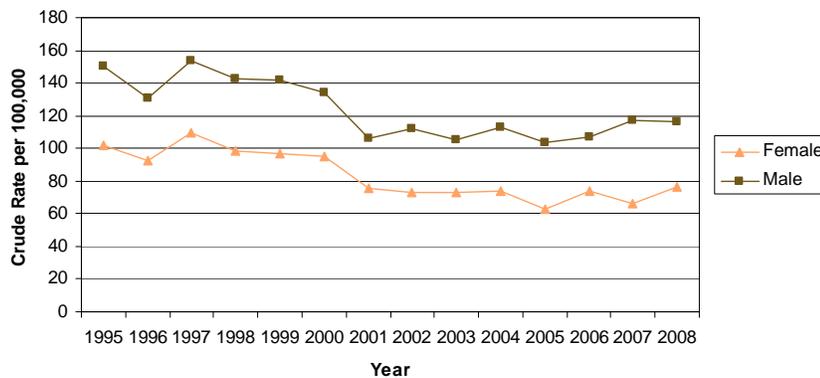
C. Limitations: Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

D. Source: SK Ministry of Health year-end hospitalization files.

Motor Vehicle Traffic Crashes: Crude Rate of Hospital Separations in Saskatchewan by Age Group, 1995 - 2008



Motor Vehicle Traffic Crashes: Crude Rate of Hospital Separations in Saskatchewan by Sex, 1995 - 2008



SUMMARY OF FINDINGS:

Age-specific hospital separation rates related to motor vehicle traffic crashes were highest among adolescents (10-19 years), young adults (20-44 years) and the elderly (75+ years). Rates for children less than one year of age were not displayed due to small numbers.

The rate among those 10-19 years of age decreased by 34% between 1995 and 2008.

The sex-specific rates were consistently higher among males than females. On average, rates among males were 50% higher than among females.

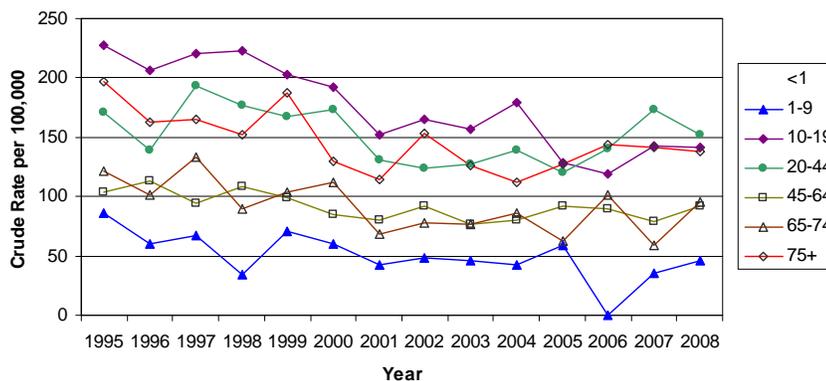
A. Definitions: Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E810-E819/ICD10-CA V02-V04(.1), V02-V04(.9), V09.2, V12-V14(.3-.9), V19(.4-.6), V20-V28(.3-.9), V29(.4-.9), V30-V79(.4-.9), V80(.3-.5), V81.1, V82.1, V83-V86(.0-.3), V87(.0-.8), V89.2

B. Significance/Use: This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

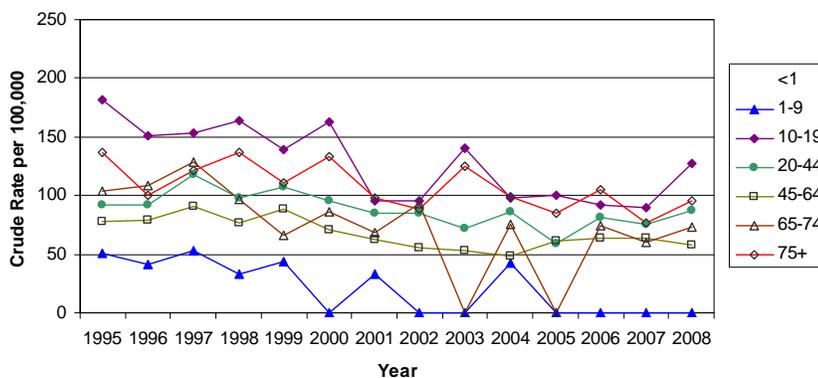
C. Limitations: Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

D. Source: SK Ministry of Health year-end hospitalization files.

Motor Vehicle Traffic Crashes: Crude Rate of Hospital Separations among Males in Saskatchewan by Age Group, 1995 - 2008



Motor Vehicle Traffic Crashes: Crude Rate of Hospital Separations among Females in Saskatchewan by Age Group, 1995 - 2008



SUMMARY OF FINDINGS:

Age-specific motor vehicle traffic crash-related hospital separation rates in all age groups were higher among males compared to females.

Rates were highest among adolescents (10-19), young adults (20-44) and the elderly (75+). This pattern was the same for both sexes. Rates based on less than 20 events were suppressed and displayed as 0.

Rates among those less than one year of age were not displayed due to small numbers.

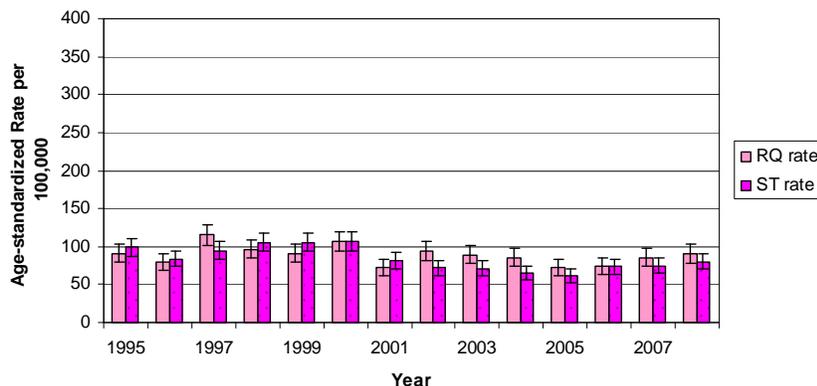
A. Definitions: Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E810-E819/ICD10-CA V02-V04(.1), V02-V04(.9), V09.2, V12-V14(.3-.9), V19(.4-.6), V20-V28(.3-.9), V29(.4-.9), V30-V79(.4-.9), V80(.3-.5), V81.1, V82.1, V83-V86(.0-.3), V87(.0-.8), V89.2

B. Significance/Use: This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

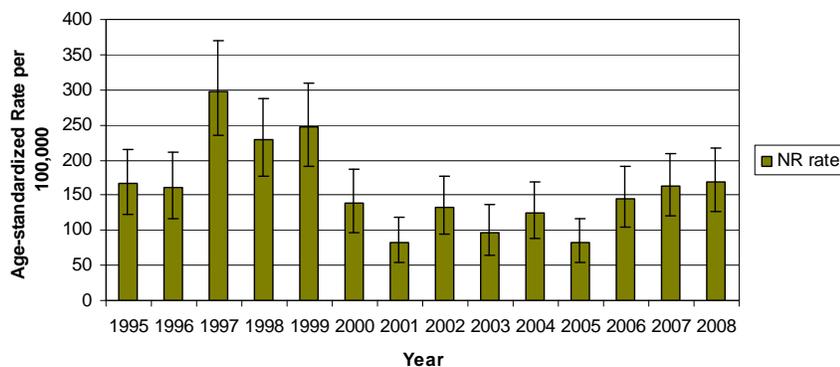
C. Limitations: Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

D. Source: SK Ministry of Health year-end hospitalization files.

Motor Vehicle Traffic Crashes: Age-standardized Rate of Hospital Separations by Regional Health Authority in Peer Group A, 1995 - 2008



Motor Vehicle Traffic Crashes: Age-standardized Rate of Hospital Separations for the three Northern Health Regions of Peer Group F, 1995 - 2008



SUMMARY OF FINDINGS:

Peer Group A health regions, Regina Qu'Appelle (RQ) and Saskatoon (ST), motor vehicle traffic crash-related age-standardized hospital separation rates (ASHSR) fluctuated over the time period from 1995 to 2008 but were not statistically different from each other.

The three northern health regions (NR) of Peer Group F were combined due to small numbers. The ASHSR fluctuated over time but most of the annual rates were not statistically different from each other.

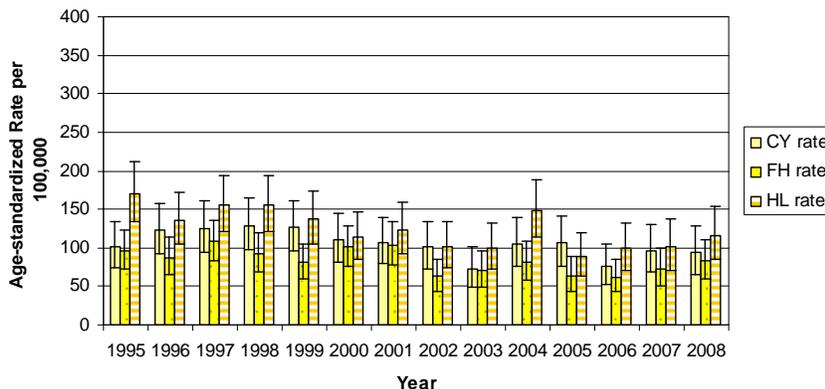
A. Definitions: Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E810-E819/ICD10-CA V02-V04(.1), V02-V04(.9), V09.2, V12-V14(.3-.9), V19(.4-.6), V20-V28(.3-.9), V29(.4-.9), V30-V79(.4-.9), V80(.3-.5), V81.1, V82.1, V83-V86(.0-.3), V87(.0-.8), V89.2

B. Significance/Use: This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

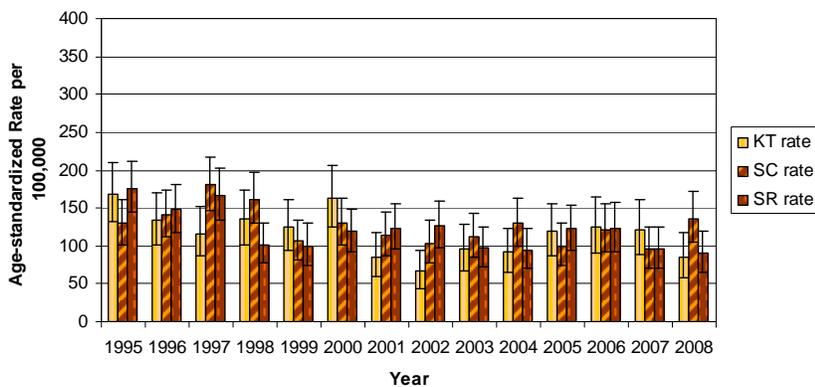
C. Limitations: Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

D. Source: SK Ministry of Health year-end hospitalization files.

Motor Vehicle Traffic Crashes: Age-standardized Rate of Hospital Separations by Regional Health Authority in Peer Group D1, 1995-2008



Motor Vehicle Traffic Crashes: Age-standardized Rate per 100,000 by Regional Health Authority in Peer Group D2, 1995-2008



SUMMARY OF FINDINGS:

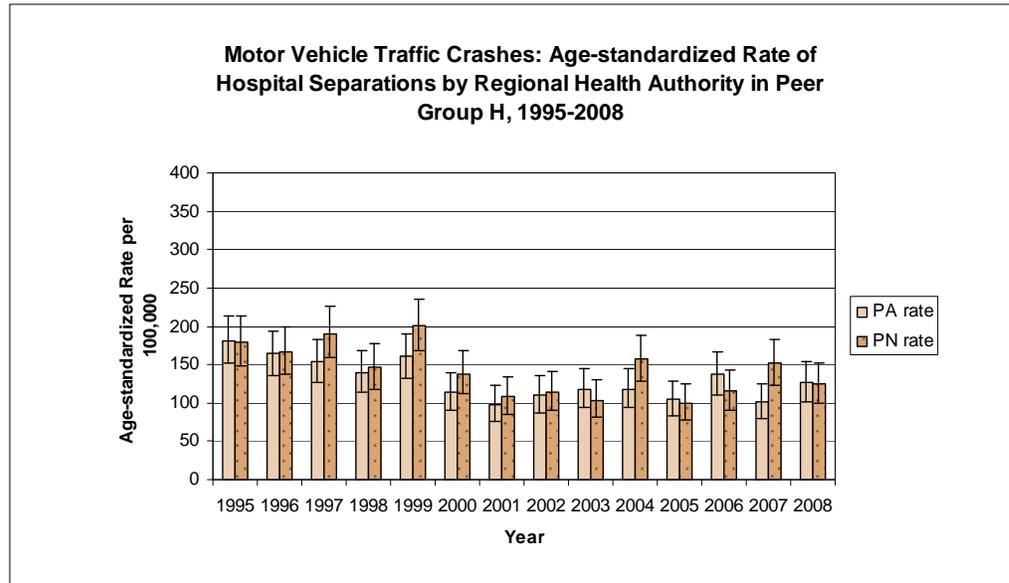
Peer Group D health regions, Cypress (CY), Five Hills (FH), Heartland (HL), Kelsey Trail (KT), Sun Country (SC) and Sunrise (SR), motor vehicle traffic crash related age-standardized hospitalization rates (ASHSR) fluctuated over time. For most years the rates were not statistically different across health regions.

A. Definitions: Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E810-E819/ICD10-CA V02-V04(.1), V02-V04(.9), V09.2, V12-V14(.3-.9), V19(.4-.6), V20-V28(.3-.9), V29(.4-.9), V30-V79(.4-.9), V80(.3-.5), V81.1, V82.1, V83-V86(.0-.3), V87(.0-.8), V89.2

B. Significance/Use: This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations: Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

D. Source: SK Ministry of Health year-end hospitalization files.



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SUMMARY OF FINDINGS:

Peer Group H health regions, Prince Albert Parkland (PA) and Prairie North (PN), motor vehicle traffic crash related age-standardized hospital separation rates (ASHSRs) showed a slight decrease over the time period from 1995 to 2008, but did not differ statistically from each other with the exceptions of 2001, 2002, 2003 and 2005.

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E810-E819 (.7)/ ICD10-CA V02-V04 (.1), V09.2, V09.3

B. Significance/Use:

This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

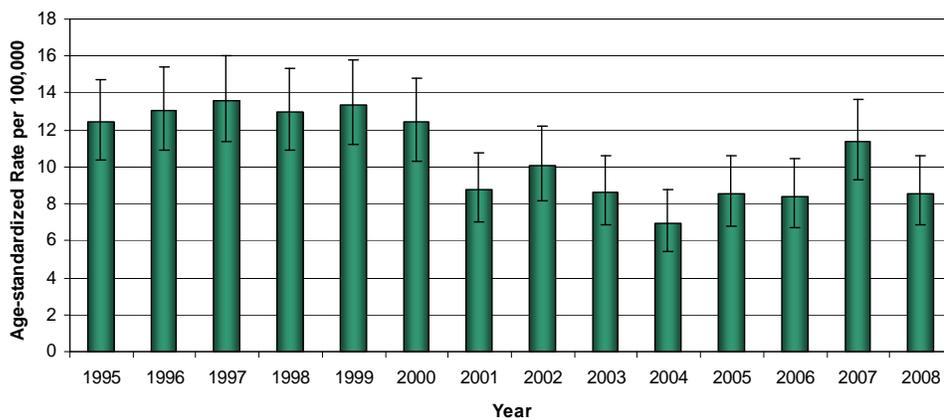
C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

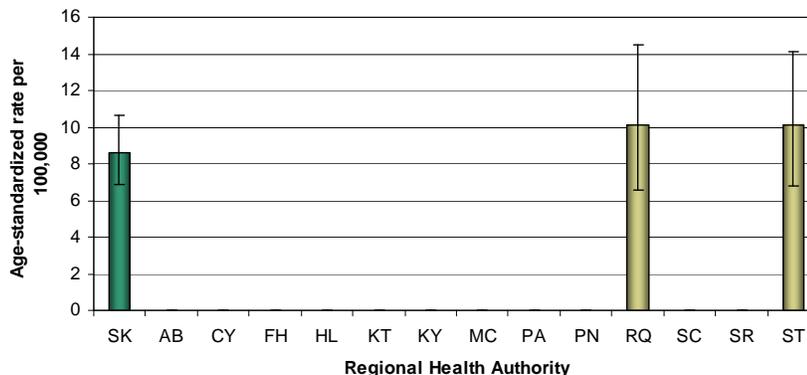
D. Source:

SK Ministry of Health year-end hospitalization files.

Traffic-related Pedestrian Accidents: Age-standardized Rate of Hospital Separations in Saskatchewan, 1995 - 2008



Traffic-related Pedestrian Accidents: Age-standardized Rate of Hospital Separations in Saskatchewan by Regional Health Authority, 2008



SUMMARY OF FINDINGS:

The provincial age-standardized hospital separation rate (ASHSR) related to traffic-related pedestrian accidents decreased by 31% from 1995 to 2008. Although the 2008 rate was not statistically different from the 1995 rate, it was statistically lower than the 1996 to 1999 rates.

For 2008, rates were not displayed due to small numbers or no events in all health regions except the Regina Qu'Appelle (RQ) and Saskatoon (ST) Health Regions. ASHSRs for RQ and ST were not statistically different from the provincial rate.

INJURY: PEDESTRIAN - HOSPITALIZATIONS BY AGE AND SEX CHART 7-41

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E810-E819 (.7)/ ICD10-CA V02-V04 (.1), V09.2, V09.3

B. Significance/Use:

This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

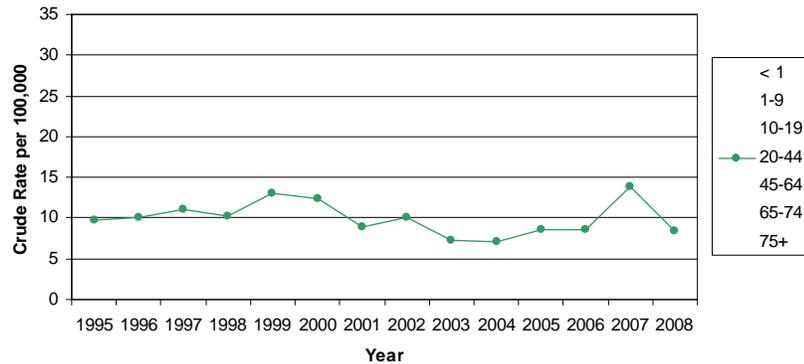
C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

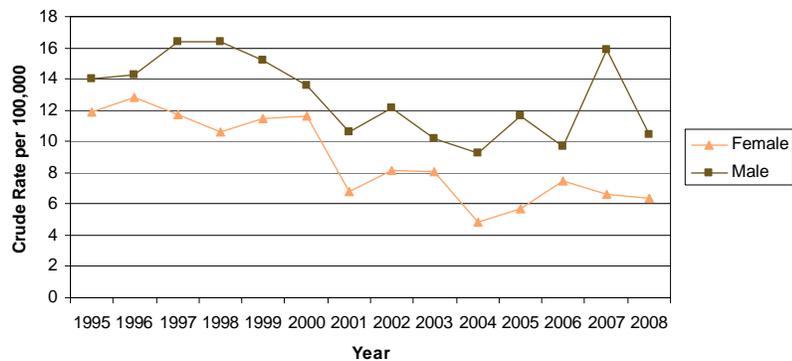
D. Source:

SK Ministry of Health year-end hospitalization files.

Traffic-related Pedestrian Accidents: Crude Rate of Hospital Separations in Saskatchewan by Age Group, 1995 - 2008



Traffic-related Pedestrian Accidents: Crude Rate of Hospital Separations in Saskatchewan by Sex, 1995 - 2008



SUMMARY OF FINDINGS:

Hospital separation rates for traffic-related pedestrian accidents among adults aged 20 to 44 years remained relatively stable from 1995 to 2008. The rates are not displayed for infants (aged <1 year), children and adolescents (aged 1 to 19 years) and adults aged 45 years or older due to small numbers.

Sex-specific rates were consistently higher, on average by 52%, for males than females. For males, the hospital separation rate for traffic-related pedestrian accidents declined by 25% between 1995 and 2008. For females, the rate declined by 47% during the same period.

INJURY: PEDESTRIAN - HOSPITALIZATIONS BY SEX AND AGE CHART 7-42

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E810-E819 (.7)/ ICD10-CA V02-V04 (.1), V09.2, V09.3

B. Significance/Use:

This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

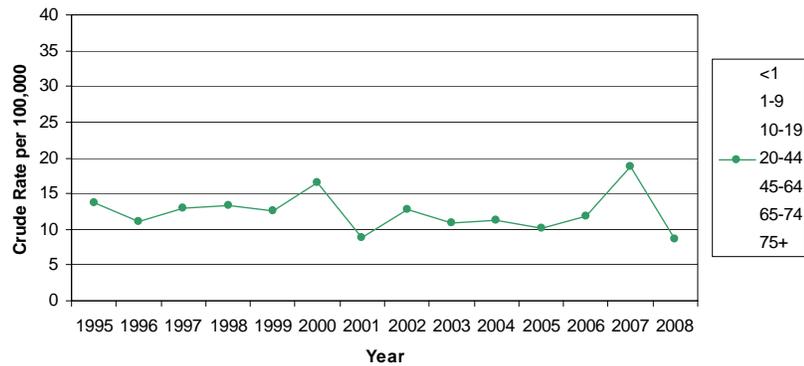
C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

D. Source:

SK Ministry of Health year-end hospitalization files.

Traffic-related Pedestrian Accidents: Crude Rate of Hospital Separations among Males in Saskatchewan by Age Group, 1995 - 2008



SUMMARY OF FINDINGS:

The variation in annual rates of hospital separations for traffic-related pedestrian accidents among males aged 20 to 44 years likely reflected the relatively small number of separations each year (range 15 to 32 hospital separations per year in this age group).

Hospital separation rates among male infants (aged <1 years), children and adolescents (aged 1 to 19 years) and adult males aged 45 years or older, as well as, the age-specific annual rate chart for females were not displayed due to small numbers.

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E810-E825 (.6), E826.x /ICD10-CA V10-V14, V16-V19

B. Significance/Use:

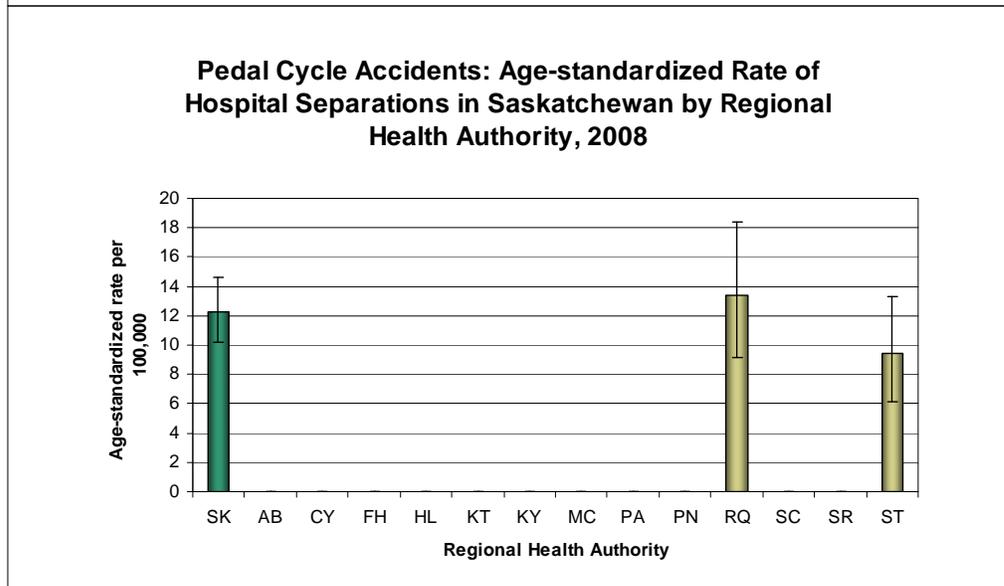
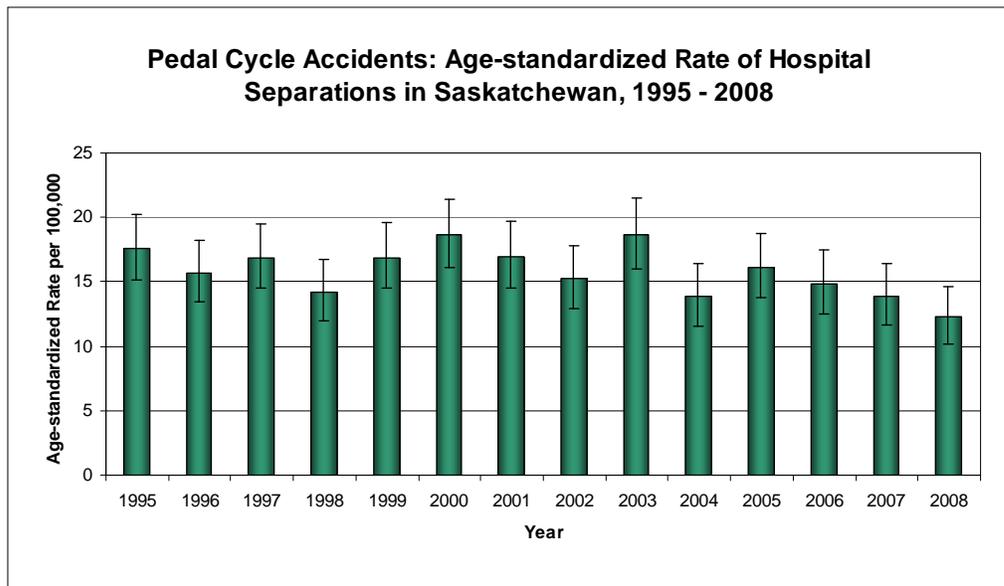
This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

D. Source:

SK Ministry of Health year-end hospitalization files.



SUMMARY OF FINDINGS:

Provincial age-standardized pedal cycle accident-related hospital separation rates (ASHSR) fluctuated prior to 2005. Since 2005, rates declined over time with a 24% decrease between 2005 and 2008.

Fewer than 20 pedal cycle accident-related hospital separations were reported in all regions except Regina Qu'Appelle (RQ) and Saskatoon (ST), therefore, rates were displayed for only those regions and the province.

The ASHSRs in RQ and ST Health Regions were not statistically different from the provincial rate.

INJURY: PEDAL CYCLE - HOSPITALIZATIONS BY AGE CHART 7-44 AND SEX

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E810-E825 (.6), E826.x /ICD10-CA V10-V14, V16-V19

B. Significance/Use:

This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

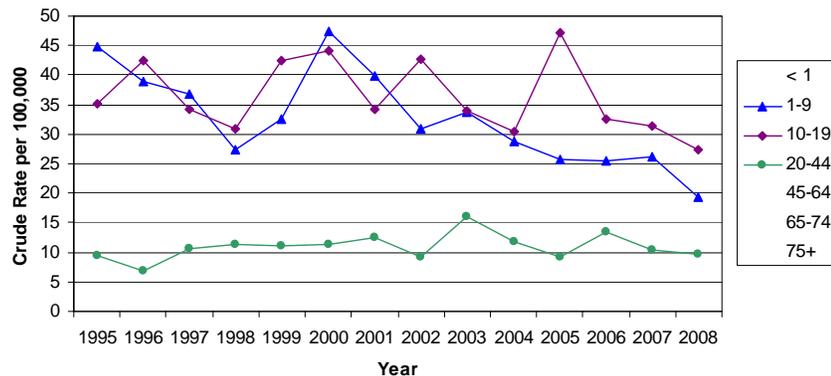
C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

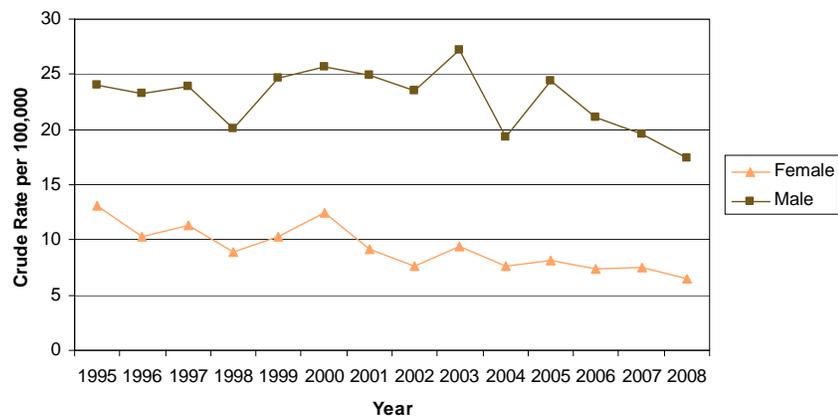
D. Source:

SK Ministry of Health year-end hospitalization files.

Pedal Cycle Accidents: Crude Rate of Hospital Separations in Saskatchewan by Age Group, 1995 - 2008



Pedal Cycle Accidents: Crude Rate of Hospital Separations in Saskatchewan by Sex, 1995 - 2008



SUMMARY OF FINDINGS:

Age-specific hospital separation rates related to pedal cycle accidents were high among children (1-9 years) and adolescents (10-19 years). The rates were not displayed for children less than one year and for adults aged 45 years and older due to small numbers.

The sex-specific rates were consistently higher among males than females. Generally, rates among males were 2-3 times higher than for females. From 1995 to 2008, there was a 28.5% decrease in the rate among males and a 20% decrease in the rate among females.

INJURY: PEDAL CYCLE - HOSPITALIZATIONS BY SEX CHART 7-45 AND AGE

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E810-E825 (.6), E826.x /ICD10-CA V10-V14, V16-V19

B. Significance/Use:

This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

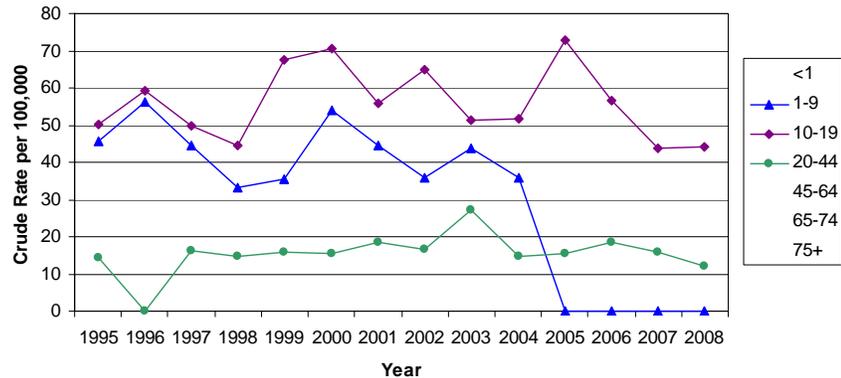
C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

D. Source:

SK Ministry of Health year-end hospitalization files.

Pedal Cycle Accidents: Crude Rate of Hospital Separations among Males in Saskatchewan by Age Group, 1995 - 2008



SUMMARY OF FINDINGS:

Age-specific pedal cycle-related hospital separation rates were high among male children (1-9 years), adolescents (10-19 years), and young adults (20-44 years). Rates based on less than 20 events are displayed as 0.

The rates for male children less than one year and adults aged 45+ years were not displayed due to small numbers. Rates for females were not displayed due to small numbers.

Rates in all age groups were higher among males compared to females.

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E810-E825 (.6), E826.x /ICD10-CA V10-V14, V16-V19

B. Significance/Use:

This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

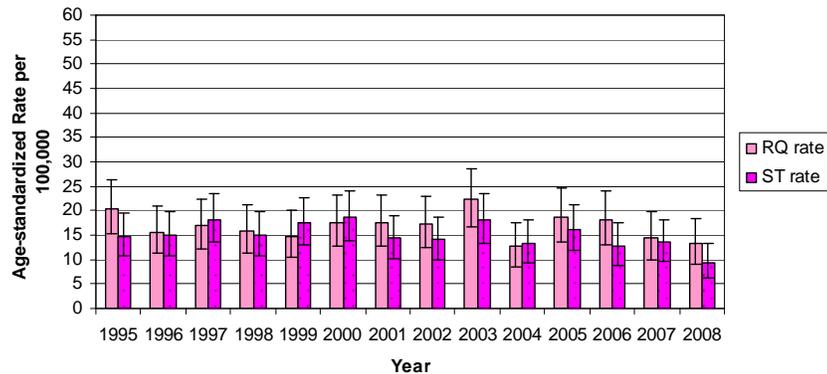
C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

D. Source:

SK Ministry of Health year-end hospitalization files.

Pedal Cycle Accidents: Age-standardized Rate of Hospital Separations by Regional Health Authority in Peer Group A, 1995 - 2008



SUMMARY OF FINDINGS:

There was no statistical difference in pedal cycle accident-related age-standardized hospital separation rates (ASHSR) between the two Peer Group A health regions, Regina Qu’Appelle (RQ) and Saskatoon (ST), from 1995 to 2008.

No other health region groupings were displayed due to small numbers.

INJURY: MOTOR SNOW VEHICLE – HOSPITALIZATION CHART 7-47

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E820/ICD10-CA V86.00, V86.10, V86.30, V86.50, V86.51, V86.60, V86.61, V86.90, V86.91

B. Significance/Use:

This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

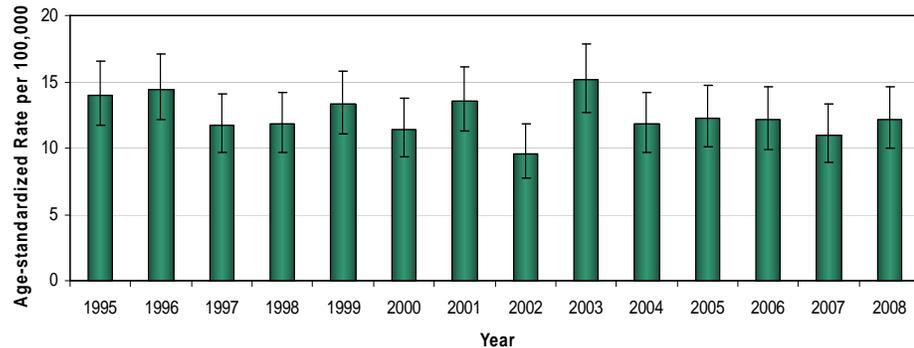
C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

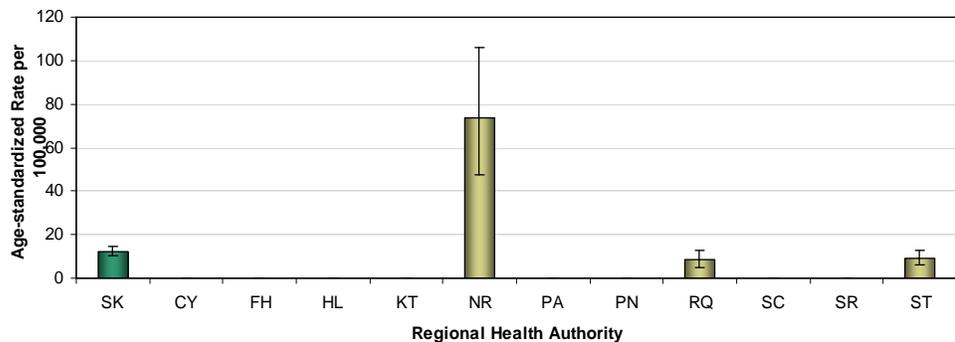
D. Source:

SK Ministry of Health year-end hospitalization files.

Motor-driven Snow Vehicle: Age-standardized Rate of Hospital Separations in Saskatchewan, 1995 - 2008



Motor-driven Snow Vehicle: Age-standardized Rate of Hospital Separations in Saskatchewan by Regional Health Authority, 2008



SUMMARY OF FINDINGS:

The age-standardized hospital separation rate (ASHSR) related to motor-driven snow vehicle injuries in Saskatchewan did not differ significantly from 1995 to 2008 with the exception of the low rate seen in 2002.

The 2008 rates for most health regions were not displayed due to small numbers. A significant difference from the provincial rate was found for the combined three northern (NR) health regions in 2008.

No significant difference was seen between the provincial rate and Regina Qu'Appelle (RQ) or Saskatoon (ST) health region rate.

INJURY: MOTOR SNOW VEHICLE - HOSPITALIZATIONS CHART 7-48 BY AGE AND SEX

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E820/ICD10-CA V86.00, V86.10, V86.30, V86.50, V86.51, V86.60, V86.61, V86.90, V86.91

B. Significance/Use:

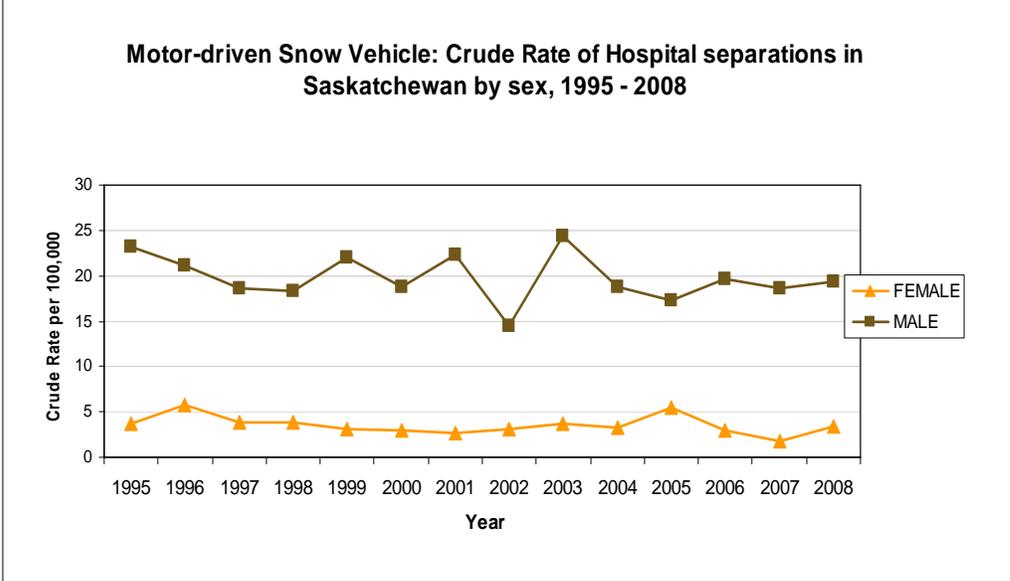
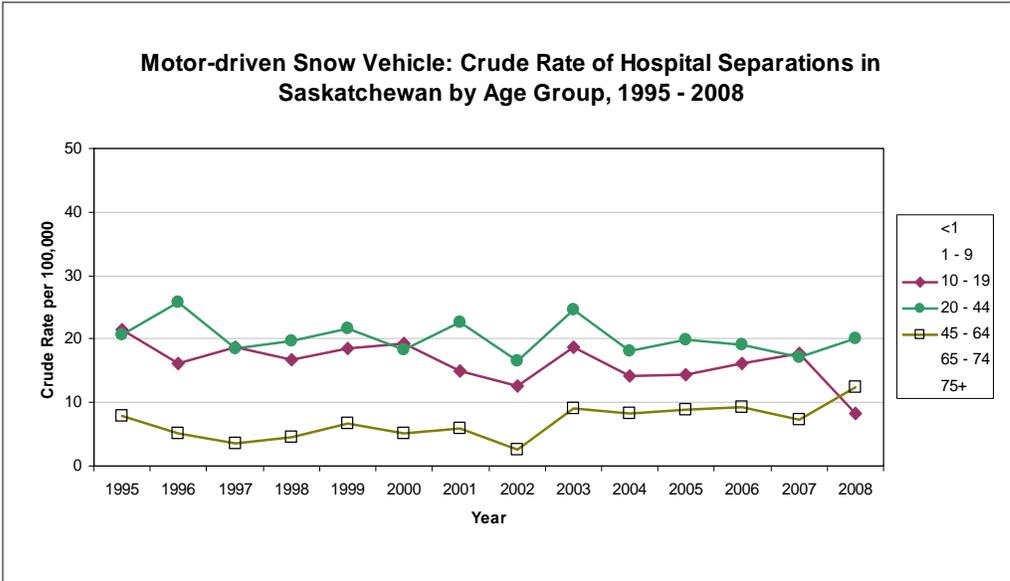
This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

D. Source:

SK Ministry of Health year-end hospitalization files.



SUMMARY OF FINDINGS:

There was annual variation in the age-specific hospital separation rates related to motor driven snow vehicles within ages 10 to 64 years between 1995 and 2008. The rate was similar between the 20-44 year and 10-19 year olds and both rates were higher than that seen for the 45-64 year olds. Rates for ages 1 to 9 and 65 + years were not displayed due to small numbers.

The sex-specific rate was consistently higher among males than females. The rates for females included four years that had 20 or less events.

INJURY: MOTOR SNOW VEHICLE - HOSPITALIZATIONS CHART 7-49 BY SEX AND AGE

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E820/ICD10-CA V86.00, V86.10, V86.30, V86.50, V86.51, V86.60, V86.61, V86.90, V86.91

B. Significance/Use:

This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

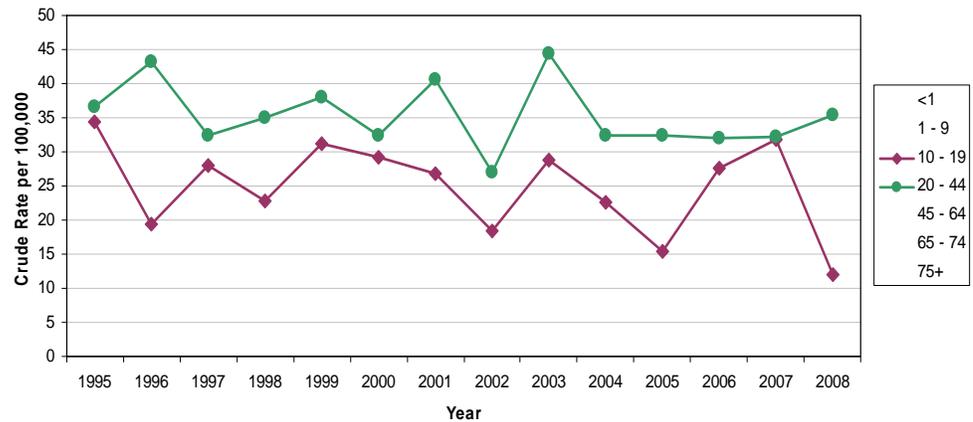
C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

D. Source:

SK Ministry of Health year-end hospitalization files

Motor-driven Snow Vehicle: Crude Rate of Hospital Separations in Saskatchewan among Males by Age Group 1995 - 2008



SUMMARY OF FINDINGS:

The age-specific hospital separation rate related to motor-driven snow vehicles among males aged 10 to 44 fluctuated annually between 1995 and 2008. The rates were consistently greater among males age 20-44 years than all other age groups.

The rates for male age groups up to 9 years and over 44 years were not displayed due to small numbers.

The rates for females were not displayed due to small numbers.

INJURY: MOTOR SNOW VEHICLE - HOSPITALIZATIONS CHART 7-50 BY RHA

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E820/ICD10-CA V86.00, V86.10, V86.30, V86.50, V86.51, V86.60, V86.61, V86.90, V86.91

B. Significance/Use:

This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

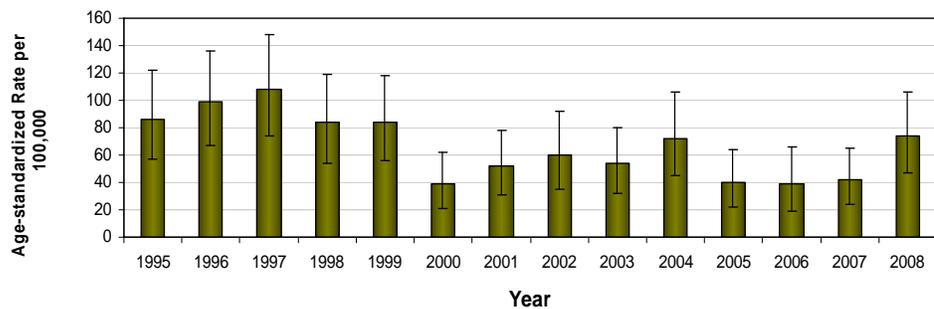
C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

D. Source:

SK Ministry of Health year-end hospitalization files

Motor-driven Snow Vehicle: Age-standardized Rate of Hospital Separations in Saskatchewan by Regional Health Authority 1995 - 2008, Peer Group F



SUMMARY OF FINDINGS:

The age-standardized hospital separation rates (ASHSR) related to motor-driven snow vehicles for the combined Peer Group F health regions, Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority, did not differ significantly between 1995 and 2008. There were five years where the number of events were less than 20.

Mamawetan Churchill contributed the most events to the combined northern rates between 1995 and 2008.

No other health region groupings were displayed due to small numbers.

INJURY: OTHER MOTOR VEHICLE – HOSPITALIZATION CHART 7-51

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E821/ICD10-CA V86.08, V86.18, V86.2, V86.38, V86.4, V86.58, V86.68, V86.7, V86.98

B. Significance/Use:

This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

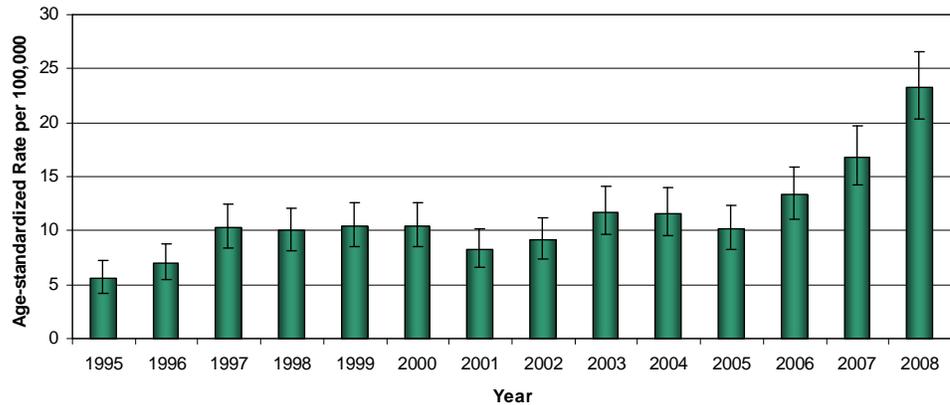
C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

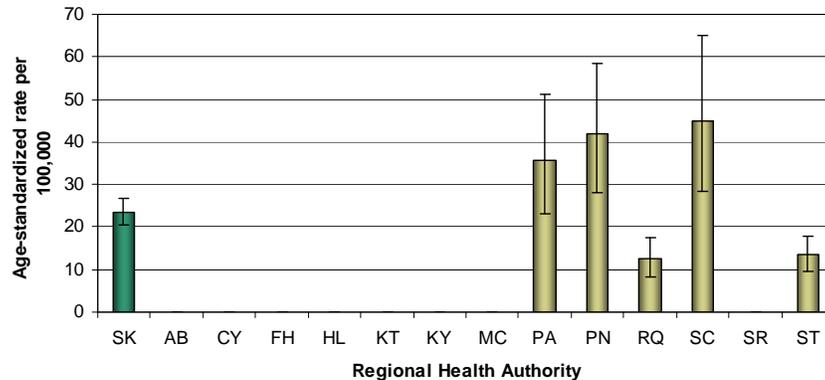
D. Source:

SK Ministry of Health year-end hospitalization files

Other Off-Road Motor Vehicle Accidents: Age-standardized Rate of Hospital Separations in Saskatchewan, 1995 - 2008



Other Off-Road Motor Vehicle Accidents: Age-standardized Rate of Hospital Separations in Saskatchewan by Regional Health Authority, 2008



SUMMARY OF FINDINGS:

Provincial age-standardized hospital separation rates (ASHSR) related to other off-road motor vehicle accidents increased from 1995 to 1997, remained relatively stable until 2005, then increased significantly to 2008.

Prairie North (PN) and Sun Country (SC) health regions had rates that were significantly higher than the provincial rate and Regina Qu'Appelle (RQ) and Saskatoon (ST) health regions had significantly lower rates. Prince Albert Parkland (PA) rate did not differ significantly from the provincial rate.

The remaining health regions rates were not displayed due to small numbers.

INJURY: OTHER MOTOR VEHICLE - HOSPITALIZATION CHART 7-52 BY AGE AND SEX

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E821/ICD10-CA V86.08, V86.18, V86.2, V86.38, V86.4, V86.58, V86.68, V86.7, V86.98

B. Significance/Use:

This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

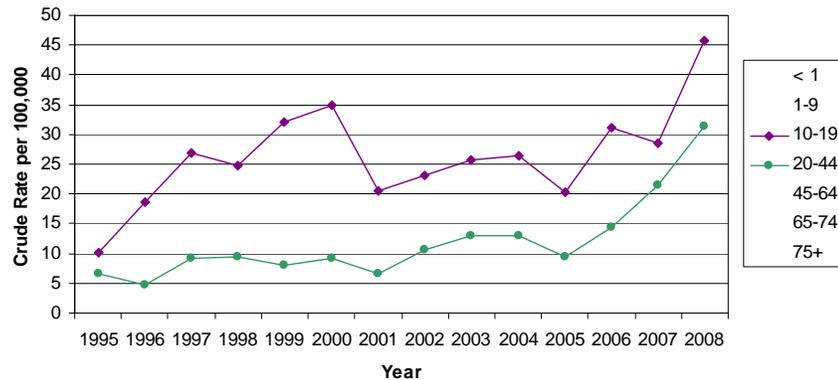
C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

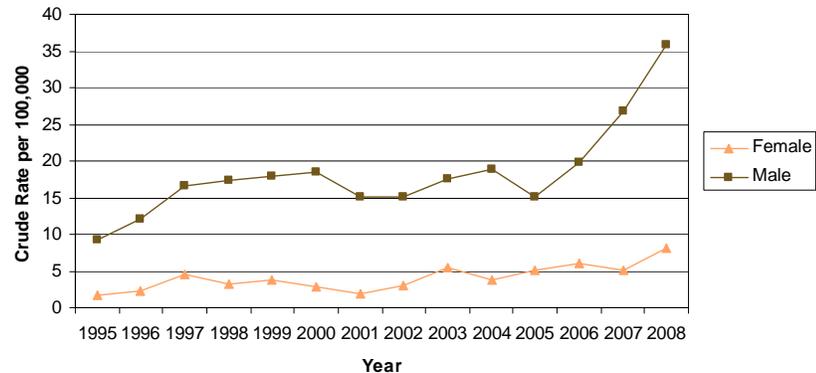
D. Source:

SK Ministry of Health year-end hospitalization files.

Other Off-Road Motor Vehicle Accidents: Crude Rate of Hospital Separations in Saskatchewan by Age Group, 1995 - 2008



Other Off-Road Motor Vehicle Accidents: Crude Rate of Hospital Separations in Saskatchewan by Sex, 1995 - 2008



SUMMARY OF FINDINGS:

The age-specific hospital separation rates related to other off-road motor vehicle accidents were highest in adolescents (10-19 years). The rates among those aged 10-19 and 20-44 years more than quadrupled between 1995 and 2008. The rates for children under 10 years and people over 44 years were not displayed due to small numbers.

The sex-specific rates were consistently higher for males than for females. For most years, rates for males were 3 to 5 times higher than for females. For males, the rate nearly quadrupled between 1995 and 2008. For females, the rate in 2008 was 4.6 times the 1995 rate. Half of the annual rates for females were based on less than 20 separations.

A. Definitions:

Number of deaths during a given calendar year per 100,000 population.

Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 E850-E869/ICD10 X40-X49

B. Significance/Use:

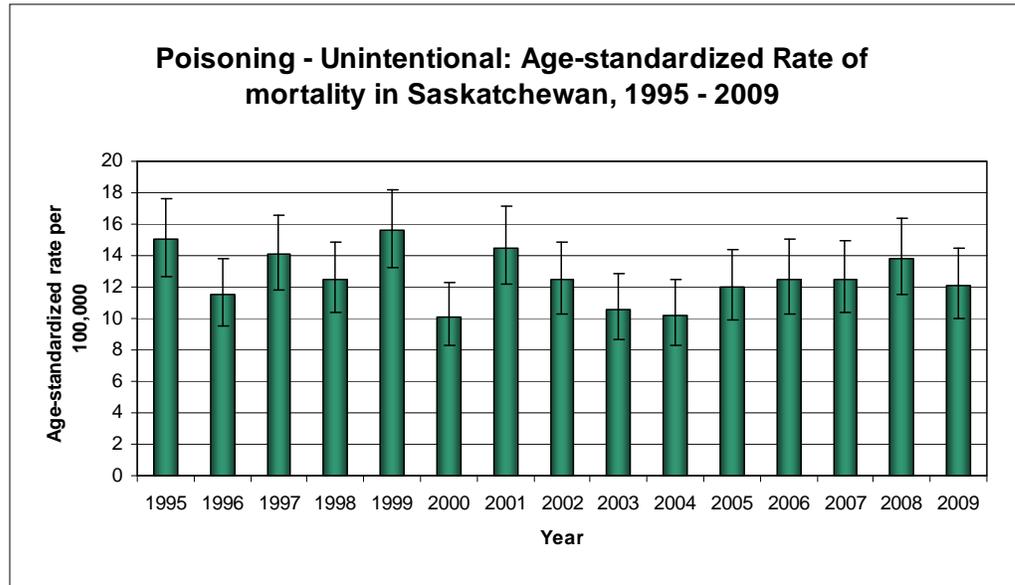
Mortality reflects the upper limit of the disease severity continuum. Mortality data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Death reflects the end-point of disease severity. The analyses are based only the underlying cause of death but there may be more contributing causes. Quantity rather than quality of life is measured. Differences in reporting may affect comparisons. Saskatchewan residents who died outside the province are not included.

D. Source:

SK Vital Statistics, death registration.



SUMMARY OF FINDINGS:

Although there was year to year variation, no significant difference in the annual age-standardized mortality rates (ASMR) related to unintentional poisoning in Saskatchewan between 1995 and 2009 was observed.

The ASMR chart for 2009 by RHA was not displayed due to small numbers.

A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 E850-E869/ICD10 X40-X49

B. Significance/Use:

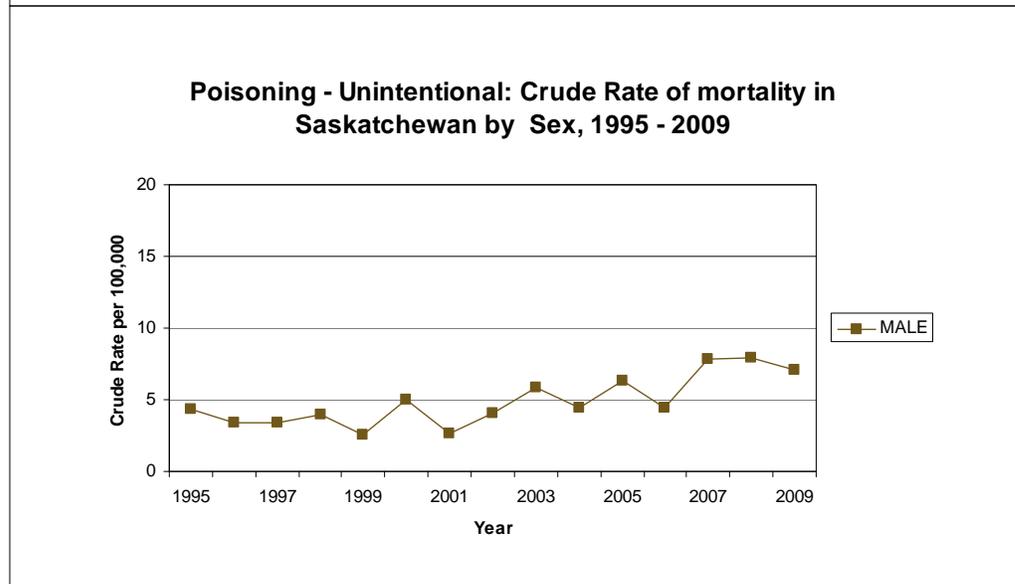
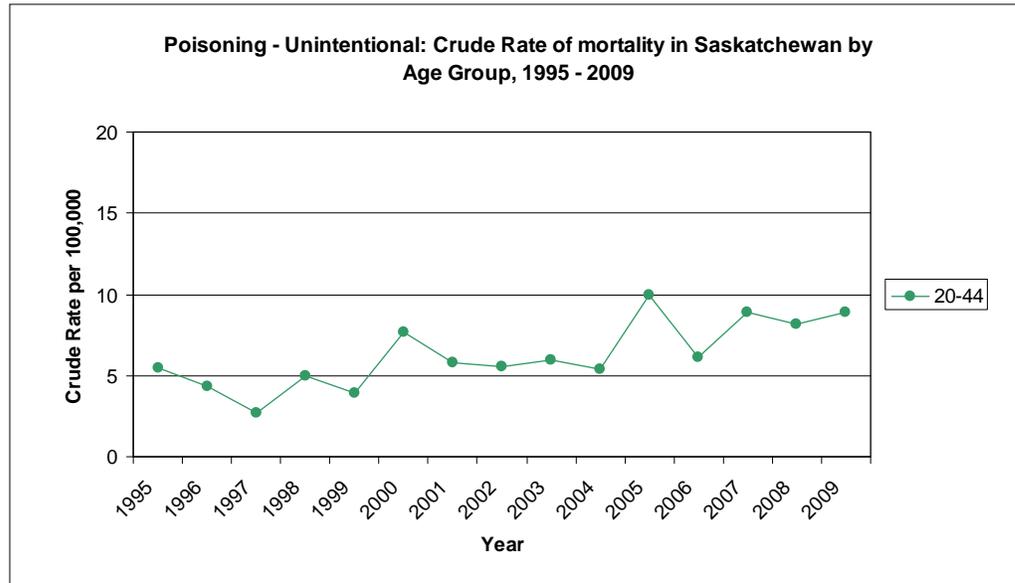
Mortality reflects the upper limit of the disease severity continuum. Mortality data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Death reflects the endpoint of disease severity. The analyses are based only on the underlying cause of death but there may be more contributing causes. Quantity rather than quality of life is measured. Differences in reporting may affect comparisons. Saskatchewan residents who died outside the province are not included.

D. Source:

SK Vital Statistics, death registration.



SUMMARY OF FINDINGS:

In Saskatchewan, age-specific mortality rates related to unintentional poisoning were highest in the 20 to 44 year age group. There appeared to be a slight increasing trend in unintentional poisoning deaths for that age group.

All other age groups were not displayed due to small numbers.

The number of deaths due to unintentional poisoning was consistently higher for males than for females between 1995 to 2009. Due to small numbers, the female rates were not displayed.

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E850-E869/ ICD10-CA X40-X49

B. Significance/Use:

This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

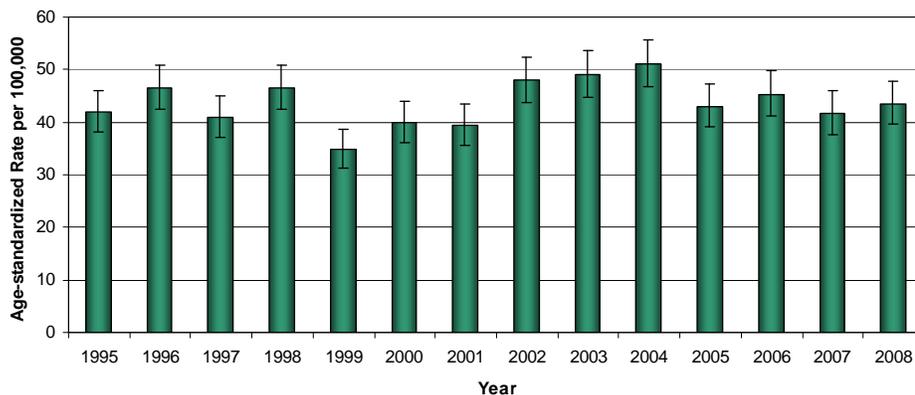
C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

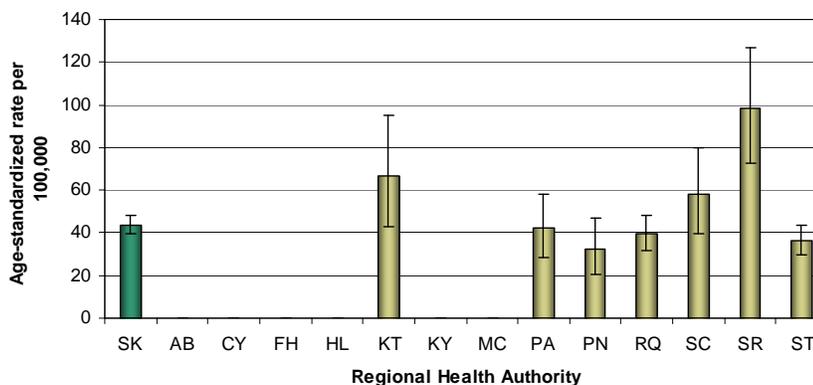
D. Source:

SK Ministry of Health year-end hospitalization files.

Accidental Poisoning: Age-standardized Rate of Hospital Separations in Saskatchewan, 1995 - 2008



Accidental Poisoning: Age-standardized Rate of Hospital Separations in Saskatchewan by Regional Health Authority, 2008



SUMMARY OF FINDINGS:

The age-standardized hospital separation rates (ASHSR) related to accidental poisoning fluctuated over the 14 year observation period.

The ASHSR for Sunrise (SR) Health Region was statistically higher than the provincial rate in 2009. ASHSRs for Kelsey Trail (KT), Prince Albert Parkland (PA), Prairie North (PN), Regina Qu’Appelle (RQ), Sun Country (SC) and Saskatoon (ST) health regions did not differ from the provincial rate.

Due to small numbers, rates for the remaining health regions were not displayed.

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E850-E869/ ICD10-CA X40-X49

B. Significance/Use:

This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

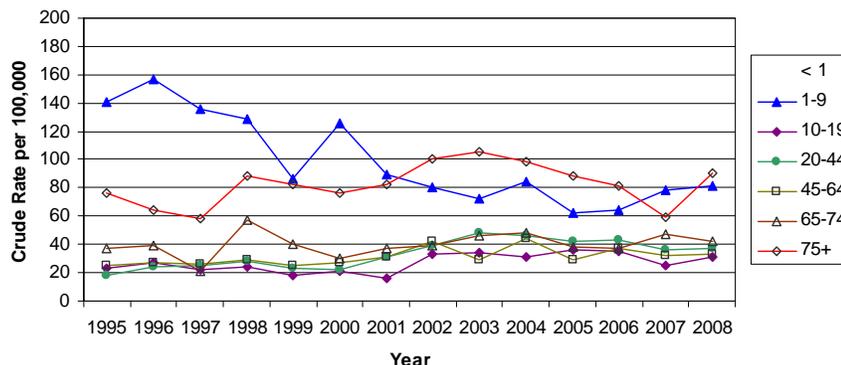
C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

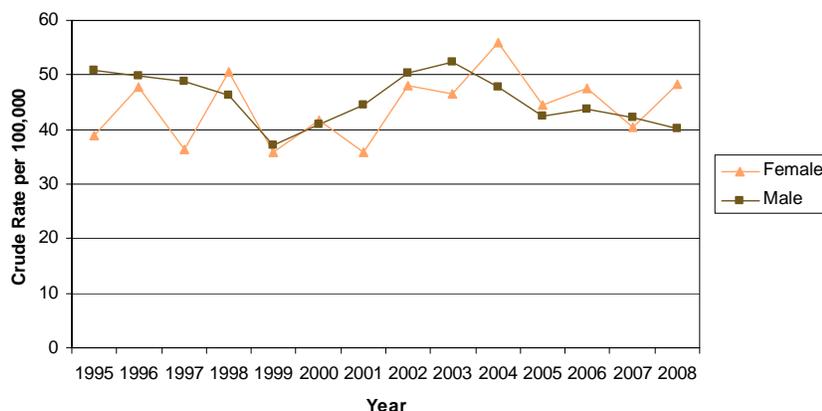
D. Source:

SK Ministry of Health year-end hospitalization files.

Accidental Poisoning: Crude Rate of Hospital Separations in Saskatchewan by Age Group, 1995 - 2008



Accidental Poisoning: Crude Rate of Hospital Separations in Saskatchewan by Sex, 1995 - 2008



SUMMARY OF FINDINGS:

Age-specific accidental poisoning-related hospital separation rates were highest among children (1-9 years) and the elderly (75 years and over) compared to the other age groups. The rate decreased by 42% between 1995 and 2008 for the 1-9 year age group. Rates for those < 1 year of age were not displayed due to small numbers.

The pattern of sex-specific hospital separation rates over time was similar in both sexes.

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E850-E869/ ICD10-CA X40-X49

B. Significance/Use:

This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

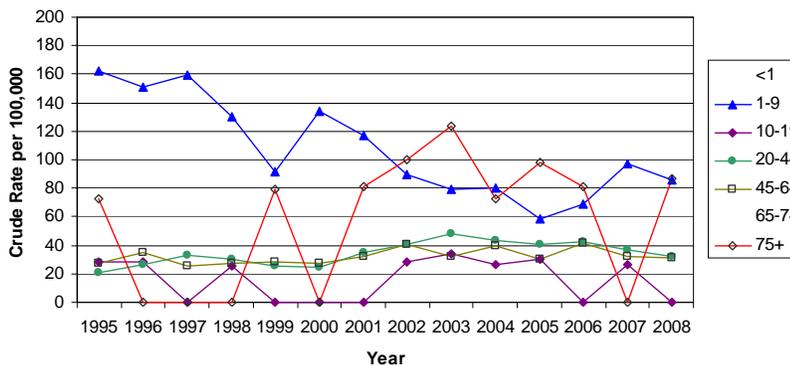
C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

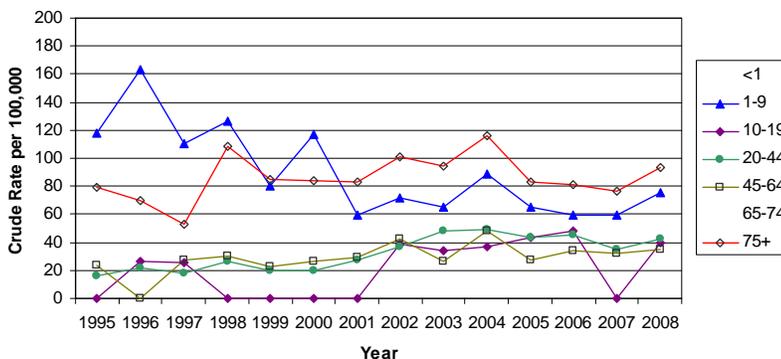
D. Source:

SK Ministry of Health year-end hospitalization files.

Accidental Poisoning: Crude Rate of Hospital Separations among Males in Saskatchewan by Age Group, 1995 - 2008



Accidental Poisoning: Crude Rate of Hospital Separations among Females in Saskatchewan by Age Group, 1995 - 2008



SUMMARY OF FINDINGS:

The highest rates of hospital separations related to accidental poisoning in both sexes were experienced by children (1-9 years) and the elderly (75 years and over) compared to the other age categories. Although for males 75 and older, the frequency dropped below 20 during five of the 14 years in the observation period.

Rates were not displayed for the less than one year and 65-74 year age groups due to small numbers. If an annual rate for the other age groups was based on less than 20 events, the rate was displayed as zero.

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E850-E869/ ICD10-CA X40-X49

B. Significance/Use:

This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

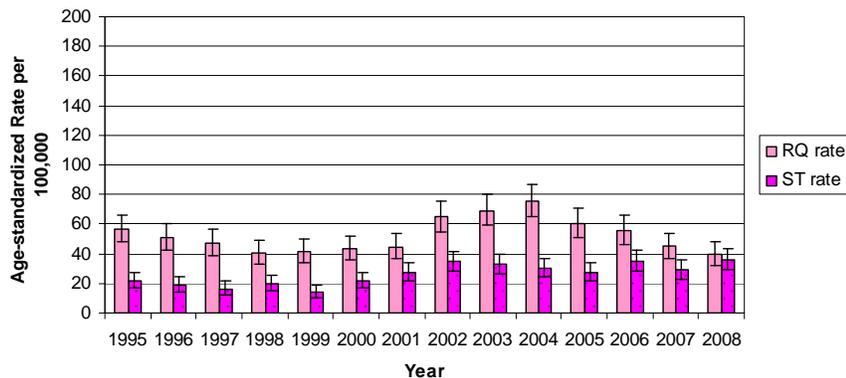
C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

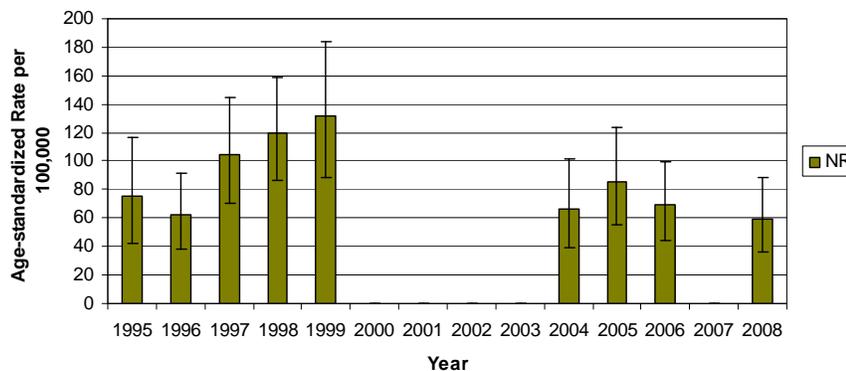
D. Source:

SK Ministry of Health year-end hospitalization files.

Accidental Poisoning: Age-standardized Rate of Hospital Separations by Regional Health Authority in Peer Group A, 1995 - 2008



Accidental Poisoning: Age-standardized Rate of Hospital Separations for the three Northern Health Regions of Peer Group F, 1995 - 2008



SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQ) and Saskatoon (ST), health regions' age-standardized hospital separation rates (ASHSR) related to poisoning were statistically different for all years except 2008.

Peer Group F's three northern health regions were combined because of low frequencies (Athabasca and Keewatin Yatthé annual frequencies were less than 20 in all years). Annual rates based on counts less than 20 were not displayed. For the years displayed the rates fluctuated.

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E850-E869/ICD10-CA X40-X49

B. Significance/Use:

This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

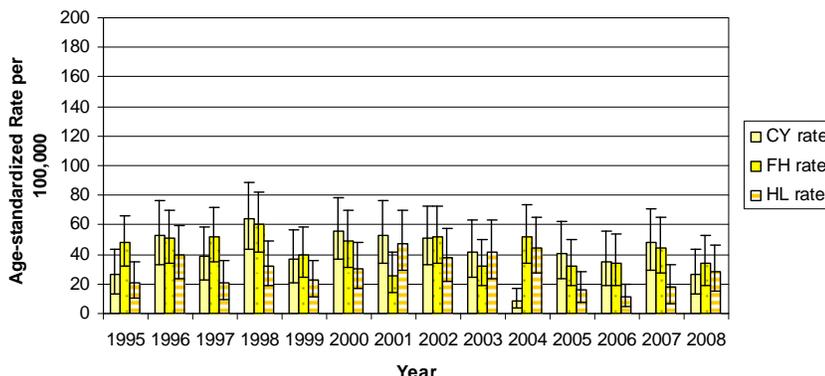
C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

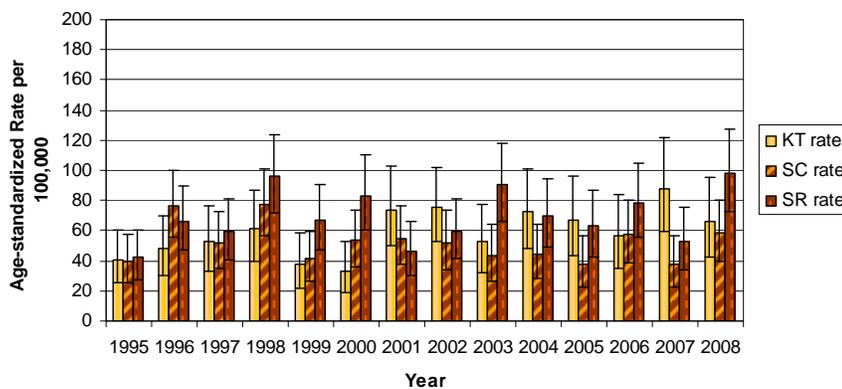
D. Source:

SK Ministry of Health year-end hospitalization files.

Accidental Poisoning: Age-standardized Rate of Hospital Separations by Regional Health Authority in Peer Group D1, 1995-2008



Accidental Poisoning: Age-standardized Rate per 100,000 by Regional Health Authority in Peer Group D2, 1995-2008



SUMMARY OF FINDINGS:

Peer Group D1, Cypress (CY), Five Hills (FH) and Heartland (HL), health region age-standardized hospital separation rates (ASHSR) related to accidental poisoning were statistically different only in 2004. However many of the annual frequencies were less than 20.

The ASHSRs for Peer Group D2, Kelsey Trail (KT), Sun Country (SC) and Sunrise (SR), health regions were not statistically different. KT rates for 1999 and 2000 were based on frequencies less than 20.

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E850-E869/ ICD10-CA X40-X49

B. Significance/Use:

This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

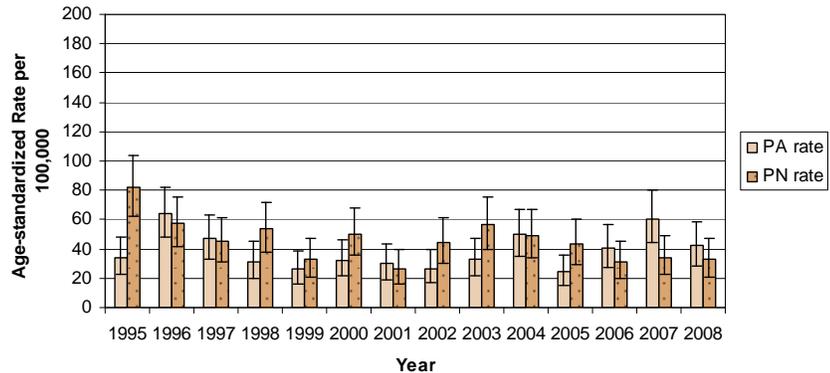
C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

D. Source:

SK Ministry of Health year-end hospitalization files.

Accidental Poisoning: Age-standardized Rate of Hospital Separations by Regional Health Authority in Peer Group H, 1995-2008



SUMMARY OF FINDINGS:

There was no significant difference in the Peer Group H, Prince Albert Parkland (PA) and Prairie North (PN), health region age-standardized hospital separation rates (ASHSR) related to accidental poisoning between 1996 and 2008.

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given fiscal year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD-9 E890-E899, E924-E926, ICD-10-CA W85-W91, X00-X19

B. Significance/Use:

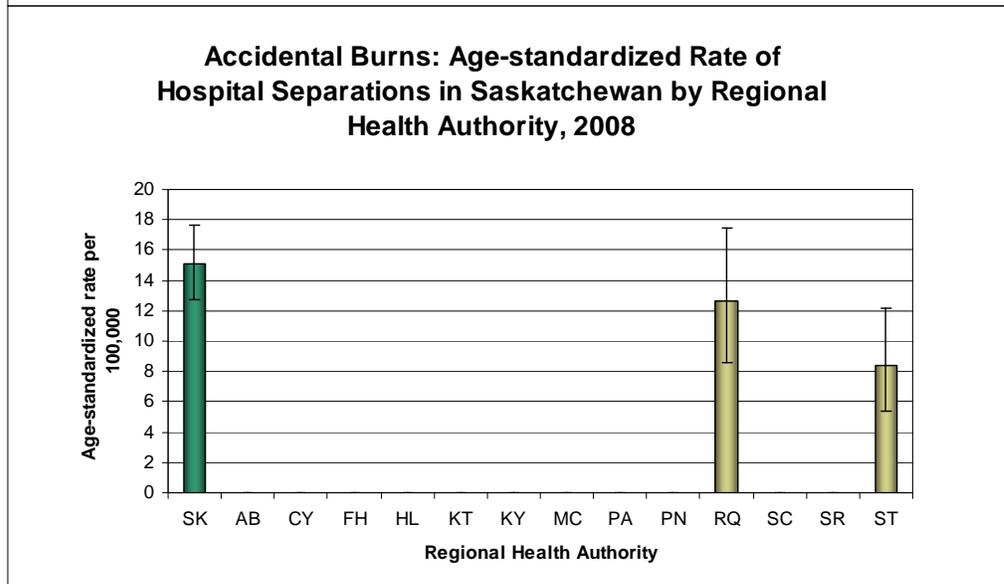
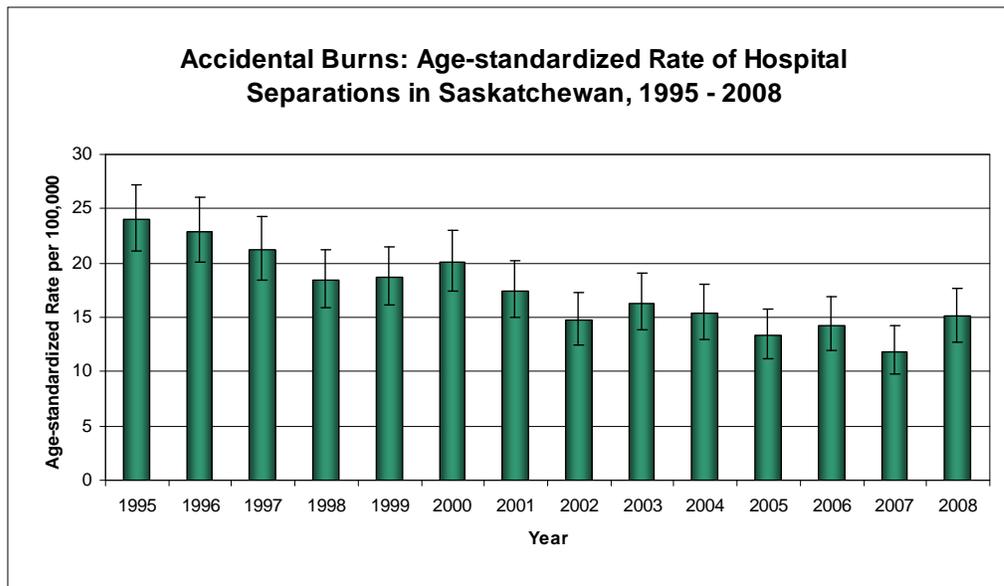
This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

D. Source:

SK Ministry of Health year-end hospitalization files.



SUMMARY OF FINDINGS:

The age-standardized hospital separation rate (ASHSR) related to accidental burns declined over time in Saskatchewan with a 37% decrease between 1995 and 2008.

The rate in Saskatoon (ST) Health Region was statistically different from the provincial rate.

In 2008, fewer than 20 accidental burn-related hospital separations were reported in all regions except Regina Qu'Appelle (RQ) and Saskatoon (ST), therefore rates were displayed for only those regions and the province.

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD-9 E890-E899, E924-E926, ICD-10-CA W85-W91, X00-X19

B. Significance/Use:

This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

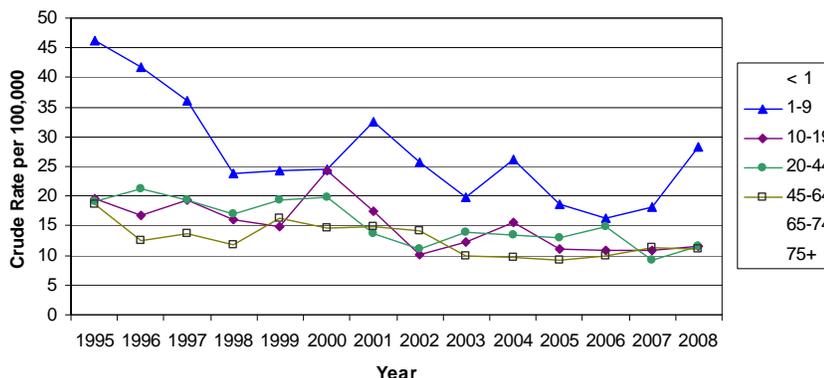
C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

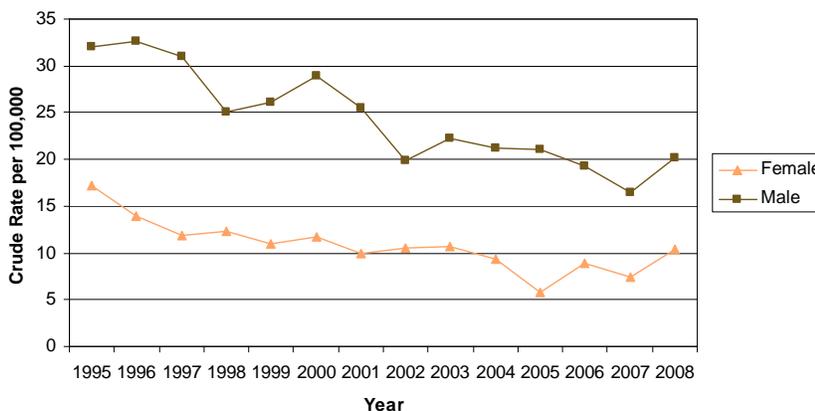
D. Source:

SK Ministry of Health year-end hospitalization files.

Accidental Burns: Crude Rate of Hospital Separations in Saskatchewan by Age Group, 1995 - 2008



Accidental Burns: Crude Rate of Hospital Separations in Saskatchewan by Sex, 1995 - 2008



SUMMARY OF FINDINGS:

Age-specific hospital separation rates related to burns were highest among children aged 1-9 years. In this age group the rate decreased by 39% between 1995 and 2008; however, in 2006, the rate was based on fewer than 20 separations. The rates for those aged less than one year, 65-74 years and 75 and older were not displayed due to small numbers.

The sex-specific rates were consistently higher for males than for females. On average, male rates were more than double than for females.

From 1995 to 2008, there has been a 37% decrease in the rate for males and a 40% decrease in the rate for females.

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given fiscal year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E911-E913/ ICD10-CA W75-W84

B. Significance/Use:

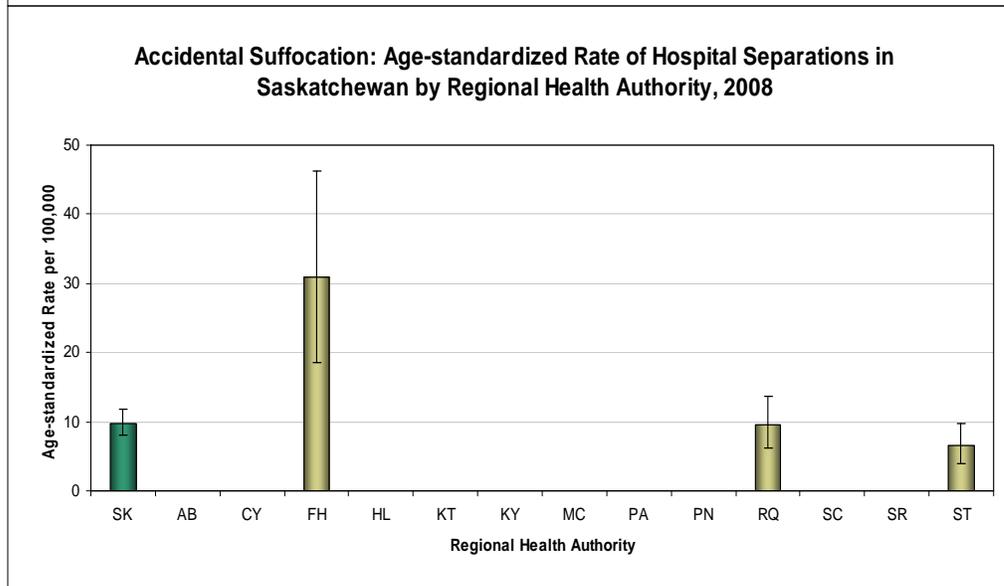
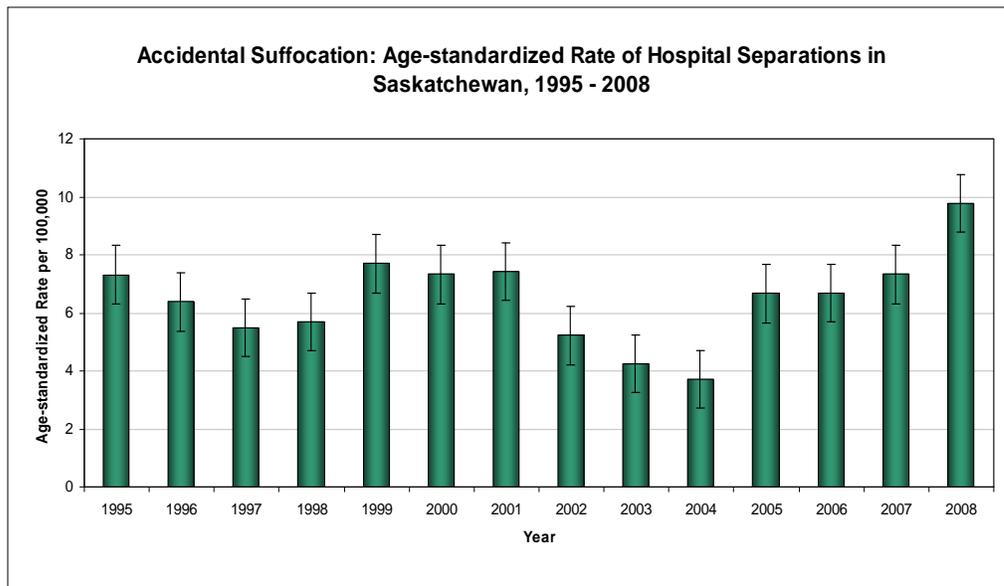
This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

D. Source:

SK Ministry of Health year-end hospitalization files.



SUMMARY OF FINDINGS:

There was fluctuation in the age-standardized hospital separation rates (ASHSR) related to suffocation in Saskatchewan between 1995 and 2008. Overall, however, there was a significant increase from 1995 to 2008.

The ASHSRs for Regina Qu’Appelle (RQ) and Saskatoon (ST) health regions did not differ significantly from the provincial rate. Five Hills (FH) had a significantly higher ASHSR than the province. Rates for the remaining health regions were not displayed due to small numbers.

INJURY: SUFFOCATION - HOSPITALIZATION BY AGE AND SEX CHART 7-64

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E911-E913/ ICD10-CA W75-W84

B. Significance/Use:

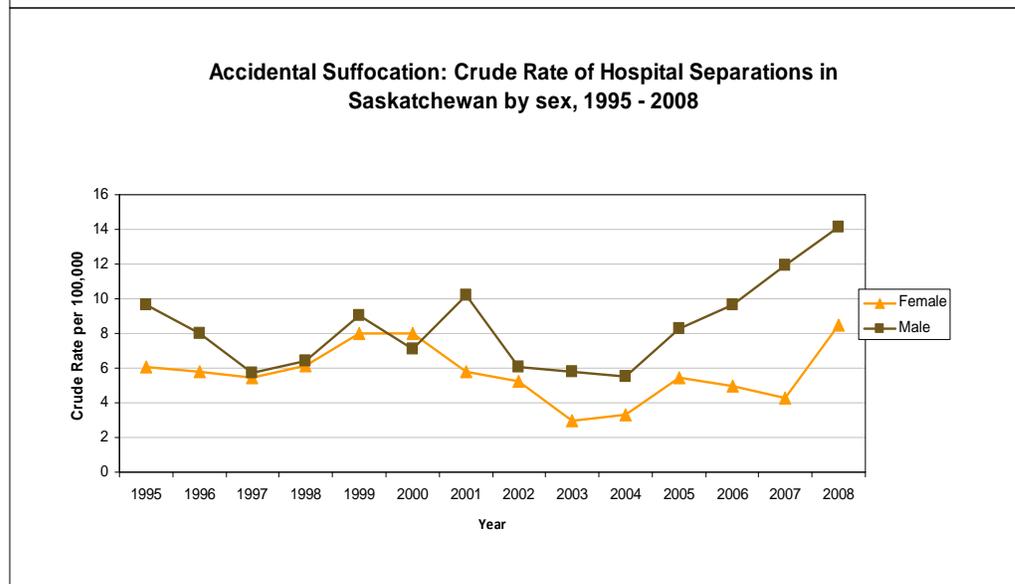
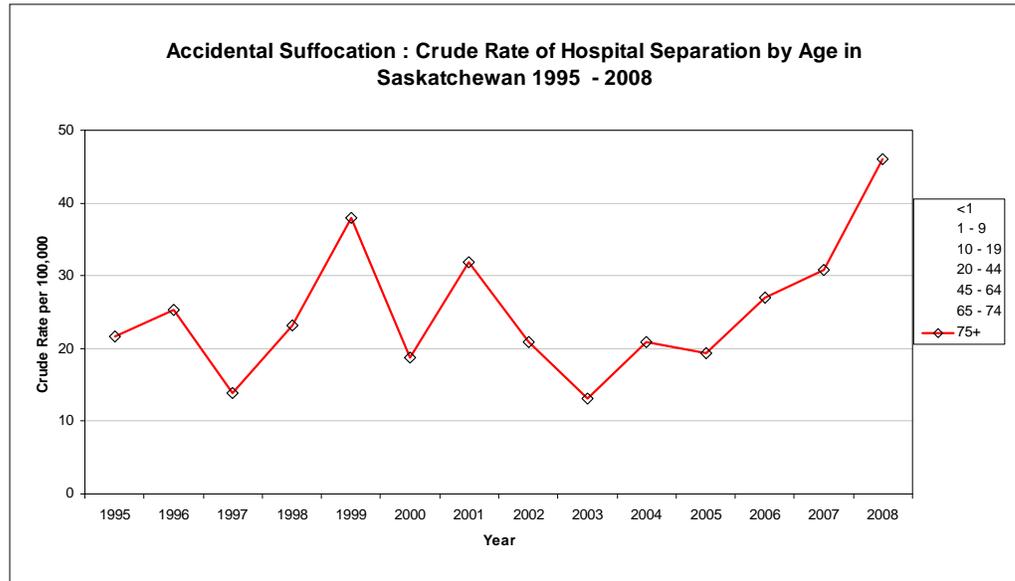
This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

D. Source:

SK Ministry of Health year-end hospitalization files.



SUMMARY OF FINDINGS:

Age-specific hospital separation rates related to suffocation fluctuated annually and were consistently highest among individuals aged 75 and older than all other age groups. The other age groups were not displayed due to small numbers.

The sex-specific rates were higher among males than females for all years except 2000. Hospital separation rates for males and females were generally similar between 1995 and 2002 after which they diverged such that by 2008 the male rate was significantly higher compared to the female rate.

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E911-E913/ ICD10-CA W75-W84

B. Significance/Use:

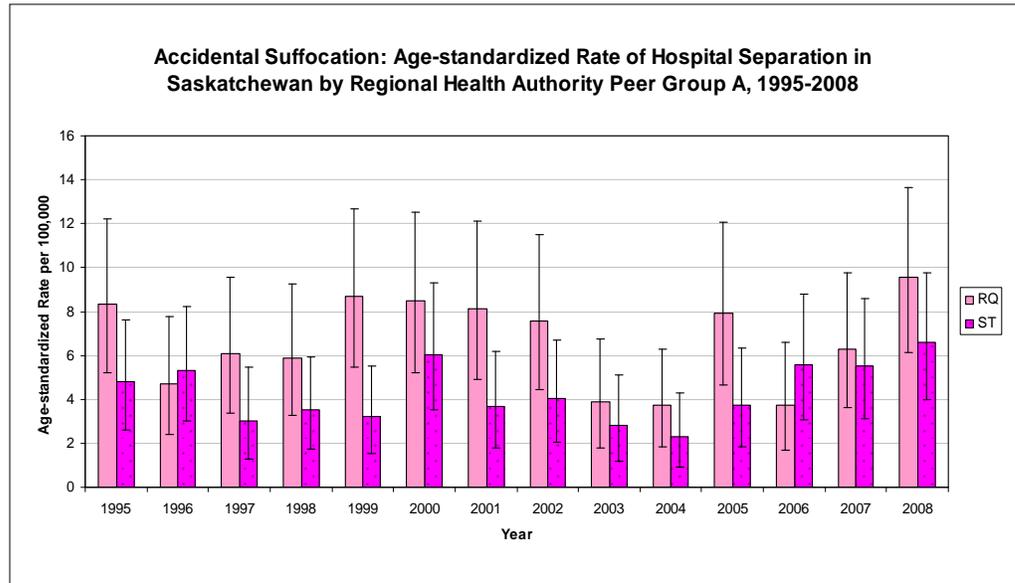
This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

D. Source:

SK Ministry of Health year-end hospitalization files.



SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQ) and Saskatoon (ST), health region age-standardized hospital separation rates (ASHSR) related to suffocation fluctuated between 1995 and 2008. The health regions did not differ significantly from each other.

The numbers were too small to present results for the other peer groups.

A. Definitions:

Number of deaths during a given calendar year per 100,000 population.

Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 E950-E959/ICD10 X60-X84, Y87.0

B. Significance/Use:

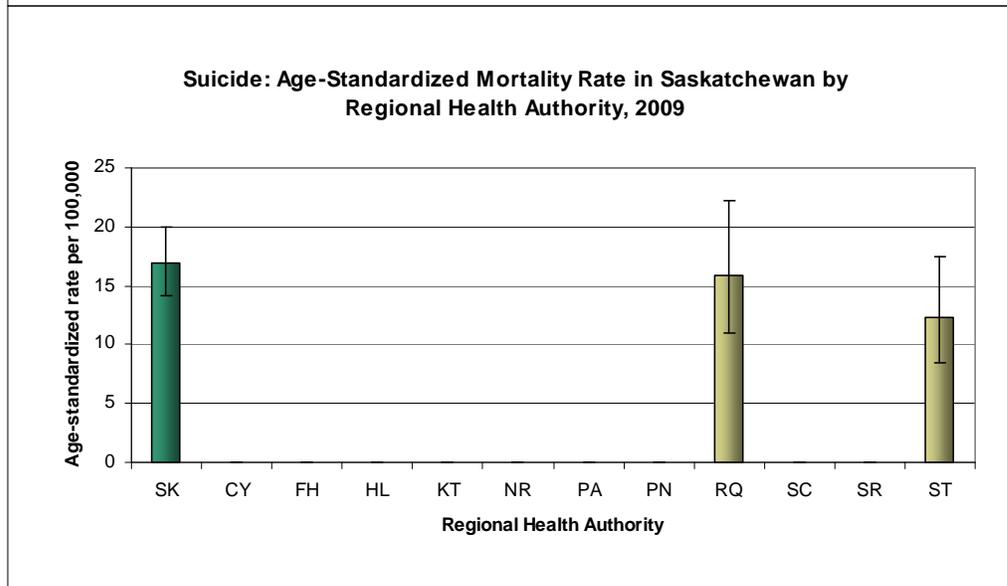
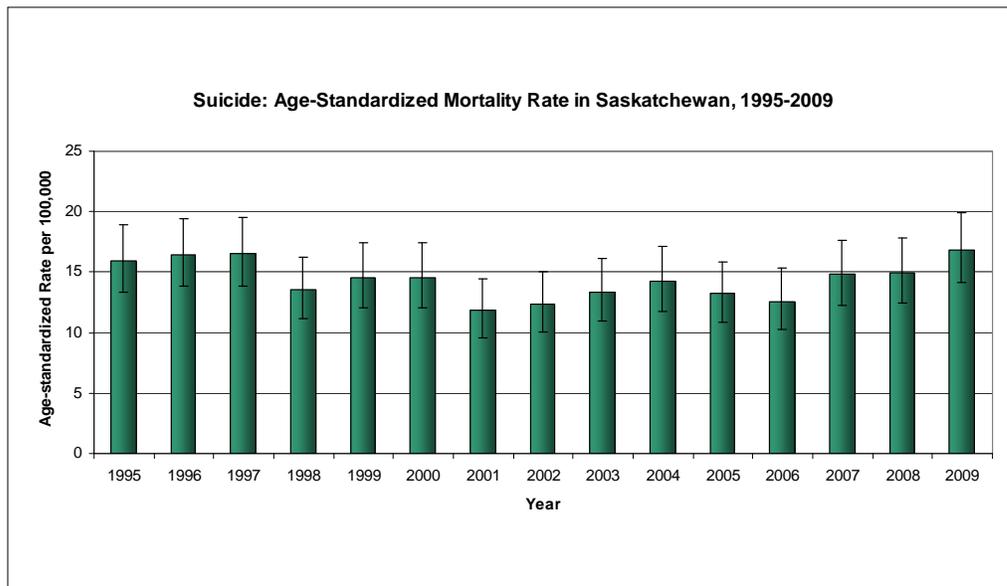
Mortality reflects the upper limit of the disease severity continuum. Mortality data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Death reflects the endpoint of disease severity. The analyses are based only on the underlying cause of death but there may be more contributing causes. Quantity rather than quality of life is measured. Differences in reporting may affect comparisons. Saskatchewan residents who died outside the province are not included.

D. Source:

SK Vital Statistics, death registration.



SUMMARY OF FINDINGS:

The age-standardized mortality rates (ASMR) due to suicide-related deaths varied between 12 and 17 deaths per 100,000 population during 1995-2009; however, the rate did not change significantly over the period.

In 2009, the ASMRs of Regina Qu'Appelle (RQ) and Saskatoon (ST) health regions were not significantly different from the provincial rate. Fewer than 20 suicide-related deaths were reported in the other RHAs, therefore, the rates were not displayed.

A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 E950-E959/ICD10 X60-X84, Y87.0

B. Significance/Use:

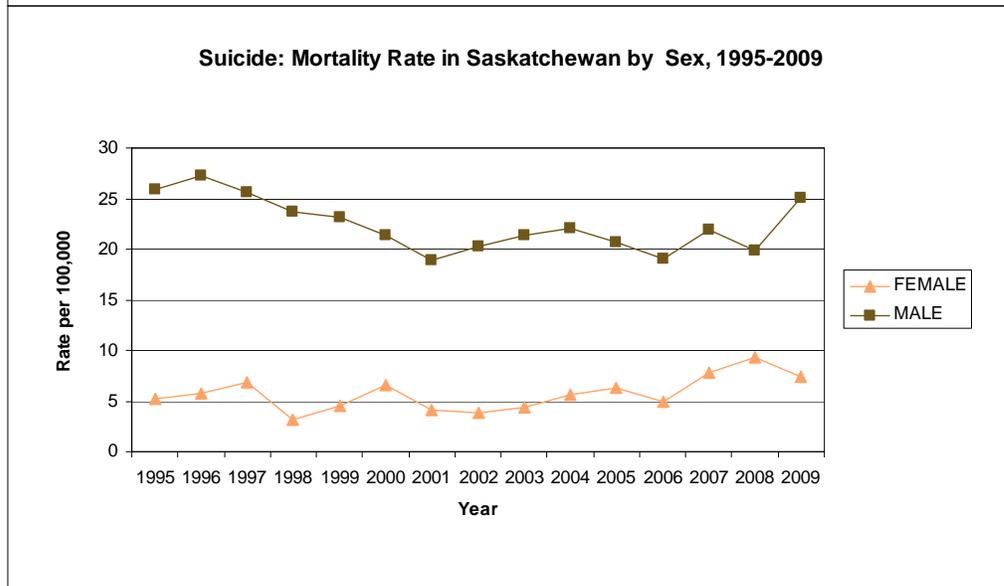
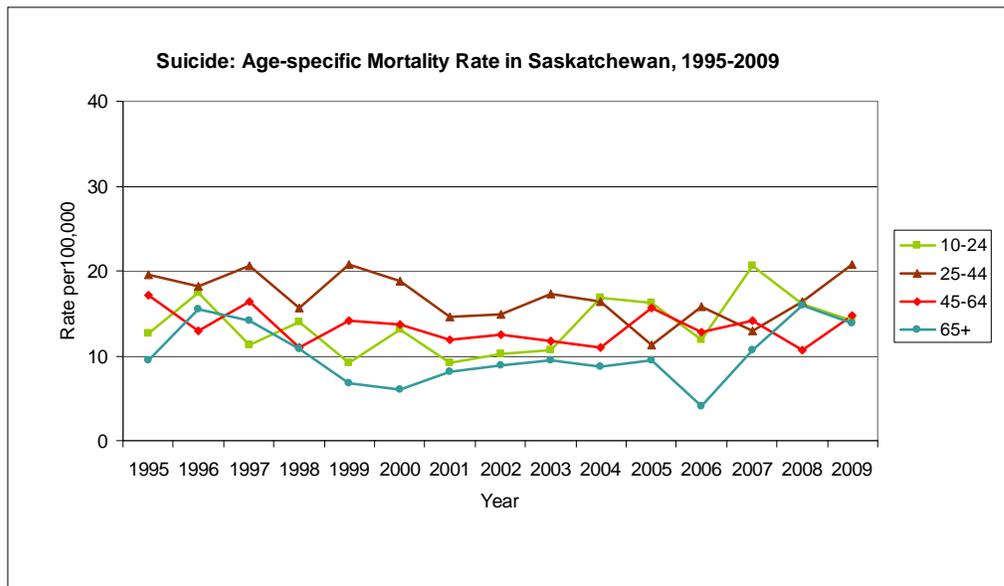
Mortality reflects the upper limit of the disease severity continuum. Mortality data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Death reflects the end-point of disease severity. The analyses are based only on the underlying cause of death but there may be more contributing causes. Quantity rather than quality of life is measured. Differences in reporting may affect comparisons. Saskatchewan residents who died outside the province are not included.

D. Source:

SK Vital Statistics, death registration.



SUMMARY OF FINDINGS:

Overall the age-specific suicide-related mortality rate was slightly higher in people aged 25-44 years but no particular difference across other age groups was found over the period 1995-2009.

The sex-specific mortality rate among males was higher than for females. The suicide rate did not exceed 10 per 100,000 for females but it was 20 to 30 per 100,000 for males.

A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 E950-E959/ICD10 X60-X84, Y87.0

B. Significance/Use:

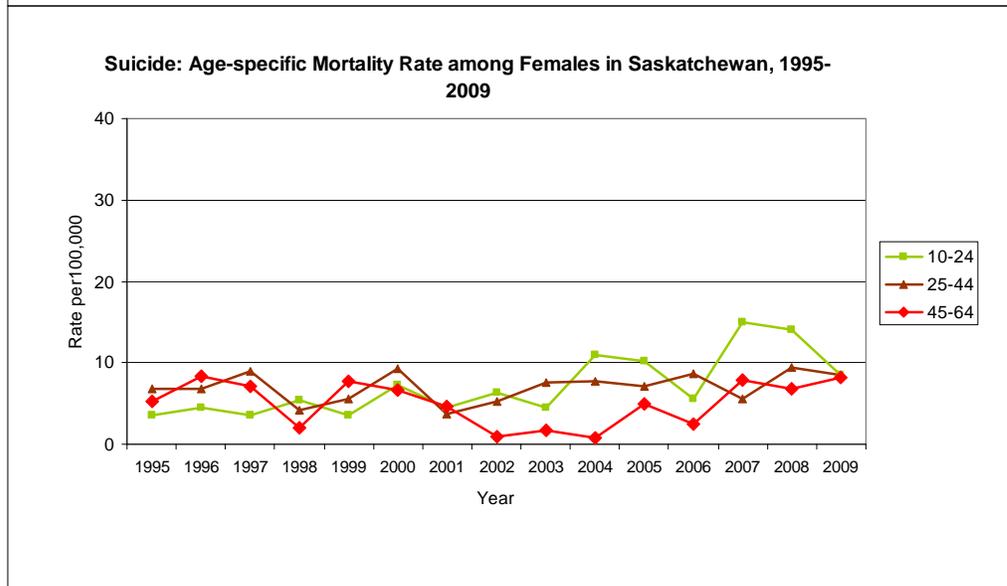
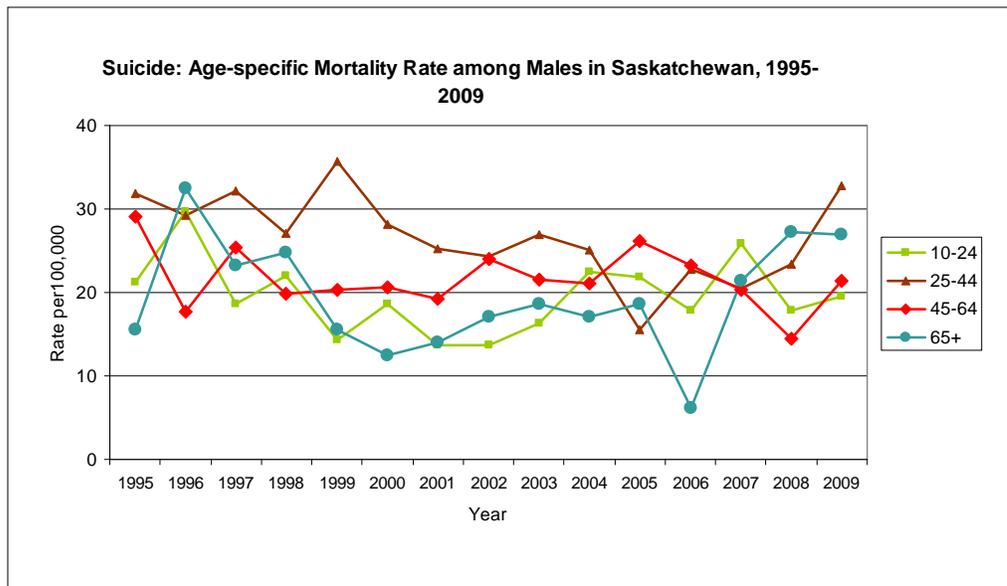
Mortality reflects the upper limit of the disease severity continuum. Mortality data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Death reflects the endpoint of disease severity. The analyses are based only on the underlying cause of death but there may be more contributing causes. Quantity rather than quality of life is measured. Differences in reporting may affect comparisons. Saskatchewan residents who died outside the province are not included.

D. Source:

SK Vital Statistics, death registration.



SUMMARY OF FINDINGS:

Age-specific mortality rates related to suicide in males did not appear to differ across age groups but were higher than those in females.

In females, age-specific suicide mortality rates did not differ considerably across age groups between 1995 and 2009 with no more than 10 deaths per 100,000 female population (except for several recent years in the 10-24 age group).

A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 E950-E959/ICD10 X60-X84, Y87.0

B. Significance/Use:

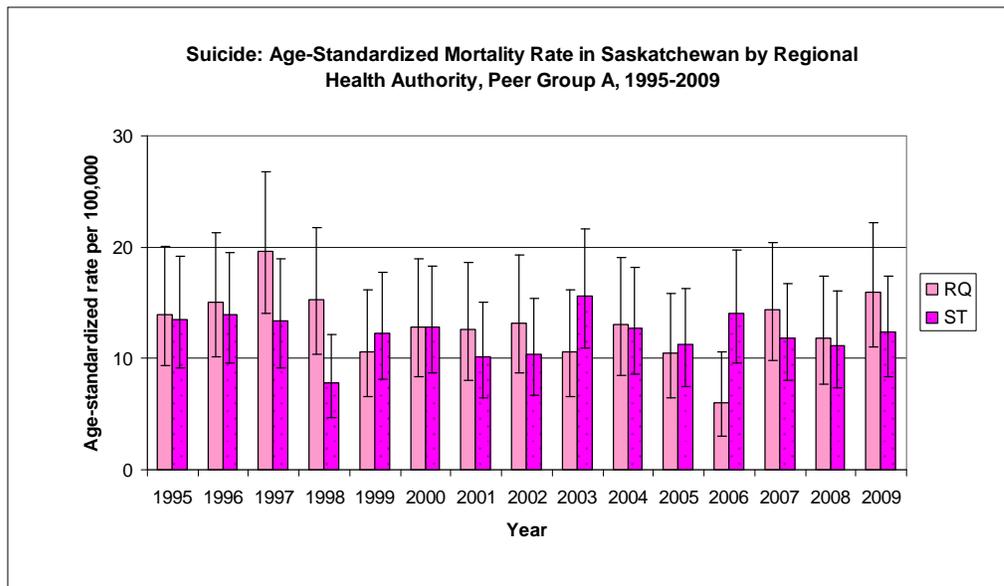
Mortality reflects the upper limit of the disease severity continuum. Mortality data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Death reflects the end-point of disease severity. The analyses are based only the underlying cause of death but there may be more contributing causes. Quantity rather than quality of life is measured. Differences in reporting may affect comparisons. Saskatchewan residents who died outside the province are not included.

D. Source:

SK Vital Statistics, death registration.



SUMMARY OF FINDINGS:

Age-standardized mortality rates (ASMRs) related to suicide did not differ significantly between Regina Qu'Appelle (RQ) and Saskatoon (ST) health regions over the period 1995-2009.

ASMRs varied over time for RQ and ST RHAs. No specific pattern was apparent.

The other Peer Groups were not displayed due to small numbers.

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E950-E959/ ICD10-CA X60-X84, Y87.0

B. Significance/Use:

This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

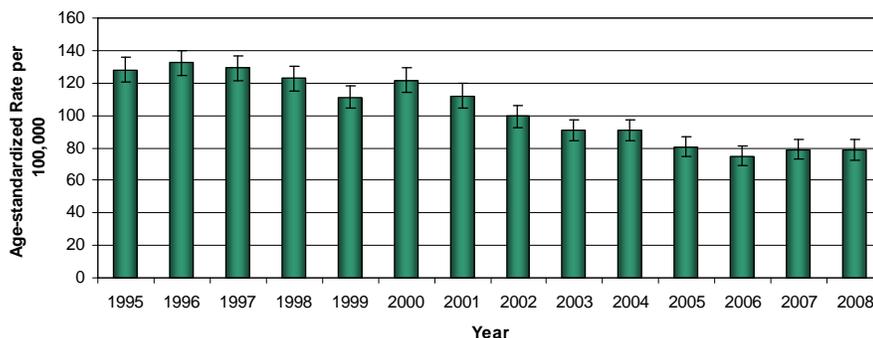
C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

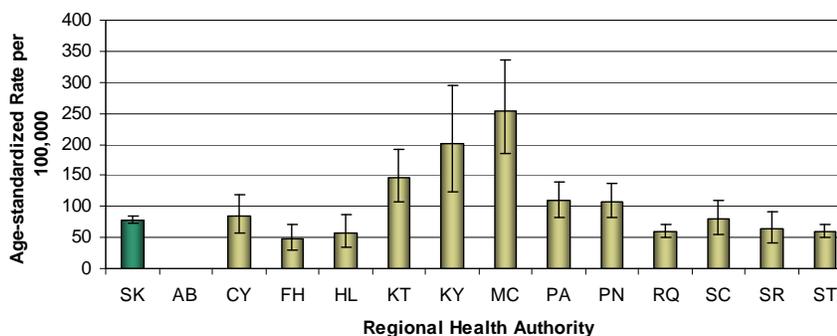
D. Source:

SK Ministry of Health year-end hospitalization files.

Attempted Suicide: Age-standardized Rate of Hospital Separations among those 10 Years and Older in Saskatchewan, 1995 - 2008



Attempted Suicide: Age-standardized Rate of Hospital Separations among Those 10 Years and Older in Saskatchewan by Regional Health Authority, 2008



SUMMARY OF FINDINGS:

The provincial age-standardized hospital separation rate (ASHSR) related to attempted suicide decreased over time with a 38.5% decrease between 1995 and 2008 (from 128/100,000 to 79/100,000, respectively).

Five Hills (FH), Regina Qu'Appelle (RQ), and Saskatoon (ST) health regions' ASHSRs were statistically lower than the provincial rate. Kelsey Trail (KT), Keewatin Yatthé (KY) and Mamawetan Churchill River (MC) health regions' ASHSR were statistically higher than the provincial rate.

The ASHSRs for the Athabasca Health Authority (AB) was not displayed because of a low frequency.

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E950-E959/ ICD10-CA X60-X84, Y87.0

B. Significance/Use:

This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

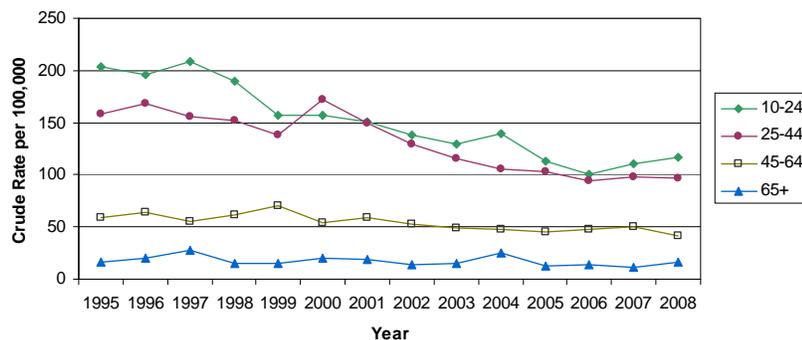
C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

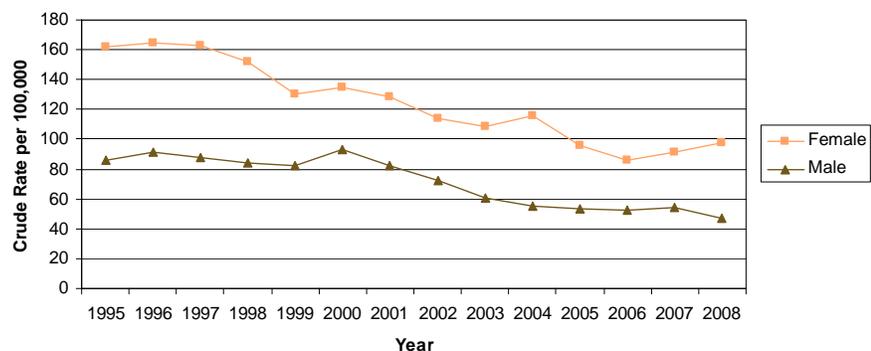
D. Source:

SK Ministry of Health year-end hospitalization files.

Attempted Suicide: Crude Rate of Hospital Separations among Those 10 Years and Older in Saskatchewan by Age Group, 1995 - 2008



Attempted Suicide: Crude Rate of Hospital Separations among Those 10 Years and Older in Saskatchewan by Sex, 1995 - 2008



SUMMARY OF FINDINGS:

The age-specific attempted suicide-related hospital separation rates were highest among those less than 45 years of age. The rates decreased over time for all age groups less than 65 years.

Annual sex-specific rates of attempted suicide-related hospital separations were higher among females compared to males over time. In 1995, the rate among females was 89% higher than males and in 2008 the rate was 108% higher in females compared to males.

The rates have decreased over time for both sexes. Between 1995 and 2008 rates decreased by 40% and 46% among females and males, respectively.

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E950-E959/ ICD10-CA X60-X84, Y87.0

B. Significance/Use:

This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

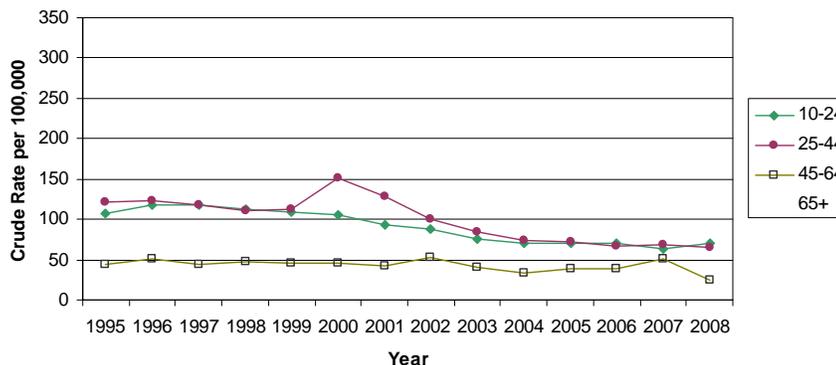
C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

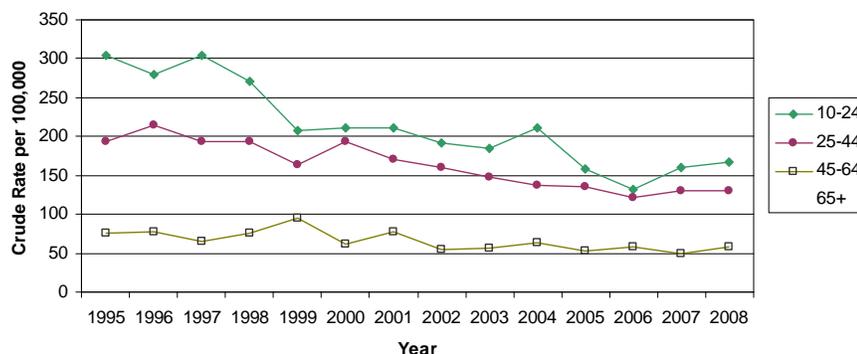
D. Source:

SK Ministry of Health year-end hospitalization files.

Attempted Suicide: Crude Rate of Hospital Separations among Males 10 Years and Older in Saskatchewan by Age Group, 1995 - 2008



Attempted Suicide: Crude Rate of Hospital Separations among Females 10 Years and Older in Saskatchewan by Age Group, 1995 - 2008



SUMMARY OF FINDINGS:

The rate of attempted suicide-related hospital separations was higher among females than males in all age groups less than 65 years. The sex differential was largest in the 10-24 year age group and smallest in the 45-64 year age group, 136% and 57.5% higher in females than males, respectively, on average.

Rates among females decreased over time in all age groups. Between 1995 and 2008 the rate dropped by 45%, 33% and 22% among the 10-24, 25-44 and 45-64 age groups, respectively. Rates among males also decreased over time all age groups. Between 1995 and 2008 the rate dropped by 35%, 47% and 42% among the 10-24, 25-44 and 45-64 age groups respectively.

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E950-E959/ ICD10-CA X60-X84, Y87.0

B. Significance/Use:

This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

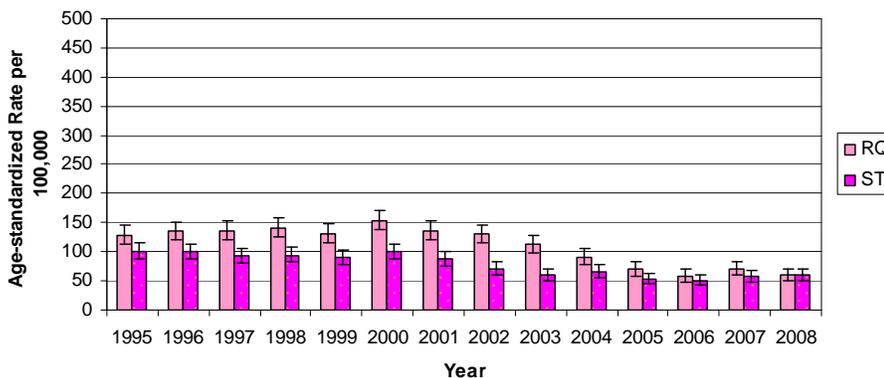
C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

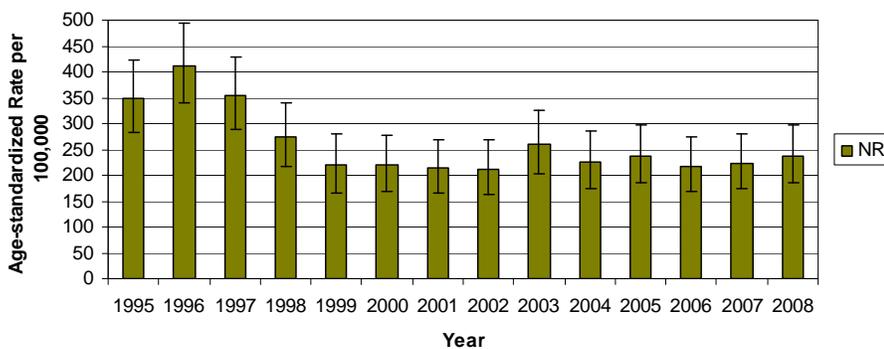
D. Source:

SK Ministry of Health year-end hospitalization files.

Attempted Suicide: Age-standardized Rate of Hospital Separations among Those 10 Years and Older in Peer Group A, 1995 - 2008



Attempted Suicide: Age-standardized Rate of Hospital Separations among Those 10 Years and Older in Peer Group F (all northern regions combined), 1995 - 2008



SUMMARY OF FINDINGS:

Overall, hospital separation rates related to attempted suicide for Peer Group A have decreased in both regions, Regina Qu'Appelle (RQ) and Saskatoon (ST), over time. For the last four years of the observation period, rates were not statistically different from each other.

In Peer Group F, the annual frequencies were less than 20 during the entire observation period in Athabasca and during several years in Keewatin Yatthé. Therefore, the three regions were combined and presented together. The hospital separation rate has decreased by 32% between 1995 and 2008 (from 348/100,000 to 238/100,000).

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E950-E959/ICD10-CA X60-X84, Y87.0

B. Significance/Use:

This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

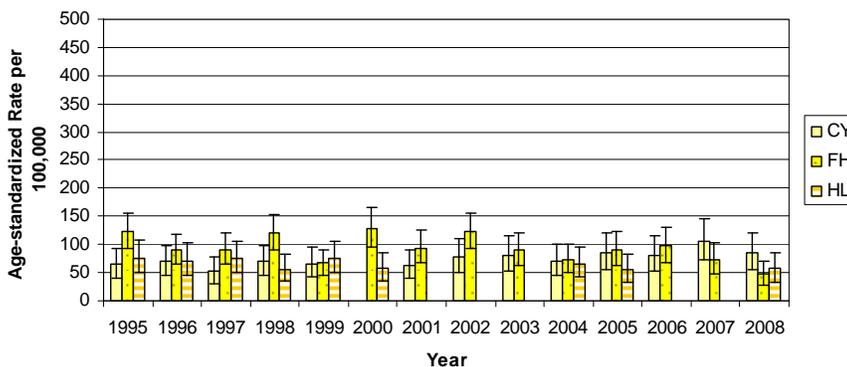
C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

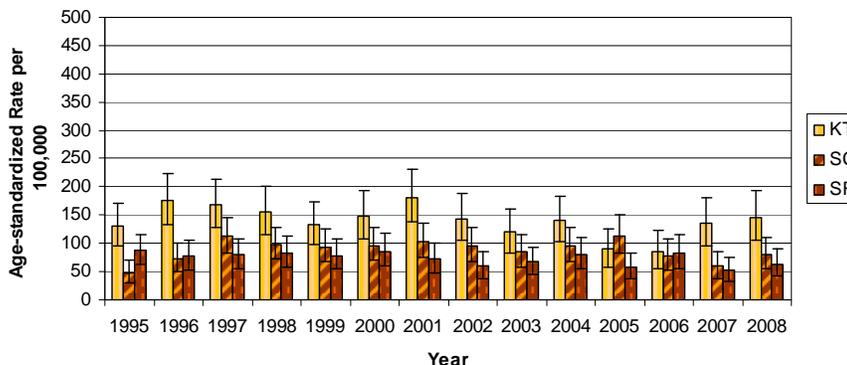
D. Source:

SK Ministry of Health year-end hospitalization files.

Attempted Suicide: Age-standardized Rate of Hospital Separations among Those 10 Years and Older in Peer Group D1, 1995 - 2008



Attempted Suicide: Age-standardized Rate of Hospital Separations among Those 10 Years and Older in Peer Group D2, 1995 - 2008



SUMMARY OF FINDINGS:

Overall, attempted suicide-related hospital separation rates for Peer Group D1, Cypress (CY), Five Hills (FH) and Heartland (HL) had no discernible temporal pattern. Overall, rates among the three health regions were not statistically different. Annual frequencies were less than 20 in HL during several years and in CY during 2000.

Hospital separation rates in Peer Group D2, Kelsey Trail (KT), Sun Country (SC) and Sunrise (SR), health regions showed no discernible pattern. KT had higher rates for a number of the years.

A. Definitions:

Number of hospital separations (discharges, transfers and deaths) during a given year per 100,000 population. Annual hospitalization indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized hospitalization rate. The age-standardized rate represents the rate that would occur if the population had the same age distribution as the 1991 Canadian population. Saskatchewan residents who obtained service outside of Saskatchewan are included in the data. ICD codes: ICD9 E950-E959/ ICD10-CA X60-X84, Y87.0

B. Significance/Use:

This indicator is useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

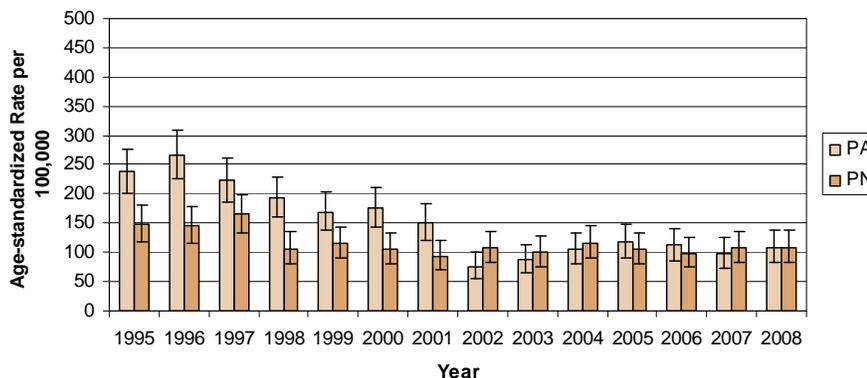
C. Limitations:

Hospitalization statistics do not provide information on illnesses that do not lead to hospitalization. An individual may be hospitalized more than once for the same conditions. Differences in reporting may affect comparison.

D. Source:

SK Ministry of Health year-end hospitalization files.

Attempted Suicide: Age-standardized Rate of Hospital Separations among Those 10 Years and Older in Peer Group H, 1995 - 2008



SUMMARY OF FINDINGS:

For Peer Group H, Prince Albert Parkland (PA) and Prairie North (PN) health regions, the age-standardized hospital separation rates (ASHSR) related to attempted suicide in both regions decreased between 1995 and 2008. For the last seven years of the observation period, the rates were not statistically different from each other.

A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD-9 E960- E969/ICD-10 X85-X99, Y00-Y09

B. Significance/Use:

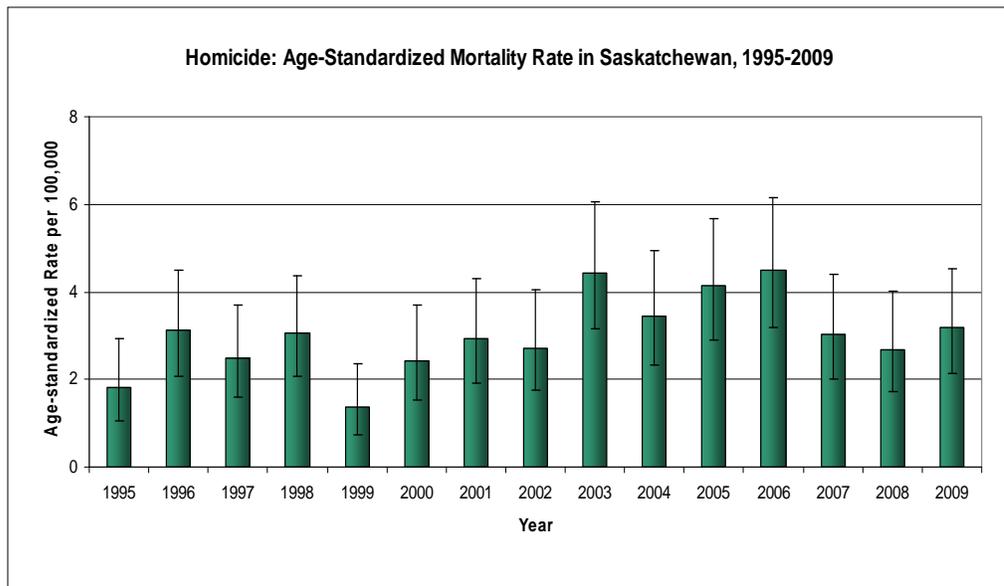
Mortality reflects the upper limit of the disease severity continuum. Mortality data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Death reflects the endpoint of disease severity. The analyses are based only the underlying cause of death is usually identified but there may be more contributing causes. Quantity rather than quality of life is measured. Differences in reporting may affect comparisons. Saskatchewan residents who died outside the province are not included.

D. Source:

SK Vital Statistics, death registration.



SUMMARY OF FINDINGS:

Age-standardized mortality rates (ASMR) related to homicides increased gradually between 1999 and 2006 and then decreased and remained steady in the recent years.

The regional health authorities (RHA) ASMRs for 2009 were not displayed due to small numbers.

A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD code ICD-9 E960-E969/ICD-10 X85-X99, Y00-Y09

B. Significance/Use:

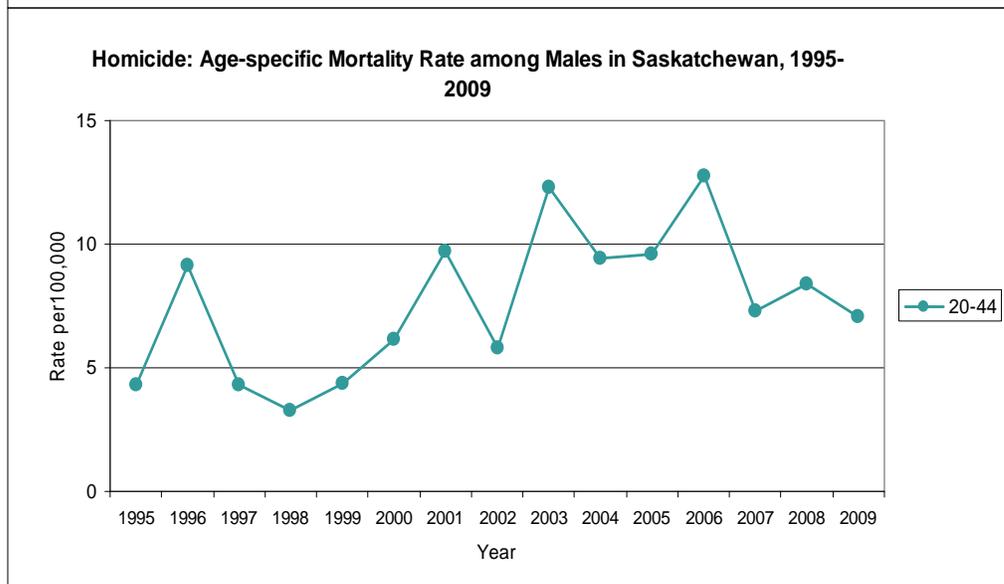
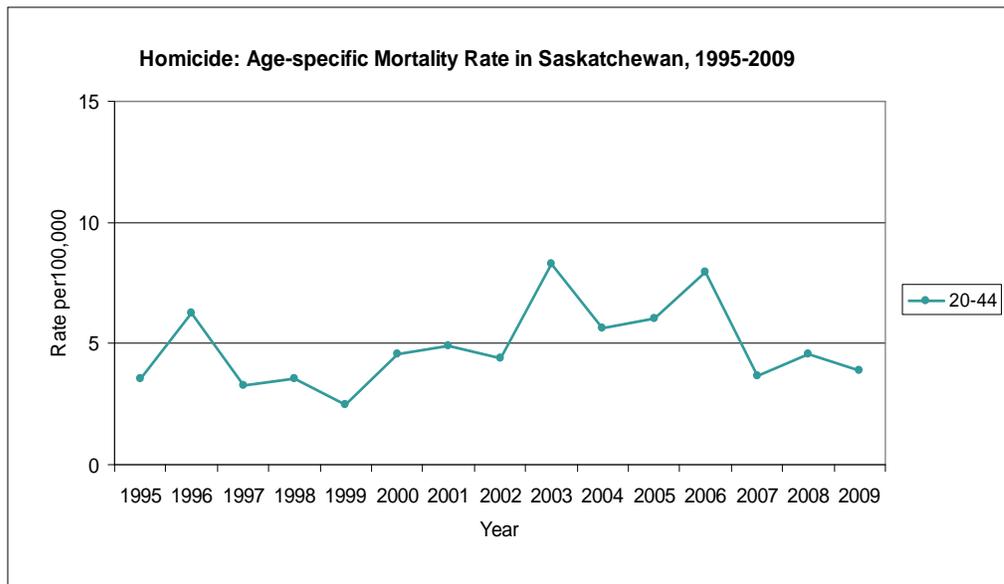
Mortality reflects the upper limit of the disease severity continuum. Mortality data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Death reflects the end-point of disease severity. The analyses are based only on the underlying cause of death but there may be more contributing causes. Quantity rather than quality of life is measured. Differences in reporting may affect comparisons. Saskatchewan residents who died outside the province are not included.

D. Source:

SK Health Vital Statistics, death registration.



SUMMARY OF FINDINGS:

Homicide-related mortality occurred mostly in people aged between 20 and 44 years. The rate of this group varied but did not change notably between 1995 and 2009. Age groups <1, 1-9, 10-19, 45-64, 65-74 and 75+ were not displayed due to small numbers.

Mortality rates were higher in males than females. The overall rate in the 20-44 age group in females was less than 5 deaths per 100,000 whereas it ranged between 3 and 13 deaths per 100,000 male population aged 20-44 years over the period 1995-2009. The female age-specific rates are not displayed due to small numbers.