BEHAVIOURS - CURRENT DRINKERS - OVERALL CHART 10-1

A. Definitions:

Proportion of people aged between 12 years and over who reported consuming alcohol in the past 12 months.

B. Significance/Use:

Over consumption of alcohol is associated with increased morbidity and mortality. Self-reported alcohol drinking percentage is a population based indicator of health behaviour. Its temporal trends stratified by age, sex and geographic areas are essential for future prevention strategies to alcohol use as well as the related problems.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

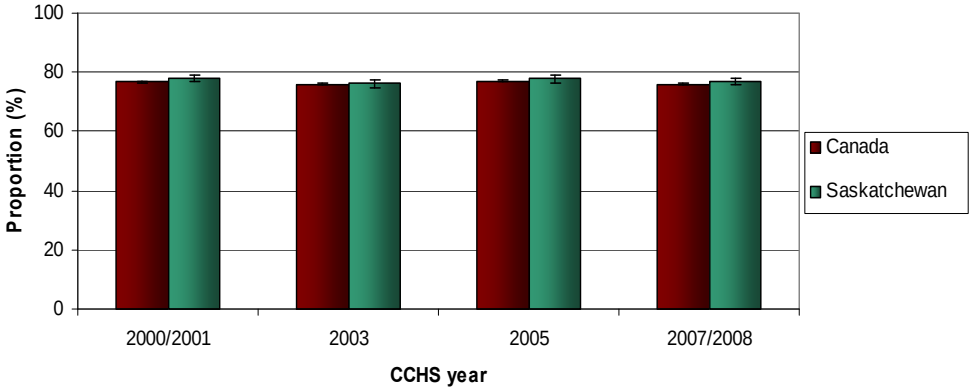
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

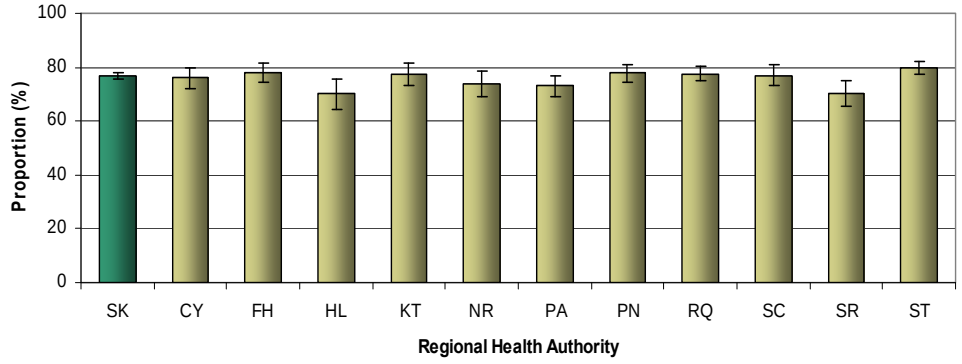
D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Current Drinkers: Percentage self-reported (12+ years of age) who had a drink of any alcoholic beverage in the last twelve months in Saskatchewan compared to Canada, CCHS, 2000/2001 – 2007/2008



Current Drinkers: Percentage self-reported (12+ years of age) who had a drink of any alcoholic beverage in the last twelve months in Saskatchewan by Regional Health Authority, CCHS, 2007/2008



SUMMARY OF FINDINGS:

Saskatchewan (SK) prevalence of self-reported consumption of a drink of any alcoholic beverage in the past year was slightly higher than the Canadian average but was not statistically different.

In 2007/08, the regional health authority prevalence varied with significantly lower prevalence in Heartland (HL), Prince Albert Parkland (PA) and Sunrise (SR) health regions than the provincial average.

BEHAVIOURS - CURRENT DRINKERS BY AGE AND SEX

CHART 10-2

A. Definitions:

Proportion of people aged between 12 years and over who reported consumed alcohol in the past 12 months.

B. Significance/Use:

Over consumption of alcohol is associated with increased morbidity and mortality. Self-reported alcohol drinking percentage is a population based indicator of health behaviour. Its temporal trends stratified by age, sex and geographic areas are essential for future prevention strategies to reduce alcohol use as well as the related problems.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

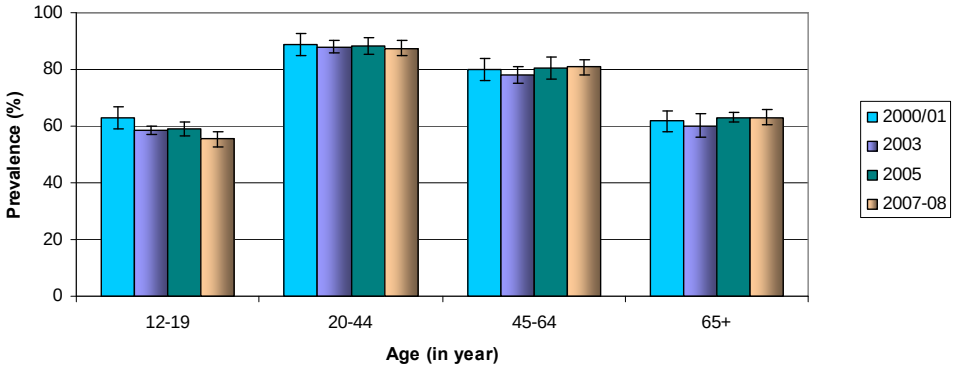
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

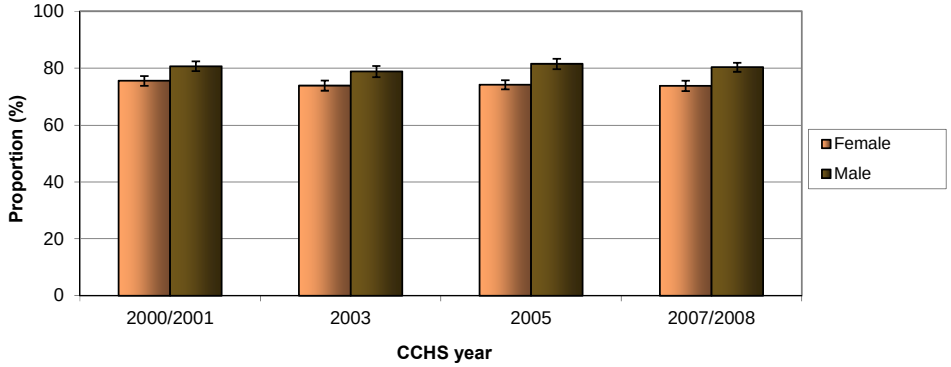
D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Current Drinkers: Proportion of people reported had a drink of any alcoholic beverage in the past twelve months in Saskatchewan by age, CCHS, 2000/2001 – 2007/2008



Current Drinkers: Percentage self-reported (12+ years of age) who had a drink of any alcoholic beverage in the last twelve months in Saskatchewan by sex, CCHS, 2000/2001 – 2007/2008



SUMMARY OF FINDINGS:

Percentages of self-reported drinking of any alcoholic beverage in the past year from 2000/01 to 2007/08 showed variation by age. The prevalence was significantly highest in those aged 20 to 44 years.

Sex-specific percentages were significantly higher in males than females. The proportion of males reported as current drinkers remained the same between 2000/2001 and 2007/2008 but female percentages appeared to decrease in the same period.

BEHAVIOURS - CURRENT DRINKERS BY SEX AND AGE

CHART 10-3

A. Definitions:

Proportion of self people aged between 12 years and over who reported consuming alcohol in the past 12 months.

B. Significance/Use:

Over consumption of alcohol is associated with increased morbidity and mortality. Self-reported alcohol drinking percentage is a population based indicator of health behaviour. Its temporal trends stratified by age, sex and geographic areas are essential for future prevention strategies to reduce alcohol use as well as the related problems.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

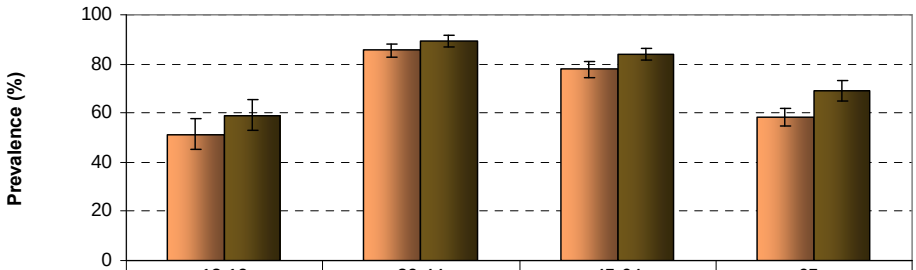
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Current Drinkers: Proportion of people reported (12 years and older) who drank alcohol in the past twelve months, by sex and age, Saskatchewan, CCHS 2007/2008



	12-19	20-44	45-64	65+
Female	51.4	85.5	77.8	58.1
Male	59.2	89.2	83.9	69.0

Sex by Age

SUMMARY OF FINDINGS:

Percentages of self-reported drinking of any alcoholic beverage in the past year in 2007/2008 differed by sex and age. Relatively more males than females reported drinking alcohol in the past twelve months prior to the survey.

The proportion of males aged 45 years and older who reported drinking alcohol in the past twelve months was significantly higher than that in females.

A. Definitions:

Proportion of people aged between 12 years and over who reported consuming alcohol in the past 12 months.

B. Significance/Use:

Over consumption of alcohol is associated with increased morbidity and mortality. Self-reported alcohol drinking percentage is a population based indicator of health behaviour. Its temporal trends stratified by sex and geographic areas are essential for future prevention strategies to reduce alcohol use as well as the related problems.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

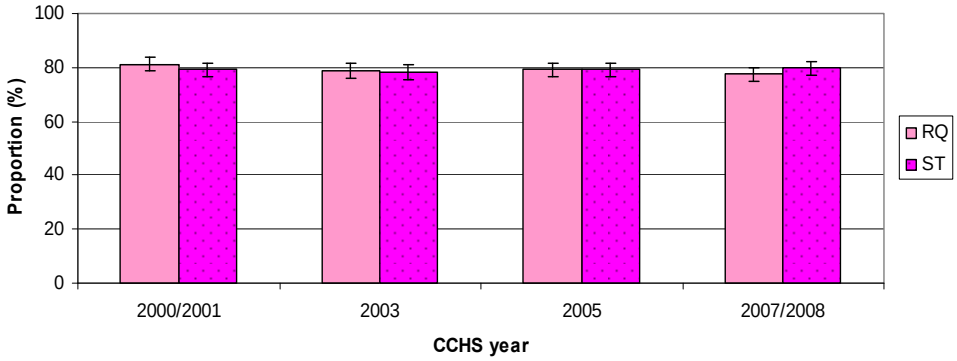
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

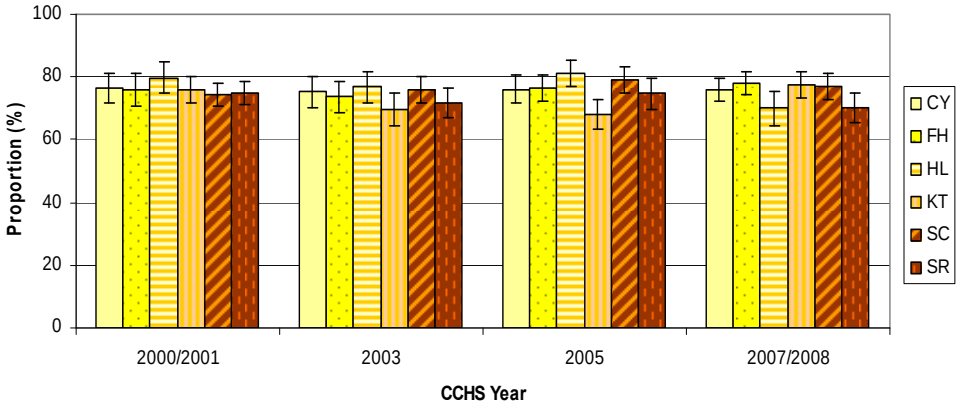
D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Current Drinkers: Percentage self-reported (12+ years of age) who had a drink of any alcoholic beverage in the last twelve months by Regional Health Authority, Peer Group A, CCHS, 2000/2001 – 2007/2008



Current Drinkers: Percentage self-reported (12+ years of age) who had a drink of any alcoholic beverage in the last twelve months by Regional Health Authority, Peer Group D, CCHS, 2000/2001 – 2007/2008



SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQ) and Saskatoon (ST), health regions' percentages of self-reported consumption of any alcoholic beverage in the last twelve months in 12+ year olds was slightly higher in RQ than in ST in 2000/2001 and 2003. In 2005 and 2007/2008, the proportion was higher in ST than in RQ.

Peer Group D, Sun Country (SC), Five Hills (FH), Cypress (CY), Sunrise (SR), Heartland (HL) and Kelsey Trail (KT), health regions' percentages varied across the six health regions without any specific pattern. Between 2005 and 2007/2008, the percentages had decreased significantly in HL and increased significantly in KT.

A. Definitions:

Proportion of people aged between 12 years and over who reported consuming alcohol in the past 12 months.

B. Significance/Use:

Over consumption of alcohol is associated with increased morbidity and mortality. Self-reported alcohol drinking percentage is a population indicator of health behaviour. Its temporal trends stratified by sex and geographic areas are essential for future prevention strategies to reduce alcohol use as well as the related problems.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

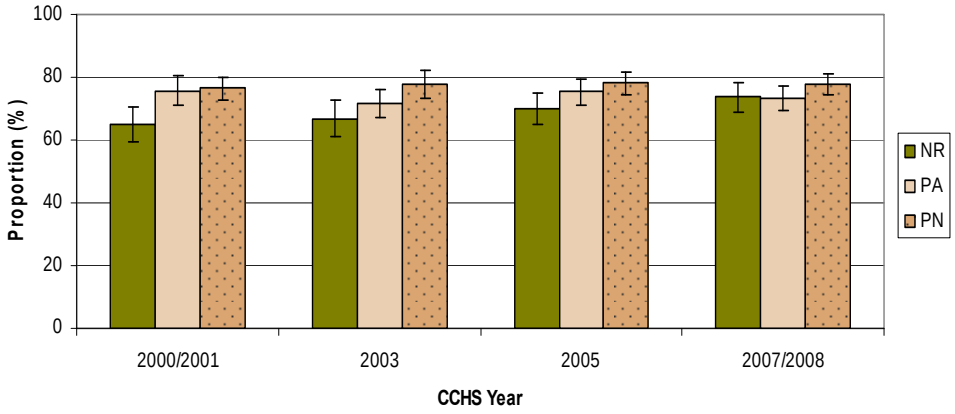
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Current Drinkers: Percentage self-reported (12+ years of age) who had a drink of any alcoholic beverage in the last twelve months by Regional Health Authority, Peer Groups F and H, CCHS, 2000/2001 – 2007/2008



SUMMARY OF FINDINGS:

Peer Group H, Prince Albert Parkland (PA) and Prairie North (PN), health regions' self-reported consumption of a drink of any alcoholic beverage in the last twelve months in 12+ year olds were not significantly different across the time period or from each other.

Peer Group F, Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority, health regions' were combined (NR) due to small numbers. The percentages increased significantly from 2000/2001 to 2007/2008.

A. Definitions:

Proportion of people aged between 12 years and over who reported a heavy drinking episode on at least one occasion per month.

B. Significance/Use:

Over consumption of alcohol is associated with increased morbidity and mortality. Heavy alcohol drinkers are at high risk of developing alcohol-related problems including increasing the risk of several chronic conditions or long-term effects, such as cancer, caused by continuous exposure. Alcohol is also a major contributor to suicide.

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

C. Limitations:

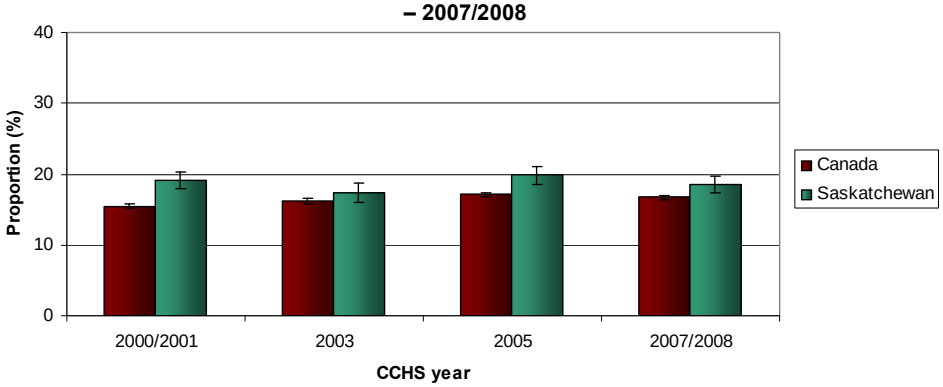
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

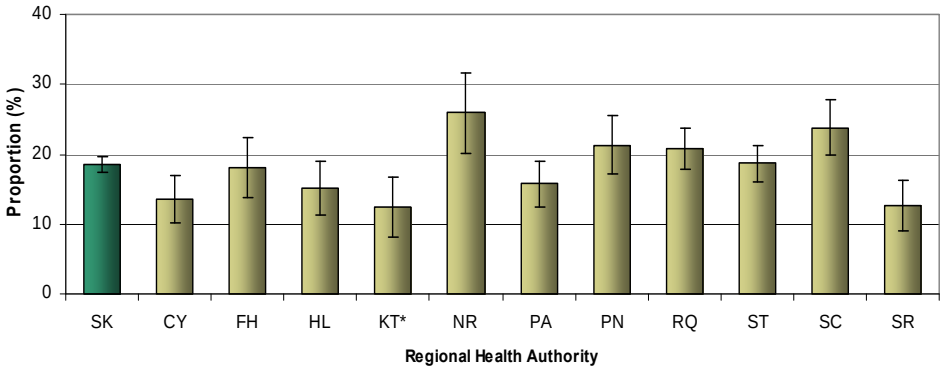
D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Heavy Drinking Episodes: Self reported rates of people (12+ years of age) who had five or more drinks on one occasion per month in the last twelve months in Saskatchewan compared to Canada, CCHS, 2000/2001 – 2007/2008



Heavy Drinking Episodes: Self reported rates of people (12+ years of age) who had 5 or more drinks on one occasion per month in the last twelve months in Saskatchewan by Regional Health Authority, CCHS, 2007/2008



SUMMARY OF FINDINGS:

Saskatchewan (SK) prevalence of self-reported heavy drinking episodes in the past month was significantly higher than the Canadian average through out the survey years except for 2003. Between 2000/2001 and 2007/2008, the proportion of heavy drinking episodes increased in Canada but decreased slightly in SK.

In 2007/08, the regional health authority prevalence varied with significantly higher proportions in Sun Country (SC) and Northern Saskatchewan (NR) and significantly lower proportions in Cypress (CY), Sunrise (SR) and Kelsey Trail (KT) health regions.

Estimates for KT health region should be interpreted with caution due to high sampling variability.

BEHAVIOURS - HEAVY DRINKING BY AGE AND SEX CHART 10-7

A. Definitions:

Proportion of people aged between 12 years and over who reported a heavy drinking episode on at least one occasion per month.

B. Significance/Use:

Over consumption of alcohol is associated with increased morbidity and mortality. Heavy alcohol drinkers are at high risk of developing alcohol-related problems including increasing the risk of several chronic conditions or long-term effects, such as cancer, caused by continuous exposure. Alcohol is also a major contributor to suicide.

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

C. Limitations:

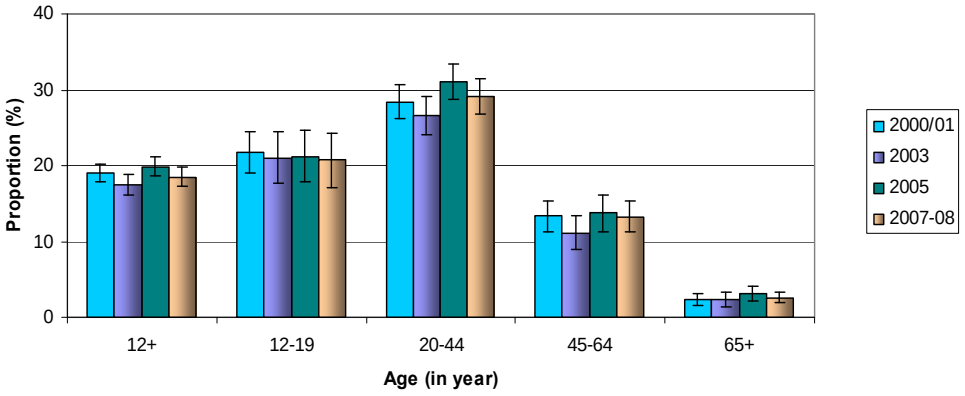
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

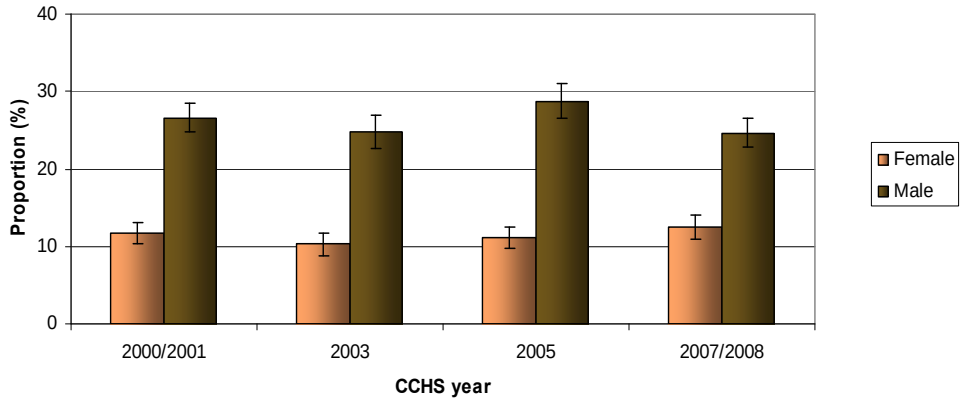
D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Heavy Drinking Episodes: Self reported rates of people (12+ years of age) who had 5 or more drinks on one occasion per month in the last twelve months in Saskatchewan by age, CCHS, 2000/2001 – 2007/2008



Heavy Drinking Episodes: Self reported rates of people (12+ years of age) who had 5 or more drinks on one occasion per month in the last twelve months in Saskatchewan by sex, CCHS, 2000/2001 – 2007/2008



SUMMARY OF FINDINGS:

Percentages of self-reported heavy drinking episodes from 2000/01 to 2007/08 varied by age. The prevalence was significantly highest in those aged 20 to 44 years. One in five teenagers (12-19 years) reported heavy drinking in the past twelve months.

Sex-specific percentages were significantly higher in males than females. The percentages decreased slightly in males but increased slightly in females over the time period 2000/2001 - 2007/2008.

BEHAVIOURS - HEAVY DRINKING BY SEX AND AGE CHART 10-8

A. Definitions:

Proportion of people aged between 12 years and over who reported a heavy drinking episode on at least one occasion per month.

B. Significance/Use:

Over consumption of alcohol is associated with increased morbidity and mortality. Heavy alcohol drinkers are at high risk of developing alcohol-related problems including increasing the risk of several chronic conditions or long-term effects, such as cancer, caused by continuous exposure. Alcohol is also a major contributor to suicide.

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

C. Limitations:

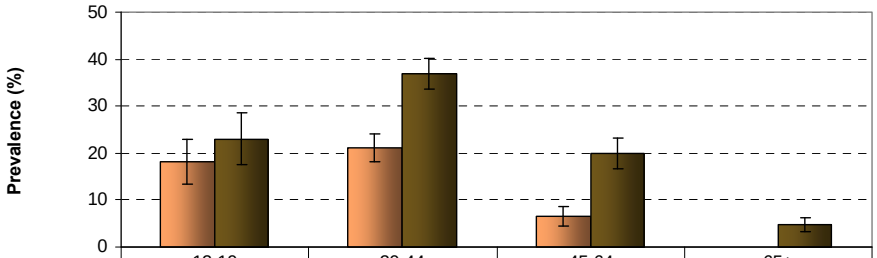
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Heavy Drinking Episodes: Proportion of people reported (12 years and older) who had five or more drinks on at least one occasion per month in the last twelve months, by sex and age, Saskatchewan, CCHS 2007/2008



	12-19	20-44	45-64	65+
Female	18.2	21.1	6.5	
Male	23.0	36.9	19.9	4.7

Sex by Age

SUMMARY OF FINDINGS:

Percentages of self-reported heavy drinking episodes in the past twelve months varied by sex and age. More males than females reported heavy drinking.

The proportion of adult males aged between 20 and 64 years who were engaged with heavy drinking was significantly higher than females.

Note: The proportion for female (65+ years) was unreliable to report due to high variability.

A. Definitions:

Proportion of people aged between 12 years and over who reported a heavy drinking episode on at least one occasion per month.

B. Significance/Use:

Over consumption of alcohol is associated with increased morbidity and mortality. Heavy alcohol drinkers are at high risk of developing alcohol-related problems including increasing the risk of several chronic conditions or long-term effects, such as cancer, caused by continuous exposure. Alcohol is also a major contributor to suicide.

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

C. Limitations:

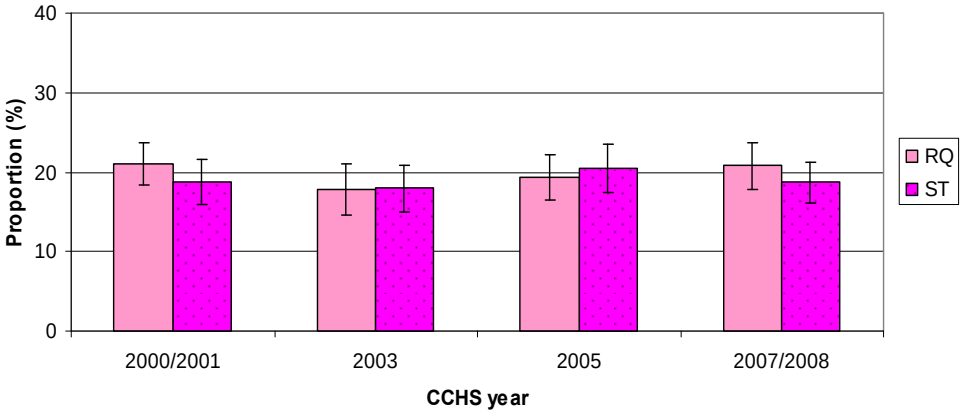
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

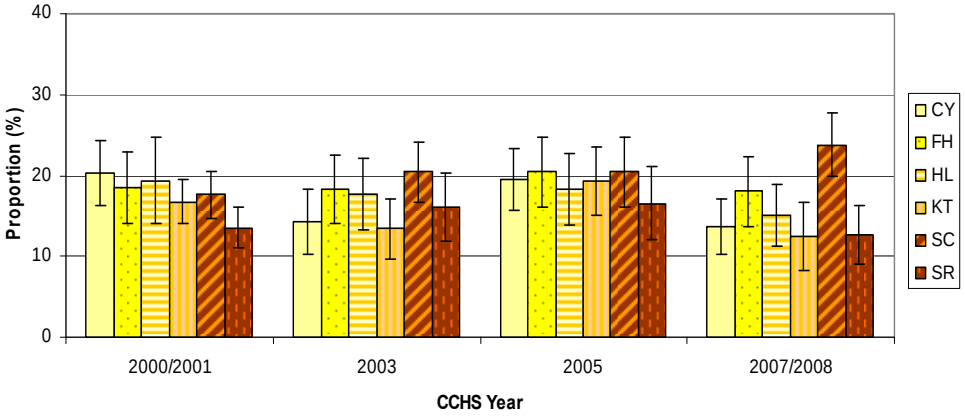
D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Heavy Drinking Episodes: Self reported rates of people (12+ years of age) who had 5 or more drinks on one occasion per month in the last twelve months by Regional Health Authority, Peer Group A, CCHS, 2000/2001 – 2007/2008



Heavy Drinking Episodes: Self reported rates of people (12+ years of age) who had 5 or more drinks on one occasion per month in the last twelve months by Regional Health Authority, Peer Group D, CCHS, 2000/2001 – 2007/2008



SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQ) and Saskatoon (ST), health regions' self-reported percentages of heavy drinking episodes in the past 12 months were similar and did not change over the survey years.

Peer Group D, Sun Country (SC), Five Hills (FH), Cypress (CY), Sunrise (SR), Heartland (HL) and Kelsey Trail (KT), health regions' self-reported percentages of heavy drinking episodes in the past 12 months varied across the six health regions without showing any specific pattern. In 2007/08, Sun Country (SC) was significantly higher than most health regions.

A. Definitions:

Proportion of people aged between 12 years and over who reported a heavy drinking episode on at least one occasion per month.

B. Significance/Use:

Over consumption of alcohol is associated with increased morbidity and mortality. Heavy alcohol drinkers are at high risk of developing alcohol-related problems including increasing the risk of several chronic conditions or long-term effects, such as cancer, caused by continuous exposure. Alcohol is also a major contributor to suicide.

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

C. Limitations:

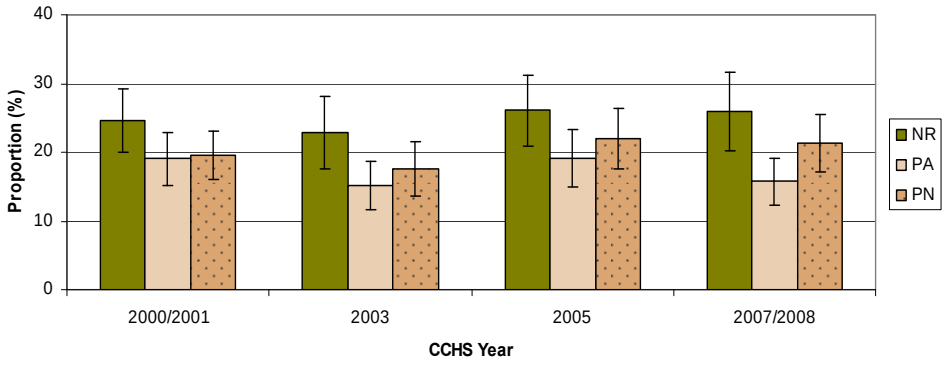
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Heavy Drinking Episodes: Self reported rates of people (12+ years of age) who had 5 or more drinks on one occasion per month in the last twelve months by Regional Health Authority, Peer Group F and H, CCHS, 2000/2001 – 2007/2008



SUMMARY OF FINDINGS:

Peer Group H, Prairie North (PN) and Prince Albert Parkland (PA), health regions' self-reported heavy drinking episodes was higher in PN than that in PA, however, the difference was not significant across the time period or from each other.

Peer Group F (Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority (NR)) health regions were combined due to small numbers. The NR proportions were high and did not change significantly from 2000/2001 to 2007/2008.

BEHAVIOURS - UNDERAGE ALCOHOL DRINKING - OVERALL

CHART 10-11

A. Definitions:

Proportion of adolescents aged between 12 and 18 years who reported consuming alcohol in the past 12 months.

B. Significance/Use:

Underage drinking is dangerous not only for those who consumed the alcohol but also the community in which they live. Young people who start drinking at early age are at high risk of developing serious alcohol problems later in life and a number of adverse consequences such as risky sexual activities and poor performance in school. Injuries like motor vehicle crashes, homicides and suicides are also associated with underage drinking.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

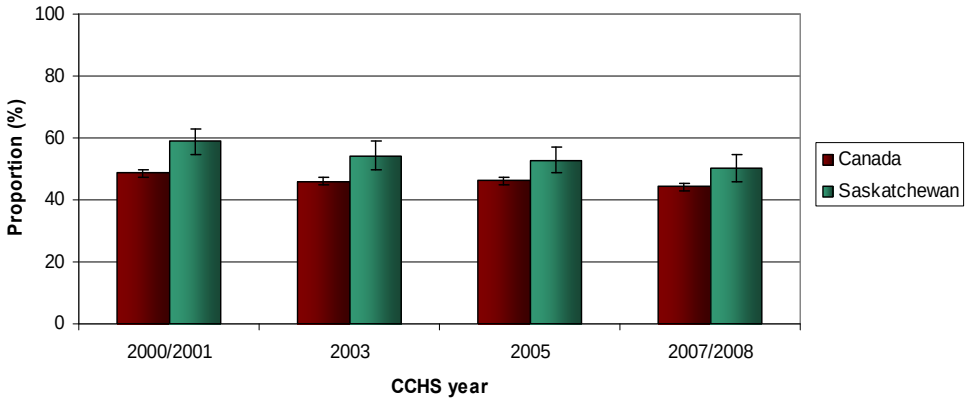
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

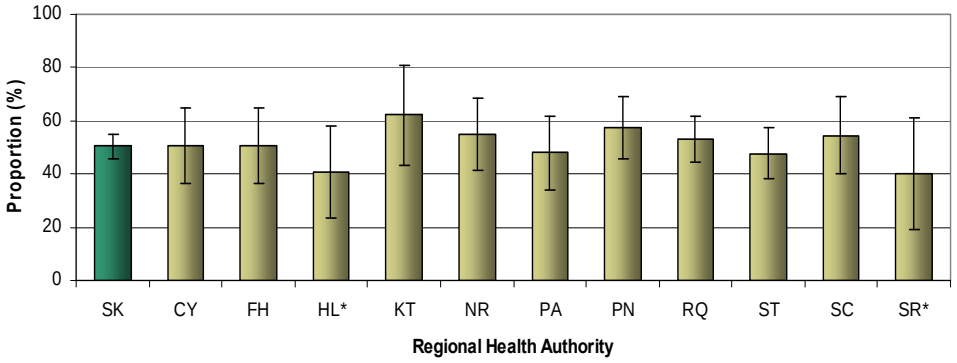
D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Underage Alcohol Drinking: Proportion of self reported adolescent (12-18 years of age) in the last twelve months in Saskatchewan compared to Canada, CCHS, 2000/2001 – 2007/2008



Underage Alcohol Drinking: Proportion of self-reported adolescent (12-18 years of age) in the last twelve months in Saskatchewan by Regional Health Authority, CCHS, 2007/2008



SUMMARY OF FINDINGS:

Saskatchewan (SK) prevalence of self-reported underage alcohol drinking prevalence in the past year in Saskatchewan was significantly higher than the Canadian average through out the survey years. Between 2000/2001 and 2007/2008, the prevalence significantly decreased in the province and in Canada.

In 2007/08, the regional health authority prevalence varied but not significantly between the RHAs and the provincial average. Estimates for Heartland (HL) and Sunrise (SR) health regions should be interpreted with caution due to high sampling variability.

BEHAVIOURS - UNDERAGE ALCOHOL DRINKING BY SEX

CHART 10-12

A. Definitions:

Proportion of adolescents aged between 12 and 18 years who reported consuming alcohol in the past 12 months.

B. Significance/Use:

Underage drinking is dangerous not only for those who consumed the alcohol but also the community in which they live. Young people who start drinking at early age are at high risk of developing serious alcohol problems later in life and a number of adverse consequences such as risky sexual activities and poor performance in school. Injuries like motor vehicle crashes, homicides and suicides are also associated with underage drinking.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

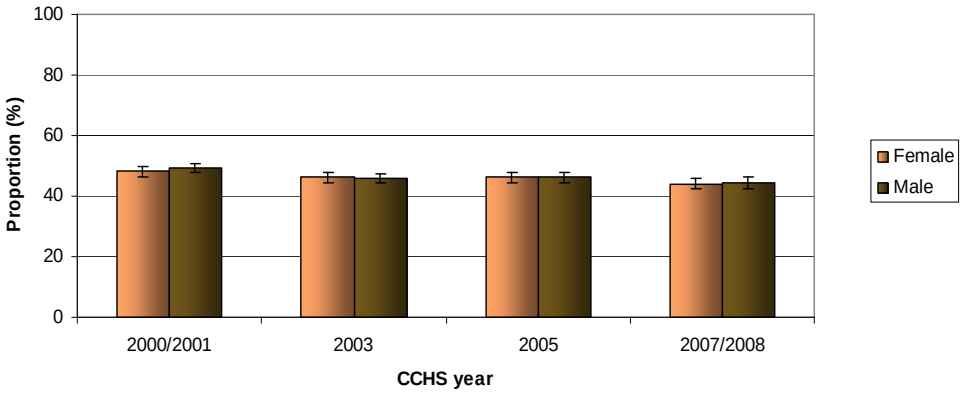
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Underage Alcohol Drinking: Proportion of self reported adolescent (12-18 years of age) in the last twelve months in Saskatchewan by sex, CCHS, 2000/2001 – 2007/2008



SUMMARY OF FINDINGS:

Sex-specific proportions of Saskatchewan adolescents who consumed alcohol did not differ significantly between males and females, as well as over the time period from 2000/2001 to 2007/2008.

BEHAVIOURS - UNDERAGE ALCOHOL DRINKING BY RHA

CHART 10-13

A. Definitions:

Proportion of adolescents aged between 12 and 18 years who reported consuming alcohol in the past 12 months.

B. Significance/Use:

Underage drinking is dangerous not only for those who consumed the alcohol but also the community in which they live. Young people who start drinking at early age are at high risk of developing serious alcohol problems later in life and a number of adverse consequences such as risky sexual activities and poor performance in school. Injuries like motor vehicle crashes, homicides and suicides are also associated with underage drinking.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

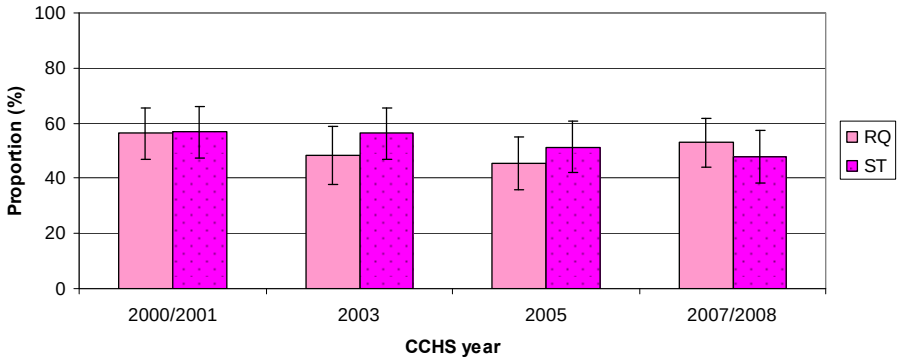
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

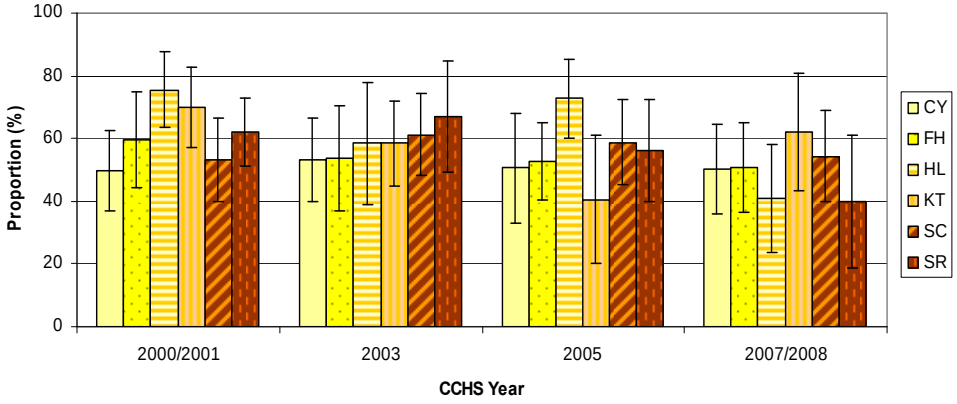
D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Underage Alcohol Drinking: Proportion of self-reported adolescent (12-18 years of age) in the last twelve months by Regional Health Authority, Peer Group A, CCHS, 2000/2001 – 2007/2008



Underage Alcohol Drinking: Proportion of self-reported adolescent (12-18 years of age) in the last twelve months by Regional Health Authority, Peer Group D, CCHS, 2000/2001 – 2007/2008



SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQ) and Saskatoon (ST) health regions' self-reported underage drinking in the past twelve months in 12 –18 year olds varied but were not significantly different between health regions or over time.

Peer Group D, Sun Country (SC), Five Hills (FH), Cypress (CY), Sunrise (SR), Heartland (HL) and Kelsey Trail (KT) health regions' self-reported underage drinking in the past twelve months in 12 –18 year olds varied across the six health regions without showing any specific pattern.

In 2007/2008, at least half of the young people (12-18 years) reported drinking alcohol in CY, FH, KT and SC health regions.

BEHAVIOURS - UNDERAGE ALCOHOL DRINKING BY RHA

CHART 10-14

A. Definitions:

Proportion of self reported adolescents aged between 12 and 18 years who reported consuming alcohol in the past 12 months.

B. Significance/Use:

Underage drinking is dangerous not only for those who consumed but also the community in which they live. Young people who start drinking at early age are at high risk of developing serious alcohol problems later in life and a number of adverse consequences such as risky sexual activities and poor performance in school. Injuries like motor vehicle crashes, homicides and suicides are also associated with it.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

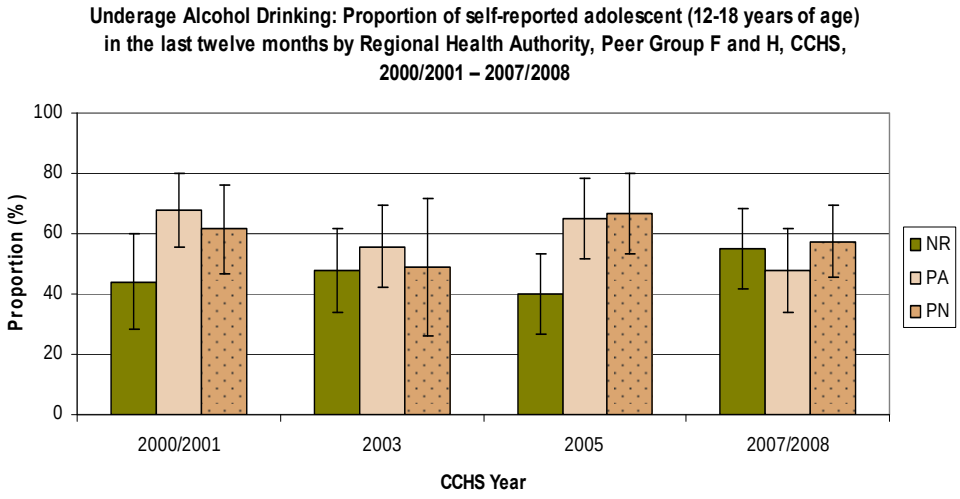
C. Limitations:

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.

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.



SUMMARY OF FINDINGS:

Peer Group H, Prince Albert Parkland (PA) and Prairie North (PN), health regions' self-reported underage drinking in the past twelve months was not significantly different across the time period or from each other.

Peer Group F, Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority, health regions were combined (NR)) due to small numbers. The proportions were not significantly different over time.

A. Definitions:

The proportion of the population, aged 18 and over that are normal weight (Body Mass Index (BMI) 18.5 to 24.9), overweight (BMI 25.0 to 29.9) or obese (BMI ≥30.0) based on self reported weight and height.

B. Significance/Use:

High BMI is associated with an increased risk of developing health problems, particularly hypertension, hyperlipidemia and coronary disease. Low BMI also is associated with health problems. BMI, Canadian standard, is calculated by dividing weight in kilograms by height in metres squared.

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

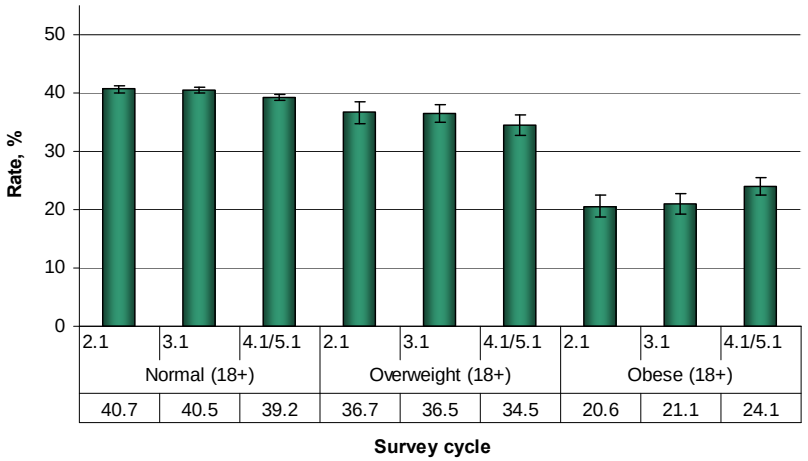
C. Limitations:

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.

D. Source:
Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Prevalence of self-reported normal weight (BMI 18.5-24.9), overweight (BMI 25.0-29.9), obesity (BMI ≥ 30.0) in adults (18+ years), Saskatchewan, CCHS Cycles, 2.1 (2003), 3.1 (2005), 4.1/5.1 (2007/2008).



SUMMARY OF FINDINGS:

Saskatchewan (SK) prevalence of overweight in the adult population (18 years and over) was over one-third (34.5 to 36.7%) and an additional one -fifth (20.6 to 24.1%) were obese, while the percentages of underweight adults were around 2% across the CCHS survey cycles, 2.1 (2003), 3.1 (2005) and 4.1/5.1 (2007/2008).

The proportion of adults classified as obesity increased significantly from 2003 to 2007/2008.

BEHAVIOURS - BODY MASS INDEX BY AGE AND SEX

CHART 10-16

A. Definitions:

The proportion of the population, aged 18 and over that are normal weight (Body Mass Index (BMI) BMI 18.5 to 24.9), overweight (BMI 25.0 to 29.9) or obese (BMI ≥30.0) based on self reported weight and height.

B. Significance/Use:

High BMI is associated with an increased risk of developing health problems, particularly hypertension, hyperlipidemia and coronary disease. Low BMI also is associated with health problems. BMI, Canadian standard, is calculated by dividing weight in kilograms by height in metres squared.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

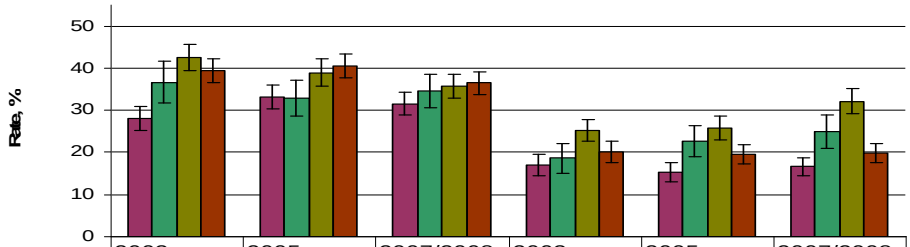
C. Limitations:

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.

D. Source:
Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

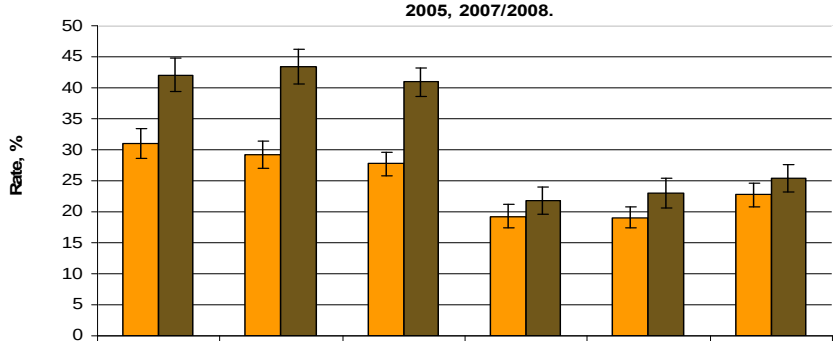
Prevalence of self-reported overweight (BMI 25.0-29.9), obesity (BMI ≥ 30.0) in adults (18+ years), Saskatchewan, by Age group, CCHS Cycles, 2000/01, 2003, 2007/2008.



	Overweight			Obese		
	2003	2005	2007/2008	2003	2005	2007/2008
18-34	28.0	33.2	31.6	17.0	15.3	16.6
35-44	36.7	32.9	34.6	18.6	22.7	25.0
45-64	42.6	38.9	35.7	25.2	25.9	32.2
65+	39.4	40.5	36.4	20.2	19.7	19.8

Age group by Year

Prevalence of self-reported overweight (BMI 25.0-29.9), obesity (BMI ≥ 30.0) in adults (18+ years), Saskatchewan, by Sex, CCHS Cycles, 2003, 2005, 2007/2008.



	Overweight			Obese		
	2003	2005	2007/2008	2003	2005	2007/2008
Female	31.0	29.2	27.7	19.2	19.1	22.7
Male	42.1	43.4	40.9	21.8	23.0	25.4

Sex by Year

SUMMARY OF FINDINGS:

Proportions of overweight in adults increased with advancing age. The proportions in 18-34 year olds were significantly lower than in the 45-64 and 65+ year age groups.

Proportions of obesity increased with advancing age until 45-64 year age group. The proportions in 18-34 year olds were significantly lower than that in 35-44 year olds as well as the highest rates in the 45-64 year age groups.

Sex-specific overweight percentages were significantly higher in males than in females across all years. Obesity tended to be higher in males than in females but the difference was not statistical significant.

BEHAVIOURS - BODY MASS INDEX BY SEX AND AGE

CHART 10-17

A. Definitions:

The proportion of the population, aged 18 and over that are normal weight (Body Mass Index (BMI) BMI 18.5 to 24.9), overweight (BMI 25.0 to 29.9) or obese (BMI ≥30.0) based on self reported weight and height.

B. Significance/Use:

High BMI is associated with an increased risk of developing health problems, particularly hypertension, hyperlipidemia and coronary disease. Low BMI also is associated with health problems. BMI, Canadian standard, is calculated by dividing weight in kilograms by height in metres squared.

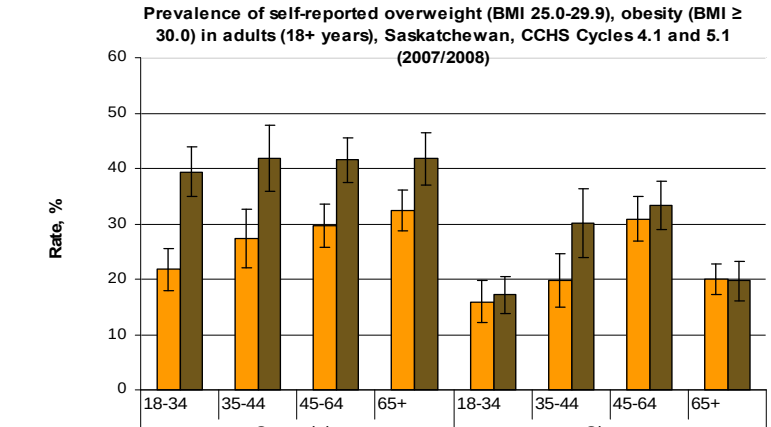
Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

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.

D. Source:
Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.



SUMMARY OF FINDINGS:

Percentages of overweight in adults were significantly higher in males than in females across all age groups including seniors (65 years and older) in 2007/08.

Percentages of obesity in adults tended to be higher in males than in females across all age groups with the exception of the senior age group in which the proportions were similar.

A. Definitions:

The proportion of the population, aged 18 and over that are normal weight (Body Mass Index (BMI) BMI 18.5 to 24.9), overweight (BMI 25.0 to 29.9) or obese (BMI ≥30.0) based on self reported weight and height.

B. Significance/Use:

High BMI is associated with an increased risk of developing health problems, particularly hypertension, hyperlipidemia and coronary disease. Low BMI also is associated with health problems. BMI, Canadian standard, is calculated by dividing weight in kilograms by height in metres squared.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

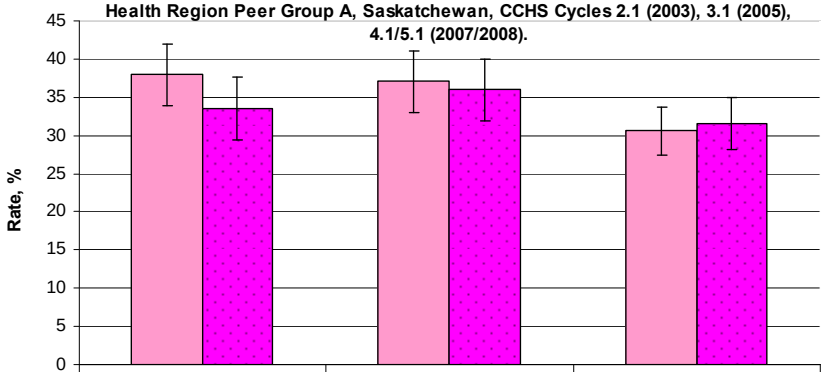
C. Limitations:

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.

D. Source:
Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

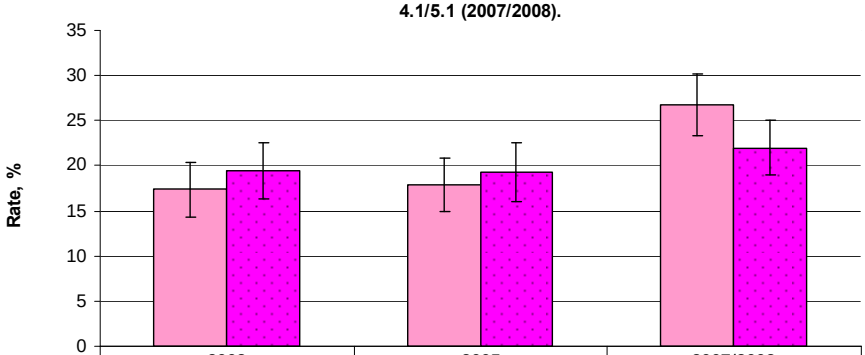
Prevalence of self-reported overweight (BMI, 25.0-29.9) in adults (18+ years) in Health Region Peer Group A, Saskatchewan, CCHS Cycles 2.1 (2003), 3.1 (2005), 4.1/5.1 (2007/2008).



	2003	2005	2007/2008
RQRHA-A	38.0	37.0	30.6
STRHA-A	33.5	36.0	31.6

Peer group A by Year(s)

Prevalence of self-reported obesity (BMI≥30.0) in adults (18+ years) in Peer Group A Health Regions, Saskatchewan, CCHS Cycles 2.1 (2003), 3.1 (2005), 4.1/5.1 (2007/2008).



	2003	2005	2007/2008
RQRHA-A	17.4	17.9	26.7
STRHA-A	19.5	19.3	22.0

Peer group A by Year(s)

SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQRHA) and Saskatoon (STRHA), health regions' proportions of overweight adults in the past twelve months were not significantly different. In RQRHA, the percentage showed a declining trend from 2003 to 2007/2008, whereas, STRHA had no significant decline over these years.

The proportion of obese adults in RQRHA significantly increased from 2003 to 2007/2008, whereas, STRHA had no significant change over these years.

A. Definitions:

The proportion of the population, aged 18 and over that are normal weight (Body Mass Index (BMI) BMI 18.5 to 24.9), overweight (BMI 25.0 to 29.9) or obese (BMI ≥30.0) based on self reported weight and height.

B. Significance/Use:

High BMI is associated with an increased risk of developing health problems, particularly hypertension, hyperlipidemia and coronary disease. Low BMI also is associated with health problems. BMI, Canadian standard, is calculated by dividing weight in kilograms by height in metres squared.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

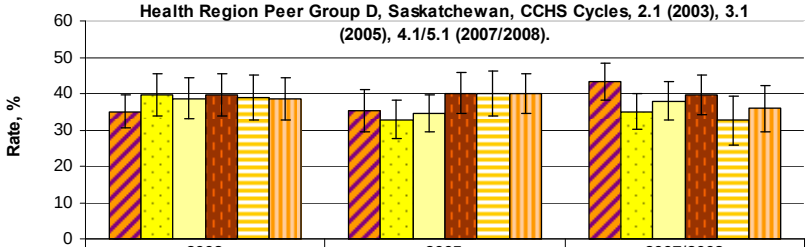
C. Limitations:

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.

D. Source:
Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

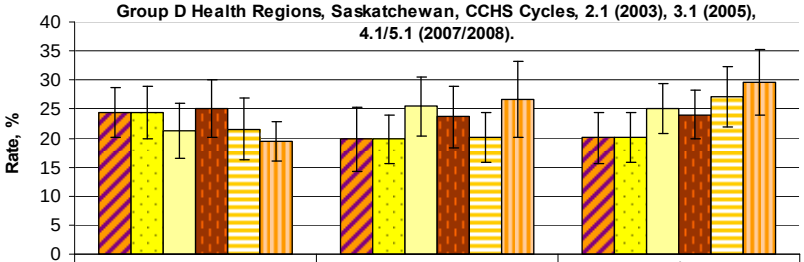
Prevalence of self-reported overweight (BMI, 25.0-29.9) in adults (18+ years) in Health Region Peer Group D, Saskatchewan, CCHS Cycles, 2.1 (2003), 3.1 (2005), 4.1/5.1 (2007/2008).



	2003	2005	2007/2008
SCRHA-D	35.0	35.2	43.3
FHRHA-D	39.8	32.9	35.1
CYRHA-D	38.6	34.6	37.9
SRRHA-D	39.7	40.1	39.7
HLRHA-D	39.0	40.0	32.6
KTRHA-D	38.5	40.0	35.9

Peer group D by Year(s)

Prevalence of self-reported obesity (BMI≥30.0) in adults (18+ years) in Peer Group D Health Regions, Saskatchewan, CCHS Cycles, 2.1 (2003), 3.1 (2005), 4.1/5.1 (2007/2008).



	2003	2005	2007/2008
SCRHA-D	24.4	19.8	20.1
FHRHA-D	24.4	19.8	20.1
CYRHA-D	21.2	25.4	25.1
SRRHA-D	25.1	23.7	24.1
HLRHA-D	21.6	20.0	27.1
KTRHA-D	19.5	26.7	29.6

Peer group D by Year(s)

SUMMARY OF FINDINGS:

Peer Group D, Sun Country (SCRHA), Five Hills (FHRHA), Cypress (CYRHA), Sunrise (SRRHA), Heartland (HLRHA) and Kelsey Trail (KTRHA), health regions' proportions of adults that were overweight or obese in the past twelve months varied across the six health regions with no significant pattern evident across survey years or health regions.

KTRHA only showed a significant increasing trend in obese adults from 2003 to 2007/2008.

A. Definitions:

The proportion of the population, aged 18 and over that are normal weight (Body Mass Index (BMI) BMI 18.5 to 24.9), overweight (BMI 25.0 to 29.9) or obese (BMI ≥30.0) based on self reported weight and height.

B. Significance/Use:

High BMI is associated with an increased risk of developing health problems, particularly hypertension, hyperlipidemia and coronary disease. Low BMI also is associated with health problems. BMI, Canadian standard, is calculated by dividing weight in kilograms by height in metres squared.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

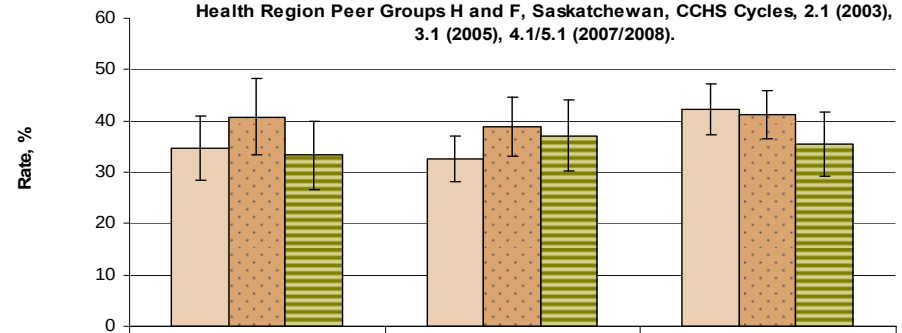
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

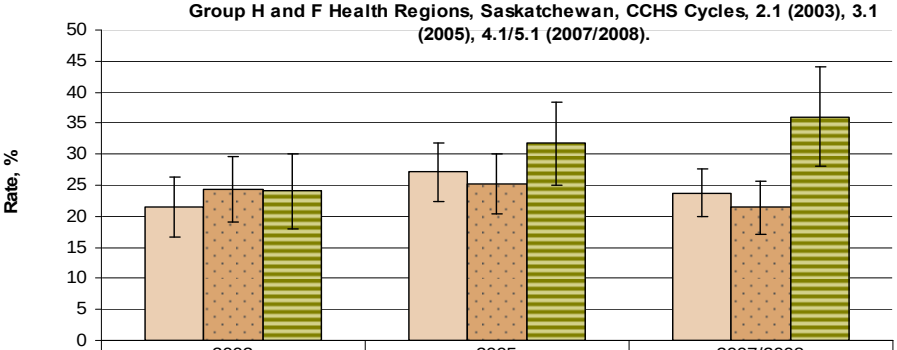
Prevalence of self-reported overweight (BMI, 25.0-29.9) in adults (18+ years) in Health Region Peer Groups H and F, Saskatchewan, CCHS Cycles, 2.1 (2003), 3.1 (2005), 4.1/5.1 (2007/2008).



	2003	2005	2007/2008
PAPRHA-H	34.6	32.6	42.3
PNRHA-H	40.8	38.9	41.2
North-F	33.3	37.1	35.5

Peer group H and F by Year(s)

Prevalence of self-reported obesity (BMI≥30.0) in adults (18+ years) in Peer Group H and F Health Regions, Saskatchewan, CCHS Cycles, 2.1 (2003), 3.1 (2005), 4.1/5.1 (2007/2008).



	2003	2005	2007/2008
PARHA-H	21.5	27.1	23.8
PNRHA-H	24.3	25.2	21.4
North-F	24.1	31.7	36.0

Peer group H and F by Year(s)

SUMMARY OF FINDINGS:

Peer Group H, Prince Albert Parkland (PAPRHA) and Prairie North (PNRHA), health regions' proportions of overweight or obese adults were not significantly different across the time period or from each other.

Peer Group F, Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority, health regions (North) were combined due to small numbers. There was an increase in obesity across the survey years; however, the increase was not statistically significant.

BEHAVIOURS - OVERWEIGHT AND OBESITY IN ADULTS - OVERALL

CHART 10-21

A. Definitions:

The proportion of the population, aged 18 and over that are overweight (Body Mass Index (BMI) 25.0 to 29.9) or obese (BMI ≥30.0) based on self-reported height and weight.

B. Significance/Use:

High BMI is associated with an increased risk of developing health problems, particularly hypertension, hyperlipidemia and coronary disease. Low BMI also is associated with health problems. BMI, Canadian standard, is calculated by dividing weight in kilograms by height in metres squared.

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

C. Limitations:

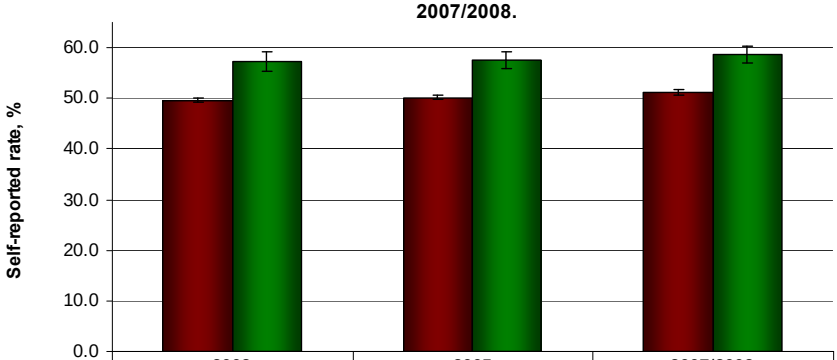
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

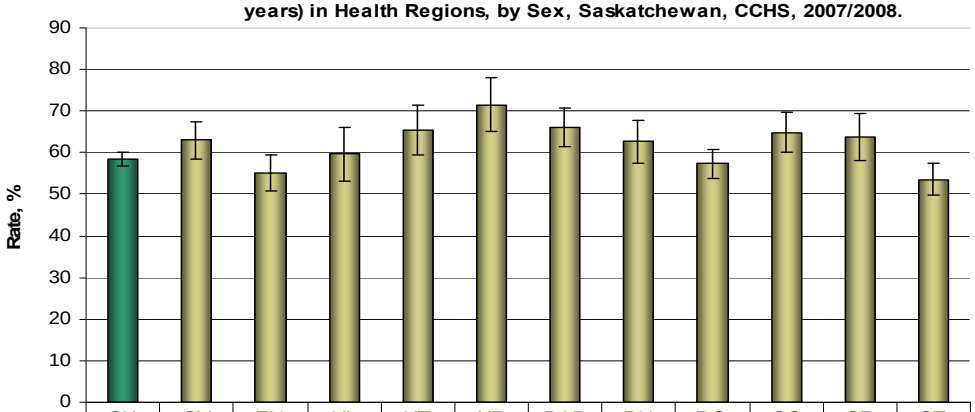
Prevalence rates of overweight (BMI 25.0-29.9) or obesity (BMI≥30.0) in 18 year and older, Canada and Saskatchewan, CCHS 2003, 2005, 2007/2008.



	2003	2005	2007/2008
Canada	49.6	50.2	51.2
Saskatchewan	57.2	57.6	58.5

CCHS year

Prevalence of self-reported rates overweight or obese (BMI≥25.0) in adult (18+ years) in Health Regions, by Sex, Saskatchewan, CCHS, 2007/2008.



SK	CY	FH	HL	KT	NR	PAP	PN	RQ	SC	SR	ST
58.5	63.0	55.1	59.7	65.5	71.6	66.1	62.6	57.3	64.8	63.8	53.6

Saskatchewan and Health Authorities

SUMMARY OF FINDINGS:

Saskatchewan (SK) and Canadian prevalence of overweight (BMI 25.0-29.0) or obesity (BMI≥30.0) in adults both remained fairly constant in 2003, 2005 and 2007/2008. The SK prevalence was significantly higher than the Canadian average for the three survey years.

In 2007/08, the regional health authority prevalence varied with the significantly higher proportions of overweight or obese adults for Northern Saskatchewan (NR) and Prince Albert Parkland (PA), and a significantly lower proportion in Saskatoon (ST) than the provincial average.

BEHAVIOURS - OVERWEIGHT AND OBESITY IN ADULTS BY AGE AND SEX

CHART 10-22

A. Definitions:

The proportion of the population, aged 18 and over that are overweight (Body Mass Index (BMI) 25.0 to 29.9) or obese (BMI ≥30.0) based on self-reported height and weight.

B. Significance/Use:

High BMI is associated with an increased risk of developing health problems, particularly hypertension, hyperlipidemia and coronary disease. Low BMI also is associated with health problems. BMI, Canadian standard, is calculated by dividing weight in kilograms by height in metres squared.

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

C. Limitations:

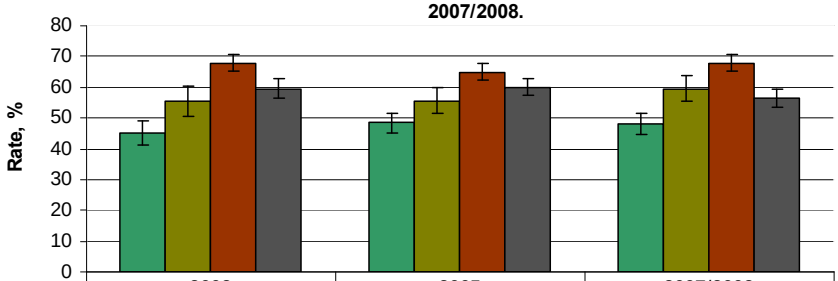
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

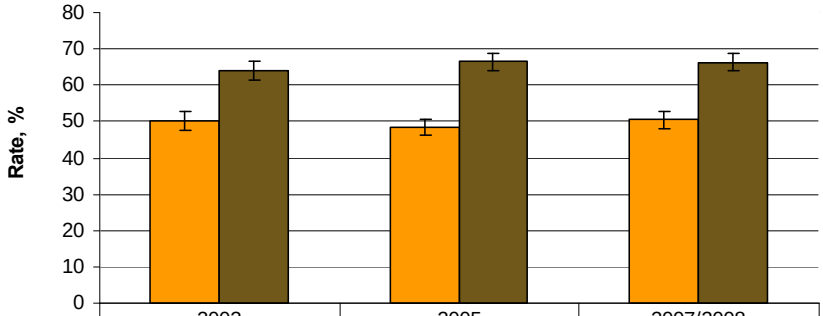
Prevalence of self-reported rates overweight or obese (BMI≥25.0) in adult (18+ years), Saskatchewan, by Age group, CCHS, 2003, 2005, 2007/2008.



	2003	2005	2007/2008
18-34	45.0	48.5	48.2
35-44	55.4	55.6	59.6
45-64	67.8	64.8	67.9
65+	59.6	60.1	56.3

Age group by Year(s)

Prevalence of self-reported rates overweight or obese (BMI≥25.0) in adult (18+ years), Saskatchewan, by Sex, CCHS, 2003, 2005, 2007/2008.



	2003	2005	2007/2008
Female	50.2	48.2	50.4
Male	63.9	66.4	66.3

Sex by Year(s)

SUMMARY OF FINDINGS:

Percentages of adults that were overweight or obese (BMI≥25.0) from 2000/01 to 2007/08 were the lowest and highest in the 18-34 and 45-64 year age groups, respectively. Proportions in seniors (65+ years) were significantly lower than those in the 45-64 year age group for all years, 2003, 2005 and 2007/2008.

Sex-specific percentage of overweight or obese adults were significantly higher in males than in females in all years, 2003, 2005 and 2007/2008.

BEHAVIOURS - OVERWEIGHT AND OBESITY IN ADULTS BY SEX AND AGE

CHART 10-23

A. Definitions:

The proportion of the population, aged 18 and over that are overweight (Body Mass Index (BMI) 25.0 to 29.9) or obese (BMI ≥30.0) based on self -reported height and weight.

B. Significance/Use:

High BMI is associated with an increased risk of developing health problems, particularly hypertension, hyperlipidemia and coronary disease. Low BMI also is associated with health problems. BMI, Canadian standard, is calculated by dividing weight in kilograms by height in metres squared.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

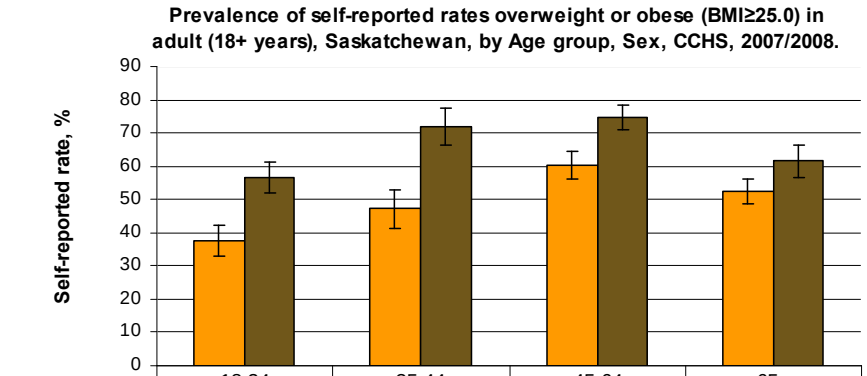
C. Limitations:

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.

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.



	18-34	35-44	45-64	65+
Female	37.6	47.2	60.5	52.3
Male	56.5	72.0	74.9	61.5

Sex by Age group

SUMMARY OF FINDINGS:

Proportions of adults that were overweight or obese (BMI≥25.0) in 2007/08 were significantly higher in males than in females across all age groups.

BEHAVIOURS - OVERWEIGHT AND OBESITY IN ADULTS BY RHA

CHART 10-24

A. Definitions:

The proportion of the population, aged 18 and over that are overweight (Body Mass Index (BMI) 25.0 to 29.9) or obese (BMI ≥30.0) based on self -reported height and weight.

B. Significance/Use:

High BMI is associated with an increased risk of developing health problems, particularly hypertension, hyperlipidemia and coronary disease. Low BMI also is associated with health problems. BMI, Canadian standard, is calculated by dividing weight in kilograms by height in metres squared.

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.

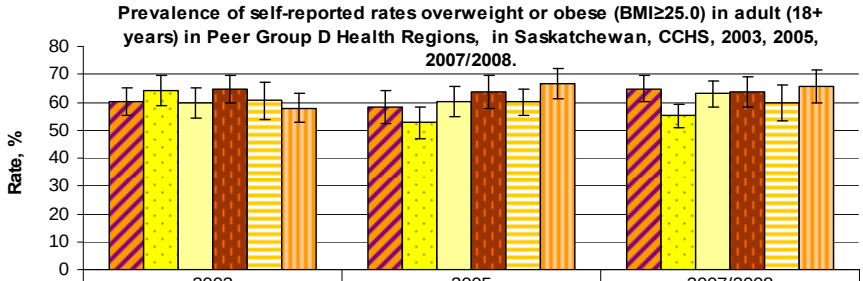
Does not include homeless people or individuals living in institutions, First Nations people living on Reserves or members of the Armed Forces.

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

	2003	2005	2007/2008
RQRHA-A	55.4	54.9	57.3
STRHA-A	53.0	55.3	53.6

Peer group A by Year(s)



	2003	2005	2007/2008
SCRHA-D	60.1	58.2	64.8
FHRHA-D	64.2	52.7	55.1
CYRHA-D	59.9	60.1	63.0
SRRHA-D	64.8	63.7	63.8
HLRHA-D	60.6	60.1	59.7
KTRHA_D	57.9	66.7	65.5

Peer group D by Year(s)

SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQRHA) and Saskatoon (STRHA), health regions' proportions of overweight or obese adults in the past twelve months were not significantly different. More than half of the adults were overweight or obese in all three survey years.

Peer Group D, Sun Country (SCRHA), Five Hills (FHRHA), Cypress (CYRHA), Sunrise (SRRHA), Heartland (HLRHA) and Kelsey Trail (KTRHA), health regions' proportions varied. FH had the lowest proportions that were significantly different from the highest in KTRHA in two survey years, 2005 and 2007/2008.

BEHAVIOURS - OVERWEIGHT AND OBESITY IN ADULTS BY RHA

CHART 10-25

A. Definitions:

The proportion of the population, aged 18 and over that are overweight (Body Mass Index (BMI) 25.0 to 29.9) or obese (BMI ≥30.0) based on self -reported height and weight.

B. Significance/Use:

High BMI is associated with an increased risk of developing health problems, particularly hypertension, hyperlipidemia and coronary disease. Low BMI also is associated with health problems. BMI, Canadian standard, is calculated by dividing weight in kilograms by height in metres squared.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

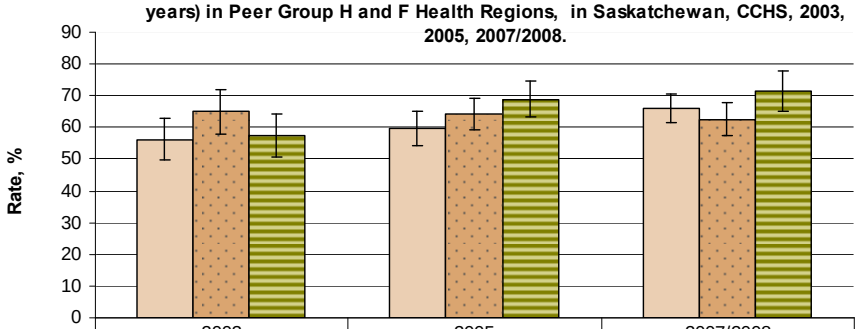
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Prevalence of self-reported overweight or obese (BMI≥25.0) in adults (18+ years) in Peer Group H and F Health Regions, in Saskatchewan, CCHS, 2003, 2005, 2007/2008.



	2003	2005	2007/2008
PAPRHA-H	56.1	59.7	66.1
PNRHA-H	65.1	64.1	62.6
North-F	57.4	68.8	71.6

Peer group H and F by Year(s)

SUMMARY OF FINDINGS:

Peer Group H, Prince Albert Parkland (PA) and Prairie North (PN), health regions' percentages of overweight or obese adults in adults were not significantly different across the time period or from each other.

Peer Group F, Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority, health regions (NR) were combined due to small numbers. The percentages increased over the survey period; however, the difference was not significant.

BEHAVIOURS - OVERWEIGHT AND OBESITY IN ADOLESCENTS - OVERALL

CHART 10-26

A. Definitions:

The proportion of the population, aged 12 to 17 years that are overweight (Body Mass Index (BMI) 25.0 to 29.9) or obese (BMI ≥30.0) based on self -reported height and weight.

B. Significance/Use:

High BMI is associated with an increased risk of developing health problems, particularly hypertension, hyperlipidemia and coronary disease. Low BMI also is associated with health problems. BMI, Canadian standard, is calculated by dividing weight in kilograms by height in metres squared.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

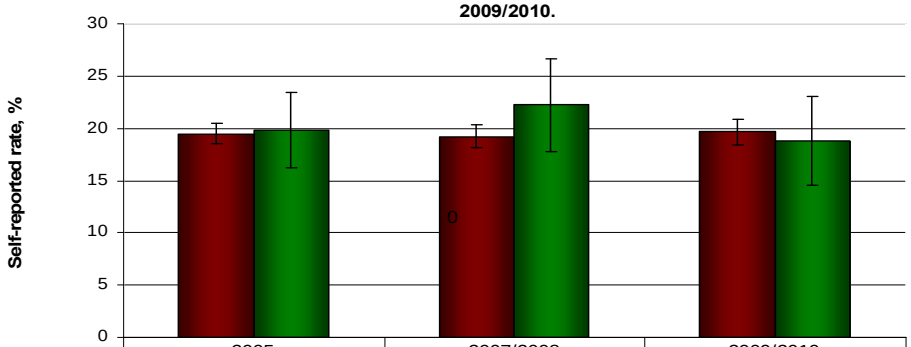
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Prevalence rates of overweight (BMI 25.0-29.0) or obesity (BMI≥30.0) in aldolescents (12-17), Canada and Saskatchewan, CCHS 2005, 2007/2008, 2009/2010.



	2005	2007/2008	2009/2010
Canada	19.5	19.2	19.7
Saskatchewan	19.8	22.2	18.8

CCHS year

SUMMARY OF FINDINGS:

The Saskatchewan (SK) and Canadian prevalence of overweight (BMI 25.0-29.0) or obesity (BMI≥30.0) in 12 to 17 year olds remained fairly constant in during the survey time period with no significant differences.

In 2007/08, the regional health authority numbers were too small to be displayed.

BEHAVIOURS - CONSUMPTION OF VEGETABLES & FRUITS - OVERALL

CHART 10-27

A. Definitions:

Proportion of people aged between 12 years and over who reported consuming vegetables and fruits five or more times daily.

B. Significance/Use:

A diet high in vegetables and fruits is linked with good health.

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

C. Limitations:

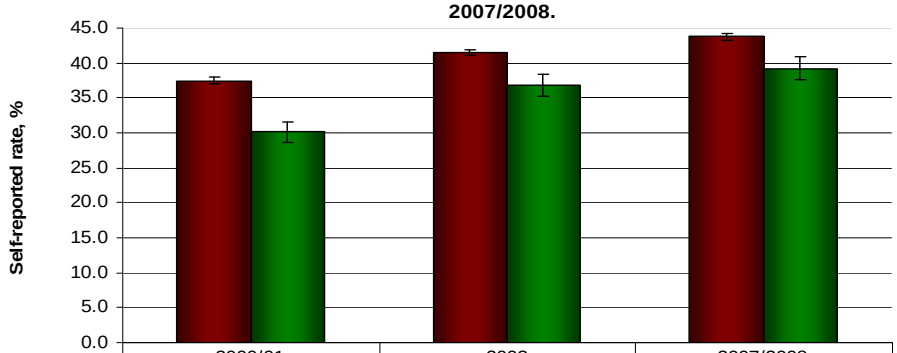
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

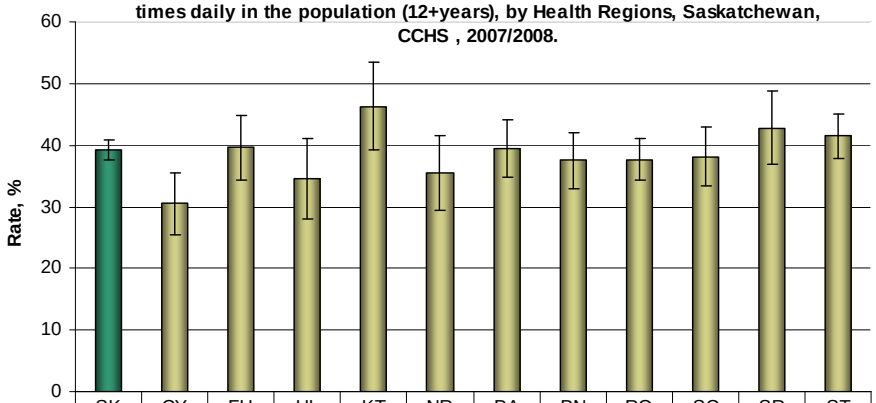
Prevalence of fruit and vegetable consumption five or more times daily in 12+ year olds, Canada and Saskatchewan, CCHS 2000/01, 2003, 2007/2008.



	2000/01	2003	2007/2008
Canada	37.5	41.5	43.7
Saskatchewan	30.1	36.9	39.2

CCHS year

Prevalence of self-reported consumption of vegetables and fruits five or more times daily in the population (12+years), by Health Regions, Saskatchewan, CCHS , 2007/2008.



SK	CY	FH	HL	KT	NR	PA	PN	RQ	SC	SR	ST
39.2	30.5	39.6	34.5	46.3	35.5	39.5	37.5	37.6	38.1	42.8	41.5

Saskatchewan and Health Authorities by Age group

SUMMARY OF FINDINGS:

The Saskatchewan (SK) prevalence of self-reported consumption of vegetables and fruits five or more times daily was significantly lower from the Canadian average. Both the SK and Canadian prevalence increased significantly from 2000/01 to 2007/2008.

In 2007/08, the regional health authority prevalence varied with a significantly lower prevalence in Cypress (CY) health region than the provincial average.

BEHAVIOURS - CONSUMPTION OF VEGETABLES & FRUITS BY AGE AND SEX

CHART 10-28

A. Definitions:

Proportion of people aged between 12 years and over who reported consuming vegetables and fruits five or more times daily.

B. Significance/Use:

A diet high in vegetables and fruits is linked with good health.

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

C. Limitations:

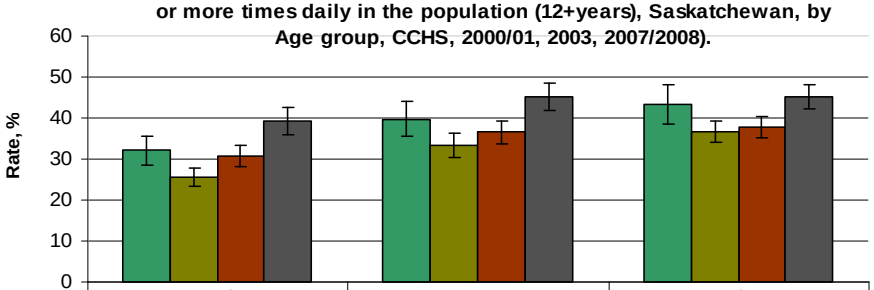
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

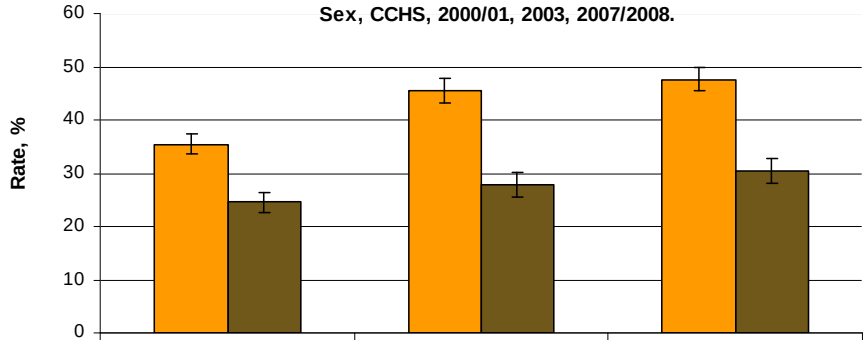
Prevalence of self-reported consumption of vegetables and fruits five or more times daily in the population (12+years), Saskatchewan, by Age group, CCHS, 2000/01, 2003, 2007/2008).



	2000/01	2003	2007/2008
12-19	32.1	39.7	43.4
20-44	25.5	33.3	36.7
45-64	30.8	36.5	37.8
65+	39.1	45.1	45.1

Age group by Year(s)

Prevalence of self-reported consumption of vegetables and fruits five or more times daily in the population (12+years), Saskatchewan, by Sex, CCHS, 2000/01, 2003, 2007/2008.



	2000/01	2003	2007/2008
Female	35.5	45.5	47.6
Male	24.5	27.8	30.4

Sex by Year(s)

SUMMARY OF FINDINGS:

Percentages of self-reported consumption of vegetables and fruits five or more times daily from 2000/01 to 2007/08 showed variation by age. The prevalence was highest in the age groups of 65+ years, followed by 12-19 years and both were significantly higher than the rates in the 20-44 years age group in all survey years.

Sex-specific percentages were significantly higher in females than males for all the survey years.

BEHAVIOURS - CONSUMPTION OF VEGETABLES & FRUITS BY SEX AND AGE

CHART 10-29

A. Definitions:

Proportion of people aged between 12 years and over who reported consuming vegetables and fruits five or more times daily.

B. Significance/Use:

A diet high in vegetables and fruits is linked with good health.

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

C. Limitations:

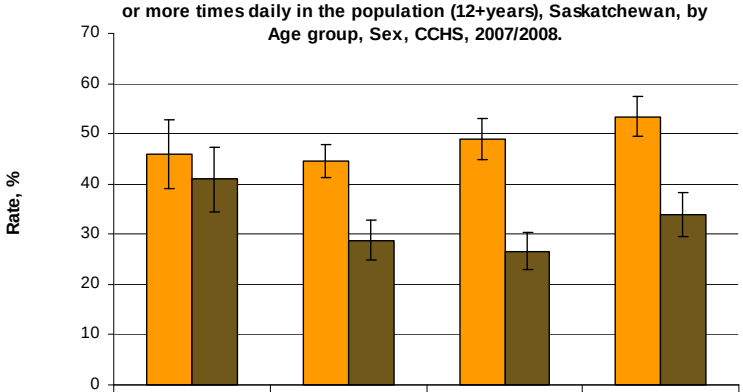
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Prevalence of self-reported consumption of vegetables and fruits five or more times daily in the population (12+years), Saskatchewan, by Age group, Sex, CCHS, 2007/2008.



	12-19	20-44	45-64	65+
Female	46.0	44.5	49.0	53.4
Male	40.9	28.8	26.6	33.9

Sex by Age group

SUMMARY OF FINDINGS:

Percentages of self-reported consumption of vegetables and fruits five or more times daily in Saskatchewan in 2007/08 were significantly higher in females than in males across all age groups except the 12 to 19 year olds.

BEHAVIOURS - CONSUMPTION OF VEGETABLES & FRUITS BY RHA

CHART 10-30

A. Definitions:

Proportion of people aged 12 years and over who reported consuming vegetables and fruits five or more times daily.

B. Significance/Use:

A diet high in vegetables and fruits is linked with good health.

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

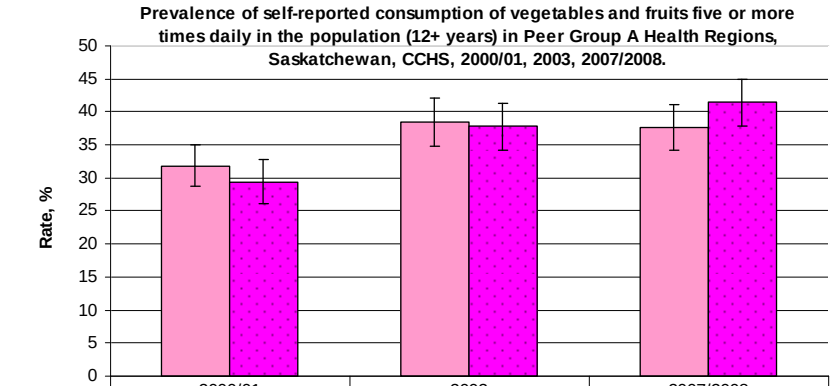
C. Limitations:

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.

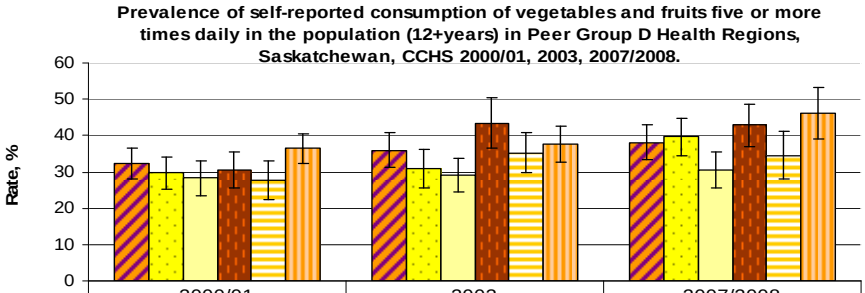
D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.



	2000/01	2003	2007/2008
RQRHA-A	31.9	38.5	37.6
STRHA-A	29.4	37.8	41.5

Peer group A by Year(s)



	2000/01	2003	2007/2008
SCRHA-D	32.4	36.0	38.1
FHRHA-D	29.7	30.8	39.6
CYRHA-D	28.3	29.0	30.5
SRRHA-D	30.5	43.4	42.8
HLRHA-D	27.7	35.2	34.5
KTRHA-D	36.4	37.6	46.3

Peer group D by Year(s)

SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQRHA) and Saskatoon (STRHA) health regions' proportions of self-reported consumption of vegetables and fruits five or more times daily slightly increased across the survey years, but the increase was only significant in STRHA.

Peer Group D, Sun Country (SCRHA), Five Hills (FHRHA), Cypress (CYRHA), Sunrise (SRRHA), Heartland (HLRHA) and Kelsey Trail (KTRHA), health regions' proportions varied across the six health regions with an increasing trend; however, the increases were not significant.

BEHAVIOURS - CONSUMPTION OF VEGETABLES & FRUITS BY RHA

CHART 10-31

A. Definitions:

Proportion of people aged between 12 years and over who reported consuming vegetables and fruits five or more times daily.

B. Significance/Use:

A diet high in vegetables and fruits is linked with good health.

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

C. Limitations:

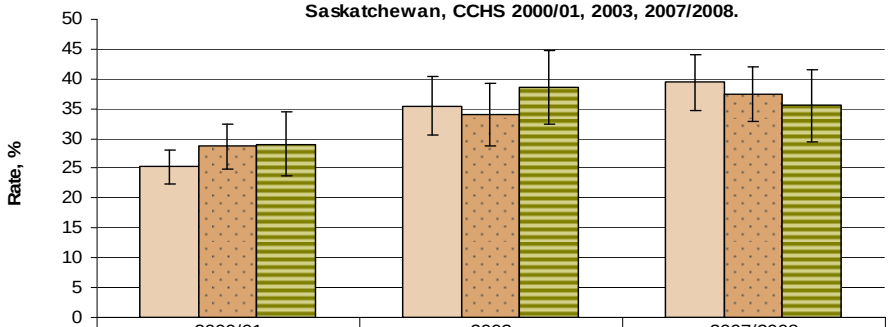
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Prevalence of self-reported consumption of vegetables and fruits five or more times daily in the population (12+years) in Peer Group H and F Health Regions, Saskatchewan, CCHS 2000/01, 2003, 2007/2008.



	2000/01	2003	2007/2008
PAPRHA-H	25.3	35.5	39.5
PNRHA-H	28.7	34.0	37.5
North-F	29.1	38.6	35.5

Peer group H and F by Year(s)

SUMMARY OF FINDINGS:

Peer Group H, Prince Albert Parkland (PAPRHA) and Prairie North (PNRHA), health regions' self-reported consumption of vegetables and fruits five or more time daily significantly increased across the survey years; however, the proportions did not significantly from each other.

Peer Group F, Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority, health regions (North) were combined due to small numbers. The proportions did not differ significantly across the survey years.

BEHAVIOURS - PHYSICAL ACTIVITY, ACTIVE OR MODERATE LEVEL - OVERALL

CHART 10-32

A. Definitions:

Proportion of the population, aged 12 and over, whose physical activity was derived from their responses on frequency, duration and intensity of participation in leisure-time activity.

B. Significance/Use:

Physical activity is a behaviour that is generally accepted to reduce the risk of premature morbidity and mortality, particularly in relation to cardiovascular disease, hypertension, osteoporosis, and possibly diabetes. It is associated with positive mental health.

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

C. Limitations:

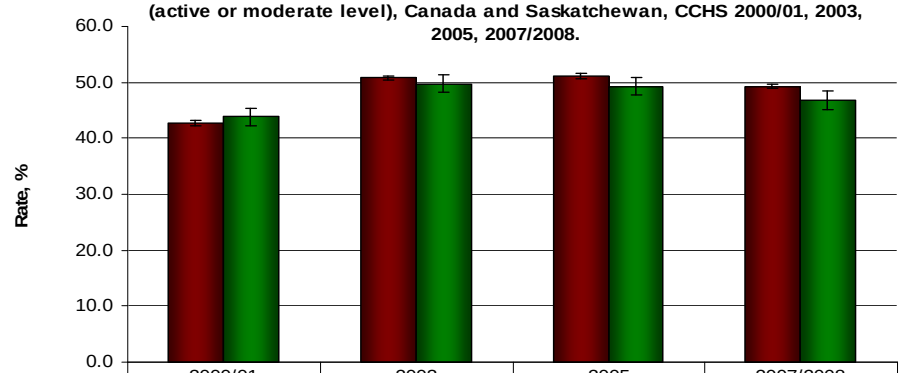
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

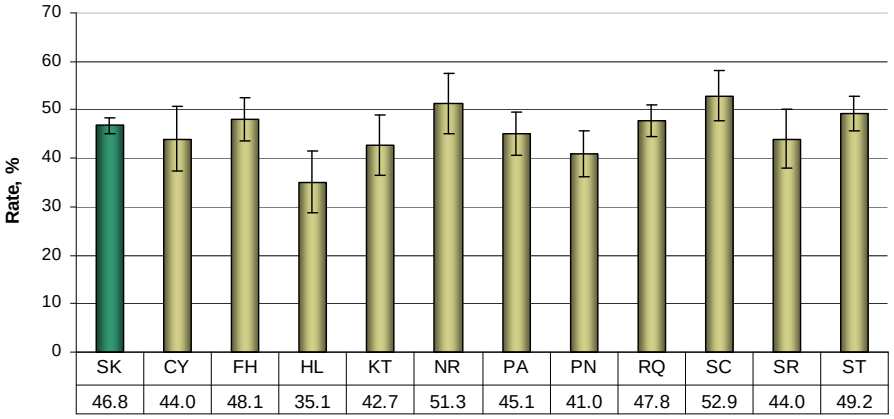
Prevalence of 12+ year olds' self-reported physical activity during leisure time (active or moderate level), Canada and Saskatchewan, CCHS 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
Canada	42.7	50.8	51.2	49.3
Saskatchewan	43.8	49.8	49.3	46.8

CCHS year

Prevalence of 12+ year olds' self-reported physical activity during leisure time (active or moderate level) in Health Regions, Saskatchewan, CCHS 2007/2008.



SK	CY	FH	HL	KT	NR	PA	PN	RQ	SC	SR	ST
46.8	44.0	48.1	35.1	42.7	51.3	45.1	41.0	47.8	52.9	44.0	49.2

Saskatchewan and Health Authorities

SUMMARY OF FINDINGS:

Saskatchewan (SK) prevalence of people self-reporting active or moderately active during leisure time did not differ significantly from the Canadian average. Both significantly increased from the year 2000/01 to 2003, after which tended to decline in the subsequent years.

In 2007/08, the regional health authority prevalence varied with significantly lower prevalence in Heartland (HL) health regions than the provincial average.

BEHAVIOURS - PHYSICAL ACTIVITY, ACTIVE OR MODERATE LEVEL BY AGE AND SEX

CHART 10-33

A. Definitions:

Proportion of the population, aged 12 and over, whose physical activity was derived from their responses on frequency, duration and intensity of participation in leisure-time activity.

B. Significance/Use:

Physical activity is a behaviour that is generally accepted to reduce the risk of premature morbidity and mortality, particularly in relation to cardiovascular disease, hypertension, osteoporosis, and possibly diabetes. It is associated with positive mental health.

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

C. Limitations:

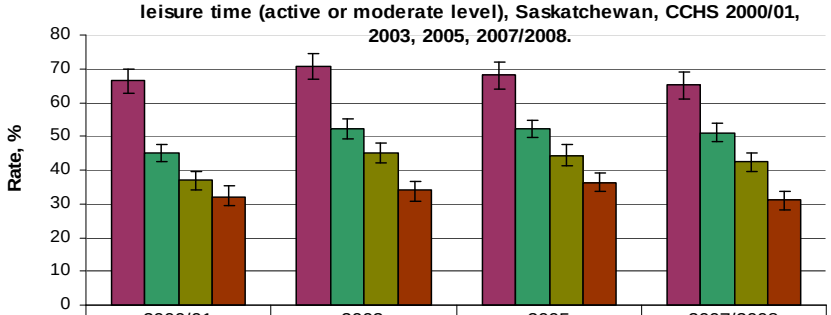
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

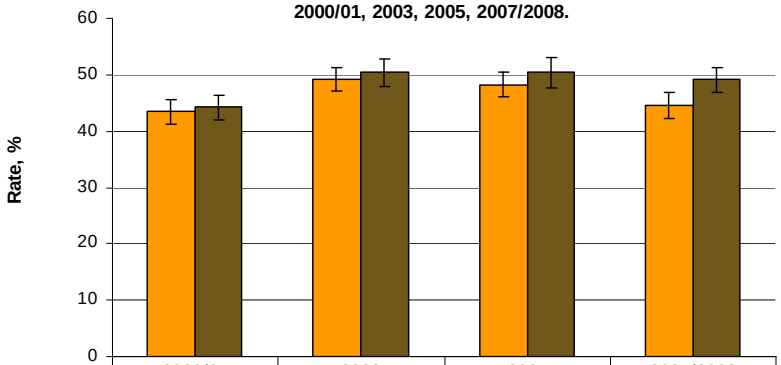
Prevalence of 12+ year olds' self-reported physical activity during leisure time (active or moderate level), Saskatchewan, CCHS 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
12-19	66.3	70.6	68.0	65.1
20-44	45.1	52.3	52.1	51.1
45-64	36.9	44.9	44.4	42.4
65+	32.2	34.0	36.4	31.0

Age group by Year(s)

Prevalence of 12+ year olds' self-reported physical activity during leisure time (active or moderate level) by Sex, Saskatchewan, CCHS 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
Female	43.4	49.2	48.3	44.6
Male	44.3	50.4	50.4	49.1

Sex by Year(s)

SUMMARY OF FINDINGS:

Percentages of self-reported to be active or moderately active from 2000/01 to 2007/08 declined significantly with advancing age, from the highest proportions in adolescents (12-19 years) to the seniors (65 years and older) having the lowest percentages in all survey years.

Sex-specific percentages were higher among males than females; however, the difference between them was significant only in 2007/2008.

BEHAVIOURS - PHYSICAL ACTIVITY, ACTIVE OR MODERATE LEVEL BY SEX AND AGE

CHART 10-34

A. Definitions:

Proportion of the population, aged 12 and over, whose physical activity was derived from their responses on frequency, duration and intensity of participation in leisure-time activity.

B. Significance/Use:

Physical activity is a behaviour that is generally accepted to reduce the risk of premature morbidity and mortality, particularly in relation to cardiovascular disease, hypertension, osteoporosis, and possibly diabetes. It is associated with positive mental health.

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

C. Limitations:

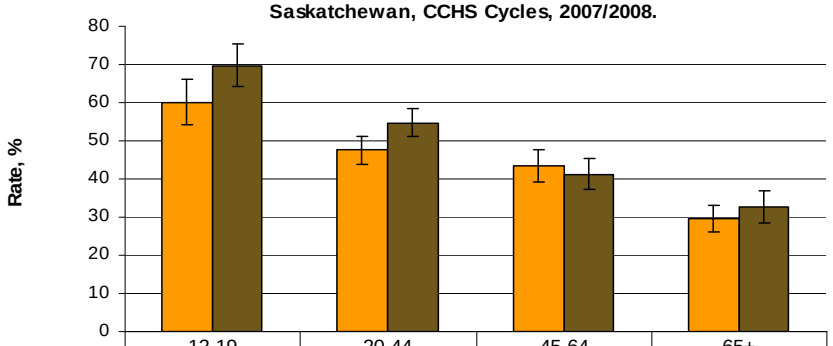
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Prevalence of 12+ year olds' self-reported physical activity during leisure time (active or moderate level) by Sex and Age group, Saskatchewan, CCHS Cycles, 2007/2008.



	12-19	20-44	45-64	65+
Female	60.2	47.6	43.5	29.7
Male	69.8	54.6	41.3	32.6

Sex by Age group

SUMMARY OF FINDINGS:

Percentages of self-reported active or moderately active during leisure time in 2007/08 differed by age and sex. Males generally tended to have higher proportions than females across all age groups except for 45 to 64 year olds, though the proportions were not statistically significant for any age group.

BEHAVIOURS - PHYSICAL ACTIVITY, ACTIVE OR MODERATE LEVEL BY RHA

CHART 10-35

A. Definitions:

Proportion of the population, aged 12 and over, whose physical activity was derived from their responses on frequency, duration and intensity of participation in leisure-time activity.

B. Significance/Use:

Physical activity is a behaviour that is generally accepted to reduce the risk of premature morbidity and mortality, particularly in relation to cardiovascular disease, hypertension, osteoporosis, and possibly diabetes. It is associated with positive mental health.

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

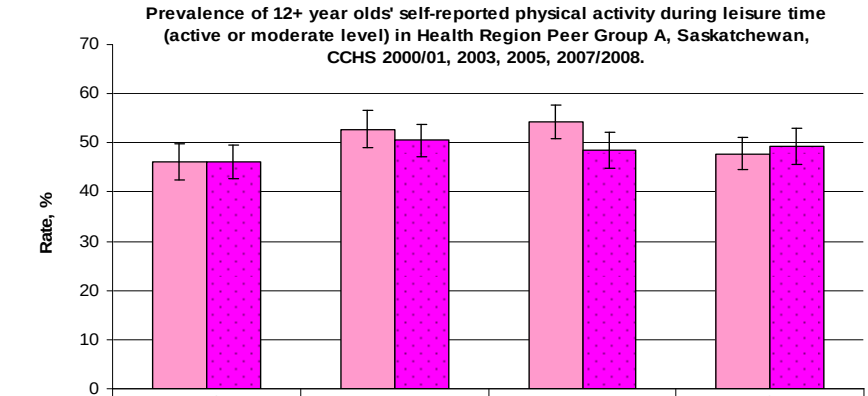
C. Limitations:

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.

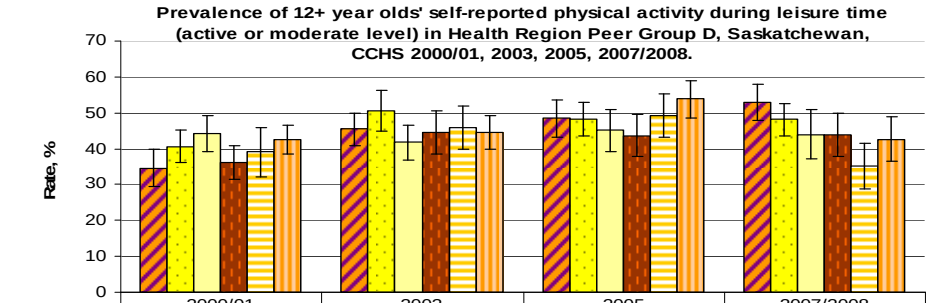
D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.



	2000/01	2003	2005	2007/2008
RQRHA-A	46.1	52.8	54.3	47.8
STRHA-A	46.0	50.5	48.5	49.2

Peer group A by Year(s)



	2000/01	2003	2005	2007/2008
SCRHA-D	34.6	45.4	48.5	52.9
FHRHA-D	40.6	50.6	48.3	48.1
CYRHA-D	44.3	41.7	45.1	44.0
SRRHA-D	36.2	44.7	43.7	44.0
HLRHA-D	39.1	46.0	49.3	35.1
KTRHA-D	42.6	44.5	53.8	42.7

Peer group D by Year(s)

SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQRHA) and Saskatoon (STRHA), health regions' proportions of self-reported active or moderately active during leisure time varied with no significant difference between them or over the survey years.

Peer Group D, Sun Country (SCRHA), Five Hills (FHRHA), Cypress (CYRHA), Sunrise (SRRHA), Heartland (HLRHA) and Kelsey Trail (KTRHA), health regions' proportions had a general tendency to increase slightly from 2000/01 through 2005 for several regions. In 2007/2008, the percentage was highest in Sun Country RHA and was significantly higher than in Heartland RHA.

BEHAVIOURS - PHYSICAL ACTIVITY, ACTIVE OR MODERATE LEVEL BY RHA

CHART 10-36

A. Definitions:

Proportion of the population, aged 12 and over, whose physical activity was derived from their responses on frequency, duration and intensity of participation in leisure-time activity.

B. Significance/Use:

Physical activity is a behaviour that is generally accepted to reduce the risk of premature morbidity and mortality, particularly in relation to cardiovascular disease, hypertension, osteoporosis, and possibly diabetes. It is associated with positive mental health.

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

C. Limitations:

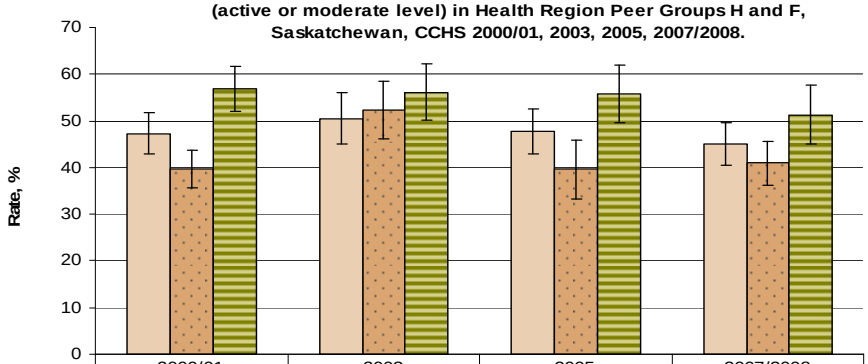
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Prevalence of 12+ year olds' self-reported physical activity during leisure time (active or moderate level) in Health Region Peer Groups H and F, Saskatchewan, CCHS 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
PAPRHA-H	47.3	50.5	47.7	45.1
PNRHA-H	39.7	52.4	39.6	41.0
North-F	56.8	56.2	55.9	51.3

Peer group H and F by Year(s)

SUMMARY OF FINDINGS:

Peer Group H, Prince Albert Parkland (PAPRHA) and Prairie North (PNRHA), health regions' proportion of self-reported active or moderately active during leisure time were not significantly different across the time period or from each other.

Peer Group F, Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority, health regions' were combined (North) due to small numbers. The proportions fluctuated over time but were not significantly different across the years.

BEHAVIOURS - PHYSICAL ACTIVITY, ACTIVE LEVEL - OVERALL CHART 10-37

A. Definitions:

Proportion of the population, aged 12 and over, whose physical activity was derived from their responses on frequency, duration and intensity of participation in leisure-time activity.

B. Significance/Use:

Physical activity is a behaviour that is generally accepted to reduce the risk of premature morbidity and mortality, particularly in relation to cardiovascular disease, hypertension, osteoporosis, and possibly diabetes. It is associated with positive mental health.

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

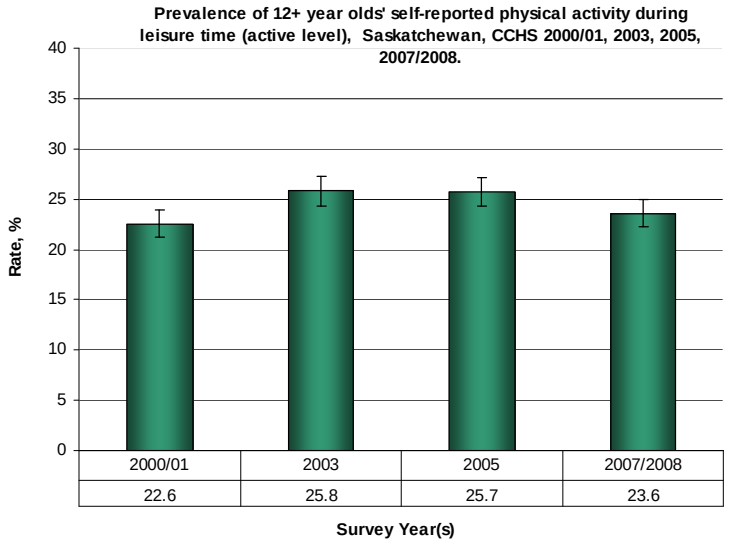
C. Limitations:

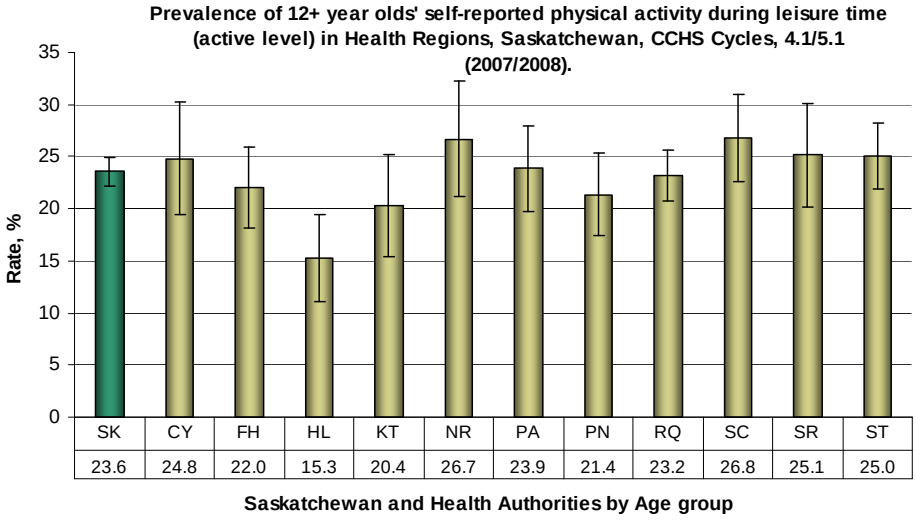
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.





SUMMARY OF FINDINGS:

The Saskatchewan (SK) prevalence rates of self-reported active during leisure time increased significantly from 2000/01 to 2003, but then tended to decline over the rest of the survey period.

In 2007/08, the regional health authority prevalence varied with significantly lower prevalence in Heartland (HL) health region than the provincial average.

BEHAVIOURS - PHYSICAL ACTIVITY, ACTIVE LEVEL BY AGE AND SEX

CHART 10-38

A. Definitions:

Proportion of the population, aged 12 and over, whose physical activity was derived from their responses on frequency, duration and intensity of participation in leisure-time activity.

B. Significance/Use:

Physical activity is a behaviour that is generally accepted to reduce the risk of premature morbidity and mortality, particularly in relation to cardiovascular disease, hypertension, osteoporosis, and possibly diabetes. It is associated with positive mental health.

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

C. Limitations:

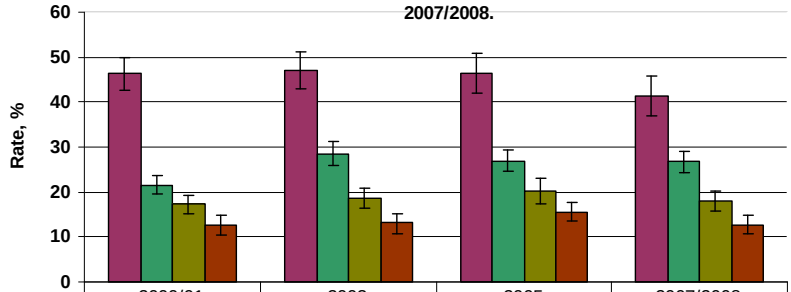
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

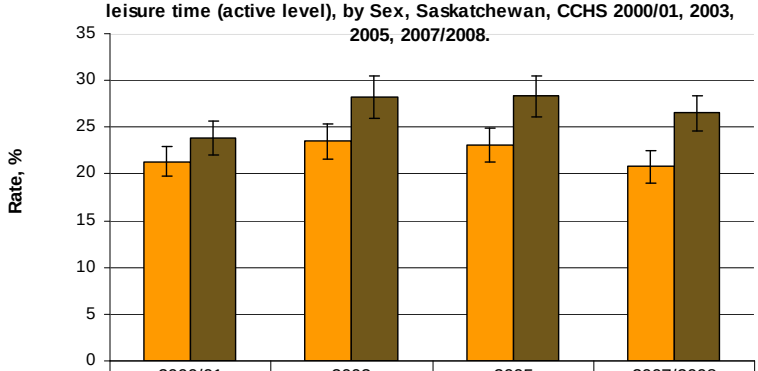
Prevalence of 12+ year olds' self-reported physical activity during leisure time (active level), Saskatchewan, CCHS 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
12-19	46.3	47.0	46.4	41.4
20-44	21.6	28.5	26.9	26.7
45-64	17.3	18.6	20.3	18.0
65+	12.7	13.2	15.4	12.8

Age group by Year(s)

Prevalence of 12+ year olds' self-reported physical activity during leisure time (active level), by Sex, Saskatchewan, CCHS 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
Female	21.3	23.5	23.1	20.8
Male	23.8	28.2	28.3	26.5

Sex by Year(s)

SUMMARY OF FINDINGS:

Percentages of self-reported to be active from 2000/01 to 2007/08 were highest in adolescents (12-19 years) and lower as the age advanced, with seniors (65 years and older) having the lowest percentages in all years.

Sex-specific percentages were higher in males than females in all the years.

BEHAVIOURS - PHYSICAL ACTIVITY, ACTIVE LEVEL BY SEX AND AGE CHART 10-39

A. Definitions:

Proportion of the population, aged 12 and over, whose physical activity were derived from their responses on frequency, duration and intensity of participation in leisure-time activity.

B. Significance/Use:

Physical activity is a behaviour that is generally accepted to reduce the risk of premature morbidity and mortality, particularly in relation to cardiovascular disease, hypertension, osteoporosis, and possibly diabetes. It is associated with positive mental health.

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

C. Limitations:

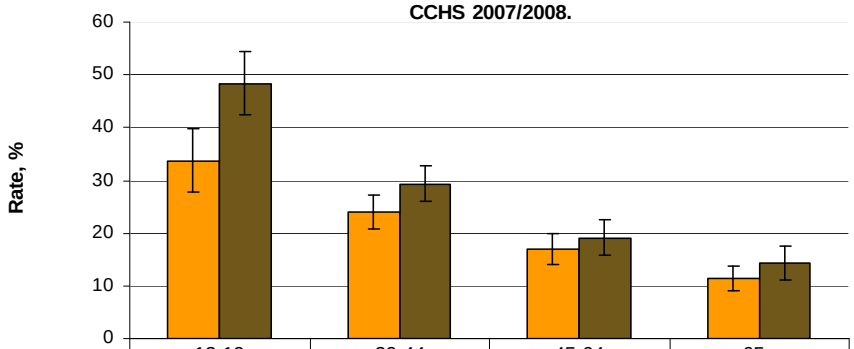
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Prevalence of 12+ year olds' self-reported physical activity during leisure time (active level), by Sex and Age group, Saskatchewan, CCHS 2007/2008.



	12-19	20-44	45-64	65+
Female	33.8	24.0	17.0	11.5
Male	48.4	29.4	19.1	14.4

Sex by Age group

SUMMARY OF FINDINGS:

Percentages of self-reported to be active during leisure time declined significantly with advancing age for both males and females over the survey time period.

Sex-specific percentages were significantly higher for males aged 12-19 years than females in that age group. The sex difference was not significant in the older age groups.

BEHAVIOURS - PHYSICAL ACTIVITY, ACTIVE LEVEL BY RHA CHART 10-40

A. Definitions:

Proportion of the population, aged 12 and over, whose physical activity was derived from their responses on frequency, duration and intensity of participation in leisure-time activity.

B. Significance/Use:

Physical activity is a behaviour that is generally accepted to reduce the risk of premature morbidity and mortality, particularly in relation to cardiovascular disease, hypertension, osteoporosis, and possibly diabetes. It is associated with positive mental health.

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

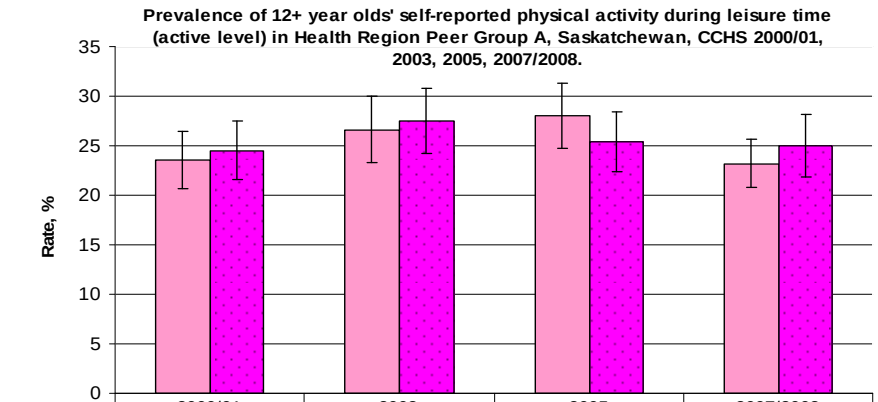
C. Limitations:

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.

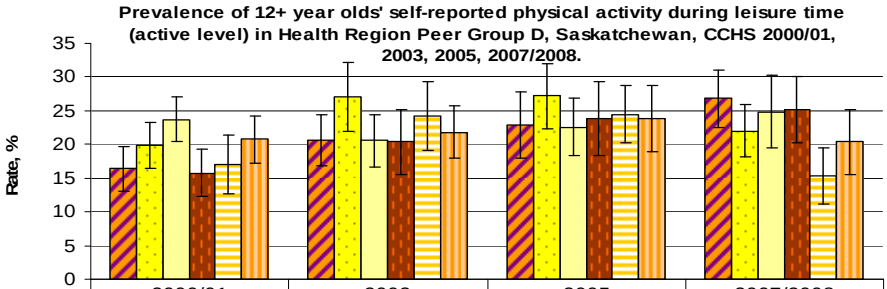
D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.



	2000/01	2003	2005	2007/2008
RQRHA-A	23.5	26.6	28.1	23.2
STRHA-A	24.5	27.5	25.3	25.0

Peer group A by Year(s)



	2000/01	2003	2005	2007/2008
SCRHA-D	16.4	20.6	22.8	26.8
FHRHA-D	19.9	27.1	27.2	22.0
CYRHA-D	23.7	20.6	22.6	24.8
SRRHA-D	15.7	20.4	23.8	25.1
HLRHA-D	17.0	24.3	24.5	15.3
KTRHA-D	20.7	21.8	23.9	20.4

Peer group D by Year(s)

SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQRHA) and Saskatoon (STRHA), health regions' proportions of self-reported active during leisure time varied with no significant difference between them or over the survey years.

Peer Group D, Sun Country (SCRHA), Five Hills (FHRHA), Cypress (CYRHA), Sunrise (SRRHA), Heartland (HLRHA) and Kelsey Trail (KTRHA), health regions' proportions had no particular trend across the survey years. In 2000/01, CYRHA and SRRHA were significantly different.

BEHAVIOURS - PHYSICAL ACTIVITY, ACTIVE LEVEL BY RHA

CHART 10-41

A. Definitions:

Proportion of the population, aged 12 and over, whose physical activity was derived from their responses on frequency, duration and intensity of participation in leisure-time activity.

B. Significance/Use:

Physical activity is a behaviour that is generally accepted to reduce the risk of premature morbidity and mortality, particularly in relation to cardiovascular disease, hypertension, osteoporosis, and possibly diabetes. It is associated with positive mental health.

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

C. Limitations:

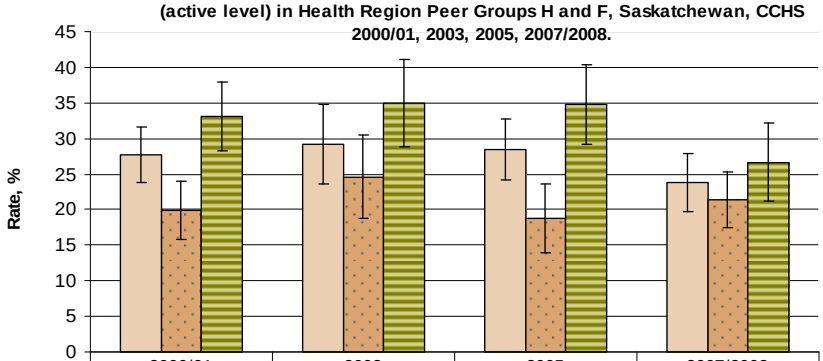
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Prevalence of 12+ year olds' self-reported physical activity during leisure time (active level) in Health Region Peer Groups H and F, Saskatchewan, CCHS 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
PAPRHA-H	27.7	29.2	28.5	23.9
PNRHA-H	19.9	24.6	18.8	21.4
North-F	33.1	34.9	34.8	26.7

Peer group H and F by Year(s)

SUMMARY OF FINDINGS:

Peer Group H, Prince Albert Parkland (PAPRHA) and Prairie North (PNRHA), health regions' proportion of self-reported active during leisure time were not significantly different across the time period or from each other.

Peer Group F, Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority, health regions were combined (North) due to small numbers. The proportions fluctuated over time with no significant differences.

BEHAVIOURS - PHYSICAL ACTIVITY, MODERATE LEVEL - OVERALL

CHART 10-42

A. Definitions:

Proportion of the population, aged 12 and over, whose physical activity was derived from their responses on frequency, duration and intensity of participation in leisure-time activity.

B. Significance/Use:

Physical activity is a behaviour that is generally accepted to reduce the risk of premature morbidity and mortality, particularly in relation to cardiovascular disease, hypertension, osteoporosis, and possibly diabetes. It is associated with positive mental health.

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

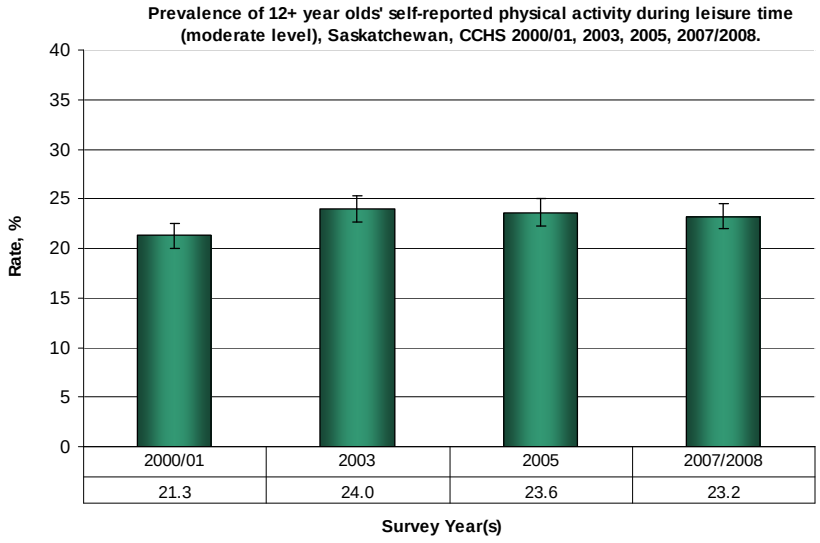
C. Limitations:

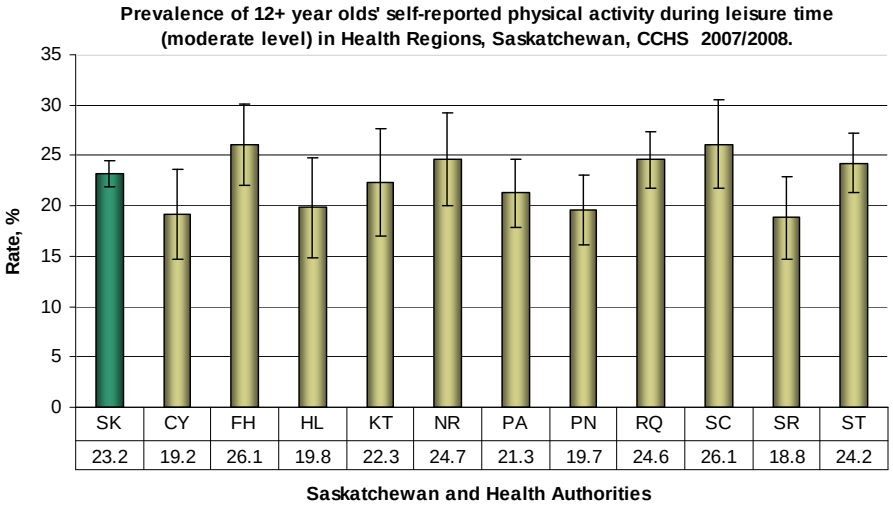
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.





SUMMARY OF FINDINGS:

Saskatchewan (SK) prevalence of self-reported moderately active during leisure time increased significantly from 2000/01 to 2003, then stabilized for the rest of the study period.

In 2007/2008, the proportions across health regions were not significantly different from each other as well as from the provincial percentage.

BEHAVIOURS - PHYSICAL ACTIVITY, MODERATE LEVEL BY AGE AND SEX

CHART 10-43

A. Definitions:

Proportion of the population, aged 12 and over, whose physical activity was derived from their responses on frequency, duration and intensity of participation in leisure-time activity.

B. Significance/Use:

Physical activity is a behaviour that is generally accepted to reduce the risk of premature morbidity and mortality, particularly in relation to cardiovascular disease, hypertension, osteoporosis, and possibly diabetes. It is associated with positive mental health.

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

C. Limitations:

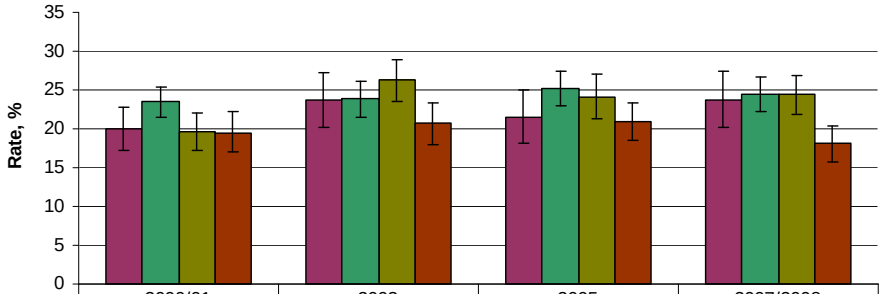
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

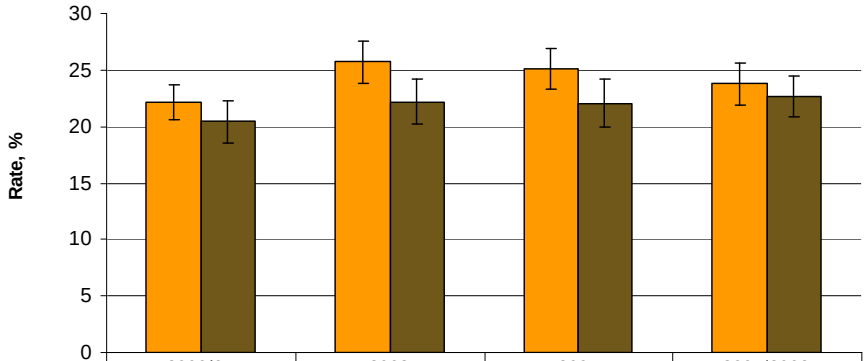
Prevalence of 12+ year olds' self-reported physical activity during leisure time (moderate level), Saskatchewan, CCHS 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
12-19	20.0	23.6	21.6	23.8
20-44	23.4	23.8	25.1	24.4
45-64	19.6	26.3	24.1	24.4
65+	19.5	20.8	20.9	18.2

Age group by Year(s)

Prevalence of 12+ year olds' self-reported physical activity during leisure time (moderate level), by Sex, Saskatchewan, CCHS 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
Female	22.1	25.7	25.1	23.8
Male	20.4	22.2	22.1	22.7

Sex by Year(s)

SUMMARY OF FINDINGS:

Percentages of self-reported moderate activity during leisure time tended to be the lowest for seniors (65 years and older) compared to the other age groups; however, the difference was statistically significant only between seniors and 45-64 year olds in 2003 and between seniors and 20-44 and 45-64 year olds in 2007/2008.

Sex-specific percentages were higher among females than males in all years, 2000/01 through 2007/2008, however, the difference was not significant.

BEHAVIOURS - PHYSICAL ACTIVITY, MODERATE LEVEL BY SEX AND AGE

CHART 10-44

A. Definitions:

Proportion of the population, aged 12 and over, whose physical activity was derived from their responses on frequency, duration and intensity of participation in leisure-time activity.

B. Significance/Use:

Physical activity is a behaviour that is generally accepted to reduce the risk of premature morbidity and mortality, particularly in relation to cardiovascular disease, hypertension, osteoporosis, and possibly diabetes. It is associated with positive mental health.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

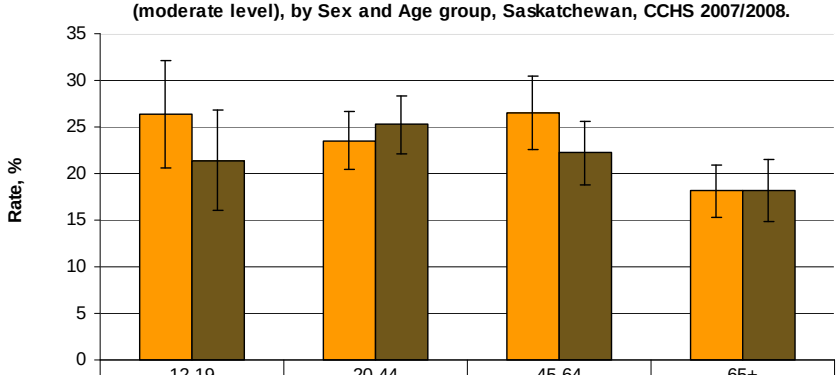
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Prevalence of 12+ year olds' self-reported physical activity during leisure time (moderate level), by Sex and Age group, Saskatchewan, CCHS 2007/2008.



	12-19	20-44	45-64	65+
Female	26.4	23.5	26.5	18.2
Male	21.4	25.2	22.2	18.2

Sex by Age group

SUMMARY OF FINDINGS:

Percentages of self-reported moderate activity during leisure time in 2007/2008 were higher in females than males except in 20-44 year olds and 65+ years, however, the differences were not significant.

The proportions for both males and females aged 65 years and older were significantly lower than the males aged 20-44 years and females aged 45-64 years.

BEHAVIOURS - PHYSICAL ACTIVITY, MODERATE LEVEL BY RHA

CHART 10-45

A. Definitions:

Proportion of the population, aged 12 and over, whose physical activity was derived from their responses on frequency, duration and intensity of participation in leisure-time activity.

B. Significance/Use:

Physical activity is a behaviour that is generally accepted to reduce the risk of premature morbidity and mortality, particularly in relation to cardiovascular disease, hypertension, osteoporosis, and possibly diabetes. It is associated with positive mental health.

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.

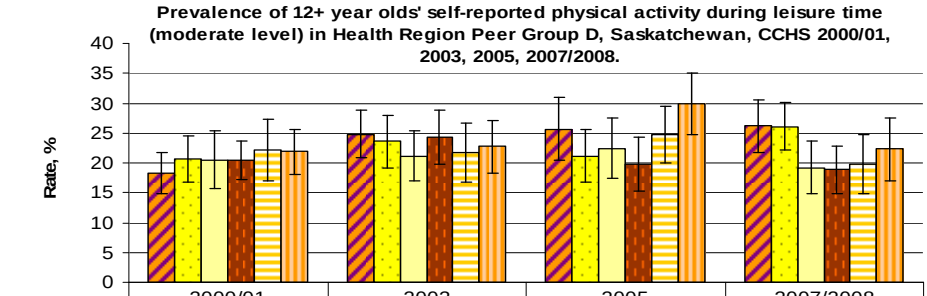
Does not include homeless people or individuals living in institutions, First Nations people living on Reserves or members of the Armed Forces.

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

	2000/01	2003	2005	2007/2008
RQRHA-A	22.6	26.2	26.2	24.6
STRHA-A	21.5	23.0	23.2	24.2

Peer group A by Year(s)



	2000/01	2003	2005	2007/2008
SCRHA-D	18.3	24.8	25.7	26.1
FHRHA-D	20.7	23.6	21.1	26.1
CYRHA-D	20.5	21.2	22.5	19.2
SRRHA-D	20.4	24.3	19.9	18.8
HLRHA-D	22.1	21.7	24.8	19.8
KTRHA-D	21.9	22.7	29.8	22.3

Peer group D by Year(s)

SUMMARY OF FINDINGS:

Peer Group A Regina Qu'Appelle (RQRHA) and Saskatoon (STRHA), health regions' proportions of self-reported moderate activity during leisure time varied with no significant difference between them or over the survey years.

Peer Group D, Sun Country (SCRHA), Five Hills (FHRHA), Cypress (CYRHA), Sunrise (SRRHA), Heartland (HLRHA) and Kelsey Trail (KTRHA), health regions' proportions were not significantly different except that KTRHA was higher than the SRRHA in 2005.

BEHAVIOURS - PHYSICAL ACTIVITY, MODERATE LEVEL BY RHA

CHART 10-46

A. Definitions:

Proportion of the population, aged 12 and over, whose physical activity was derived from their responses on frequency, duration and intensity of participation in leisure-time activity.

B. Significance/Use:

Physical activity is a behaviour that is generally accepted to reduce the risk of premature morbidity and mortality, particularly in relation to cardiovascular disease, hypertension, osteoporosis, and possibly diabetes. It is associated with positive mental health.

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

C. Limitations:

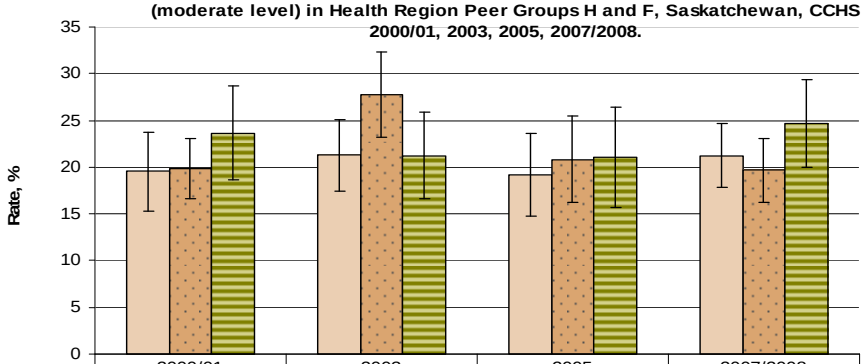
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Prevalence of 12+ year olds' self-reported physical activity during leisure time (moderate level) in Health Region Peer Groups H and F, Saskatchewan, CCHS 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
PAPRHA-H	19.6	21.3	19.2	21.3
PNRHA-H	19.8	27.8	20.8	19.7
North-F	23.7	21.2	21.0	24.7

Peer group H/C and F by Year(s)

SUMMARY OF FINDINGS:

Peer Group H, Prince Albert Parkland (PAPRHA) and Prairie North (PNRHA), health regions' proportion of self-reported moderate activity during leisure time were not significantly different across the time period or from each other.

Peer Group F, Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority, health regions were combined (North) due to small numbers. The proportions fluctuated over time but were not significantly different.

BEHAVIOURS - PHYSICAL ACTIVITY, INACTIVE LEVEL - OVERALL

CHART 10-47

A. Definitions:

Proportion of the population, aged 12 and over, whose physical activity was derived from their responses on frequency, duration and intensity of participation in leisure-time activity.

B. Significance/Use:

Physical activity is a behaviour that is generally accepted to reduce the risk of premature morbidity and mortality, particularly in relation to cardiovascular disease, hypertension, osteoporosis, and possibly diabetes. It is associated with positive mental health.

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

C. Limitations:

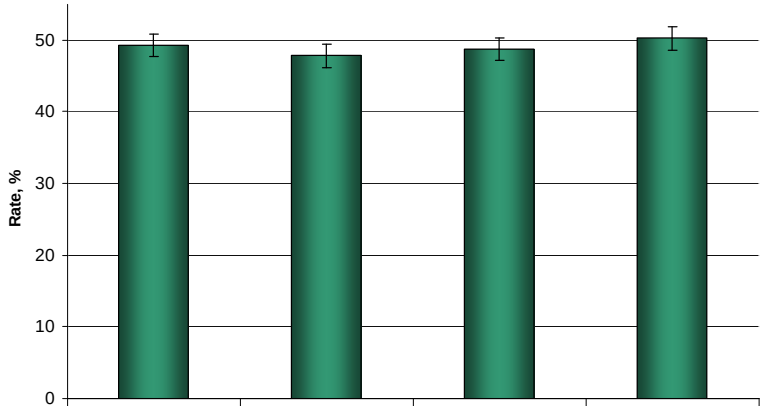
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

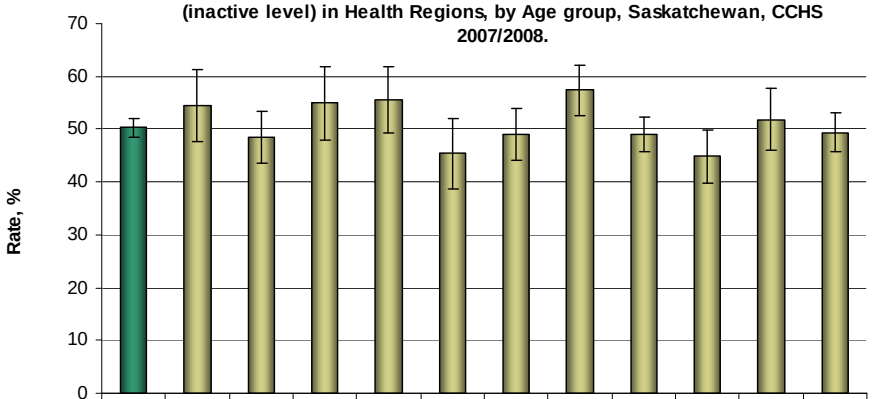
Prevalence of 12+ year olds' self-reported physical activity during leisure time (inactive level), Saskatchewan, CCHS 2000/01, 2003, 2005, 2007/2008.



2000/01	2003	2005	2007/2008
49.3	47.8	48.7	50.3

Survey Year(s)

Prevalence of 12+ year olds' self-reported physical activity during leisure time (inactive level) in Health Regions, by Age group, Saskatchewan, CCHS 2007/2008.



SK	CY	FH	HL	KT	NR	PA	PN	RQ	SC	SR	ST
50.3	54.5	48.6	55.0	55.5	45.4	49.0	57.4	49.0	44.8	51.9	49.4

Saskatchewan and Health Authorities by Age group

SUMMARY OF FINDINGS:

Saskatchewan (SK) prevalence of people self-reporting as inactive during leisure time remained stable over the survey years.

In 2007/2008, the proportions across health regions were not significantly different from each other as well as from the province.

BEHAVIOURS - PHYSICAL ACTIVITY, INACTIVE LEVEL BY AGE AND SEX

CHART 10-48

A. Definitions:

Proportion of the population, aged 12 and over, whose physical activity was derived from their responses on frequency, duration and intensity of participation in leisure-time activity.

B. Significance/Use:

Physical activity is a behaviour that is generally accepted to reduce the risk of premature morbidity and mortality, particularly in relation to cardiovascular disease, hypertension, osteoporosis, and possibly diabetes. It is associated with positive mental health.

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

C. Limitations:

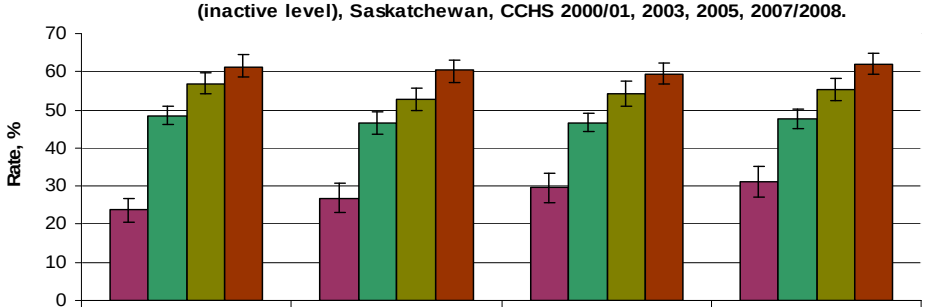
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

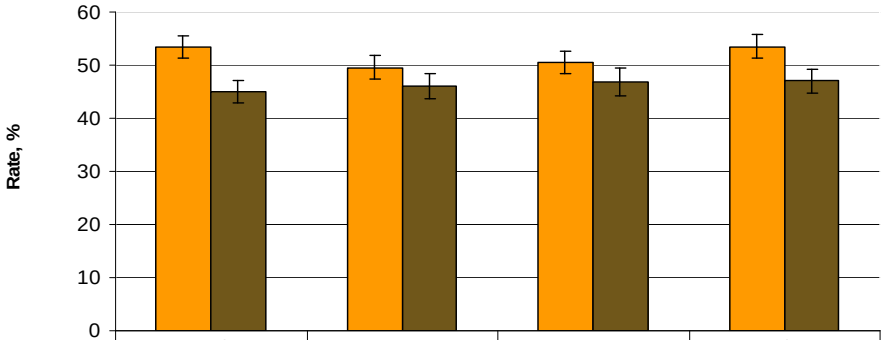
Prevalence of 12+ year olds' self-reported physical activity during leisure time (inactive level), Saskatchewan, CCHS 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
12-19	23.6	26.8	29.6	31.1
20-44	48.5	46.6	46.7	47.6
45-64	56.9	52.8	54.1	55.3
65+	61.3	60.3	59.5	62.0

Age group by Year(s)

Prevalence of 12+ year olds' self-reported physical activity during leisure time (inactive level), by Sex, Saskatchewan, CCHS 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
Female	53.5	49.6	50.5	53.5
Male	44.9	46.0	46.9	47.0

Sex by Year(s)

SUMMARY OF FINDINGS:

Percentages of self-reported inactivity during leisure time were lowest in 12-19 year olds and increased significantly with advancing age in all survey years.

Sex-specific percentages were higher among females than males. The differences were significant in 2000/01 and 2007/2008.

BEHAVIOURS - PHYSICAL ACTIVITY, INACTIVE LEVEL BY SEX AND AGE

CHART 10-49

A. Definitions:

Proportion of the population, aged 12 and over, whose physical activity was derived from their responses on frequency, duration and intensity of participation in leisure-time activity.

B. Significance/Use:

Physical activity is a behaviour that is generally accepted to reduce the risk of premature morbidity and mortality, particularly in relation to cardiovascular disease, hypertension, osteoporosis, and possibly diabetes. It is associated with positive mental health.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

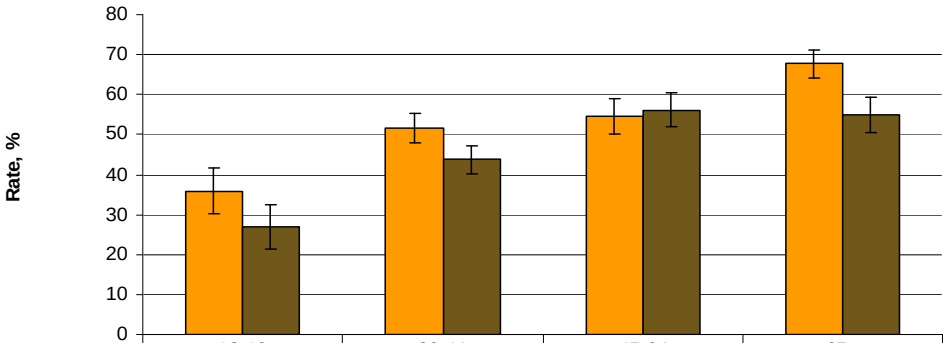
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Prevalence of 12+ year olds' self-reported physical activity during leisure time (inactive level), by Sex and Age group, Saskatchewan, CCHS 2007/2008.



	12-19	20-44	45-64	65+
Female	35.8	51.5	54.5	67.7
Male	26.8	43.7	56.1	54.8

Sex by Age group

SUMMARY OF FINDINGS:

Percentages of self-reported inactivity during leisure time in 2007/2008, were significantly higher in females than males in the age groups of 20-44 years and 65 years and old

The proportions increased significantly with age.

BEHAVIOURS - PHYSICAL ACTIVITY, INACTIVE LEVEL BY RHA

CHART 10-50

A. Definitions:

Proportion of the population, aged 12 and over, whose physical activity was derived from their responses on frequency, duration and intensity of participation in leisure-time activity.

B. Significance/Use:

Physical activity is a behaviour that is generally accepted to reduce the risk of premature morbidity and mortality, particularly in relation to cardiovascular disease, hypertension, osteoporosis, and possibly diabetes. It is associated with positive mental health.

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

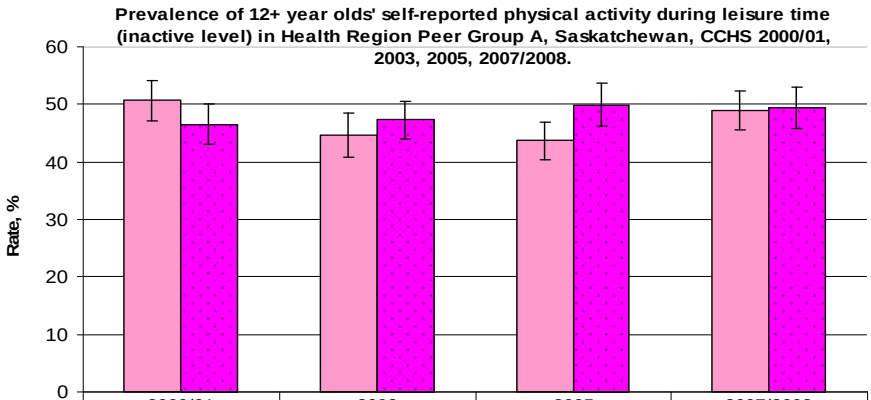
C. Limitations:

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.

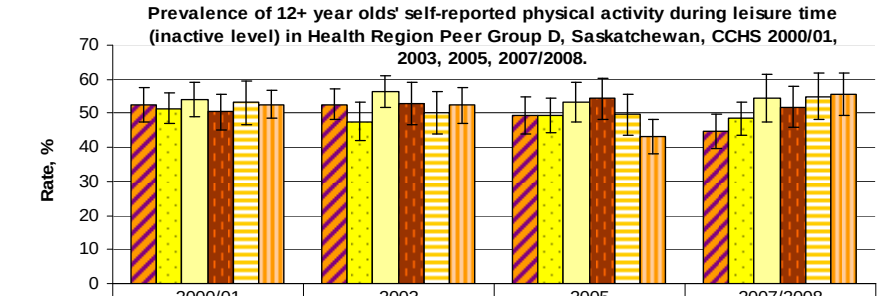
D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.



	2000/01	2003	2005	2007/2008
RQRHA-A	50.7	44.7	43.7	49.0
STRHA-A	46.5	47.3	49.9	49.4

Peer group A by Year(s)



	2000/01	2003	2005	2007/2008
SCRHA-D	52.3	52.7	49.2	44.8
FHRHA-D	51.5	47.6	49.4	48.6
CYRHA-D	53.9	56.4	53.4	54.5
SRRHA-D	50.4	53.0	54.3	51.9
HLRHA-D	53.2	50.3	49.7	55.0
KTRHA-D	52.6	52.3	43.2	55.5

Peer group D by Year(s)

SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQRHA) and Saskatoon (STRHA), health regions' proportions of self-reported inactivity during leisure time varied with no significant difference between them or over the survey years.

Peer Group D, Sun Country (SCRHA), Five Hills (FHRHA), Cypress (CYRHA), Sunrise (SRRHA), Heartland (HLRHA) and Kelsey Trail (KTRHA), health regions' proportions were not significantly different from each other or over the survey years.

BEHAVIOURS - PHYSICAL ACTIVITY, INACTIVE LEVEL BY RHA

CHART 10-51

A. Definitions:

Proportion of the population, aged 12 and over, whose physical activity was derived from their responses on frequency, duration and intensity of participation in leisure-time activity.

B. Significance/Use:

Physical activity is a behaviour that is generally accepted to reduce the risk of premature morbidity and mortality, particularly in relation to cardiovascular disease, hypertension, osteoporosis, and possibly diabetes. It is associated with positive mental health.

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

C. Limitations:

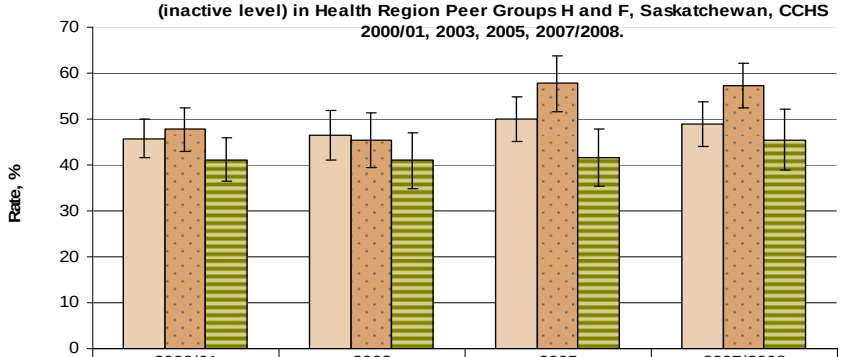
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Prevalence of 12+ year olds' self-reported physical activity during leisure time (inactive level) in Health Region Peer Groups H and F, Saskatchewan, CCHS 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
PAPRHA-H	45.8	46.5	49.9	49.0
PNRHA-H	47.8	45.5	57.7	57.4
North-F	41.2	41.0	41.7	45.4

Peer group H and F by Year(s)

SUMMARY OF FINDINGS:

Peer Group H, Prince Albert Parkland (PAPRHA) and Prairie North (PNRHA), health regions' proportions of self-reported inactivity during leisure time were not significantly different across the time period or from each other.

Peer Group F, Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority, health regions were combined (North) due to small numbers. The proportions fluctuated over time but were not significantly different.

BEHAVIOURS - SMOKING, ADULTS CURRENT - OVERALL

CHART 10-52

A. Definitions:

Proportion of adults aged 20 years and older who reported their smoking status. Those responding daily and occasional were considered to be current cigarette smokers.

B. Significance/Use:

High relative risks of mortality and morbidity due to cardiovascular and respiratory diseases and lung cancer are significantly related to smoking. Smoking is linked to increased risk of poor general health and frequent hospitalization. Passive exposure to tobacco smoke also presents a health risk.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

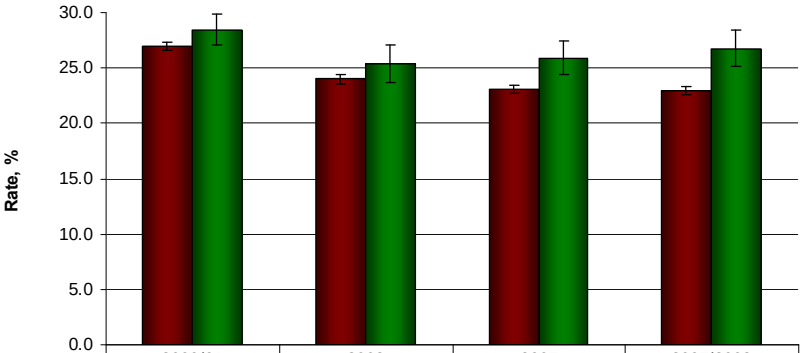
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

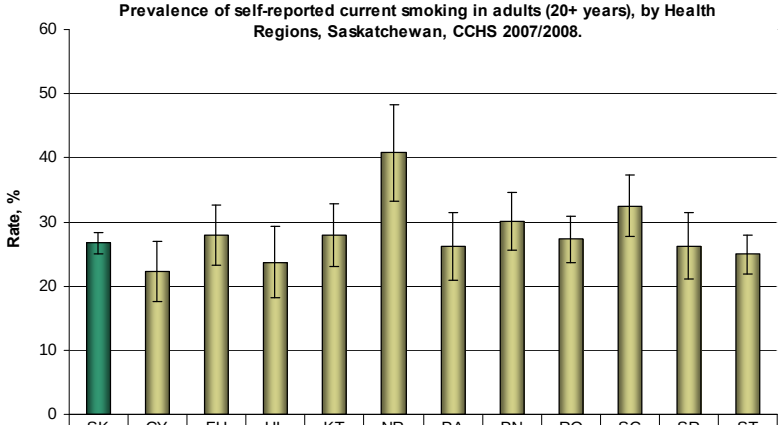
Prevalence of self-reported current cigarrete smoking in adults (20+ years), Canada and Saskatchewan, CCHS 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
Canada	27.0	24.0	23.1	22.9
Saskatchewan	28.5	25.3	25.9	26.7

CCHS year

Prevalence of self-reported current smoking in adults (20+ years), by Health Regions, Saskatchewan, CCHS 2007/2008.



SK	CY	FH	HL	KT	NR	PA	PN	RQ	SC	SR	ST
26.7	22.3	28.0	23.7	27.9	40.8	26.1	30.1	27.3	32.5	26.3	25.0

Saskatchewan and Health Authorities

SUMMARY OF FINDINGS:

Saskatchewan (SK) prevalence of self-reported current smoking declined significantly from the year 2000/01 to 2003, and then tended to rise in the subsequent years; whereas the Canadian proportions of current adult smoking declined significantly and steadily from the year 2000/01 through 2007/2008. The provincial proportions were significantly higher than the Canadian average in 2005 and 2007/2008.

In 2007/08, the regional health authority prevalence varied with significantly higher prevalence in Northern Saskatchewan (NR) than the provincial average.

BEHAVIOURS - SMOKING, ADULTS CURRENT BY AGE AND SEX

CHART 10-53

A. Definitions:

Proportion of adults aged 20 years and older who reported their smoking status. Those responding daily and occasional were considered to be current cigarette smokers.

B. Significance/Use:

High relative risks of mortality and morbidity due to cardiovascular and respiratory diseases and lung cancer are significantly related to smoking. Smoking is linked to increased risk of poor general health and frequent hospitalization. Passive exposure to tobacco smoke also presents a health risk.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

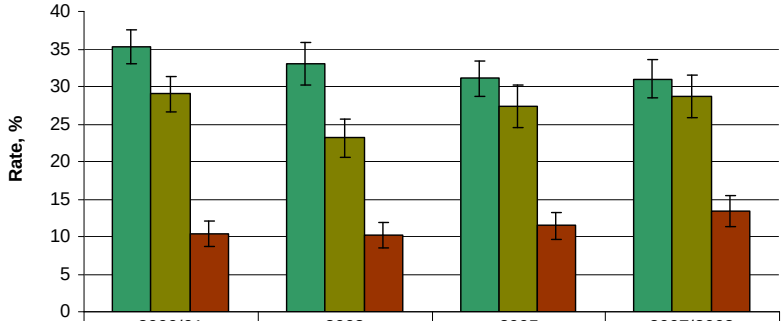
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

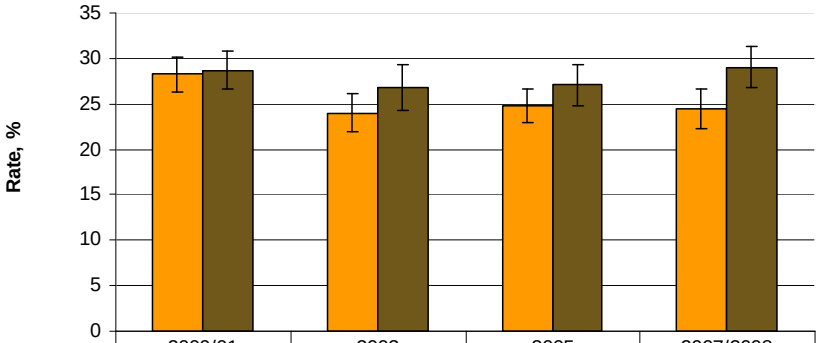
Prevalence of self-reported current smoking in adults (20+ years), by age group, Saskatchewan, CCHS 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
20-44	35.3	33.1	31.0	31.0
45-64	29.0	23.1	27.3	28.7
65+	10.4	10.1	11.4	13.4

Age group by Year(s)

Prevalence of self-reported current smoking of adults (20+ years), by Sex, Saskatchewan, CCHS 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
Female	28.2	24.0	24.8	24.5
Male	28.7	26.7	27.1	29.1

Sex by Year(s)

SUMMARY OF FINDINGS:

Percentages of self-reported current smoking declined significantly with the advancing age in all survey years, 2000/01 to 2007/2008. The percentages were lowest in 65 years and older in all survey cycle years.

Sex-specific percentages were significantly higher in males than in females in 2007/2008, but not significantly higher in other survey cycle years.

BEHAVIOURS - SMOKING, ADULTS CURRENT BY SEX AND AGE

CHART 10-54

A. Definitions:

Proportion of adults aged 20 years and older who reported their smoking status. Those responding daily and occasional were considered to be current cigarette smokers.

B. Significance/Use:

High relative risks of mortality and morbidity due to cardiovascular and respiratory diseases and lung cancer are significantly related to smoking. Smoking is linked to increased risk of poor general health and frequent hospitalization. Passive exposure to tobacco smoke also presents a health risk.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

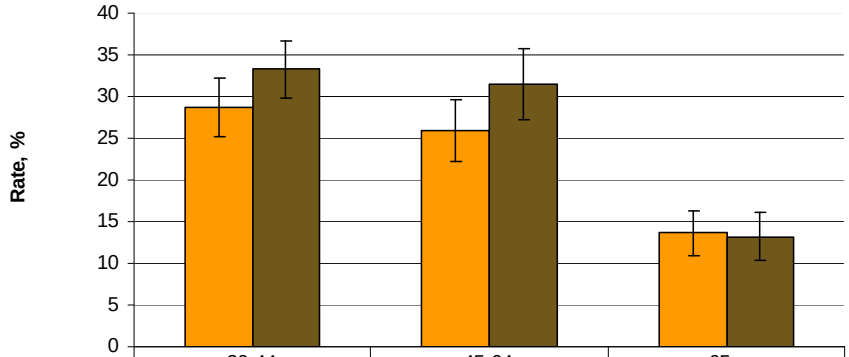
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Prevalence of self-reported current smoking in adults (20+ years), by Sex and Age group, Saskatchewan, CCHS 2007/2008.



	20-44	45-64	65+
Female	28.7	25.9	13.6
Male	33.3	31.5	13.2

Sex by Age group

SUMMARY OF FINDINGS:

Percentages of self-reported current smoking in 20-44 and 45-64 year olds in 2007/08 were significantly higher than in 65 years and older for both males and females.

BEHAVIOURS - SMOKING, ADULTS CURRENT BY RHA

CHART 10-55

A. Definitions:

Proportion of adults aged 20 years and older who reported their smoking status. Those responding daily and occasional were considered to be current cigarette smokers.

B. Significance/Use:

High relative risks of mortality and morbidity due to cardiovascular and respiratory diseases and lung cancer are significantly related to smoking. Smoking is linked to increased risk of poor general health and frequent hospitalization. Passive exposure to tobacco smoke also presents a health risk.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

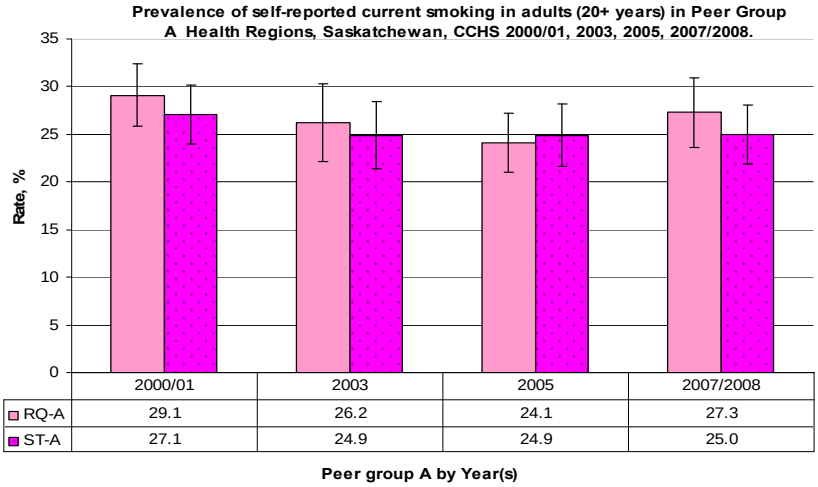
C. Limitations:

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.

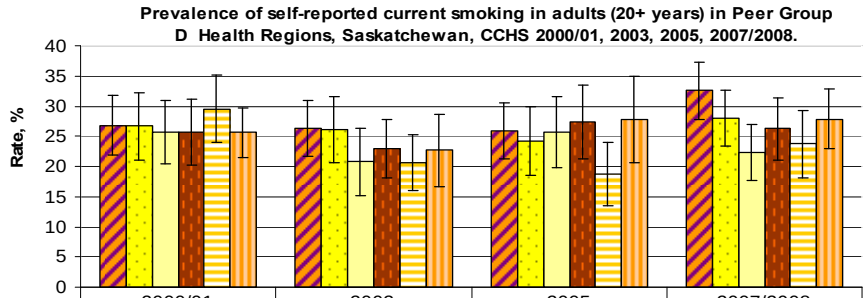
D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.



	2000/01	2003	2005	2007/2008
RQ-A	29.1	26.2	24.1	27.3
ST-A	27.1	24.9	24.9	25.0

Peer group A by Year(s)



	2000/01	2003	2005	2007/2008
SC-D	26.8	26.3	25.8	32.5
FH-D	26.6	26.1	24.2	28.0
CY-D	25.7	20.8	25.7	22.3
SR-D	25.7	23.0	27.3	26.3
HL-D	29.5	20.7	18.8	23.7
KT-D	25.6	22.7	27.8	27.9

Peer group D by Year(s)

SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQ) and Saskatoon (ST), health regions' proportions of self-reported smoking tended to slightly decline from 2000/01 to 2005 and increase in 2007/2008, but with no statistical significance of their differences.

Peer Group D, Sun Country (SC), Five Hills (FH), Cypress (CY), Sunrise (SR), Heartland (HL) and Kelsey Trail (KT), health regions' proportions varied across the six health regions, but were not significantly different to each other, except those in 2007/2008 with CY being significantly lower than SC.

BEHAVIOURS - SMOKING, ADULTS CURRENT BY RHA

CHART 10-56

A. Definitions:

Proportion of adults aged 20 years and older who reported their smoking status. Those responding daily and occasional were considered to be current cigarette smokers.

B. Significance/Use:

High relative risks of mortality and morbidity due to cardiovascular and respiratory diseases and lung cancer are significantly related to smoking. Smoking is linked to increased risk of poor general health and frequent hospitalization. Passive exposure to tobacco smoke also presents a health risk.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

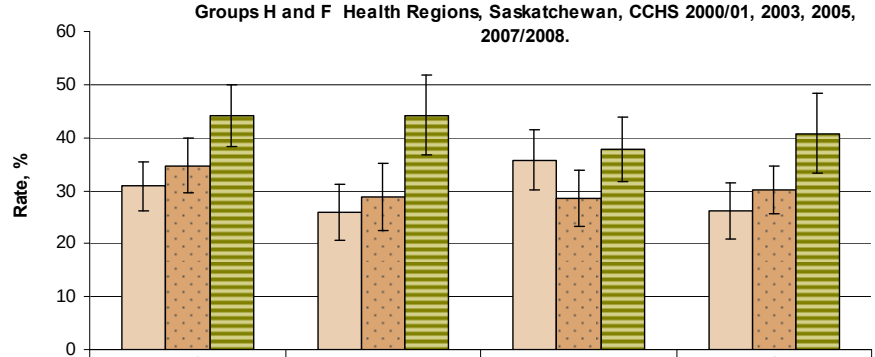
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Prevalence of self-reported current smoking in adults (20+ years) in Peer Groups H and F Health Regions, Saskatchewan, CCHS 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
PA-H	30.8	25.9	35.7	26.1
PN-H	34.7	28.8	28.6	30.1
North-F	44.1	44.2	37.8	40.8

Peer group H and F by Year(s)

SUMMARY OF FINDINGS:

Peer Group H, Prince Albert Parkland (PA) and Prairie North (PN), health regions' self-reported current smoking proportions were not significantly different across the time period or from each other.

Peer Group F, Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority, health regions were combined (North) due to small numbers. The proportions fluctuated but were not significantly different over the time period.

BEHAVIOURS - SMOKING, ADULTS DAILY - OVERALL

CHART 10-57

A. Definitions:

Proportion of adults aged 20 years and older who reported their smoking status.

B. Significance/Use:

High relative risks of mortality and morbidity due to cardiovascular and respiratory diseases and lung cancer are significantly related to smoking. Smoking is linked to increased risk of poor general health and frequent hospitalization. Passive exposure to tobacco smoke also presents a health risk.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

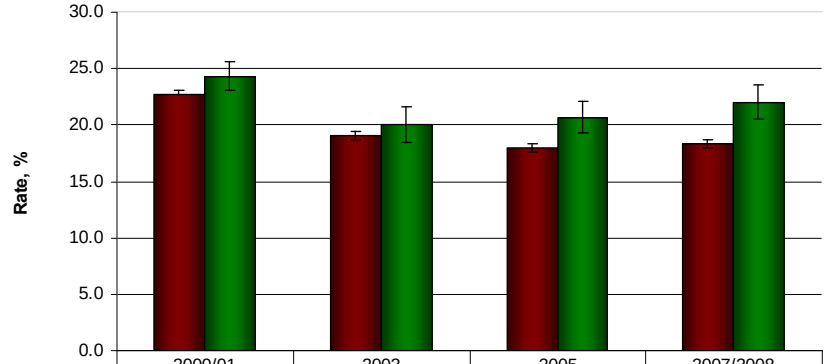
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

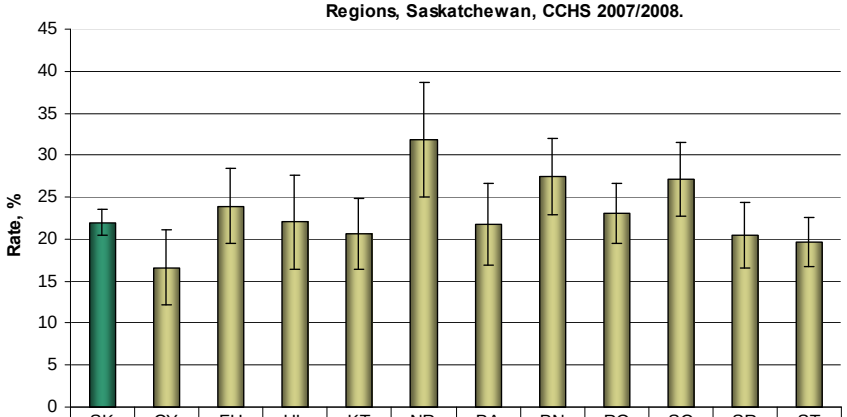
Prevalence of self-reported daily cigarrete smoking in adults (20 years), Canada and Saskatchewan, CCHS 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
Canada	22.7	19.0	18.0	18.3
Saskatchewan	24.3	20.0	20.7	22.0

CCHS year

Prevalence of self-reported daily smoking rates in adults (20+ years) in Health Regions, Saskatchewan, CCHS 2007/2008.



SK	CY	FH	HL	KT	NR	PA	PN	RQ	SC	SR	ST
22.0	16.6	24.0	22.1	20.7	31.9	21.7	27.4	23.1	27.2	20.5	19.7

Saskatchewan and Health Authorities

SUMMARY OF FINDINGS:

Saskatchewan (SK) prevalence of self-reported adult daily smoking declined significantly from the year 2000/01 to 2003, and then increased, although not significantly, in the subsequent years; whereas, the Canadian proportion declined significantly and steadily from the year 2000/01 through 2007/2008. The provincial proportions were significantly higher than Canada in 2005 and 2007/2008.

In 2007/08, the regional health authority prevalence varied with significantly higher prevalence in Northern Saskatchewan (NR) than the provincial average.

BEHAVIOURS - SMOKING, ADULTS DAILY BY AGE AND SEX

CHART 10-58

A. Definitions:

Proportion of adults aged 20 years and older who reported their smoking status.

B. Significance/Use:

High relative risks of mortality and morbidity due to cardiovascular and respiratory diseases and lung cancer are significantly related to smoking. Smoking is linked to increased risk of poor general health and frequent hospitalization. Passive exposure to tobacco smoke also presents a health risk.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

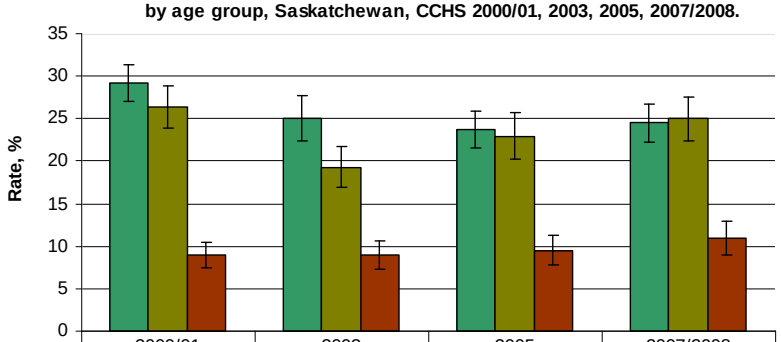
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

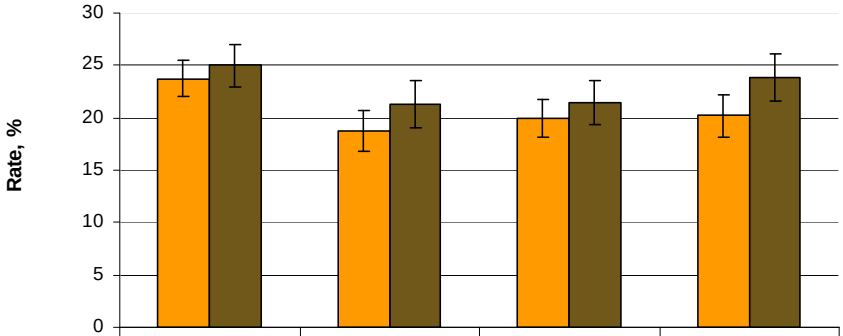
Prevalence of self-reported daily smoking rates in adults (20+ years), by age group, Saskatchewan, CCHS 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
20-44	29.2	25.0	23.8	24.5
45-64	26.4	19.3	23.0	25.0
65+	8.9	9.0	9.5	11.0

Age group by Year(s)

Prevalence of self-reported daily smoking rates in adults (20+ years), by Sex, Saskatchewan, CCHS 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
Female	23.7	18.8	19.9	20.2
Male	25.0	21.3	21.5	23.9

Sex by Year(s)

SUMMARY OF FINDINGS:

Percentages of self-reported daily smoking in seniors (65+) were lowest across the survey years and were significantly different from the proportions in 20-44 and 45-64 year age

Sex-specific percentages were higher in males than in females but not significantly.

BEHAVIOURS - SMOKING, ADULTS DAILY BY SEX AND AGE

CHART 10-59

A. Definitions:

Proportion of adults aged 20 years and older who reported their smoking status.

B. Significance/Use:

High relative risks of mortality and morbidity due to cardiovascular and respiratory diseases and lung cancer are significantly related to smoking. Smoking is linked to increased risk of poor general health and frequent hospitalization. Passive exposure to tobacco smoke also presents a health risk.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

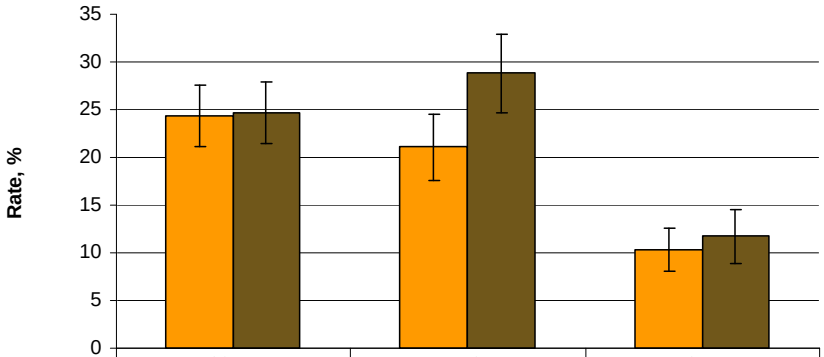
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Prevalence of self-reported daily smoking rates in adults (20+ years), by Sex and Age group, Saskatchewan, CCHS Cycles, 2007/2008.



	20-44	45-64	65+
Female	24.3	21.1	10.4
Male	24.6	28.8	11.7

Sex by Age group

SUMMARY OF FINDINGS:

Percentages of self-reported daily smoking in 2007/08 were significantly lower in seniors (65 years and older) for both males and females.

Only the 44-64 years age group had significant difference between the sexes with the proportions being statistically higher in males than in females.

BEHAVIOURS - SMOKING, ADULTS DAILY BY RHA

CHART 10-60

A. Definitions:

Proportion of adults aged 20 years and older who reported their smoking status.

B. Significance/Use:

High relative risks of mortality and morbidity due to cardiovascular and respiratory diseases and lung cancer are significantly related to smoking. Smoking is linked to increased risk of poor general health and frequent hospitalization. Passive exposure to tobacco smoke also presents a health risk.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

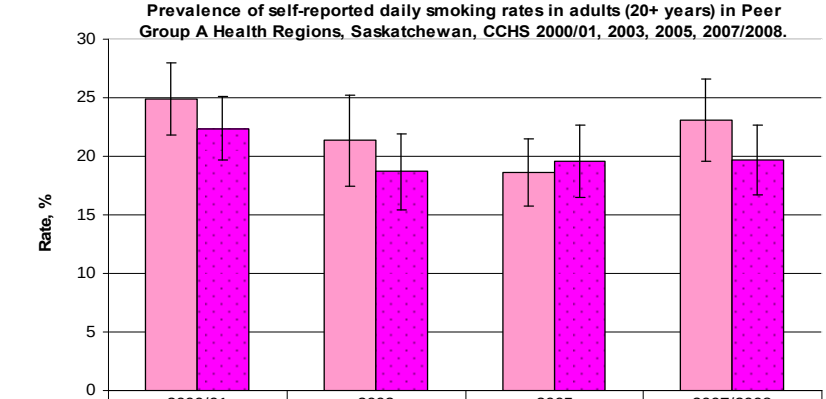
C. Limitations:

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.

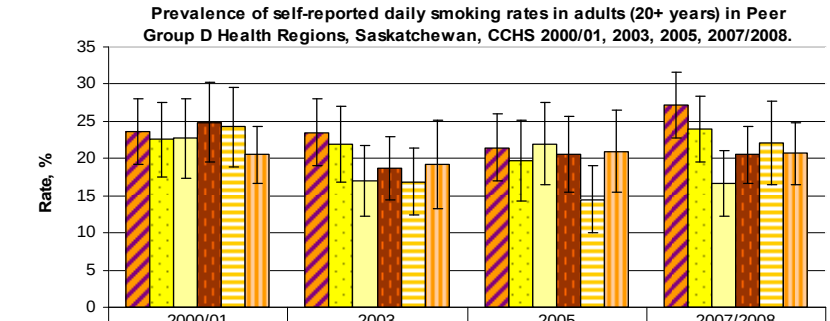
D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.



	2000/01	2003	2005	2007/2008
RQRHA-A	24.9	21.4	18.6	23.1
STRHA-A	22.3	18.7	19.5	19.7

Peer group A by Year(s)



	2000/01	2003	2005	2007/2008
SCRHA-D	23.6	23.5	21.5	27.2
FHRHA-D	22.5	21.9	19.7	24.0
CYRHA-D	22.7	17.0	22.0	16.6
SRRHA-D	24.8	18.7	20.6	20.5
HLRHA-D	24.2	16.9	14.5	22.1
KTRHA_D	20.5	19.2	20.9	20.7

Peer group D by Year(s)

SUMMARY OF FINDINGS:

Peer Group A Regina Qu'Appelle (RQRHA) and Saskatoon (STRHA), health regions' percentages of self-reported daily smoking declined from 2000/01 to 2005, then increased in 2007/2008. The proportions generally higher in STRHA than in RQRHA across the survey years except in 2005; however, there were no significantly differences between the two RHAs and across the years.

Peer Group D, Sun Country (SCRHA), Five Hills (FHRHA), Cypress (CYRHA), Sunrise (SRRHA), Heartland (HLRHA) and Kelsey Trail (KTRHA), health regions' proportions varied across the six health regions but were not significantly different from each other in all years except 2007/2008.

BEHAVIOURS - SMOKING, ADULTS DAILY BY RHA

CHART 10-61

A. Definitions:

Proportion of adults aged 20 years and older who reported their smoking status.

B. Significance/Use:

High relative risks of mortality and morbidity due to cardiovascular and respiratory diseases and lung cancer are significantly related to smoking. Smoking is linked to increased risk of poor general health and frequent hospitalization. Passive exposure to tobacco smoke also presents a health risk.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

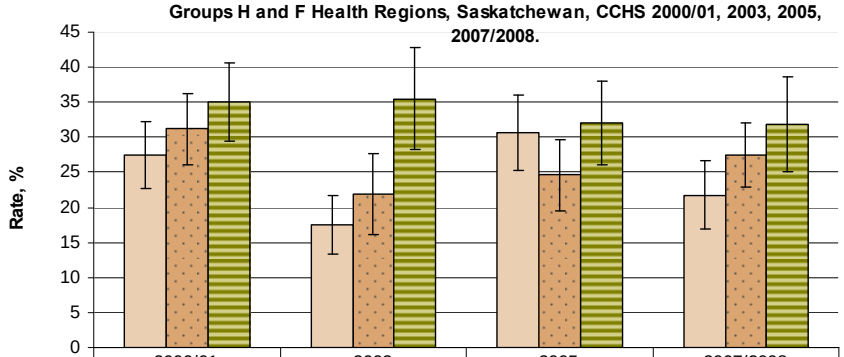
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Prevalence of self-reported daily smoking rates in adults (20+ years) in Peer Groups H and F Health Regions, Saskatchewan, CCHS 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
PAPRHA-H	27.4	17.6	30.6	21.7
PNRHA-H	31.2	21.9	24.6	27.4
North-F	35.0	35.5	32.0	31.9

Peer group H and F by Year(s)

SUMMARY OF FINDINGS:

Self-reported daily smoking for adults (20+ years) in the health regions of Peer Group H (Prince Albert Parkland (PAPRHA) and Prairie North (PNRHA)) were not significantly different across the time period, with the exception of PAPHR being significantly lower in 2003 from 2000/01 and 2005 or from each other.

Peer Group F, Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority, health regions were combined (North) due to small numbers. The proportions fluctuated but were not significantly different over the time period.

BEHAVIOURS - SMOKING, ADULTS FORMER - OVERALL

CHART 10-62

A. Definitions:

Proportion of adults aged 20 years and older who reported their smoking status.

B. Significance/Use:

High relative risks of mortality and morbidity due to cardiovascular and respiratory diseases and lung cancer are significantly related to smoking. Smoking is linked to increased risk of poor general health and frequent hospitalization. Passive exposure to tobacco smoke also presents a health risk.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

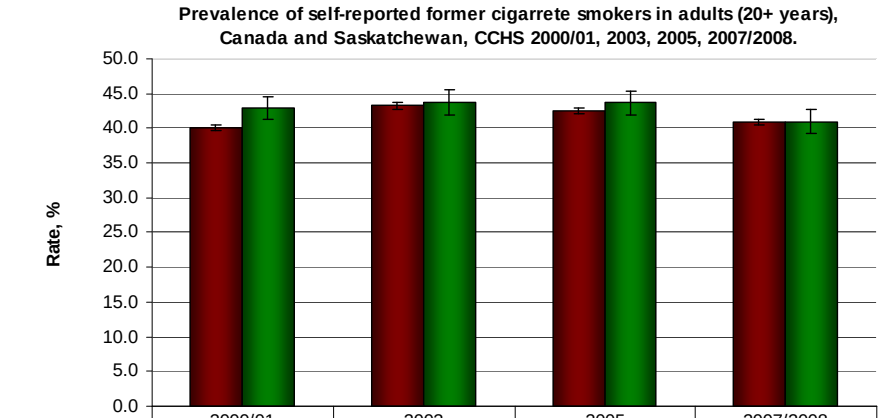
C. Limitations:

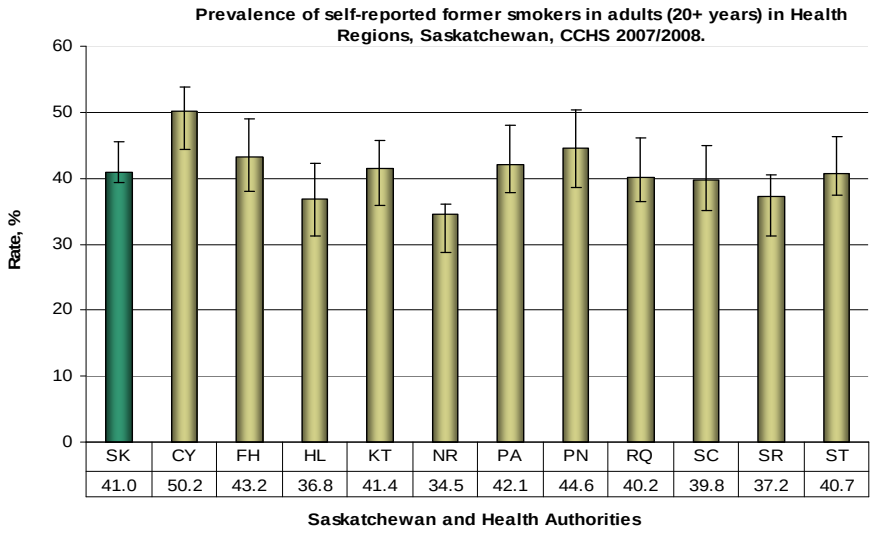
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.





SUMMARY OF FINDINGS:

Saskatchewan (SK) prevalence of self-reported former smokers was consistent between the year 2000/01 and 2007/2008 with no significant differences in any year. The provincial prevalence was significantly higher than the national proportion only in 2000/01.

In 2007/08, the regional health authority prevalence varied with significantly lower prevalence in Northern Saskatchewan (NR) than the province.

BEHAVIOURS - SMOKING, ADULTS FORMER BY AGE AND SEX

CHART 10-63

A. Definitions:

Proportion of adults aged 20 years and older who reported their smoking status.

B. Significance/Use:

High relative risks of mortality and morbidity due to cardiovascular and respiratory diseases and lung cancer are significantly related to smoking. Smoking is linked to increased risk of poor general health and frequent hospitalization. Passive exposure to tobacco smoke also presents a health risk.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

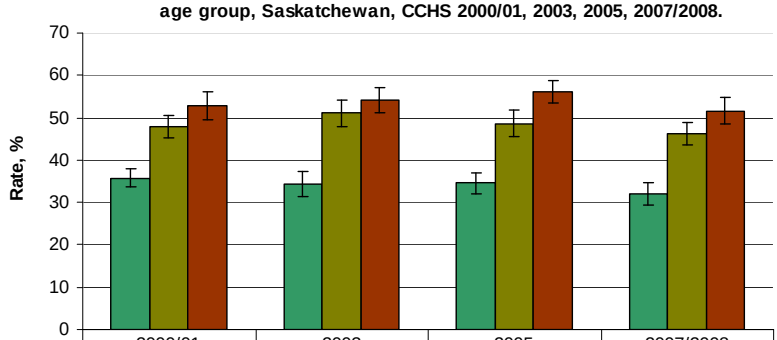
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

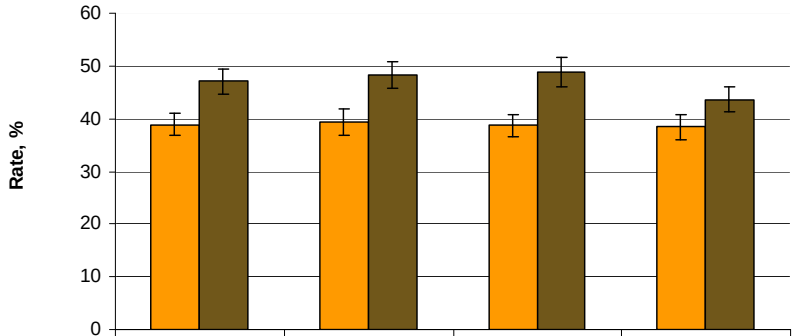
Prevalence of self-reported former smokers in adults (20+ years), by age group, Saskatchewan, CCHS 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
20-44	35.8	34.3	34.6	32.0
45-64	47.9	51.2	48.7	46.3
65+	52.9	54.2	56.2	51.7

Age group by Year(s)

Prevalence of self-reported former smokers in adults (20+ years), by Sex, Saskatchewan, CCHS 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
Female	38.9	39.4	38.7	38.4
Male	47.0	48.2	48.9	43.6

Sex by Year(s)

SUMMARY OF FINDINGS:

Percentages of self-reported former smokers increased significantly with advancing age across all survey years. The percentages in 20-44 year olds were the lowest and were significantly different from the older age groups in all survey cycle years.

Sex-specific percentages were significantly higher in males than in females in all survey years.

BEHAVIOURS - SMOKING, ADULTS FORMER BY SEX AND AGE

CHART 10-64

A. Definitions:

Proportion of adults aged 20 years and older who reported their smoking status.

B. Significance/Use:

High relative risks of mortality and morbidity due to cardiovascular and respiratory diseases and lung cancer are significantly related to smoking. Smoking is linked to increased risk of poor general health and frequent hospitalization. Passive exposure to tobacco smoke also presents a health risk.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

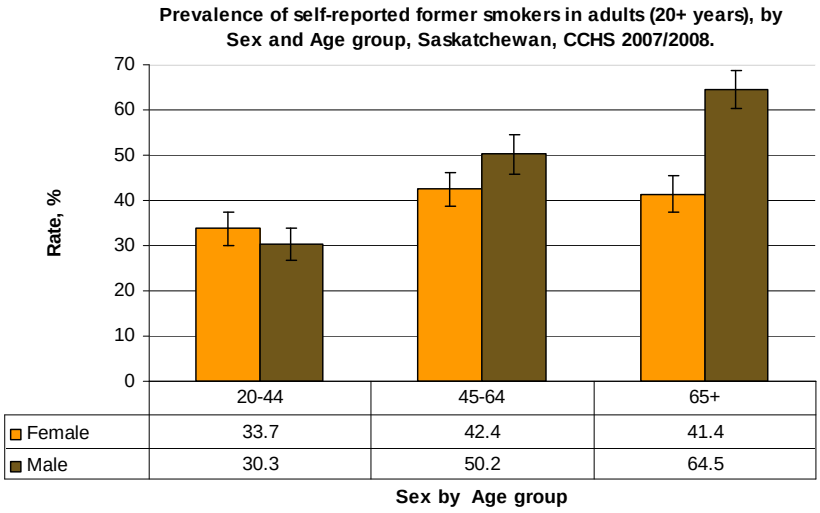
C. Limitations:

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.

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.



SUMMARY OF FINDINGS:

Percentages of self-reported former smokers in the age groups of 45-64 years and 65+ years were significantly higher for males than for females. The females aged 20-44 years had slightly higher percentages than males, with no significant difference.

Percentages for males significantly increased with the advancing age. For women, the proportion was significantly higher in 45-65 year olds than in 20-44 years olds, but did not further increase in 65 year and older age group.

BEHAVIOURS - SMOKING, ADULTS FORMER BY RHA

CHART 10-65

A. Definitions:

Proportion of adults aged 20 years and older who reported their smoking status.

B. Significance/Use:

High relative risks of mortality and morbidity due to cardiovascular and respiratory diseases and lung cancer are significantly related to smoking. Smoking is linked to increased risk of poor general health and frequent hospitalization. Passive exposure to tobacco smoke also presents a health risk.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

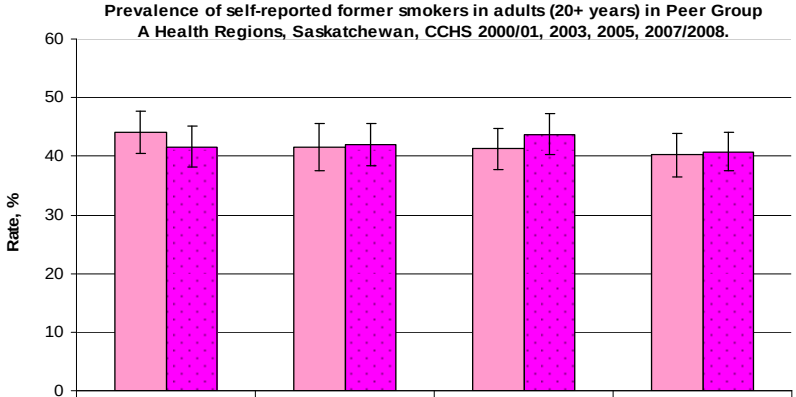
C. Limitations:

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.

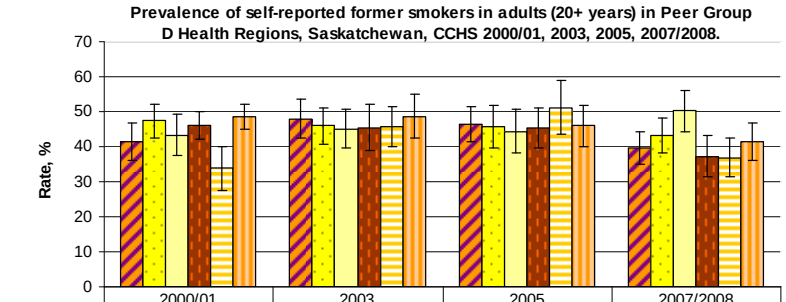
D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.



	2000/01	2003	2005	2007/2008
RQRHA-A	44.1	41.5	41.3	40.2
STRHA-A	41.7	42.0	43.7	40.7

Peer group A by Year(s)



	2000/01	2003	2005	2007/2008
SCRHA-D	41.4	48.0	46.4	39.8
FHRHA-D	47.4	45.9	45.6	43.2
CYRHA-D	43.4	45.1	44.4	50.2
SRRHA-D	46.0	45.5	45.3	37.2
HLRHA-D	33.8	45.8	51.2	36.8
KTRHA_D	48.6	48.7	45.9	41.4

Peer group D by Year(s)

SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQRHA) and Saskatoon (STRHA), health regions' proportions of self-reported former smokers were not significantly difference between the two RHAs and across the years.

Peer Group D, Sun Country (SCRHA), Five Hills (FHRHA), Cypress (CYRHA), Sunrise (SRRHA), Heartland (HLRHA) and Kelsey Trail (KTRHA), health regions' proportions varied across the six health regions but were not significantly different from each other in all years, except that FHRHA and SRRHA had higher percentages than HLRHA in 2000/01, and CYRHA had higher percentage than SRRHA and HLRHA in 2007/2008.

BEHAVIOURS - SMOKING, ADULTS FORMER BY RHA

CHART 10-66

A. Definitions:

Proportion of adults aged 20 years and older who reported their smoking status.

B. Significance/Use:

High relative risks of mortality and morbidity due to cardiovascular and respiratory diseases and lung cancer are significantly related to smoking. Smoking is linked to increased risk of poor general health and frequent hospitalization. Passive exposure to tobacco smoke also presents a health risk.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

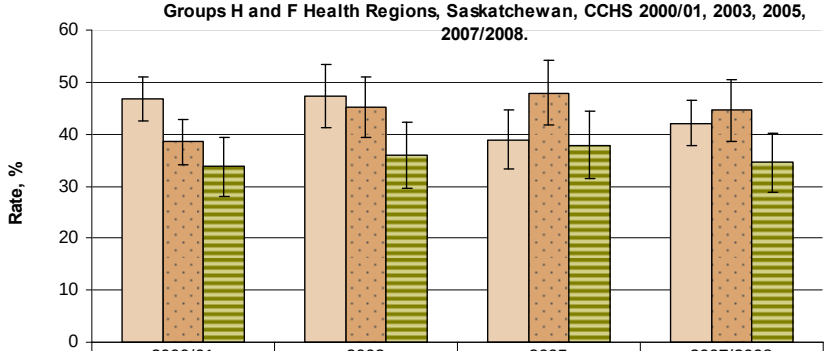
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Prevalence of self-reported former smokers in adults (20+ years) in Peer Groups H and F Health Regions, Saskatchewan, CCHS 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
PAPRHA-H	46.7	47.3	38.9	42.1
PNRHA-H	38.5	45.2	47.9	44.6
North-F	33.7	35.9	37.9	34.5

Peer group H and F by Year(s)

SUMMARY OF FINDINGS:

Peer Group H, Prince Albert Parkland (PAPRHA) and Prairie North (PNRHA), health regions' self-reported percentages of former smokers were not significantly different across the time period or from each other.

Peer Group F, Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority, health regions were combined (North) due to small numbers. The proportions fluctuated but were not significantly different over the time period.

BEHAVIOURS - SMOKING, ADULTS ABSTINENCE - OVERALL

CHART 10-67

A. Definitions:

Proportion of adults aged 20 years and older who reported their smoking status.

B. Significance/Use:

High relative risks of mortality and morbidity due to cardiovascular and respiratory diseases and lung cancer are significantly related to smoking. Smoking is linked to increased risk of poor general health and frequent hospitalization. Passive exposure to tobacco smoke also presents a health risk.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

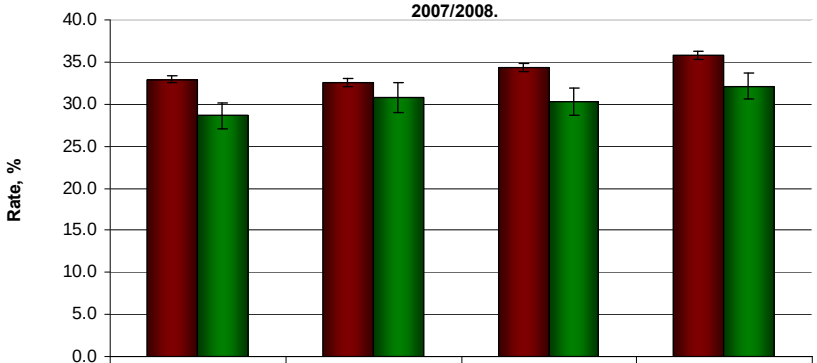
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

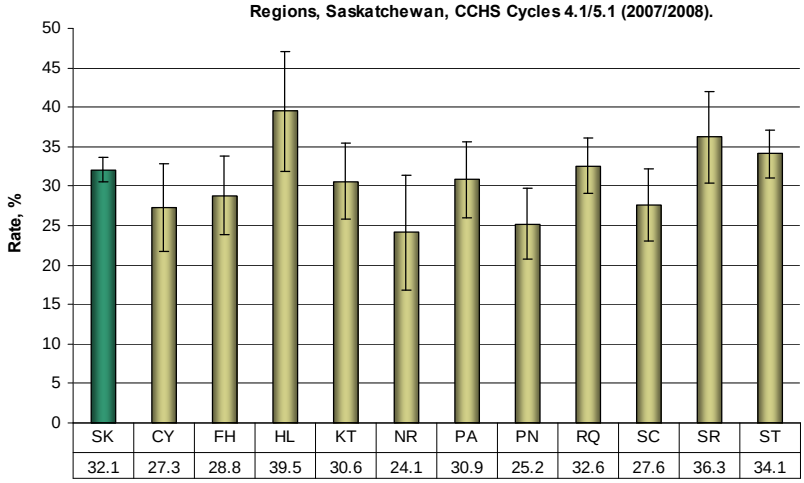
Prevalence of self-reported complete abstaining from smoking in their life time in adults (20+ years), Canada and Saskatchewan, CCHS 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
Canada	32.9	32.5	34.3	35.8
Saskatchewan	28.6	30.8	30.2	32.1

CCHS year

Prevalence of self-reported smoking abstinence in adults (20+ years), by Health Regions, Saskatchewan, CCHS Cycles 4.1/5.1 (2007/2008).



SK	CY	FH	HL	KT	NR	PA	PN	RQ	SC	SR	ST
32.1	27.3	28.8	39.5	30.6	24.1	30.9	25.2	32.6	27.6	36.3	34.1

Saskatchewan and Health Authorities

SUMMARY OF FINDINGS:

Saskatchewan (SK) and Canadian prevalences of self-reported complete abstinence from smoking cigarettes in their life time increased from 2000/01 to 2007/2008. Generally, the national proportions tended to be higher than the province, especially in 2000/01, 2005 and 2007/2008, when the differences were significant.

In 2007/08, the regional health authority prevalence varied with significantly lower prevalence in Prairie North (PN) health region than the province.

BEHAVIOURS - SMOKING, ADULTS ABSTINENCE BY AGE AND SEX

CHART 10-68

A. Definitions:

Proportion of adults aged 20 years and older who reported their smoking status.

B. Significance/Use:

High relative risks of mortality and morbidity due to cardiovascular and respiratory diseases and lung cancer are significantly related to smoking. Smoking is linked to increased risk of poor general health and frequent hospitalization. Passive exposure to tobacco smoke also presents a health risk.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

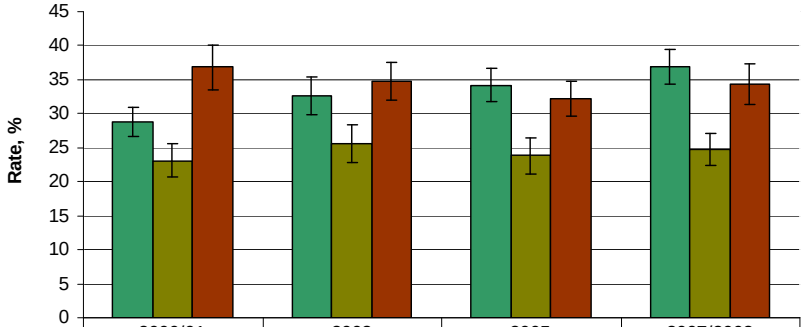
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

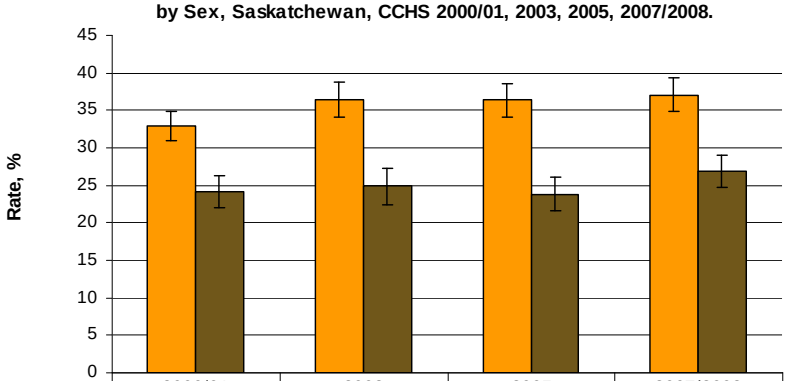
Prevalence of self-reported smoking abstinence in adults (20+ years), by age group, Saskatchewan, CCHS 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
20-44	28.8	32.7	34.2	37.0
45-64	23.1	25.5	23.8	24.8
65+	36.8	34.9	32.2	34.4

Age group by Year(s)

Prevalence of self-reported smoking abstinence in adults (20+ years), by Sex, Saskatchewan, CCHS 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
Female	32.9	36.4	36.4	37.1
Male	24.1	24.9	23.8	26.9

Sex by Year(s)

SUMMARY OF FINDINGS:

Percentages of self-reported smoking abstinence were significantly lower in 45-65 years age group, compared to 20-44 years and 65 years and older age groups across all survey cycle years.

Sex-specific self-reported percentages were significantly higher in females than in males across all survey cycle years.

BEHAVIOURS - SMOKING, ADULTS ABSTINENCE BY SEX AND AGE

CHART 10-69

A. Definitions:

Proportion of adults aged 20 years and older who reported their smoking status.

B. Significance/Use:

High relative risks of mortality and morbidity due to cardiovascular and respiratory diseases and lung cancer are significantly related to smoking. Smoking is linked to increased risk of poor general health and frequent hospitalization. Passive exposure to tobacco smoke also presents a health risk.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

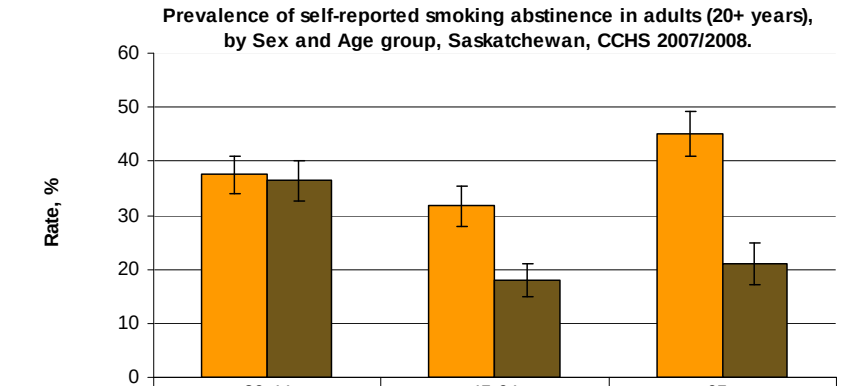
C. Limitations:

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.

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.



	20-44	45-64	65+
Female	37.6	31.7	45.1
Male	36.4	18.0	21.0

Sex by Age group

SUMMARY OF FINDINGS:

Percentages of self-reported smoking abstinence varied across the age groups and sexes in 2007/08. The difference was greater in 65 years and older age group.

Percentages were significantly higher for females than for males in the 45-64 years and 65 years and older age groups.

BEHAVIOURS - SMOKING, ADULTS ABSTINENCE BY RHA

CHART 10-70

A. Definitions:

Proportion of adults aged 20 years and older who reported their smoking status.

B. Significance/Use:

High relative risks of mortality and morbidity due to cardiovascular and respiratory diseases and lung cancer are significantly related to smoking. Smoking is linked to increased risk of poor general health and frequent hospitalization. Passive exposure to tobacco smoke also presents a health risk.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

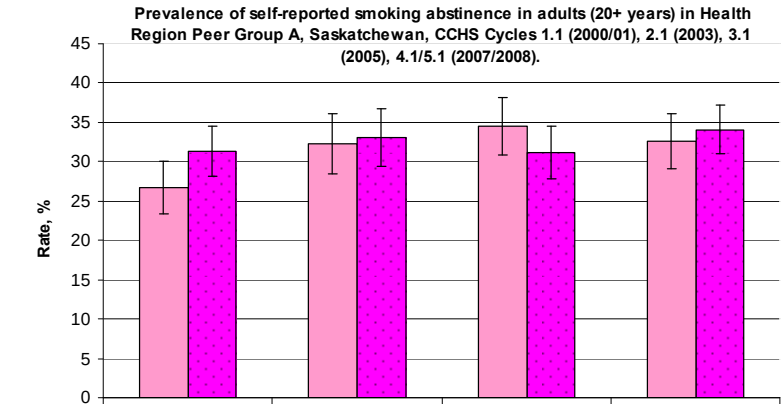
C. Limitations:

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.

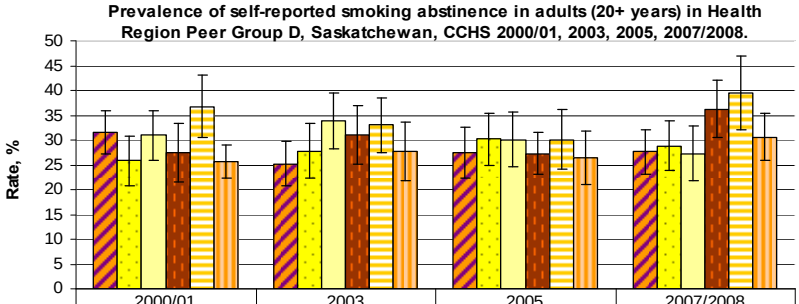
D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.



	2000/01	2003	2005	2007/2008
RQRHA-A	26.7	32.3	34.5	32.6
STRHA-A	31.3	33.1	31.1	34.1

Peer group A by Year(s)



	2000/01	2003	2005	2007/2008
SCRHA-D	31.6	25.2	27.4	27.6
FHRHA-D	25.8	27.7	30.2	28.8
CYRHA-D	31.0	33.9	30.1	27.3
SRRHA-D	27.5	31.1	27.3	36.3
HLRHA-D	36.7	33.0	30.1	39.5
KTRHA_D	25.7	27.7	26.3	30.6

Peer group D by Year(s)

SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQRHA) and Saskatoon (STRHA), health regions' self-reported percentages of smoking abstinence were not significantly different between the two RHAs. RQRHA increased significantly from 2000/01 to 2005.

Peer Group D, Sun Country (SCRHA), Five Hills (FHRHA), Cypress (CYRHA), Sunrise (SRRHA), Heartland (HLRHA) and Kelsey Trail (KTRHA), health regions' proportions varied across the six health regions but were not significantly different from each other in all years except that HLRHA had higher percentage than KTRHA in 2000/01.

BEHAVIOURS - SMOKING, ADULTS ABSTINENCE BY RHA

CHART 10-71

A. Definitions:

Proportion of adults aged 20 years and older who reported their smoking status.

B. Significance/Use:

High relative risks of mortality and morbidity due to cardiovascular and respiratory diseases and lung cancer are significantly related to smoking. Smoking is linked to increased risk of poor general health and frequent hospitalization. Passive exposure to tobacco smoke also presents a health risk.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

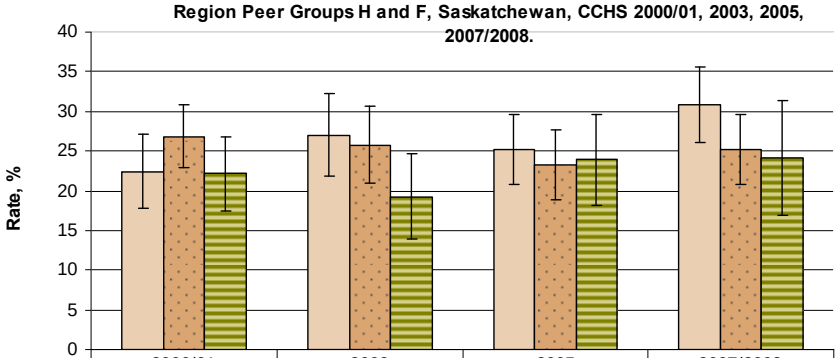
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Prevalence of self-reported smoking abstinence in adults (20+ years) in Health Region Peer Groups H and F, Saskatchewan, CCHS 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
PAPRHA-H	22.5	27.0	25.2	30.9
PNRHA-H	26.8	25.8	23.3	25.2
North-F	22.1	19.2	23.9	24.1

Peer group H and F by Year(s)

SUMMARY OF FINDINGS:

Peer Group H, Prince Albert Parkland (PAPRHA) and Prairie North (PNRHA) health regions' self-reported smoking abstinence were not significantly different across the time period or from each other.

Peer Group F, Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority, health regions were combined (North) due to small numbers. The proportions fluctuated but were not significantly different over the time period.

BEHAVIOURS - SMOKING, TEENS CURRENT - OVERALL

CHART 10-72

A. Definitions:

Proportion of teens aged 12 -19 years who reported their smoking status. Those responding daily and occasional were considered to be current cigarette smokers.

B. Significance/Use:

High relative risks of mortality and morbidity due to cardiovascular and respiratory diseases and lung cancer are significantly related to smoking. Smoking is linked to increased risk of poor general health and frequent hospitalization. Passive exposure to tobacco smoke also presents a health risk.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

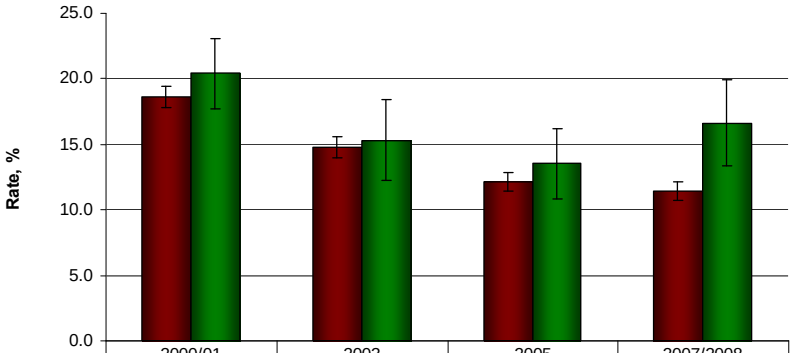
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

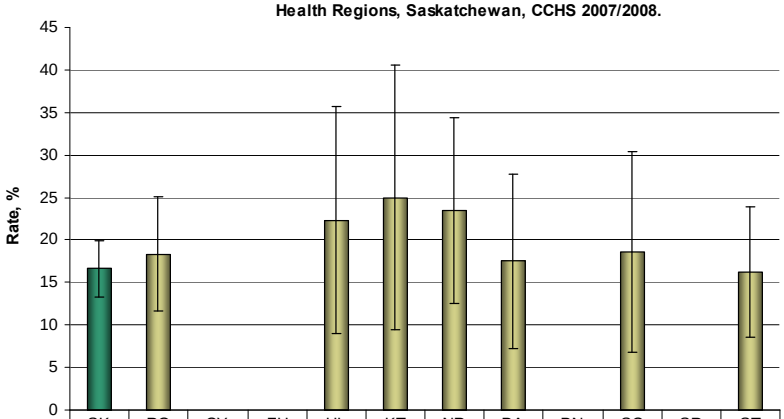
Prevalence of self-reported current cigarette smoking in adolescents (12-19 years), Canada and Saskatchewan, CCHS 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
Canada	18.7	14.8	12.2	11.4
Saskatchewan	20.4	15.3	13.5	16.6

CCHS year

Prevalence of self-reported current smoking in adolescents (12-19 years), by Health Regions, Saskatchewan, CCHS 2007/2008.



SK	RQ	CY	FH	HL	KT	NR	PA	PN	SC	SR	ST
16.6	18.3			22.3	25.0	23.5	17.5		18.5		16.2

Saskatchewan and Health Authorities

SUMMARY OF FINDINGS:

Saskatchewan (SK) and Canadian proportions of current teen smoking both declined significantly from the year 2000/01 to 2005. The Canadian proportions continued this trend in 2007/2008, but SK increased in 2007/2008 and was significantly higher than the Canadian average.

In 2007/08, the regional health authority prevalence varied with no significant patterns across health regions. The proportions had high sampling variability and should be used cautiously. Some of RHAs were not displayed in the chart due to small numbers.

BEHAVIOURS - SMOKING, TEENS CURRENT BY AGE AND SEX

CHART 10-73

A. Definitions:

Proportion of teens aged 12 - 19 years who reported their smoking status. Those responding daily and occasional were considered to be current cigarette smokers.

B. Significance/Use:

High relative risks of mortality and morbidity due to cardiovascular and respiratory diseases and lung cancer are significantly related to smoking. Smoking is linked to increased risk of poor general health and frequent hospitalization. Passive exposure to tobacco smoke also presents a health risk.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

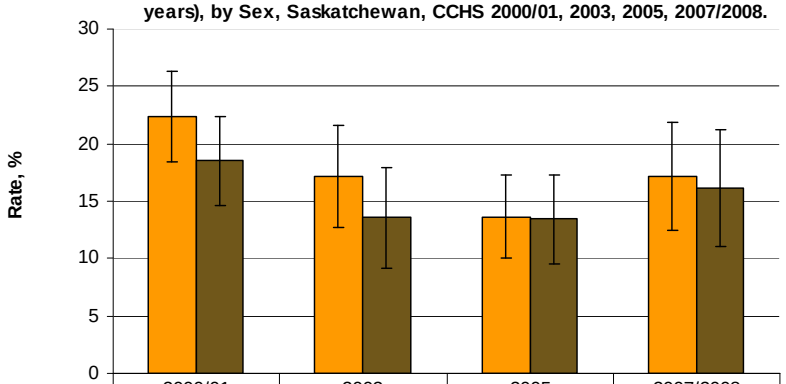
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Prevalence of self-reported current smoking in adolescents (12-19 years), by Sex, Saskatchewan, CCHS 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
Female	22.4	17.1	13.6	17.1
Male	18.5	13.6	13.4	16.1

Sex by Year(s)

SUMMARY OF FINDINGS:

Percentages of self-reported adolescent (12-19 years) current smoking were higher for females than for males, though the differences were not statistically significant in any of the survey cycle years.

BEHAVIOURS - SMOKING, TEENS CURRENT BY RHA

CHART 10-74

A. Definitions:

Proportion of teens aged 12 - 19 years who reported their smoking status. Those responding daily and occasional were considered to be current cigarette smokers.

B. Significance/Use:

High relative risks of mortality and morbidity due to cardiovascular and respiratory diseases and lung cancer are significantly related to smoking. Smoking is linked to increased risk of poor general health and frequent hospitalization. Passive exposure to tobacco smoke also presents a health risk.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

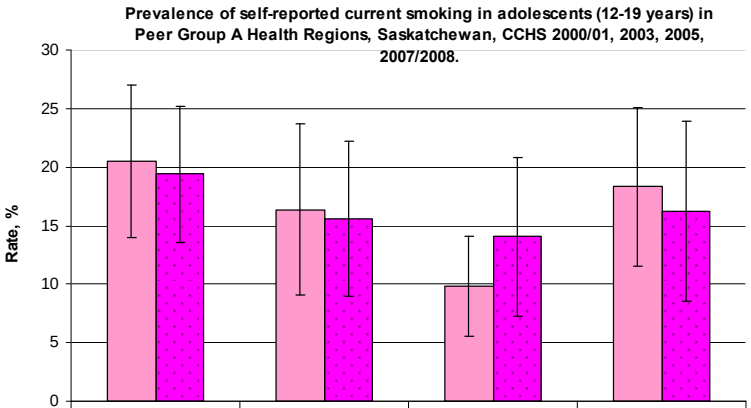
C. Limitations:

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.

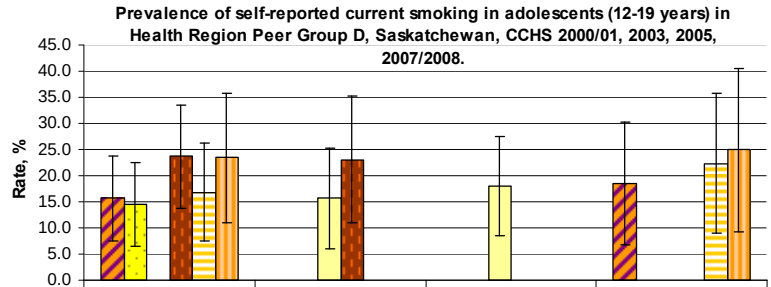
D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.



	2000/01	2003	2005	2007/2008
RQRHA-A	20.5	16.4	9.8	18.3
STRHA-A	19.4	15.6	14.1	16.2

Peer group A by Year(s)



	2000/01	2003	2005	2007/2008
SCRHA-D	15.6			18.5
FHRHA-D	14.4			
CYRHA-D		15.6	18.1	
SRRHA-D	23.6	23.1		
HLRHA-D	16.8			22.3
KTRHA_D	23.4			25.0

Peer group D by Year(s)

SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQRHA) and Saskatoon (STRHA), health regions' percentages of self-reported current smoking in adolescents (12-19 years) slightly declined from 2000/01 to 2005 and rose in 2007/2008, but with no statistically significant differences. The results had high sampling variability and should be used cautiously.

Peer Group D, Sun Country (SCRHA), Five Hills (FHRHA), Cypress (CYRHA), Sunrise (SRRHA), Heartland (HLRHA) and Kelsey Trail (KTRHA), health regions' proportions were not significantly different from each other or across the years. Due to high sampling variability, the proportions shown should be used with caution. Many results were unreliable to use so were not displayed.

BEHAVIOURS - SMOKING, TEENS CURRENT BY RHA

CHART 10-75

A. Definitions:

Proportion of teens aged 12 - 19 years who reported their smoking status. Those responding daily and occasional were considered to be current cigarette smokers.

B. Significance/Use:

High relative risks of mortality and morbidity due to cardiovascular and respiratory diseases and lung cancer are significantly related to smoking. Smoking is linked to increased risk of poor general health and frequent hospitalization. Passive exposure to tobacco smoke also presents a health risk.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

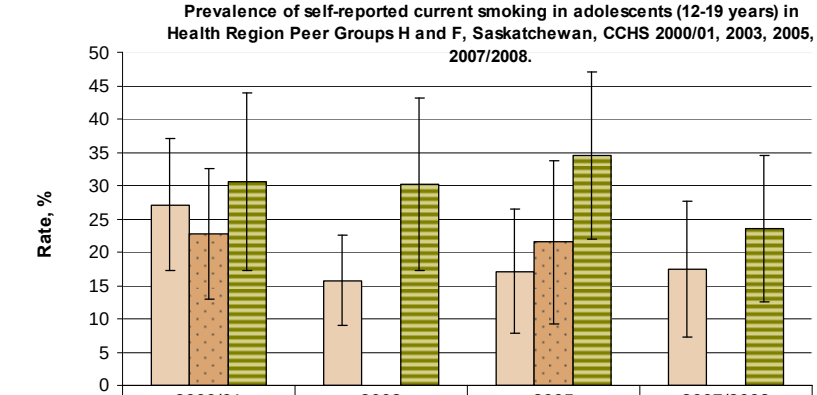
C. Limitations:

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.

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.



	2000/01	2003	2005	2007/2008
PAPRHA-H	27.1	15.8	17.1	17.5
PNRHA-H	22.8		21.5	
North-F	30.6	30.1	34.5	23.5

Peer group H and F by Year(s)

SUMMARY OF FINDINGS:

Peer Group H, Prince Albert Parkland (PAPRHA) and Prairie North (PNRHA), health regions' percentages of self-reported current smoking in adolescents (12-19 years) were not significantly different across the time period or from each other. Due to high sampling variability, the results shown should be used with caution and those that were unreliable to use due to very high sampling variability were omitted.

Peer Group F, Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority, health regions were combined (North) due to small numbers. The proportions fluctuated but were not significantly different over the time period.

BEHAVIOURS - SMOKING, TEENS ABSTINENCE - OVERALL

CHART 10-76

A. Definitions:

Proportion of teens aged 12 - 19 years who reported their smoking status.

B. Significance/Use:

High relative risks of mortality and morbidity due to cardiovascular and respiratory diseases and lung cancer are significantly related to smoking. Smoking is linked to increased risk of poor general health and frequent hospitalization. Passive exposure to tobacco smoke also presents a health risk.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

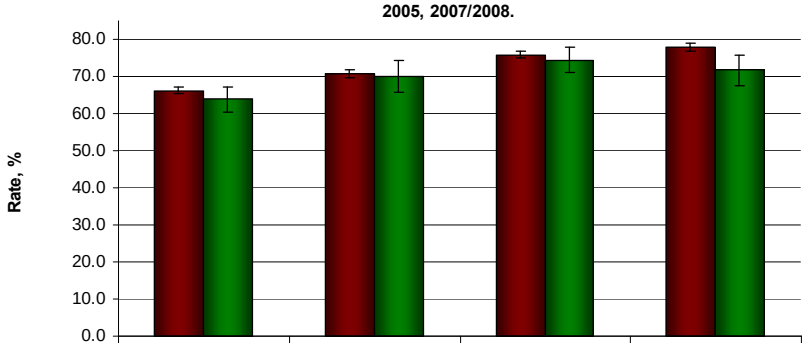
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

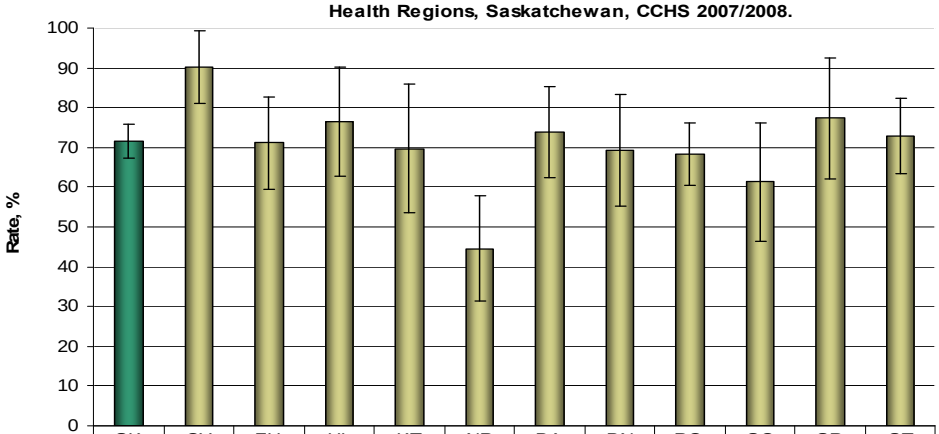
Prevalence of self-reported complete abstaining from smoking cigarette in adolescents (12-19 years), Canada and Saskatchewan, CCHS 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
Canada	66.2	70.7	75.9	77.9
Saskatchewan	63.8	70.0	74.4	71.7

CCHS year

Prevalence of self-reported tobacco abstinence in adolescents (12-19 years) in Health Regions, Saskatchewan, CCHS 2007/2008.



SK	CY	FH	HL	KT	NR	PA	PN	RQ	SC	SR	ST
71.7	90.1	71.1	76.5	69.8	44.6	73.9	69.4	68.3	61.3	77.4	72.8

Saskatchewan and Health Authorities

SUMMARY OF FINDINGS:

Saskatchewan (SK) and Canadian prevalences of current teens abstaining smoking both rose significantly from the year 2000/01 to 2007/2008. The SK proportion was significantly lower than Canada in 2007/2008.

In 2007/08, the regional health authority prevalence varied with a significantly higher smoking abstinence in adolescents, aged 12-19 years than the province in Cypress (CY) RHA and significantly lower in Northern Saskatchewan (NR).

BEHAVIOURS - SMOKING, TEENS ABSTINENCE BY AGE AND SEX

CHART 10-77

A. Definitions:

Proportion of teens aged 12 - 19 years who reported their smoking status.

B. Significance/Use:

High relative risks of mortality and morbidity due to cardiovascular and respiratory diseases and lung cancer are significantly related to smoking. Smoking is linked to increased risk of poor general health and frequent hospitalization. Passive exposure to tobacco smoke also presents a health risk.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

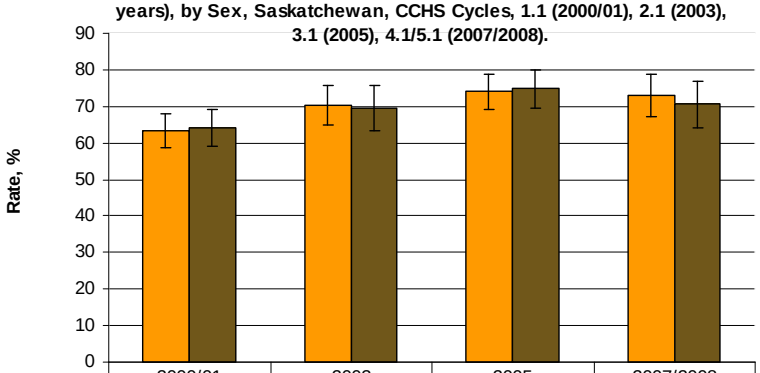
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Prevalence of self-reported tobacco abstinence in adolescents (12-19 years), by Sex, Saskatchewan, CCHS Cycles, 1.1 (2000/01), 2.1 (2003), 3.1 (2005), 4.1/5.1 (2007/2008).



	2000/01	2003	2005	2007/2008
Female	63.5	70.5	74.0	72.9
Male	64.1	69.5	74.8	70.6

Sex by Year(s)

SUMMARY OF FINDINGS:

Percentages of self-reported smoking abstinence in adolescents, aged 12 -19 years, increased significantly both in females and males from 2000/01 to 2005.

There was no significant difference between the male and female precentages across all survey cycle years.

BEHAVIOURS - SMOKING, TEENS ABSTINENCE BY RHA

CHART 10-78

A. Definitions:

Proportion of teens aged 12 - 19 years who reported their smoking status.

B. Significance/Use:

High relative risks of mortality and morbidity due to cardiovascular and respiratory diseases and lung cancer are significantly related to smoking. Smoking is linked to increased risk of poor general health and frequent hospitalization. Passive exposure to tobacco smoke also presents a health risk.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

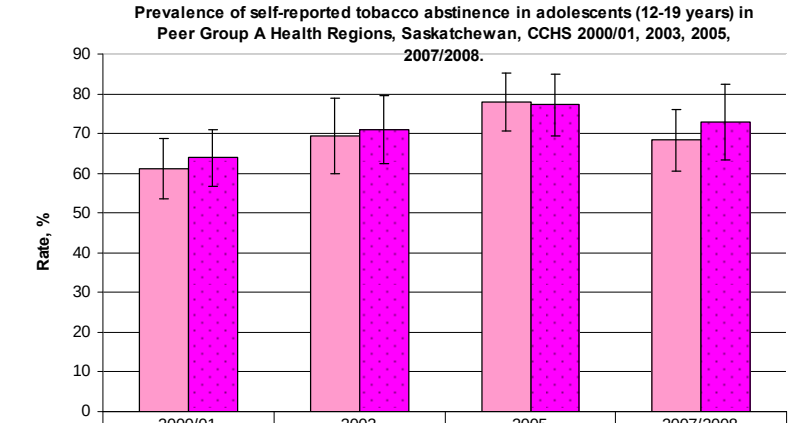
C. Limitations:

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.

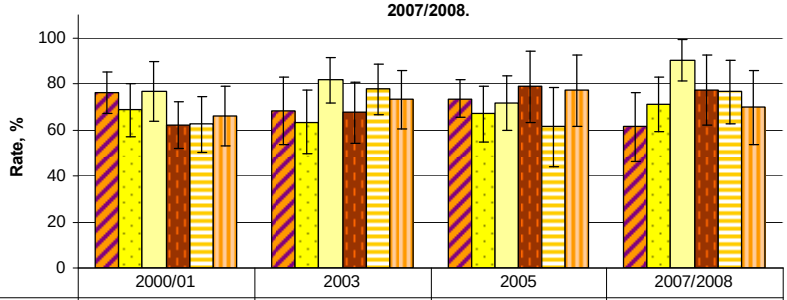
D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.



	2000/01	2003	2005	2007/2008
RQRHA-A	61.2	69.5	78.0	68.3
STRHA-A	63.9	71.0	77.3	72.8

Peer group A by Year(s)



	2000/01	2003	2005	2007/2008
SCRHA-D	76.0	68.4	73.5	61.3
FHRHA-D	68.7	63.5	66.9	71.1
CYRHA-D	76.7	81.6	71.6	90.1
SRRHA-D	62.2	67.4	78.8	77.4
HLRHA-D	62.5	77.7	61.3	76.5
KTRHA_D	66.2	73.2	77.0	69.8

Peer group D by Year(s)

SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQRHA) and Saskatoon (STRHA), health regions' self-reported percentages of smoking abstinence in adolescents (12-19 year olds) increased from 2000/01 to 2005 and then, declined in 1007/2008. RQRHA was significantly higher in 2005 than in 2000/01.

Peer Group D, Sun Country (SCRHA), Five Hills (FHRHA), Cypress (CYRHA), Sunrise (SRRHA), Heartland (HLRHA) and Kelsey Trail (KTRHA), health regions' proportions in varied across the six health regions but were not significantly different from each other in all years except that CYRHA was higher than SCRHA only in 2007/2008.

BEHAVIOURS - SMOKING, TEENS ABSTINENCE BY RHA

CHART 10-79

A. Definitions:

Proportion of teens aged 12 - 19 years who reported their smoking status.

B. Significance/Use:

High relative risks of mortality and morbidity due to cardiovascular and respiratory diseases and lung cancer are significantly related to smoking. Smoking is linked to increased risk of poor general health and frequent hospitalization. Passive exposure to tobacco smoke also presents a health risk.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

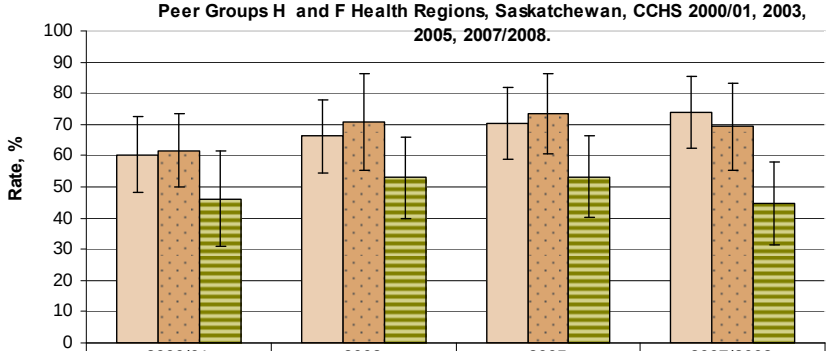
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Prevalence of self-reported tobacco abstinence in adolescents (12-19 years) in Peer Groups H and F Health Regions, Saskatchewan, CCHS 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
PAPRHA-H	60.3	66.2	70.4	73.9
PNRHA-H	61.6	70.8	73.4	69.4
North-F	46.1	52.9	53.1	44.6

Peer group H and F by Year(s)

SUMMARY OF FINDINGS:

Peer Group H, Prince Albert Parkland (PAPRHA) and Prairie North (PNRHA), health regions' self-reported smoking abstinence in adolescents (12-19 years) were not significantly different across the time period or from each other.

Peer Group F, Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority, health regions were combined (North) due to small numbers. The proportions fluctuated but were not significantly different over the time period.

BEHAVIOURS - SMOKING, TEENS RETAIL ACCESS - CHART 10-80 OVERALL

A. Definitions:

Proportion of adolescents aged 12- 19 years who reported having retail access to cigarettes.

B. Significance/Use:

High relative risks of mortality and morbidity due to cardiovascular and respiratory diseases and lung cancer are significantly related to smoking. Smoking is linked to increased risk of poor general health and frequent hospitalization. Passive exposure to tobacco smoke also presents a health risk.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

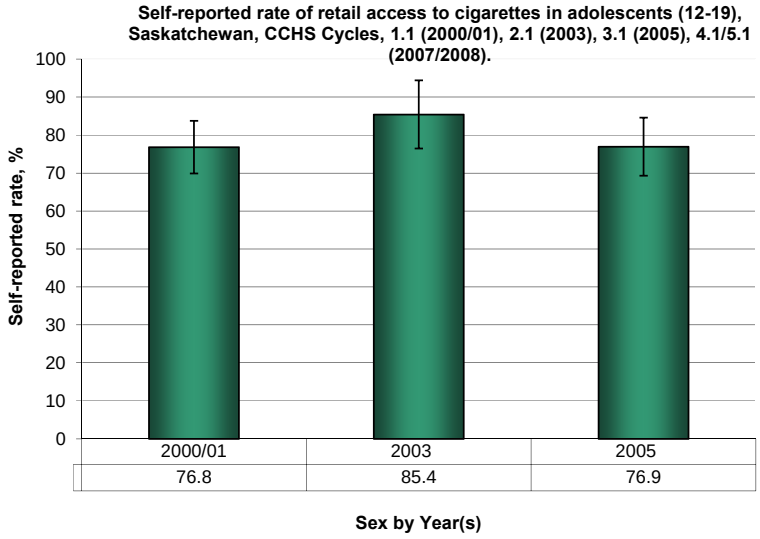
C. Limitations:

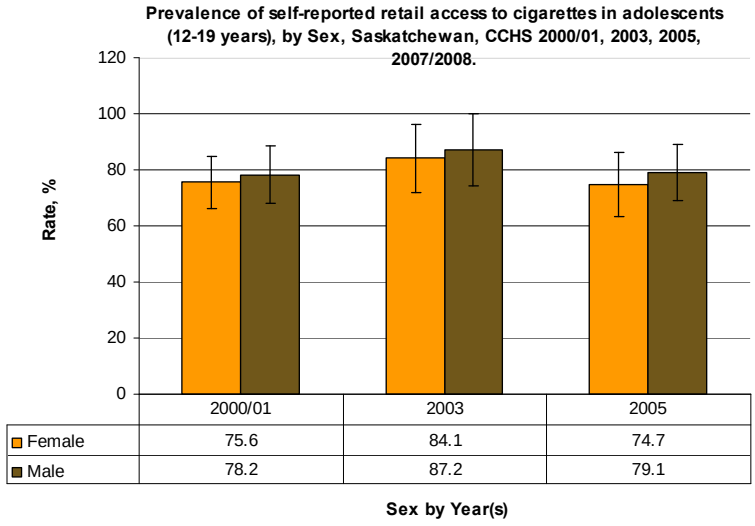
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.





SUMMARY OF FINDINGS:

Saskatchewan (SK) prevalences of teens reporting their access tobacco products through a retailer varied, but not significantly from 2000/01 to 2005. RHA data was note displayed due to small numbers.

Sex-specific self-reported retail access to cigarettes between male and female adolescents were not significantly different across survey years, 2000/01 through 2005.

BEHAVIOURS - TOBACCO SMOKE EXPOSURE HOME - OVERALL CHART 10-81

A. Definitions:

Proportion of aged 12 and over who reported being exposed to tobacco smoke in various places on most days in the past month.

B. Significance/Use:

Passive exposure to tobacco smoke presents a health risk. Numerous studies have linked environmental tobacco smoke to lung cancer, heart disease and other illnesses.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

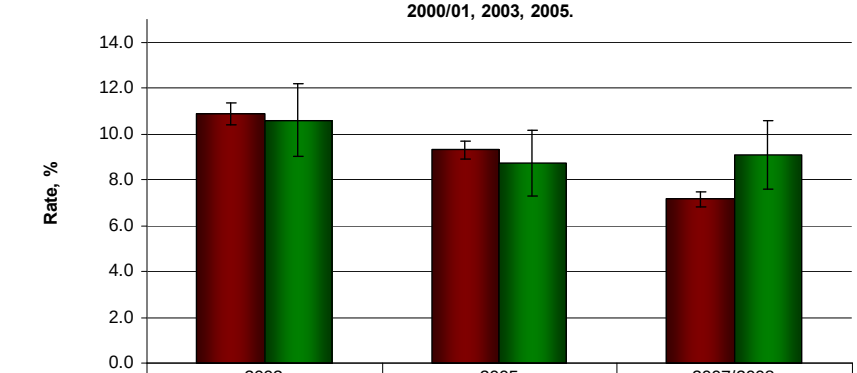
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

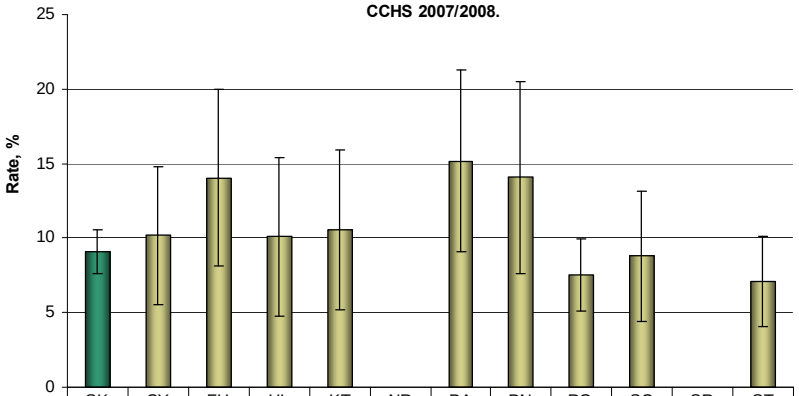
Prevalence of self-reported non-smokers (12+ years), who were regularly exposed to tobacco smoke in their home, Canada and Saskatchewan, CCHS 2000/01, 2003, 2005.



	2003	2005	2007/2008
Canada	10.9	9.3	7.1
Saskatchewan	10.6	8.7	9.1

CCHS year

Prevalence of self-reported non-smokers's (12+ years). who were regularly exposed to tobacco smoke in their home, by Health Regions, Saskatchewan, CCHS 2007/2008.



SK	CY	FH	HL	KT	NR	PA	PN	RQ	SC	SR	ST
9.1	10.2	14.0	10.1	10.5		15.2	14.1	7.5	8.8		7.1

Saskatchewan and Health Authorities

SUMMARY OF FINDINGS:

Saskatchewan (SK) and Canadian prevalences of non-smokers regularly exposed to tobacco smoke in their home tended to decline from 2003 through 2007/2008. The differences between years were significant only at the national level. The provincial proportions were significantly higher than Canada in 2007/2008.

In 2007/2008, self-reported proportions across health regions were not significantly different from each other. Most health regions had high sampling variability and should be used cautiously. Sunrise (SR) RHA and Northern Saskatchewan (NR) were unreliable and not displayed in the chart.

BEHAVIOURS - TOBACCO SMOKE EXPOSURE HOME BY AGE AND SEX

CHART 10-82

A. Definitions:

Proportion of aged 12 and over who reported being exposed to tobacco smoke in various places on most days in the past month.

B. Significance/Use:

Passive exposure to tobacco smoke presents a health risk. Numerous studies have linked environmental tobacco smoke to lung cancer, heart disease and other illnesses.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

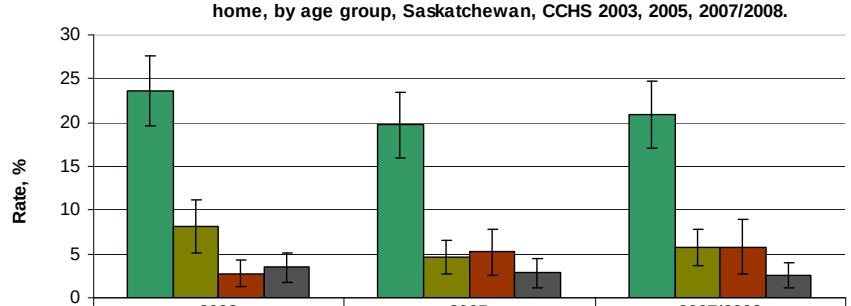
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

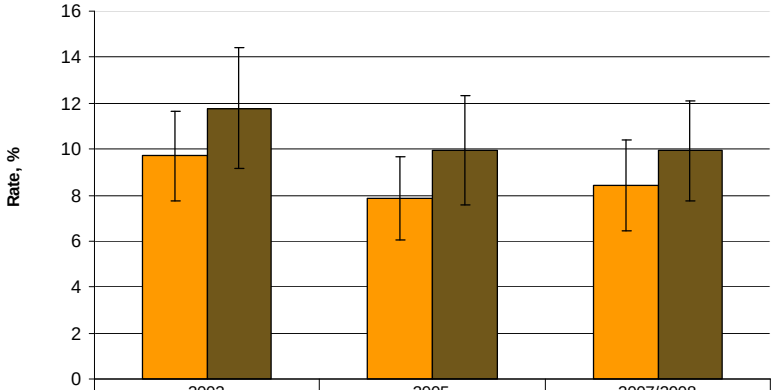
Prevalence of self-reported non-smokers' exposure to second hand smoking in home, by age group, Saskatchewan, CCHS 2003, 2005, 2007/2008.



	2003	2005	2007/2008
12-19	23.6	19.7	20.9
20-44	8.1	4.7	5.7
45-64	2.8	5.2	5.8
65+	3.5	2.8	2.5

Age group by Year(s)

Prevalence of self-reported non-smokers' (12+ years) exposure to second hand smoking in home, by Sex, Saskatchewan, CCHS 2003, 2005, 2007/2008.



	2003	2005	2007/2008
Female	9.7	7.8	8.4
Male	11.8	9.9	9.9

Sex by Year(s)

SUMMARY OF FINDINGS:

Percentages of self-reported exposure to second hand tobacco smoke was significantly higher in the non-smokers of 12-19 year age group compared to adults across all survey years. All percentages in adult age groups from 20-44 years onwards should be used cautiously due to their high sampling variability.

Sex-specific percentages tended to be higher in male non-smokers aged 12 years or older compared to female non-smokers, though they were not statistically significant in any survey year.

BEHAVIOURS - TOBACCO SMOKE EXPOSURE HOME BY RHA

CHART 10-83

A. Definitions:

Proportion of aged 12 and over who reported being exposed to tobacco smoke in various places on most days in the past month.

B. Significance/Use:

Passive exposure to tobacco smoke presents a health risk. Numerous studies have linked environmental tobacco smoke to lung cancer, heart disease and other illnesses.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

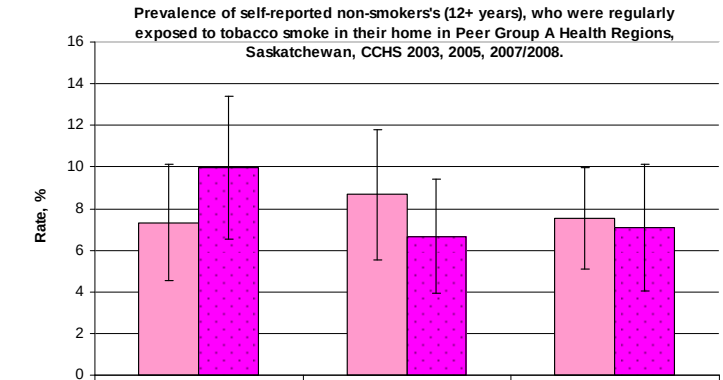
C. Limitations:

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.

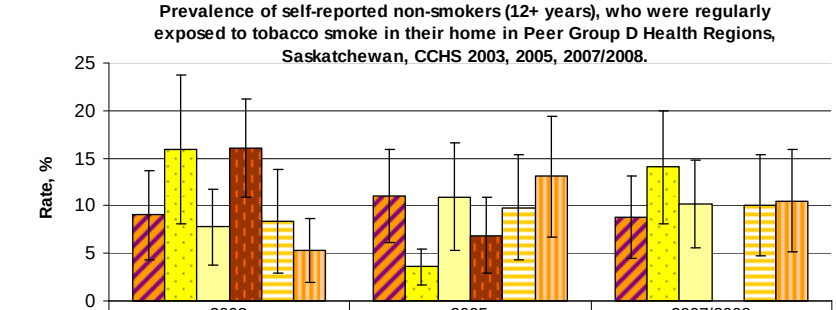
D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.



	2003	2005	2007/2008
RQRHA-A	7.3	8.7	7.5
STRHA-A	10.0	6.7	7.1

Peer group A by Year(s)



	2003	2005	2007/2008
SCRHA-D	9.0	11.0	8.8
FHRHA-D	15.9	3.6	14.0
CYRHA-D	7.8	11.0	10.2
SRRHA-D	16.0	6.9	
HLRHA-D	8.4	9.8	10.1
KTRHA_D	5.3	13.1	10.5

Peer group D by Year(s)

SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQRHA) and Saskatoon (STRHA), health regions' proportions of self-reported non-smokers aged regularly exposed to tobacco smoke in their homes were not significantly different from each other. The results had high sampling variability and should be used cautiously.

Peer Group D, Sun Country (SCRHA), Five Hills (FHRHA), Cypress (CYRHA), Sunrise (SRRHA), Heartland (HLRHA) and Kelsey Trail (KTRHA), health regions' proportions in were not significantly different to each other except that FHRHA was significantly lower than KTRHA in 2005. Most of the results had high sampling variability and should be used cautiously. SRRHA in 2007/2008 was unreliable for use.

BEHAVIOURS - TOBACCO SMOKE EXPOSURE HOME BY RHA

CHART 10-84

A. Definitions:

Proportion of aged 12 and over who reported being exposed to tobacco smoke in various places on most days in the past month.

B. Significance/Use:

Passive exposure to tobacco smoke presents a health risk. Numerous studies have linked environmental tobacco smoke to lung cancer, heart disease and other illnesses.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

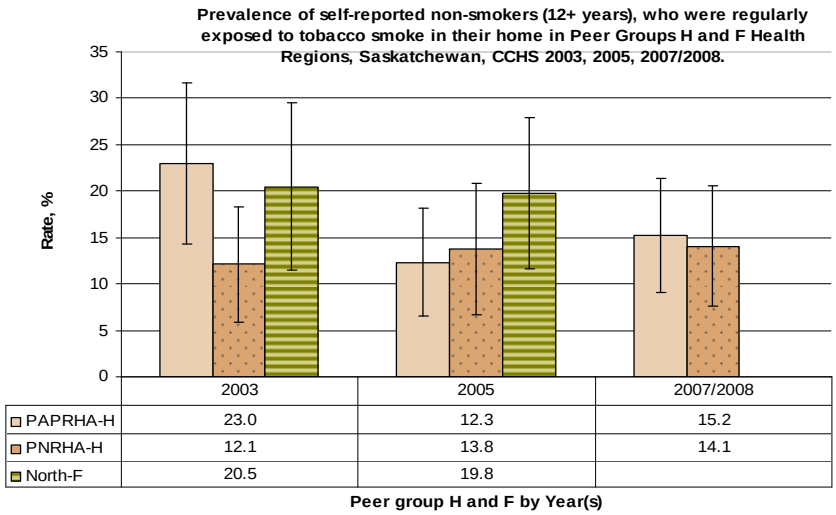
C. Limitations:

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.

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.



SUMMARY OF FINDINGS:

Peer Group H, Prince Albert Parkland (PAPRHA) and Prairie North (PNRHA), health regions' proportions of non-smokers regularly exposed to tobacco smoke in their homes were not significantly different across the time period or from each other. Most had high sampling variability and should be used cautiously.

Peer Group F, Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority, health regions were combined (North) due to small numbers. The proportions fluctuated but were not significantly different over the time period. The 2007/2008 result was unreliable for use.

BEHAVIOURS - TOBACCO SMOKE EXPOSURE — CHART 10-85

VEHICLE - OVERALL

A. Definitions:

Proportion of aged 12 and over who reported being exposed to tobacco smoke in various places on most days in the past month.

B. Significance/Use:

Passive exposure to tobacco smoke presents a health risk. Numerous studies have linked environmental tobacco smoke to lung cancer, heart disease and other illnesses.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

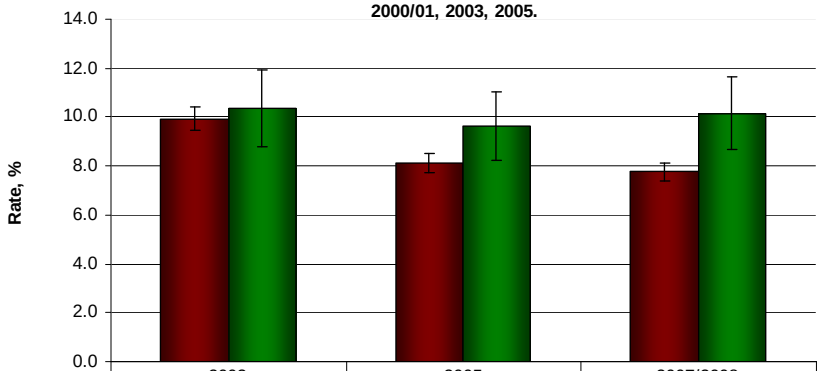
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

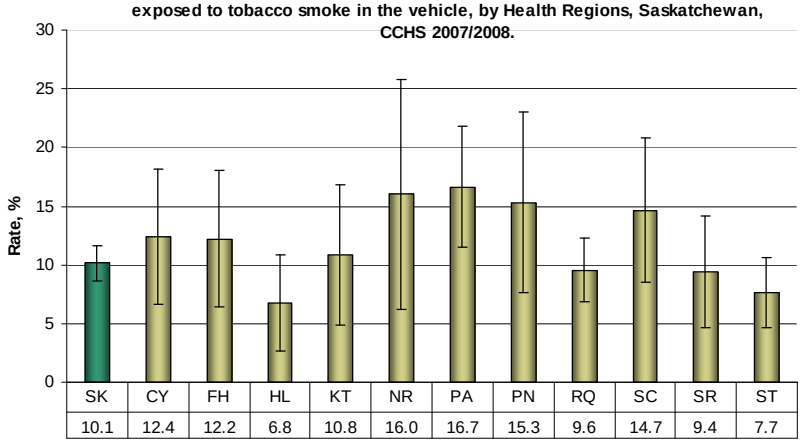
Prevalence of self-reported non-smokers (12+ years), who were regularly exposed to tobacco smoke in their vehicle, Canada and Saskatchewan, CCHS 2000/01, 2003, 2005.



	2003	2005	2007/2008
Canada	9.9	8.1	7.8
Saskatchewan	10.4	9.6	10.1

CCHS year

Prevalence of self-reported non-smokers (12+ years), who were regularly exposed to tobacco smoke in the vehicle, by Health Regions, Saskatchewan, CCHS 2007/2008.



SK	CY	FH	HL	KT	NR	PA	PN	RQ	SC	SR	ST
10.1	12.4	12.2	6.8	10.8	16.0	16.7	15.3	9.6	14.7	9.4	7.7

Saskatchewan and Health Authorities

SUMMARY OF FINDINGS:

Saskatchewan (SK) and Canadian prevalences of non-smokers regularly exposed to tobacco smoke in their vehicle tended to decline from 2003 through 2007/2008, though the differences were significant only at the national level. The provincial proportion was significantly higher than Canada in 2007/2008.

The self-reported proportions across health regions in Saskatchewan had generally high sampling variability and should be used with caution. In 2007/2008, none of the RHAs were significantly different from the province.

VEHICLE BY AGE AND SEX

A. Definitions:

Proportion of aged 12 and over who reported being exposed to tobacco smoke in various places on most days in the past month.

B. Significance/Use:

Passive exposure to tobacco smoke presents a health risk. Numerous studies have linked environmental tobacco smoke to lung cancer, heart disease and other illnesses.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

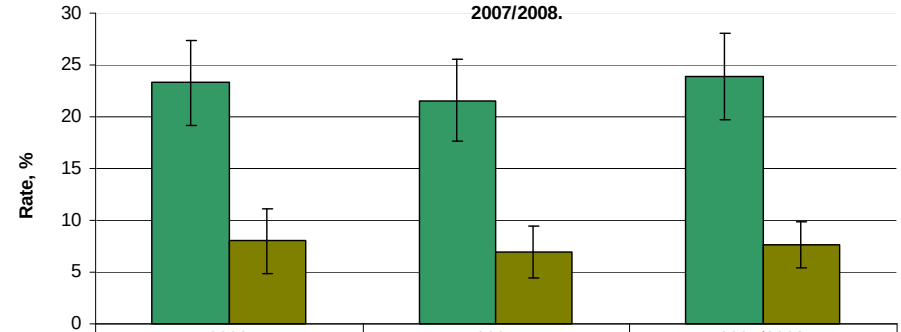
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

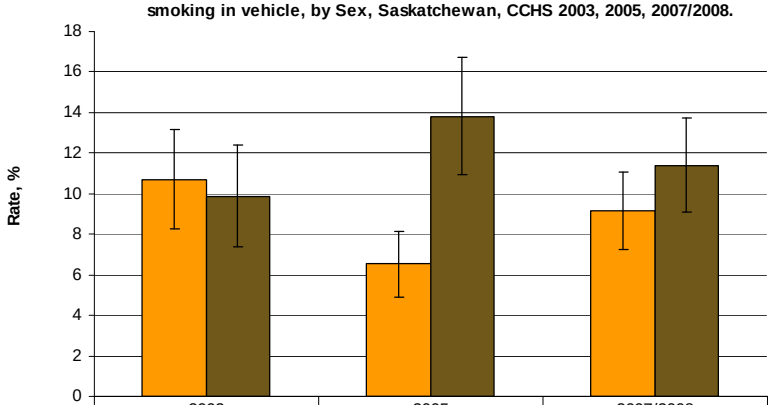
Prevalence of self-reported non-smokers exposure to second hand smoking in vehicle in 12-19 and 20-44 year age groups, Saskatchewan, CCHS 2003, 2005, 2007/2008.



	2003	2005	2007/2008
12-19	23.3	21.5	23.9
20-44	8.0	6.9	7.7

Age group by Year(s)

Prevalence of self-reported non-smokers (12+ years) exposure to second hand smoking in vehicle, by Sex, Saskatchewan, CCHS 2003, 2005, 2007/2008.



	2003	2005	2007/2008
Female	10.7	6.5	9.2
Male	9.9	13.8	11.4

Sex by Year(s)

SUMMARY OF FINDINGS:

Percentages of self-reported exposure to second hand smoking in vehicles were significantly higher in the non-smokers of 12-19 year age group compared to 20-44 year age group across the survey years. Higher age groups, 45-64 and 65+ years had high sampling variability that either should be used with caution or were unreliable for use.

Sex-specific percentages were significantly higher in male non-smokers compared to female non-smokers in the survey year 2005. The proportions were not significantly different in 2003 and 2007/2008, but were slightly higher in females in 2003 and higher in males in 2007/2008.

BEHAVIOURS - TOBACCO SMOKE EXPOSURE VEHICLE BY RHA

A. Definitions:

Proportion of aged 12 and over who reported being exposed to tobacco smoke in various places on most days in the past month.

B. Significance/Use:

Passive exposure to tobacco smoke presents a health risk. Numerous studies have linked environmental tobacco smoke to lung cancer, heart disease and other illnesses.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

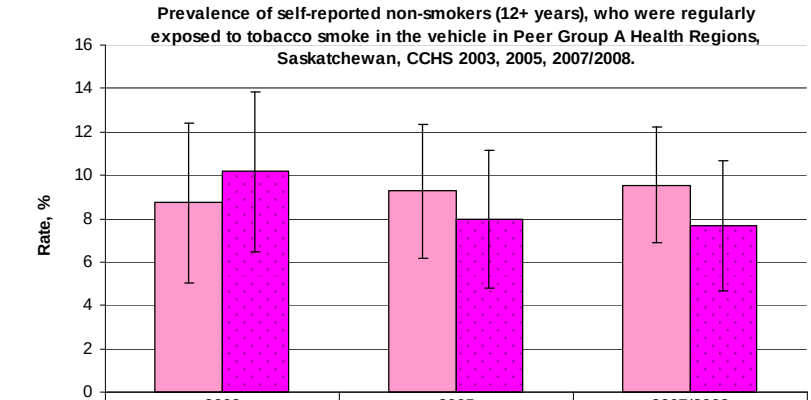
C. Limitations:

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.

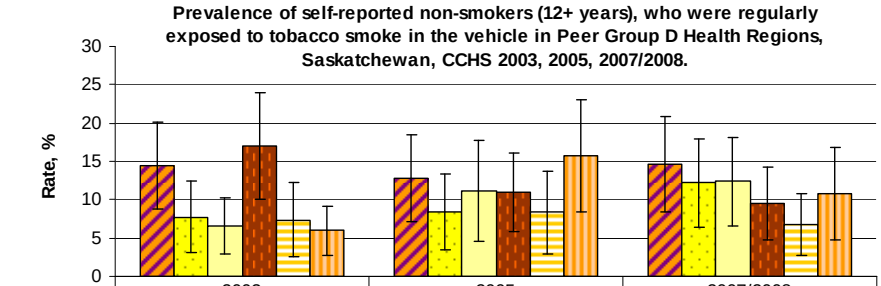
D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.



	2003	2005	2007/2008
RQRHA-A	8.7	9.3	9.6
STRHA-A	10.2	8.0	7.7

Peer group A by Year(s)



	2003	2005	2007/2008
SCRHA-D	14.5	12.8	14.7
FHRHA-D	7.8	8.4	12.2
CYRHA-D	6.6	11.2	12.4
SRRHA-D	17.0	11.0	9.4
HLRHA-D	7.4	8.4	6.8
KTRHA_D	6.0	15.7	10.8

Peer group D by Year(s)

SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQRHA) and Saskatoon (STRHA), health regions' non-smokers exposure to second hand smoking in vehicles had generally high sampling variability across survey years and should be used with caution. The differences between RHAs across survey years were not significant.

Peer Group D, Sun Country (SCRHA), Five Hills (FHRHA), Cypress (CYRHA), Sunrise (SRRHA), Heartland (HLRHA) and Kelsey Trail (KTRHA), health regions' proportions had high sampling variability with most results and should be used with caution. The differences between RHAs across survey years were not significant except for the significantly higher percentage in SRRHA compared to KTRHA in 2003.

BEHAVIOURS - TOBACCO SMOKE EXPOSURE VEHICLE BY RHA

CHART 10-88

A. Definitions:

Proportion of aged 12 and over who reported being exposed to tobacco smoke in various places on most days in the past month.

B. Significance/Use:

Passive exposure to tobacco smoke presents a health risk. Numerous studies have linked environmental tobacco smoke to lung cancer, heart disease and other illnesses.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

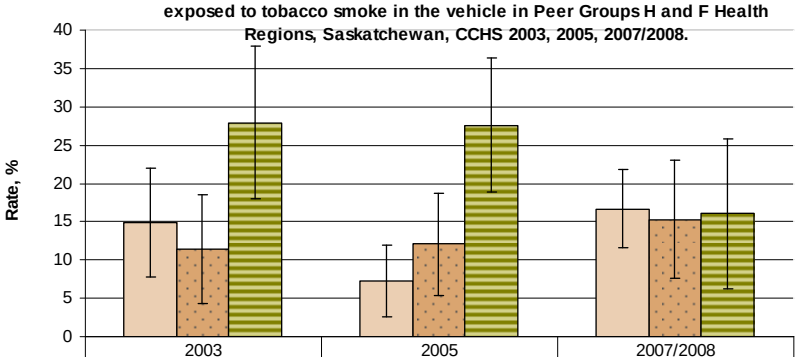
C. Limitations:

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.

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.



	2003	2005	2007/2008
PAPRHA-H	14.9	7.3	16.7
PNRHA-H	11.4	12.1	15.3
North-F	27.9	27.6	16.0

Peer group H and F by Year(s)

SUMMARY OF FINDINGS:

Peer Group H, Prince Albert Parkland (PAPRHA) and Prairie North (PNRHA), health regions' self-reported proportions of non-smokers exposure to second hand smoking in vehicles had generally high sampling variability and should be used with caution. The differences between the health regions were not statistically significant

Peer Group F, Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority, health regions were combined (North) due to small numbers. The proportions were not significantly different over the time period and had generally high sampling variability so should be used with caution.

PUBLIC PLACE - OVERALL

A. Definitions:

Proportion of aged 12 and over who reported being exposed to tobacco smoke in various places on most days in the past month.

B. Significance/Use:

Passive exposure to tobacco smoke presents a health risk. Numerous studies have linked environmental tobacco smoke to lung cancer, heart disease and other illnesses.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

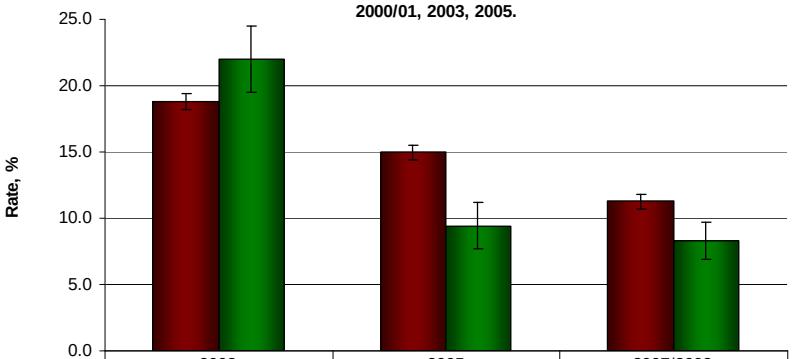
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Prevalence of self-reported non-smokers (12+ years), who were regularly exposed to tobacco smoke in public places, Canada and Saskatchewan, CCHS 2000/01, 2003, 2005.



	2003	2005	2007/2008
Canada	18.8	15.0	11.3
Saskatchewan	22.0	9.4	8.3

CCHS year

SUMMARY OF FINDINGS:

Saskatchewan (SK) and Canadian proportions of non-smokers regularly exposed to tobacco smoke in public places declined significantly from 2003 to 2005 and 2007/2008. The provincial prevalence was significantly higher than Canada in 2003, while the order was reversed in 2005 and 2007/2008.

BEHAVIOURS - TOBACCO SMOKE EXPOSURE CHART 10-90

PUBLIC PLACE BY AGE AND SEX

A. Definitions:

Proportion of aged 12 and over who reported being exposed to tobacco smoke in various places on most days in the past month.

B. Significance/Use:

Passive exposure to tobacco smoke presents a health risk. Numerous studies have linked environmental tobacco smoke to lung cancer, heart disease and other illnesses.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

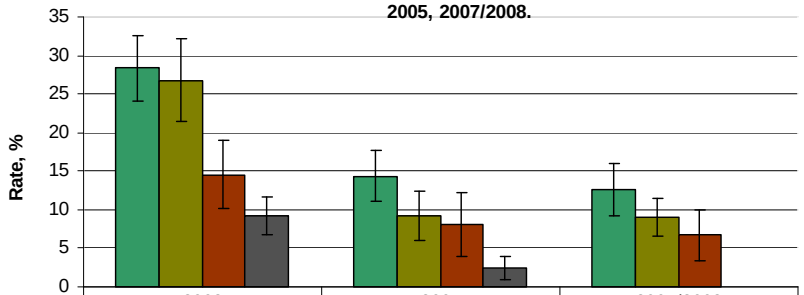
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

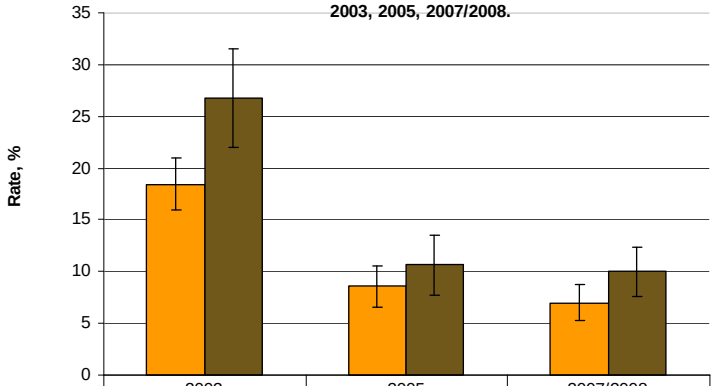
Prevalence of self-reported non-smokers' exposure to second hand smoking in public places, by age group, Saskatchewan, CCHS 2003, 2005, 2007/2008.



	2003	2005	2007/2008
12-19	28.4	14.4	12.6
20-44	26.8	9.3	9.1
45-64	14.6	8.0	6.7
65+	9.2	2.4	

Age group by Year(s)

Prevalence of self-reported non-smokers (12+ years) exposure to second hand smoking in public places, by Sex, Saskatchewan, CCHS 2003, 2005, 2007/2008.



	2003	2005	2007/2008
Female	18.4	8.6	7.0
Male	26.8	10.6	10.0

Sex by Year(s)

SUMMARY OF FINDINGS:

Percentages of self-reported exposure to second hand tobacco in the 12-19 years, 20-44 years and 65 years and older declined significantly from 2003 to 2005 and 2007/2008. In 2003, the proportions of exposure in 12-19 years and 20-44 years were significantly higher than in 45-64 years and 65 years and older. In later survey years, the exposure in 12-19 year age groups was significantly higher than in 65+ year age group. The 2007/2008 percentage in 65 years and old was unreliable.

Sex-specific percentages declined significantly in both sexes in 2003 to 2005 and 2007/2008. The proportions tended to be higher in male non-smokers compared to female non-smokers, but the difference was statistically significant in 2003.

BEHAVIOURS - TOBACCO SMOKE EXPOSURE — CHART 10-91

HOUSEHOLDS - OVERALL

A. Definitions:

Proportion of aged 12 and over who reported being in households with children aged 12 years or under, where smokers are asked to refrain from smoking in the house.

B. Significance/Use:

Passive exposure to tobacco smoke presents a health risk. Numerous studies have linked environmental tobacco smoke to lung cancer, heart disease and other illnesses.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

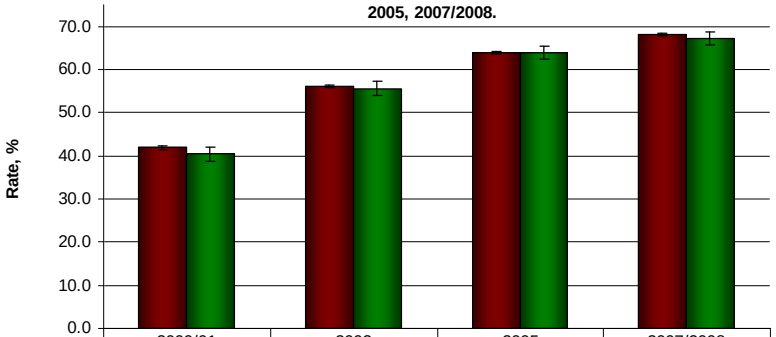
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

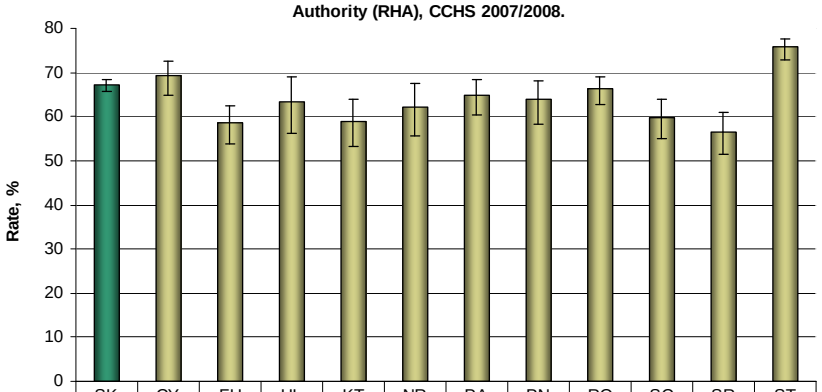
Prevalence of self-reported households, where smokers are asked to refrain from smoking in the house, Canada and Saskatchewan, CCHS 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
Canada	41.9	56.1	63.9	68.1
Saskatchewan	40.4	55.6	63.9	67.2

CCHS year

Prevalence of self-reported households, where the smokers are asked to refrain from smoking in the house in Saskatchewan, by Regional Health Authority (RHA), CCHS 2007/2008.



SK	CY	FH	HL	KT	NR	PA	PN	RQ	SC	SR	ST
67.2	69.3	58.5	63.3	58.9	62.1	64.8	63.8	66.2	59.9	56.5	75.7

Saskatchewan and Health Authorities

SUMMARY OF FINDINGS:

Saskatchewan (SK) and Canadian self-reported proportions of households where smokers were asked to refrain from smoking in the house have been steadily rising from 2000/01 to 2007/2008. The provincial percentages were not significantly different than Canada across the years.

In 2007/2008, the self-reported proportion in Saskatoon RHA (ST) was the highest across health regions and was significantly higher than the province. The percentages in Five Hills RHA (FH), Kelsey Trail RHA (KT), Sun Country RHA (SC), and Sunrise RHA (SR) were significantly lower than the province.

BEHAVIOURS - TOBACCO SMOKE EXPOSURE HOUSEHOLD BY RHA

CHART 10-92

A. Definitions:

Proportion of aged 12 and over who reported being in households where smokers are asked to refrain from smoking in the house.

B. Significance/Use:

Passive exposure to tobacco smoke presents a health risk. Numerous studies have linked environmental tobacco smoke to lung cancer, heart disease and other illnesses.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

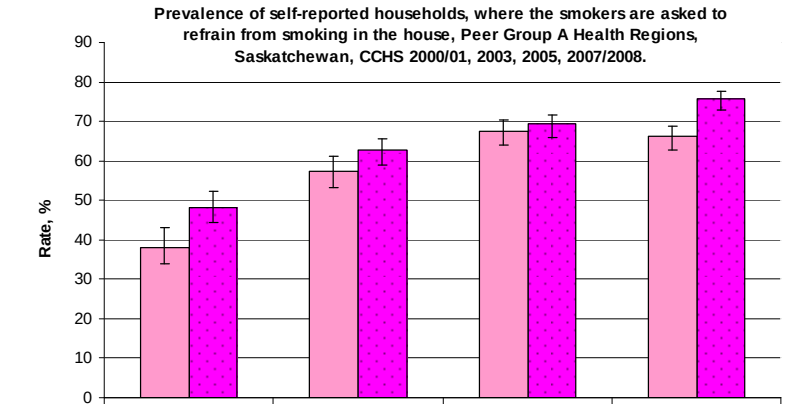
C. Limitations:

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.

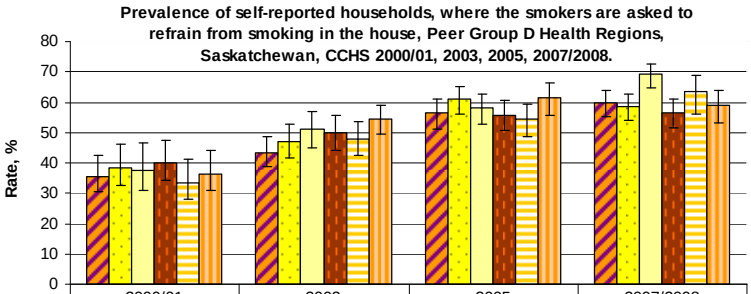
D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.



	2000/01	2003	2005	2007/2008
RQRHA-A	37.9	57.4	67.6	66.2
STRHA-A	48.2	62.6	69.3	75.7

Peer group A by Year(s)



	2000/01	2003	2005	2007/2008
SCRHA-D	35.5	43.4	56.5	59.9
FHRHA-D	38.5	47.0	61.0	58.5
CYRHA-D	37.5	51.0	58.0	69.3
SRRHA-D	40.0	49.8	55.8	56.5
HLRHA-D	33.3	48.0	54.2	63.3
KTRHA_D	36.4	54.5	61.5	58.9

Peer group D by Year(s)

SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQRHA) and Saskatoon (STRHA), health regions' self-reported smoking free households increased progressively from 2000/01 to 2007/2008 except a decline in RQRHA in 2005 to 2007/2008. The proportions were higher in STRHA compared to RQRHA, but only statistically significant in 2000/01 and 2007/2008.

Peer Group D, Sun Country (SCRHA), Five Hills (FHRHA), Cypress (CYRHA), Sunrise (SRRHA), Heartland (HLRHA) and Kelsey Trail (KTRHA), health regions' proportions increased significantly from 2000/01 to 2007/2008. In 2003, SCRHA was significantly lower than KTRHA. In 2007/2008, CYRHA was significantly higher than all except HLRHA.

BEHAVIOURS - TOBACCO SMOKE EXPOSURE HOUSEHOLD BY RHA

CHART 10-93

A. Definitions:

Proportion of aged 12 and over who reported being in households where smokers are asked to refrain from smoking in the house.

B. Significance/Use:

Passive exposure to tobacco smoke presents a health risk. Numerous studies have linked environmental tobacco smoke to lung cancer, heart disease and other illnesses.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

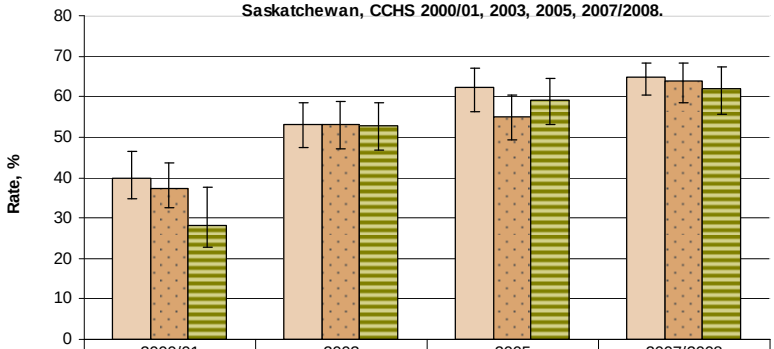
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Prevalence of self-reported households, where the smokers are asked to refrain from smoking in the house, Peer Groups H and F Health Regions, Saskatchewan, CCHS 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
PAPRHA-H	39.9	53.0	62.3	64.8
PNRHA-H	37.2	53.0	55.0	63.8
North-F	28.1	52.8	59.2	62.1

Peer group H and F by Year(s)

SUMMARY OF FINDINGS:

Peer Group H, Prince Albert Parkland (PAPRHA) and Prairie North (PNRHA), health regions' self-reported smoke free households significantly increased from 2000/01 to 2007/2008. The proportions across these health regions were not significantly different from each other in all survey years.

Peer Group F, Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority, health regions were combined (North) due to small numbers. The proportions were increased significantly over the time period.

BEHAVIOURS - TOBACCO SMOKE EXPOSURE HOUSEHOLDS WITH CHILDREN - OVERALL

CHART 10-94

A. Definitions:

Proportion of aged 12 and over who reported being in households with children aged 12 years or under, where smokers are asked to refrain from smoking in the house.

B. Significance/Use:

Passive exposure to tobacco smoke presents a health risk. Numerous studies have linked environmental tobacco smoke to lung cancer, heart disease and other illnesses.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

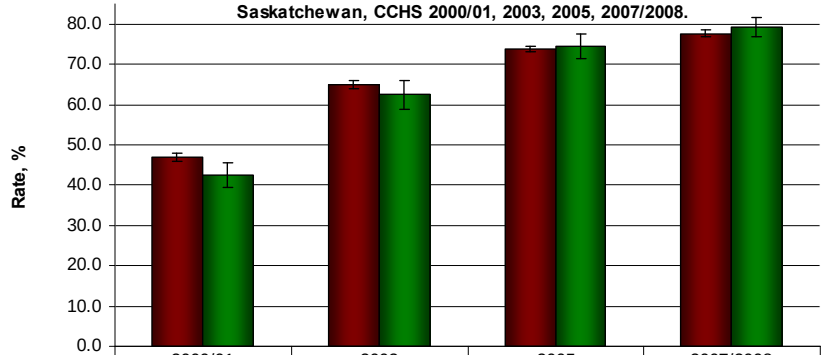
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

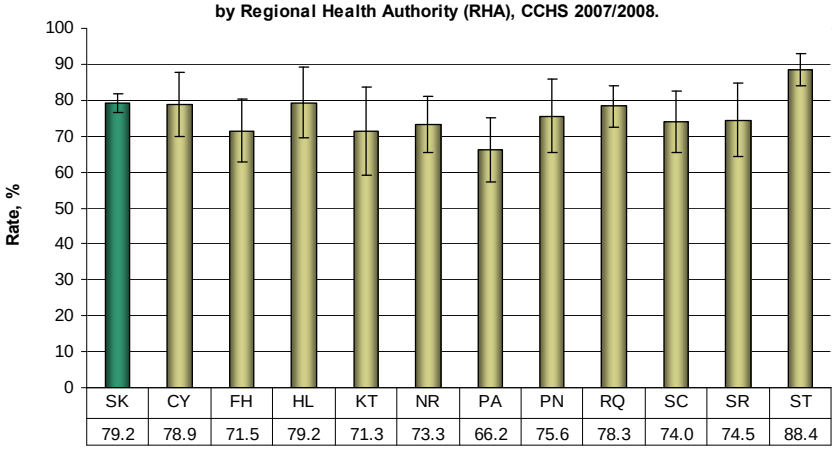
Prevalence of self-reported households with children aged 12 years or under, where smokers are asked to refrain from smoking in the house, Canada and Saskatchewan, CCHS 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
Canada	46.9	65.0	73.8	77.7
Saskatchewan	42.5	62.4	74.5	79.2

CCHS year

Prevalence of self-reported households with children aged 12 or under, where the smokers are asked to refrain from smoking in the house in Saskatchewan, by Regional Health Authority (RHA), CCHS 2007/2008.



SK	CY	FH	HL	KT	NR	PA	PN	RQ	SC	SR	ST
79.2	78.9	71.5	79.2	71.3	73.3	66.2	75.6	78.3	74.0	74.5	88.4

Saskatchewan and Health Authorities

SUMMARY OF FINDINGS:

Saskatchewan (SK) and Canadian self-reported households with children aged 12 years or under, where smokers are asked to refrain from smoking in the house steadily increased significantly from 2000/01 to 2007/2008. The provincial proportion was significantly lower than Canada in 2000/01.

In 2007/2008, the self-reported proportion was significantly higher in Saskatoon RHA (ST) than the province and significantly lower in Prince Albert Parkland RHA (PA).

BEHAVIOURS - TOBACCO SMOKE EXPOSURE HOUSEHOLDS WITH CHILDREN BY RHA

CHART 10-95

A. Definitions:

Proportion of aged 12 and over who reported being in households with children aged 12 years or under, where smokers are asked to refrain from smoking in the house.

B. Significance/Use:

Passive exposure to tobacco smoke presents a health risk. Numerous studies have linked environmental tobacco smoke to lung cancer, heart disease and other illnesses.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

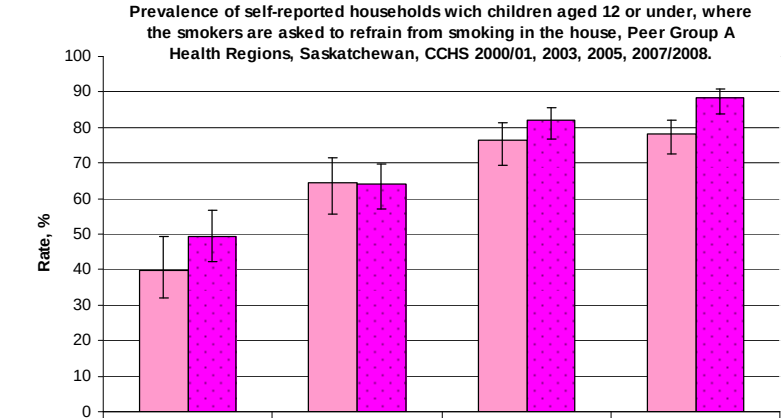
C. Limitations:

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.

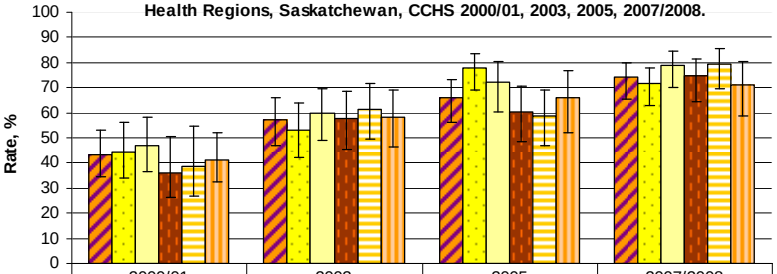
D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.



	2000/01	2003	2005	2007/2008
RQRHA-A	39.6	64.4	76.5	78.3
STRHA-A	49.3	64.1	82.1	88.4

Peer group A by Year(s)



	2000/01	2003	2005	2007/2008
SCRHA-D	43.1	57.1	65.8	74.0
FHRHA-D	44.1	53.3	77.8	71.5
CYRHA-D	46.8	60.0	72.3	78.9
SRRHA-D	36.3	57.5	60.4	74.5
HLRHA-D	38.9	61.4	58.8	79.2
KTRHA_D	41.1	58.4	66.0	71.3

Peer group D by Year(s)

SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQRHA) and Saskatoon (STRHA) health regions' self-reported households with children aged 12 years or under in smoking free homes increased significantly from 2000/01 to 2007/2008. The proportions tended to be higher in STRHA compared to RQRHA across the years, but the difference was only statistically significant in 2007/2008.

Peer Group D, Sun Country (SCRHA), Five Hills (FHRHA), Cypress (CYRHA), Sunrise (SRRHA), Heartland (HLRHA) and Kelsey Trail (KTRHA), health regions' proportions increased significantly from 2000/01 to 2007/2008. The proportions across these health regions were not significantly different within each year.

BEHAVIOURS - TOBACCO SMOKE EXPOSURE HOUSEHOLDS WITH CHILDREN BY RHA

CHART 10-96

A. Definitions:

Proportion of aged 12 and over who reported being in households with children aged 12 years or under, where smokers are asked to refrain from smoking in the house.

B. Significance/Use:

Passive exposure to tobacco smoke presents a health risk. Numerous studies have linked environmental tobacco smoke to lung cancer, heart disease and other illnesses.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

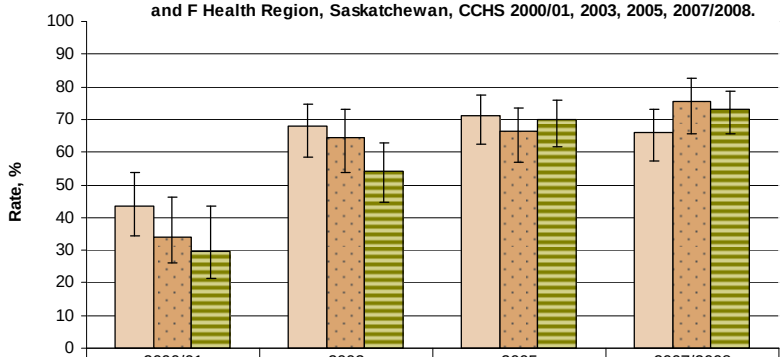
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Prevalence of self-reported households with children aged 12 or under, where the smokers are asked to refrain from smoking in the house, Peer Groups H and F Health Region, Saskatchewan, CCHS 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
PAPRHA-H	43.3	67.8	71.2	66.2
PNRHA-H	34.2	64.5	66.3	75.6
North-F	29.5	54.1	70.0	73.3

Peer group H and F by Year(s)

SUMMARY OF FINDINGS:

Peer Group H, Prince Albert Parkland (PAPRHA) and Prairie North (PNRHA), health regions' self-reported rates of households with children aged 12 years or under in smoke free homes increased significantly from 2000/01 to 2007/2008. The proportions across the health regions were not significantly different from each other in any survey year

Peer Group F, Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority, health regions were combined (North) due to small numbers. The proportions increased significantly from 2000/01 to 2007/2008.

SELF-REPORTED HEALTH: GOOD, VERY GOOD AND EXCELLENT - OVERALL

CHART 10-97

A. Definitions:

Proportion of the population aged 12 years and older who rated their own health status as being either excellent, very good, good, fair or poor.

B. Significance/Use:

Self-rated health is a global, self-assessment of an individual's current health status. Self-rated health status is predictive of future mortality and also appears to be predictive of the development of chronic conditions.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

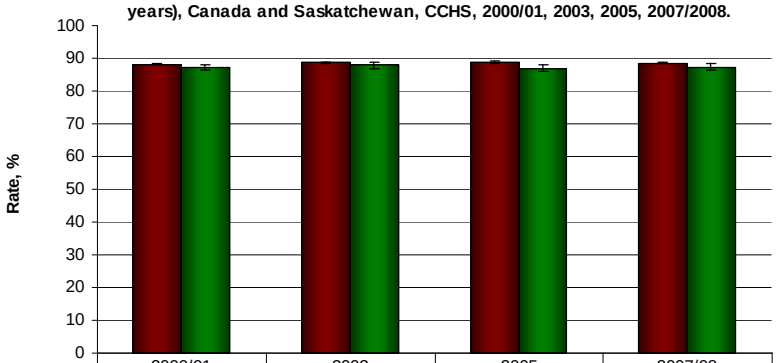
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

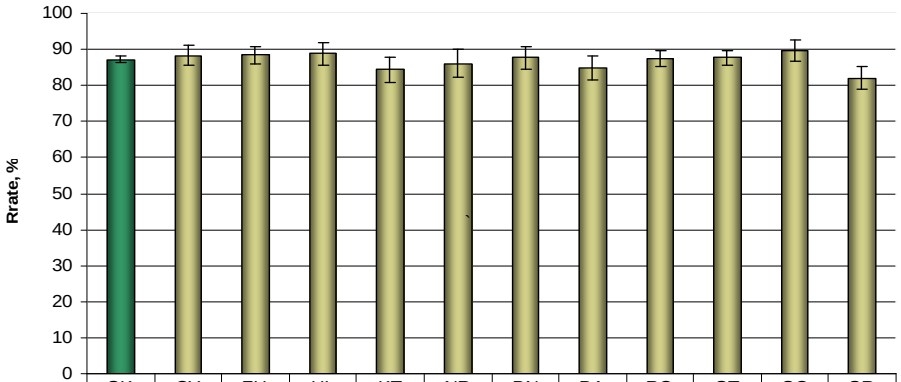
Prevalence of self-rated good, very good and excellent health in all ages (12+ years), Canada and Saskatchewan, CCHS, 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/08
Canada	88.1	88.7	88.8	88.5
Saskatchewan	87.2	87.9	86.9	87.2

CCHS year

Prevalence of self-rated good, very good and excellent health in 12+ year olds, Saskatchewan and Health Regions, CCHS Cycles, 4.1/5.1 (2007/2008).



SK	CY	FH	HL	KT	NR	PN	PA	RQ	ST	SC	SR
87.2	88.4	88.4	88.8	84.4	86.1	87.7	85.0	87.5	87.8	89.7	82.1

Saskatchewan and Health Authorities by Age group

SUMMARY OF FINDINGS:

Saskatchewan (SK) prevalence of self-reported good, very good or excellent health remained fairly constant from 2000/01 through 2007/08. The Canadian prevalence also remained fairly constant but tended to be higher than SK. The difference between the Canadian and the provincial prevalence was significant only in 2005.

In 2007/08, the regional health authority prevalence varied with the highest prevalence in Sun Country RHA (SC) and the lowest in Sunrise RHA (SR). Only SR was significantly different, lower, from the provincial prevalence.

SELF-REPORTED HEALTH: GOOD, VERY GOOD AND EXCELLENT - OVERALL BY AGE AND SEX

CHART 10-98

A. Definitions:

Proportion of the population aged 12 years and older who rated their own health status as being either excellent, very good, good, fair or poor.

B. Significance/Use:

Self-rated health is a global, self-assessment of an individual's current health status. Self-rated health status is predictive of future mortality and also appears to be predictive of the development of chronic conditions.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

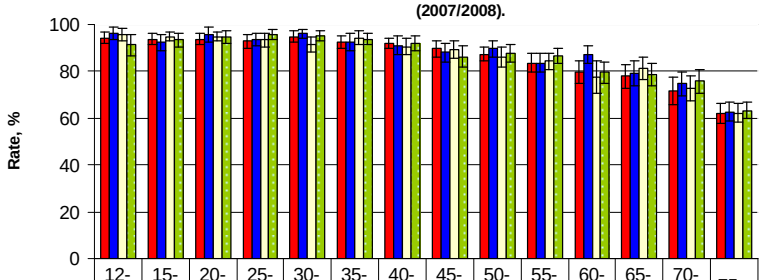
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

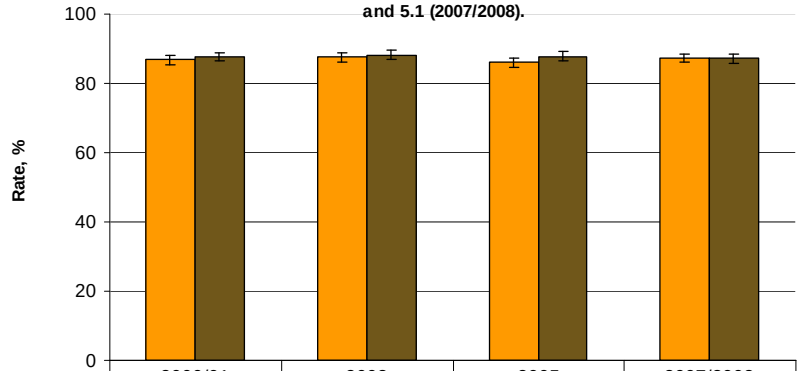
Prevalence of self-rated good, very good or excellent health in all ages (12+), Saskatchewan, CCHS Cycles, 1.1 (2000/01), 2.1 (2003), 3.1 (2005), 4.1 and 5.1 (2007/2008).



	12-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
2000/01	94.3	93.8	93.8	92.9	94.8	92.4	92.0	89.6	87.4	83.6	79.5	77.8	71.5	62.1
2003	96.1	92.3	95.7	93.7	96.1	92.3	91.0	88.0	89.6	83.7	87.0	79.0	74.6	62.8
2005	95.7	94.8	94.9	93.3	91.5	94.2	90.5	89.2	86.1	84.3	77.4	81.3	72.6	62.2
2007/2008	91.3	93.4	94.6	95.6	95.1	93.8	91.9	86.3	87.6	86.7	79.6	78.7	75.7	63.3

Age group years by Survey years

Prevalence of self-rated good, very good and excellent health in 12+ year olds, by Sex, Saskatchewan, CCHS Cycles, 1.1 (2000/01), 2.1 (2003), 3.1 (2005), 4.1 and 5.1 (2007/2008).



	2000/01	2003	2005	2007/2008
Female	86.8	87.5	86.1	87.3
Male	87.7	88.2	87.8	87.2

Sex by Year(s)

SUMMARY OF FINDINGS:

Percentages of self-reported proportions of good, very good and excellent health status from 2000/01 to 2007/08 showed declining trends with advancing age groups, especially with ages 60 years and over.

Sex-specific proportions were similar and remained relatively consistent over the four survey years with no significant differences between males and females.

SELF-REPORTED HEALTH : GOOD, VERY GOOD AND EXCELLENT BY SEX AND AGE

CHART 10-99

A. Definitions:

Proportion of the population aged 12 years and older who rated their own health status as being either excellent, very good, good, fair or poor.

B. Significance/Use:

Self-rated health is a global, self-assessment of an individual's current health status. Self-rated health status is predictive of future mortality and also appears to be predictive of the development of chronic conditions.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

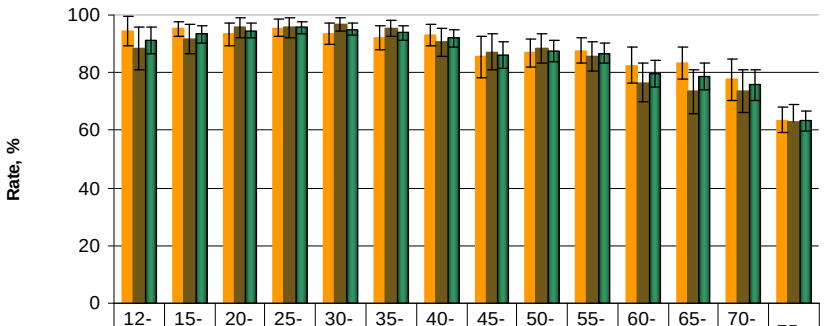
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Prevalence of self-rated good, very good or excellent health in all ages (12+ years), Saskatchewan, by Sex, CCHS Cycles, 4.1 and 5.1 (2007/2008).



	12-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Female	94.5	95.2	93.5	95.5	93.4	92.2	93.0	85.4	87.0	87.7	82.5	83.2	77.6	63.5
Male	88.3	91.7	95.7	95.7	96.7	95.4	90.7	87.1	88.3	85.7	76.6	73.5	73.7	63.0
Total	91.3	93.4	94.6	95.6	95.1	93.8	91.9	86.3	87.6	86.7	79.6	78.7	75.7	63.3

Sex by Age-group

SUMMARY OF FINDINGS:

Percentages of self-reported good, very good and excellent health status in 2007/08 showed declining trends with advancing age, with the percentages falling below 80.0% in 70-74 years onwards in males, females and both sexes.

Sex-specific proportions were not significantly different.

SELF-REPORTED HEALTH : GOOD, VERY GOOD AND EXCELLENT BY RHA

CHART 10-100

A. Definitions:

Proportion of the population aged 12 years and older who rated their own health status as being either excellent, very good, good, fair or poor.

B. Significance/Use:

Self-rated health is a global, self-assessment of an individual's current health status. Self-rated health status is predictive of future mortality and also appears to be predictive of the development of chronic conditions.

Useful to target subpopulations 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.

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

	2000/01	2007/2008	2005	2007/2008
RQRHA-A	87.3	88.1	88.9	87.5
STRHA-A	88.1	90.6	88.4	87.8

Peer group A by Year(s)

	2000/01	2003	2005	2007/2008
SCRHA-D	85.8	82.6	83.8	84.4
FHRHA-D	88.4	85.0	87.6	88.4
CYRHA-D	90.6	89.9	88.2	88.4
SRRHA-D	79.6	80.6	77.4	82.1
HLRHA-D	88.0	88.5	85.1	88.8
KTRHA_D	85.8	82.6	83.8	84.4

Peer group D by Year(s)

SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQRHA) and Saskatoon (STRHA), health regions' proportions of self-reported good, very good and excellent health status were not significantly different across survey years and remained fairly stable across all survey years.

Peer Group D, Sun Country (SCRHA), Five Hills (FHRHA), Cypress (CYRHA), Sunrise (SRRHA), Heartland (HLRHA) and Kelsey Trail (KTRHA), health regions' proportions were mostly stable across years except that SRRHA was the lowest among the RHAs and was significantly different than at least one health region in all survey years.

SELF-REPORTED HEALTH: GOOD, VERY GOOD AND EXCELLENT BY RHA

CHART 10-101

A. Definitions:

Proportion of the population aged 12 years and older who rated their own health status as being either excellent, very good, good, fair or poor.

B. Significance/Use:

Self-rated health is a global, self-assessment of an individual's current health status. Self-rated health status is predictive of future mortality and also appears to be predictive of the development of chronic conditions.

Useful to target subpopulations 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.

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

	2000/01	2003	2005	2007/2008
PAPRHA-H	86.8	87.4	84.5	85.0
PNRHA-H	87.1	86.5	86.3	87.7
North-F	90.0	87.2	84.3	86.1

Peer group H and F by Year(s)

SUMMARY OF FINDINGS:

Peer Group H, Prince Albert Parkland (PAPRHA) and Prairie North (PNRHA), health regions' self-reported good, very good and excellent health status were not significantly different across the time period or from each other.

Peer Group F, Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority, health regions were combined (North) due to small numbers. The percentages remained stable over the survey period.

SELF-REPORTED HEALTH: VERY GOOD AND EXCELLENT HEALTH - OVERALL

CHART 10-102

A. Definitions:

Proportion of the population aged 12 years and older who rated their own health status as being either excellent, very good, good, fair or poor.

B. Significance/Use:

Self-rated health is a global, self-assessment of an individual's current health status. Self-rated health status is predictive of future mortality and also appears to be predictive of the development of chronic conditions.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

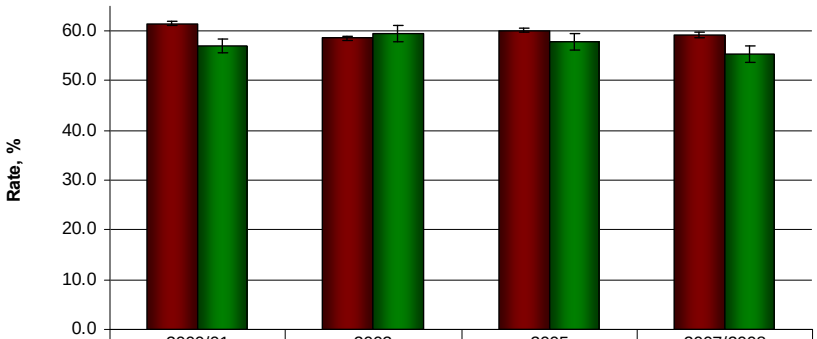
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

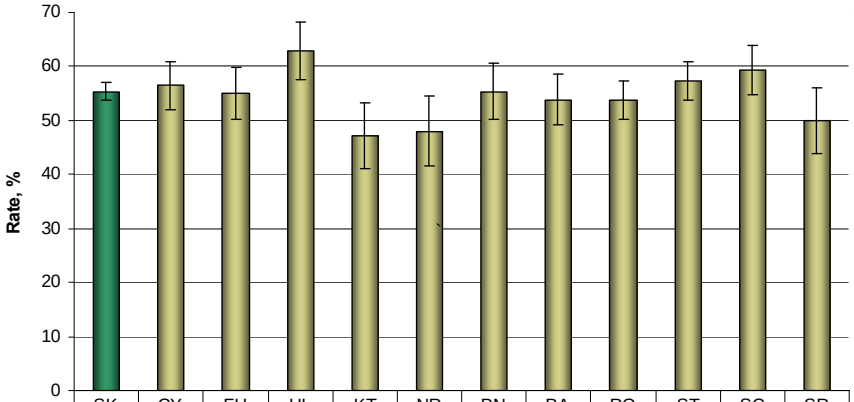
Prevalence of self-rated very good and excellent health in all ages (12+ years), Canada and Saskatchewan, CCHS, 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
Canada	61.5	58.6	60.2	59.2
Saskatchewan	57.0	59.5	57.8	55.3

CCHS year

Prevalence of self-rated very good and excellent health in 12+ year olds, Saskatchewan and Health Regions, CCHS Cycles, 4.1/5.1 (2007/2008).



SK	CY	FH	HL	KT	NR	PN	PA	RQ	ST	SC	SR
55.3	56.4	55.1	62.9	47.2	48.0	55.4	53.8	53.7	57.4	59.4	50.0

Saskatchewan and Health Authorities by Age group

SUMMARY OF FINDINGS:

Saskatchewan (SK) prevalence of self-reported very good or excellent health declined slightly from 2000/01 through 2007/08. The Canadian prevalence also declined slightly and tended to be higher than SK with the exception of 2003. The difference between the Canadian and the provincial prevalence was significant for all years except 2003.

In 2007/08, the regional health authority prevalence varied with the highest prevalence in Heartland RHA (HL) and the lowest in Kelsey Trail RHA (KT). HL, KT and Sunrise (SR) were significantly different from the provincial prevalence.

SELF-REPORTED HEALTH: VERY GOOD AND EXCELLENT HEALTH BY AGE AND SEX

CHART 10-103

A. Definitions:

Proportion of the population aged 12 years and older who rated their own health status as being either excellent, very good, good, fair or poor.

B. Significance/Use:

Self-rated health is a global, self-assessment of an individual's current health status. Self-rated health status is predictive of future mortality and also appears to be predictive of the development of chronic conditions.

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

C. Limitations:

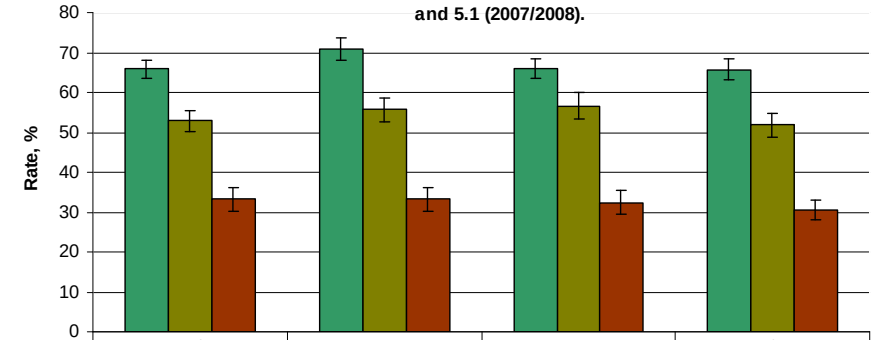
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

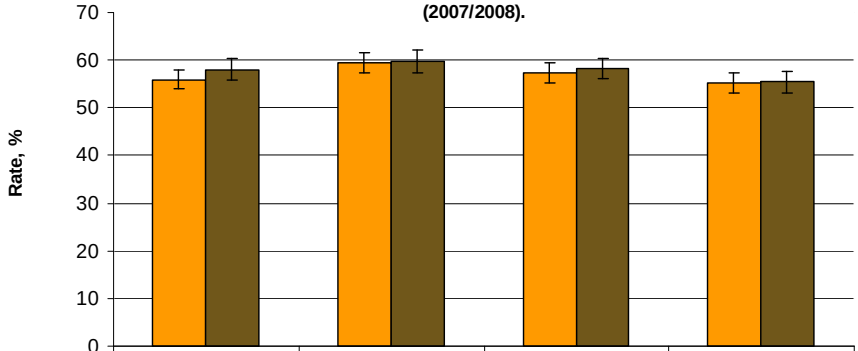
Prevalence of self-rated very good and excellent health in 12+ year olds, by age group, Saskatchewan, CCHS Cycles, 1.1 (2000/01), 2.1 (2003), 3.1 (2005), 4.1 and 5.1 (2007/2008).



	2000/01	2003	2005	2007/2008
20-44	65.9	70.8	66.0	65.7
45-64	52.8	55.7	56.7	51.8
65+	33.3	33.2	32.4	30.4

Age group by Year(s)

Prevalence of self-rated very good and excellent health in 12+ olds, by Sex, Saskatchewan, CCHS Cycles, 1.1 (2000/01), 2.1 (2003), 3.1 (2005), 4.1 and 5.1 (2007/2008).



	2000/01	2003	2005	2007/2008
Female	55.9	59.4	57.4	55.2
Male	58.1	59.6	58.3	55.4

Sex by Year(s)

SUMMARY OF FINDINGS:

Percentages of self-reported very good and excellent health status from 2000/01 to 2007/08 declined significantly from 20-44 year age group with the advancing age in all survey years.

Sex-specific proportions were not significantly different between males and females. The percentages in both sexes tended to decline from 2003 to 2007/2008.

SELF-REPORTED HEALTH: VERY GOOD AND EXCELLENT HEALTH BY SEX AND AGE

CHART 10-104

A. Definitions:

Proportion of the population aged 12 years and older who rated their own health status as being either excellent, very good, good, fair or poor.

B. Significance/Use:

Self-rated health is a global, self-assessment of an individual's current health status. Self-rated health status is predictive of future mortality and also appears to be predictive of the development of chronic conditions.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

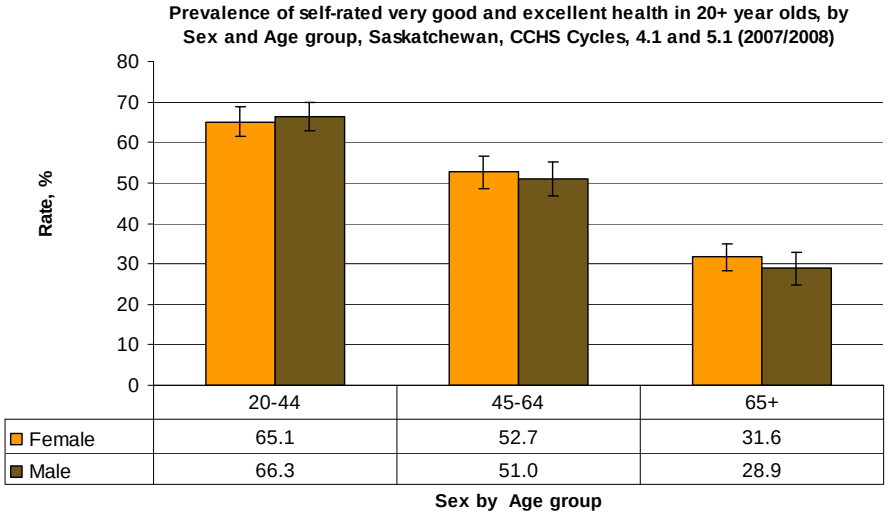
C. Limitations:

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.

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.



SUMMARY OF FINDINGS:

Percentages of self-reported very good and excellent health status in 2007/08 showed a significant decline with the advancing age and was similar in both males and females.

SELF-REPORTED HEALTH: VERY GOOD AND EXCELLENT HEALTH BY RHA

CHART 10-105

A. Definitions:

Proportion of the population aged 12 years and older who rated their own health status as being either excellent, very good, good, fair or poor.

B. Significance/Use:

Self-rated health is a global, self-assessment of an individual's current health status. Self-rated health status is predictive of future mortality and also appears to be predictive of the development of chronic conditions.

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

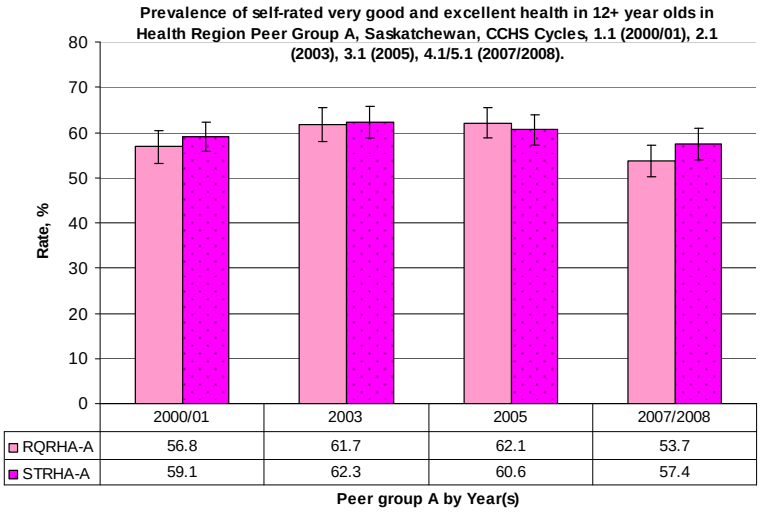
C. Limitations:

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.

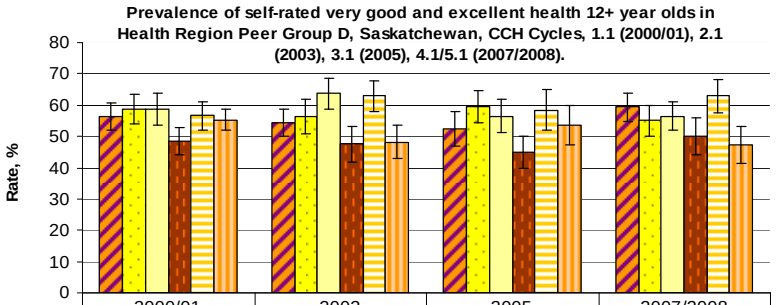
D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.



	2000/01	2003	2005	2007/2008
RQRHA-A	56.8	61.7	62.1	53.7
STRHA-A	59.1	62.3	60.6	57.4

Peer group A by Year(s)



	2000/01	2003	2005	2007/2008
SCRHA-D	56.2	54.3	52.4	59.4
FHRHA-D	58.7	56.3	59.6	55.1
CYRHA-D	58.8	63.7	56.5	56.4
SRRHA-D	48.5	47.6	44.9	50.0
HLRHA-D	56.7	62.9	58.5	62.9
KTRHA_D	55.3	48.2	53.6	47.2

Peer group D by Year(s)

SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQRHA) and Saskatoon (STRHA), health regions' self-reported very good and excellent health status were similar and declined slightly from 2003 to 2007/2008. The difference in this decline was significant only in RQRHA.

Peer Group D, Sun Country (SCRHA), Five Hills (FHRHA), Cypress (CYRHA), Sunrise (SRRHA), Heartland (HLRHA) and Kelsey Trail (KTRHA), health regions' proportions were mostly stable across years. However, SCRHA was the lowest among these health regions and was significantly different than other health regions in most survey years.

SELF-REPORTED HEALTH: VERY GOOD AND EXCELLENT HEALTH BY RHA

CHART 10-106

A. Definitions:

Proportion of the population aged 12 years and older who rated their own health status as being either excellent, very good, good, fair or poor.

B. Significance/Use:

Self-rated health is a global, self-assessment of an individual's current health status. Self-rated health status is predictive of future mortality and also appears to be predictive of the development of chronic conditions.

Useful to target subpopulations 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.

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

	2000/01	2003	2005	2007/2008
PAPRHA-H	58.8	57.7	51.7	53.8
PNRHA-H	54.1	61.8	54.9	55.4
North-F	53.6	51.3	45.8	48.0

Peer group H and F by Year(s)

SUMMARY OF FINDINGS:

Peer Group H, Prince Albert Parkland (PAPRHA) and Prairie North (PNRHA), health regions' self-reported very good and excellent health status were not significantly different across the time period or from each other.

Peer Group F, Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority, health regions were combined (North) due to small numbers. The proportions did not differ significantly across the time period.

SELF-REPORTED HEALTH: FAIR AND POOR - OVERALL

CHART 10-107

A. Definitions:

Proportion of the population aged 12 years and older who rated their own health status as being either excellent, very good, good, fair or poor.

B. Significance/Use:

Self-rated health is a global, self-assessment of an individual's current health status. Self-rated health status is predictive of future mortality and also appears to be predictive of the development of chronic conditions.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

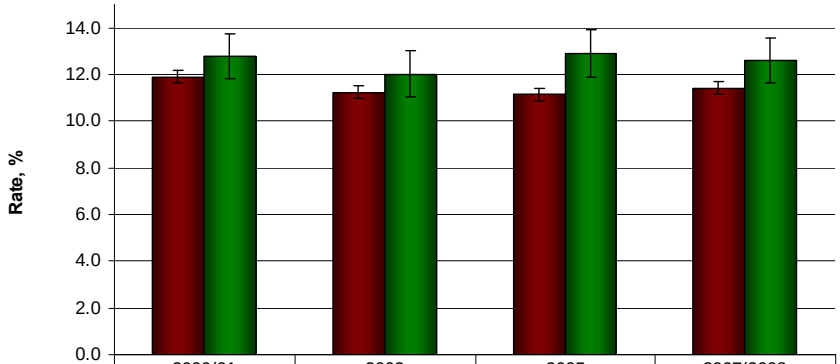
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

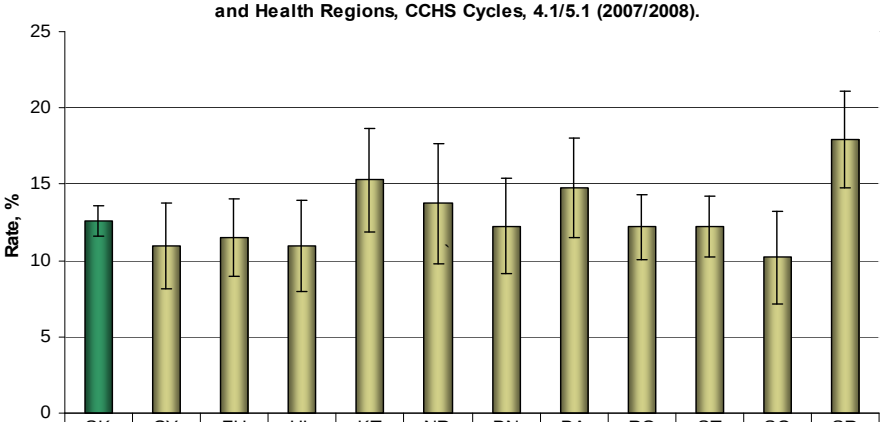
Prevalence of self-rated fair and poor health status in 12+ year olds), Canada and Saskatchewan, CCHS, 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
Canada	11.9	11.2	11.1	11.4
Saskatchewan	12.8	12.0	12.9	12.6

CCHS year

Prevalence of self-rated fair and poor health in 12+ year olds, Saskatchewan and Health Regions, CCHS Cycles, 4.1/5.1 (2007/2008).



SK	CY	FH	HL	KT	NR	PN	PA	RQ	ST	SC	SR
12.6	11.0	11.5	11.0	15.3	13.7	12.2	14.8	12.2	12.2	10.2	17.9

Saskatchewan and Health Authorities by Age group

SUMMARY OF FINDINGS:

Saskatchewan (SK) prevalence of self-reported fair and poor health remained fairly constant from 2000/01 through 2007/08. The Canadian prevalence also remained fairly constant and tended to be lower than the SK rate. The difference between the Canadian and the provincial prevalence was significant only in 2005.

In 2007/09, the regional health authority prevalence varied with the highest prevalence in Sunrise RHA (SR) and the lowest in Sun Country RHA (SC) and were significantly different from one another.

SELF-REPORTED HEALTH: FAIR AND POOR BY AGE AND SEX

CHART 10-108

A. Definitions:

Proportion of the population aged 12 years and older who rated their own health status as being either excellent, very good, good, fair or poor.

B. Significance/Use:

Self-rated health is a global, self-assessment of an individual's current health status. Self-rated health status is predictive of future mortality and also appears to be predictive of the development of chronic conditions.

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

C. Limitations:

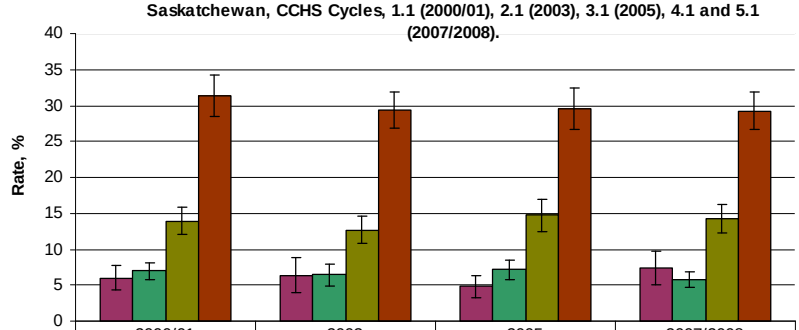
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

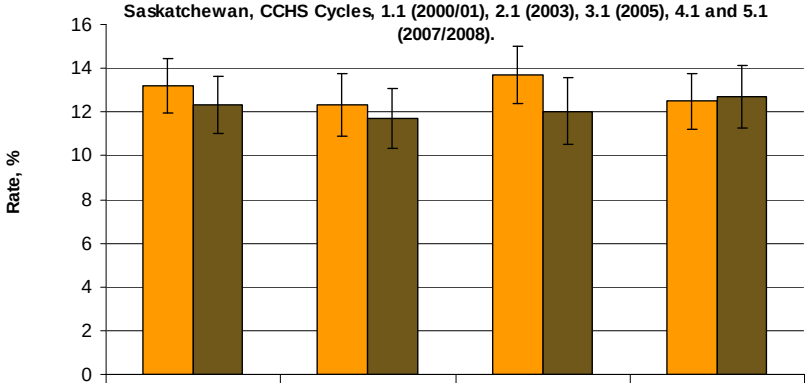
Prevalence of self-rated fair or poor health in 12+ year olds, by age group, Saskatchewan, CCHS Cycles, 1.1 (2000/01), 2.1 (2003), 3.1 (2005), 4.1 and 5.1 (2007/2008).



	2000/01	2003	2005	2007/2008
12-19	6.0	6.4	4.9	7.4
20-44	6.9	6.4	7.1	5.7
45-64	13.9	12.7	14.7	14.2
65+	31.4	29.3	29.6	29.3

Age group by Year(s)

Prevalence of self-rated fair or poor health in 12+ year olds, by Sex, Saskatchewan, CCHS Cycles, 1.1 (2000/01), 2.1 (2003), 3.1 (2005), 4.1 and 5.1 (2007/2008).



	2000/01	2003	2005	2007/2008
Female	13.2	12.3	13.7	12.5
Male	12.3	11.7	12.0	12.7

Sex by Year(s)

SUMMARY OF FINDINGS:

Percentages of fair or poor health status in 12-19 years and 20-44 years from 2000/01 to 2007/08 were significantly lower than in 45-64 years and seniors aged 65 years and older. The seniors' percentages in 2007/08 were more than double that in 44-64 years.

Sex-specific proportions were not significantly different, though the proportions tended to be higher in females than in males in 2000/01 through 2005. The proportions in males remained consistent across years from 2000/01 through 2007/08.

SELF-REPORTED HEALTH: FAIR AND POOR BY SEX AND AGE

CHART 10-109

A. Definitions:

Proportion of the population aged 12 years and older who rated their own health status as being either excellent, very good, good, fair or poor.

B. Significance/Use:

Self-rated health is a global, self-assessment of an individual's current health status. Self-rated health status is predictive of future mortality and also appears to be predictive of the development of chronic conditions.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

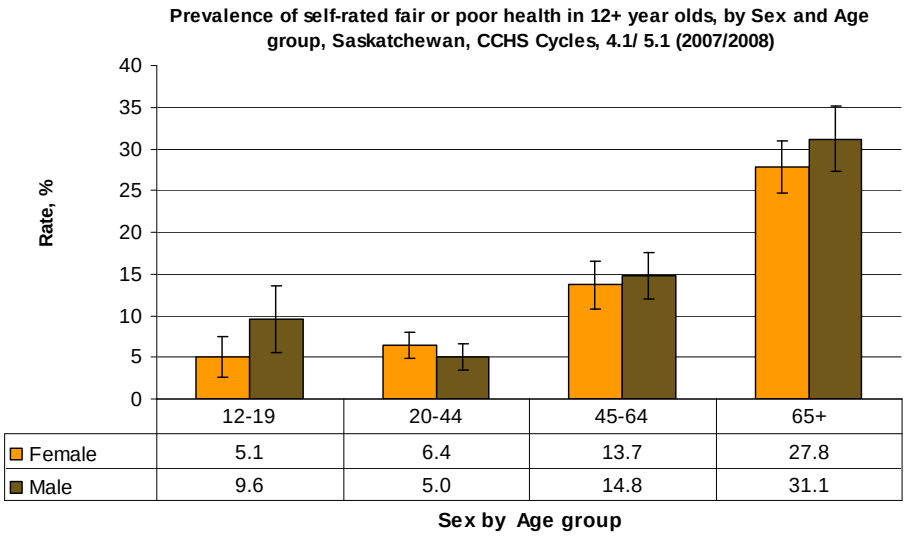
C. Limitations:

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.

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.



SUMMARY OF FINDINGS:

Percentages of self-reported fair or poor health status in both female and male seniors (65 years and older) in 2007/2008 was significantly higher than in 45-64 years, which were in turn higher than in 20-44 years.

The proportions in females were higher than in males in 12-19 years, 45 -64 years and 65 years and older age groups, but the differences were not statistically significant.

SELF-REPORTED HEALTH: FAIR AND POOR BY RHA

CHART 10-110

A. Definitions:

Proportion of the population aged 12 years and older who rated their own health status as being either excellent, very good, good, fair or poor.

B. Significance/Use:

Self-rated health is a global, self-assessment of an individual's current health status. Self-rated health status is predictive of future mortality and also appears to be predictive of the development of chronic conditions.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

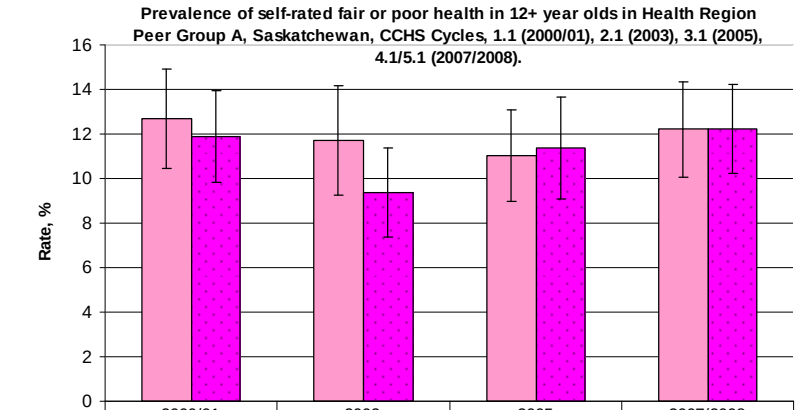
C. Limitations:

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.

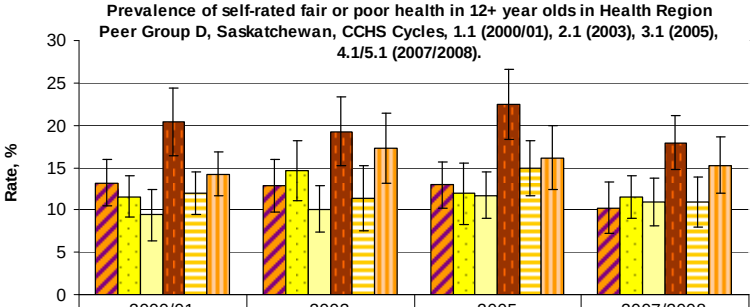
D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.



	2000/01	2003	2005	2007/2008
RQRHA-A	12.7	11.7	11.0	12.2
STRHA-A	11.9	9.4	11.4	12.2

Peer group A by Year(s)



	2000/01	2003	2005	2007/2008
SCRHA-D	13.2	12.8	13.0	10.2
FHRHA-D	11.6	14.6	11.9	11.5
CYRHA-D	9.4	10.1	11.7	11.0
SRRHA-D	20.4	19.3	22.5	17.9
HLRHA-D	12.0	11.3	14.9	11.0
KTRHA_D	14.2	17.3	16.2	15.3

Peer group D by Year(s)

SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQRHA) and Saskatoon (STRHA), health regions' self-reported percentages of fair or poor health status were not significantly different across survey years.

Peer Group D, Sun Country (SCRHA), Five Hills (FHRHA), Cypress (CYRHA), Sunrise (SRRHA), Heartland (HLRHA) and Kelsey Trail (KTRHA), health regions' proportions varied across the regions and was highest in SRRHA which was significantly different from some of the other health regions, especially CYRHA in all survey years.

SELF-REPORTED HEALTH: FAIR AND POOR BY RHA

CHART 10-111

A. Definitions:

Proportion of the population aged 12 years and older who rated their own health status as being either excellent, very good, good, fair or poor.

B. Significance/Use:

Self-rated health is a global, self-assessment of an individual's current health status. Self-rated health status is predictive of future mortality and also appears to be predictive of the development of chronic conditions.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

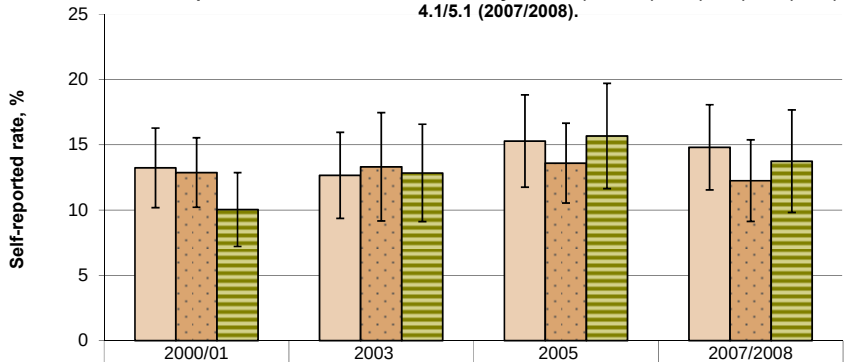
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Self-reported rates of fair or poor health in 12+ year olds in Health Region Peer Groups H and F, Saskatchewan, CCHS cycles 1.1 (2000/01), 2.1 (2003), 3.1 (2005), 4.1/5.1 (2007/2008).



	2000/01	2003	2005	2007/2008
PAPRHA-H	13.2	12.6	15.3	14.8
PNRHA-H	12.9	13.3	13.6	12.2
North-F	10.0	12.8	15.7	13.7

Peer group H and F by Year(s)

SUMMARY OF FINDINGS:

Peer Group H, Prince Albert Parkland (PAPRHA) and Prairie North (PNRHA), health regions' self-reported fair and poor health status were not significantly different across the time period or from each other.

Peer Group F, Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority, health regions were combined (North) due to small numbers. The proportions did not differ significantly across the time period.

CONTACT WITH MEDICAL DOCTORS - OVERALL CHART 10-112

A. Definitions:

Proportion of the population, aged 12 and over, who reported to contact with a medical doctor in the past year.

B. Significance/Use:

Contact with medical doctor provides a measure of the accessibility, availability and necessity for health care services. Utilization of health care increases with person's age and is higher among women than men because of childbearing and reproductive health. The most consulted medical professional is the family physician.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

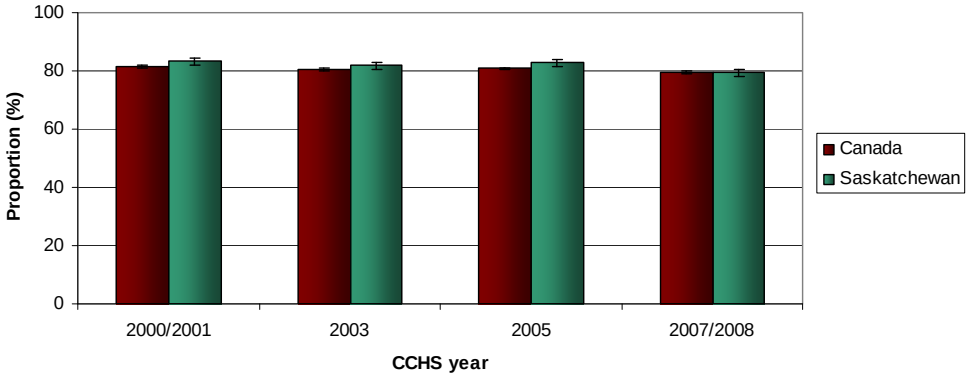
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

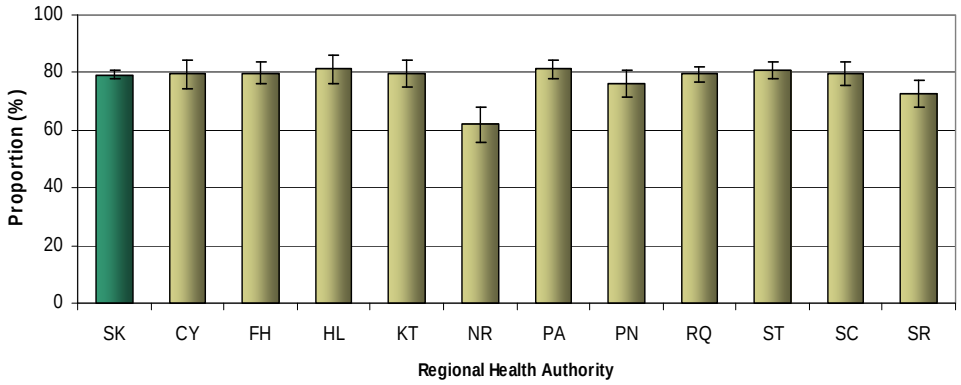
D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Contact with Medical Doctor: Proportion of self reported people (12+ years of age) who contacted with a medical doctor in the past 12 months in Saskatchewan compared to Canada, CCHS, 2000/2001 – 2007/2008



Contact with Medical Doctor: Proportion of self reported people (12+ years of age) who contacted with a medical doctor in the past 12 months in Saskatchewan by Regional Health Authority, CCHS, 2007/2008



SUMMARY OF FINDINGS:

Saskatchewan (SK) prevalence of self-reported contact with a medical doctor in the past year was slightly higher than the Canadian average throughout the survey years except 2007/2008. Approximately 80% of the SK population reported a contact with medical doctor in the past year.

In 2007/08, the regional health authority prevalence varied with the combined northern regions (NR) and Sunrise RHA (SR) being significantly lower from the provincial prevalence.

CONTACT WITH MEDICAL DOCTORS BY AGE AND SEX

CHART 10-113

A. Definitions:

Proportion of the population, aged 12 and over, who reported to contact with a medical doctor in the past year.

B. Significance/Use:

Contact with medical doctor provides a measure of the accessibility, availability and necessity for health care services. Utilization of health care increases with person's age and is higher among women than men because of childbearing and reproductive health. The most consulted medical professional is the family physician.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

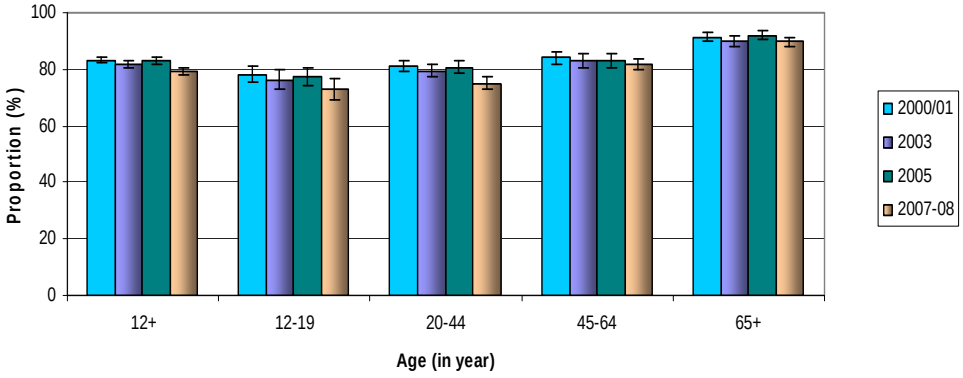
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

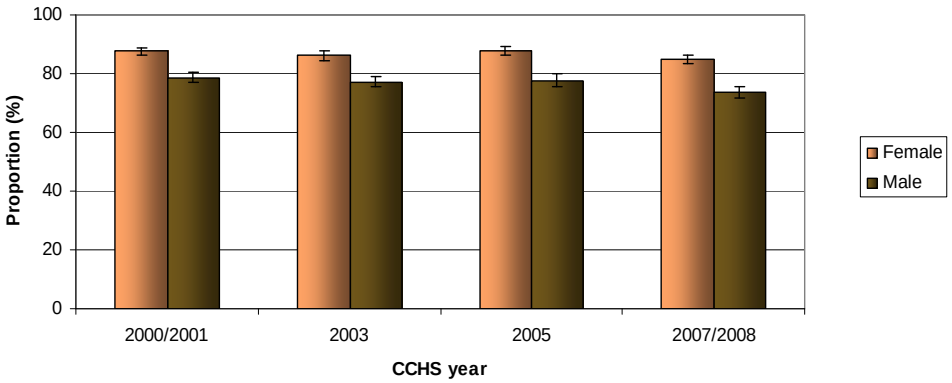
D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Contact with Medical Doctor: Proportion of self reported people (12+ years of age) who contacted with a medical doctor in the past 12 months in Saskatchewan by age, CCHS, 2000/2001 – 2007/2008



Contact with Medical Doctor: Proportion of self reported people (12+ years of age) who contacted with a medical doctor in the past 12 months in Saskatchewan by sex, CCHS, 2000/2001 – 2007/2008



SUMMARY OF FINDINGS:

Percentages of reported contact with medical professionals were the highest among those aged 65 years and older. Contact to medical doctor decreased between 2000/2001 and 2007/2008 across the age groups. The proportion dropped significantly among those of age 20-44 years.

Sex-specific percentages were significantly higher for females than for males. The percentages were similar in 2000/2001, 2003 and 2005 survey years but then dropped in 2007/2008 for both sexes.

CONTACT WITH MEDICAL DOCTORS BY RHA CHART 10-114

A. Definitions:

Proportion of the population, aged 12 and over, who reported to contact with a medical doctor in the past year.

B. Significance/Use:

Contact with medical doctor provides a measure of the accessibility, availability and necessity for health care services. Utilization of health care increases with person's age and is higher among women than men because of childbearing and reproductive health. The most consulted medical professional is the family physician.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

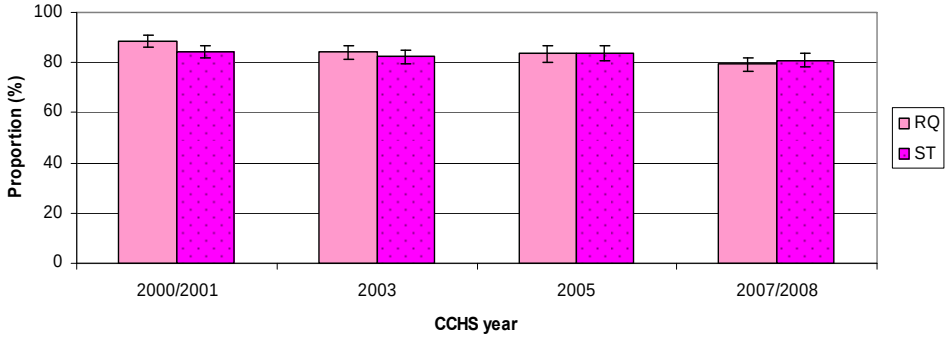
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

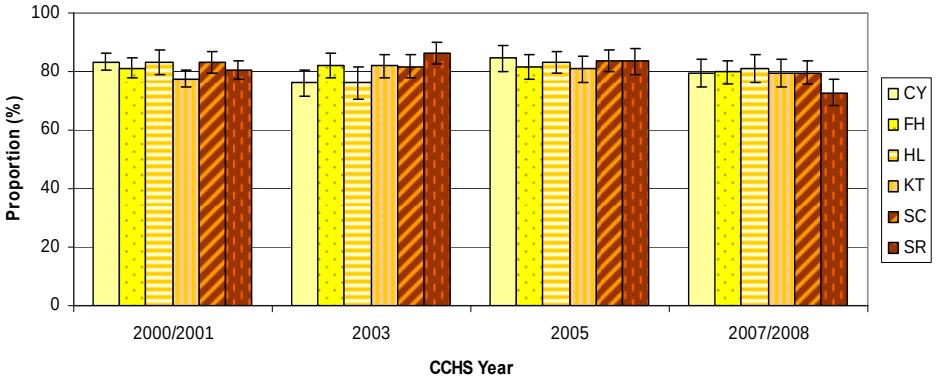
D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Contact with Medical Doctor: Proportion of self reported people (12+ years of age) who contacted with a medical doctor in the past 12 months by Regional Health Authority, Peer Group A, CCHS, 2000/2001 – 2007/2008



Contact with Medical Doctor: Proportion of self reported people (12+ years of age) who contacted with a medical doctor in the past 12 months by Regional Health Authority, Peer Group D, CCHS, 2000/2001 – 2007/2008



SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQ) and Saskatoon (ST), health regions' self-reported contacted with a medical doctor in the past year decreased over the period. The decrease in RQRHA was statistically significant. The percentage of visits was slightly higher in RQ than ST in recent years; however, it was opposite in 2000/2001 and 2003 CCHS years.

Peer Group D, Sun Country (SC), Five Hills (FH), Cypress (CY), Sunrise (SR), Heartland (HL) and Kelsey Trail (KT), health regions' proportions varied. The differences were not significant and no specific pattern was observed over the period.

CONTACT WITH MEDICAL DOCTORS BY RHA CHART 10-115

A. Definitions:

Proportion of the population, aged 12 and over, who reported to contact with a medical doctor in the past year.

B. Significance/Use:

Contact with medical doctor provides a measure of the accessibility, availability and necessity for health care services. Utilization of health care increases with person's age and is higher among women than men because of childbearing and reproductive health. The most consulted medical professional is the family physician.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

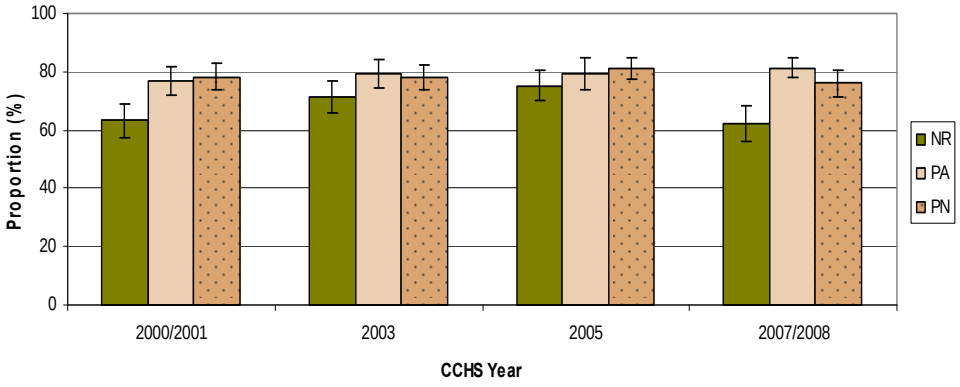
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Contact with Medical Doctor: Proportion of self reported people (12+ years of age) who contacted with a medical doctor in the past 12 months by Regional Health Authority, Peer Group F and H, CCHS, 2000/2001 – 2007/2008



SUMMARY OF FINDINGS:

Peer Group H, Prince Albert Parkland (PA) and Prairie North (PN), health regions' self-reported contact a medical professional were not significantly different across the time period or from each other.

Peer Group F, Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority, health regions were combined (NR) due to small numbers. There was an increase in 2003 and 2005, then the prevalence decreased significantly in 2007/08.

DENTAL VISITS - OVERALL

CHART 10-116

A. Definitions:

Proportion of the population, aged 12 and over, who reported to visit a dentist in past year.

B. Significance/Use:

Maintaining good oral health requires regular visits to a dentist. Research indicates that the mouth mirrors a person's overall health. However, the proportion of dental visit among Canadians is not at the satisfactory level. Household income is an important determinant of this low percentage since dental care is not publicly funded. Also, a good proportion of the population does not think it is necessary.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

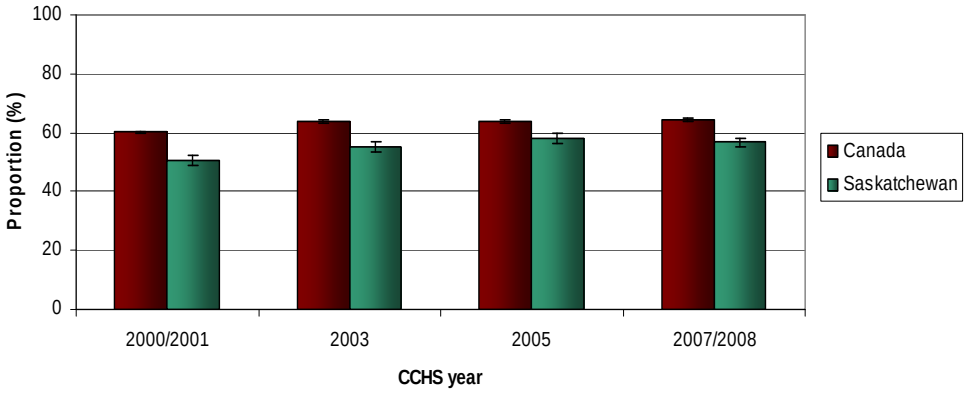
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

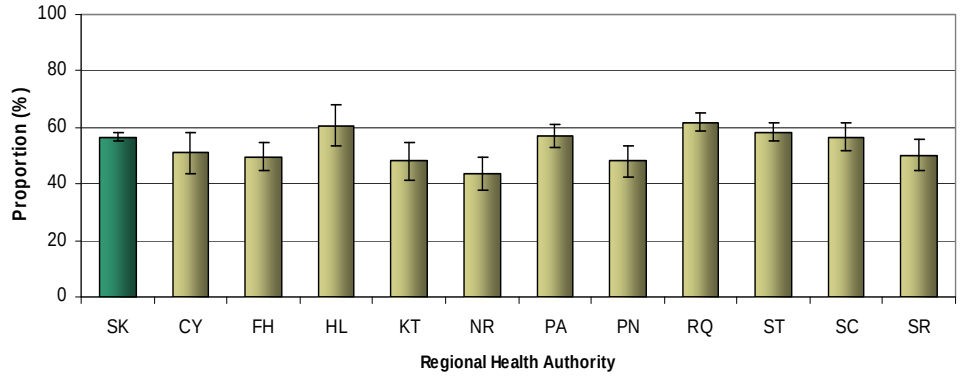
D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Visits to Dentist: Proportion of self reported people (12+ years of age) who consulted a dentist in past year in Saskatchewan compared to Canada, CCHS, 2000/2001 – 2007/2008



Visits to Dentist: Proportion of self reported people (12+ years of age) who consulted a dentist in past year in Saskatchewan by Regional Health Authority, CCHS, 2007/2008



SUMMARY OF FINDINGS:

Saskatchewan (SK) prevalence of self-reported consultation with a dentist in past year increased significantly from 2000/01 through 2007/08. The Canadian prevalence also increased and tended to be significantly higher than SK.

In 2007/08, the regional health authority prevalence varied with Regina Qu'Appelle (RQ) health region significantly higher than the provincial average. The percentage was significantly lower than the provincial average in the combined northern RHAs (NR), Prairie North (PN), Kelsey Trails (KT) and Five Hills (FH) health regions.

DENTAL VISITS BY AGE AND SEX

CHART 10-117

A. Definitions:

Proportion of the population, aged 12 and over, who reported to visit a dentist in past year.

B. Significance/Use:

Maintaining good oral health requires regular visits to a dentist. Research indicates that the mouth mirrors a person's overall health. However, the proportion of dental visit among Canadians is not at the satisfactory level. Household income is an important determinant of this low percentage since dental care is not publicly funded. Also, a good proportion of the population does not think it is necessary.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

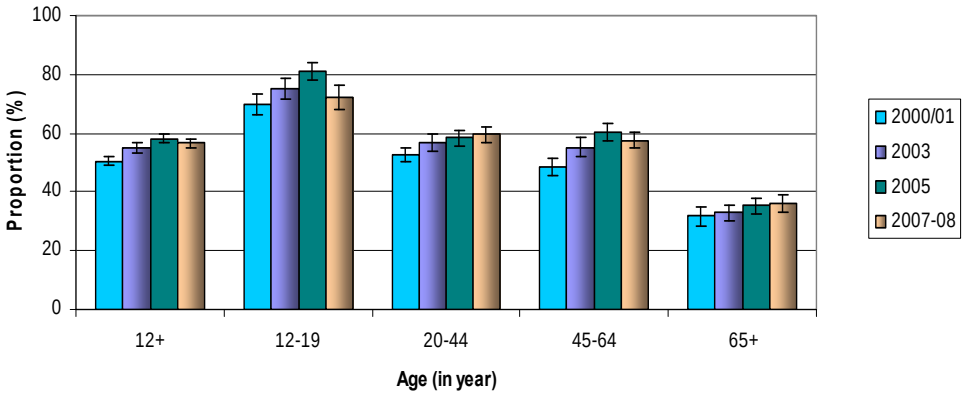
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

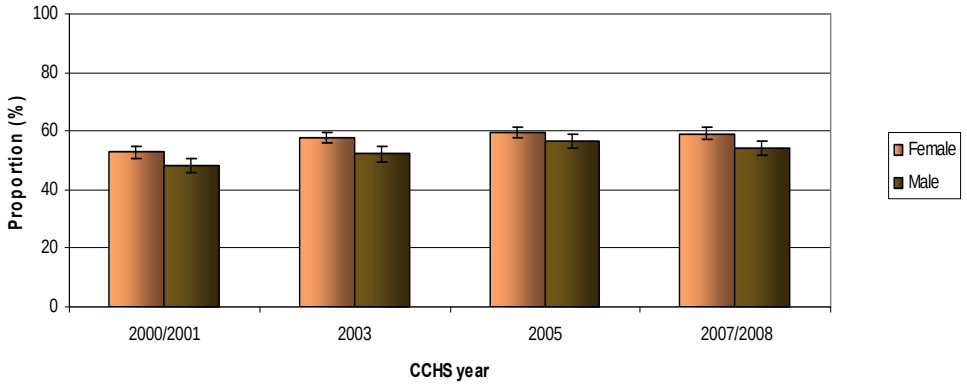
D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Visits to Dentist: Proportion of self reported people (12+ years of age) who consulted a dentist in past year in Saskatchewan by age, CCHS, 2000/2001 – 2007/2008



Visits to Dentist: Proportion of self reported people (12+ years of age) who consulted a dentist in past year in Saskatchewan by sex, CCHS, 2000/2001 – 2007/2008



SUMMARY OF FINDINGS:

Percentages of self-reported visit to a dentist in past year varied across age groups with the highest consultations among teens (12-19 years) over the survey years. Percentages gradually increased and significantly for those 20-44 years and 65 years and older. Although increases over the same period were seen for those 12-19 years and 45-64 years, the proportions of visits to a dentist dropped in 2007-2008 compared to the previous survey years.

Sex-specific proportions were higher for women than men. The percentages increased significantly for both women and men over the survey period.

DENTAL VISITS BY RHA

CHART 10-118

A. Definitions:

Proportion of the population, aged 12 and over, who reported to visit a dentist in past year.

B. Significance/Use:

Maintaining good oral health requires regular visits to a dentist. Research indicates that the mouth mirrors a person's overall health. However, the proportion of dental visit among Canadians is not at the satisfactory level. Household income is an important determinant of this low percentage since dental care is not publicly funded. Also, a good proportion of the population does not think it is necessary.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

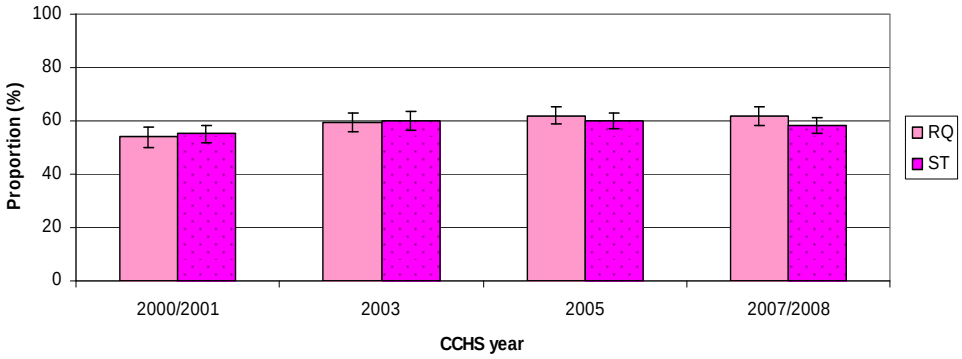
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

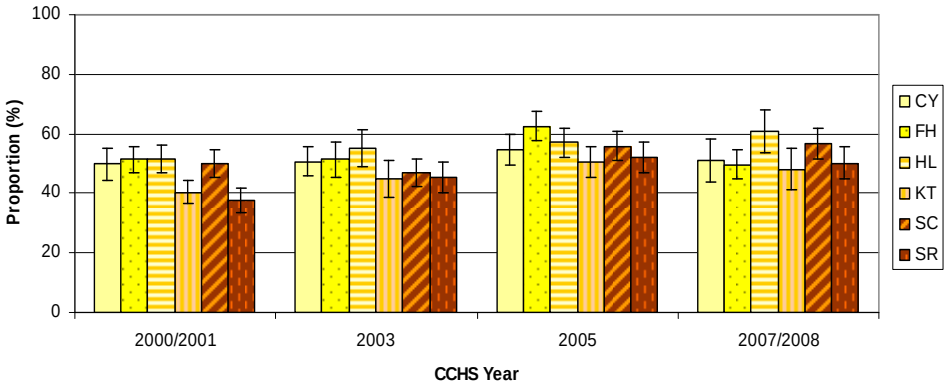
D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Visits to Dentist: Proportion of self reported people (12+ years of age) who consulted a dentist in past year by Regional Health Authority, Peer Group A, CCHS, 2000/2001 – 2007/2008



Visits to Dentist: Proportion of self reported people (12+ years of age) who consulted a dentist in past year by Regional Health Authority, Peer Group D, CCHS, 2000/2001 – 2007/2008



SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQ) and Saskatoon (ST), health regions' percentages of self-reported consultation with a dentist in past year fluctuated but was not significantly different across survey years. RQ was a little higher (but not statistically different) than ST. The percentage increased in both health regions and was statistically significant for RQ.

Peer Group D, Sun Country (SC), Five Hills (FH), Cypress (CY), Sunrise (SR), Heartland (HL) and Kelsey Trail (KT), health regions' percentages varied and generally increased for many health regions.

DENTAL VISITS BY RHA

A. Definitions:

Proportion of the population, aged 12 and over, who reported to visit a dentist in past year.

B. Significance/Use:

Maintaining good oral health requires regular visits to a dentist. Research indicates that the mouth mirrors a person's overall health. However, the proportion of dental visit among Canadians is not at the satisfactory level. Household income is an important determinant of this low percentage since dental care is not publicly funded. Also, a good proportion of the population does not think it is necessary.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

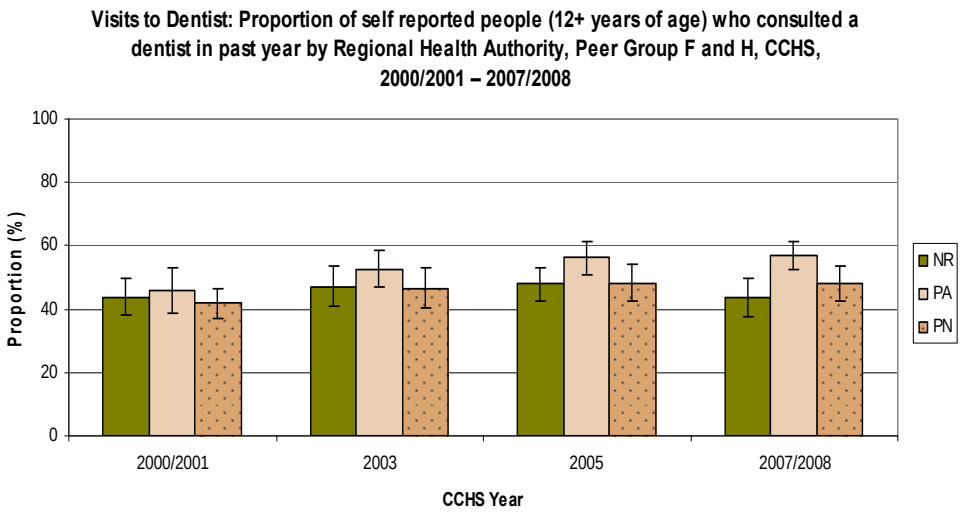
C. Limitations:

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.

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.



SUMMARY OF FINDINGS:

Peer Group H, Prince Albert Parkland (PAPRHA) and Prairie North (PNRHA), health regions' self-reported consultation with a dentist in the past year were not significantly different across the time period or from each other.

Peer Group F, Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority health regions were combined (North) due to small numbers. The proportions did not differ significantly across the time period.

CANCER SCREENING - MAMMOGRAPHY—OVERALL CHART 10-120

A. Definitions:

Proportion of women aged 50-69 years that reported having a mammogram screening in the past two years.

B. Significance/Use:

Screening by mammography is an important strategy for early detection of breast cancer. Provides a measure of access to health services.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

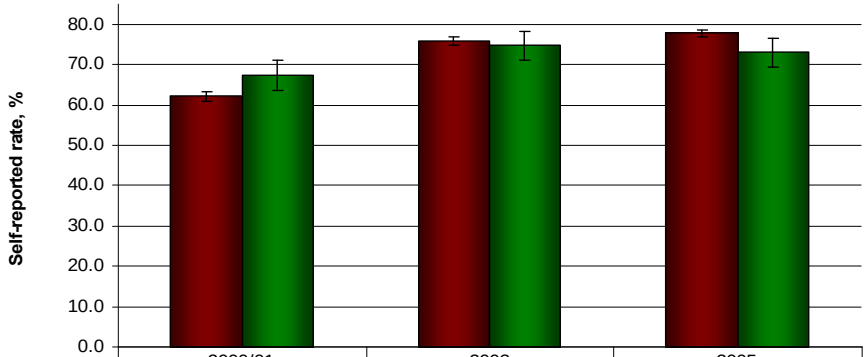
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

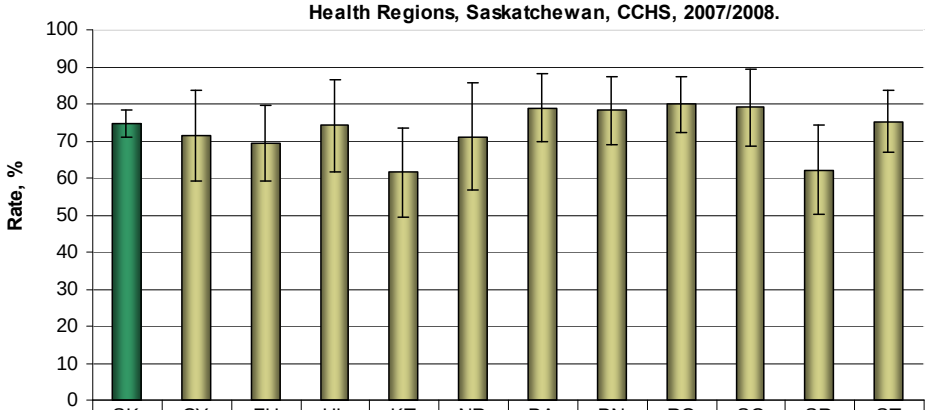
Prevalence of self-reported mammogram screening in 50 to 69 year old women, Canada and Saskatchewan, CCHS, 2000/01, 2003, 2005.



	2000/01	2003	2005
Canada	62.1	75.7	77.7
Saskatchewan	67.2	74.7	73.0

CCHS year

Prevalence of self-reported mammogram screening in women (50-69 years), by Health Regions, Saskatchewan, CCHS, 2007/2008.



SK	CY	FH	HL	KT	NR	PA	PN	RQ	SC	SR	ST
74.8	71.4	69.4	74.2	61.4	71.1	78.9	78.2	79.8	79.0	62.2	75.2

Saskatchewan and Health Authorities

SUMMARY OF FINDINGS:

Saskatchewan (SK) prevalence of self-reported mammogram screening in 50 to 69 year old women increased between 2000/01 and 2005, however, the increase was significant only for Canada. The percentages for 2007/2008 are not presented as the Canadian proportion available for that survey cycle was not complete due to lack of data from several provinces.

In 2007/08, the regional health authority prevalence varied with the highest prevalence in Regina Qu'Appelle RHA (RQ) and the lowest in Kelsey Trail RHA (KT). None of the RHAs were significantly different from the provincial prevalence.

CANCER SCREENING - MAMMOGRAPHY BY RHA CHART 10-121

A. Definitions:

Proportion of women aged 50-69 years that reported having a mammogram screening in the past two years.

B. Significance/Use:

Screening by mammography is an important strategy for early detection of breast cancer. Provides a measure of access to health services.

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

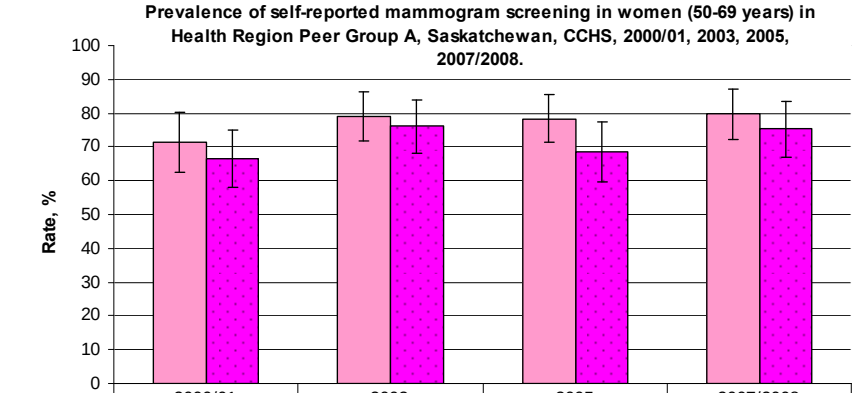
C. Limitations:

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.

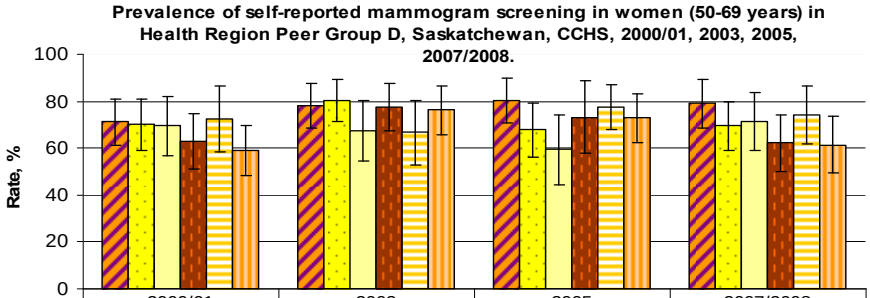
D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.



	2000/01	2003	2005	2007/2008
RQRHA-A	71.4	79.0	78.4	79.8
STRHA-A	66.5	76.0	68.5	75.2

Peer group A by Year(s)



	2000/01	2003	2005	2007/2008
SCRHA-D	71.2	78.0	80.3	79.0
FHRHA-D	70.0	80.5	67.7	69.4
CYRHA-D	69.4	67.5	59.3	71.4
SRRHA-D	62.8	77.5	73.3	62.2
HLRHA-D	72.4	66.7	77.6	74.2
KTRHA_D	59.1	76.2	73.0	61.4

Peer group D by Year(s)

SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQRHA) and Saskatoon (STRHA), health regions' percentages of self-reported mammogram screening in women (50-69 year old) were slightly higher, but not statistically significant, in RQRHA than in STRHA across all survey years.

Peer Group D, Sun Country (SCRHA), Five Hills (FHRHA), Cypress (CYRHA), Sunrise (SRRHA), Heartland (HLRHA) and Kelsey Trail (KTRHA), health regions' proportions were mostly stable across years with no significant differences seen.

CANCER SCREENING - MAMMOGRAPHY BY RHA CHART 10-122

A. Definitions:

Proportion of women aged 50-69 years that reported having a mammogram screening in the past two years.

B. Significance/Use:

Screening by mammography is an important strategy for early detection of breast cancer. Provides a measure of access to health services.

Useful to target subpopulations and to determine required services in planning preventive and promotional interventions.

C. Limitations:

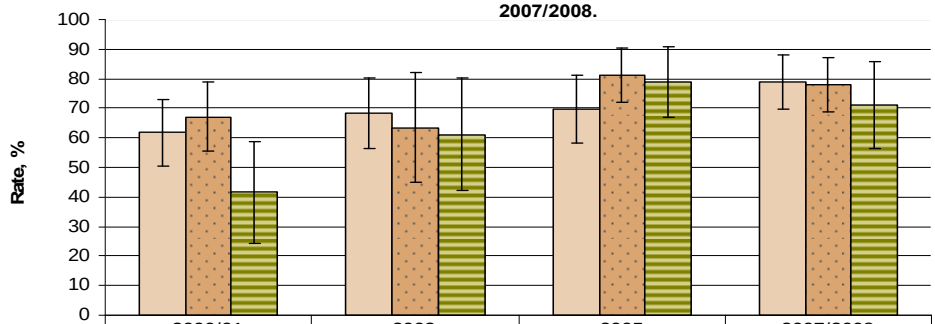
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Prevalence of self-reported mammogram screening in women (50-69 years) in Health Region Peer Group H and F, Saskatchewan, CCHS, 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
PAPRHA-H	61.8	68.4	69.6	78.9
PNRHA-H	67.2	63.5	81.1	78.2
North-F	41.6	61.1	78.9	71.1

Peer group H and F by Year(s)

SUMMARY OF FINDINGS:

Peer Group H, Prince Albert Parkland (PAPRHA) and Prairie North (PNRHA), health regions' self-reported mammogram screening in women (50-69) were not significantly different across the time period or from each other.

Peer Group F, Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority, health regions were combined (North) due to small numbers. The proportions did not differ significantly over the time period.

A. Definitions:

Proportion of the Saskatchewan women, aged 20-69 years, excluding those having had a hysterectomy, who reported having been screened for cervical cancer (PAP Test) in the past three years.

B. Significance/Use:

Pap tests (Papanicolaou) detect pre-malignant lesions before cancer of the cervix develops. Cervical cancer is completely treatable if detected early.

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

C. Limitations:

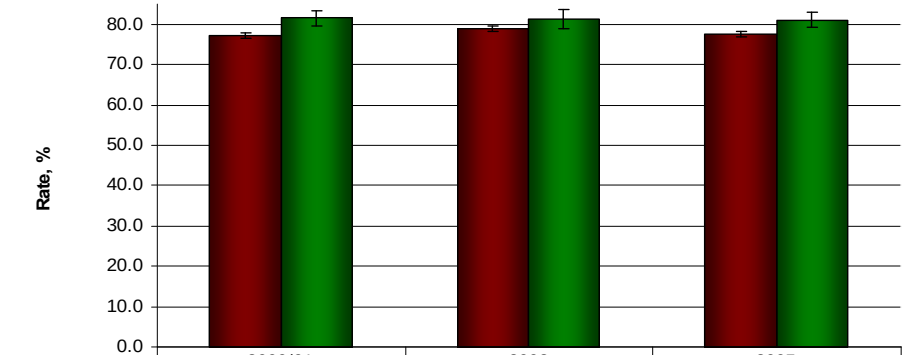
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

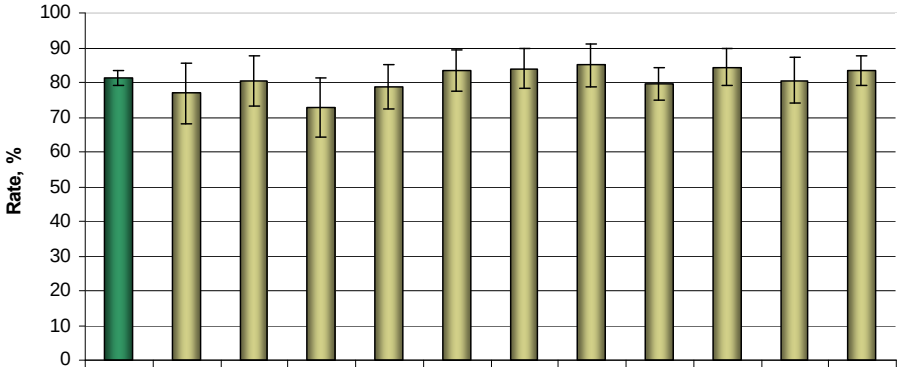
Prevalence of self-reported PAP Test in 20 to 69 year old women, Canada and Saskatchewan, CCHS, 2000/01, 2003, 2005.



	2000/01	2003	2005
Canada	77.1	79.0	77.5
Saskatchewan	81.6	81.2	81.0

CCHS year

Prevalence of self-reported PAP Test screening for cervical cancer in eligible women (20-69 years) in Health Regions, Saskatchewan, CCHS, 2007/2008.



SK	CY	FH	HL	KT	NR	PA	PN	RQ	SC	SR	ST
81.3	76.8	80.5	72.7	78.6	83.3	84.0	84.9	79.5	84.3	80.6	83.3

Saskatchewan and Health Authorities by Age group

SUMMARY OF FINDINGS:

Saskatchewan (SK) prevalence of self-reported PAP test in 20 to 69 year old women remained fairly constant from 2000/01 through 2007/08. The Canadian prevalence also remained fairly constant, but tended to be higher than SK. The data for 2007/2008 are not presented as the Canadian proportion for 2007/2008 was not complete as no data was available from several provinces.

The regional health authority prevalence varied but were not significantly different from the province in 2007/2008.

CANCER SCREENING - PAP BY AGE AND SEX CHART 10-124

A. Definitions:

Proportion of the Saskatchewan women, aged 20-69 years, excluding those having had a hysterectomy, who reported having been screened for cervical cancer (PAP Test) in the past three years.

B. Significance/Use:

Pap tests (Papanicolaou) detect pre-malignant lesions before cancer of the cervix develops. Cervical cancer is completely treatable if detected early.

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

C. Limitations:

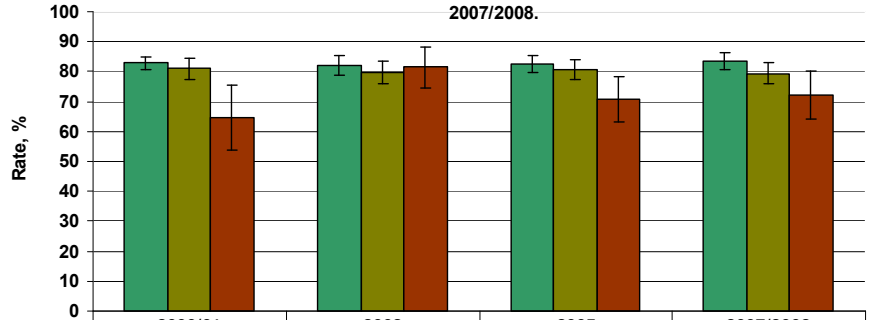
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Prevalence of self-reported PAP Test screening for cervical cancer in eligible women (20-69 years), by age group, Saskatchewan, CCHS, 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
20-44	83.0	82.0	82.5	83.4
45-64	81.0	79.7	80.6	79.5
65-69	64.7	81.4	70.7	72.3

Age group by Year(s)

SUMMARY OF FINDINGS:

Percentages of self-reported PAP Test screening for cervical cancer in women (20-69 years) from 2000/01 to 2007/08 were similar for the age groups, 20-44 years and 45-64 years throughout the survey time period. The proportion was significantly lower in senior women (65-69 years) in 2000/01 and 2007/2008.

A. Definitions:

Proportion of women aged 50-69 years that reported having a mammogram screening in the past two years.

B. Significance/Use:

Pap tests (Papanicolaou) detect pre-malignant lesions before cancer of the cervix develops. Cervical cancer is completely treatable if detected early.

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

C. Limitations:

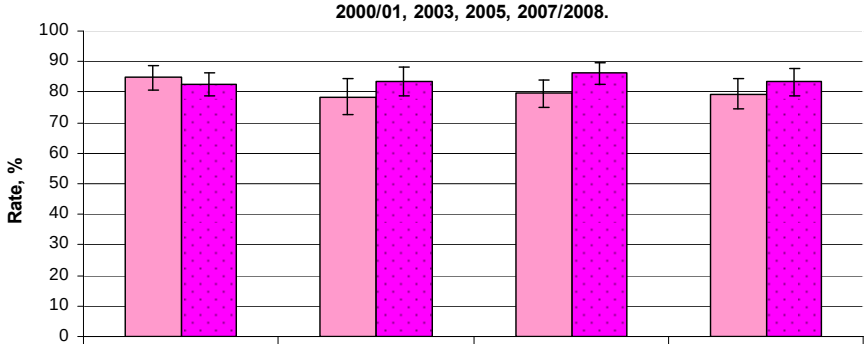
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

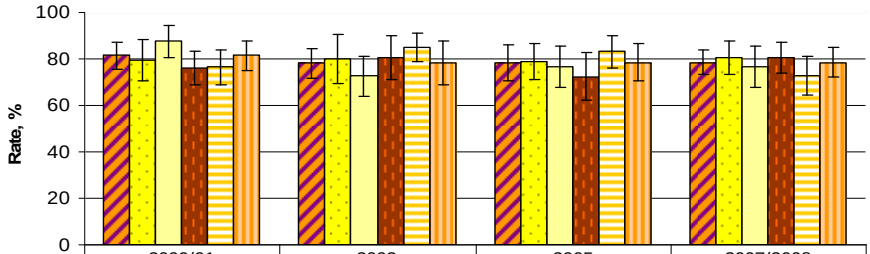
Prevalence of self-reported PAP Test screening for cervical cancer in eligible women (20-69 years) in Health Region Peer Group A, Saskatchewan, CCHS, 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
RQRHA-A	84.8	78.5	79.6	79.5
STRHA-A	82.4	83.5	86.2	83.3

Peer group A by Year(s)

Prevalence of self-reported PAP Test screening for cervical cancer in eligible women (20-69 years) in Health Region Peer Group D, Saskatchewan, CCHS Cycles, 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
SCRHA-D	81.5	78.1	78.5	78.6
FHRHA-D	79.6	80.0	78.8	80.5
CYRHA-D	87.6	72.7	76.6	76.8
SRRHA-D	75.9	80.5	72.5	80.6
HLRHA-D	76.4	85.0	83.1	72.7
KTRHA_D	81.5	78.1	78.5	78.6

Peer group D by Year(s)

SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQRHA) and Saskatoon (STRHA), health regions' self-reported PAP Test screening in women (20-69 years old) were not significantly different across survey years.

Peer Group D, Sun Country (SCRHA), Five Hills (FHRHA), Cypress (CYRHA), Sunrise (SRRHA), Heartland (HLRHA) and Kelsey Trail (KTRHA), health regions' proportions were not significantly different in each of the survey years.

CANCER SCREENING - PAP BY RHA

CHART 10-126

A. Definitions:

Proportion of the Saskatchewan women, aged 20-69 years, excluding those having had a hysterectomy, who reported having been screened for cervical cancer (PAP Test) in the past three years.

B. Significance/Use:

Pap tests (Papanicolaou) detect pre-malignant lesions before cancer of the cervix develops. Cervical cancer is completely treatable if detected early.

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

C. Limitations:

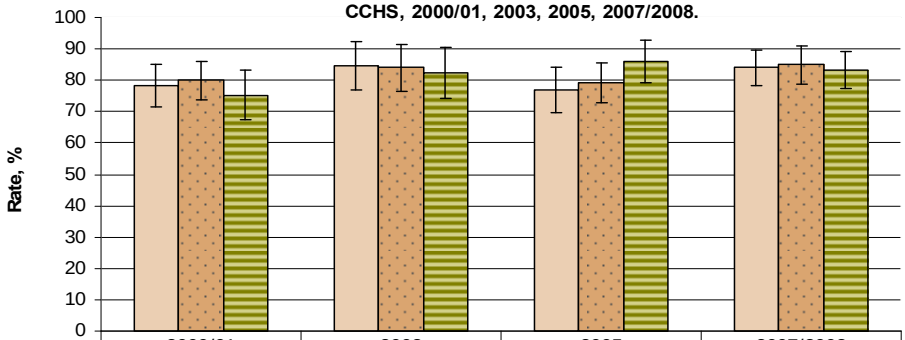
Data are self-reported and may be subject to errors in recall, under or over reporting because of social desirability, and errors from proxy reporting.

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

D. Source:

Statistics Canada, Canadian Community Health Survey (CCHS) 2000/01, 2003, 2005, 2007/08.

Prevalence of self-reported PAP Test screening for cervical cancer in eligible women (20-69 years) in Health Region Peer Groups H and F, Saskatchewan, CCHS, 2000/01, 2003, 2005, 2007/2008.



	2000/01	2003	2005	2007/2008
PAPRHA-H	78.3	84.6	77.1	84.0
PNRHA-H	80.0	84.0	79.2	84.9
North-F	75.3	82.4	85.8	83.3

Peer group H and F by Year(s)

SUMMARY OF FINDINGS:

Peer Group H, Prince Albert Parkland (PAPRHA) and Prairie North (PNRHA), health regions' self-reported PAP Test screening for cervical cancer in women (20-69 years) were not significantly different across the time period or from each other.

Peer Group F, Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority, health regions were combined (North) due to small numbers. The proportions did not differ significantly across the time period.