

**A. Definitions:**

Number of years that a person would be expected to live, starting at birth or at age 65 if the age- and sex-specific mortality rates for a given observation period were held constant over the life span.

**B. Significance/Use:**

A widely used indicator of the health of a population, life expectancy measures quantity rather than quality of life. Life expectancy at birth reflects the overall mortality of a population.

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

**C. Limitations:**

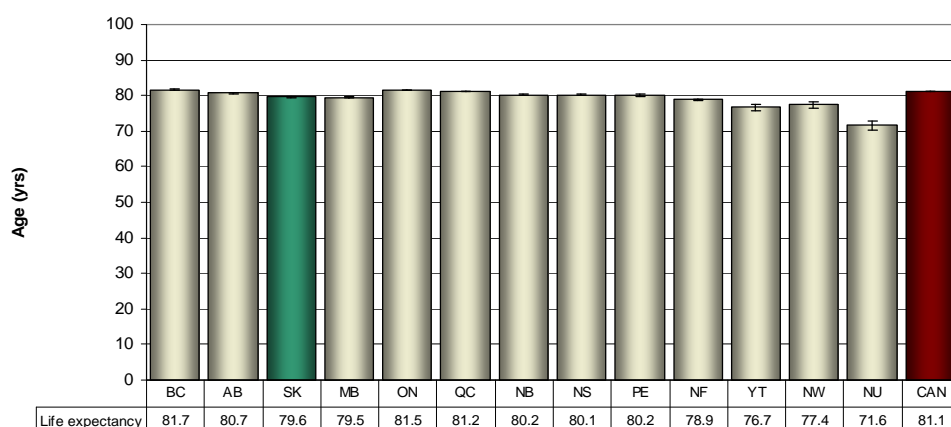
This indicator provides information only on fatal illnesses. There is no indication of burden of illness or importance of diseases that do not result in death.

Does not include homeless people or people living on Reserve that have chosen not to participate in the Census.

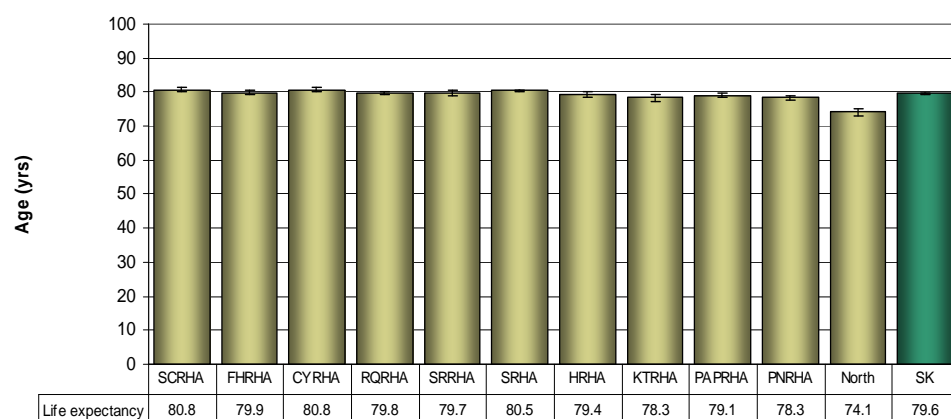
**D. Source:**

Statistics Canada, Vital Statistics, Birth and Death Databases and Demography Division (population estimates).

**Life Expectancy: At birth, Provinces, Territories and Canada, 2007/09**



**Life Expectancy: At birth, RHAs and Saskatchewan, 2007/09**

**SUMMARY OF FINDINGS:**

Saskatchewan (SK) residents had the eighth highest life expectancy at birth of the provinces and combined territories for 2007/09. The SK life expectancy was 1.5 years less than that found for Canada (CAN). Of the three western prairie provinces, SK and Manitoba (MB) had similar life expectancies and Alberta (AB) had the highest life expectancy at birth.

The health regions of Sun Country (SCRHA), Cypress (CYRHA) and Saskatoon (SRHA) had statistically higher life expectancies than the province. The health regions of Kelsey Trail (KTRHA), Prairie North (PNRHA) and the combined three northern health regions (North) had significantly lower life expectancies than the province.

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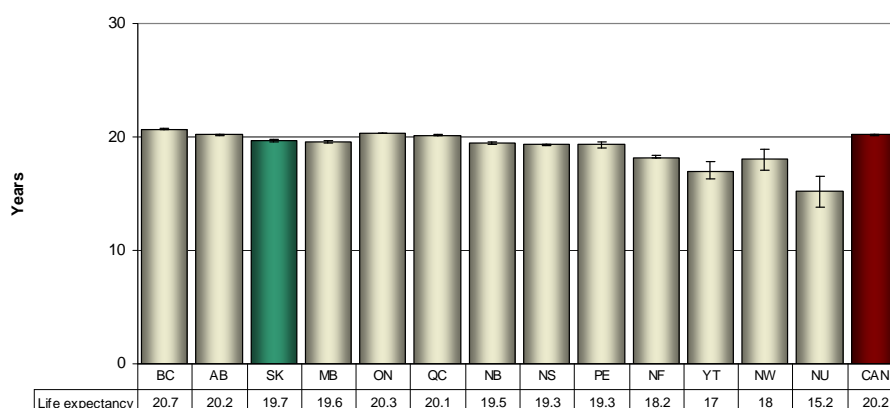
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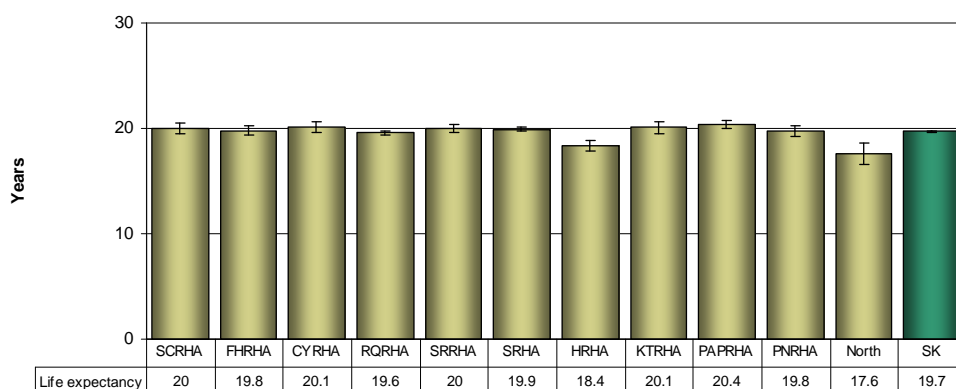
**D. Source:**

Statistics Canada, Vital Statistics, Birth and Death Databases and Demography Division (population estimates).

**Life Expectancy: At age 65, Provinces, Territories and Canada, 2007/09**



**Life Expectancy: At age 65, RHAs and Saskatchewan, 2007/09**

**SUMMARY OF FINDINGS:**

Saskatchewan (SK) residents had the eighth highest life expectancy at age 65 years of the provinces and combined territories for 2007/09. The SK life expectancy was 0.5 years less than that found for Canada (CAN). Of the three western prairie provinces, SK and Manitoba (MB) had similar life expectancies and Alberta had the highest life expectancy at age 65 years.

The health region of Prince Albert Parkland (PAPRHA) had statistically higher life expectancy than the province. The health regions of Heartland and the combined three northern health regions (North) had significantly lower life expectancies than the province.

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**B. Significance/Use:**

A widely used indicator of the health of a population, life expectancy measures quantity rather than quality of life. Life expectancy at birth reflects the overall mortality of a population.

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

**C. Limitations:**

This indicator provides information only on fatal illnesses. There is no indication of burden of illness or importance of diseases that do not result in death.

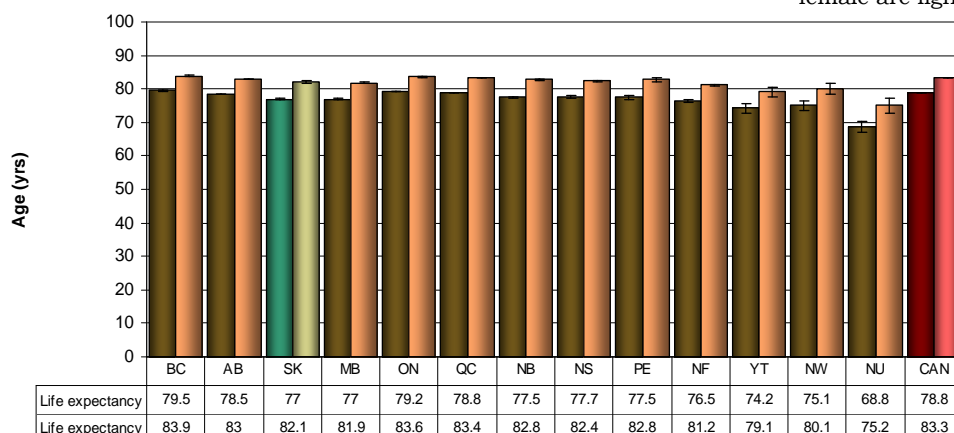
Does not include homeless people or people living on Reserve that have chosen not to participate in the Census.

**D. Source:**

Statistics Canada, Vital Statistics, Birth and Death Databases and Demography Division (population estimates).

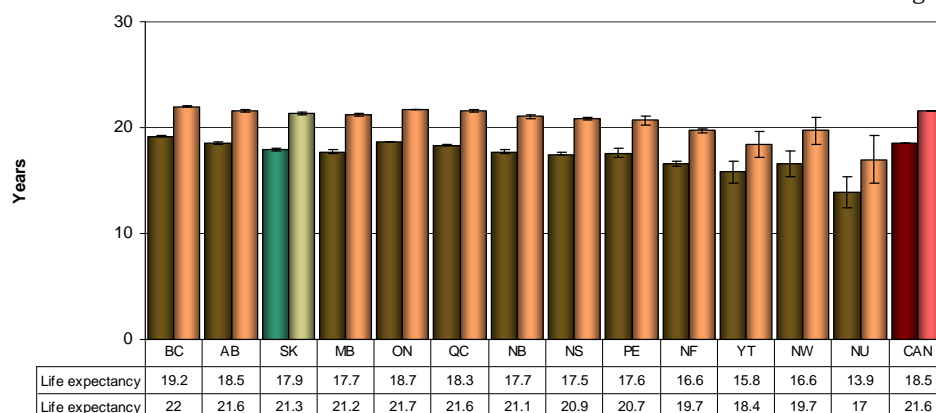
**Life Expectancy: At birth by Sex, Provinces, Territories and Canada, 2007/09**

Note: bars for female are light.



**Life Expectancy: At age 65 by Sex, Provinces, Territories and Canada, 2007/09**

Note: bars for female are light.

**SUMMARY OF FINDINGS:**

Saskatchewan (SK) residents had the eighth highest male and female life expectancies at birth of the provinces and combined territories for 2007/09 and were, respectively, 1.8 and 1.2 years less than that found for Canada (CAN). Of the three western prairie provinces, SK and Manitoba (MB) had the same male life expectancy. SK had the middle life expectancy for females. Alberta (AB) had the highest for both sexes.

SK had the fifth highest male and female life expectancies at age 65 of the provinces and combined territories for 2007/09 and were 0.6 and 0.3 years less, respectively, than that found for CAN. Of the three western prairie provinces, SK had the middle life expectancies for males and females. AB had the highest and MB had the lowest.

**A. Definitions:**

Number of years that a person would be expected to live, starting at birth or at age 65 if the age- and sex-specific mortality rates for a given observation period were held constant over the life span.

**B. Significance/Use:**

A widely used indicator of the health of a population, life expectancy measures quantity rather than quality of life. Life expectancy at birth reflects the overall mortality of a population.

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

**C. Limitations:**

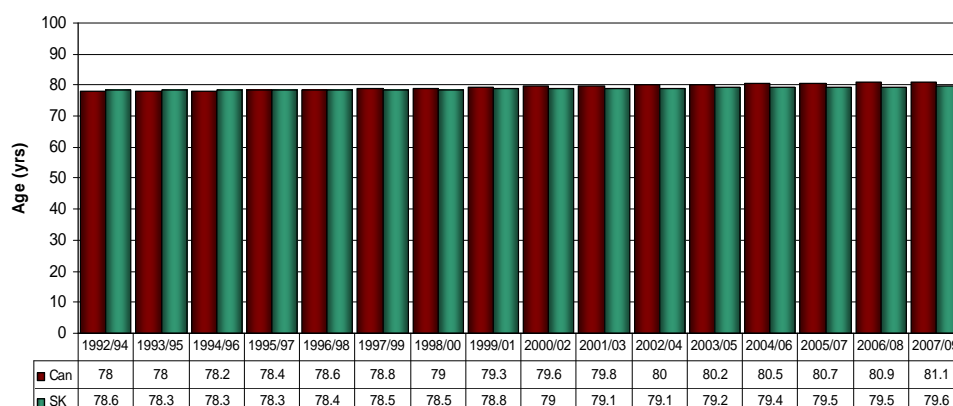
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Does not include homeless people or people living on Reserve that have chosen not to participate in the Census.

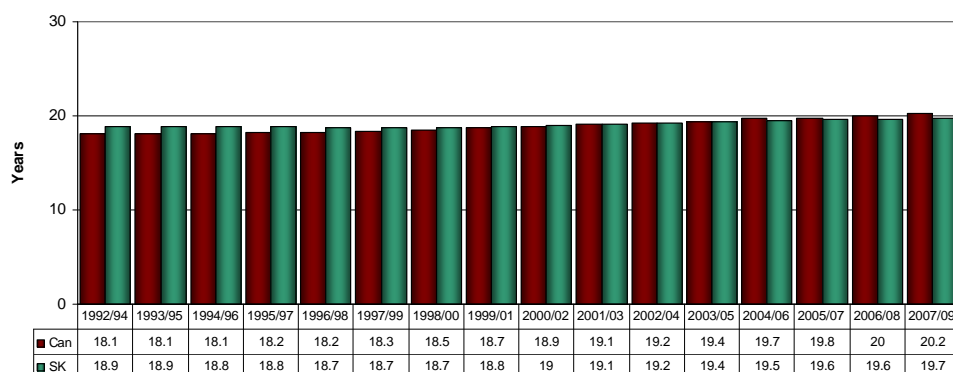
**D. Source:**

Statistics Canada, Vital Statistics, Birth and Death Databases and Demography Division (population estimates).

**Life Expectancy: At birth, Canada and Saskatchewan,  
1992/94 - 2007/09**



**Life Expectancy: At age 65, Canada and Saskatchewan,  
1992/94 - 2007/09**

**SUMMARY OF FINDINGS:**

The life expectancy at birth for residents of Saskatchewan (SK) increased from 78.6 years for 1992/94 to 79.6 years for 2007/09. During the same time period the Canada (Can) life expectancy at birth increased from 78 years for 1992/94 to 81.1 years for 2007/09. For most of the years, the life expectancy for Can was slightly higher than that found for SK.

The life expectancy at 65 years for residents of SK increased from 18.9 years for 1992/94 to 19.7 years for 2007/09. During the same time period the Can life expectancy at 65 years for increased from 18.1 years for 1992/94 to 20.2 years for 2007/09. From 2004/06 to 2007/09, the Can life expectancy was higher than that found for SK.

**A. Definitions:**

Number of years that a person would be expected to live, starting at birth or at age 65 if the age- and sex-specific mortality rates for a given observation period were held constant over the life span.

**B. Significance/Use:**

A widely used indicator of the health of a population, life expectancy measures quantity rather than quality of life. Life expectancy at birth reflects the overall mortality of a population.

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

**C. Limitations:**

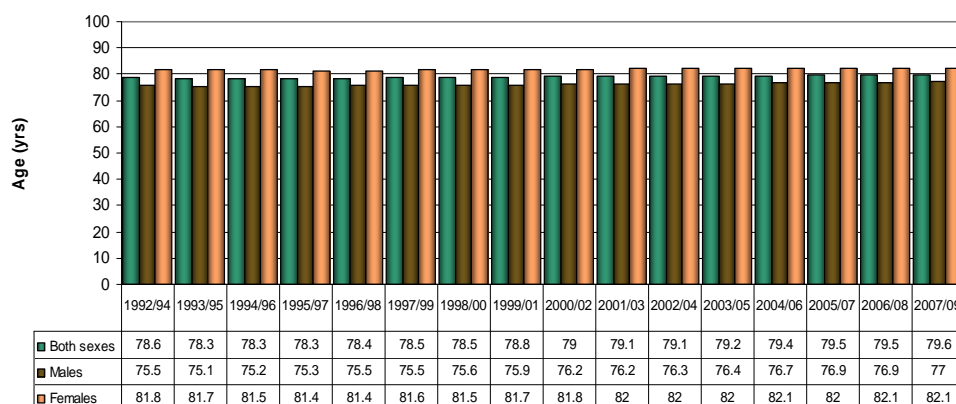
This indicator provides information only on fatal illnesses. There is no indication of burden of illness or importance of diseases that do not result in death.

Does not include homeless people or people living on Reserve that have chosen not to participate in the Census.

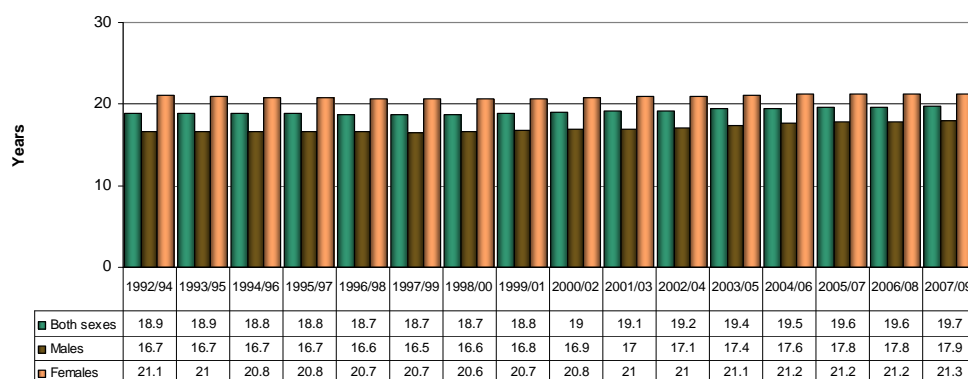
**D. Source:**

Statistics Canada, Vital Statistics, Birth and Death Databases and Demography Division (population estimates).

**Life Expectancy: At birth by Sex, Saskatchewan,  
1992/94 - 2007/09**



**Life Expectancy: At age 65 by Sex, Saskatchewan,  
1992/94 - 2007/09**

**SUMMARY OF FINDINGS:**

The three year average life expectancy at birth for male and female residents of Saskatchewan (SK) increased between 1992/94 and 2007/09. Life expectancy at birth for SK males increased from 75.5 years for 1992/94 to 77 years for 2007/09 and for SK females from 81.8 years for 1992/94 to 82.1 years for 2007/09.

The three year average life expectancy at 65 years for male and female residents of SK increased between 1992/94 and 2007/09. Life expectancy at age 65 for SK males increased from 16.7 years for 1992/94 to 17.9 years for 2007/09. Life expectancy at age 65 for SK females increased from 21.1 years for 1992/94 to 21.3 years for 2007/09.

**A. Definitions:**

Number of years in full health that a person would be expected to live, starting at birth or at age 65 if the age- and sex-specific mortality rates for a given observation period were held constant over the life span.

**B. Significance/Use:**

Health-adjusted life expectancy is not only a measure of quantity of life but also a measure of quality of life. Can be used along with life expectancy to gauge whether there is a compression or expansion of morbidity.

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

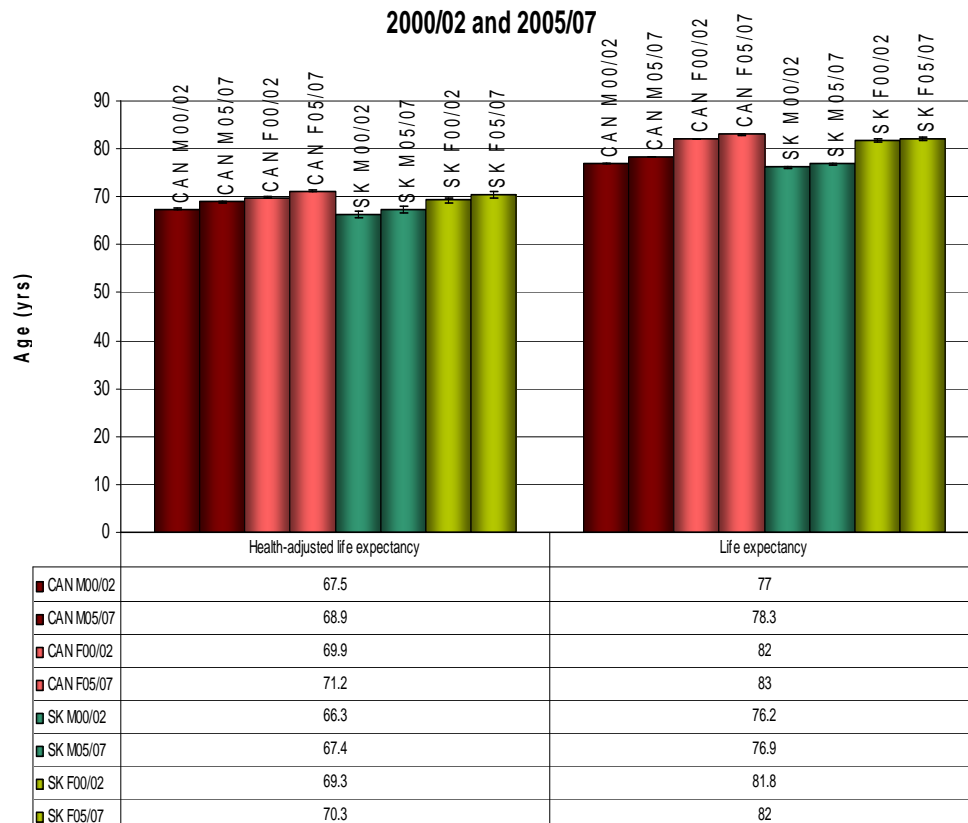
**C. Limitations:**

Does not include homeless people or people living on Reserve that have chosen not to participate in the Census.

**D. Source:**

Statistics Canada, Vital Statistics, Birth and Death Databases and Demography Division (population estimates).

**HALE and Life Expectancy: At birth by Sex, Canada and Saskatchewan, 2000/02 and 2005/07**



M = male  
F = female

**SUMMARY OF FINDINGS:**

The health-adjusted life expectancy (HALE) at birth for male and female residents of Saskatchewan (SK) was found to be lower than that for Canada (CAN) for both 2000/02 and 2005/07.

HALE at birth for SK males increased from 66.3 years for 2000/02 to 67.4 years for 2005/07. HALE at birth for SK females increased from 69.3 years for 2000/02 to 70.3 years for 2005/07.

During the same time period, life expectancy at birth for SK males increased from 76.2 years for 2000/02 to 76.9 years for 2005/07. Life expectancy at birth for SK females increased from 81.8 years for 2000/02 to 82.0 years for 2005/07.

# MORTALITY: POTENTIAL YEARS OF LIFE LOST (PYLL) CHART 5-7

## A. Definitions:

Number of years not lived by an individual from birth to age 75. Age-standardized Potential Years of Life Lost (PYLL) is the PYLL that would occur if the population had the same age distribution as the 1991 Canadian population.

## B. Significance/Use:

PYLL is an indicator of premature death. It provides a single summary number that allows different populations to be compared.

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

## C. Limitations:

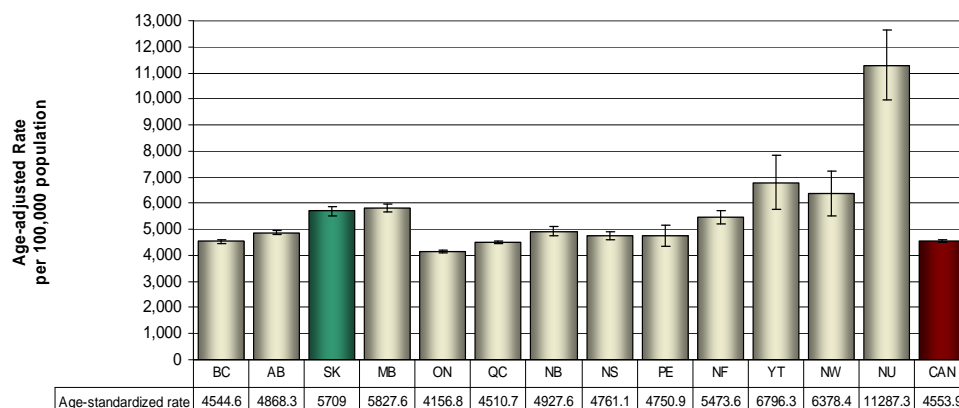
When examining PYLL by cause of death, the PYLL is overestimated since not all the deceased would reach the age of 75 even if their death cause had been eliminated.

Does not include homeless people or people living on Reserve that have chosen not to participate in the Census.

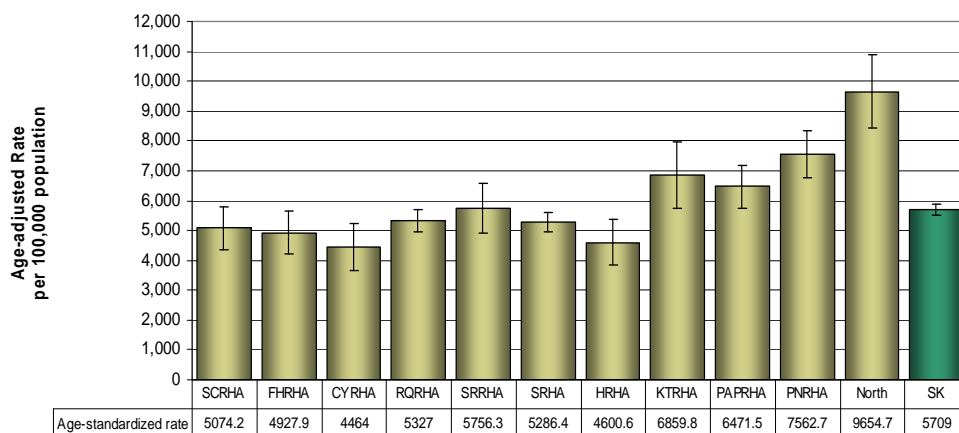
## D. Source:

Statistics Canada, Vital Statistics, Birth and Death Databases and Demography Division (population estimates).

**PYLL: Age-adjusted rate, Provinces, Territories and Canada, 2005/07**



**PYLL: Age-adjusted rate, RHAs and Saskatchewan, 2005/07**



## SUMMARY OF FINDINGS:

Saskatchewan (SK) residents had the fifth highest rate of potential years of life lost (PYLL) of the provinces and territories for 2005/07. The SK PYLL rate was higher than that found for Canada as a whole.

Of the three western prairie provinces, SK had the middle PYLL rate. Alberta had the lowest and Manitoba had the highest PYLL rate.

The health regions of Cypress (CYRHA) and Heartland (HRHA) had significantly lower PYLL rates than the province. The health regions of Prairie North (PNRHA) and the combined three northern health regions (North) had significantly higher PYLL rates than the province.

# MORTALITY: POTENTIAL YEARS OF LIFE LOST (PYLL) CHART 5-8 - BY SEX

## A. Definitions:

Number of years not lived by an individual from birth to age 75. Age-standardized Potential Years of Life Lost (PYLL) is the PYLL that would occur if the population had the same age distribution as the 1991 Canadian population.

## B. Significance/Use:

PYLL is an indicator of premature death. It provides a single summary number that allows different populations to be compared.

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

## C. Limitations:

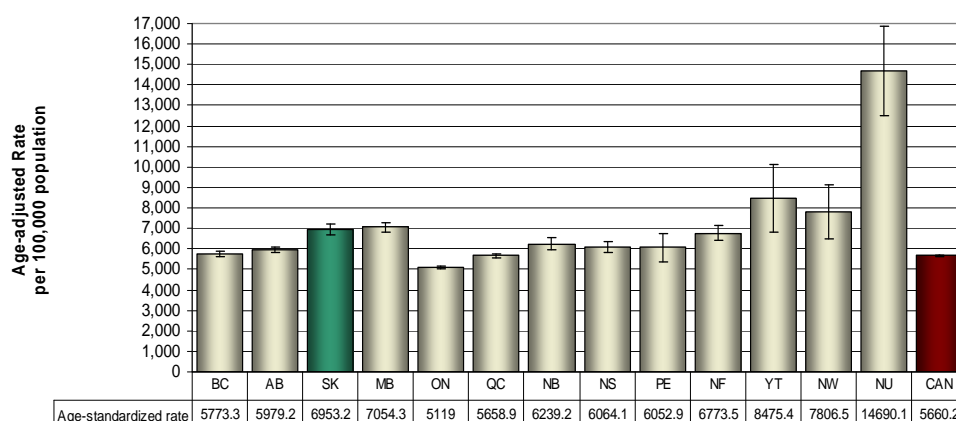
When examining PYLL by cause of death, the PYLL is overestimated since not all the deceased would reach the age of 75 even if their death cause had been eliminated.

Does not include homeless people or people living on Reserve that have chosen not to participate in the Census.

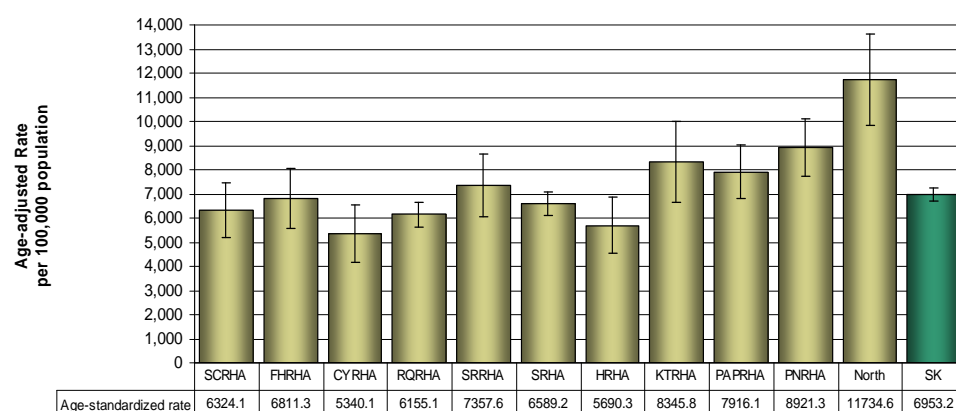
## D. Source:

Statistics Canada, Vital Statistics, Birth and Death Databases and Demography Division (population estimates).

**PYLL: Male Age-adjusted rate, Provinces, Territories and Canada, 2005/07**



**PYLL: Male Age-adjusted rate, RHAs and Saskatchewan, 2005/07**



## SUMMARY OF FINDINGS:

The potential years of life lost (PYLL) rate for male residents of Saskatchewan (SK) was the fifth highest of the provinces and territories for 2005/07.

Of the three western prairie provinces, SK had the middle PYLL rates for male residents. Manitoba had the highest and Alberta had the lowest PYLL rates.

The health regions of Cypress (CYRHA) and Regina Qu'Appelle (RQRHA) had significantly lower PYLL rates than the province. The health regions of Prairie North (PNRHA) and the combined three northern health regions (North) had significantly higher PYLL rates than the province.

# MORTALITY: POTENTIAL YEARS OF LIFE LOST (PYLL) CHART 5-9 - BY SEX

## A. Definitions:

Number of years not lived by an individual from birth to age 75. Age-standardized Potential Years of Life Lost (PYLL) is the PYLL that would occur if the population had the same age distribution as the 1991 Canadian population.

## B. Significance/Use:

PYLL is an indicator of premature death. It provides a single summary number that allows different populations to be compared.

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

## C. Limitations:

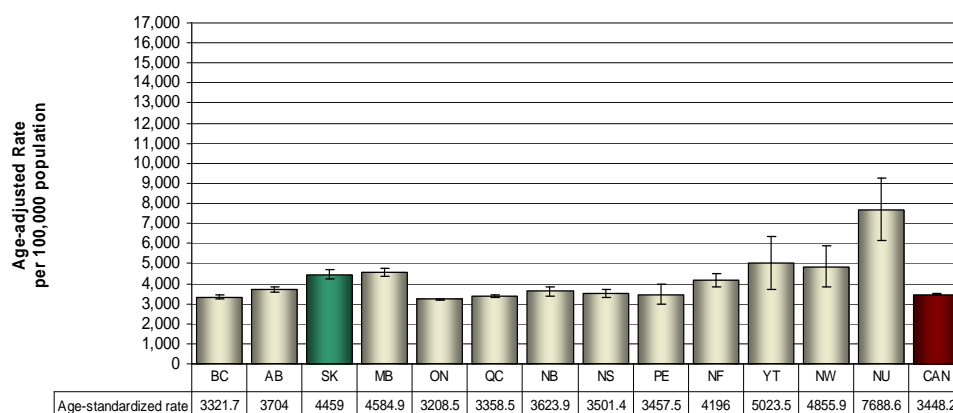
When examining PYLL by cause of death, the PYLL is overestimated since not all the deceased would reach the age of 75 even if their death cause had been eliminated.

Does not include homeless people or people living on Reserve that have chosen not to participate in the Census.

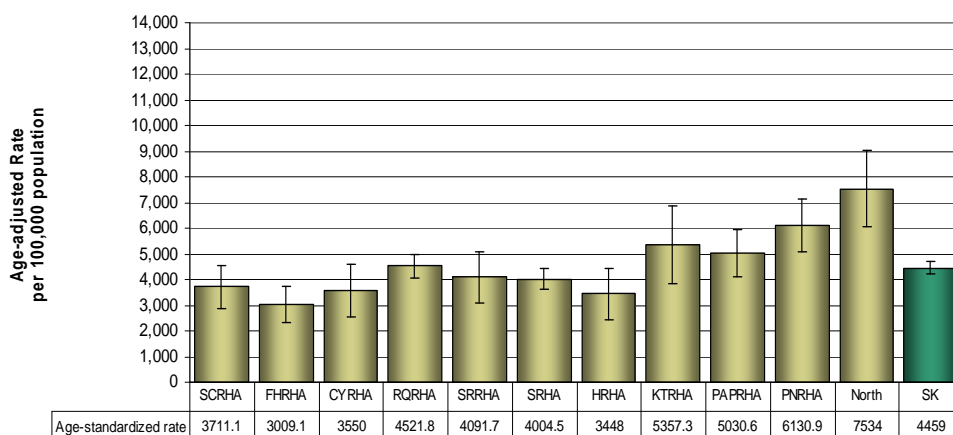
## D. Source:

Statistics Canada, Vital Statistics, Birth and Death Databases and Demography Division (population estimates).

**PYLL: Female Age-adjusted rate,  
Provinces, Territories and Canada, 2005/07**



**PYLL: Female Age-adjusted rate, RHAs and Saskatchewan,  
2005/07**



## SUMMARY OF FINDINGS:

The potential years of life lost (PYLL) rates for female residents of Saskatchewan (SK) was the fifth highest of the provinces and combined territories for 2005/07.

Of the three western prairie provinces, SK had the middle PYLL rates for female residents. Manitoba had the highest and Alberta had the lowest PYLL rates.

The health region of Five Hills (FHRHA) had significantly lower PYLL rates than the province. The health regions of Prairie North (PNRHA) and the combined three northern health regions (North) had significantly higher PYLL rates than the province.

**A. Definitions:**

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

**B. Significance/Use:**

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

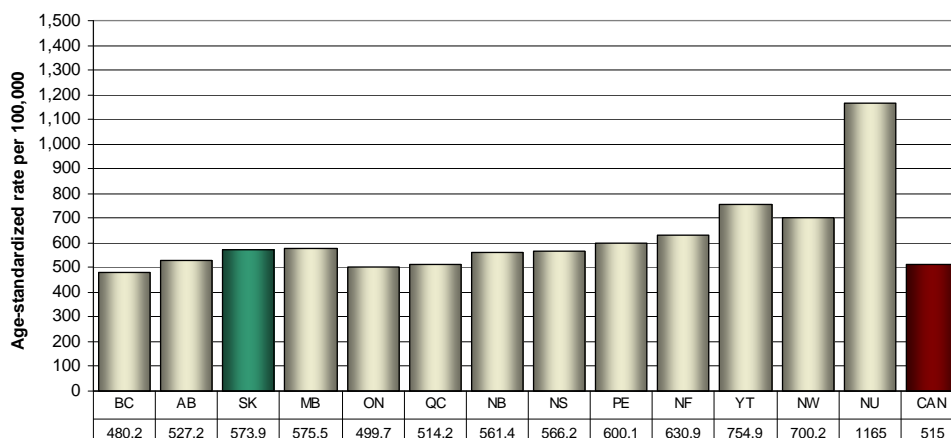
**C. Limitations:**

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

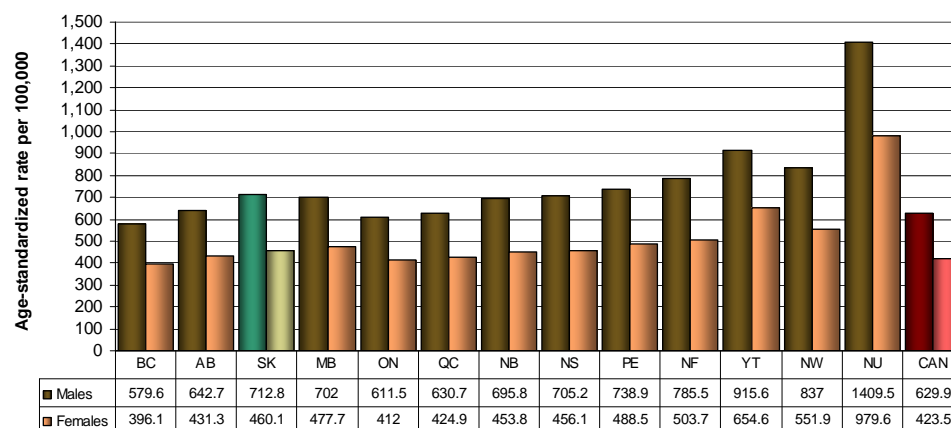
**D. Source:**

Statistics Canada, Vital Statistics, Death database.

**Mortality: All-cause,  
Provinces, Territories and Canada, 2009**



**Mortality: All-cause by Sex, Provinces, Territories and Canada, 2009**

**SUMMARY OF FINDINGS:**

Saskatchewan (SK) had the seventh highest age-standardized mortality rate (ASMR) of the provinces and territories for 2009. Of the three western provinces, SK had the middle ASMR. Alberta (AB) had the lowest and Manitoba (MB) had the highest ASMR, although MB's rate was similar to SK's rate.

SK had the sixth highest male and seventh highest female ASMRs of the provinces and territories for 2009. Of the three western provinces, SK had the highest male ASMR and the middle female ASMR. AB had the lowest ASMRs.

**A. Definitions:**

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

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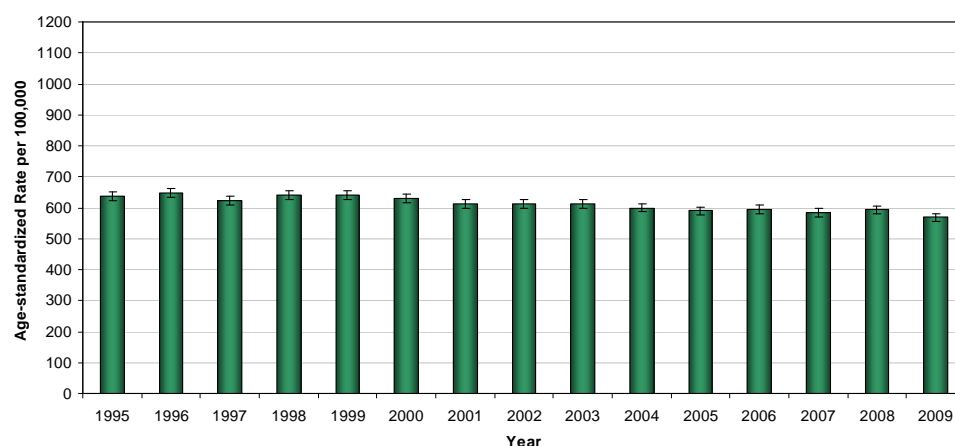
**C. Limitations:**

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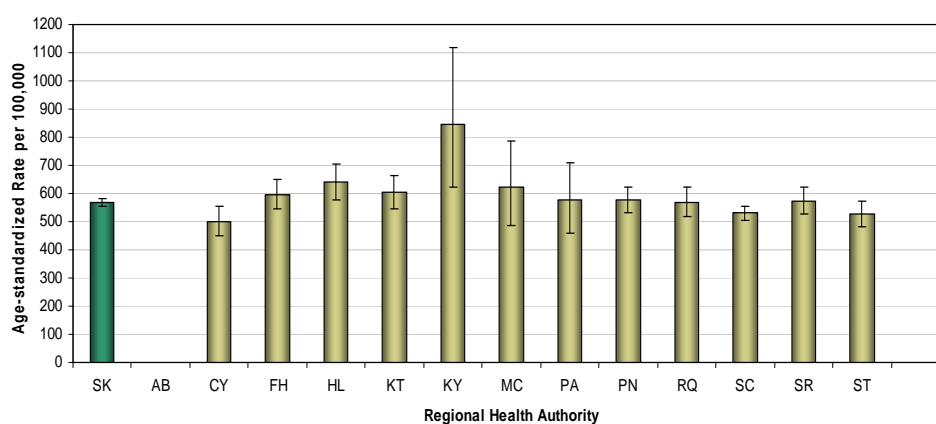
**D. Source:**

SK Vital Statistics, death registration.

**All Cause Mortality: Age-standardized Mortality Rate in Saskatchewan 1995 - 2009**



**All cause mortality: Age-standardized Mortality Rate in Saskatchewan by Regional Health Authority, 2009**

**SUMMARY OF FINDINGS:**

The age-standardized mortality rate (ASMR) due to all causes of death in Saskatchewan (SK) decreased significantly over the period 1995-2009.

The 2009 ASMRs varied among the health regions. The rates were significantly higher than the provincial rate for Keewatin Yatthé (KY) and Heartland (HL) and lower than the provincial rate for Cypress (CY), Saskatoon (ST) and Sun Country (SC).

Due to small numbers, the rates for Athabasca (AB) was not displayed.

**A. Definitions:**

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

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

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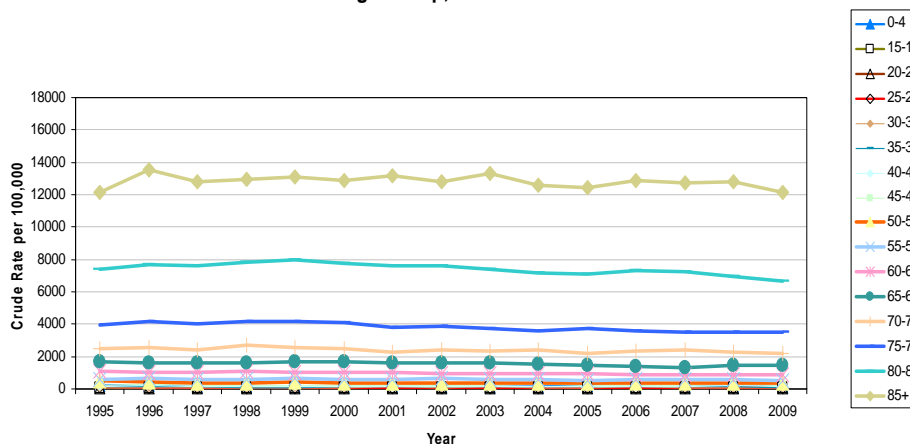
**C. Limitations:**

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

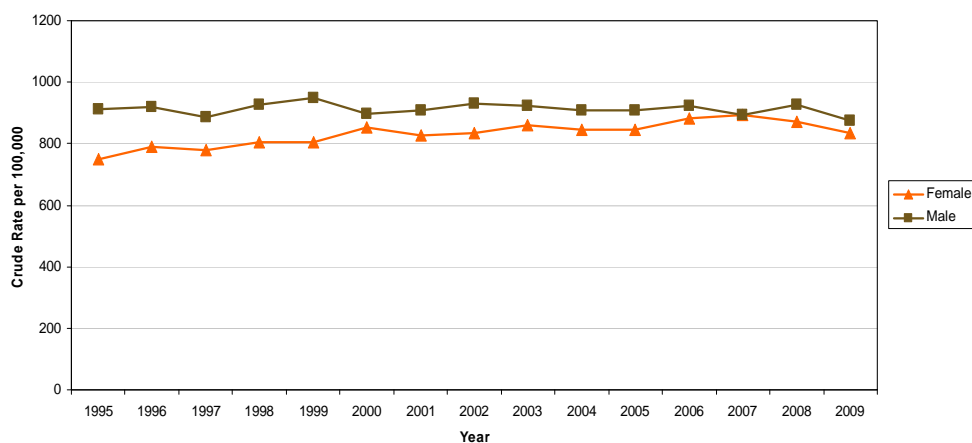
**D. Source:**

SK Vital Statistics, death registration.

**All Cause Mortality: Crude Rate of Mortality in Saskatchewan by Age Group, 1995 - 2009**



**All Cause: Crude Rate of Mortality in Saskatchewan by sex, 1995 - 2009**

**SUMMARY OF FINDINGS:**

Mortality due to all causes has remained fairly constant across the age groups over the period 1995 to 2009. The rates were consistently higher in those aged 75 and over and considerably higher in those aged 85 years and over.

Sex-specific mortality rates due to all causes were greater in males than females for every year from 1995 to 2009. In 2009, the mortality rates for all causes of death were 833.8 per 100,000 for females, and 875.0 per 100,000 for males.

The 5-9 year and 10-14 year age groups were not displayed due to small numbers.

**A. Definitions:**

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

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

**B. Significance/Use:**

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

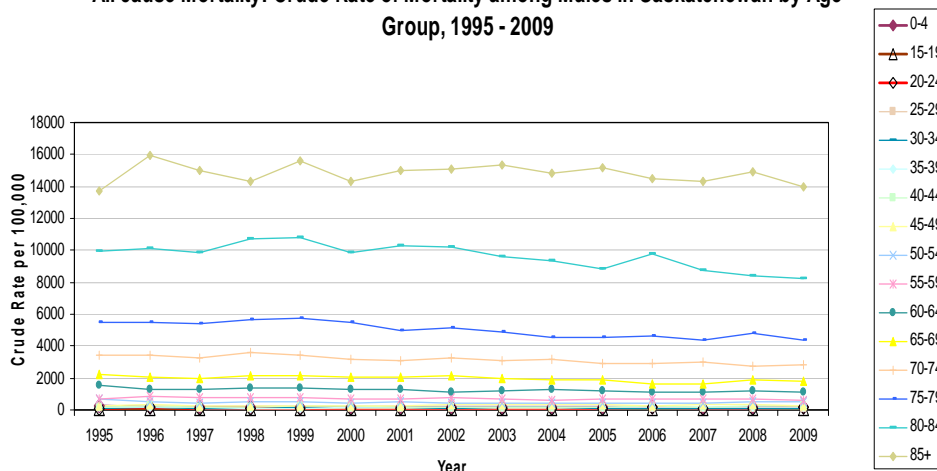
**C. Limitations:**

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

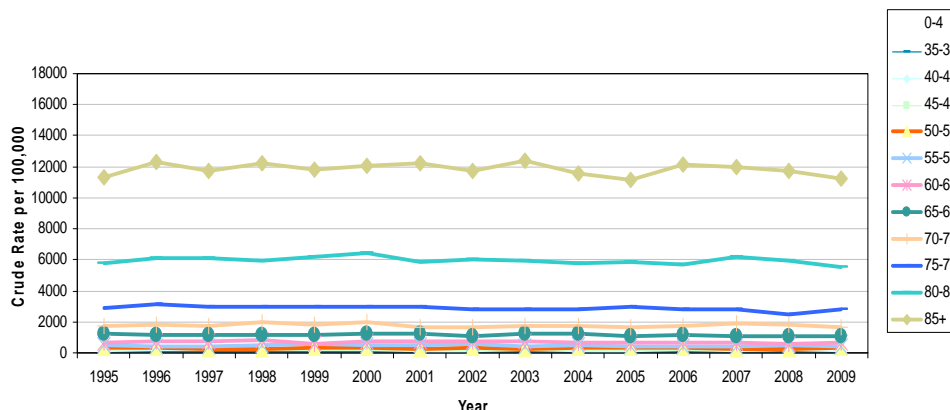
**D. Source:**

SK Vital Statistics, death registration.

**All cause Mortality: Crude Rate of Mortality among Males in Saskatchewan by Age Group, 1995 - 2009**



**All Cause Mortality: Crude Rate of Mortality among Females in Saskatchewan by Age Group, 1995 - 2009**

**SUMMARY OF FINDINGS:**

Mortality due to all causes was higher for males than for females in all age groups.

All cause mortality rates for males are consistently higher in those aged 75 and over and considerably higher in those aged 85 years and over. Age groups 5 years to 14 years were not displayed due to small numbers.

All cause mortality rates for females are consistently higher in those aged 75 and over and considerably higher in those aged 85 years and over. Age groups 5 years to 34 years were not displayed due to small numbers.

**A. Definitions:**

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

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

**B. Significance/Use:**

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

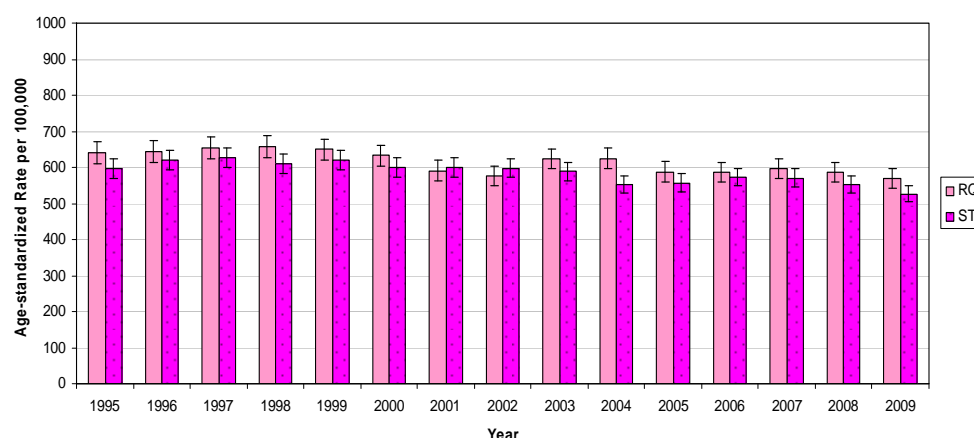
**C. Limitations:**

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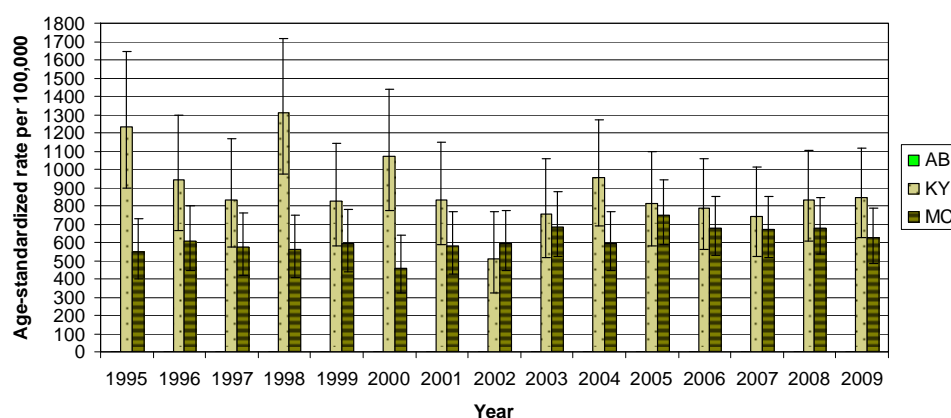
**D. Source:**

SK Vital Statistics, death registration

**All cause mortality: Age-standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group A, 1995-2009**



**All cause mortality: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group F, 1995-2009**

**SUMMARY OF FINDINGS:**

Peer Group A, Regina Qu'Appelle (RQ) and Saskatoon (ST), health regions' all cause age-standardized mortality rates (ASMR) varied and declined significantly over the time period 1995 to 2009. The rates were only significantly different from each other only in 2004.

Peer Group F, Mamawetan Churchill River (MC), Keewatin Yatthé (YT) and Athabasca (AB), health regions' ASMRs varied over the time period 1995 to 2009 with the KY rates being significantly higher than MC rates for 1995, 1998 and 2000. Both KY and MC displayed a great deal of variability due to small populations and small numbers of deaths. Caution should be used when interpreting these data. AB rates were not displayed due to small numbers.

**A. Definitions:**

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

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

**B. Significance/Use:**

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

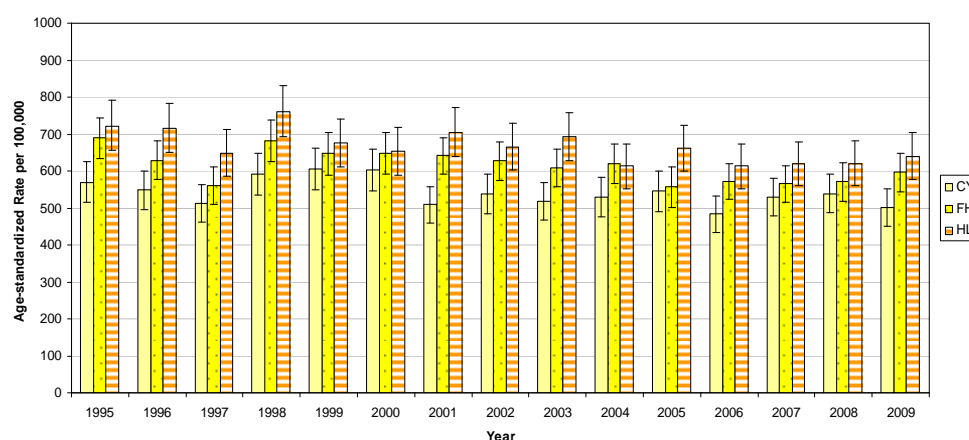
**C. Limitations:**

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

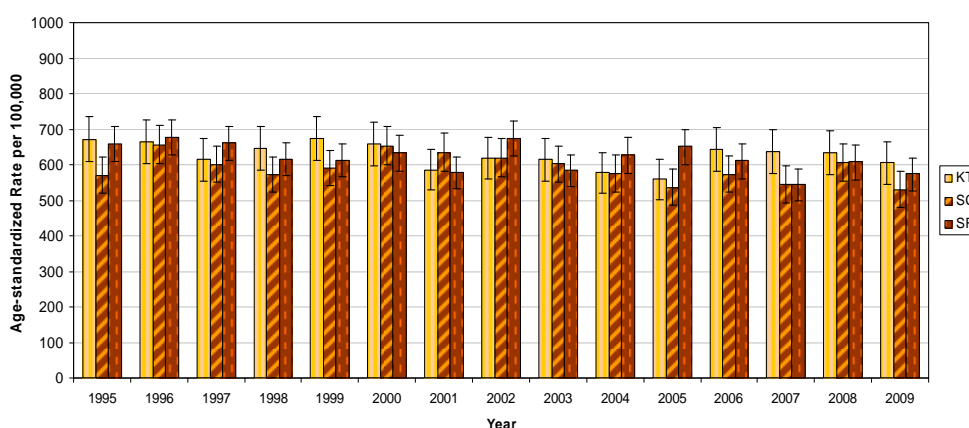
**D. Source:**

SK Vital Statistics, death registration.

**All cause mortality: Age-standardized Rate of Mortality in Saskatchewan by Regional Health Authority Peer Group D1, 1995 - 2009**



**All cause mortality: Age-standardized Rate of Mortality in Saskatchewan by Regional Health Authority Peer Group D2, 1995-2009**

**SUMMARY OF FINDINGS:**

Peer Group D1, Cypress (CY), Five Hills (FH) and Heartland (HL), health regions' age-standardized mortality rates (ASMR) due to all causes varied over the time period 1995 to 2009. Overall, the rate was highest in HL, and lowest in CY; but the differences between the two regions were only significantly different in 1995-98, 2001-03, 2006 and 2009.

Peer Group D2, Kelsey Trail (KT), Sun Country (SC) and Sunrise (SR), health regions' ASMRs varied over the time period 1995 to 2009. The only significant difference found among the three health regions was in 2005 between SC and SR.

**A. Definitions:**

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

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

**B. Significance/Use:**

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

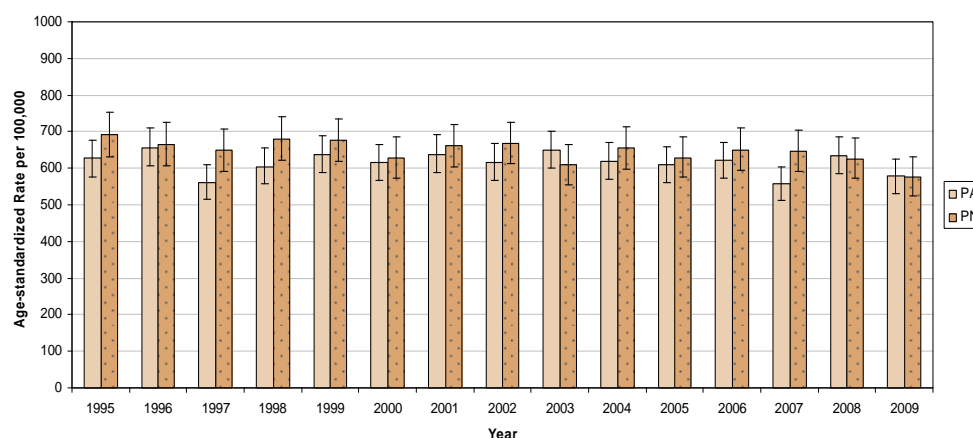
**C. Limitations:**

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

**D. Source:**

SK Vital Statistics, death registration.

**All cause mortality: Age-standardized Mortality Rate in Saskatchewan by Regional Health Authority Peer Group H, 1995-2005**

**SUMMARY OF FINDINGS:**

Peer Group H, Prairie North (PN) and Prince Albert Parkland (PA), health regions' ASMRs varied over the time period 1995 to 2009. The difference between the two regions was not significant for any of the years.

**A. Definitions:**

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

**B. Significance/Use:**

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

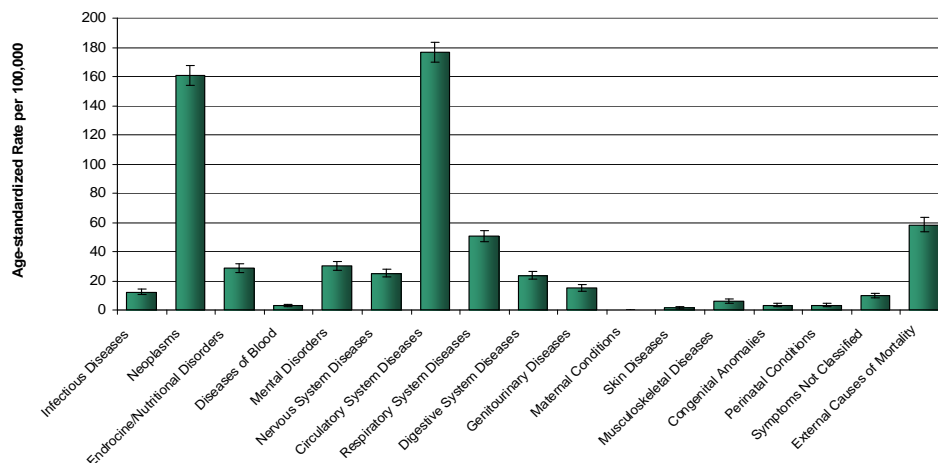
**C. Limitations:**

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

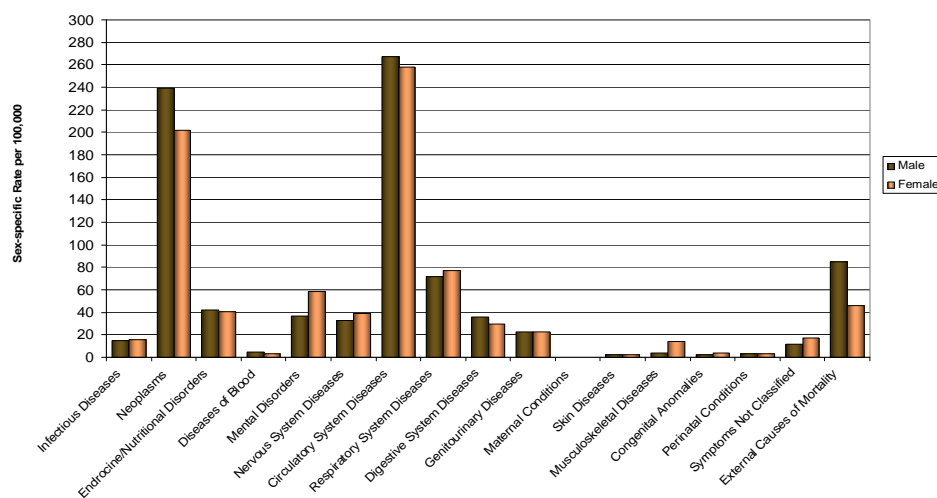
**D. Source:**

SK Vital Statistics, death registration.

Age-Standardized Mortality Rate by ICD Chapters in Saskatchewan, 2009



Crude Mortality Rate by ICD Chapters by Sex in Saskatchewan, 2009

**SUMMARY OF FINDINGS:**

The age-standardized mortality rates (ASMR) by ICD Chapters in Saskatchewan (SK) for the year 2009 showed that circulatory system diseases had the highest ASMR at 176.3 per 100,000, followed by neoplasms at 161.0 per 100,000 and then the external causes of mortality at 58.3 per 100,000.

The sex-specific crude mortality analyses by ICD Chapters in SK for the year 2009 showed that for both sexes circulatory system diseases had the highest rates, followed by neoplasms. For males, the third highest mortality rate was related to external causes of mortality (injuries); whereas, for females, the third highest rate was due to respiratory system diseases.

## A. Definitions:

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

Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 001-139 excluding 135/ICD10 A00-B99

## B. Significance/Use:

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

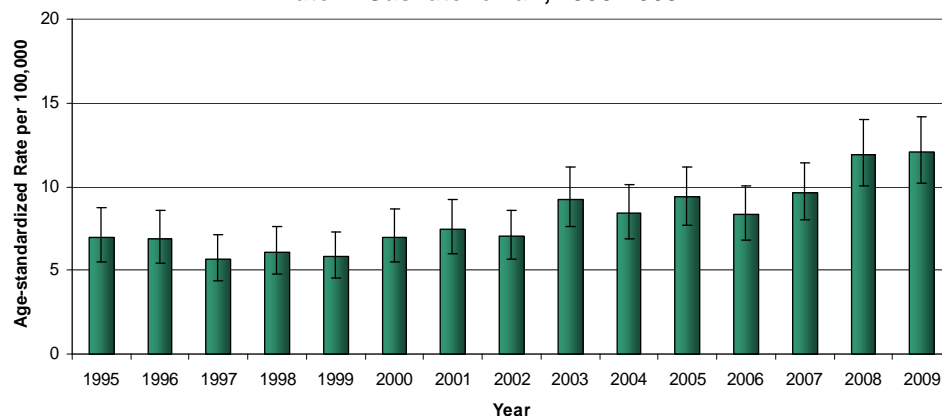
## C. Limitations:

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

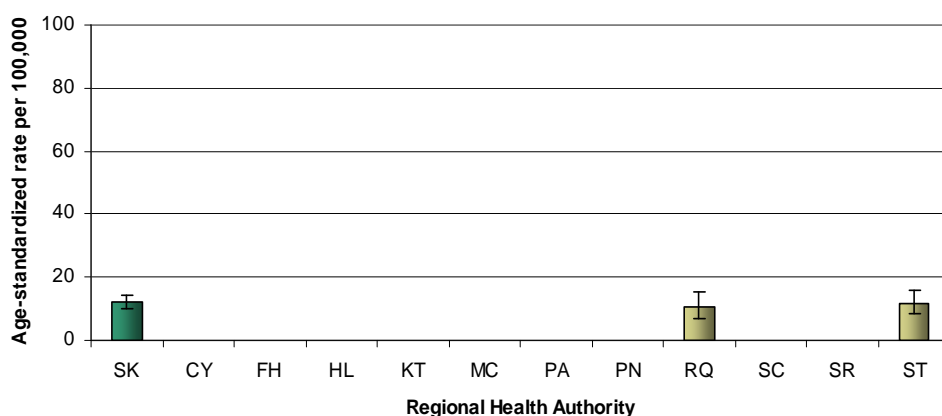
## D. Source:

SK Vital Statistics, death registration.

**Infectious and Parasitic Diseases: Age-Standardized Mortality Rate in Saskatchewan, 1995-2009**



**Infectious and Parasitic Diseases: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, 2009**



## SUMMARY OF FINDINGS:

The age-standardized mortality rate (ASMR) due to infectious and parasitic diseases in Saskatchewan (SK) increased significantly over the period 1995-2009.

The 2009 age-standardized mortality rates were not displayed for most of the health regions due to small numbers or zero counts. Only Regina Qu'Appelle (RQ) and Saskatoon (ST) health regions had over 20 deaths due to infectious and parasitic diseases.

The ASMRs for RQ and ST did not differ significantly from the provincial rate.

# MORTALITY: ICD CHAPTERS - INFECTIOUS AND PARASITIC BY AGE AND SEX

CHART 5-19

## A. Definitions:

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

Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 001-139 excluding 135/ ICD10 A00-B99

## B. Significance/Use:

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

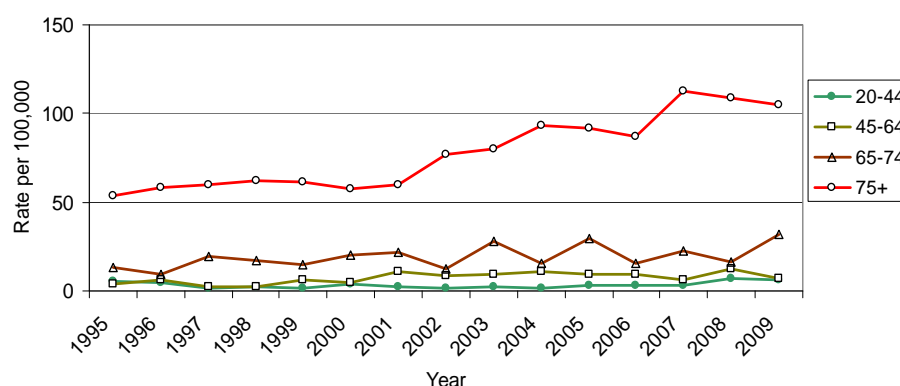
## C. Limitations:

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

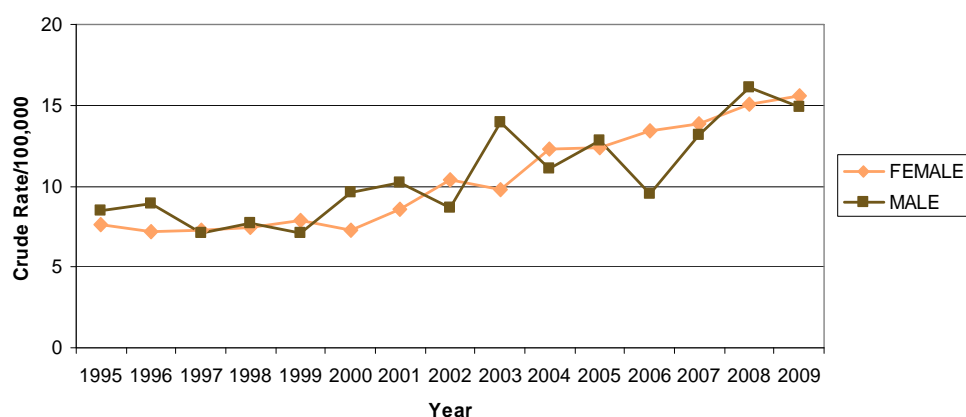
## D. Source:

SK Vital Statistics, death registration.

**Infectious and Parasitic Diseases: Age-specific Mortality Rate in Saskatchewan, 1995-2009**



**Infectious and Parasitic Diseases: Crude Mortality Rate in Saskatchewan by Sex, 1995-2009**



## SUMMARY OF FINDINGS:

The mortality rate due to infectious and parasitic diseases was highest for people aged 75 and older and the age-specific rate for this age group doubled between 1995 and 2009. Rates for those less than 20 years of age were suppressed due to small numbers.

Sex-specific mortality rates due to infectious and parasitic diseases increased for both sexes over the period 1995-2009. The rate has increased gradually in females but some fluctuations were observed in males.

Between 1995 and 2009, infectious and parasitic diseases mortality rates (per 100,000) increased from 7.6 to 15.6 for females and from 8.5 to 14.8 for males.

# MORTALITY: ICD CHAPTERS - INFECTIOUS AND PARASITIC BY SEX AND AGE

CHART 5-20

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 001-139 excluding 135/ ICD10 A00-B99

## B. Significance/Use:

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

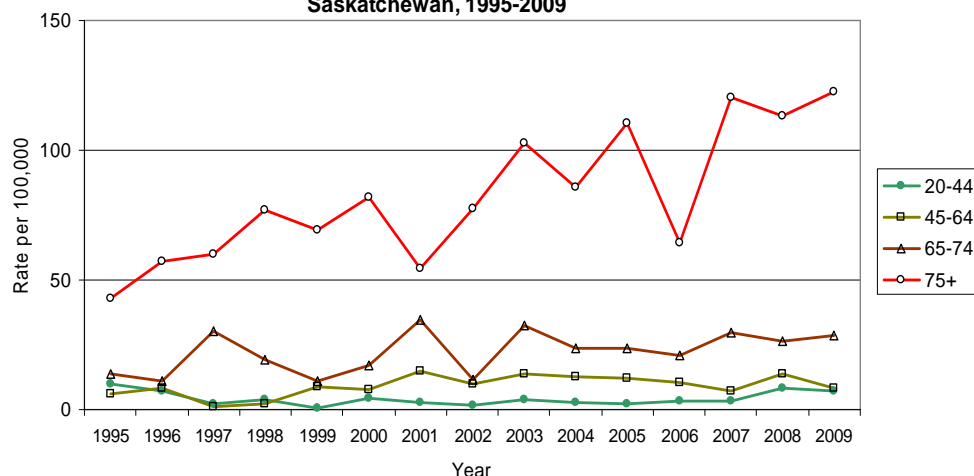
## C. Limitations:

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

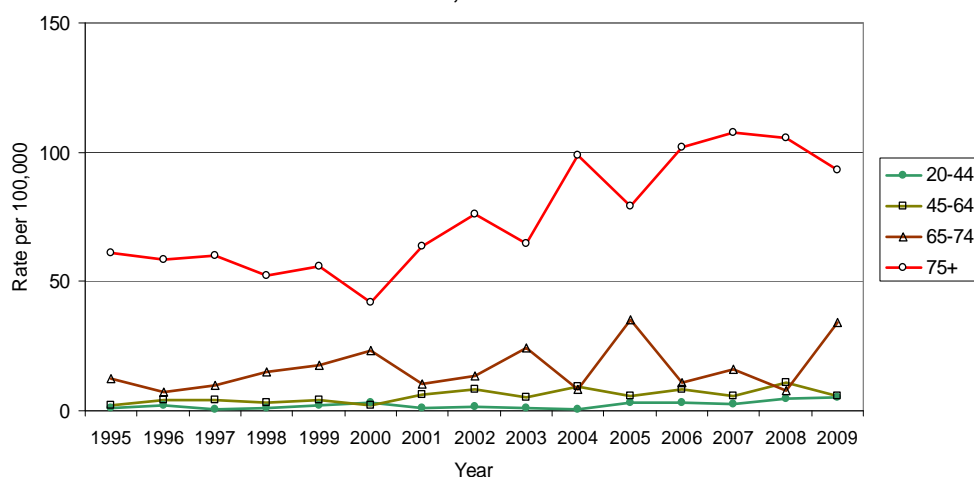
## D. Source:

SK Vital Statistics, death registration.

**Infectious and Parasitic Diseases: Age-specific Mortality Rate among Males in Saskatchewan, 1995-2009**



**Infectious and Parasitic Diseases: Age-specific Mortality Rate among Females in Saskatchewan, 1995-2009**



## SUMMARY OF FINDINGS:

For males, mortality due to infectious and parasitic diseases was generally higher than for females. For males, the mortality rate was the highest for aged 75 and older. The rate in this group more than doubled between 1998 and 2009.

For females, mortality was highest in those aged 75 years and older. Between 1995 and 2009, the age-specific rate in this group almost doubled.

Rates for age groups under 20 years for both sexes were not included due to small numbers.

## A. Definitions:

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

Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 001-139 excluding 135/ICD10 A00-B99

## B. Significance/Use:

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

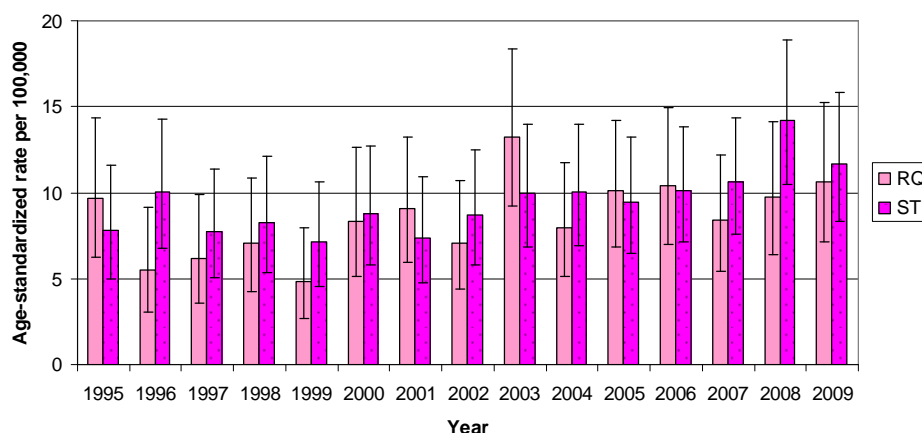
## C. Limitations:

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

## D. Source:

SK Vital Statistics, death registration.

**Infectious and Parasitic Diseases: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group A, 1995-2009**



## SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQ) and Saskatoon (ST), health regions' age-standardized mortality rates (ASMR) due to infectious and parasitic diseases varied but did not differ significantly between the two health regions.

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

### A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 140-239/ICD10 C00-D48

### B. Significance/Use:

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

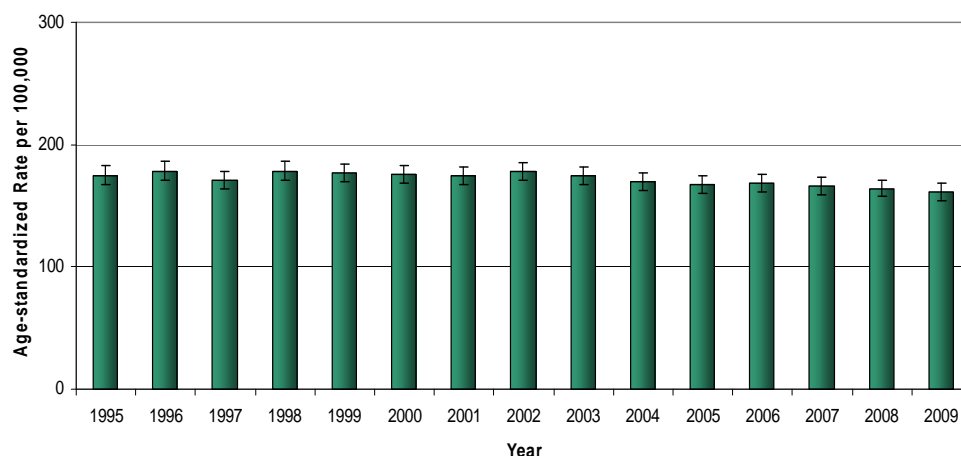
### C. Limitations:

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

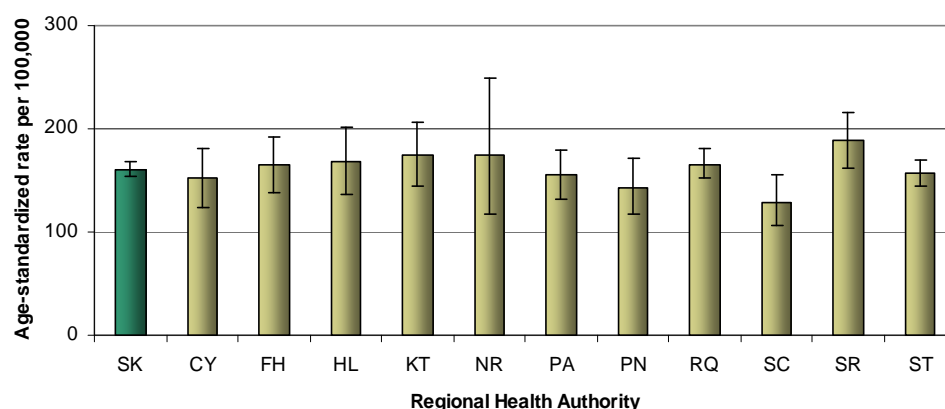
### D. Source:

SK Vital Statistics, death registration.

Neoplasms: Age-Standardized Mortality Rate in Saskatchewan, 1995-2009



Neoplasms: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, 2009



### SUMMARY OF FINDINGS:

The age-standardized mortality rate (ASMR) due to neoplasms in Saskatchewan (SK) decreased significantly from 1995 to 2009.

The 2009 ASMRs varied across the health regions, however the regional rates did not differ significantly from the provincial rate. Due to small numbers the three northern regions (NR) were combined.

The 2009 ASMR was highest in Sunrise (SR) and lowest in Sun Country (SC).

# MORTALITY: ICD CHAPTER - NEOPLASMS BY AGE AND SEX

CHART 5-23

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 140-239/ICD10 C00-D48

## B. Significance/Use:

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

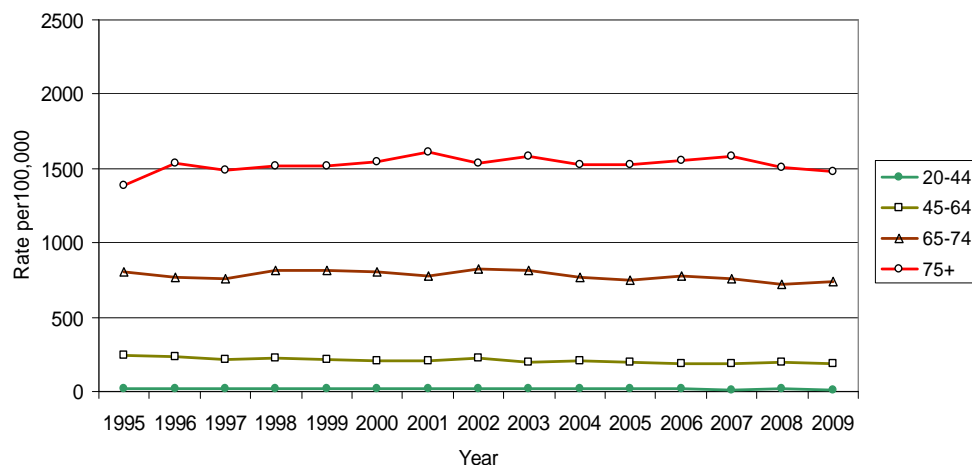
## C. Limitations:

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

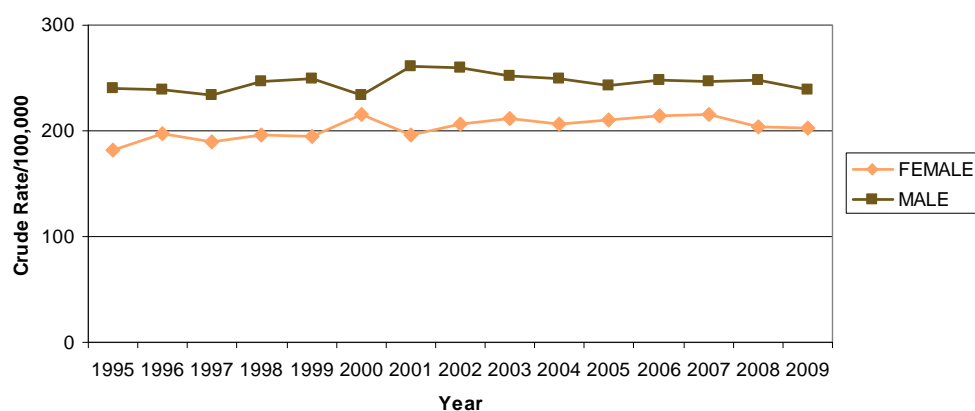
## D. Source:

SK Vital Statistics, death registration.

Neoplasms: Age-specific Mortality Rate in Saskatchewan, 1995-2009



Neoplasms: Crude Mortality Rate in Saskatchewan by Sex, 1995-2009



## SUMMARY OF FINDINGS:

Mortality due to neoplasms varied by age. The age-specific rates were stable over the time period 1995 and 2009.

The mortality rate was the highest in people aged 75 and older. The rate in this group was twice as high compared to those aged 65 to 74 years. Rates for those under 20 years of age were suppressed due to small numbers.

The sex-specific mortality rate due to neoplasms was higher for males than females. The rate was stable for both sexes over the 1995 to 2009 time period.

# MORTALITY: ICD CHAPTER - NEOPLASMS BY SEX AND AGE

CHART 5-24

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 140-239/ICD10 C00-D48

## B. Significance/Use:

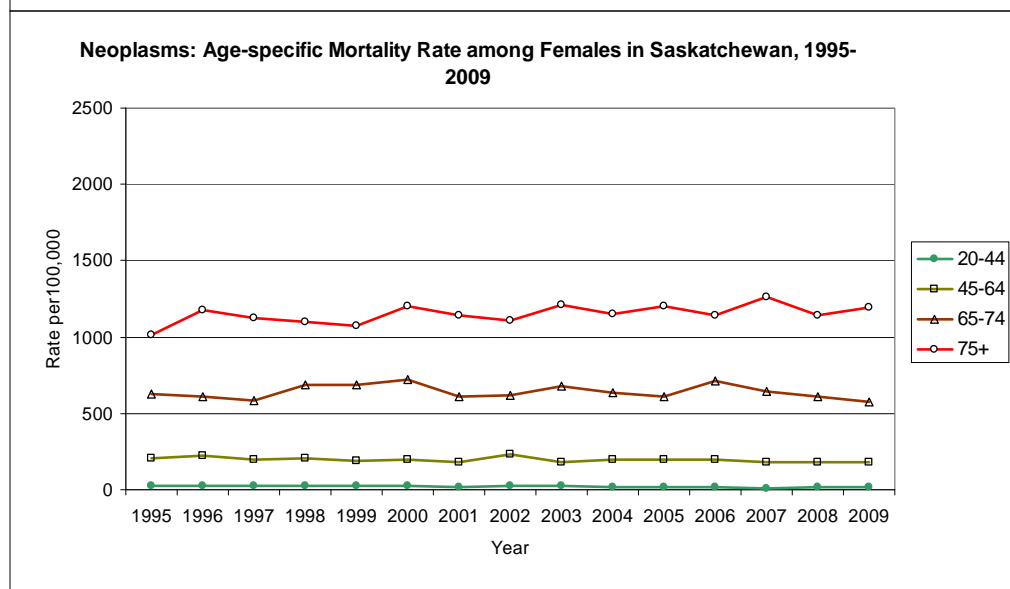
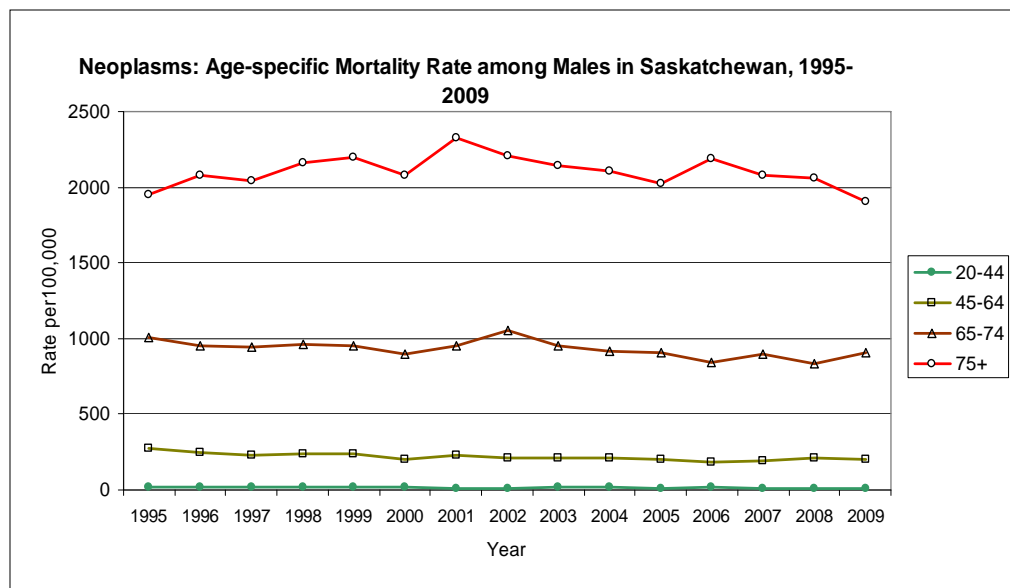
Mortality reflects the upper limit of the disease severity continuum. Mortality data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

## C. Limitations:

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

## D. Source:

SK Vital Statistics, death registration.



## SUMMARY OF FINDINGS:

Overall the age-specific rates for males and females were steady over the time period of 1995 to 2009. For males, mortality due to neoplasms was higher than for females.

For males, the mortality rate was the highest in the 75 and older age group.

Among females, mortality due to neoplasms was highest in those aged 75 years and older.

**A. Definitions:**

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 140-239/ICD10 C00-D48

**B. Significance/Use:**

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

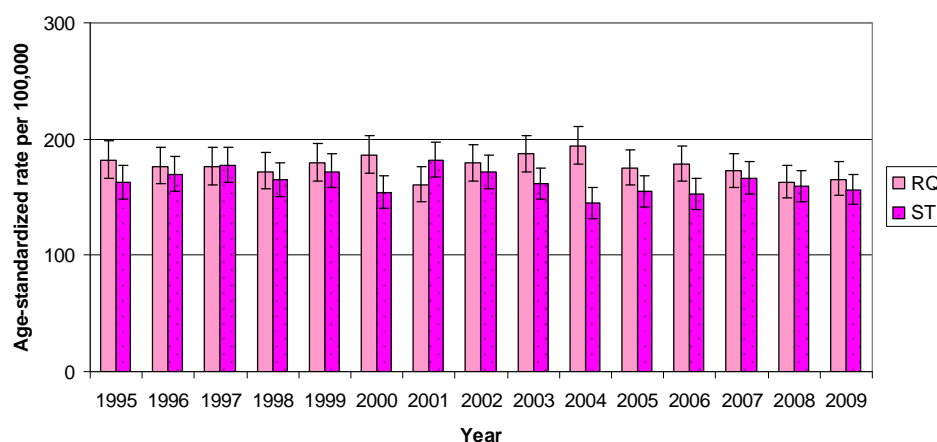
**C. Limitations:**

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

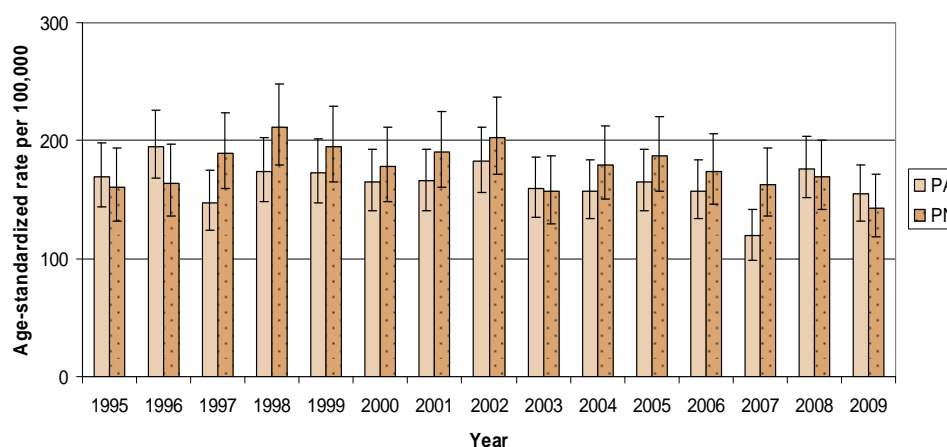
**D. Source:**

SK Vital Statistics, death registration.

**Neoplasms: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group A, 1995-2009**



**Neoplasms: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group H, 1995-2009**

**SUMMARY OF FINDINGS:**

Peer Group A, Regina Qu'Appelle (RQ) and Saskatoon (ST), health regions' age-standardized mortality rates (ASMR) due to neoplasms varied over the time period 1995 to 2009. Overall the rate was higher in RQ than ST and the difference was significant in 2000 and 2004.

Peer Group H, Prairie North (PN) and Prince Albert Parkland (PA), health regions' ASMRs varied over the time period 1995 to 2009. The difference between the two regions was not significant for any of the years.

Peer Group F was not displayed due to small numbers.

**A. Definitions:**

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

Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 140-239/ICD10 C00-D48

**B. Significance/Use:**

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

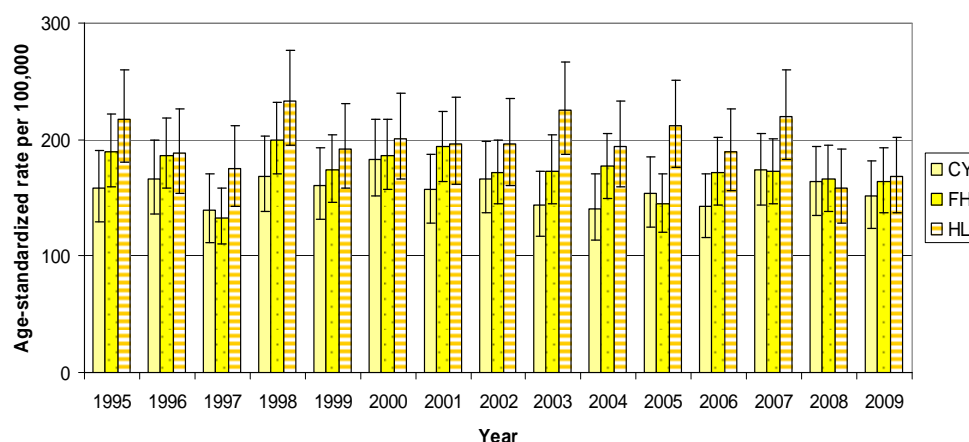
**C. Limitations:**

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

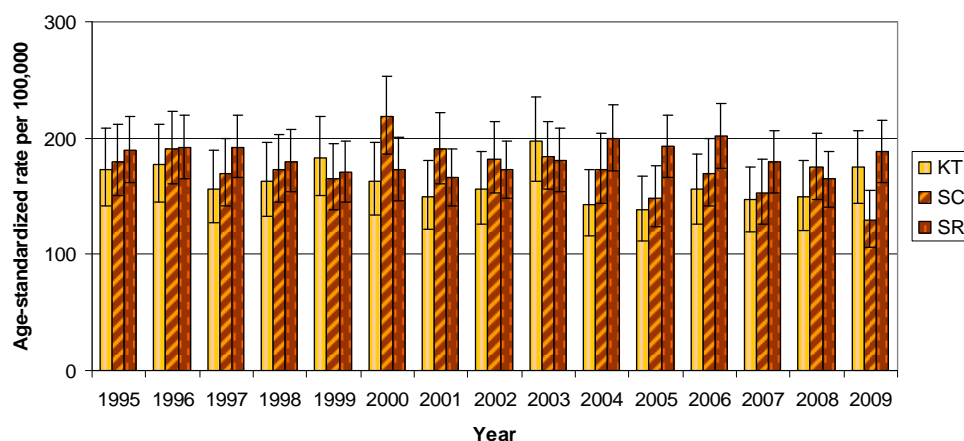
**D. Source:**

SK Vital Statistics, death registration.

**Neoplasms: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group D1, 1995-2009**



**Neoplasms: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group D2, 1995-2009**

**SUMMARY OF FINDINGS:**

Peer Group D1, Cypress (CY), Five Hills (FH) and Heartland (HL), health regions' age-standardized mortality rates (ASMR) due to neoplasms varied over the time period 1995 to 2009. Overall, the rate was highest in HL, but only significantly different from CY in 2003 and FH in 2005.

Peer Group D2, Kelsey Trail (KT), Sun Country (SC) and Sunrise (SR), health regions' ASMRs varied over the time period 1995 to 2009. The only significant difference found among the three health regions was in 2009 between SC and SR.

# MORTALITY: ICD CHAPTER - ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES - OVERALL

CHART 5-27

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 240-278/ICD10 E00-E90

## B. Significance/Use:

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

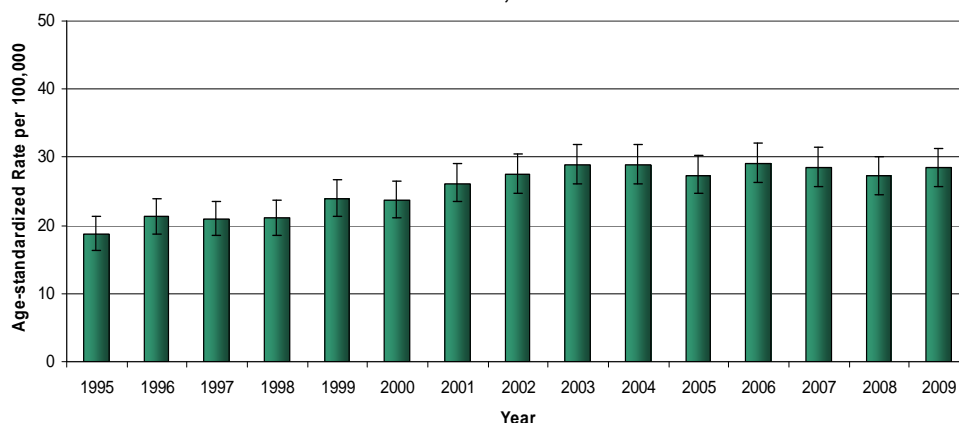
## C. Limitations:

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

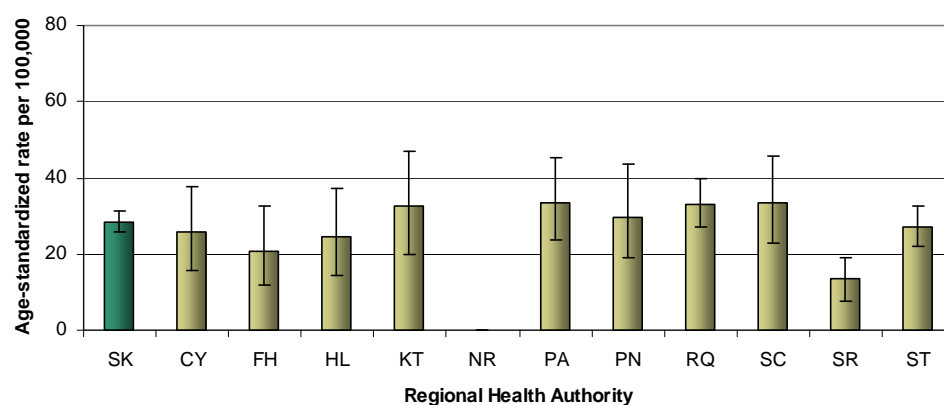
## D. Source:

SK Vital Statistics, death registration.

Endocrine, Nutritional and Metabolic Diseases: Age-Standardized Mortality Rate in Saskatchewan, 1995-2009



Endocrine, Nutritional and Metabolic Diseases: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, 2009



## SUMMARY OF FINDINGS:

The age-standardized mortality rate (ASMR) due to endocrine, nutritional and metabolic diseases in Saskatchewan (SK) increased significantly over the period 1995-2009. The rates have been stable since 2003.

The 2009 ASMRs varied across the health regions, however the regional rates did not differ significantly from the provincial rate with the exception of Sunrise (SR) which was significantly lower.

Due to small numbers, the rate for the combined three northern regions was not displayed.

# MORTALITY: ICD CHAPTER - ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES BY AGE AND SEX

CHART 5-28

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 240-278/ICD10 E00-E90

## B. Significance/Use:

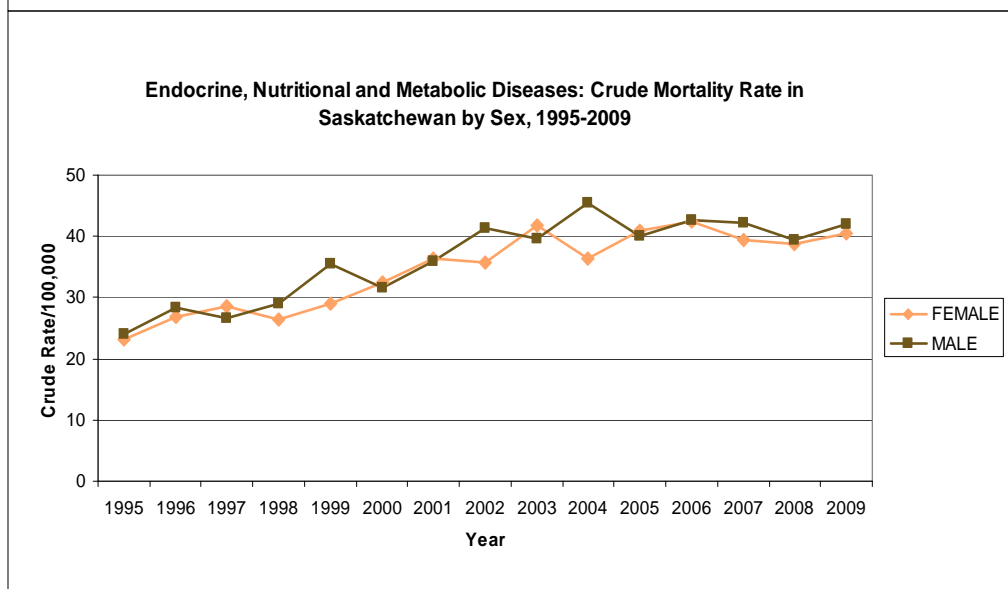
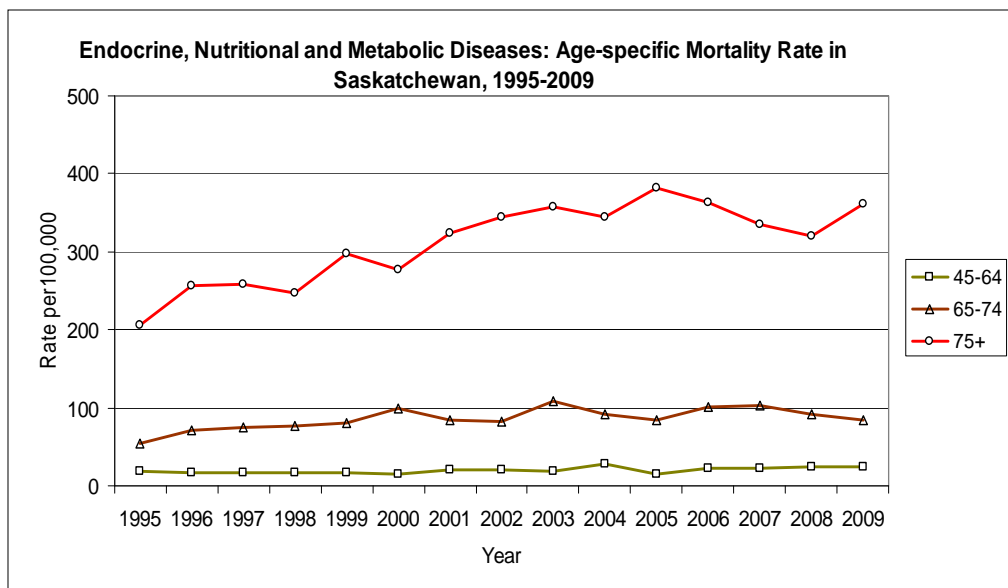
Mortality reflects the upper limit of the disease severity continuum. Mortality data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

## C. Limitations:

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

## D. Source:

SK Vital Statistics, death registration.



## SUMMARY OF FINDINGS:

Mortality due to endocrine, nutritional and metabolic diseases varied by age group. Deaths due to these diseases were the highest in the 75 years and older group. Between 1995 and 2009, the rate in this group increased from 206.2 to 362.0 per 100,000. The rate in the next highest group, 65 to 74 years also slightly increased over the time period.

Age-specific rates for the rest of the age groups were relatively stable over the period. The under 45 years age categories were not displayed due to small numbers.

Sex-specific mortality rates due to endocrine, nutritional and metabolic diseases were similar between males and females. The rates for both sexes increased over the 1995 to 2009 time period.

# MORTALITY: ICD CHAPTER - ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES BY SEX AND AGE

CHART 5-29

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 240-278/ICD10 E00-E90

## B. Significance/Use:

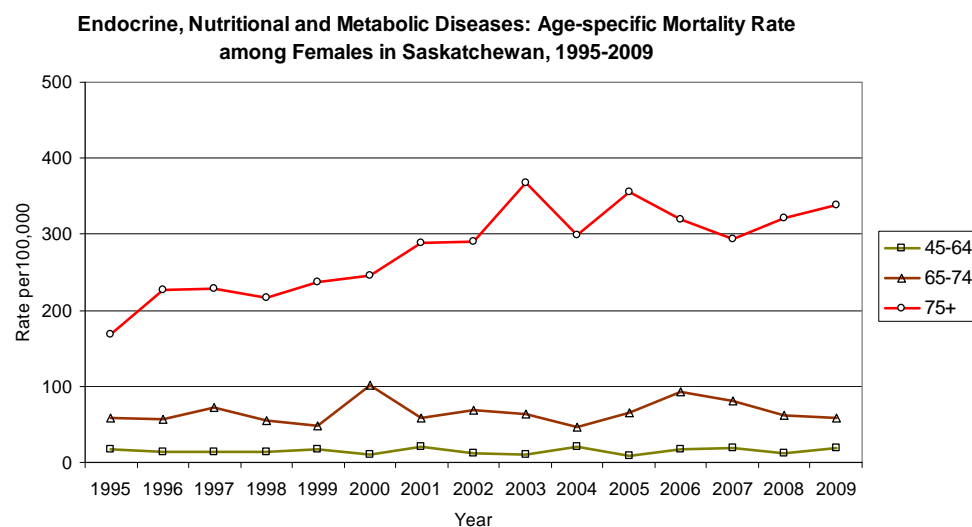
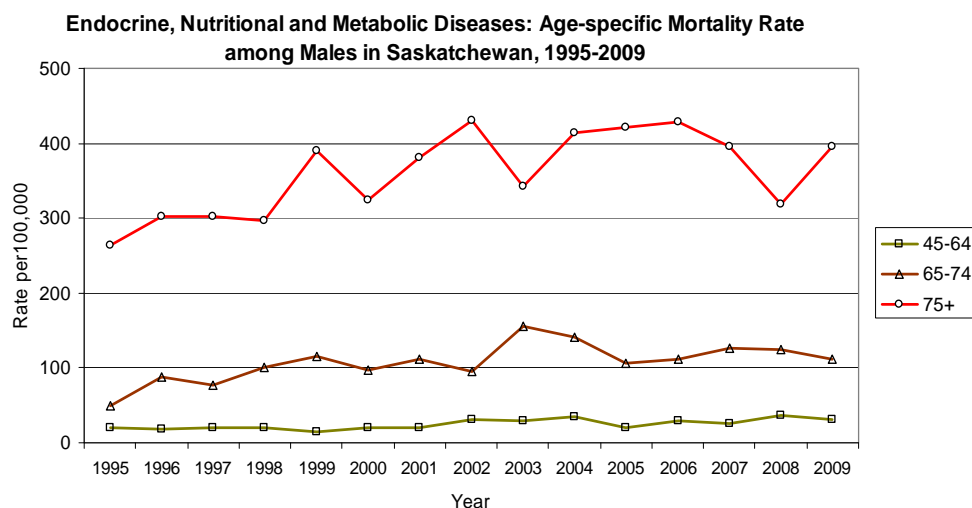
Mortality reflects the upper limit of the disease severity continuum. Mortality data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

## C. Limitations:

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

## D. Source:

SK Vital Statistics, death registration.



## SUMMARY OF FINDINGS:

For males, mortality due to endocrine, nutritional and metabolic diseases was highest in those aged 75 and older. The age-specific rate for this group increased from 263.4 to 396.0 per 100,000 between 1995 and 2009. Overall the rates for the remaining age groups were steady over the time period of 1995 to 2009 with the exception of the 65 to 74 year group which increased.

For females, mortality due to endocrine, nutritional and metabolic diseases was highest in those aged 75 years and older. The age-specific rate of this group increased from 168.6 to 339.1 per 100,000 between 1995 and 2009. Overall the rates for the remaining age groups were fairly steady over the time period of 1995 to 2009.

# MORTALITY: ICD CHAPTER - ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES BY RHAs

CHART 5-30

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 240-278/ICD10 E00-E90

## B. Significance/Use:

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

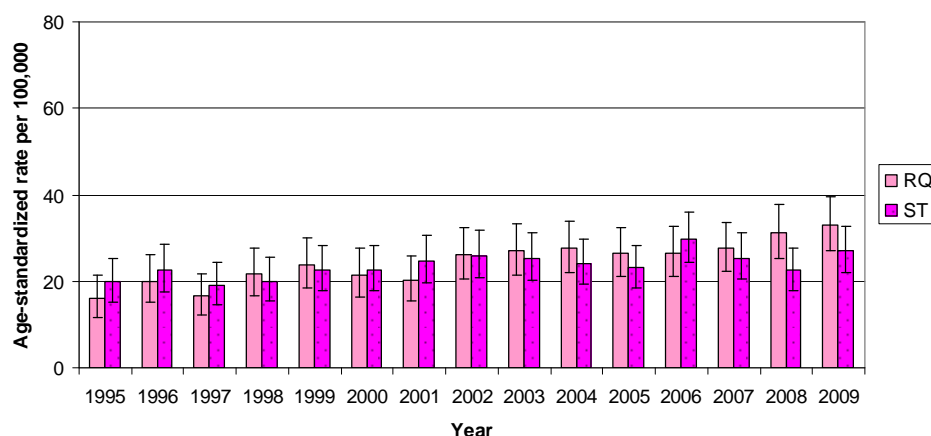
## C. Limitations:

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

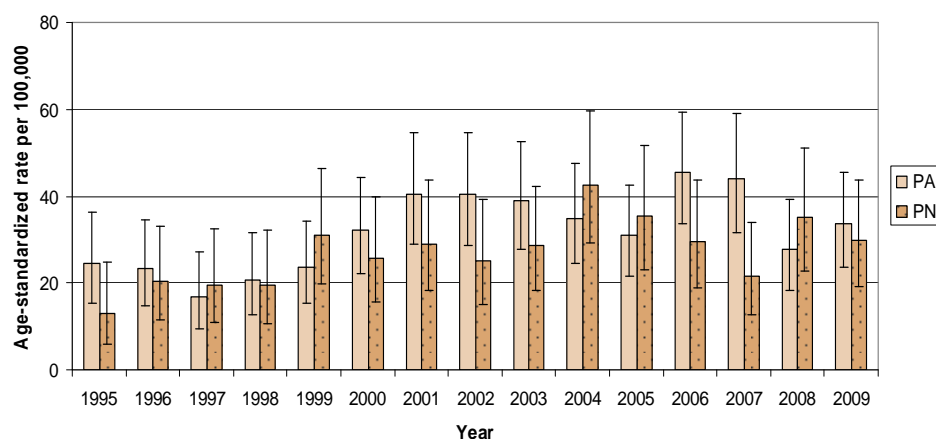
## D. Source:

SK Vital Statistics, death registration.

Endocrine, Nutritional and Metabolic Diseases: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group A, 1995-2009



Endocrine, Nutritional and Metabolic Diseases: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group H, 1995-2009



## SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQ) and Saskatoon (ST), health regions' age-standardized mortality rates (ASMR) due to endocrine, nutritional and metabolic diseases were not significantly different between the two health regions. The rate increased in both regions over the period 1995-2009, but was only significantly different for RQ.

Peer Group H, Prairie North (PN) and Prince Albert Parkland (PA), health regions' ASMRs varied between the two health regions and did not differ significantly. The rate has increased, but not significantly, in PA since 1999 but was stable in the recent years.

Peer Group F was not displayed due to small numbers.

# MORTALITY: ICD CHAPTER - ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES BY RHA

CHART 5-31

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 240-278/ICD10 E00-E90

## B. Significance/Use:

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

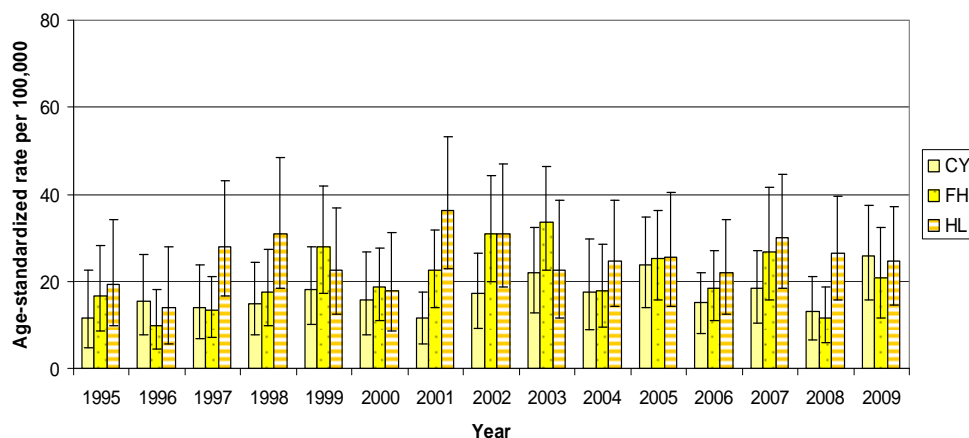
## C. Limitations:

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

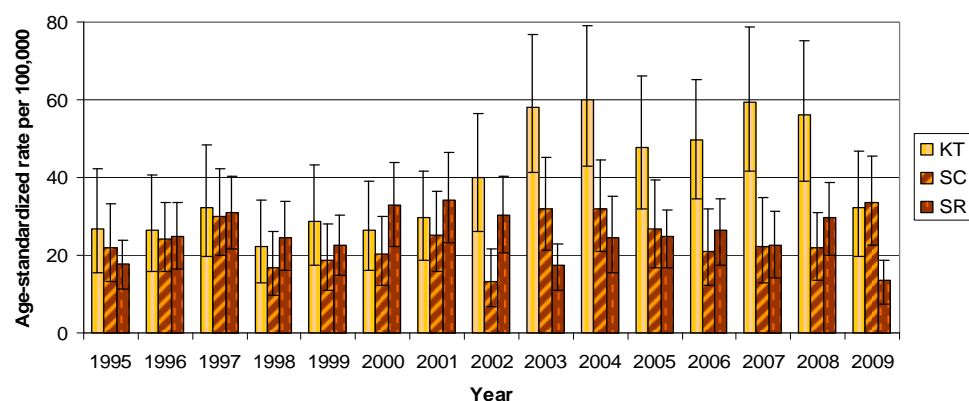
## D. Source:

SK Vital Statistics, death registration.

Endocrine, Nutritional and Metabolic Diseases: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group D1, 1995-2009



Endocrine, Nutritional and Metabolic Diseases: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group D2, 1995-2009



## SUMMARY OF FINDINGS:

Peer Group D1, Cypress (CY), Five Hills (FH) and Heartland (HL), health regions' age-standardized mortality rates (ASMR) due to endocrine, nutritional and metabolic diseases varied across health regions. The only significant difference found was in 2001 between the CY and HL health regions.

Peer Group D2, Kelsey Trail (KT), Sun Country (SC) and Sunrise (SR), health regions' ASMRs varied over the time period 1995 to 2009. A notably high rate was observed in Kelsey Trail (KT) between 2003 and 2008 which was significantly different from SC for the years 2006 to 2008 and from SR for the years 2003 to 2009.

# MORTALITY: ICD CHAPTER - DISEASES OF BLOOD & BLOOD-FORMING ORGANS & CERTAIN IMMUNITY DISORDERS - OVERALL

CHART 5-32

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 280-289/ICD10 D50-89

## B. Significance/Use:

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

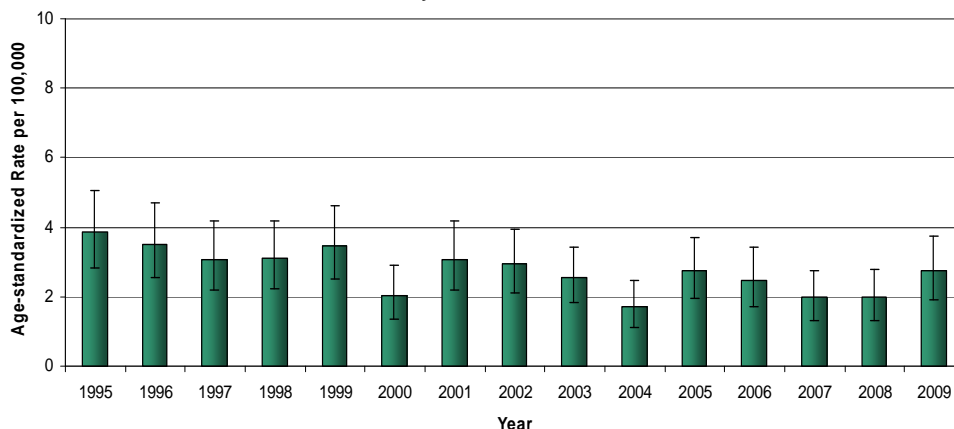
## C. Limitations:

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

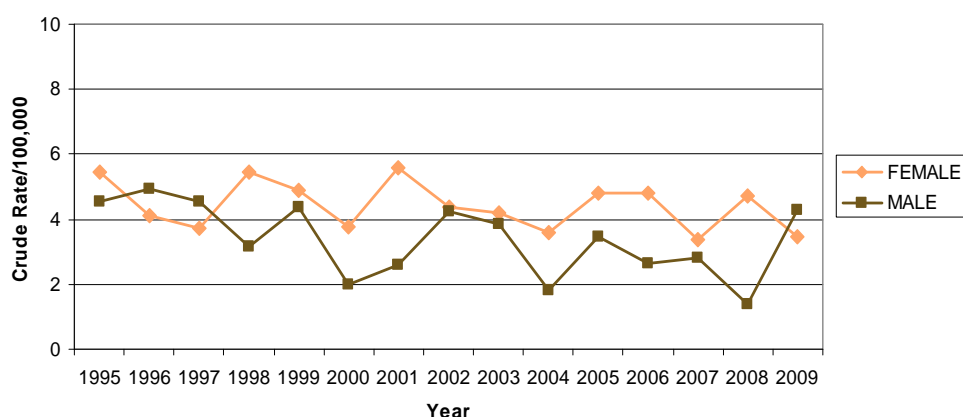
## D. Source:

SK Vital Statistics, death registration.

Diseases of Blood and Blood-forming Organs & Immunity Disorders: Age-Standardized Mortality Rate in Saskatchewan, 1995-2009



Diseases of Blood and Blood-forming Organs & Immunity Disorders: Crude Mortality Rate in Saskatchewan by Sex, 1995-2009



## SUMMARY OF FINDINGS:

The age-standardized mortality rate (ASMR) due to diseases of blood and blood-forming organs & certain immunity disorders decreased over the period 1995-2009.

Mortality due to the diseases of blood and blood-forming organs & certain immunity disorders was slightly higher in females than males for most years over the time period 1995-2009. For both sexes, the rate fluctuated.

Due to small numbers, no other charts could be displayed.

# MORTALITY: ICD CHAPTER - MENTAL DISORDERS - CHART 5-33 OVERALL

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 290-319/ICD10 F00-F99

## B. Significance/Use:

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

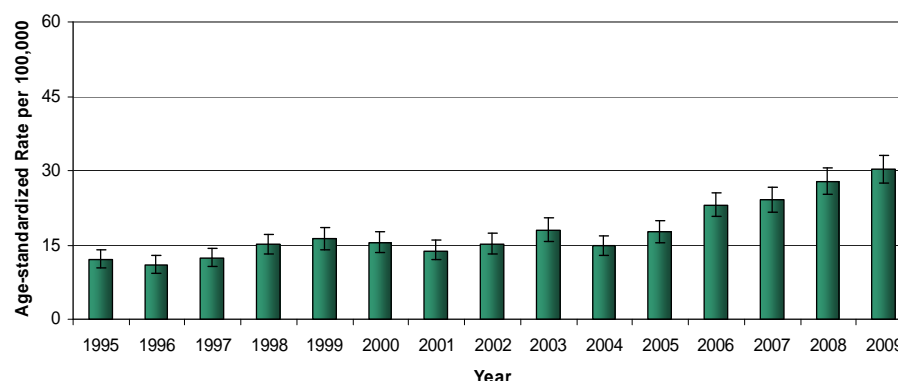
## C. Limitations:

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

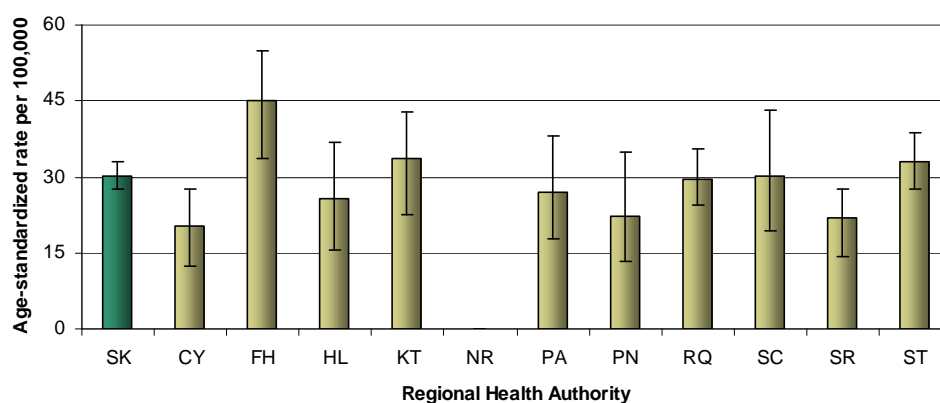
## D. Source:

SK Vital Statistics, death registration.

**Mental Disorders: Age-Standardized Mortality Rate in Saskatchewan, 1995-2009**



**Mental Disorders: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, 2009**



## SUMMARY OF FINDINGS:

The age-standardized mortality rate (ASMR) due to mental disorders in Saskatchewan (SK) increased significantly over the period 1995-2009, specifically in the past five years, 2005 to 2009.

The 2009 ASMRs varied across the health regions, however the regional rates did not differ significantly from the provincial rate with the exception of Five Hills (FH).

Due to small numbers, the rate for the combined three northern regions was not displayed.

# MORTALITY: ICD CHAPTER - MENTAL DISORDERS - CHART 5-34 BY AGE AND SEX

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 290-319/ICD10 F00-F99

## B. Significance/Use:

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

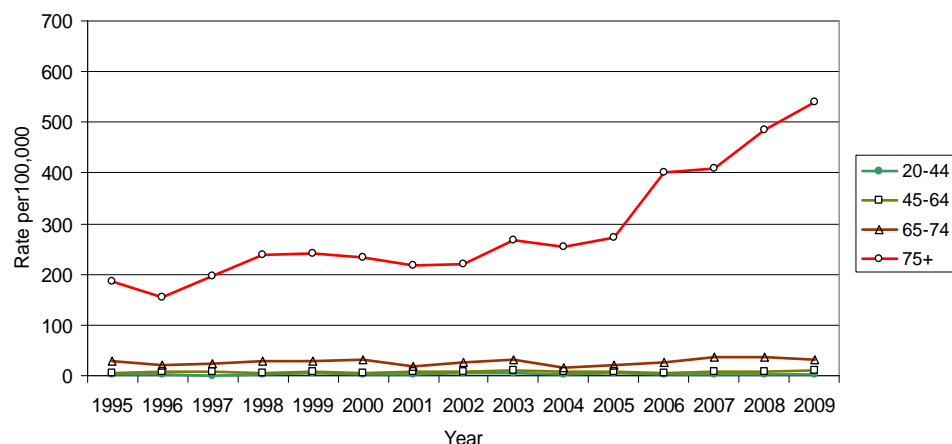
## C. Limitations:

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

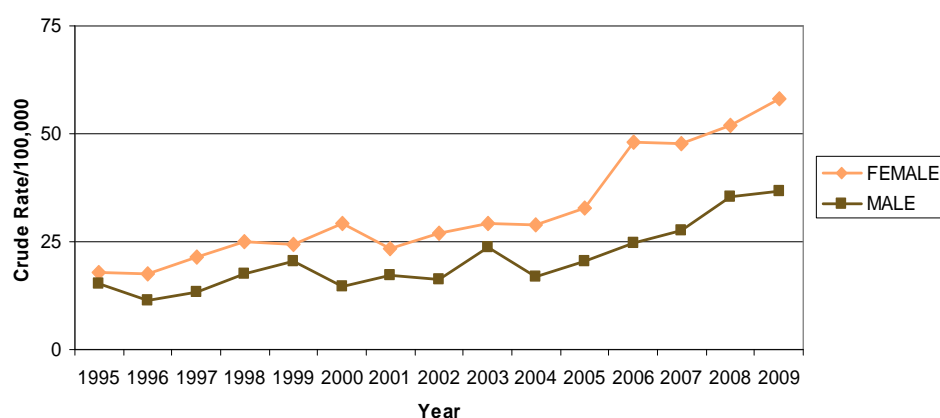
## D. Source:

SK Vital Statistics, death registration.

**Mental Disorders: Age-specific Mortality Rate in Saskatchewan, 1995-2009**



**Mental Disorders: Crude Mortality Rate in Saskatchewan by Sex, 1995-2009**



## SUMMARY OF FINDINGS:

Mortality due to mental disorders varied by age group. Deaths due to these diseases were the highest for those aged 75 and older, and the rate in this group increased sharply since 2005.

Age-specific rates for the rest of the age groups were stable over the period. The under 20 years age categories were not displayed due to small numbers.

The sex-specific mortality rate due to mental disorders was higher in females than in males. The rate in both groups increased over the 1995 to 2009 time period, but the rate had a greater upward trend for females than males in the recent years.

# MORTALITY: ICD CHAPTER - MENTAL DISORDERS BY SEX AND AGE

CHART 5-35

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 290-319/ICD10 F00-F99

## B. Significance/Use:

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

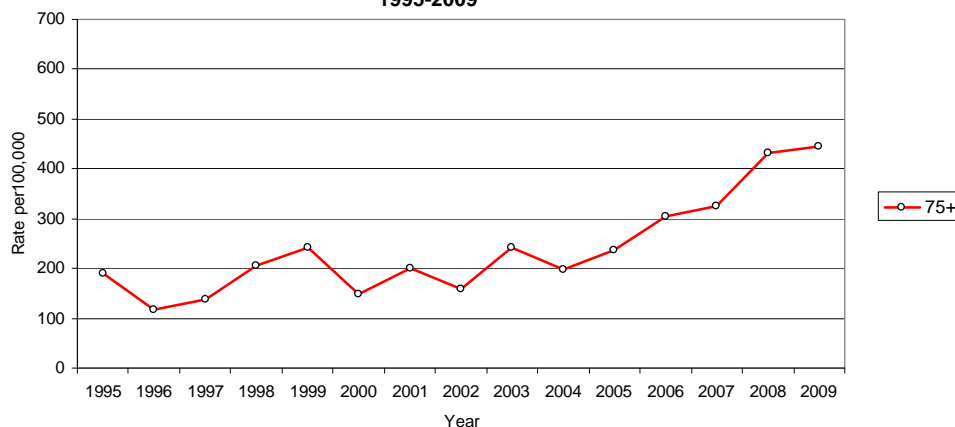
## C. Limitations:

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

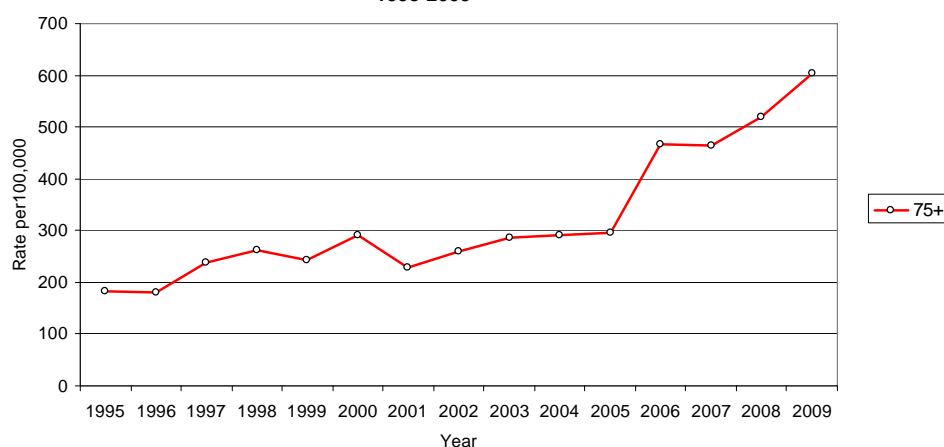
## D. Source:

SK Vital Statistics, death registration.

**Mental Disorders: Age-specific Mortality Rate among Males in Saskatchewan, 1995-2009**



**Mental Disorders: Age-specific Mortality Rate among Females in Saskatchewan, 1995-2009**



## SUMMARY OF FINDINGS:

For males, mortality due to mental disorders was the highest for those aged 75 and older. The age-specific rate of this age group was stable during 1995 to 2004 but increased between 2004 and 2009. The rates for the remaining age groups were not displayed due to small numbers.

For females, between 1995 and 2009, mortality due to mental disorders was the highest in the 75 years and older age group and increased in this age group more than three-fold. The rates for the remaining age groups were not displayed due to small numbers.

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 290-319/ICD10 F00-F99

## B. Significance/Use:

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

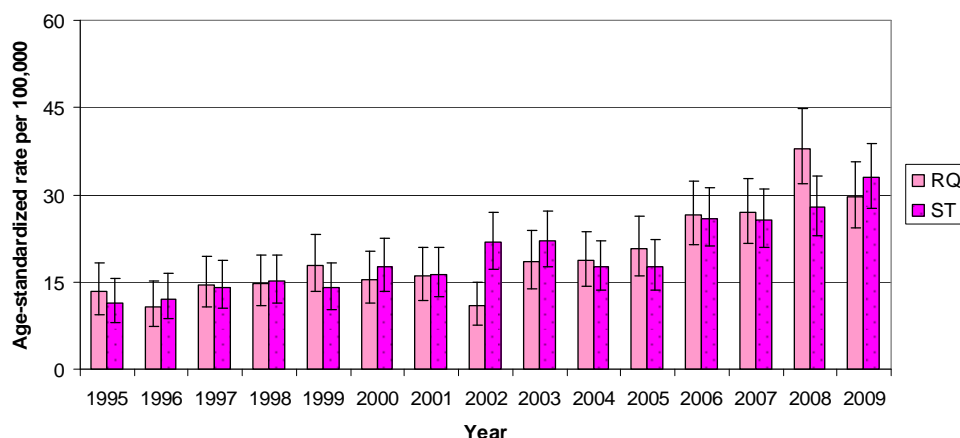
## C. Limitations:

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

## D. Source:

SK Vital Statistics, death registration.

**Mental Disorders: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group A, 1995-2009**



## SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQ) and Saskatoon (ST), health regions' age-standardized mortality rates (ASMR) due to mental disorders have varied between the two health regions with the difference being significant only in 2002. The rate has significantly increased in both regions over the period 1995-2009.

The remaining Peer Groups D1, D2, F and H were not displayed due to small numbers.

# MORTALITY: ICD CHAPTER - DISEASES OF THE NERVOUS SYSTEM & SENSE ORGANS - OVERALL

CHART 5-37

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 320-389/ICD10 G00-H95

## B. Significance/Use:

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

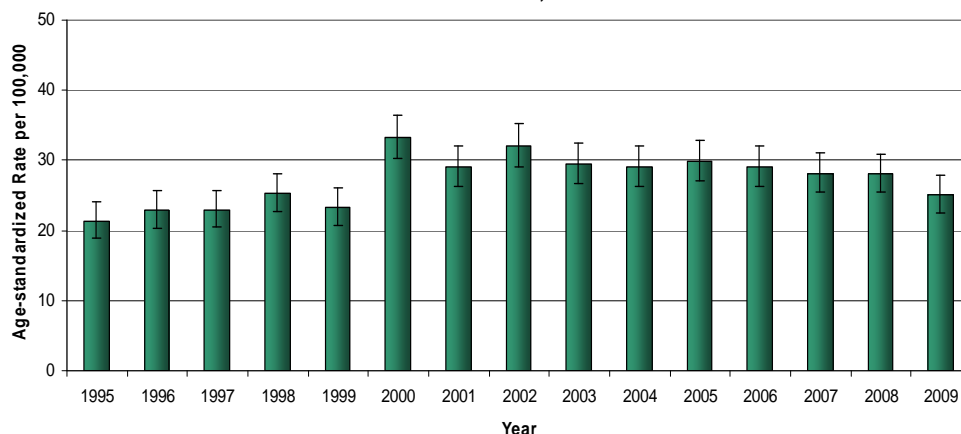
## C. Limitations:

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

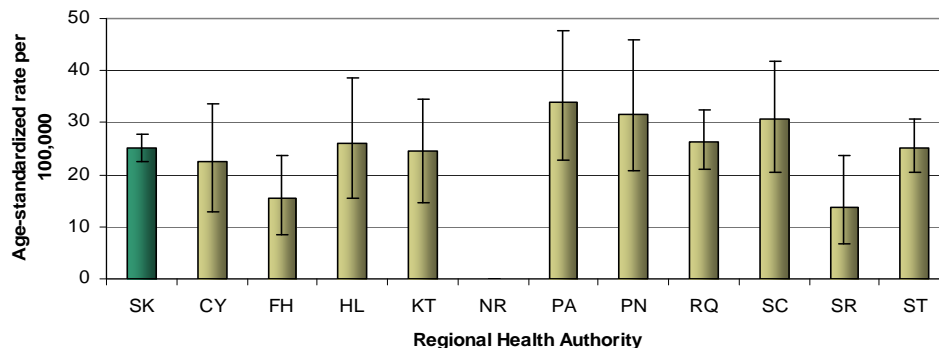
## D. Source:

SK Vital Statistics, death registration.

Diseases of the Nervous System and Sense Organs: Age-Standardized Mortality Rate in Saskatchewan, 1995-2009



Diseases of the Nervous System and Sense Organs: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, 2009



## SUMMARY OF FINDINGS:

The age-standardized mortality rate (ASMR) due to diseases of the nervous system and sense organs in Saskatchewan (SK) varied over the period 1995-2009, specifically, before and after 2000 (perhaps related to an ICD coding change from version 9 to 10). From 2000 onwards, the rate decreased in the recent years.

The 2009 ASMRs varied across the health regions, however, the regional rates did not differ significantly from the provincial average.

Due to small numbers, the rate for the combined three northern regions was not displayed.

# MORTALITY: ICD CHAPTER - DISEASES OF THE NERVOUS SYSTEM & SENSE ORGANS BY AGE AND SEX

CHART 5-38

## A. Definitions:

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

Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 320-389/ICD10 G00-H95

## B. Significance/Use:

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

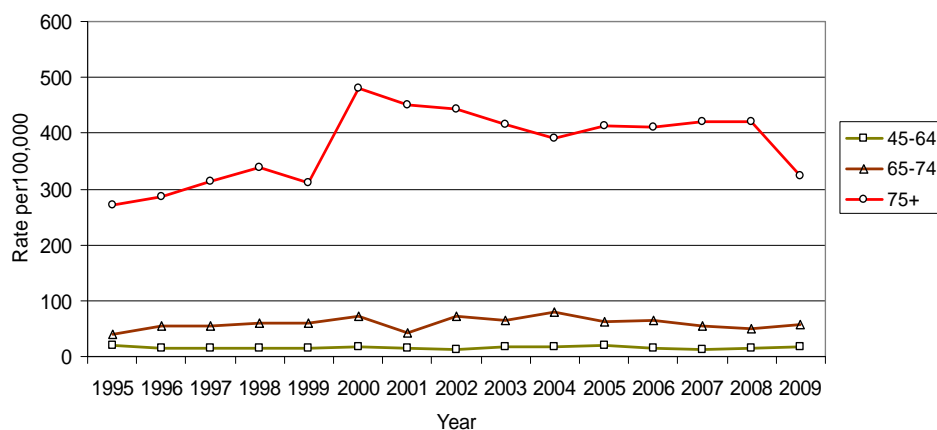
## C. Limitations:

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

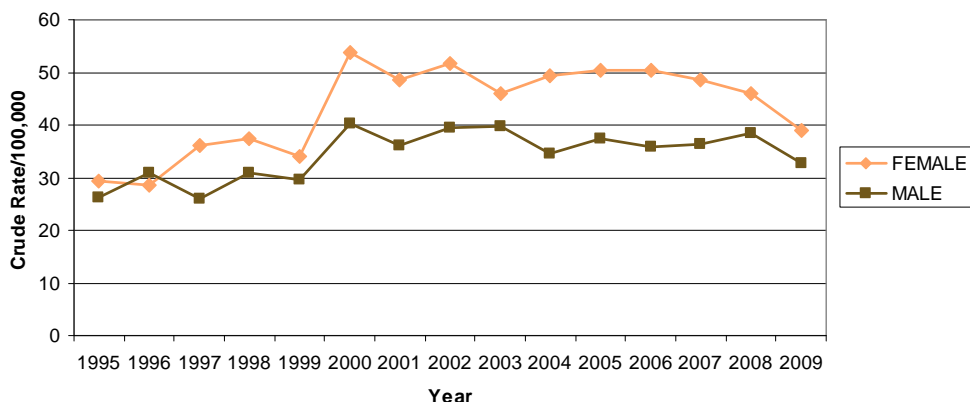
## D. Source:

SK Vital Statistics, death registration.

**Diseases of the Nervous System and Sense Organs: Age-specific Mortality Rate in Saskatchewan, 1995-2009**



**Diseases of the Nervous System and Sense Organs: Crude Mortality Rate in Saskatchewan by Sex, 1995-2009**



## SUMMARY OF FINDINGS:

Mortality due to diseases of the nervous system and sense organs varied by age group. Deaths due to these diseases were the highest in those aged 75 and older. The rate of this group was stable since 2003 after a sudden increase in 2000 (perhaps related to an ICD coding change from version 9 to 10) but dropped in 2009.

Age-specific rates for the remaining age groups were stable over the period. Due to small numbers, rates for the age groups under 45 years were not displayed.

The sex-specific mortality rate was higher in females than in males. The rate in males was stable since 2000; however, the rate in females decreased in since 2005.

# MORTALITY: ICD CHAPTER - DISEASES OF THE NERVOUS SYSTEM & SENSE ORGANS BY SEX AND AGE

CHART 5-39

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 320-389/ICD10 G00-H95

## B. Significance/Use:

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

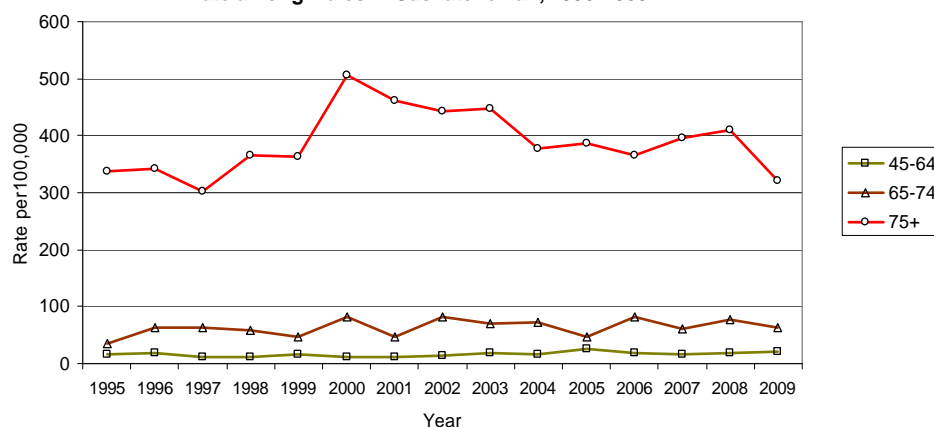
## C. Limitations:

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

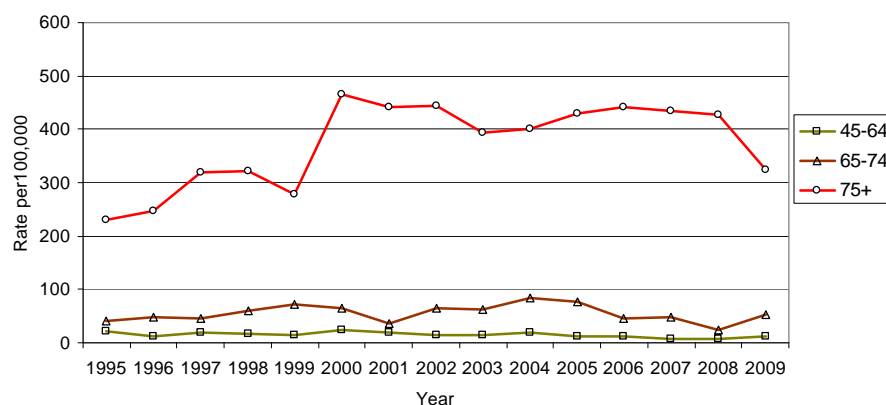
## D. Source:

SK Vital Statistics, death registration.

**Diseases of the Nervous System and Sense Organs: Age-specific Mortality Rate among Males in Saskatchewan, 1995-2009**



**Diseases of the Nervous System and Sense Organs: Age-specific Mortality Rate among Females in Saskatchewan, 1995-2009**



## SUMMARY OF FINDINGS:

For males, mortality due to diseases of the nervous system and sense organs was the highest in those aged 75 and older. The age-specific rate of this age group varied during 1995 to 2009. Overall the rates for the remaining age groups were steady over the time period of 1995 to 2009.

For females, between 1995 and 2009, mortality due to diseases of the nervous system and sense organs was the highest in those aged 75 and older. The rates for the remaining age groups were fairly stable.

Due to small numbers, rates for those less than 45 years were not displayed.

# MORTALITY: ICD CHAPTER - DISEASES OF THE NERVOUS SYSTEM & SENSE ORGANS BY RHA

CHART 5-40

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 320-389/ICD10 G00-H95

## B. Significance/Use:

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

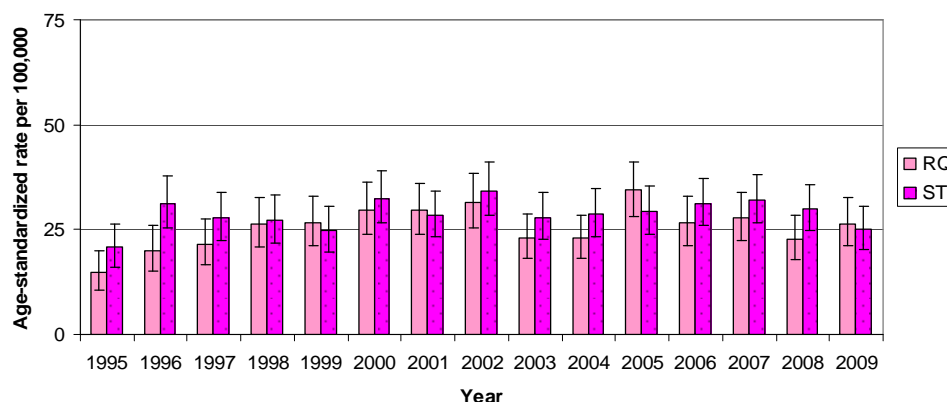
## C. Limitations:

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

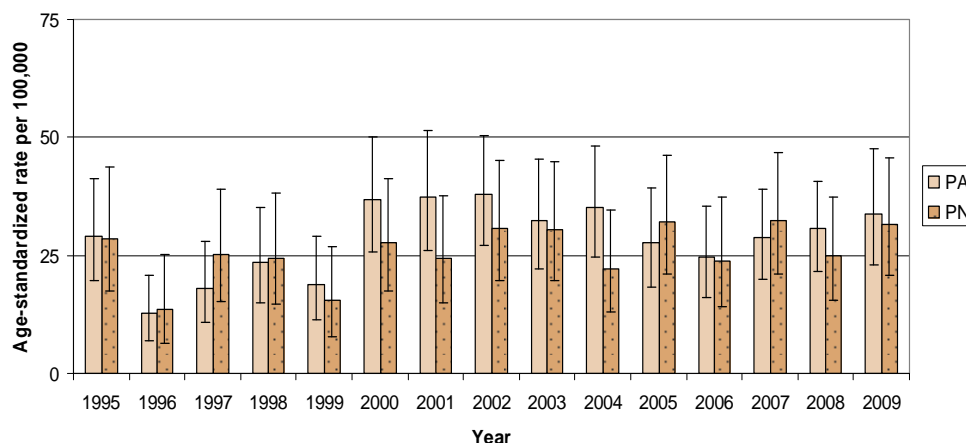
## D. Source:

SK Vital Statistics, death registration.

**Diseases of the Nervous System and Sense Organs: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group A, 1995-2009**



**Diseases of the Nervous System and Sense Organs: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group H, 1995-2009**



## SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQ) and Saskatoon (ST), health regions' age-standardized mortality rates (ASMR) due to diseases of the nervous system and sense organs have varied, but only significantly in RQ, over the period 1995-2009.

Peer Group H, Prairie North (PN) and Prince Albert Parkland (PA), health regions' ASMRs varied over the time period 1995 to 2009. The difference between the two regions was not significant for any of the years nor were the changes over time.

Peer Group F was not displayed due to small numbers.

# MORTALITY: ICD CHAPTER - DISEASES OF THE NERVOUS SYSTEM & SENSE ORGANS BY RHA

CHART 5-41

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 320-289/ICD10 G00-H95

## B. Significance/Use:

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

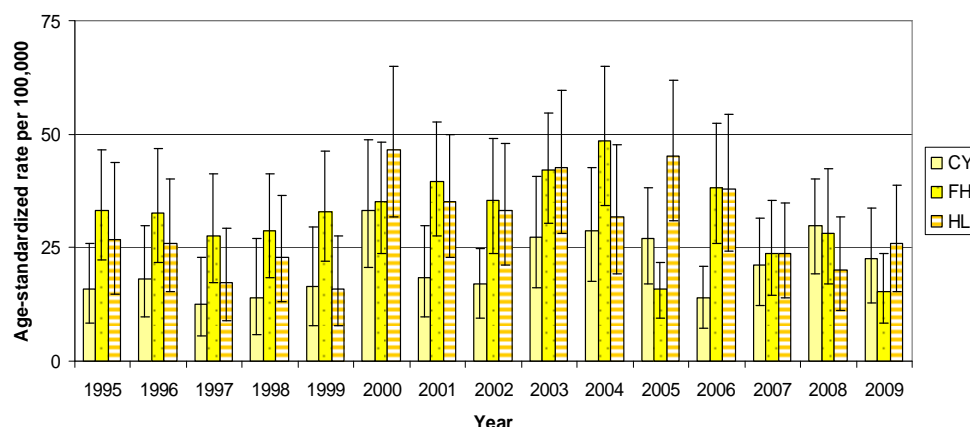
## C. Limitations:

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

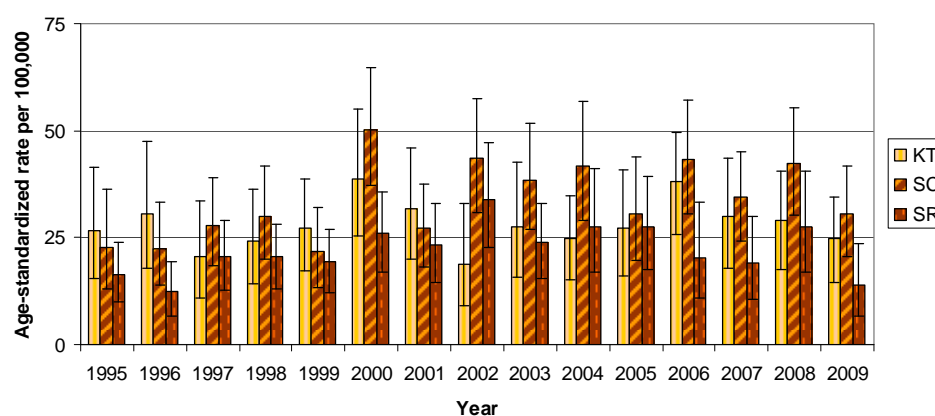
## D. Source:

SK Vital Statistics, death registration.

Diseases of the Nervous System and Sense Organs: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group D1, 1995-2009



Diseases of the Nervous System and Sense Organs: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group D2, 1995-2009



## SUMMARY OF FINDINGS:

Peer Group D1, Cypress (CY), Five Hills (FH) and Heartland (HL), health regions. age-standardized mortality rates (ASMR) due to diseases of the nervous system and sense organs varied over the time period 1995 to 2009. The rate was significantly higher in HL compared to FH in 2005 and compared to CY in 2006 from CY.

Peer Group D2, Kelsey Trail (KT), Sun Country (SC) and Sunrise (SR), health regions' ASMRs varied over the time period 1995 to 2009. The rate was significantly higher in SC than in SR in 2000.

# MORTALITY: ICD CHAPTER - DISEASES OF THE CIRCULATORY SYSTEM - OVERALL

CHART 5-42

## A. Definitions:

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

Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 390-459/ICD10 I00-I99

## B. Significance/Use:

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

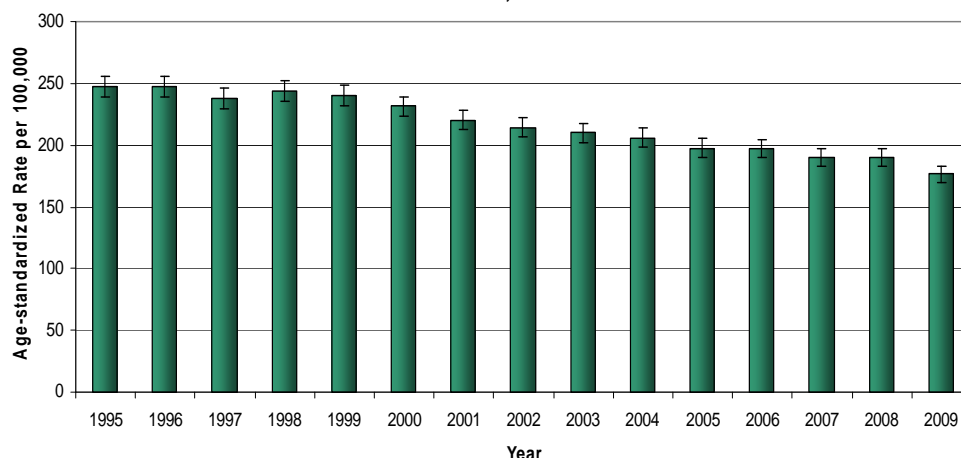
## C. Limitations:

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

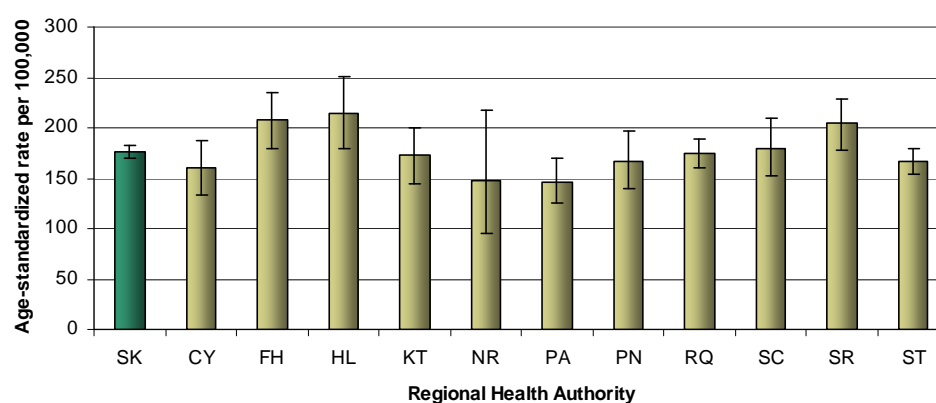
## D. Source:

SK Vital Statistics, death registration.

Diseases of the Circulatory System: Age-Standardized Mortality Rate in Saskatchewan, 1995-2009



Diseases of the Circulatory System: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, 2009



## SUMMARY OF FINDINGS:

The age-standardized mortality rate (ASMR) due to diseases of the circulatory system in Saskatchewan (SK) decreased significantly over the period 1995-2009.

The 2009 ASMRs varied across the health regions, however, the regional rates did not differ significantly from the provincial average.

The three northern regions (NR) were combined due to small numbers.

# MORTALITY: ICD CHAPTER - DISEASES OF THE CIRCULATORY SYSTEM BY AGE AND SEX

CHART 5-43

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 390-459/ICD10 I00-I99

## B. Significance/Use:

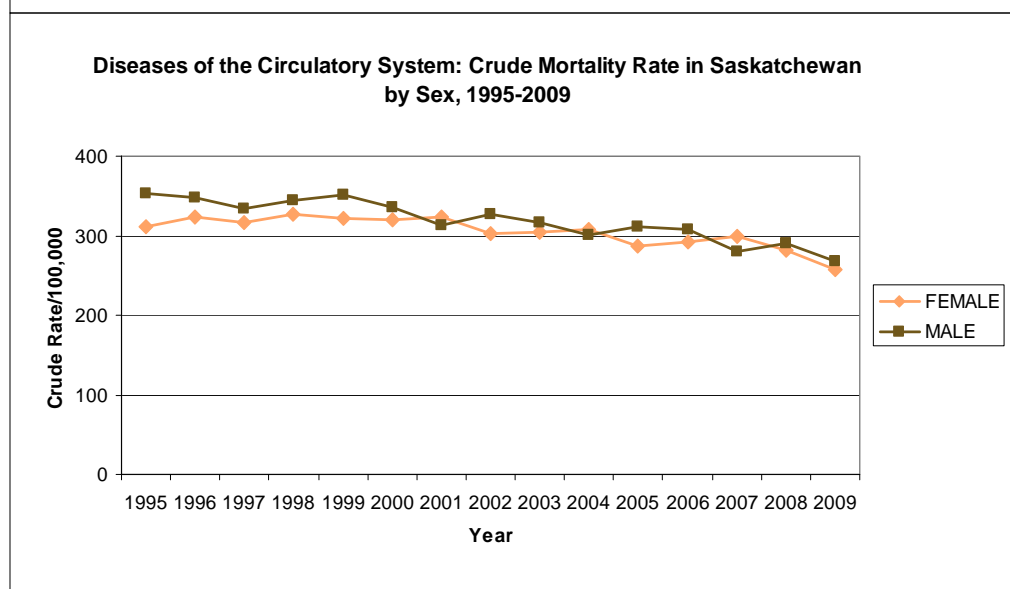
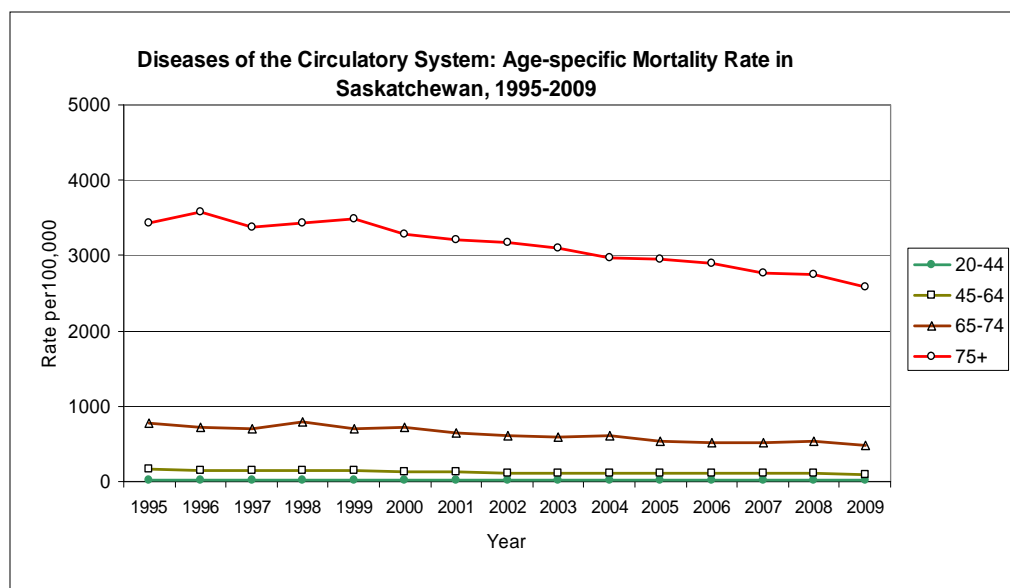
Mortality reflects the upper limit of the disease severity continuum. Mortality data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

## C. Limitations:

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

## D. Source:

SK Vital Statistics, death registration.



## SUMMARY OF FINDINGS:

Mortality due to diseases of the circulatory system varied by age group. Age-specific rates for all age groups decreased over the time period. Rates for those under 20 years were not displayed due to small numbers.

Deaths due to these diseases were highest in those aged 75 and older. The rate in this group was about five times higher than that in the next highest group, those aged between 65 and 74 years.

The sex-specific mortality rates due to diseases of the circulatory system were similar for females and males. The rates decreased for both sexes over the time period.

# MORTALITY: ICD CHAPTER - DISEASES OF THE CIRCULATORY SYSTEM BY SEX AND AGE

CHART 5-44

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 390-459/ICD10 I00-I99

## B. Significance/Use:

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

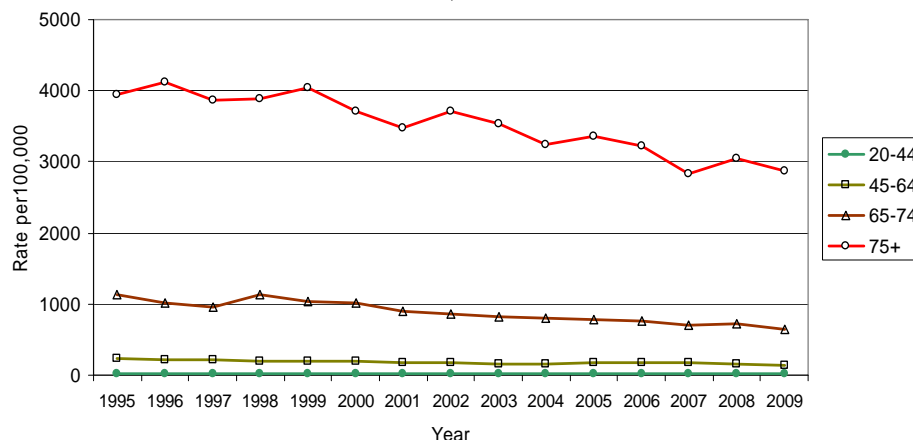
## C. Limitations:

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

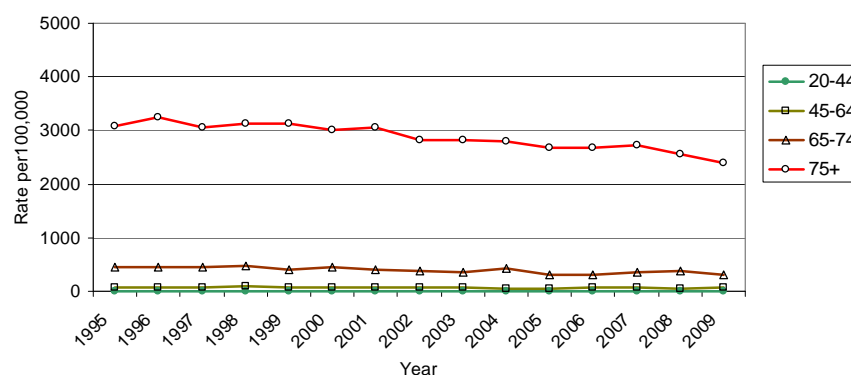
## D. Source:

SK Vital Statistics, death registration.

**Diseases of the Circulatory System: Age-specific Mortality Rate among Males in Saskatchewan, 1995-2009**



**Diseases of the Circulatory System: Age-specific Mortality Rate among Females in Saskatchewan, 1995-2009**



## SUMMARY OF FINDINGS:

For males, mortality due to diseases of the circulatory system was the highest for those aged 75 and older. The age-specific rate of this group and the 65 to 74 year age group decreased during 1995 to 2009.

For females, between 1995 and 2009, mortality due to diseases of the circulatory system was the highest in those aged 75 years and older. The rate in this age group decreased gradually during the time period.

Rates for age groups under 20 years for both sexes were not displayed due to small numbers.

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 390-459/ICD10 I00-I99

## B. Significance/Use:

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

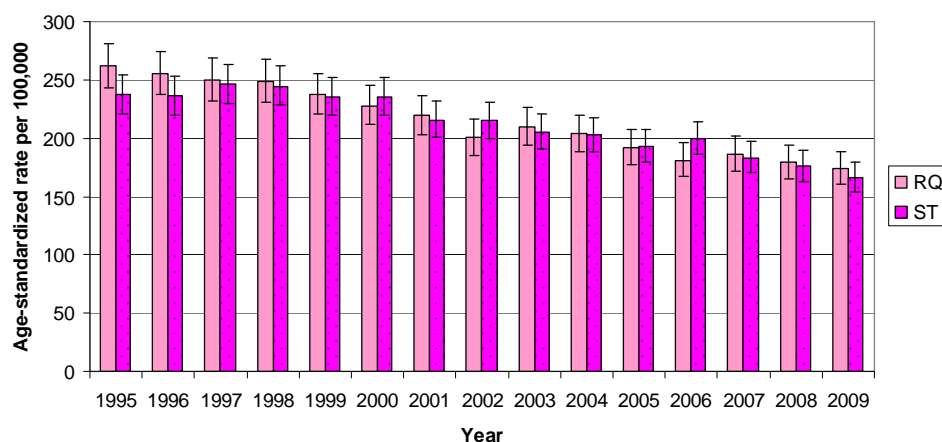
## C. Limitations:

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

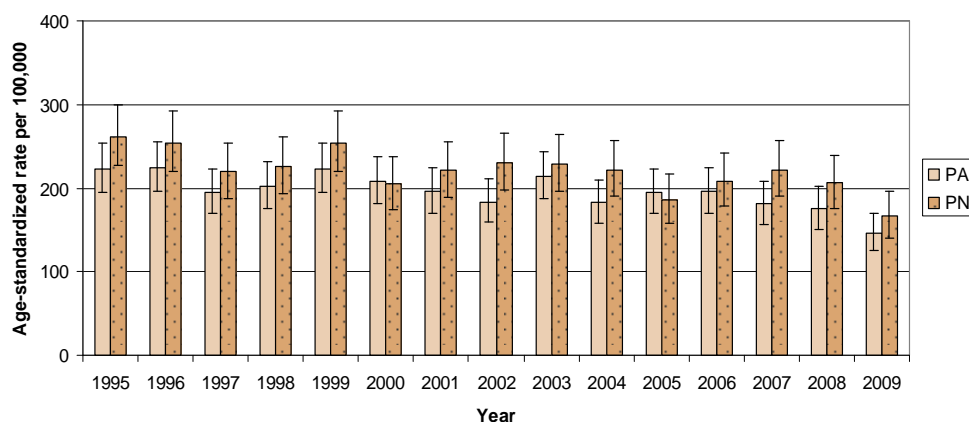
## D. Source:

SK Vital Statistics, death registration.

**Diseases of the Circulatory System: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group A, 1995-2009**



**Diseases of the Circulatory System: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group H, 1995-2009**



## SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQ) and Saskatoon (ST), health regions' age-standardized mortality rates (ASMR) due to diseases of the circulatory system decreased gradually and significantly over the time period 1995-2009 for both health regions. No significant differences were seen between the health regions for any of the years.

Peer Group H, Prairie North (PN) and Prince Albert Parkland (PA), health regions' ASMRs decreased significantly over the time period 1995 to 2009. No significant differences were seen between the health regions for any of the years.

Peer Group F was not displayed due to small numbers.

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 390-459/ICD10 I00-I99

## B. Significance/Use:

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

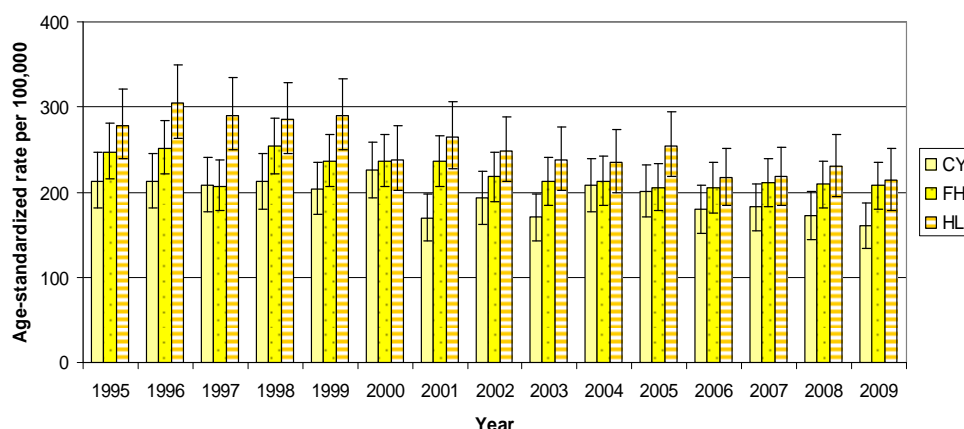
## C. Limitations:

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

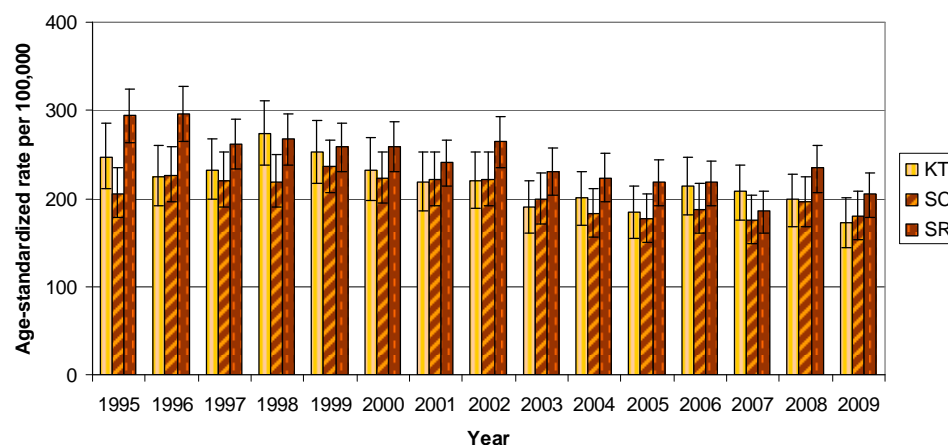
## D. Source:

SK Vital Statistics, death registration.

**Diseases of the Circulatory System: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group D1, 1995-2009**



**Diseases of the Circulatory System: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group D2, 1995-2009**



## SUMMARY OF FINDINGS:

Peer Group D1, Cypress (CY), Five Hills (FH) and Heartland (HL), health regions' age-standardized mortality rates (ASMR) due to diseases of the circulatory system varied over the time period 1995 to 2009. For most years, the rates in the three regions were not significantly different.

Peer Group D2, Kelsey Trail (KT), Sun Country (SC) and Sunrise (SR), health regions' ASMRs varied over the time period 1995 to 2009. Overall, the rate had decreased over the time period for all three regions (significantly for KT and SR). The rate was significantly higher in SR than SC in 1995 and KT and SC in 1996.

# MORTALITY: ICD CHAPTER - DISEASES OF THE RESPIRATORY SYSTEM - OVERALL

CHART 5-47

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 460-519/ICD10 J00-J99

## B. Significance/Use:

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

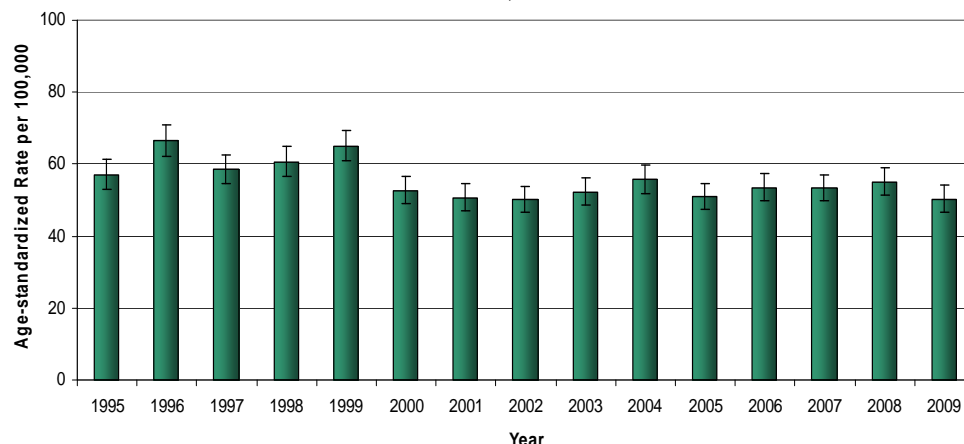
## C. Limitations:

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

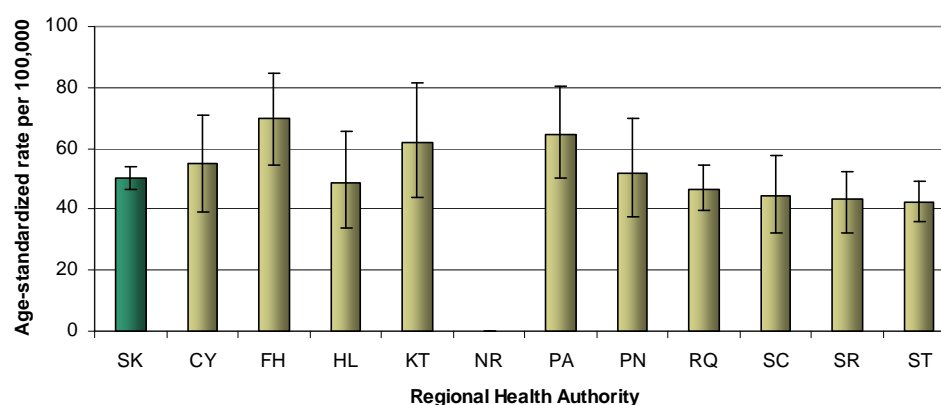
## D. Source:

SK Vital Statistics, death registration.

Diseases of the Respiratory System: Age-Standardized Mortality Rate in Saskatchewan, 1995-2009



Diseases of the Respiratory System: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, 2009



## SUMMARY OF FINDINGS:

The age-standardized mortality rate (ASMR) due to diseases of the respiratory system in Saskatchewan (SK) decreased significantly from 1999 to 2000, perhaps related to a change in the ICD coding system, and have remained relatively stable since that time.

The 2009 ASMRs varied across the health regions, however, the regional rates did not differ significantly from the provincial average with the exception of the Five Hills (FH) health region.

The combined three northern regions (NR) rate was not displayed due to small numbers.

# MORTALITY: ICD CHAPTER - DISEASES OF THE RESPIRATORY SYSTEM BY AGE AND SEX

CHART 5-48

## A. Definitions:

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

Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 460-519/ICD10 J00-J99

## B. Significance/Use:

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

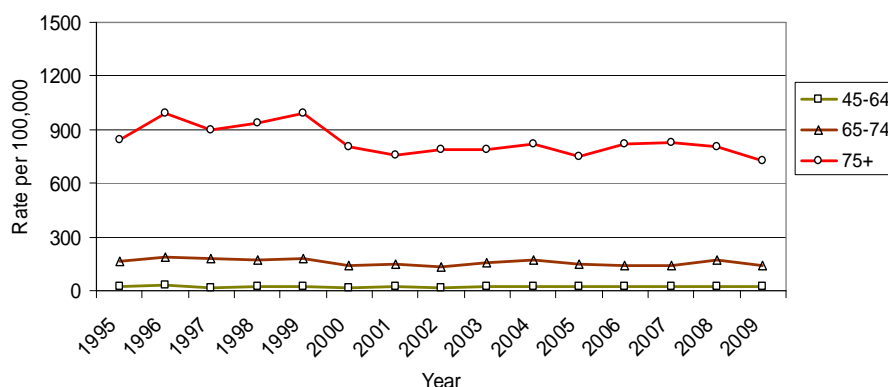
## C. Limitations:

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

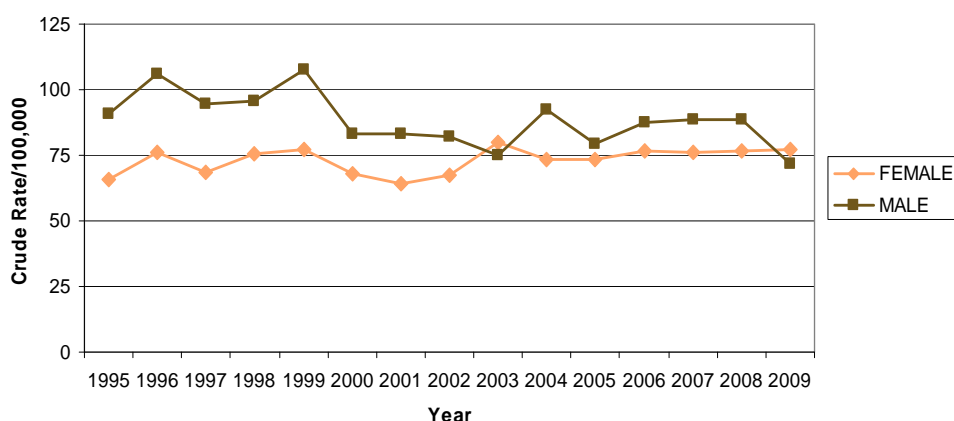
## D. Source:

SK Vital Statistics, death registration.

Diseases of the Respiratory System: Age-specific Mortality Rate in Saskatchewan, 1995-2009



Diseases of the Respiratory System: Crude Mortality Rate in Saskatchewan by Sex, 1995-2009



## SUMMARY OF FINDINGS:

Mortality due to diseases of the respiratory system varied by age group. Death rates due to these diseases were the highest in those aged 75 and older. The rate of this group was about two and a half times higher than that in the next highest group, those aged between 65 and 74 years.

Age-specific rates for all age groups remained relatively stable over the time period. Rates for those aged under 45 years were not displayed due to small numbers.

The sex-specific mortality rate due to diseases of the respiratory system was higher in males compared to females for all years from 1995 to 2009 with the exception of 2003 and 2009. The rate decreased over the years for males and remained relatively stable over the years for females.

# MORTALITY: ICD CHAPTER - DISEASES OF THE RESPIRATORY SYSTEM BY SEX AND AGE

CHART 5-49

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 460-519/ICD10 J00-J99

## B. Significance/Use:

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

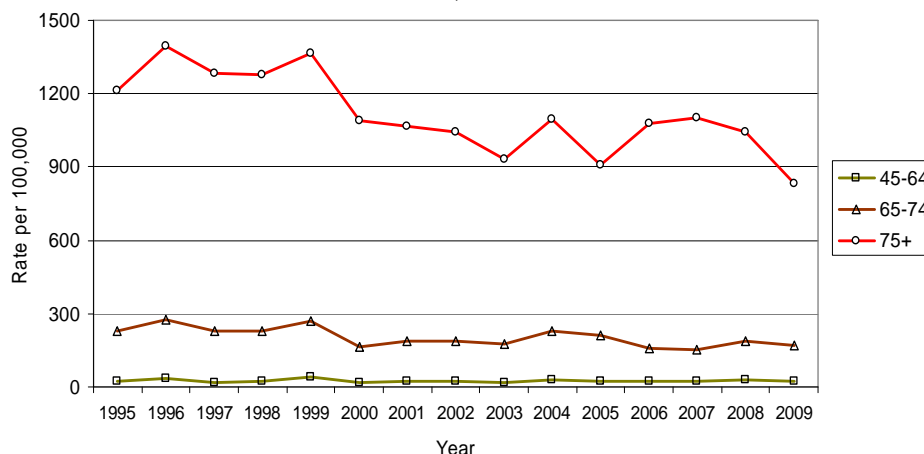
## C. Limitations:

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

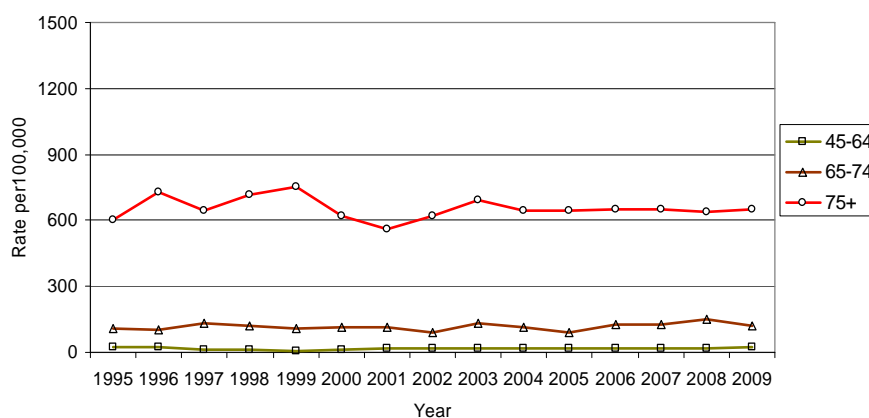
## D. Source:

SK Vital Statistics, death registration.

**Diseases of the Respiratory System: Age-specific Mortality Rate among Males in Saskatchewan, 1995-2009**



**Diseases of the Respiratory System: Age-specific Mortality Rate among Females in Saskatchewan, 1995-2009**



## SUMMARY OF FINDINGS:

For males, mortality due to diseases of the respiratory system was the highest in those aged 75 years and older. The age-specific rate of this group decreased during 1995 to 2009.

For females, between 1995 and 2009, mortality due to diseases of the circulatory system was the highest in those aged 75 years and older.

Rates for age groups under 45 years for both sexes were not displayed due to small numbers.

# MORTALITY: ICD CHAPTER - DISEASES OF THE RESPIRATORY SYSTEM BY RHA

CHART 5-50

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 460-519/ICD10 J00-J99

## B. Significance/Use:

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

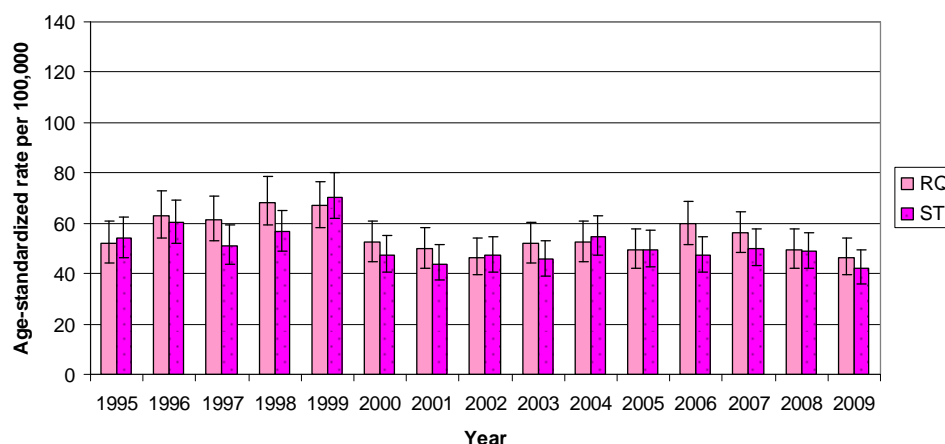
## C. Limitations:

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

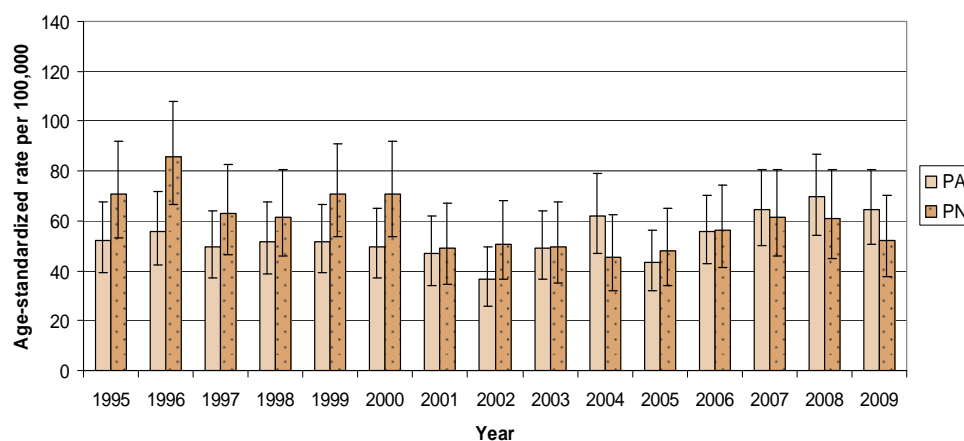
## D. Source:

SK Vital Statistics, death registration.

Diseases of the Respiratory System: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group A, 1995-2009



Diseases of the Respiratory System: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group H, 1995-2009



## SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQ) and Saskatoon (ST), health regions' age-standardized mortality rates (ASMR) due to diseases of the respiratory system increased between 1995 and 1999, after which the rates have remained relatively stable from 2000 to 2009 for both health regions. No significant differences were seen between the health regions for any of the years.

Peer Group H, Prairie North (PN) and Prince Albert Parkland (PA), health regions' ASMRs varied over the time period 1995 to 2009. No significant differences were seen between the health regions for any of the years.

Peer Group F was not displayed due to small numbers.

### A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 460-519/ICD10 J00-J99

### B. Significance/Use:

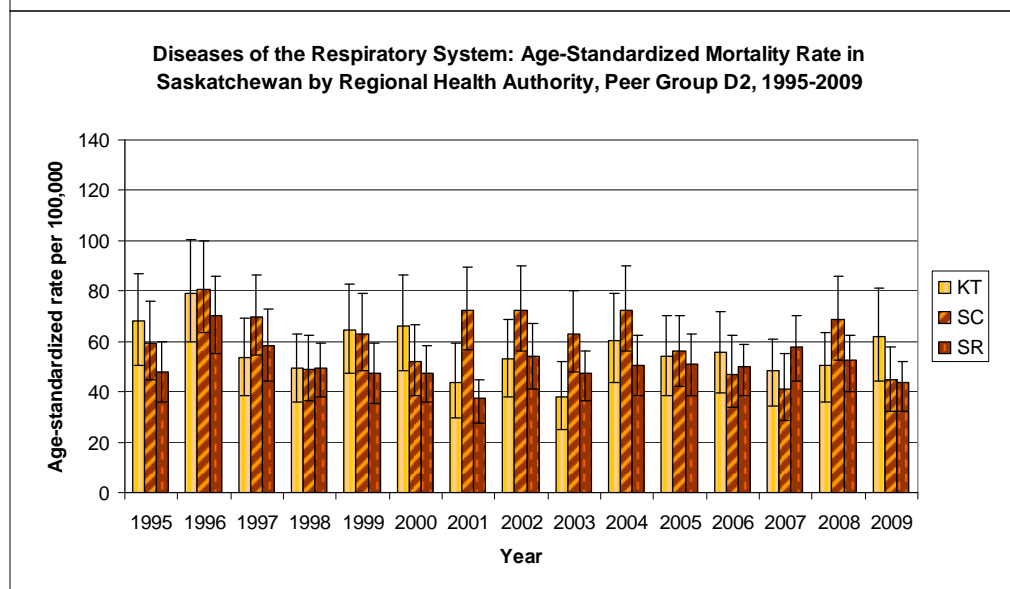
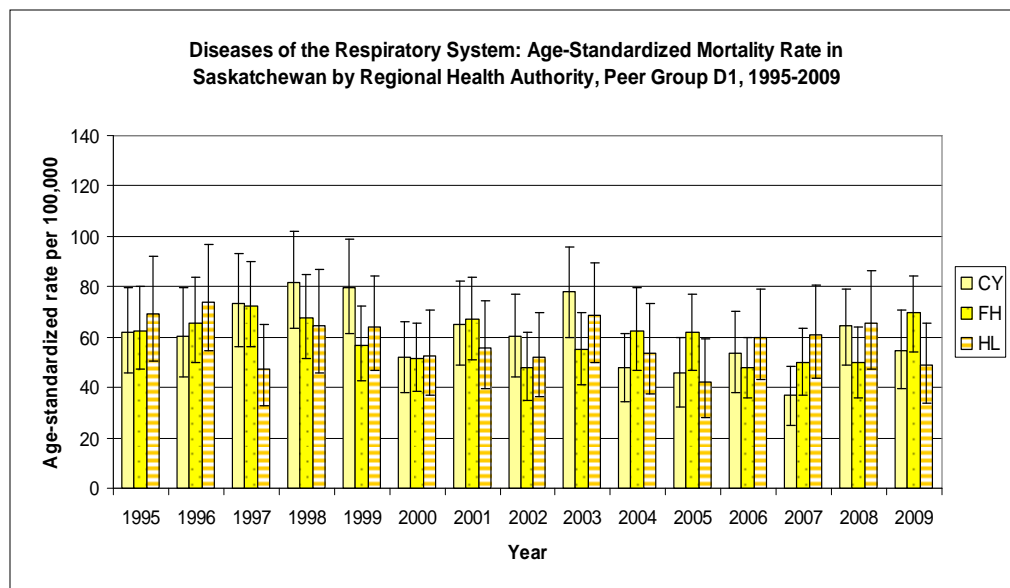
Mortality reflects the upper limit of the disease severity continuum. Mortality data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

### C. Limitations:

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

### D. Source:

SK Vital Statistics, death registration.



### SUMMARY OF FINDINGS:

Peer Group D1, Cypress (CY), Five Hills (FH) and Heartland (HL), health regions' age-standardized mortality rates (ASMR) due to diseases of the respiratory system varied over the time period 1995 to 2009. None of the health regions were significantly different from each other in each of the years.

Peer Group D2, Kelsey Trail (KT), Sun Country (SC) and Sunrise (SR), health regions' ASMRs varied over the time period 1995 to 2009. In 2001 the rates were significantly different between SC and SR.

### A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 520-579/ICD10 K00-K93

### B. Significance/Use:

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

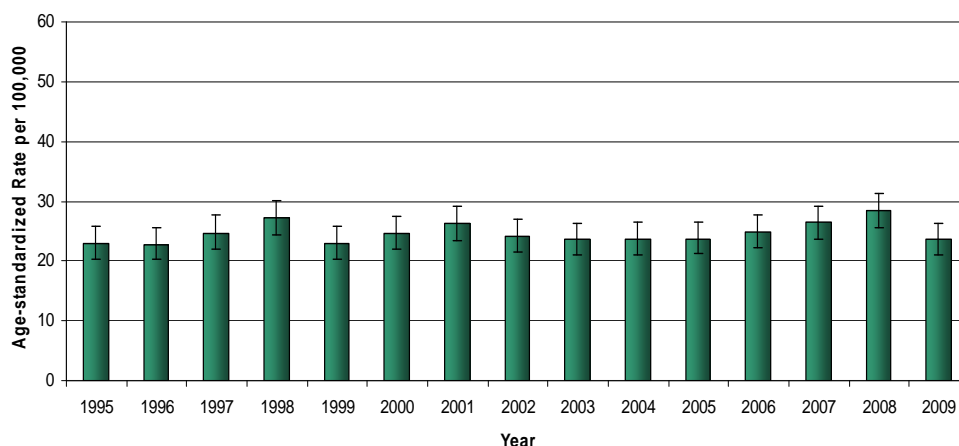
### C. Limitations:

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

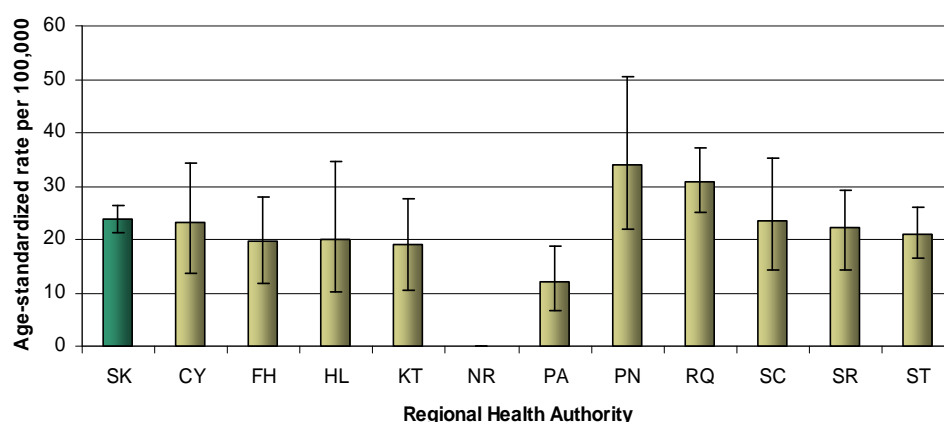
### D. Source:

SK Vital Statistics, death registration.

Diseases of the Digestive System: Age-Standardized Mortality Rate in Saskatchewan, 1995-2009



Diseases of the Digestive System: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, 2009



### SUMMARY OF FINDINGS:

The age-standardized mortality rate (ASMR) due to diseases of the digestive system in Saskatchewan (SK) varied but did not change significantly over the 1995 to 2009 time period.

The 2009 ASMRs varied across the health regions, however, the regional rates did not differ significantly from the provincial average with the exception of the Prince Albert Parkland (PA) health region.

The combined three northern regions (NR) were not displayed due to small numbers.

# MORTALITY: ICD CHAPTER - DISEASES OF THE DIGESTIVE SYSTEM BY AGE AND SEX

CHART 5-53

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 520-579/ICD10 K00-K93

## B. Significance/Use:

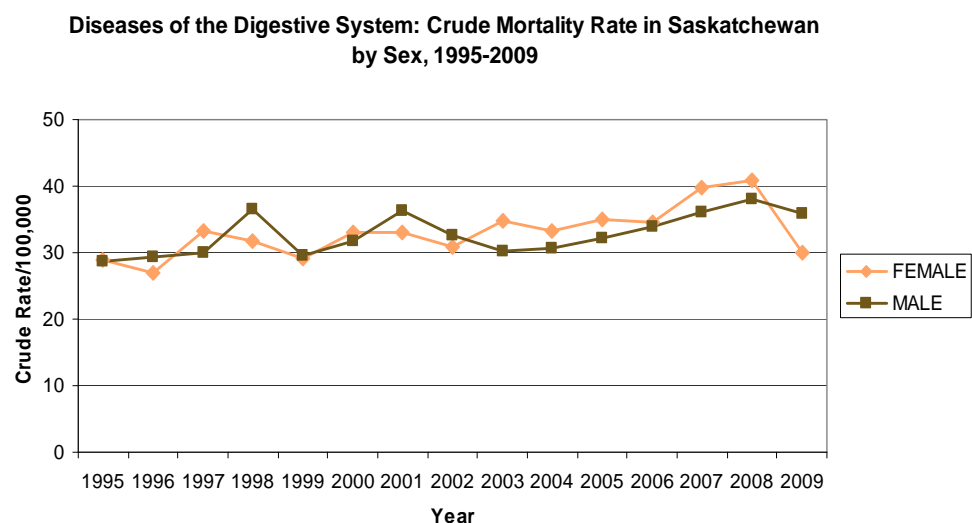
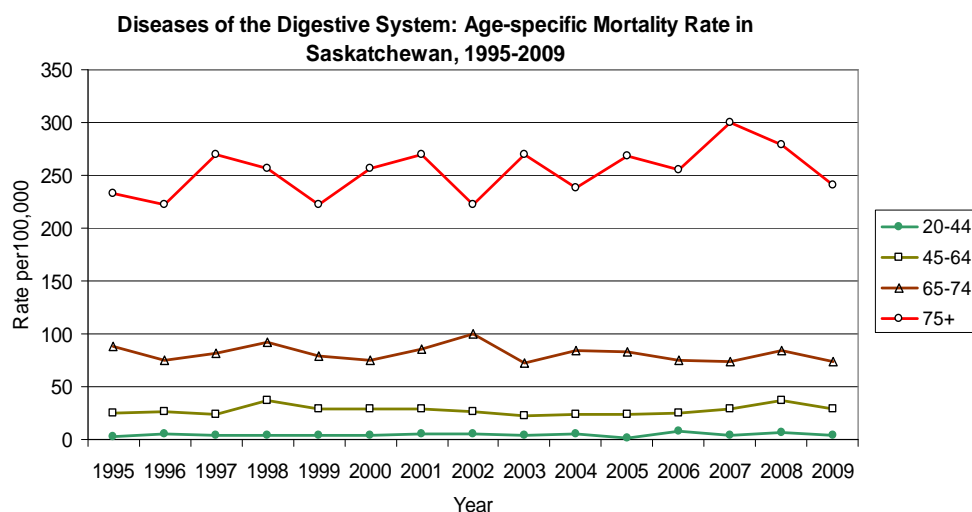
Mortality reflects the upper limit of the disease severity continuum. Mortality data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

## C. Limitations:

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

## D. Source:

SK Vital Statistics, death registration.



## SUMMARY OF FINDINGS:

Mortality due to diseases of the digestive system varied by age group. Deaths due to these diseases were the highest for those aged 75 and older. The rate for this group was about three times higher than that in the next highest group, those aged between 65 and 74 years.

Age-specific rates for all age groups remained relatively stable over the time period.

Sex-specific mortality rates due to diseases of the digestive system were similar in both sexes with a slight increase over the 1995 to 2009 time period. Females exhibited a considerable drop in the rate in 2009.

# MORTALITY: ICD CHAPTER - DISEASES OF THE DIGESTIVE SYSTEM BY SEX AND AGE

CHART 5-54

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 520-579/ICD10 K00-K93

## B. Significance/Use:

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

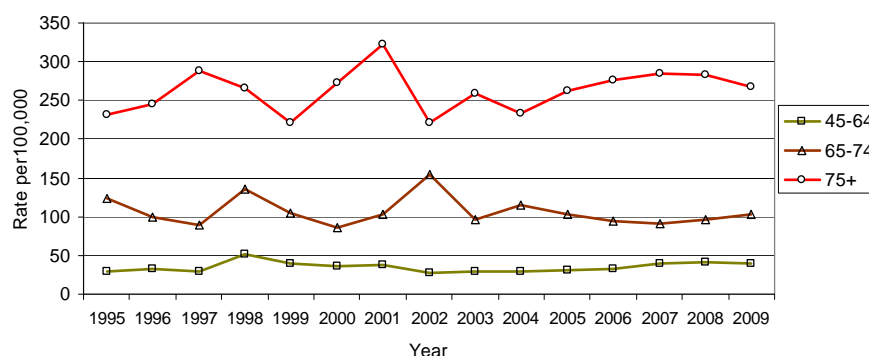
## C. Limitations:

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

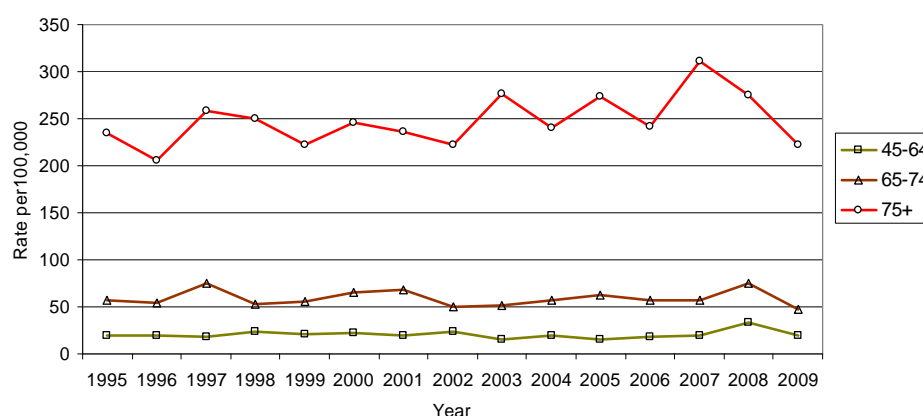
## D. Source:

SK Vital Statistics, death registration.

**Diseases of the Digestive System: Age-specific Mortality Rate among Males in Saskatchewan, 1995-2009**



**Diseases of the Digestive System: Age-specific Mortality Rate among Females in Saskatchewan, 1995-2009**



## SUMMARY OF FINDINGS:

For males, mortality due to diseases of the digestive system was the highest for those aged 75 and older. The age-specific rate of this age group fluctuated during 1995 to 2009.

For females, between 1995 and 2009, mortality due to diseases of the digestive system was the highest in those aged 75 years and over. The rate in this age group fluctuated over the time period.

Rates for age groups under 45 years for both sexes were not displayed due to small numbers.

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 520-579/ICD10 K00-K93

## B. Significance/Use:

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

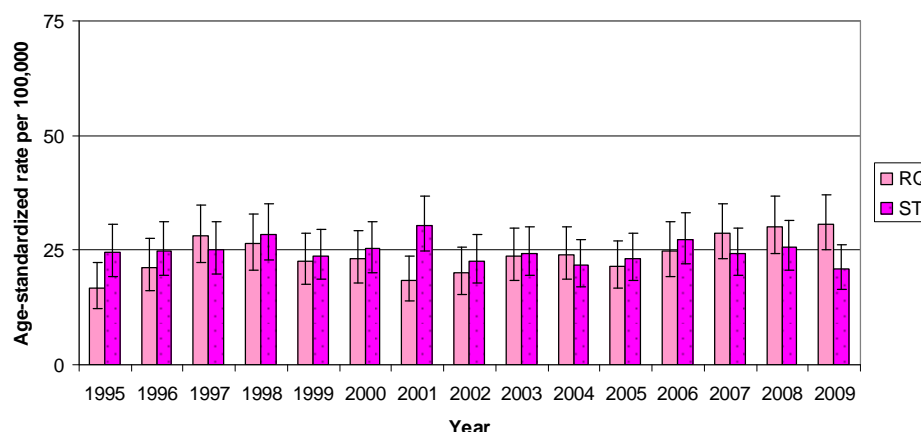
## C. Limitations:

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

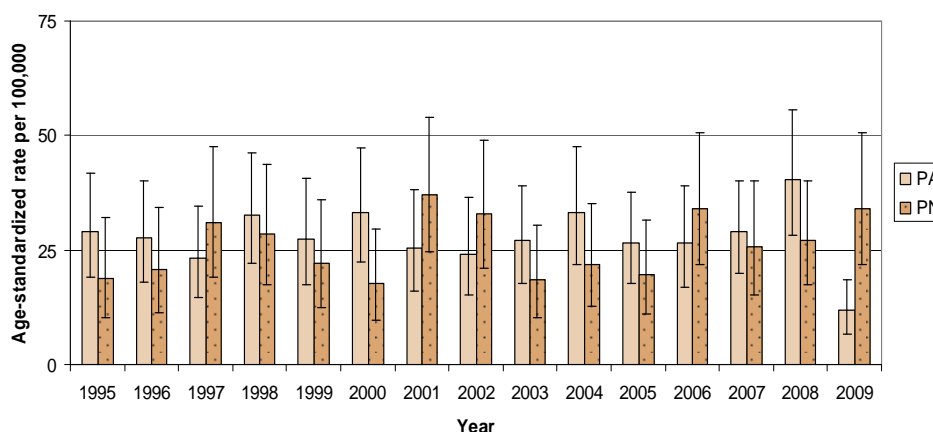
## D. Source:

SK Vital Statistics, death registration.

**Diseases of the Digestive System: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group A, 1995-2009**



**Diseases of the Digestive System: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group H, 1995-2009**



## SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQ) and Saskatoon (ST), health regions age-standardized mortality rates (ASMR) due to diseases of the digestive system varied over the 1995 to 2009 time period. No significant differences were seen between the health regions for any of the years with the exception of 2001; however, RQ's rates significantly increased over the time period.

Peer Group H, Prairie North (PN) and Prince Albert Parkland (PA), health regions' ASMRs varied from 1995 to 2009. No significant differences were seen between the health regions for any of the years with the exception of 2009.

Peer Group F was not displayed due to small numbers.

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 520-579/ICD10 K00-K93

## B. Significance/Use:

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

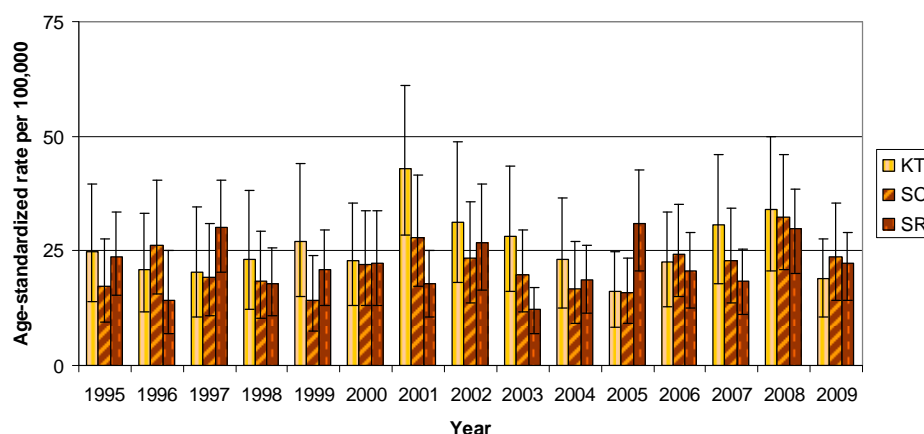
## C. Limitations:

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

## D. Source:

SK Vital Statistics, death registration.

**Diseases of the Digestive System: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group D2, 1995-2009**



## SUMMARY OF FINDINGS:

Peer Group D1, Cypress (CY), Five Hills (FH) and Heartland (HL), was not displayed due to small numbers.

Peer Group D2, Kelsey Trail (KT), Sun Country (SC) and Sunrise (SR), health regions' ASMRs varied over the time period 1995 to 2009. In 2001 the rates were significantly different between KT and SR. In some years less than 20 cases were observed.

# MORTALITY: ICD CHAPTER - DISEASES OF THE GENITOURINARY SYSTEM - OVERALL

CHART 5-57

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 580-629/ICD10 N00-N99

## B. Significance/Use:

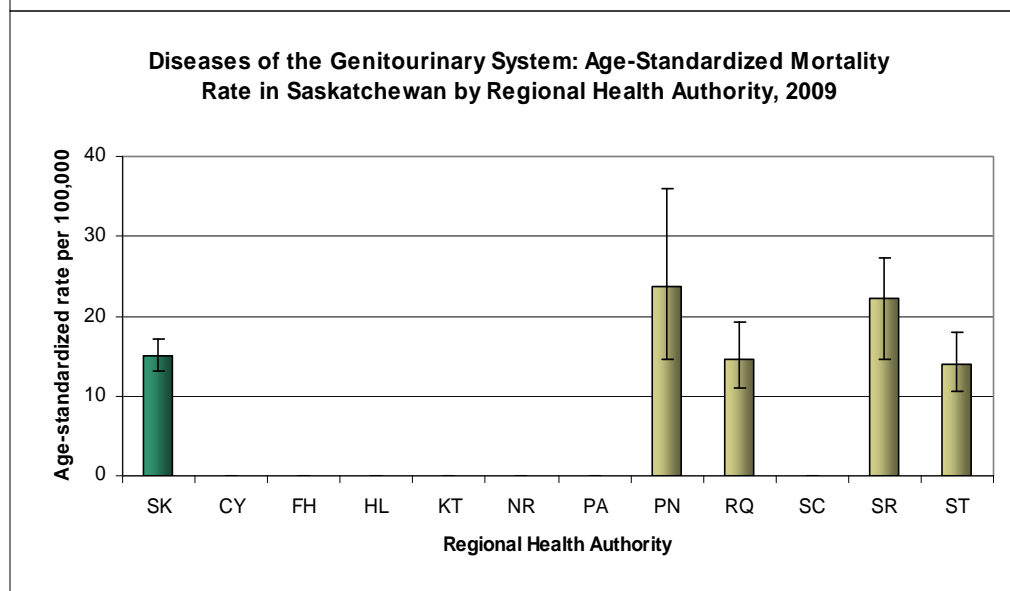
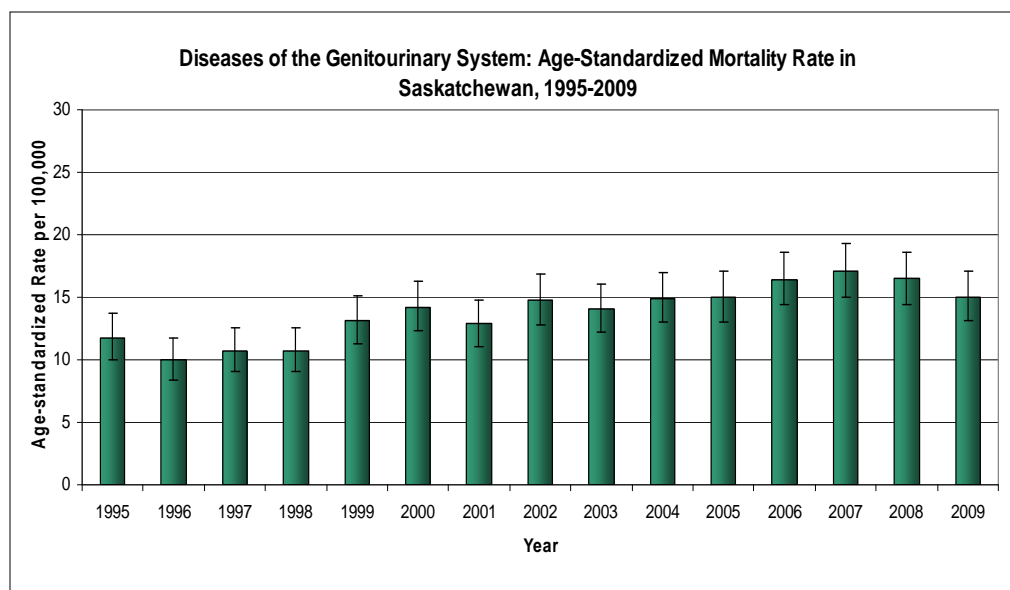
Mortality reflects the upper limit of the disease severity continuum. Mortality data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

## C. Limitations:

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

## D. Source:

SK Vital Statistics, death registration.



## SUMMARY OF FINDINGS:

The age-standardized mortality rates (ASMR) due to diseases of the genitourinary system in Saskatchewan (SK) increased over the 1996 to 2009 time period.

The 2009 ASMRs varied among the four health regions that had over 20 events, however, the regional rates did not differ significantly from the provincial average.

Cypress (CY), Five Hills (FH), Heartland (HL), Kelsey Trail (KT) the combined three northern regions (NR), Prince Albert Parkland (PA) and Sun Country (SC) were not displayed due to small numbers.

# MORTALITY: ICD CHAPTER - DISEASES OF THE GENITOURINARY SYSTEM BY AGE AND SEX

CHART 5-58

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 580-629/ICD10 N00-N99

## B. Significance/Use:

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

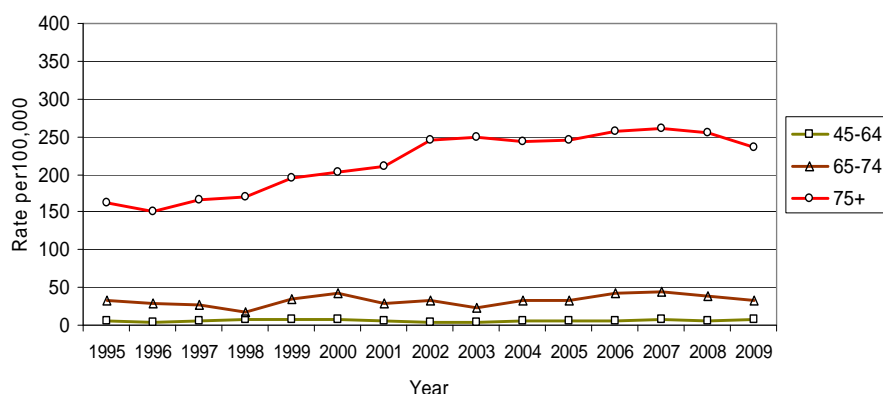
## C. Limitations:

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

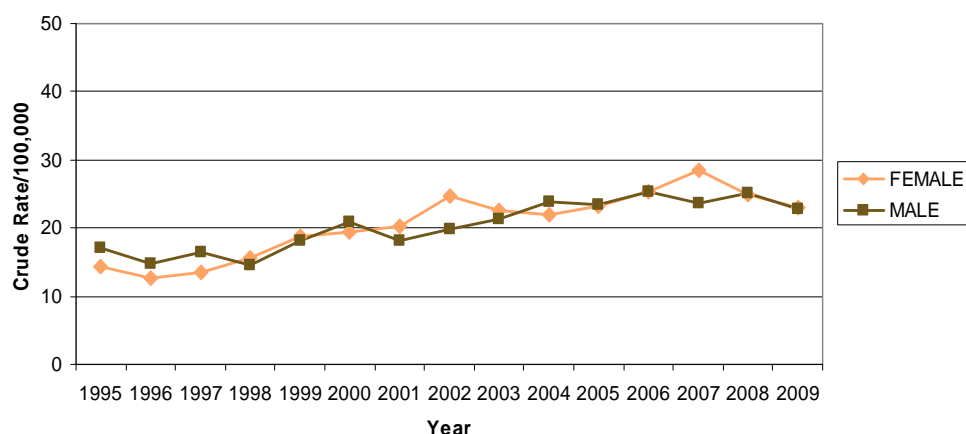
## D. Source:

SK Vital Statistics, death registration.

Diseases of the Genitourinary System: Age-specific Mortality Rate in Saskatchewan, 1995-2009



Diseases of the Genitourinary System: Crude Mortality Rate in Saskatchewan by Sex, 1995-2009



## SUMMARY OF FINDINGS:

Mortality due to diseases of the genitourinary system varied by age group. Deaths due to these diseases were the highest for those aged 75 and older. The rate of this group was about seven times higher than that in the next highest group, those aged between 65 and 74 years.

Age-specific rates for all age groups remained relatively stable over the time period with the exception of the over 75 years group which had an increase in the rates from 1995 to 2002.

Sex-specific mortality rates due to diseases of the genitourinary system were similar in both sexes with a slight increase over the 1995 to 2009 time period.

# MORTALITY: ICD CHAPTER - DISEASES OF THE GENITOURINARY SYSTEM BY SEX AND AGE

CHART 5-59

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 580-629/ICD10 N00-N99

## B. Significance/Use:

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

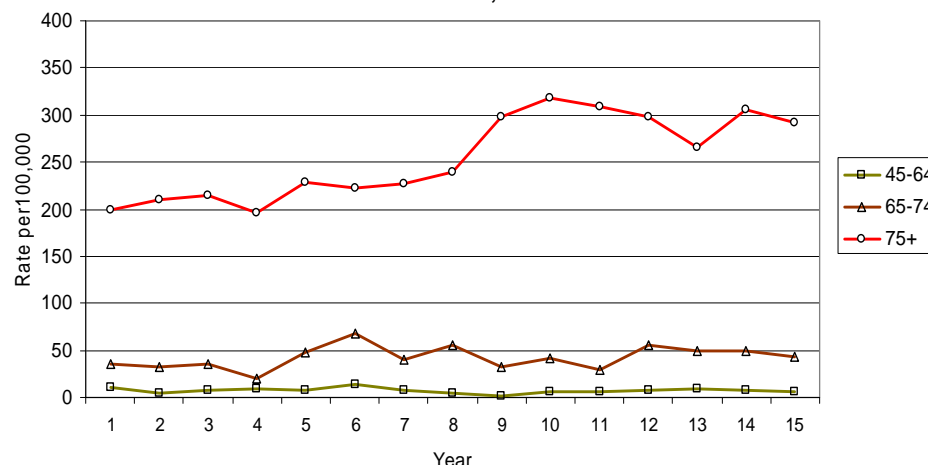
## C. Limitations:

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

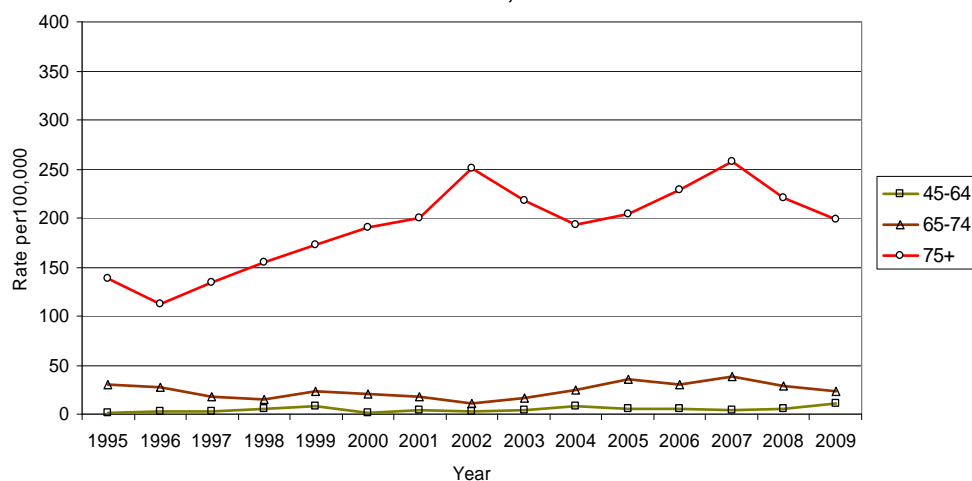
## D. Source:

SK Vital Statistics, death registration.

**Diseases of the Genitourinary System: Age-specific Mortality Rate among Males in Saskatchewan, 1995-2009**



**Diseases of the Genitourinary System: Age-specific Mortality Rate among Females in Saskatchewan, 1995-2009**



## SUMMARY OF FINDINGS:

For males, mortality due to diseases of the genitourinary system was the highest for those aged 75 and older. The age-specific rate of this group fluctuated and increased during 1995 to 2009.

For females, between 1995 and 2009, mortality due to diseases of the genitourinary system was the highest in those aged 75 years and over. The rate in this group increased over the time period.

Rates for age groups under 45 years for both sexes were not displayed due to small numbers.

### A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 580-629/ICD10 N00-N99

### B. Significance/Use:

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

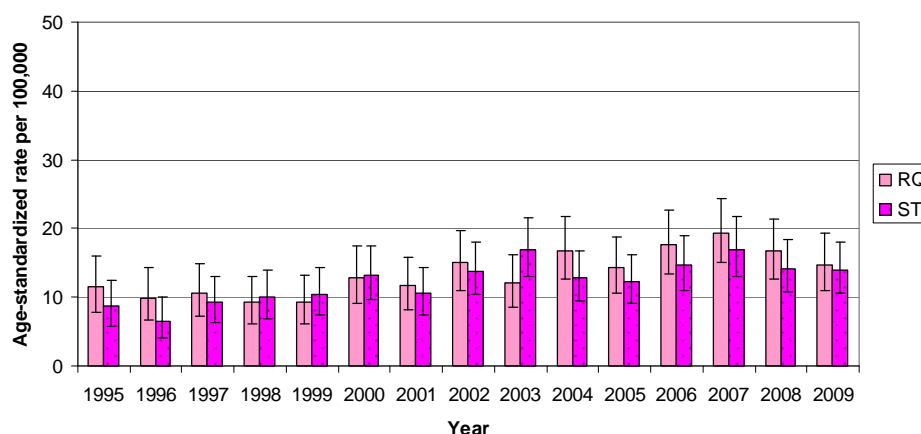
### C. Limitations:

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

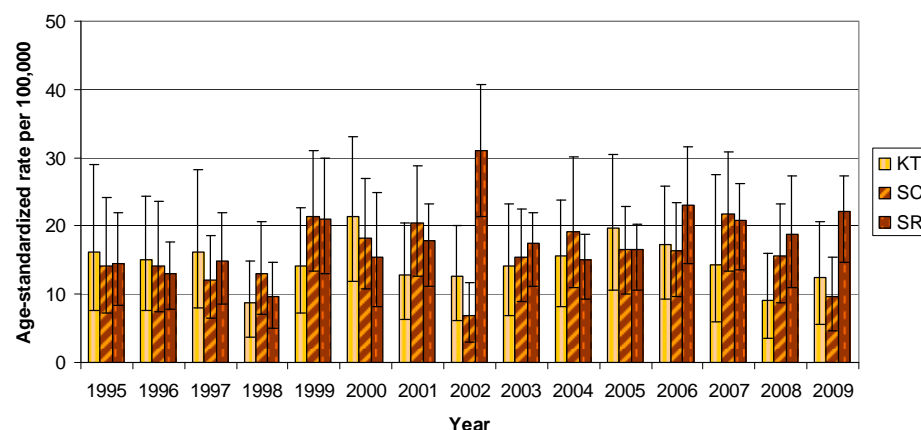
### D. Source:

SK Vital Statistics, death registration.

**Diseases of the Genitourinary System: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group A, 1995-2009**



**Diseases of the Genitourinary System: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group D2, 1995-2009**



### SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQ) and Saskatoon (ST), health regions' age-standardized mortality rates (ASMR) due to diseases of the genitourinary system varied over the 1995 to 2009 time period. No significant differences were seen between the health regions for any of the years.

Peer Group D2, Kelsey Trail (KT), Sun Country (SC) and Sunrise (SR) health regions' ASMRs varied over the time period 1995 to 2009. In 2002 the SR rate was significantly different from the KT and SC rates.

Peer Group D1, F and H were not displayed due to small numbers.

# MORTALITY: ICD CHAPTER - DISEASES OF THE MUSCULOSKELETAL SYSTEM - OVERALL

CHART 5-61

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 710-739/ICD10 M00-M99

## B. Significance/Use:

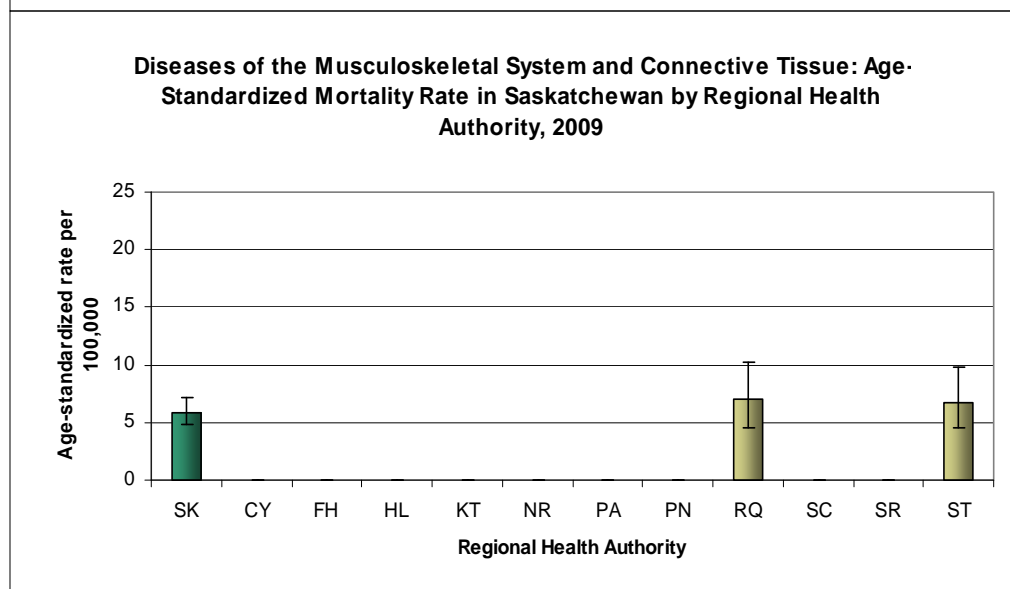
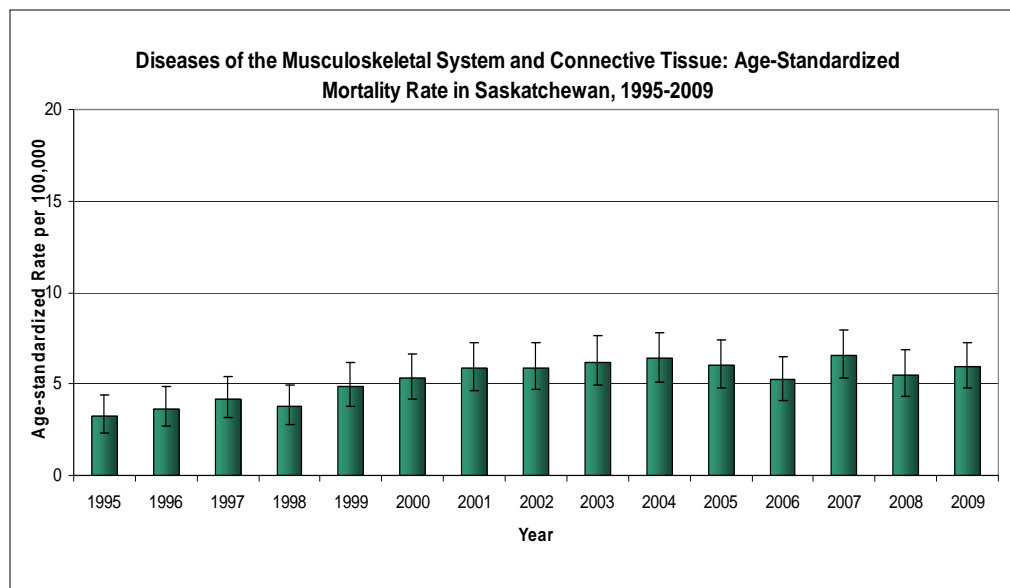
Mortality reflects the upper limit of the disease severity continuum. Mortality data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

## C. Limitations:

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

## D. Source:

SK Vital Statistics, death registration.



## SUMMARY OF FINDINGS:

The age-standardized mortality rates (ASMR) due to diseases of the musculoskeletal system in Saskatchewan (SK) increased slightly and significantly over the 1995 to 2009 time period.

Only two health regions had more than twenty deaths due to musculoskeletal diseases in 2009: Regina Qu'Appelle (RQ) and Saskatoon (ST). The rates did not differ significantly from the provincial average.

The remaining health regions including the combined three northern regions (NR) were not displayed due to small numbers.

# MORTALITY: ICD CHAPTER - DISEASES OF THE MUSCULOSKELETAL SYSTEM BY AGE AND SEX

CHART 5-62

## A. Definitions:

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

Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 710-739/ICD10 M00-M99

## B. Significance/Use:

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

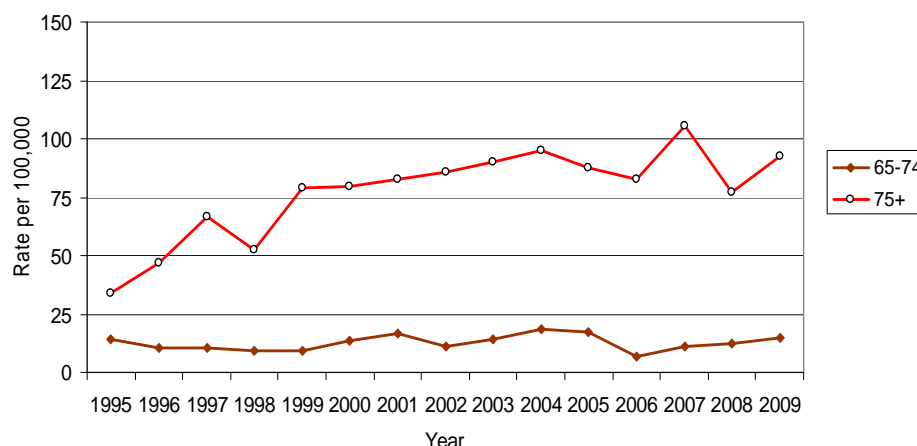
## C. Limitations:

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

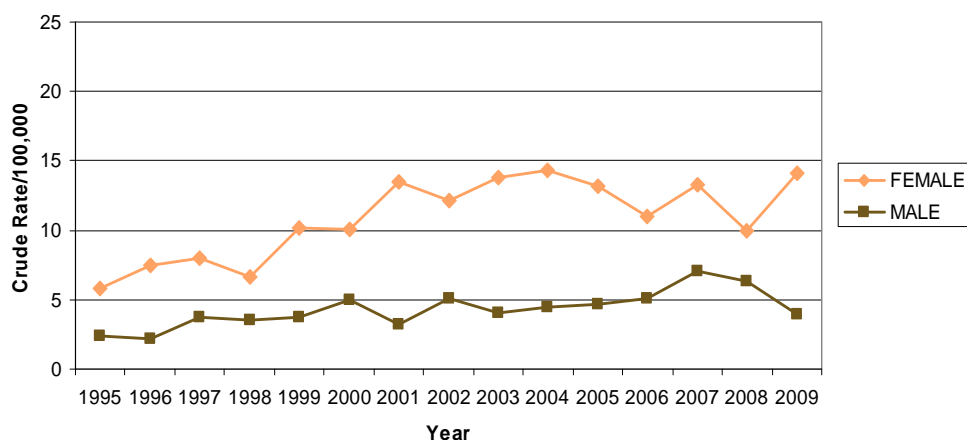
## D. Source:

SK Vital Statistics, death registration.

Diseases of the Musculoskeletal System and Connective Tissue;  
Age-specific Mortality Rate in Saskatchewan, 1995-2009



Diseases of the Musculoskeletal System and Connective Tissue: Crude  
Mortality Rate in Saskatchewan by Sex, 1995-2009



## SUMMARY OF FINDINGS:

Mortality due to diseases of the musculoskeletal system varied by age group. Deaths due to these diseases were the highest for those aged 75 and older. The rate of this group was about six times higher than that in the next highest group, those aged between 65 and 74 years.

Age-specific rates for the 75 and over age group generally increased with minor fluctuations during the 1995 - 2009 time period. The rate for the 65 to 74 age group remained relatively stable during that time period.

Sex-specific mortality rates due to diseases of the musculoskeletal system were higher for females than for males. Both sexes had slight upward trends over the 1995 to 2009 time period.

# MORTALITY: ICD CHAPTER - DISEASES OF THE MUSCULOSKELETAL SYSTEM BY SEX AND AGE

CHART 5-63

## A. Definitions:

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

Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 710-739/ICD10 M00-M99

## B. Significance/Use:

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

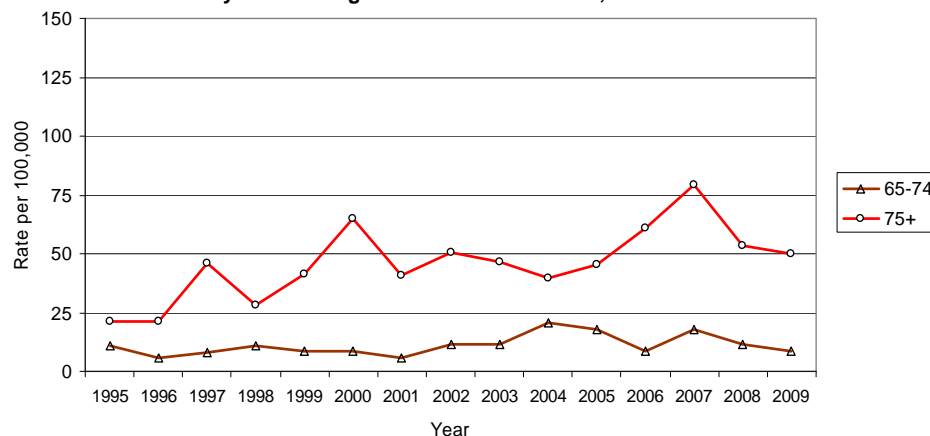
## C. Limitations:

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

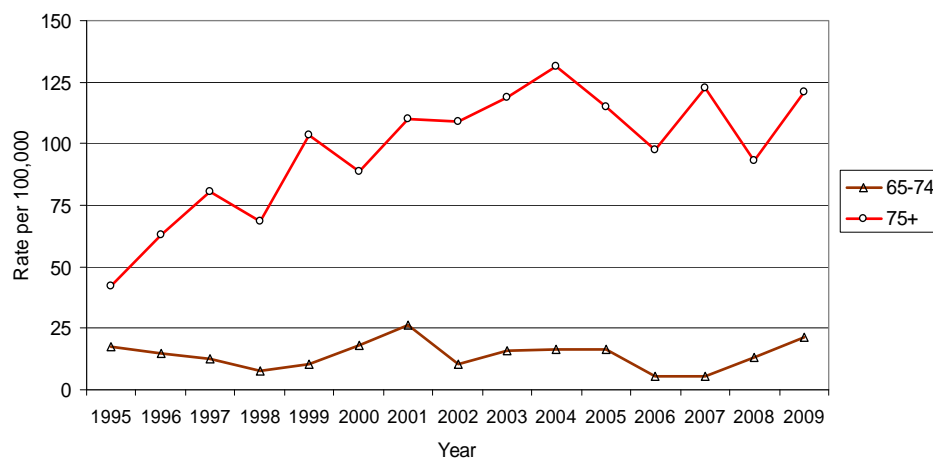
## D. Source:

SK Vital Statistics, death registration.

**Diseases of the Musculoskeletal System and Connective Tissue: Age-specific Mortality Rate among Males in Saskatchewan, 1995-2009**



**Diseases of the Musculoskeletal System and Connective Tissue: Age-specific Mortality Rate among Females in Saskatchewan, 1995-2009**



## SUMMARY OF FINDINGS:

For males, mortality due to diseases of the musculoskeletal system was the highest for those aged 75 and older. The age-specific rate of this group fluctuated but increased during 1995 to 2009.

For females, between 1995 and 2009, mortality due to diseases of the musculoskeletal system was the highest in those aged 75 years and over. The rate in this age group increased over the time period.

Rates for age groups under 65 years for both sexes were not displayed due to small numbers.

# MORTALITY: ICD CHAPTER - DISEASES OF THE MUSCULOSKELETAL SYSTEM BY RHA

CHART 5-64

## A. Definitions:

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

Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 710-739/ICD10 M00-M99

## B. Significance/Use:

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

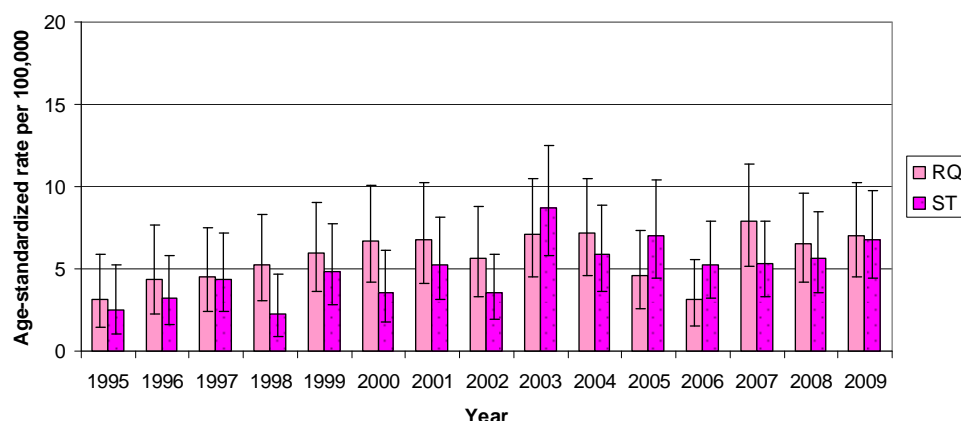
## C. Limitations:

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

## D. Source:

SK Vital Statistics, death registration.

**Diseases of the Musculoskeletal System and Connective Tissue: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group A, 1995-2009**



## SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQ) and Saskatoon (ST), health regions' age-standardized mortality rates (ASMR) due to diseases of the musculoskeletal system varied over the 1995 to 2009 time period. No significant differences were seen between the health regions for any of the years.

Peer Group D1, D2, F and H were not displayed due to small numbers.

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 740-759/ICD10 Q00-Q98

## B. Significance/Use:

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

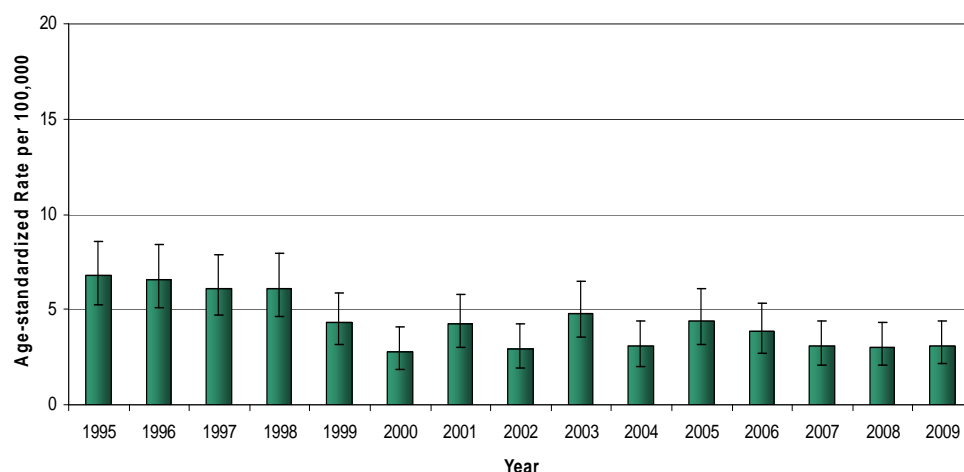
## C. Limitations:

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

## D. Source:

SK Vital Statistics, death registration.

**Congenital Anomalies: Age-Standardized Mortality Rate in Saskatchewan, 1995-2009**



## SUMMARY OF FINDINGS:

The age-standardized mortality rate (ASMR) due to congenital anomalies in Saskatchewan (SK) has decreased gradually over the 1995 to 2009 time period.

None of the health regions including the combined three northern regions (NR) had more than twenty deaths due to congenital anomalies in 2009. The rates were not displayed due to small numbers. Also the rates by peer groups were not displayed.

# MORTALITY: ICD CHAPTER - CONGENITAL ANOMALIES BY AGE AND SEX

CHART 5-66

## A. Definitions:

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

Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 740-759/ICD10 Q00-Q98

## B. Significance/Use:

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

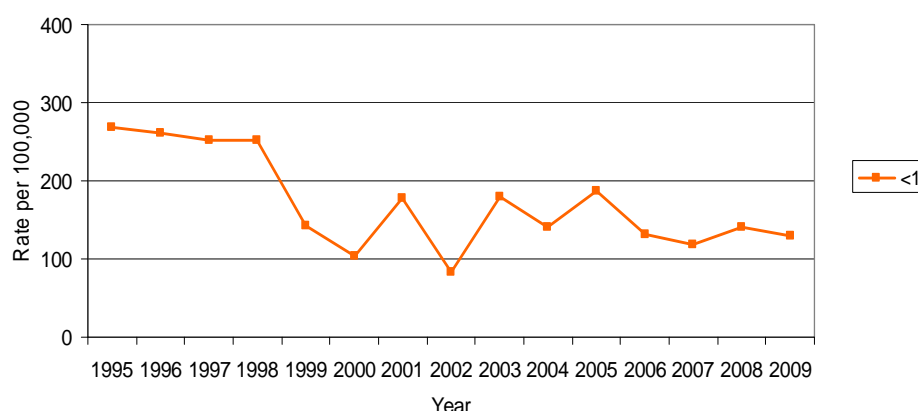
## C. Limitations:

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

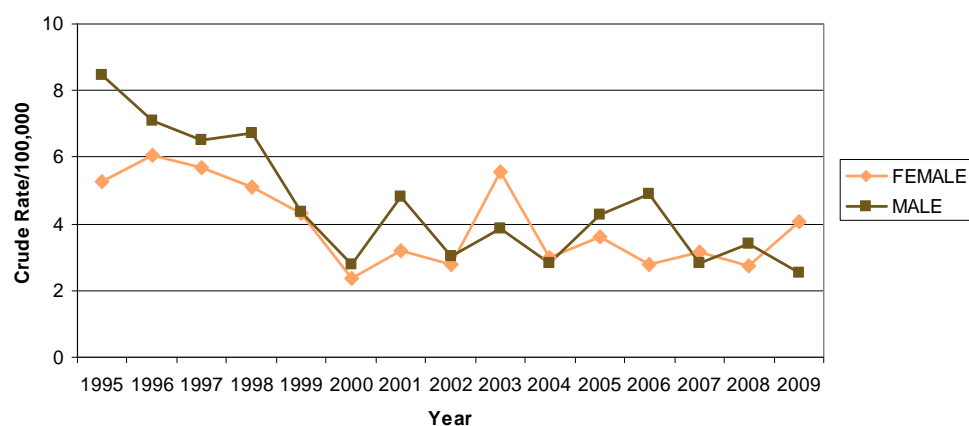
## D. Source:

SK Vital Statistics, death registration.

**Congenital Anomalies: Age-specific Mortality Rate in Saskatchewan, 1995-2009**



**Congenital Anomalies: Crude Mortality Rate in Saskatchewan by Sex, 1995-2009**



## SUMMARY OF FINDINGS:

Mortality due to congenital anomalies decreased over the 1995 to 2009 time period in the under one year age group. No other age groups were displayed due to small numbers.

Sex-specific mortality rates due to congenital anomalies fluctuated for the time period. Both sexes had a gradual decline over the 1995 to 2009 time period.

# MORTALITY: ICD CHAPTER - CONGENITAL ANOMALIES BY SEX AND AGE

CHART 5-67

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 740-759/ICD10 Q00-Q98

## B. Significance/Use:

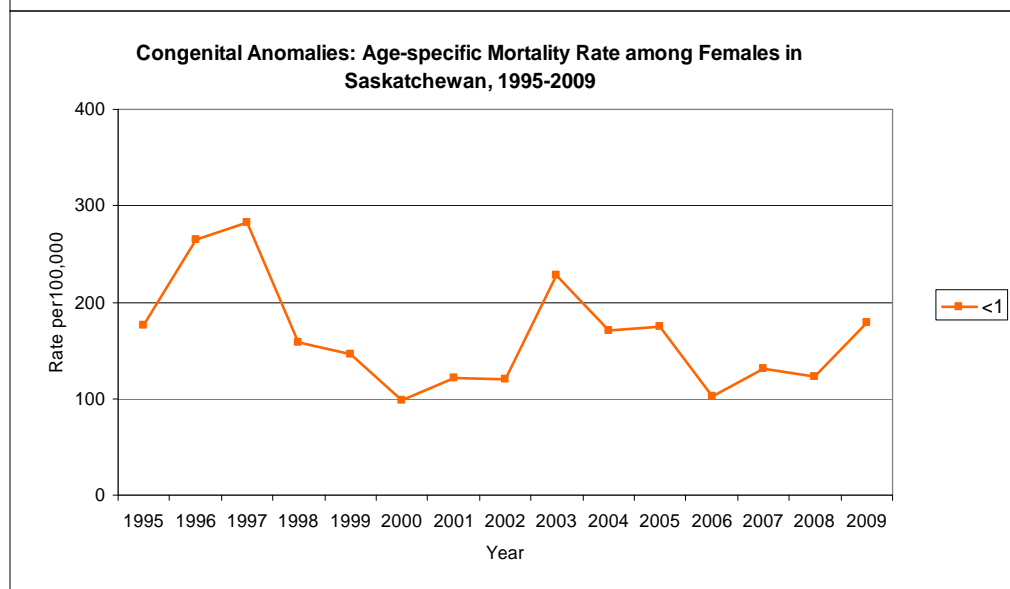
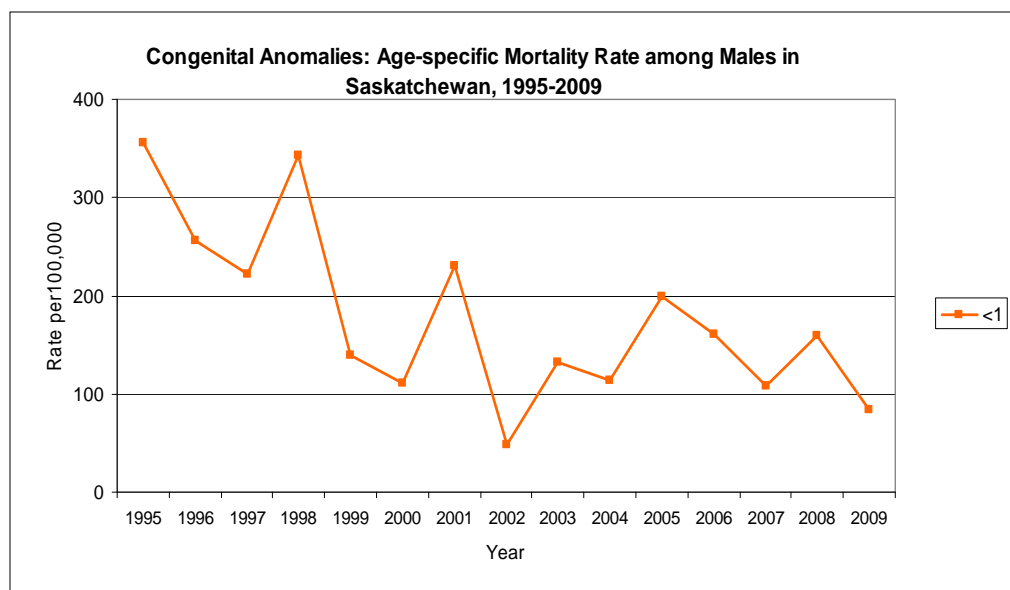
Mortality reflects the upper limit of the disease severity continuum. Mortality data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

## C. Limitations:

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

## D. Source:

SK Vital Statistics, death registration.



## SUMMARY OF FINDINGS:

For males, mortality due to congenital anomalies was the highest for those under one year of age. The age-specific rate of this age group fluctuated but decreased during 1995 to 2009. Please note that for some of the years the number of events was less than 20.

For females, between 1995 and 2009, mortality due to congenital anomalies was the highest in those under one year of age. The rate in this age group fluctuated over the time period. Please note that for some of the years the number of events was less than 20.

# MORTALITY: ICD CHAPTER - PERINATAL CONDITIONS - OVERALL

CHART 5-68

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 760-779/ICD10 P00-P99

## B. Significance/Use:

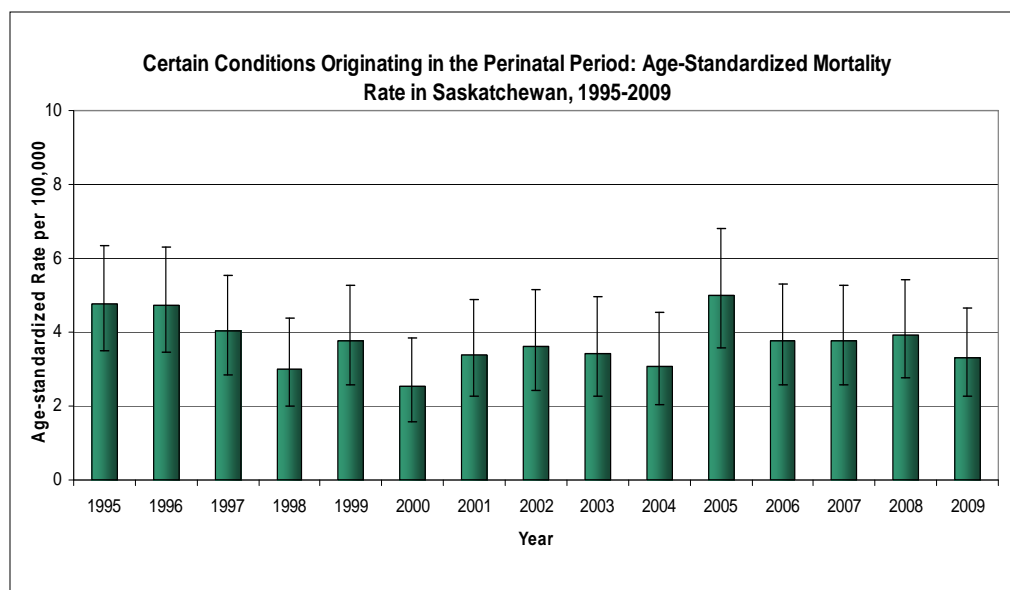
Mortality reflects the upper limit of the disease severity continuum. Mortality data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

## C. Limitations:

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

## D. Source:

SK Vital Statistics, death registration.



## SUMMARY OF FINDINGS:

The age-standardized mortality rate (ASMR) due to certain conditions originating in the perinatal period in Saskatchewan (SK) fluctuated but did not change significantly over the 1995 to 2009 time period.

None of the health regions including the combined three northern regions (NR) had more than twenty deaths due to perinatal conditions in 2009. The rates were not displayed due to small numbers. As well, the rates for the peer groups are not displayed.

### A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 760-779/ICD10 P00-P99

### B. Significance/Use:

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

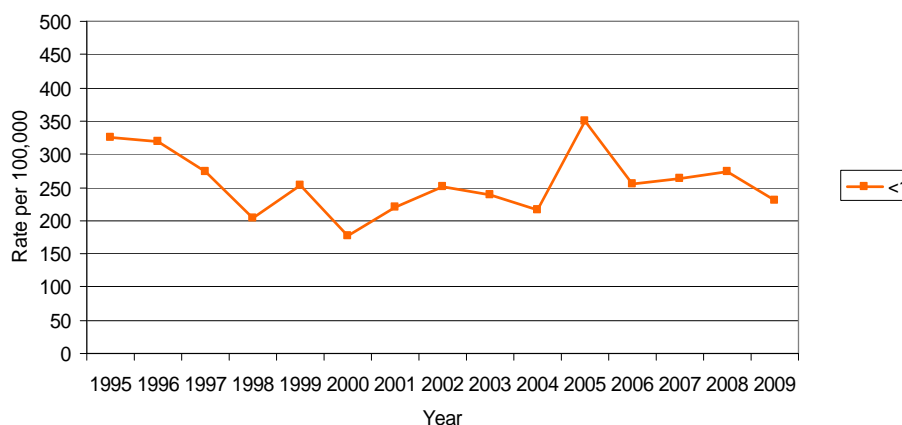
### C. Limitations:

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

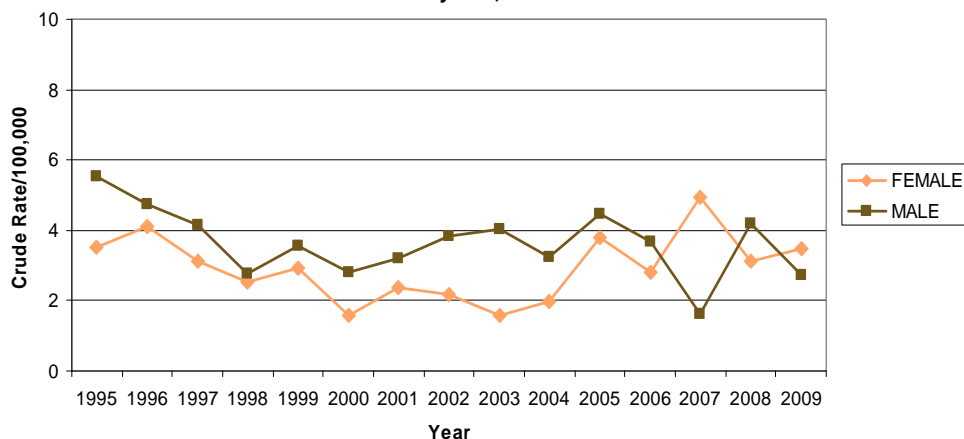
### D. Source:

SK Vital Statistics, death registration.

**Certain Conditions Originating in the Perinatal Period: Age-specific Mortality Rate in Saskatchewan, 1995-2009**



**Certain Conditions Originating in the Perinatal Period: Crude Mortality Rate in Saskatchewan by Sex, 1995-2009**



### SUMMARY OF FINDINGS:

Mortality due to certain conditions originating in the perinatal period decreased slightly over the 1995 to 2009 time period in the under one year age group. No other age groups were displayed due to small numbers.

Sex-specific mortality rates due to certain conditions originating in the perinatal period were slightly higher for males than for females for most years. The rates for males had a gradual decline over the 1995 to 2009 time period; whereas, the rates for females fluctuated but remained relatively the same.

# MORTALITY: ICD CHAPTER - PERINATAL CONDITIONS BY SEX AND AGE

CHART 5-70

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 760-779/ICD10 P00-P99

## B. Significance/Use:

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

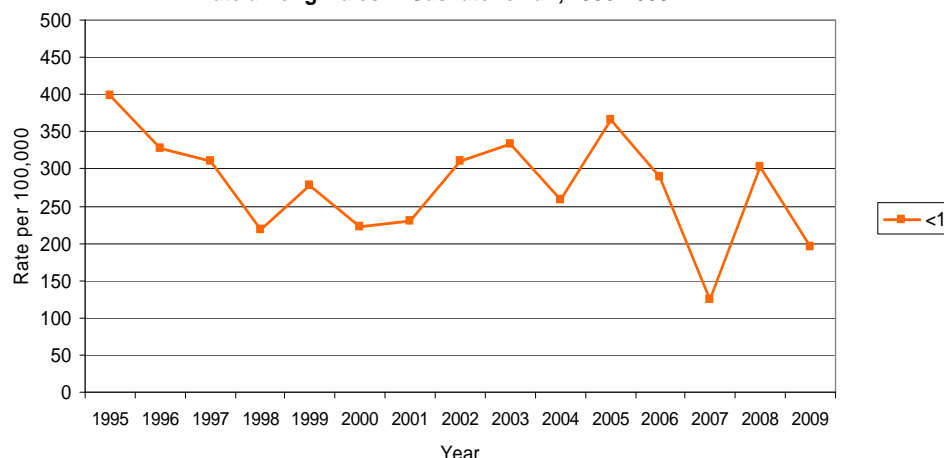
## C. Limitations:

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

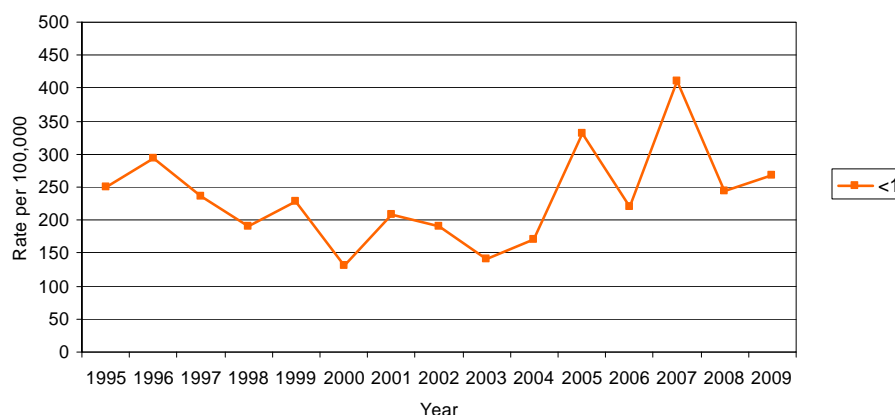
## D. Source:

SK Vital Statistics, death registration.

**Certain Conditions Originating in the Perinatal Period: Age-specific Mortality Rate among Males in Saskatchewan, 1995-2009**



**Certain Conditions Originating in the Perinatal Period: Age-specific Mortality Rate among Females in Saskatchewan, 1995-2009**



## SUMMARY OF FINDINGS:

For males, mortality due to certain conditions originating in the perinatal period was the highest for those under one year of age. The age-specific rate of this age group decreased with fluctuations during 1995 to 2009. Please note that for some of the years the number of events was less than 20.

For females, between 1995 and 2009, mortality due to certain conditions originating in the perinatal period was the highest in those under one year of age. The rate in this age group fluctuated over the time period. Please note that for some of the years the number of events was less than 20.

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 780-799/ICD10 R00-R99

## B. Significance/Use:

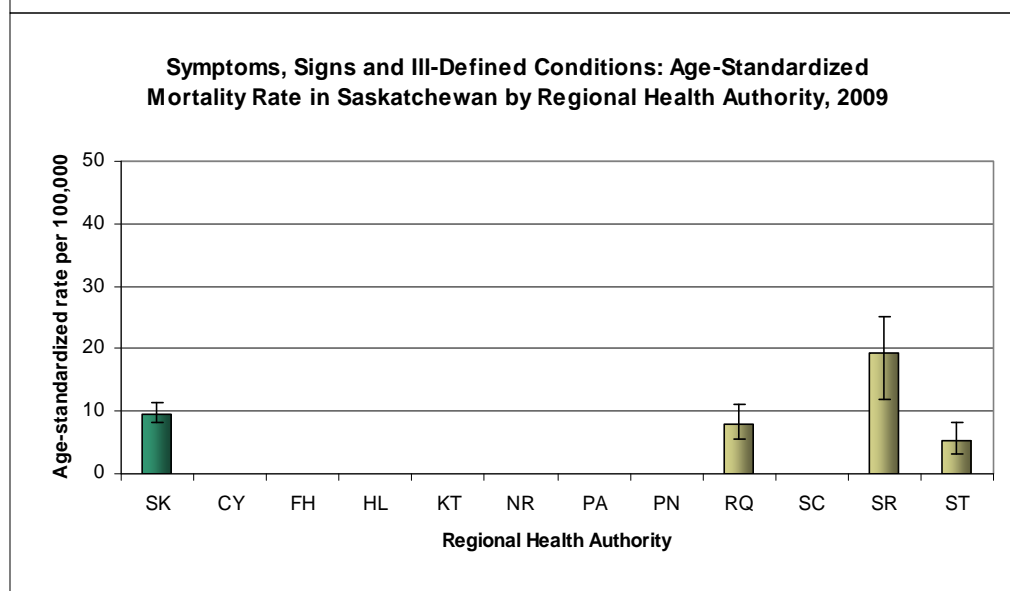
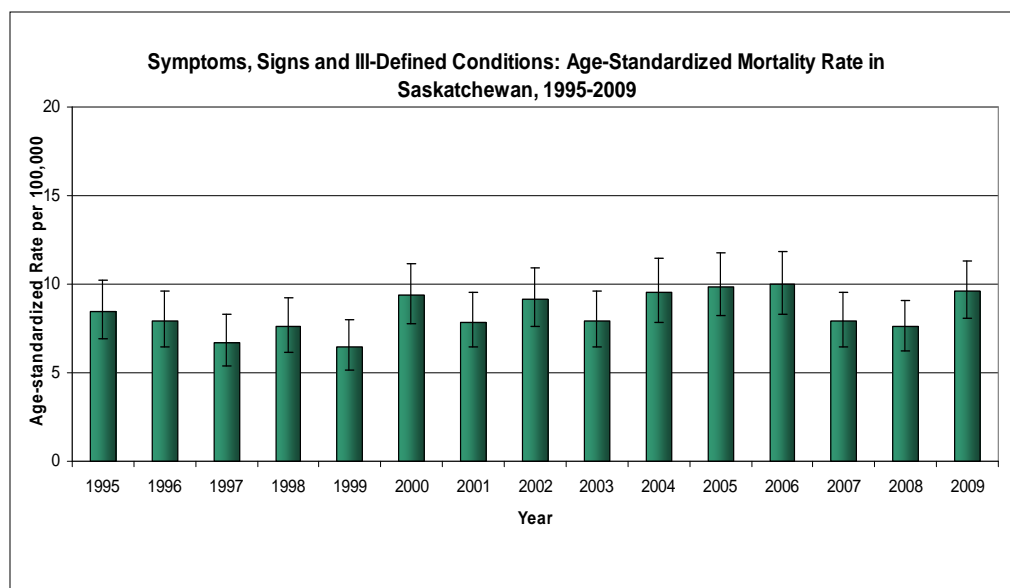
Mortality reflects the upper limit of the disease severity continuum. Mortality data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

## C. Limitations:

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

## D. Source:

SK Vital Statistics, death registration.



## SUMMARY OF FINDINGS:

The age-standardized mortality rate (ASMR) due to symptoms, signs and ill-defined conditions in Saskatchewan (SK) fluctuated but did not change significantly during the 1995 to 2009 time period.

In 2009, only Sunrise (SR), Saskatoon (ST) and Regina Qu'Appelle (RQ) health regions had 20 or more deaths due to symptoms, signs and ill-defined conditions. The ASMR for SR was significantly higher than the provincial average and the ST ASMR was significantly lower.

The remaining health regions including the combined three northern regions (NR) were not displayed due to small numbers.

# MORTALITY: ICD CHAPTERS - ILL-DEFINED CONDITIONS BY AGE AND SEX

CHART 5-72

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 780-799/ICD10 R00-R99

## B. Significance/Use:

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

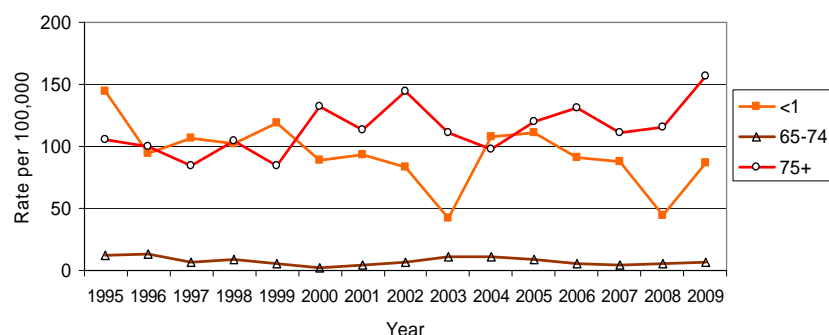
## C. Limitations:

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

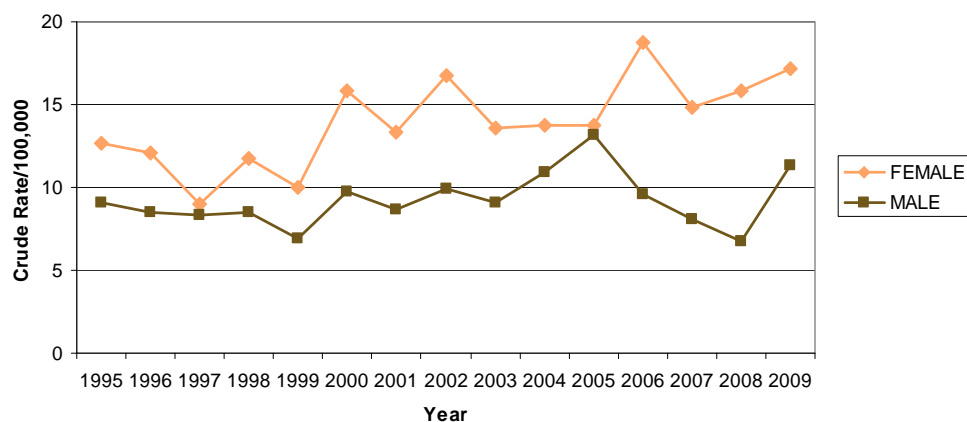
## D. Source:

SK Vital Statistics, death registration.

Symptoms, Signs and Ill-defined Conditions: Age-specific Mortality Rate in Saskatchewan, 1995-2009



Symptoms, Signs and Ill-defined Conditions: Crude Mortality Rate in Saskatchewan by Sex, 1995-2009



## SUMMARY OF FINDINGS:

Mortality due to symptoms, signs and ill-defined conditions varied by age group. Deaths due to these conditions were the highest in those aged 75 and older and the under one year of age group. Age-specific rates for those two age groups fluctuated over the 1995 to 2009 time period and the rates for the 65 to 74 year group remained stable. The remaining age groups were not displayed due to small numbers.

The sex-specific mortality rate due to symptoms, signs and ill-defined conditions was higher in females than males for all years from 1995 to 2009. The rates slightly increased over the years for both sexes.

### A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 780-799/ICD10 R00-R99

### B. Significance/Use:

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

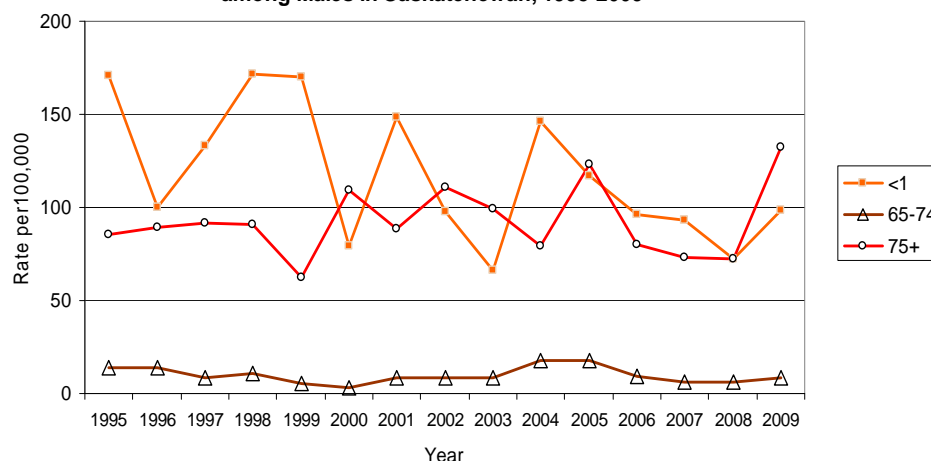
### C. Limitations:

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

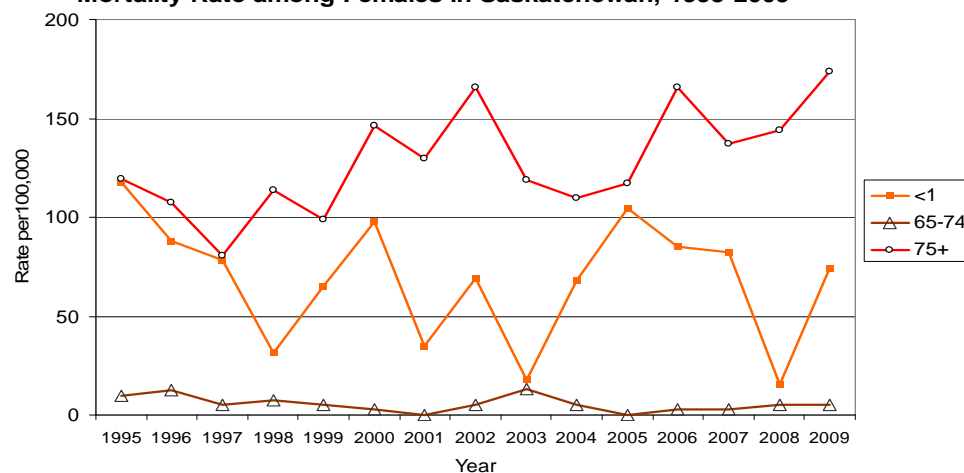
### D. Source:

SK Vital Statistics, death registration.

**Symptoms, Signs and Ill-defined Conditions: Age-specific Mortality Rate among Males in Saskatchewan, 1995-2009**



**Symptoms, Signs and Ill-defined Conditions: Age-specific Mortality Rate among Females in Saskatchewan, 1995-2009**



### SUMMARY OF FINDINGS:

For males, mortality due to symptoms, signs and ill-defined conditions was the highest in males of age 75 and older and those less than one year of age. The age-specific rate of these groups fluctuated considerably during 1995 to 2009.

For females, between 1995 and 2009, mortality due to symptoms, signs and ill-defined conditions was the highest in those aged 75 years and over, followed by those under one year. The age-specific rates of these age groups fluctuated considerably during 1995 to 2009.

Rates for age groups one year and over but less than 65 years for both sexes were not displayed due to small numbers.

## CONDITIONS BY RHA

**A. Definitions:**

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

Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 780-799/ICD10 R00-R99

**B. Significance/Use:**

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

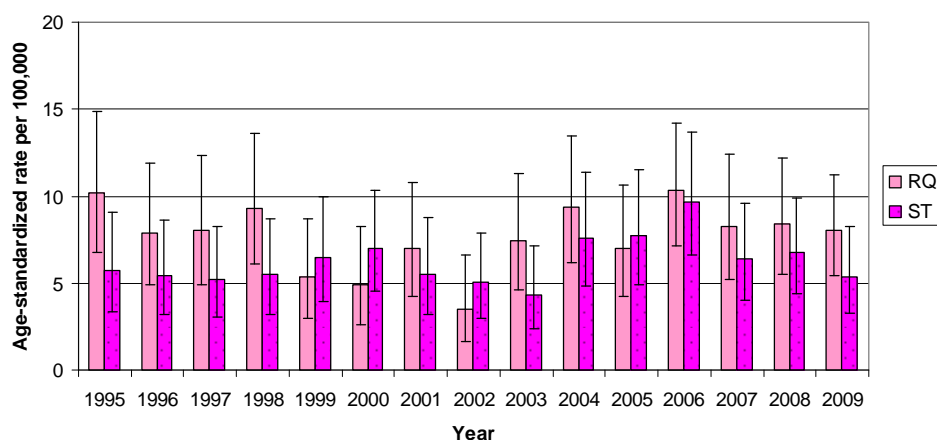
**C. Limitations:**

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

**D. Source:**

SK Vital Statistics, death registration.

Symptoms, Signs and Ill-Defined Conditions: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group A, 1995-2009

**SUMMARY OF FINDINGS:**

Peer Group A, Regina Qu'Appelle (RQ) and Saskatoon (ST), health regions' age-standardized mortality rates (ASMR) due to symptoms, signs and ill-defined conditions fluctuated with no significant difference from 1995 to 2009 for both health regions. No significant differences were seen between the health regions for any of the years.

The remaining Peer Groups D1, D2, F and H were not displayed due to small numbers.

### A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 E800-E899/ICD10 V00-Y99

### B. Significance/Use:

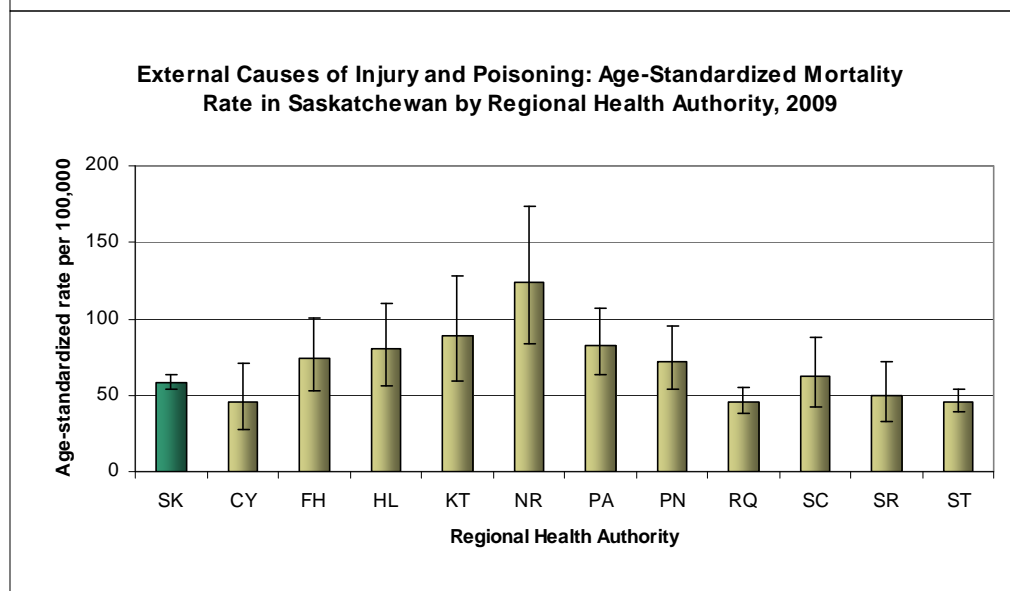
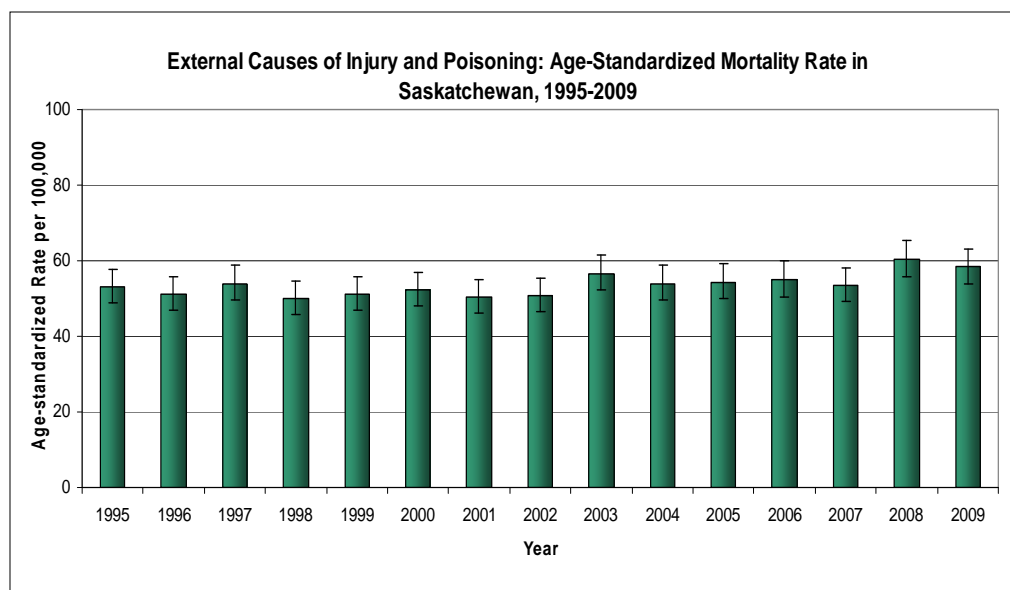
Mortality reflects the upper limit of the disease severity continuum. Mortality data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

### C. Limitations:

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

### D. Source:

SK Vital Statistics, death registration.



### SUMMARY OF FINDINGS:

The age-standardized mortality rate (ASMR) related to external causes of injury and poisoning in Saskatchewan (SK) did not change significantly over the 1995 to 2009 time period.

The 2009 ASMRs varied among the health regions, however, the regional rates did not differ significantly from the provincial average with the exception of the combined three northern regions (NR).

# MORTALITY: ICD CHAPTER - INJURY & POISONING EXTERNAL CAUSES - BY AGE AND SEX

CHART 5-76

## A. Definitions:

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

Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 E800-E899/ICD10 V00-Y99

## B. Significance/Use:

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

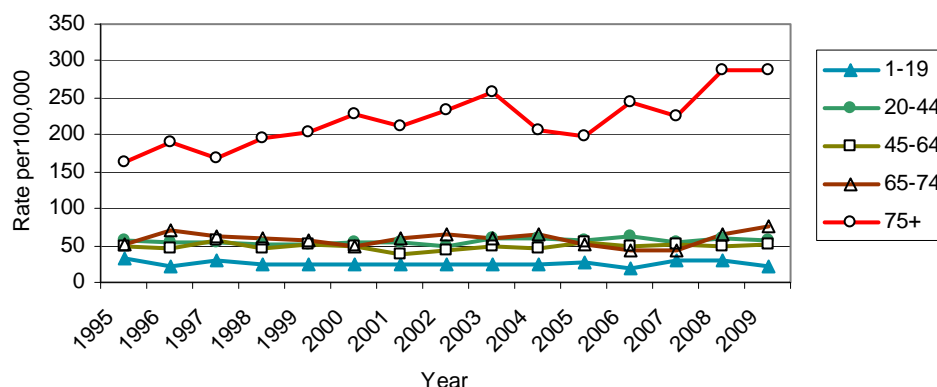
## C. Limitations:

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

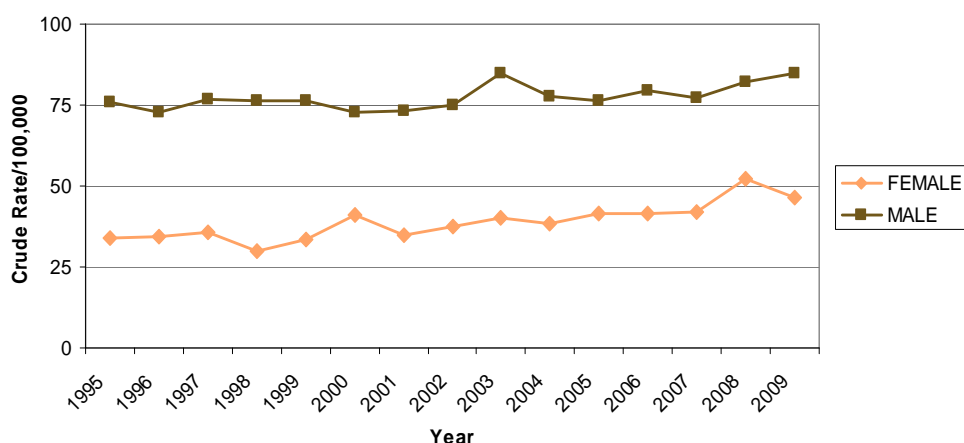
## D. Source:

SK Vital Statistics, death registration.

External Causes of Injury and Poisoning: Age-specific Mortality Rate in Saskatchewan, 1995-2009



External Causes of Injury and Poisoning: Crude Mortality Rate in Saskatchewan by Sex, 1995-2009



## SUMMARY OF FINDINGS:

Mortality related to external causes of injury and poisoning varied by age group. Deaths related to these causes were the highest for those aged 75 and older. The rate of this group was about three times higher than the next highest group, those aged between 65-74 years.

Age-specific rates for all age groups remained relatively stable over the time period, with the exception of the 75 years and older group which increased over the years. The under one year group was not displayed due to small numbers.

The sex-specific mortality rate related to external causes of injury and poisoning was higher in males than for females for all years from 1995 to 2009. The rates increased slightly over the years for both sexes.

# MORTALITY: ICD CHAPTER - INJURY & POISONING EXTERNAL CAUSES - BY SEX AND AGE

CHART 5-77

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 E800-E899/ICD10 V00-Y99

## B. Significance/Use:

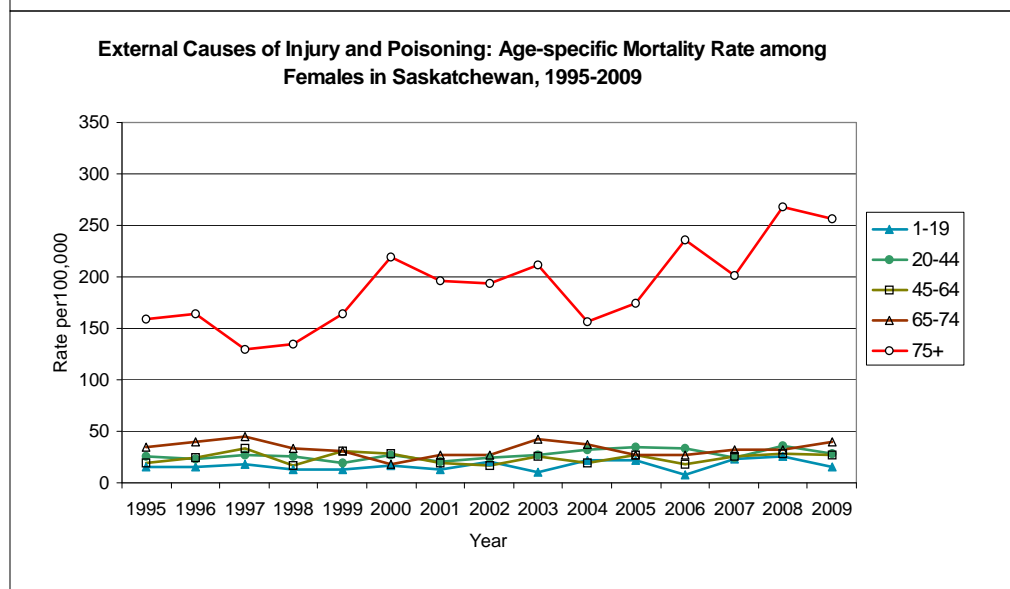
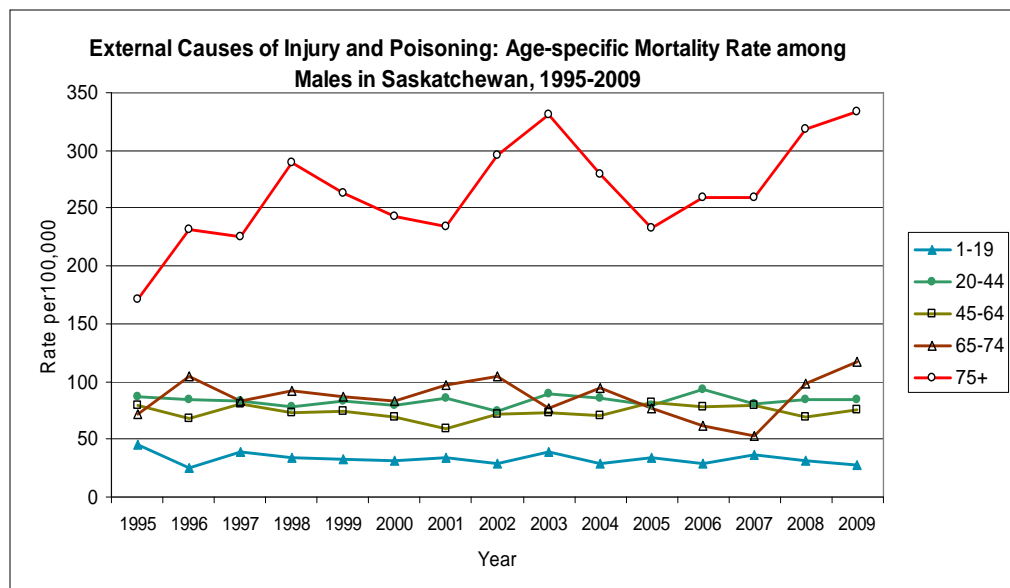
Mortality reflects the upper limit of the disease severity continuum. Mortality data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

## C. Limitations:

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

## D. Source:

SK Vital Statistics, death registration.



## SUMMARY OF FINDINGS:

For males, mortality related to external causes of injury and poisoning was the highest for those aged 75 and older. The age-specific rate of this age group increased during 1995 to 2009.

For females, between 1995 and 2009, mortality related to external causes of injury and poisoning was the highest in those aged 75 years and older. The rate in this age group increased over the time period.

Rates for those under one year of age for both sexes were not displayed due to small numbers.

### A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 E800-E899/ICD10 V00-Y99

### B. Significance/Use:

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

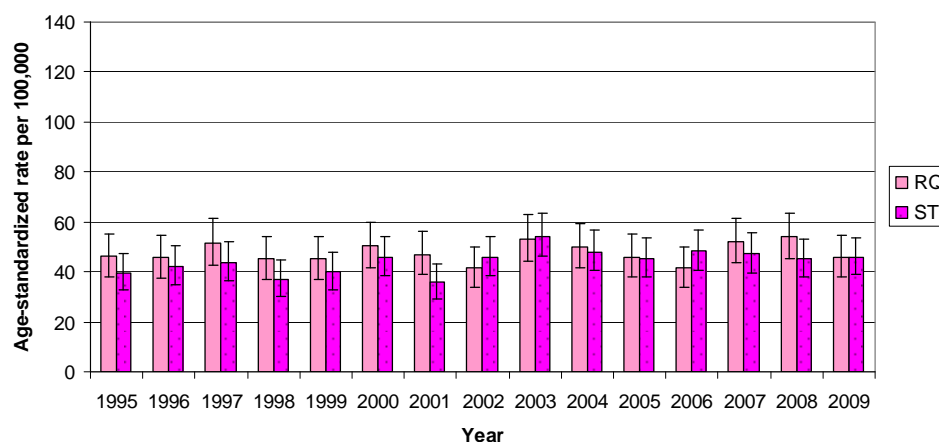
### C. Limitations:

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

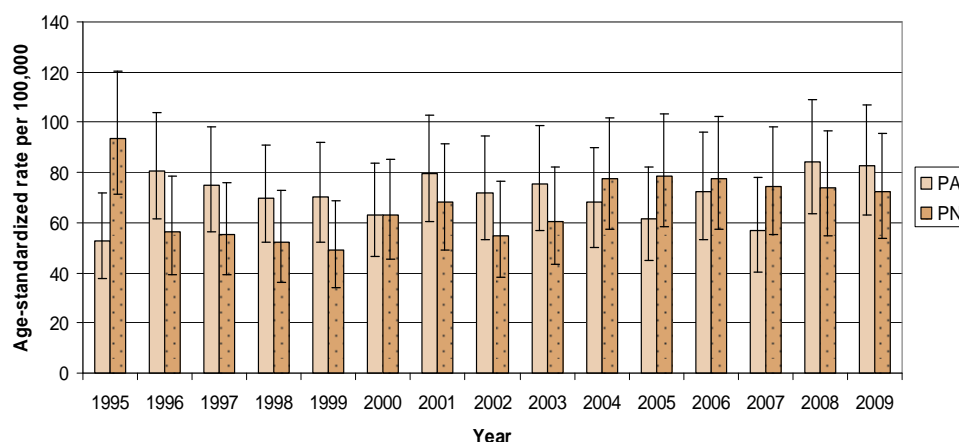
### D. Source:

SK Vital Statistics, death registration.

**External Causes of Injury and Poisoning: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group A, 1995-2009**



**External Causes of Injury and Poisoning: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group H, 1995-2009**



### SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQ) and Saskatoon (ST), health regions' age-standardized mortality rates (ASMR) related to external causes of injury and poisoning remained relatively stable between 1995 and 2009 for both health regions. No significant differences were seen between the health regions for any of the years.

Peer Group H, Prairie North (PN) and Prince Albert Parkland (PA), health regions' ASMRs varied over the time period 1995 to 2009. No significant differences were seen between the health regions for any of the years with the exception of 1995.

Peer Group F was not displayed due to small numbers.

### A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 E800-E899/ICD10 V00-Y99

### B. Significance/Use:

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

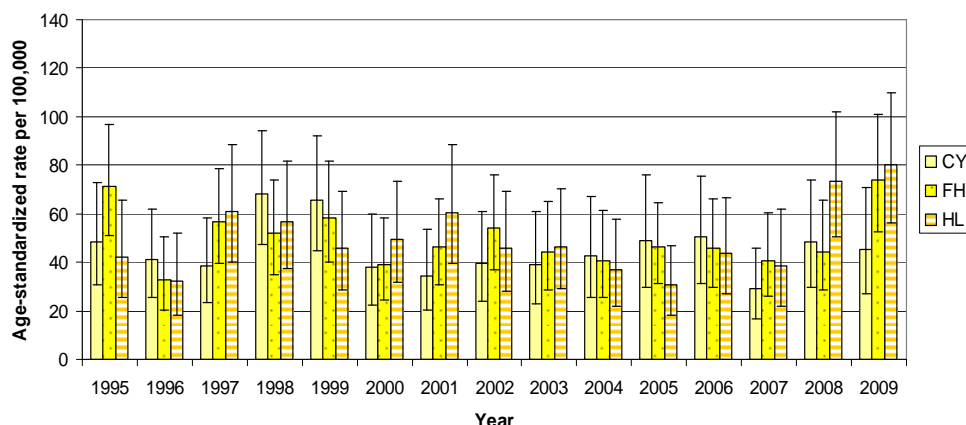
### C. Limitations:

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

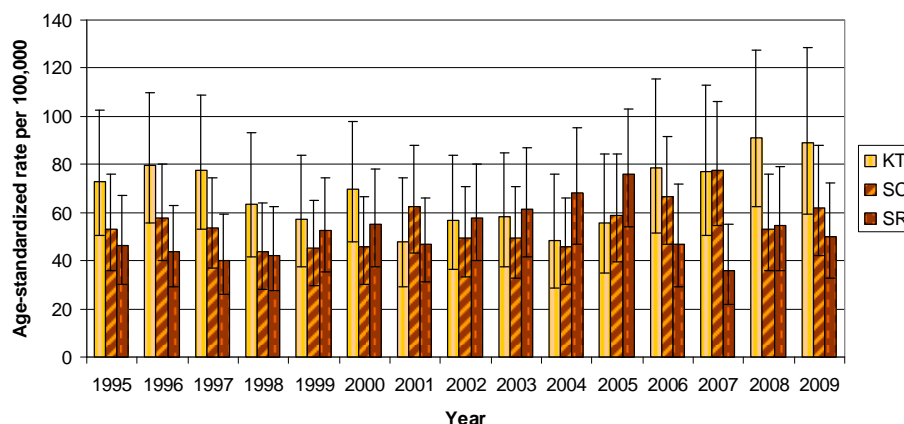
### D. Source:

SK Vital Statistics, death registration.

External Causes of Injury and Poisoning: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group D1, 1995-2009



External Causes of Injury and Poisoning: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group D2, 1995-2009



### SUMMARY OF FINDINGS:

Peer Group D1, Cypress (CY), Five Hills (FH) and Heartland (HL), health regions' age-standardized mortality rates (ASMR) related to external causes of injury and poisoning varied over the time period 1995 to 2009. None of the health regions were significantly different in each of the years.

Peer Group D2, Kelsey Trail (KT), Sun Country (SC) and Sunrise (SR), health regions' ASMRs varied over the time period 1995 to 2009. In 2007 the rates were significantly different between SC and SR.

**A. Definitions:**

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

Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population.

**B. Significance/Use:**

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

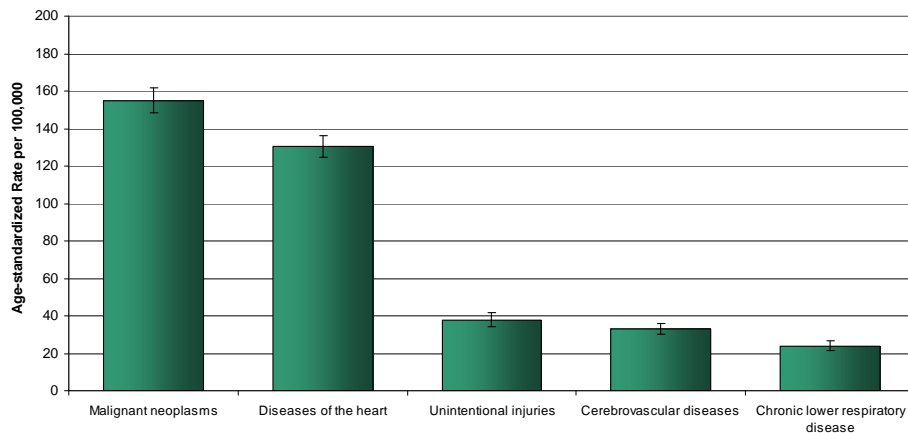
**C. Limitations:**

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

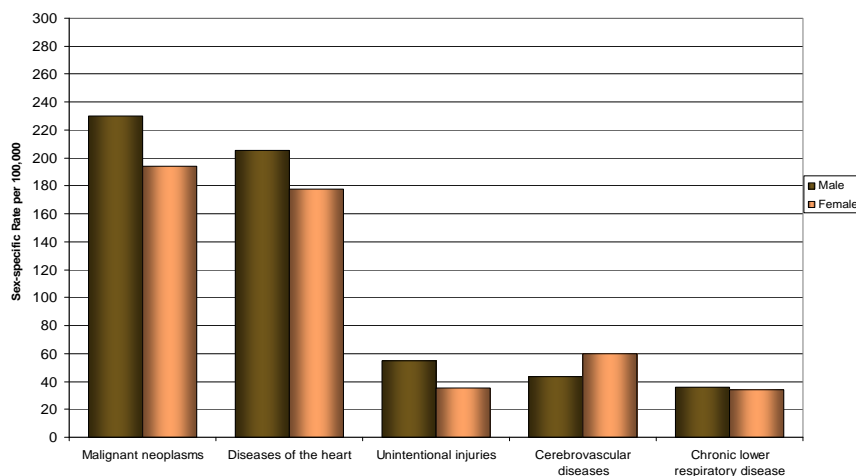
**D. Source:**

SK Vital Statistics, death registration.

Age-Standardized Mortality Rate by Leading Causes in Saskatchewan, 2009



Crude Mortality Rate by Leading Causes by Sex in Saskatchewan, 2009

**SUMMARY OF FINDINGS:**

The age-standardized mortality rates (ASMR) by Leading Causes of Mortality (as defined by Statistics Canada for the Canadian population) in Saskatchewan (SK) for the year 2009 showed that malignant neoplasms had the highest ASMR, followed by diseases of the heart and then unintentional injuries.

The sex-specific crude mortality rates by Leading Causes of Mortality in SK for the year 2009 showed that for both sexes, malignant neoplasms had the highest rates, followed by diseases of the heart. For males, the third highest mortality rate was related to injuries; whereas for females, the third highest rate was due to cerebrovascular diseases.

# MORTALITY: LEADING CAUSES - MALIGNANT NEOPLASMS - OVERALL

CHART 5-81

## A. Definitions:

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

Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 140-208, 238.6/ICD10 C00-C97

## B. Significance/Use:

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

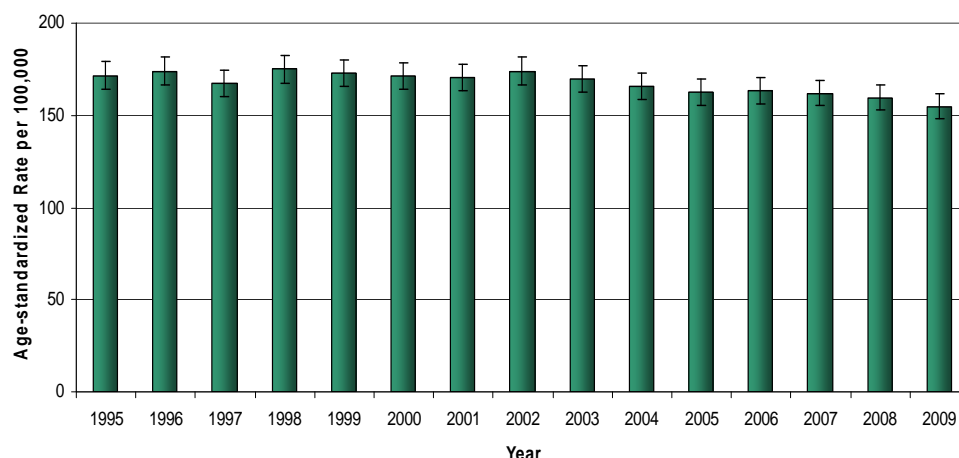
## C. Limitations:

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

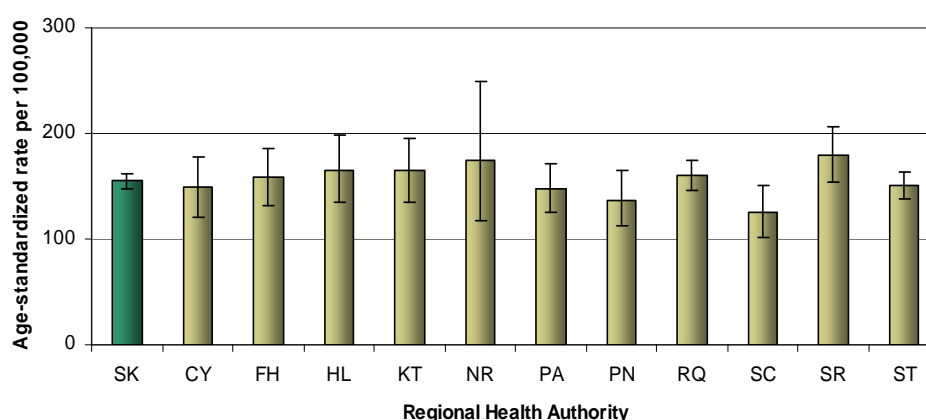
## D. Source:

SK Vital Statistics, death registration.

Malignant Neoplasm: Age-Standardized Mortality Rate in Saskatchewan, 1995-2009



Malignant Neoplasm: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, 2009



## SUMMARY OF FINDINGS:

The age-standardized mortality rates (ASMR) due to malignant neoplasms decreased gradually and significantly over the time period 1995-2009, specifically in the last eight years.

The ASMRs for the regions did not differ significantly from the provincial rate. The three northern health regions were combined (NR) due to small numbers.

# MORTALITY: LEADING CAUSES - MALIGNANT NEOPLASMS BY AGE AND SEX

CHART 5-82

## A. Definitions:

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

Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 140-208,238.6/ICD10 C00-C97

## B. Significance/Use:

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

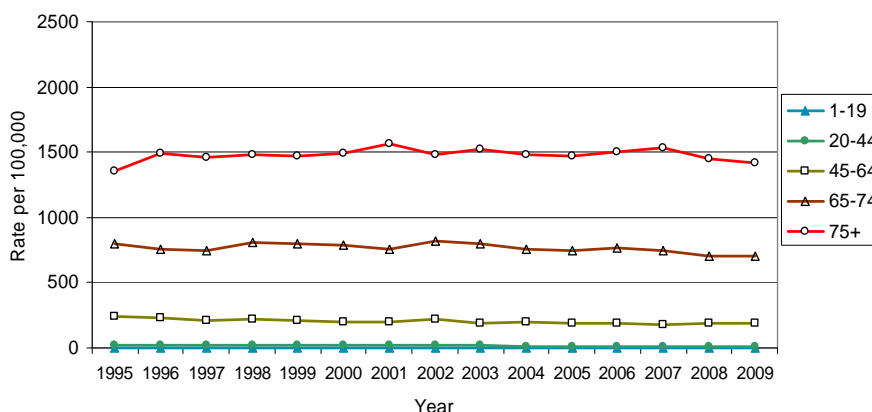
## C. Limitations:

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

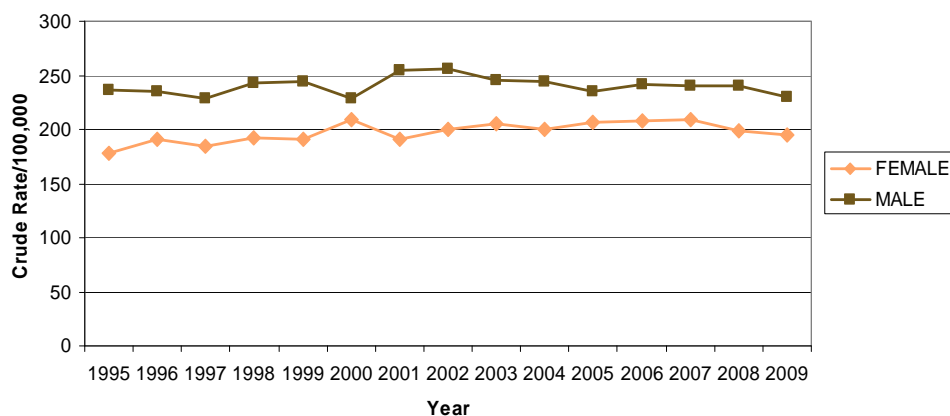
## D. Source:

SK Vital Statistics, death registration.

Malignant Neoplasm: Age-specific Mortality Rate in Saskatchewan, 1995-2009



Malignant Neoplasm: Crude Mortality Rate in Saskatchewan by Sex, 1995-2009



## SUMMARY OF FINDINGS:

The mortality rates due to malignant neoplasms was the highest for those aged 75 and older and the age-specific rate of this age group remained relatively stable between 1995 and 2009. The rate for those under one year was not presented due to small numbers.

The sex-specific mortality rates due to malignant neoplasms have remained relatively stable for both sexes over the period 1995-2009. The rate was higher in males than in females.

# MORTALITY: LEADING CAUSES - MALIGNANT NEOPLASMS BY SEX AND AGE

CHART 5-83

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 140-208,238.6/ICD10 C00-C97

## B. Significance/Use:

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

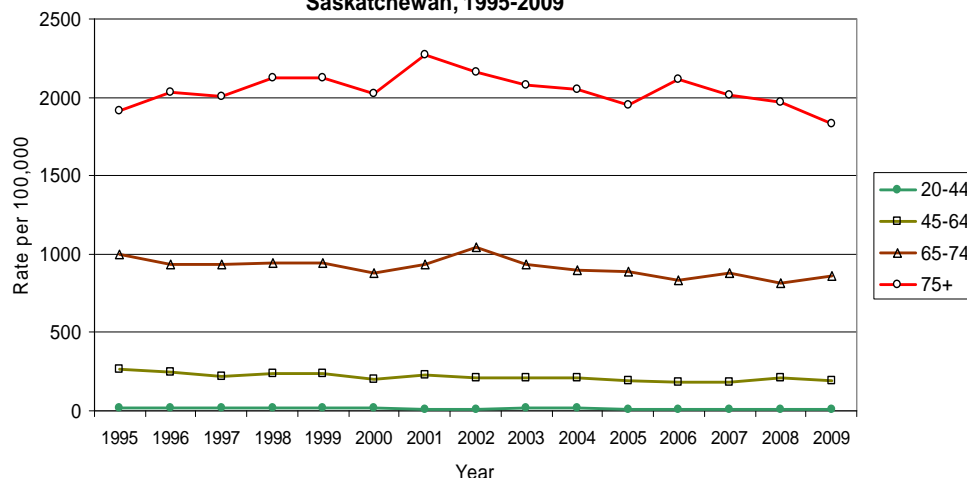
## C. Limitations:

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

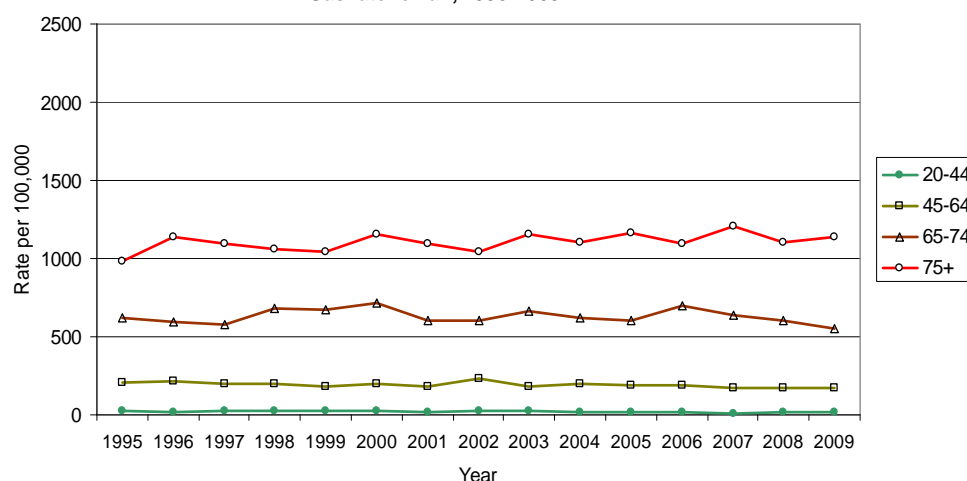
## D. Source:

SK Vital Statistics, death registration.

**Malignant Neoplasm: Age-specific Mortality Rate among Males in Saskatchewan, 1995-2009**



**Malignant Neoplasm: Age-specific Mortality Rate among Females in Saskatchewan, 1995-2009**



## SUMMARY OF FINDINGS:

Mortality due to malignant neoplasms was higher for males than females. Like females, the mortality rate was the highest for those aged 75 and older. The rate in this age group exhibited a slight decrease since 2001.

For females, mortality was highest in those aged 75 years and older. Between 1995 and 2009, the age-specific rate in this group increased slightly.

Rates for age groups for both sexes less than 20 years were not displayed due to small numbers.

# MORTALITY: LEADING CAUSES - MALIGNANT NEOPLASMS BY RHA

CHART 5-84

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 140-208,238.6/ICD10 C00-C97

## B. Significance/Use:

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

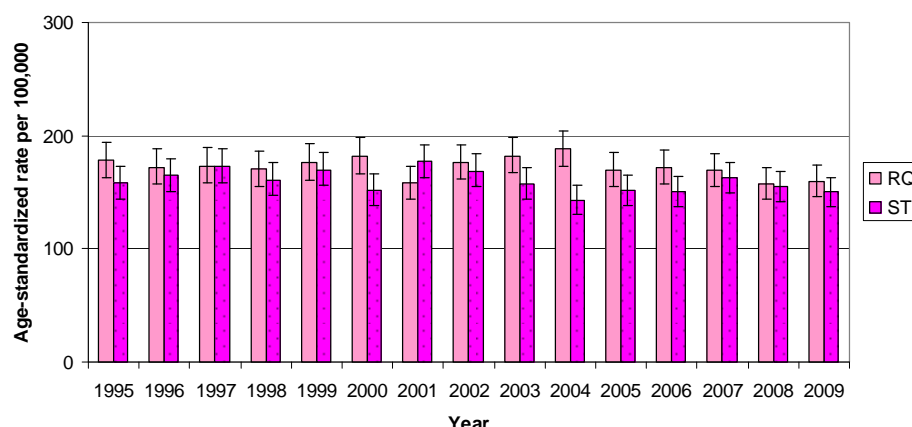
## C. Limitations:

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

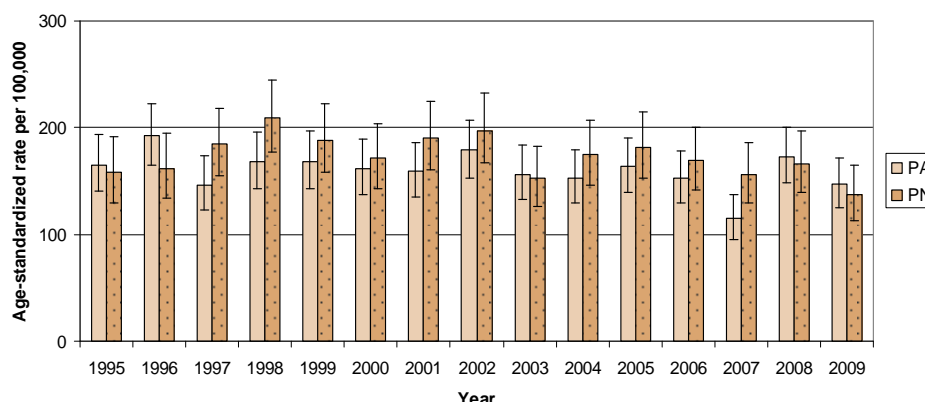
## D. Source:

SK Vital Statistics, death registration.

**Malignant Neoplasm: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group A, 1995-2009**



**Malignant Neoplasm: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group H, 1995-2009**



## SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQ) and Saskatoon (ST), health regions' age-standardized mortality rates (ASMR) due to malignant neoplasms remained relatively stable during the 1995 to 2009 time period. For most years the rate was higher in RQ than in ST and was significantly different in 2000 and 2004.

Peer Group H, Prairie North (PN) and Prince Albert Parkland (PA), health regions' ASMRs varied over the time period 1995 to 2009. The difference between the two regions was not significant for any of the years.

Peer Group F was not displayed due to small numbers.

# MORTALITY: LEADING CAUSES - MALIGNANT NEOPLASMS BY RHA

CHART 5-85

## A. Definitions:

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

Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 140-208,238.6/ICD10 C00-C97

## B. Significance/Use:

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

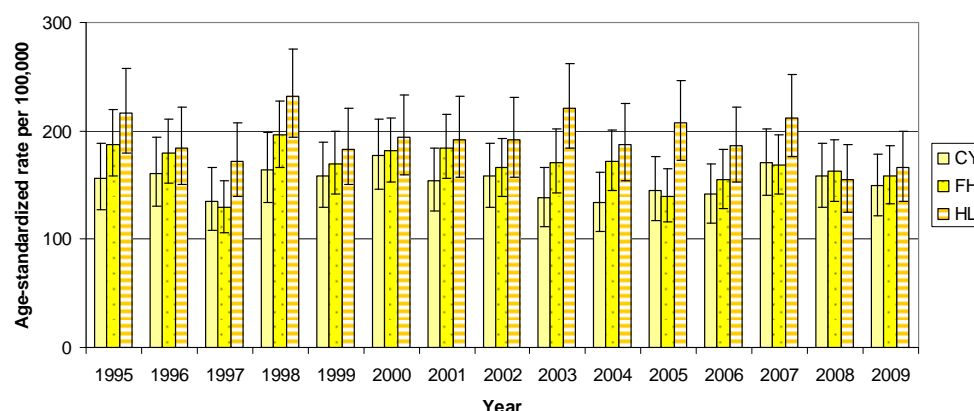
## C. Limitations:

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

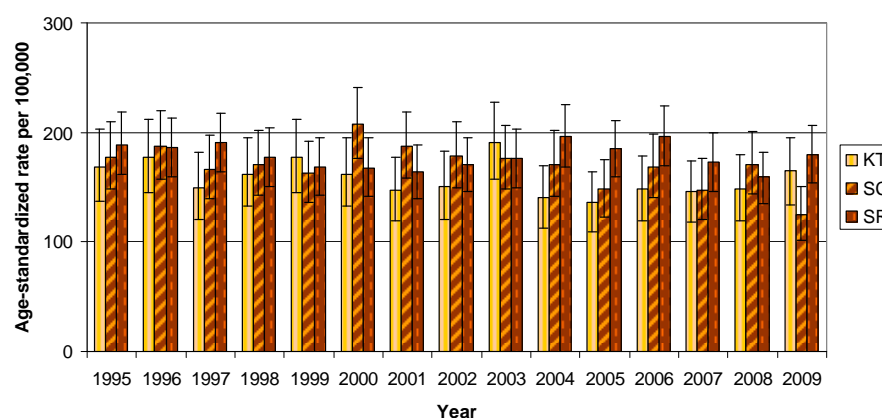
## D. Source:

SK Vital Statistics, death registration.

**Malignant Neoplasm: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group D1, 1995-2009**



**Malignant Neoplasm: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group D2, 1995-2009**



## SUMMARY OF FINDINGS:

Peer Group D1, Cypress (CY), Five Hills (FH) and Heartland (HL), health regions' age-standardized mortality rates (ASMR) due to neoplasms varied over the time period 1995 to 2009. Overall, the rate was highest in HL, but only significantly different from CY in 2003 and FH in 2005.

Peer Group D2, Kelsey Trail (KT), Sun Country (SC) and Sunrise (SR), health regions' ASMRs varied over the time period 1995 to 2009 with no significant differences found among the three health regions with the exception of SC and SR in 2009.

# MORTALITY: LEADING CAUSES - DISEASES OF THE HEART - OVERALL

## CHART 5-86

### A. Definitions:

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

Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD9 390-398.9, 402-402.9, 404-404.9, 410-414, 415-429.3, 429.5-429.9/ICD10 I00-I09, I11, I13, I20-I51

### B. Significance/Use:

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

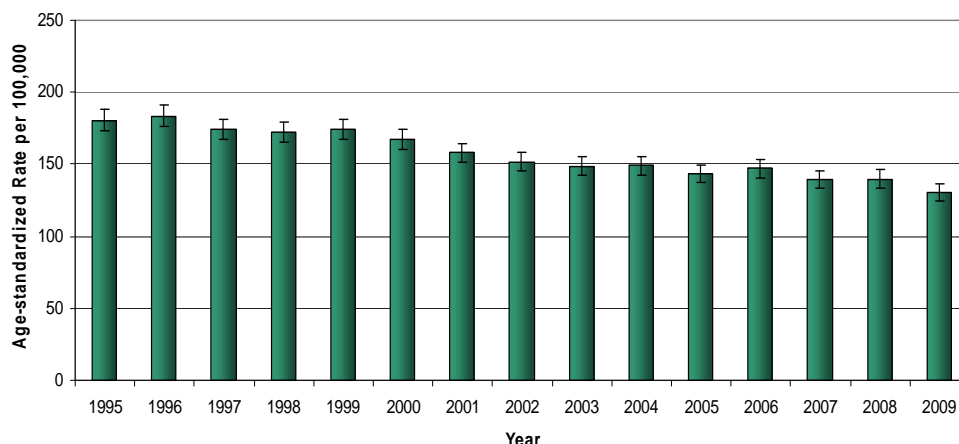
### C. Limitations:

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

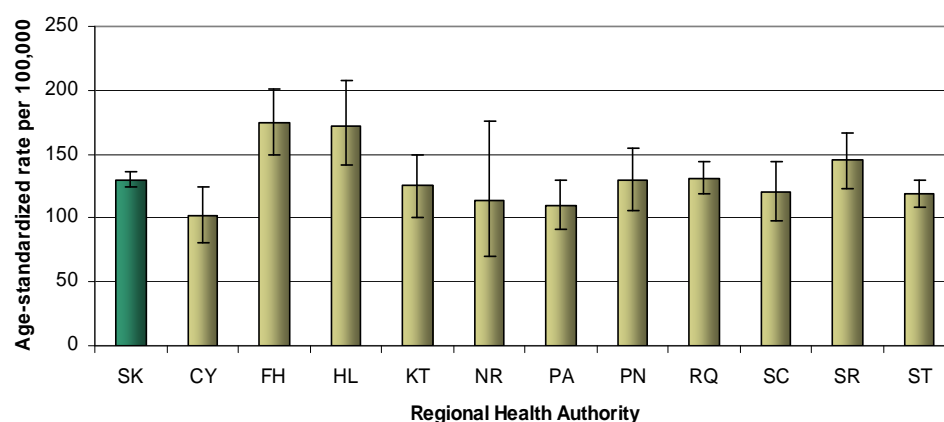
### D. Source:

SK Vital Statistics, death registration.

Heart Disease: Age-Standardized Mortality Rate in Saskatchewan, 1995-2009



Heart Disease: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, 2009



### SUMMARY OF FINDINGS:

The age-standardized mortality rate (ASMR) due to diseases of the heart in Saskatchewan (SK) decreased gradually and significantly over the period 1995-2009.

The 2009 ASMRs varied across the health regions. The rate was significantly higher in Five Hills (FH) and Heartland (HL) health regions and significantly lower in the Cypress health region (CY). The three northern health regions were combined due to small numbers.

The 2009 ASMR was highest in FH and lowest in Cypress (CY).

# MORTALITY: LEADING CAUSES - DISEASES OF THE HEART BY AGE AND SEX

## CHART 5-87

### A. Definitions:

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

Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 390-398.9, 402-402.9, 404-404.9, 410-414, 415-429.3, 429.5-429.9/ ICD10 I00-I09, I11, I13, I20-I51

### B. Significance/Use:

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

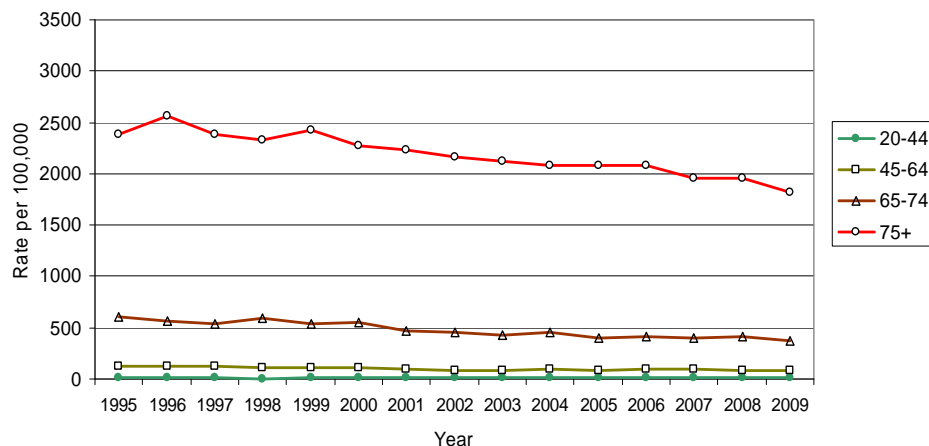
### C. Limitations:

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

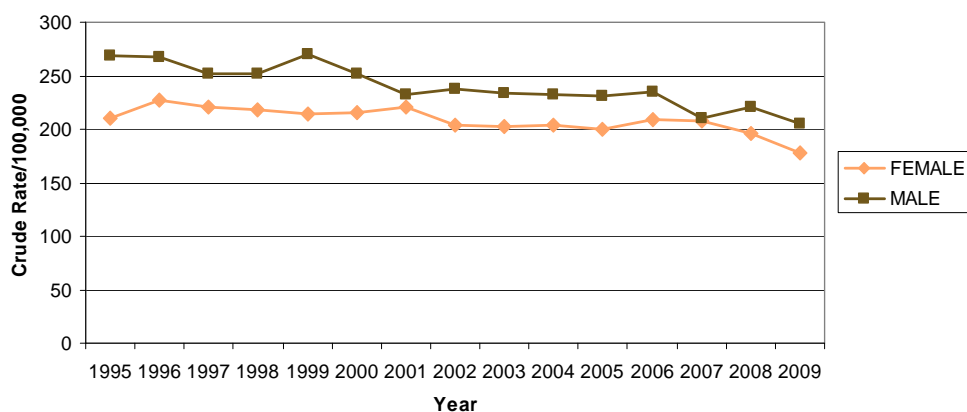
### D. Source:

SK Vital Statistics, death registration.

Heart Disease: Age-specific Mortality Rate in Saskatchewan, 1995-2009



Heart Disease: Crude Mortality Rate in Saskatchewan by Sex, 1995-2009



### SUMMARY OF FINDINGS:

Mortality due to diseases of the heart varied by age. The age-specific rates decreased over the time period 1995 and 2009, specifically for those 75 years and older.

The mortality rate was the highest for those aged 75 and older, four times as high compared to the next highest group, those 65 to 74 years.

Sex-specific mortality rates due to diseases of the heart were higher in males than females. The rate decreased for both sexes over the 1995 to 2009 time period.

# MORTALITY: LEADING CAUSES - DISEASES OF THE HEART BY SEX AND AGE

CHART 5-88

## A. Definitions:

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

Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 390-398.9, 402-402.9, 404-404.9, 410-414, 415-429.3, 429.5-429.9/ ICD10 I00-I09, I11, I13, I20-I51

## B. Significance/Use:

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

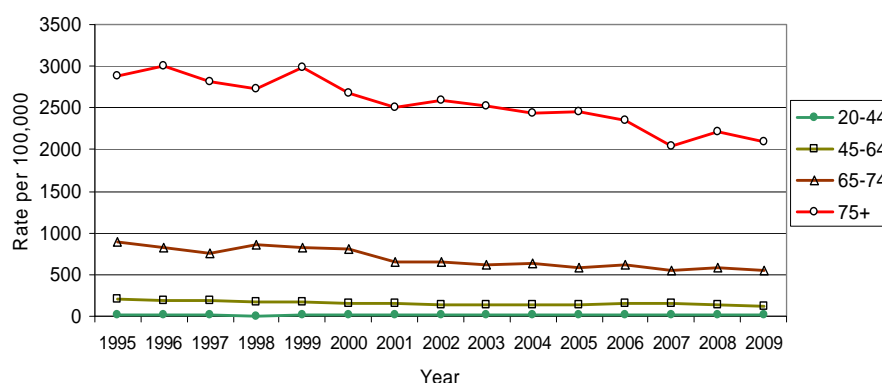
## C. Limitations:

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

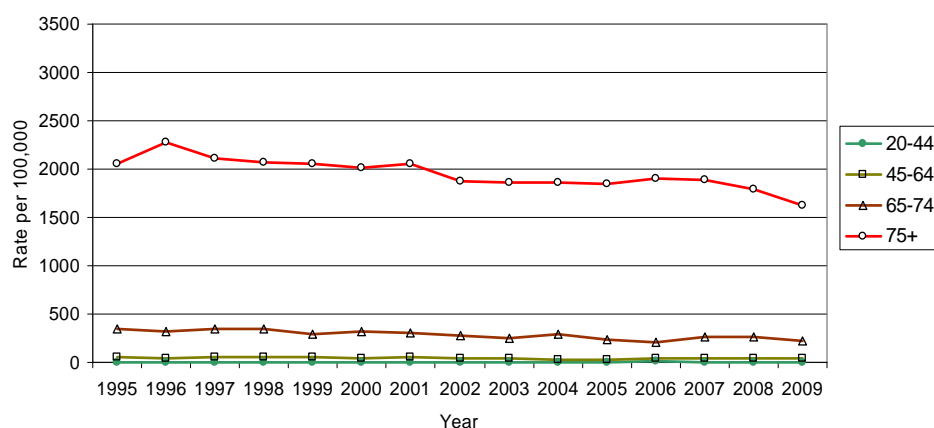
## D. Source:

SK Vital Statistics, death registration.

Heart Disease: Age-specific Mortality Rate among Males in Saskatchewan, 1995-2009



Heart Disease: Age-specific Mortality Rate among Females in Saskatchewan, 1995-2009



## SUMMARY OF FINDINGS:

For males and females, the mortality rate was highest for those aged 75 years and older. Overall the age-specific rates for males decreased in the 75 year and over and the 65-74 year age groups during the time period of 1995 to 2009.

For females, the rates for those aged 75 years and older decreased over the time period of 1995 to 2009. Overall the age-specific rates for the rest of the age categories were steady over the time period of 1995 to 2009.

Rates for age groups under 20 years were not displayed due to small numbers.

# MORTALITY: LEADING CAUSES - DISEASES OF THE HEART BY RHA

## CHART 5-89

### A. Definitions:

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

Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 390-398.9, 402-402.9, 404-404.9, 410-414, 415-429.3, 429.5-429.9/ ICD10 I00-I09, I11, I13, I20-I51

### B. Significance/Use:

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

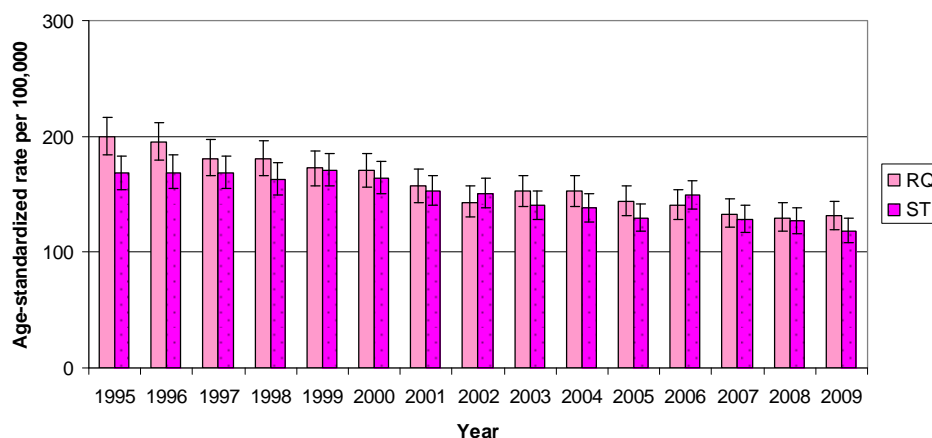
### C. Limitations:

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

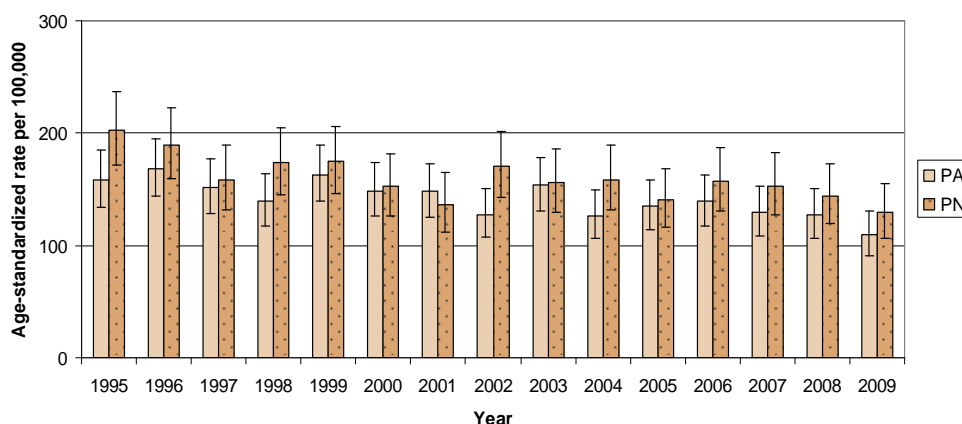
### D. Source:

SK Vital Statistics, death registration.

Heart Disease: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group A, 1995-2009



Heart Disease: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group H, 1995-2009



### SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQ) and Saskatoon (ST), health regions' age-standardized mortality rates (ASMR) due to diseases of the heart decreased significantly over the time period 1995 to 2009. In general, the rate tended to be higher in RQ than ST but the difference was not significant in any of the years with the exception of 1995.

Peer Group H, Prairie North (PN) and Prince Albert Parkland (PA), health regions' ASMRs varied with an overall decreasing trend over the time period 1995 to 2009. The difference between the two regions was not significant for any of the years.

Peer Group F was not displayed due to small numbers.

# MORTALITY: LEADING CAUSES - DISEASES OF THE HEART BY RHA

## CHART 5-90

### A. Definitions:

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

Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 390-398.9, 402-402.9, 404-404.9, 410-414, 415-429.3, 429.5-429.9/ ICD10 I00-I09, I11, I13, I20-I51

### B. Significance/Use:

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

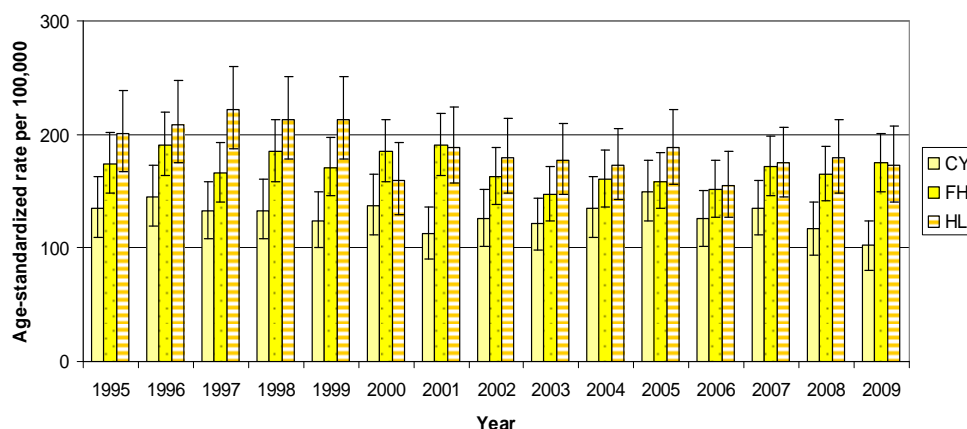
### C. Limitations:

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

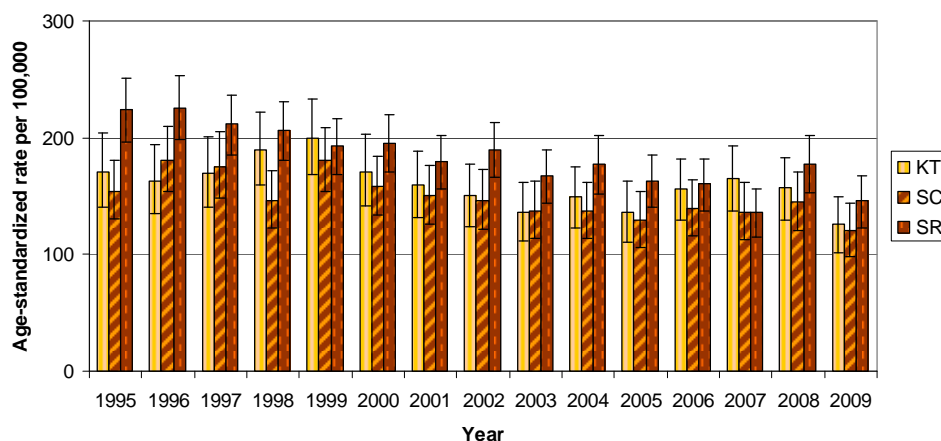
### D. Source:

SK Vital Statistics, death registration.

Heart Disease: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group D1, 1995-2009



Heart Disease: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group D2, 1995-2009



### SUMMARY OF FINDINGS:

Peer Group D1, Cypress (CY), Five Hills (FH) and Heartland (HL), health regions' age-standardized mortality rates (ASMR) due to diseases of the heart varied over the time period 1995 to 2009. Overall, the rate was highest in HL and lowest in CY and significant differences between these two regions were seen for a number of the years.

Peer Group D2, Kelsey Trail (KT), Sun Country (SC) and Sunrise (SR), health regions' ASMRs varied and decreased over the time period 1995 to 2009. Significant differences were found among the three health regions for a number of the years.

# MORTALITY: LEADING CAUSES - UNINTENTIONAL INJURIES - OVERALL

CHART 5-91

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 800-869, 880-929.9/ ICD10 V01-X59, Y85-Y86

## B. Significance/Use:

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

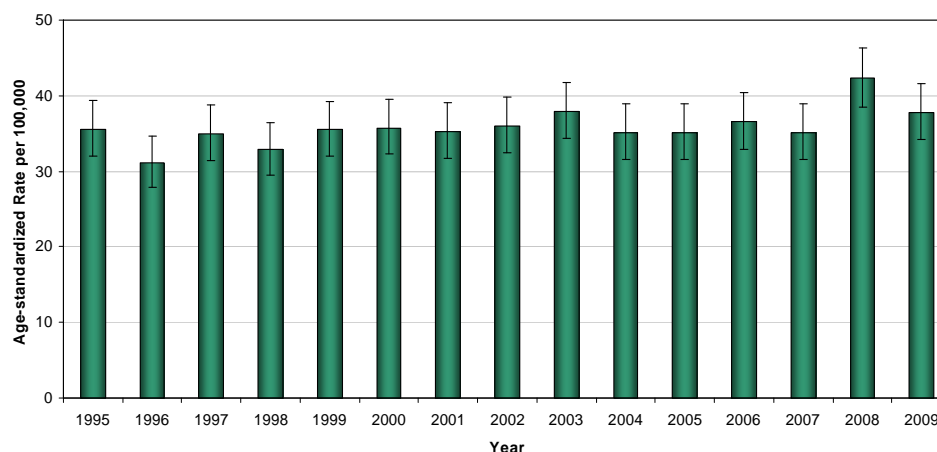
## C. Limitations:

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

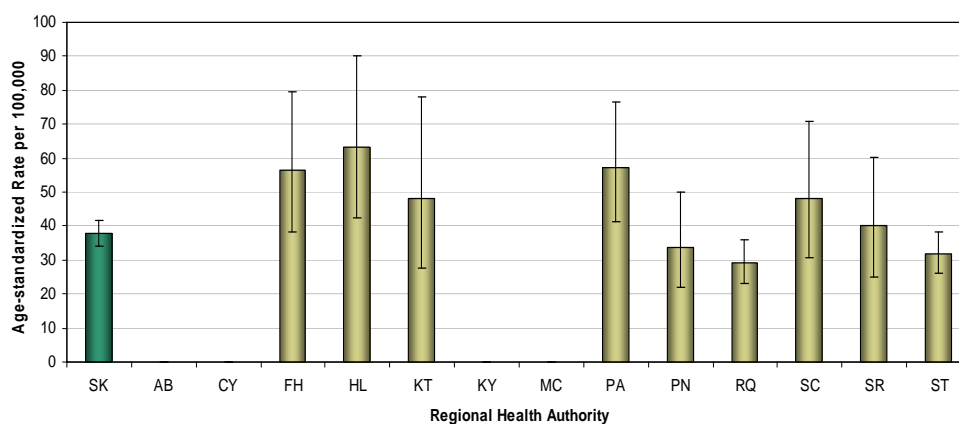
## D. Source:

SK Vital Statistics, death registration.

Unintentional Injuries: Age-standardized Mortality Rate in Saskatchewan  
1995 - 2009



Unintentional Injuries: Age-standardized Mortality Rate in Saskatchewan by  
Regional Health Authority, 2009



## SUMMARY OF FINDINGS:

The age-standardized mortality rate (ASMR) related to external causes of unintentional injuries in Saskatchewan (SK) fluctuated but did not change significantly over the 1995 to 2009 time period.

The 2009 ASMRs varied across the health regions, however, the regional rates did not differ significantly from the provincial average. A number of health regions had numbers too small to be displayed.

# MORTALITY: LEADING CAUSES - UNINTENTIONAL INJURIES BY AGE AND SEX

CHART 5-92

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 800-869, 880-929.9/ ICD10 V01-X59, Y85-Y86

## B. Significance/Use:

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

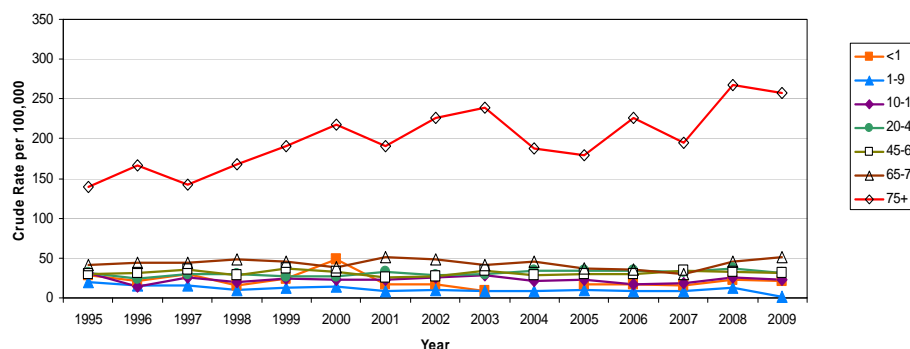
## C. Limitations:

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

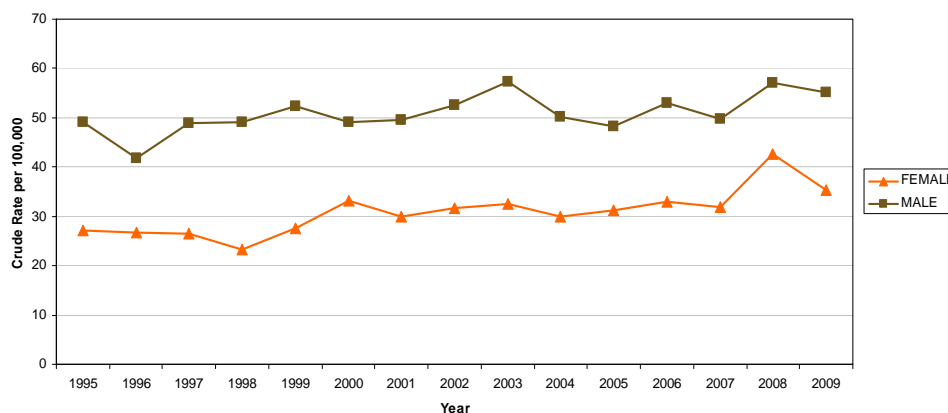
## D. Source:

SK Vital Statistics, death registration.

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



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



## SUMMARY OF FINDINGS:

Mortality related to external causes of unintentional injuries varied by age group. Deaths related to these causes were the highest for those 75 and older. The rate of this group was about five times higher than the remaining age groups.

Age-specific rates for all age groups remained relatively stable over the time period, with the exception of the 75 years and older group which increased over the years.

The sex-specific mortality rate related to external causes of unintentional injuries was higher in males than for females for all years from 1995 to 2009. The rates increased slightly over the years for both sexes.

# MORTALITY: LEADING CAUSES - UNINTENTIONAL INJURIES BY SEX AND AGE

CHART 5-93

## A. Definitions:

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

Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 800-869, 880-929.9/ ICD10 V01-X59, Y85-Y86

## B. Significance/Use:

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

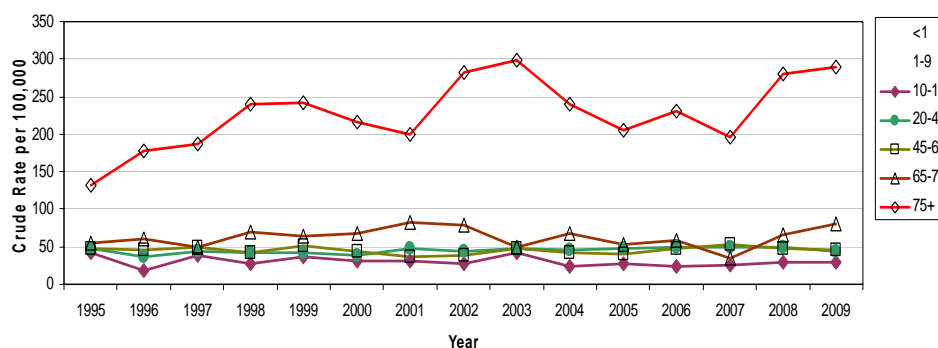
## C. Limitations:

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

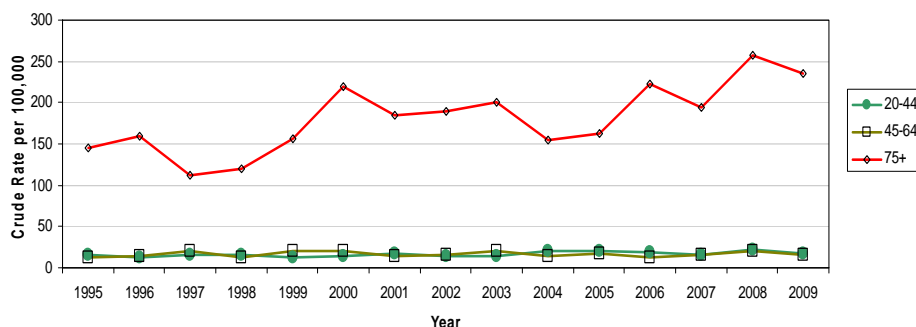
## D. Source:

SK Vital Statistics, death registration.

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



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



## SUMMARY OF FINDINGS:

For males, mortality related to external causes of unintentional injuries was the highest for those aged 75 and older. The age-specific rate of this age group increased during 1995 to 2009.

For females, between 1995 and 2009, mortality related to unintentional injuries was the highest in those aged 75 years and over. The rate in this age group increased over the time period.

Rates for those under 10 years for males and 20 years for females as well as 65-74 years for females were not displayed due to small numbers.

# MORTALITY: LEADING CAUSES - UNINTENTIONAL INJURIES BY RHA

CHART 5-94

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 800-869, 880-929.9/ ICD10 V01-X59, Y85-Y86

## B. Significance/Use:

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

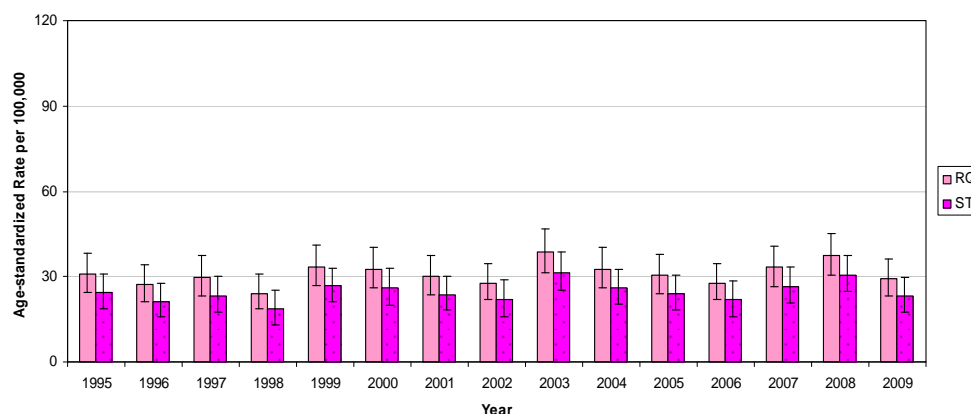
## C. Limitations:

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

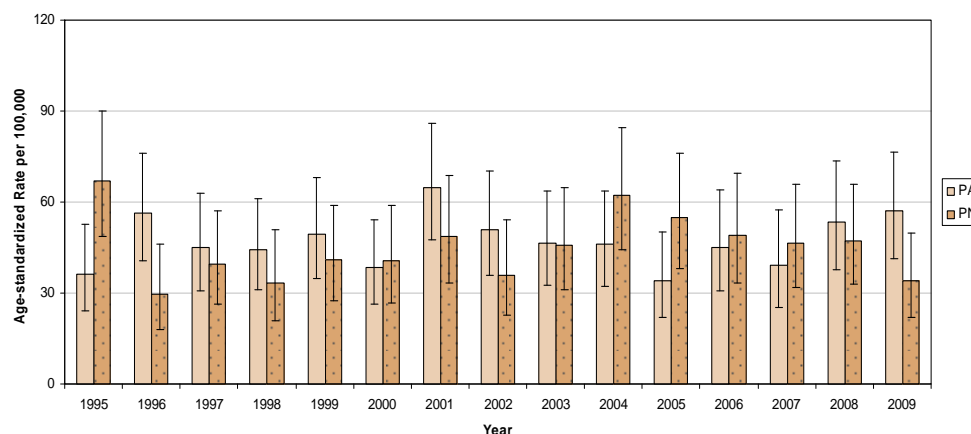
## D. Source:

SK Vital Statistics, death registration.

Unintentional Injuries: Age-standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group A, 1995-2009



Unintentional Injuries: Age-standardized Mortality Rate in Saskatchewan by Regional Health Authority Peer Group H, 1995-2005



## SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQ) and Saskatoon (ST), health regions' age-standardized mortality rates (ASMR) related to external causes of unintentional injuries remained relatively stable between 1995 and 2009 for both health regions. No significant differences were seen between the health regions for any of the years.

Peer Group H, Prairie North (PN) and Prince Albert Parkland (PA), health regions' ASMRs varied over the time period 1995 to 2009. No significant differences were seen between the health regions for any of the years.

Peer Group F was not displayed due to small numbers.

# MORTALITY: LEADING CAUSES - UNINTENTIONAL INJURIES BY RHA

CHART 5-95

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 800-869, 880-929.9/ ICD10 V01-X59, Y85-Y86

## B. Significance/Use:

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

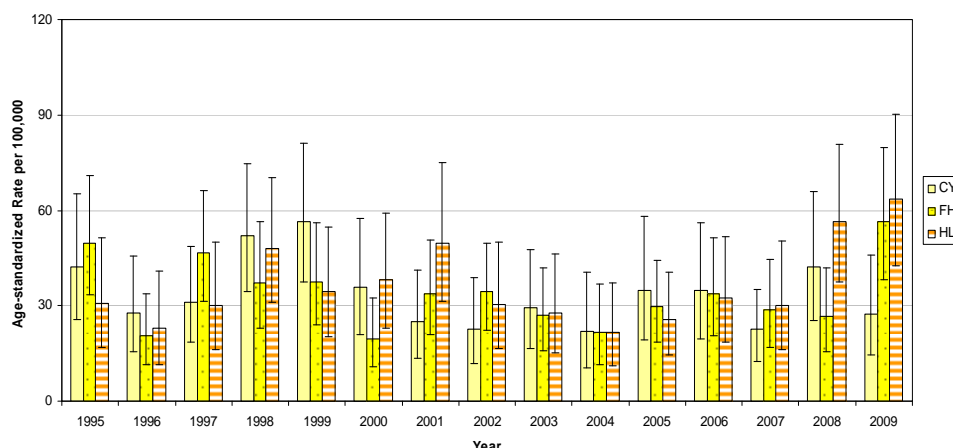
## C. Limitations:

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

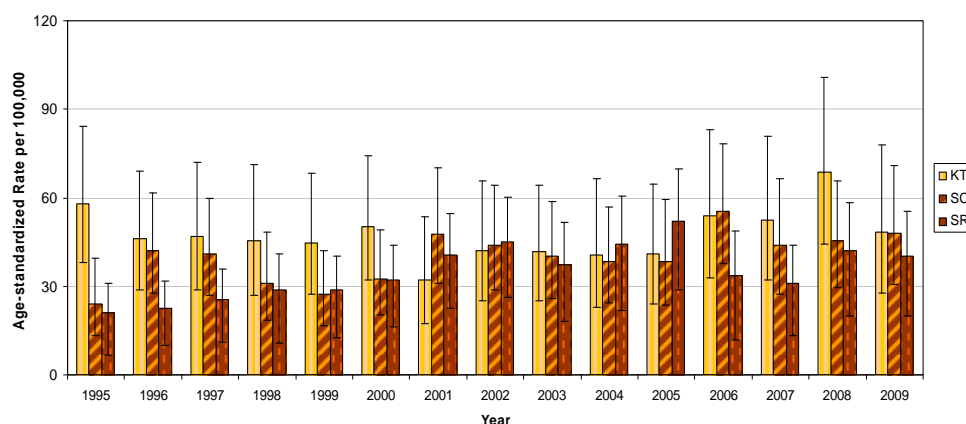
## D. Source:

SK Vital Statistics, death registration.

Unintentional Injuries: Age-standardized Rate of Mortality in Saskatchewan by Regional Health Authority Peer Group D1, 1995 - 2009



Unintentional injuries: Age-standardized Rate of Mortality in Saskatchewan by Regional Health Authority Peer Group D2, 1995-2009



## SUMMARY OF FINDINGS:

Peer Group D1, Cypress (CY), Five Hills (FH) and Heartland (HL), health regions' age-standardized mortality rates (ASMR) related to unintentional injuries varied over the time period 1995 to 2009. None of the health regions were significantly different in each of the years.

Peer Group D2, Kelsey Trail (KT), Sun Country (SC) and Sunrise (SR), health regions' ASMRs varied over the time period 1995 to 2009. KT and SR were significantly different in 1995.

# MORTALITY: LEADING CAUSES - CEREBRO-VASCULAR DISEASES - OVERALL

CHART 5-96

## A. Definitions:

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

Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 430-434.9, 436-438.9/ ICD10 I60-I69

## B. Significance/Use:

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

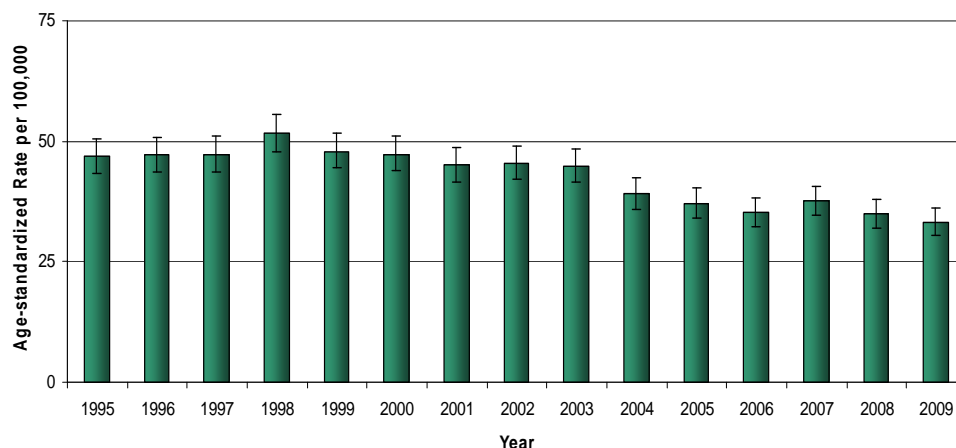
## C. Limitations:

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

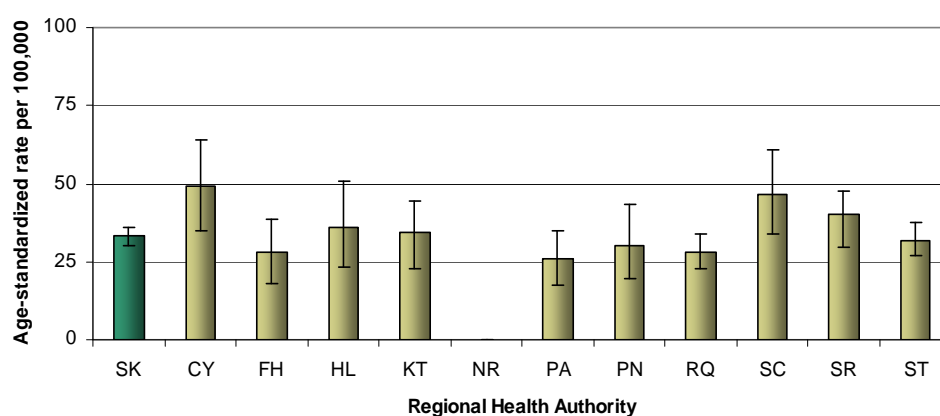
## D. Source:

SK Vital Statistics, death registration.

Cerebrovascular Disease: Age-Standardized Mortality Rate in Saskatchewan, 1995-2009



Cerebrovascular Disease: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, 2009



## SUMMARY OF FINDINGS:

The age-standardized mortality rate (ASMR) due to cerebrovascular diseases decreased gradually and significantly over the time period 1995-2009, specifically in the last seven years.

The ASMRs for the regions did not differ significantly from the provincial rate. The three northern health regions were combined (NR); however even combined the numbers were too small to be displayed.

# MORTALITY: LEADING CAUSES - CEREBRO-VASCULAR DISEASES BY AGE AND SEX

CHART 5-97

## A. Definitions:

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

Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 430-434.9, 436-438.9/ ICD10 I60-I69

## B. Significance/Use:

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

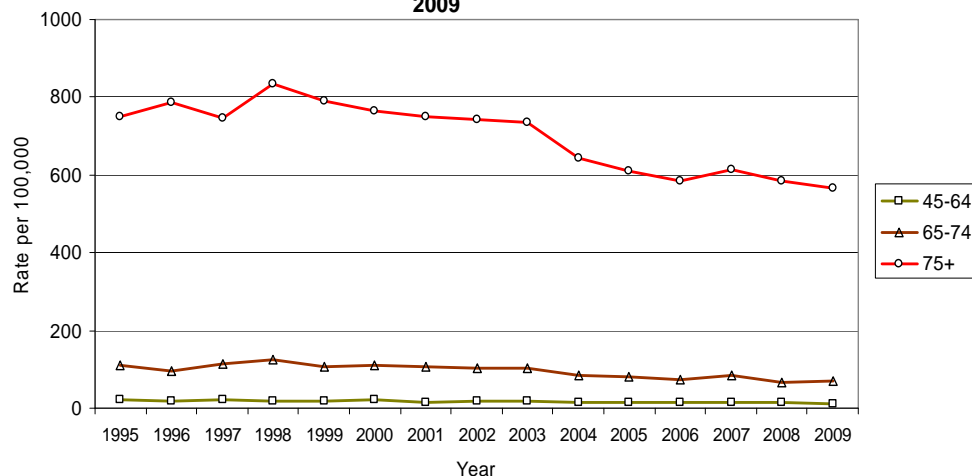
## C. Limitations:

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

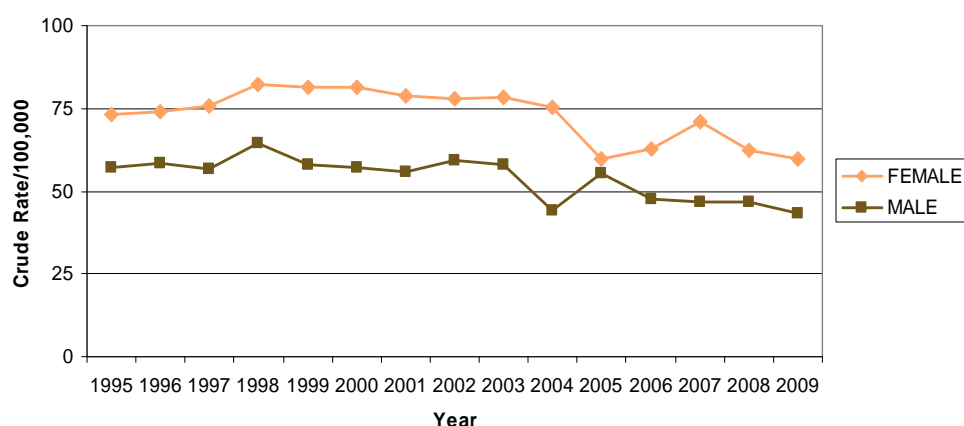
## D. Source:

SK Vital Statistics, death registration.

Cerebrovascular Disease: Age-specific Mortality Rate in Saskatchewan, 1995-2009



Cerebrovascular Disease: Crude Mortality Rate in Saskatchewan by Sex, 1995-2009



## SUMMARY OF FINDINGS:

The mortality rates due to cerebrovascular diseases was the highest for those aged 75 and older and the age-specific rate of this group decreased between 1995 and 2009.

The sex-specific mortality rates due to cerebrovascular diseases decreased for both sexes over the period 1995-2009. The rate was higher in females than in males.

# MORTALITY: LEADING CAUSES - CEREBRO-VASCULAR DISEASES BY SEX AND AGE

CHART 5-98

## A. Definitions:

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

Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 430-434.9, 436-438.9/ ICD10 I60-I69

## B. Significance/Use:

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

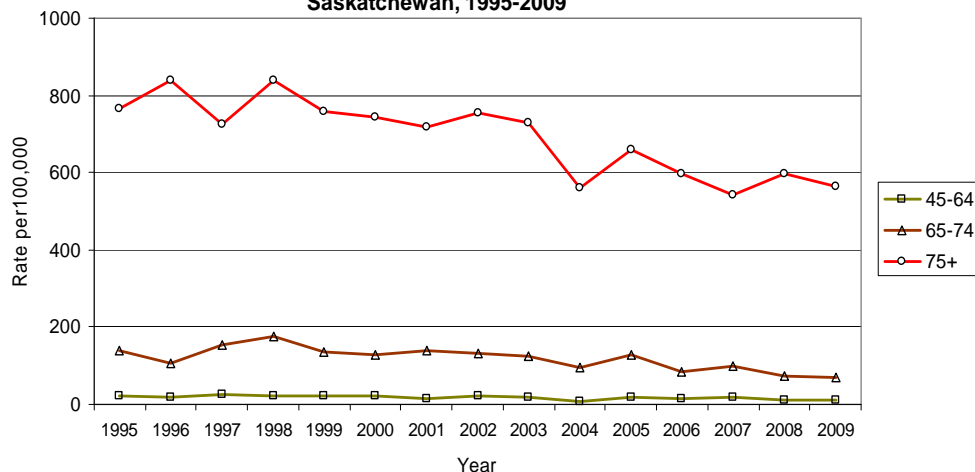
## C. Limitations:

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

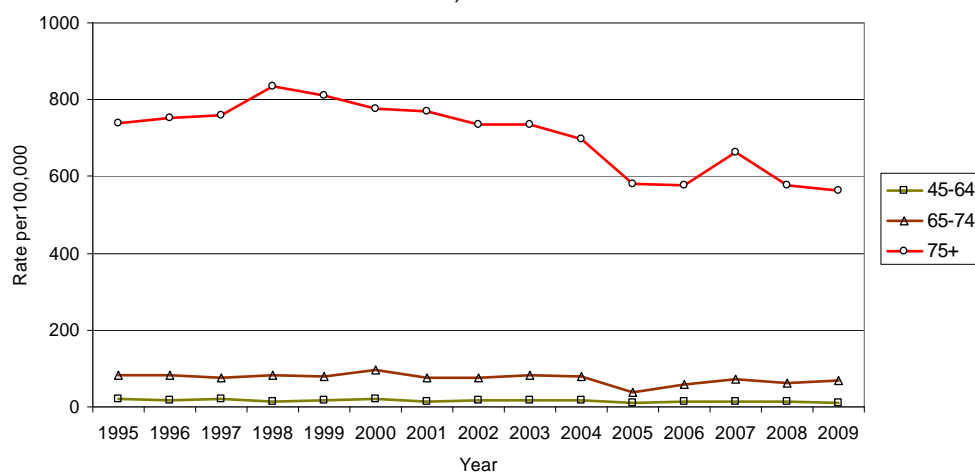
## D. Source:

SK Vital Statistics, death registration.

**Cerebrovascular Disease: Age-specific Mortality Rate among Males in Saskatchewan, 1995-2009**



**Cerebrovascular Disease: Age-specific Mortality Rate among Females in Saskatchewan, 1995-2009**



## SUMMARY OF FINDINGS:

For males, age-specific mortality due to cerebrovascular diseases was similar to that seen in females. Like females, the mortality rate was the highest for those aged 75 and older. The rate in this age group exhibited a decrease since 1998.

For females, mortality was highest in those aged 75 years and older. The rate in this age group exhibited a decrease since 1998.

For both sexes, rates for age groups less than 45 years were not included due to small numbers.

# MORTALITY: LEADING CAUSES - CEREBRO-VASCULAR DISEASES BY RHA

CHART 5-99

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 430-434.9, 436-438.9/ ICD10 I60-I69

## B. Significance/Use:

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

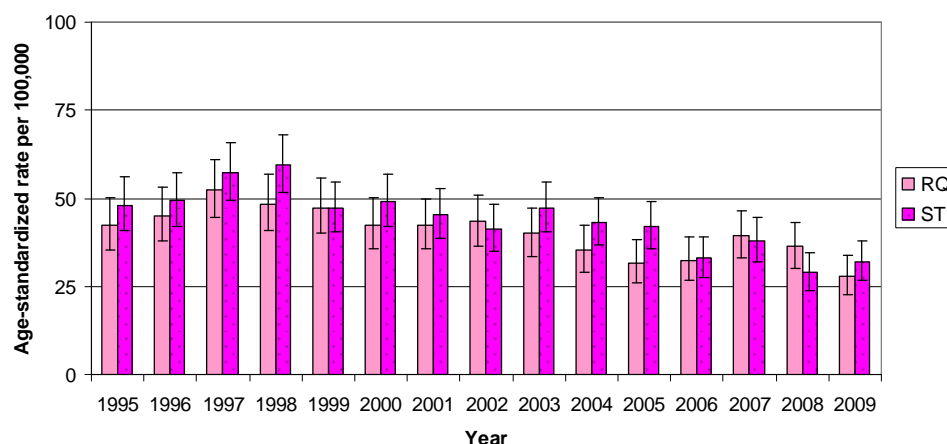
## C. Limitations:

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

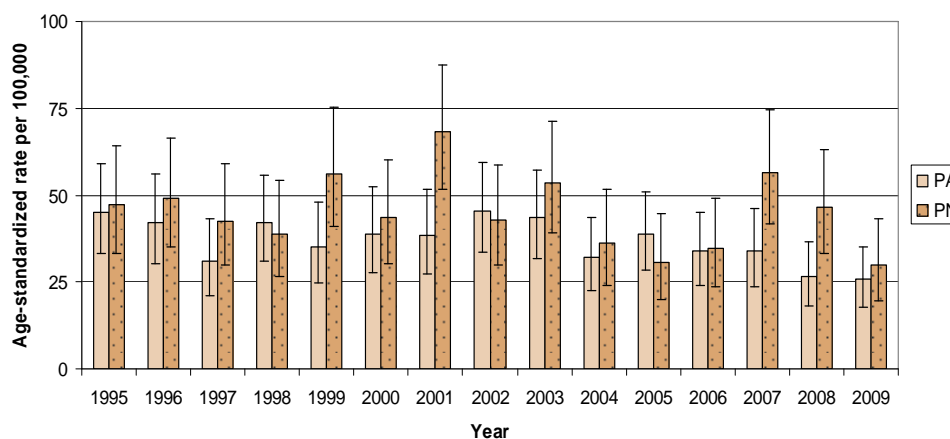
## D. Source:

SK Vital Statistics, death registration.

**Cerebrovascular Disease: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group A, 1995-2009**



**Cerebrovascular Disease: Age-Standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group H, 1995-2009**



## SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQ) and Saskatoon (ST), health regions' age-standardized mortality rates (ASMR) due to cerebrovascular diseases decreased significantly during the 1995-2009 time period. The rate did not differ between RQ and ST.

Peer Group H, Prairie North (PN) and Prince Albert Parkland (PA), health regions' ASMRs varied over the time period 1995 to 2009. The rates were higher in PN than PA but the difference was not significant for any of the years with the exception of 2001.

Peer Group F was not displayed due to small numbers.

# MORTALITY: LEADING CAUSES - CEREBRO-VASCULAR DISEASES BY RHA

CHART 5-100

## A. Definitions:

Number of deaths during a given calendar year per 100,000 population. Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 430-434.9, 436-438.9/ ICD10 I60-I69

## B. Significance/Use:

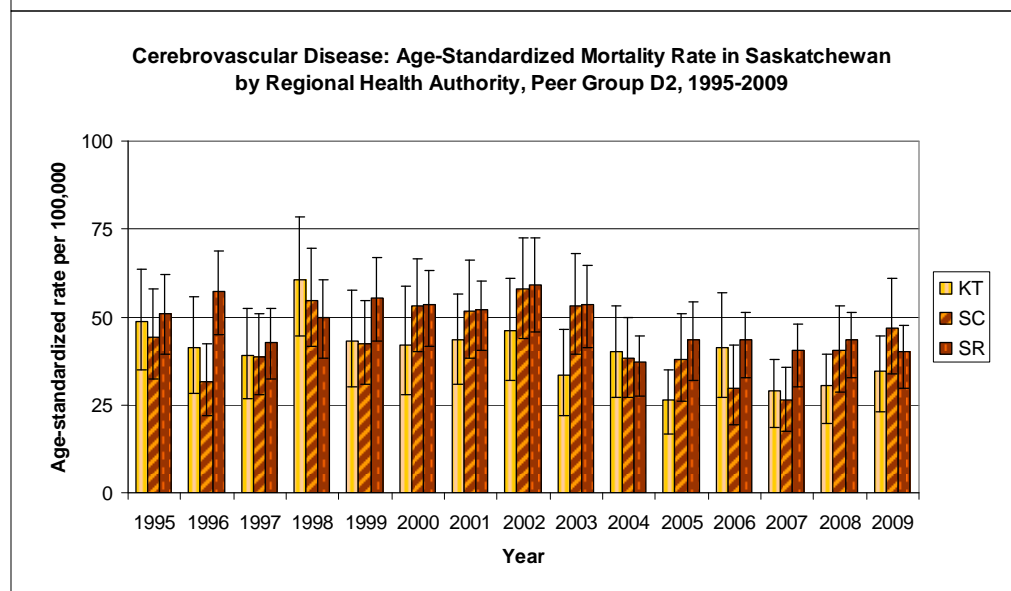
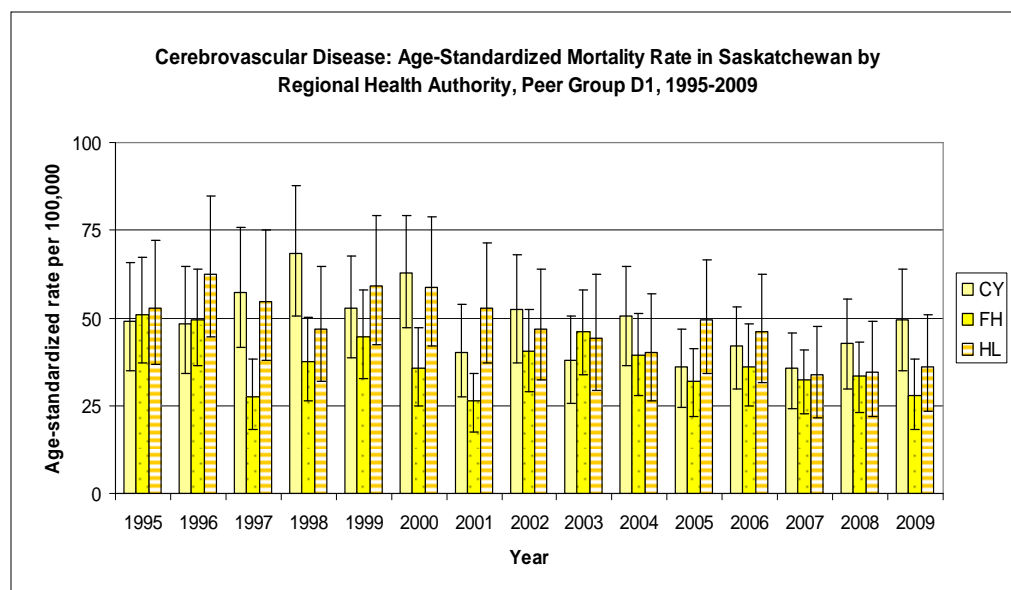
Mortality reflects the upper limit of the disease severity continuum. Mortality data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

## C. Limitations:

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

## D. Source:

SK Vital Statistics, death registration.



## SUMMARY OF FINDINGS:

Peer Group D1, Cypress (CY), Five Hills (FH) and Heartland (HL), health regions' age-standardized mortality rates (ASMR) due to cerebrovascular diseases varied over the time period 1995 to 2009. No significant differences were seen from 2002 onward.

Peer Group D2, Kelsey Trail (KT), Sun Country (SC) and Sunrise (SR), health regions' ASMRs varied over the time period 1995 to 2009 with no significant differences found among the three health regions with the exception of 1996 in which SC was significantly lower than SR.

# MORTALITY: LEADING CAUSES - CHRONIC LOWER RESPIRATORY DISEASES - OVERALL

CHART 5-101

## A. Definitions:

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

Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 490-494.9, 496-496.9/ ICD10 J40-J47

## B. Significance/Use:

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

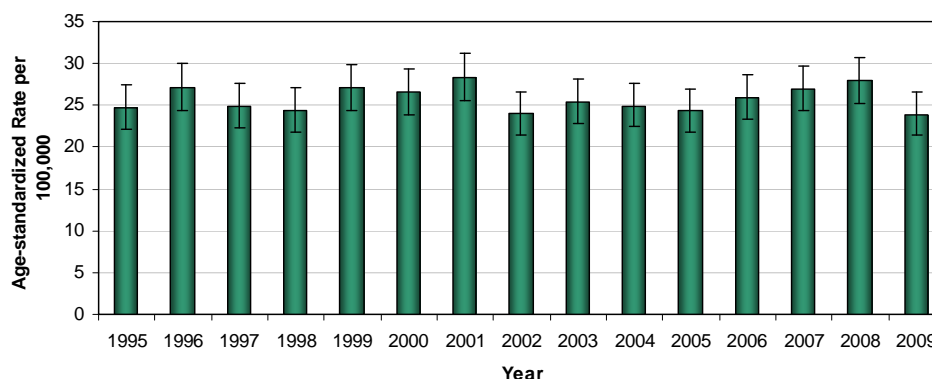
## C. Limitations:

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

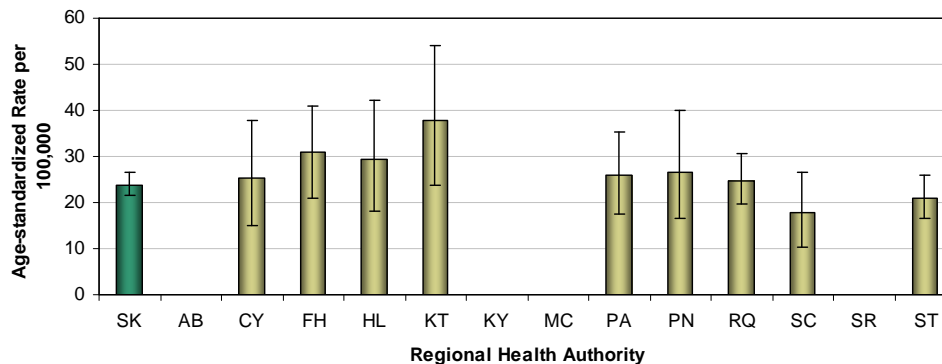
## D. Source:

SK Vital Statistics, death registration.

**Chronic Lower Respiratory Disease: Age-standardized Mortality Rate in Saskatchewan 1995 - 2009**



**Chronic Lower Respiratory Disease: Age-standardized Mortality Rate in Saskatchewan by Regional Health Authority, 2009**



## SUMMARY OF FINDINGS:

The age-standardized mortality rates (ASMR) due to chronic lower respiratory diseases in Saskatchewan (SK) varied but not significantly over the period 1995 to 2009.

The 2009 ASMRs varied among the health regions but none were significantly different than the provincial rate. The three northern health regions, Athabasca (AB), Keewatin Yatthé (KY) and Mamawetan Churchill (MC), and Sunrise (SR) had small numbers and, therefore, were not displayed.

# MORTALITY: LEADING CAUSES - CHRONIC LOWER RESPIRATORY DISEASES BY AGE AND SEX

CHART 5-102

## A. Definitions:

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

Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 ICD9 490-494.9, 496-496.9/ICD10 J40-J47

## B. Significance/Use:

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

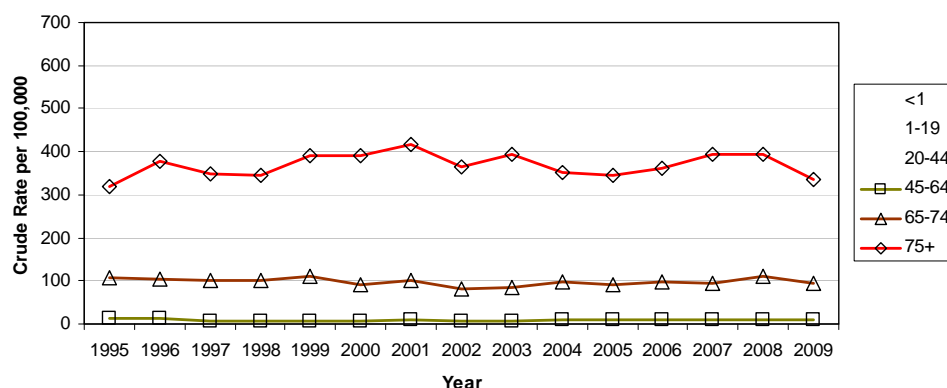
## C. Limitations:

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

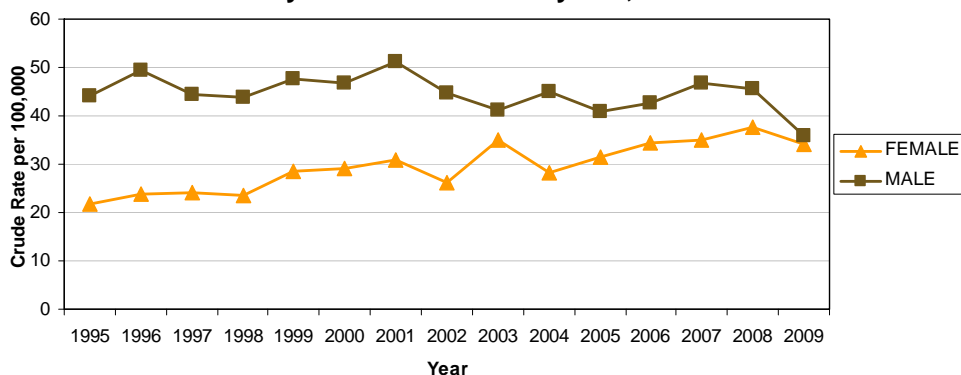
## D. Source:

SK Vital Statistics, death registration.

**Chronic Lower Respiratory Disease: Crude Rate of Mortality in Saskatchewan by Age Group, 1995 - 2009**



**Chronic Lower Respiratory Disease: Crude Rate of Mortality in Saskatchewan by sex, 1995 - 2009**



## SUMMARY OF FINDINGS:

Mortality due to chronic lower respiratory diseases varied by age. The age-specific rates remained stable over the time period 1995 to 2009 with the exception of the 75 years and over group.

The mortality rate was the highest for those aged 75 and older, over three times as high compared to those 65 to 74 years. The rates for those under the age of 45 years were not displayed due to small numbers.

Sex-specific mortality rates due to chronic lower respiratory diseases were consistently higher for males than females. The rate increased for females over the 1995 to 2009 time period, while the rates slightly decreased for males during the same time period.

# MORTALITY: LEADING CAUSES - CHRONIC LOWER RESPIRATORY DISEASES BY SEX AND AGE

## CHART 5-103

### A. Definitions:

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

Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 490-494.9, 496-496.9/ ICD10 J40-J47

### B. Significance/Use:

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

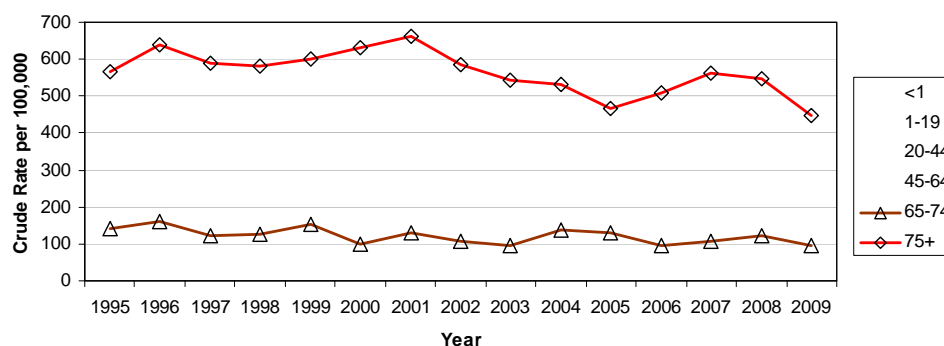
### C. Limitations:

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

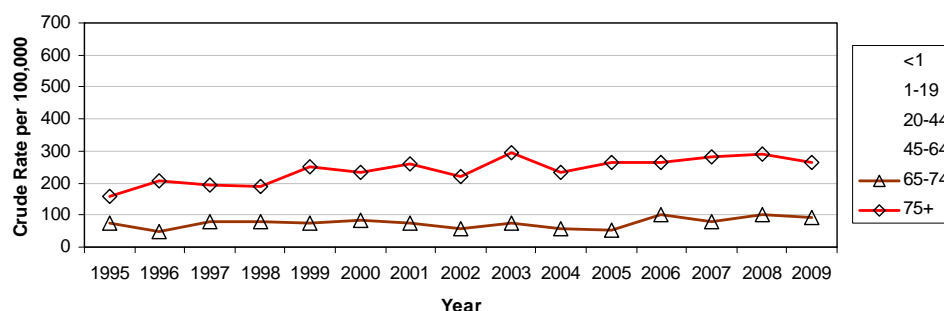
### D. Source:

SK Vital Statistics, death registration.

**Lower Chronic Respiratory Disease: Crude Rate of Mortality among Males in Saskatchewan by Age Group, 1995 - 2009**



**Chronic Lower Respiratory Disease: Crude Rate of Mortality among Females in Saskatchewan by Age Group, 1995 - 2009**



### SUMMARY OF FINDINGS:

For males, mortality due to chronic lower respiratory diseases was the highest for those aged 75 years and older, almost 4.5 times higher than that seen for the 65-74 year age group. Overall the age-specific rates slightly decreased in the 75 years and over and the 65-74 year age groups during the time period of 1995 to 2009.

For females, mortality was highest in those aged 75 years and older and the rates for that group slightly increased over the time period of 1995 to 2009. Overall the age-specific rate for the 65-74 year age category was steady over the time period of 1995 to 2009.

Rates for age groups under 65 years were not displayed due to small numbers.

# MORTALITY: LEADING CAUSES - CHRONIC LOWER RESPIRATORY DISEASES BY RHA

CHART 5-104

## A. Definitions:

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

Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 490-494.9, 496-496.9/ ICD10 J40-J47

## B. Significance/Use:

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

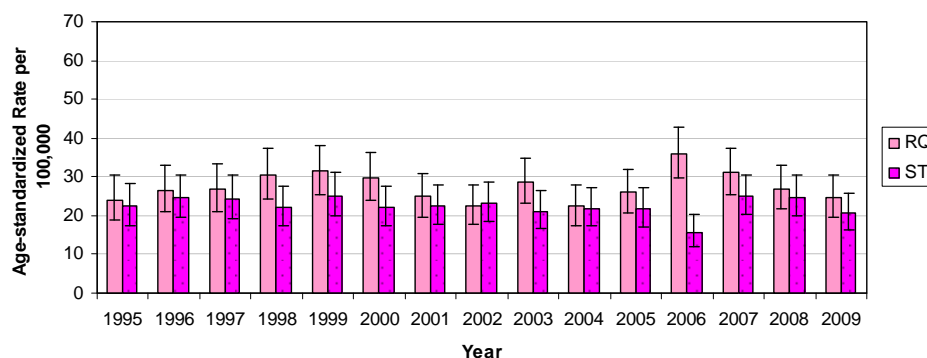
## C. Limitations:

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

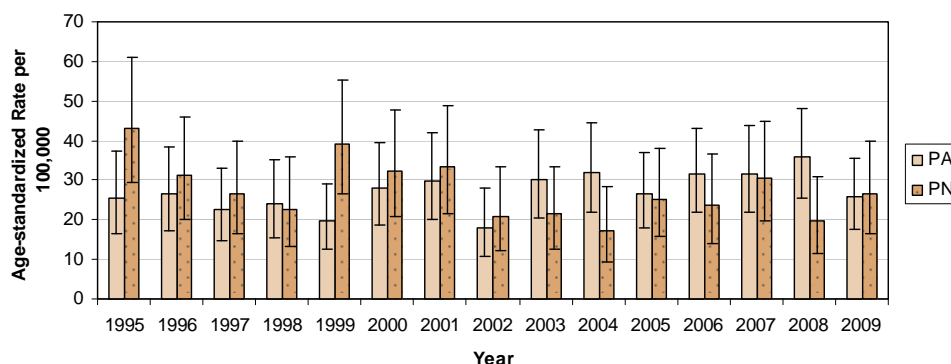
## D. Source:

SK Vital Statistics, death registration.

**Chronic Lower Respiratory Disease: Age-standardized Mortality Rate in Saskatchewan by Regional Health Authority, Peer Group A, 1995-2009**



**Chronic Lower Respiratory Disease: Age-standardized Mortality Rate in Saskatchewan by Regional Health Authority Peer Group H, 1995-2009**



## SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQ) and Saskatoon (ST), health regions' age-standardized mortality rates (ASMR) due to chronic lower respiratory diseases varied over the time period 1995 to 2009. In general, the rate was higher in RQ than ST but the difference was only significant in 2006.

Peer Group H, Prairie North (PN) and Prince Albert Parkland (PA), health regions' ASMRs varied over the time period 1995 to 2009. The difference between the two regions was not significant for any of the years.

Peer Group F was not displayed due to small numbers.

# MORTALITY: LEADING CAUSES - CHRONIC LOWER RESPIRATORY DISEASES BY RHA

CHART 5-105

## A. Definitions:

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

Annual mortality indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized mortality rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD9 490-494.9, 496-496.9/ ICD10 J40-J47

## B. Significance/Use:

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

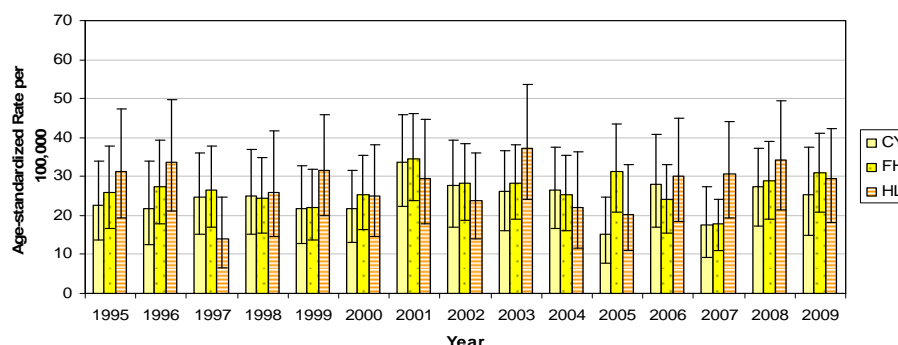
## C. Limitations:

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

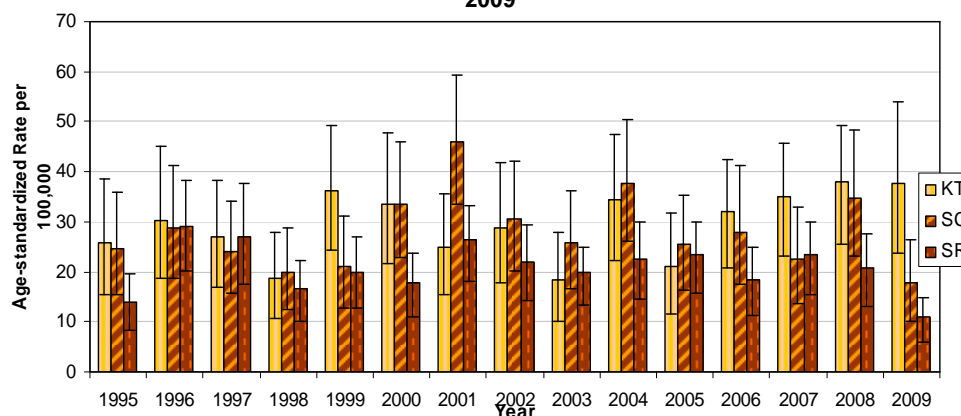
## D. Source:

SK Vital Statistics, death registration.

**Chronic Lower Respiratory Disease: Age-standardized Rate of Mortality in Saskatchewan by Regional Health Authority Peer Group D1, 1995 - 2009**



**Chronic Lower Respiratory Disease: Age-standardized Rate of Mortality in Saskatchewan by Regional Health Authority Peer Group D2, 1995 - 2009**



## SUMMARY OF FINDINGS:

Peer Group D1, Cypress (CY), Five Hills (FH) and Heartland (HL), health regions' age-standardized mortality rates (ASMR) due to chronic lower respiratory diseases varied over the time period 1995 to 2009. There were no significant differences found between the three health regions.

Peer Group D2, Kelsey Trail (KT), Sun Country (SC) and Sunrise (SR), health regions' ASMRs varied over the time period 1995 to 2009. Significant differences were found between SC and SR in 2001 and KT and SR in 2009.