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.
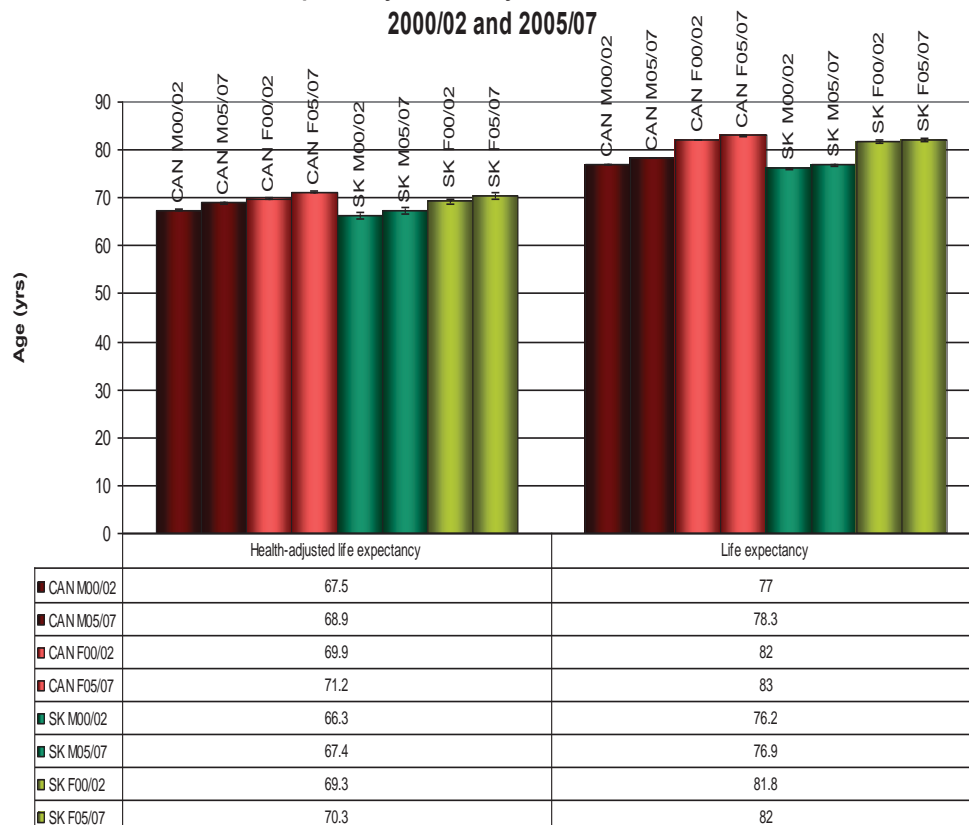
C. Limitations:

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

	Health-adjusted life expectancy	Life expectancy
CAN M00/02	67.5	77
CAN M05/07	68.9	78.3
CAN F00/02	69.9	82
CAN F05/07	71.2	83
SK M00/02	66.3	76.2
SK M05/07	67.4	76.9
SK F00/02	69.3	81.8
SK F05/07	70.3	82

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.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
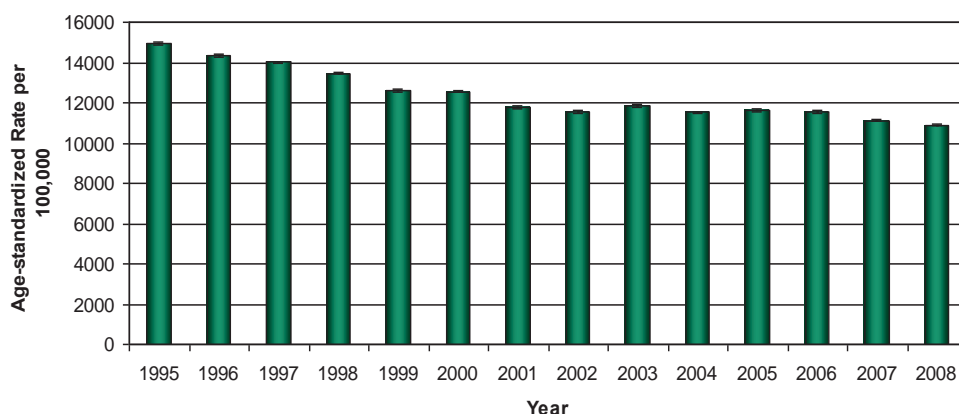
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
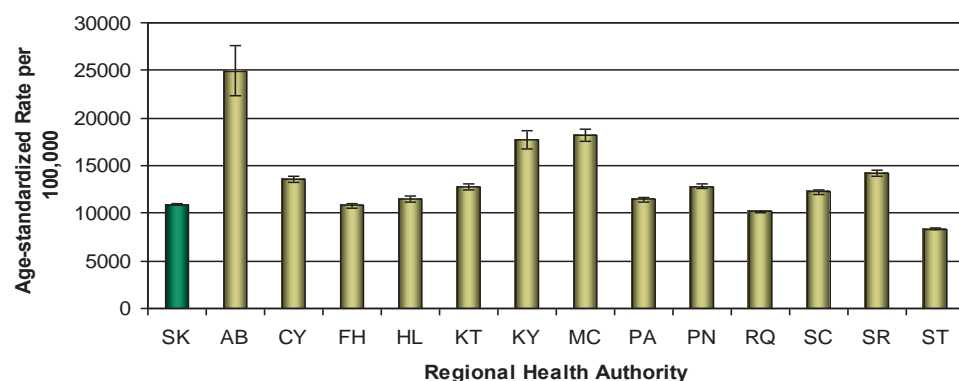
D. Source:

SK Ministry of Health, Year-end hospital files

All Cause Hospitalization: Age-standardized Rate of Hospital Separations in Saskatchewan, 1995 - 2008

All Cause Hospitalization: Age-standardized Rate of Hospital Separations in Saskatchewan by Regional Health Authority, 2008

SUMMARY OF FINDINGS:

The age-standardized hospital separation rates (ASHSRs) from all causes in Saskatchewan (SK) decreased significantly over the period 1995 and 2008.

The 2008 ASHSRs varied among the health regions. The rates were significantly higher for Athabasca (AB), Cypress (CY), Heartland (HL), Kelsey Trail (KT), Keewatin Yatthé (KY), Mamawetan Churchill River (MC), Prince Albert Parkland (PA), Prairie North (PN), Sun Country and Sunrise (SR) than the provincial rate (SK) and Saskatoon (ST) and Regina Qu' Appelle (RQ) were significantly lower.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
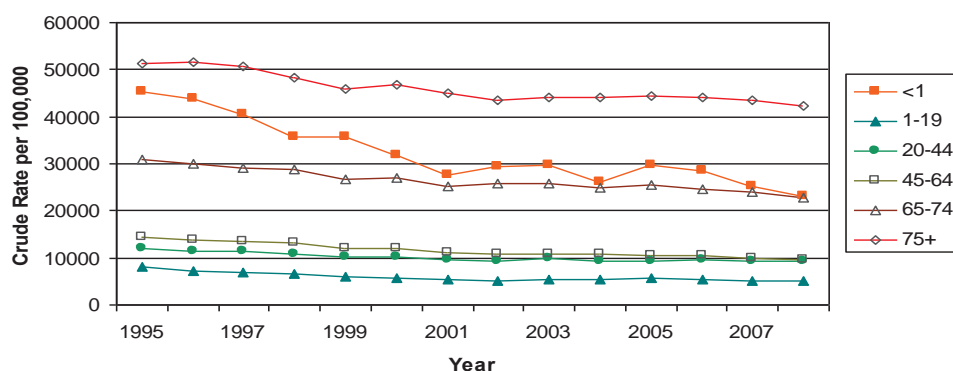
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
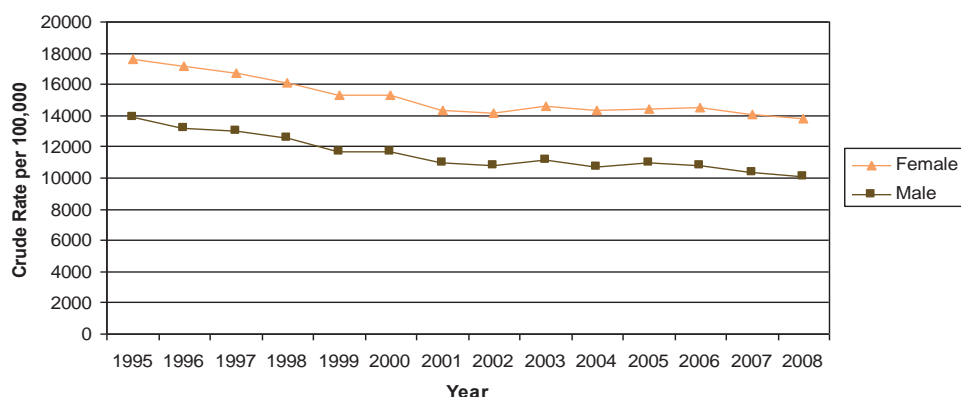
D. Source:

SK Ministry of Health, Year-end hospital files

All-cause Hospitalization: Crude Rate of Hospital Separations in Saskatchewan by Age Group, 1995 - 2008

All Cause Hospitalization: Crude Rate of Hospital Separations in Saskatchewan by Sex, 1995 - 2008

SUMMARY OF FINDINGS:

Age-specific hospital separation rates due to all causes decreased in all age groups across the period 1995 to 2008. The decrease in rates was largest in the less than one year group. The rates were highest among those aged 75 years and over and those less than one year.

Sex-specific hospitalization rates decreased between 1995 and 2008. In all years, females reported higher hospitalization rates than males. In 2008 the rates for all causes were 13,775 per 100,000 for females and 10,073 per 100,000 for males.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
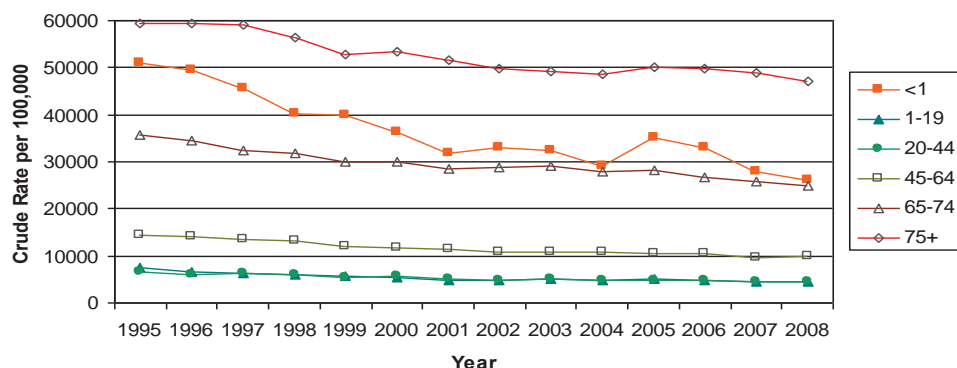
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
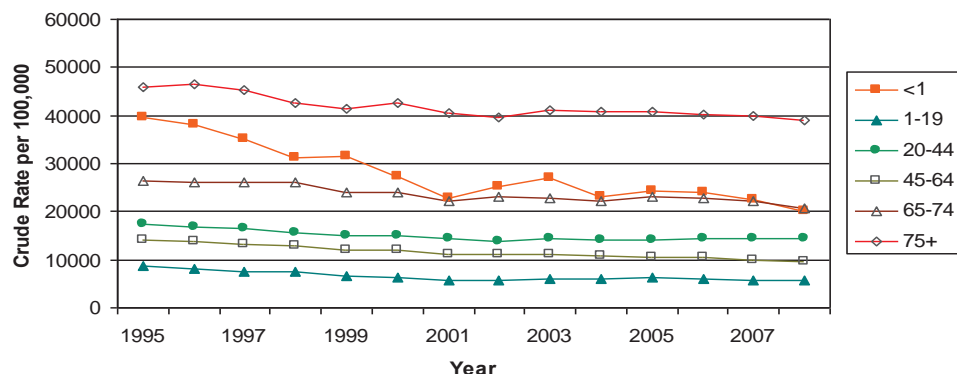
D. Source:

SK Ministry of Health, Year-end hospital files

All Cause Hospitalization: Crude Rate of Hospital Separations among Males in Saskatchewan by Age Group, 1995 - 2008

All Cause Hospitalization: Crude Rate of Hospital Separations among Females in Saskatchewan by Age Group, 1995 - 2008

SUMMARY OF FINDINGS:

All cause hospitalization separation rates for males decreased from 1995 to 2008 and were highest in those aged 75 years and older. The second highest rates for males were found in the under one year age group.

Rates for females were highest in those aged 75 years and older. The second highest rates for females were found in the under one year age group.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
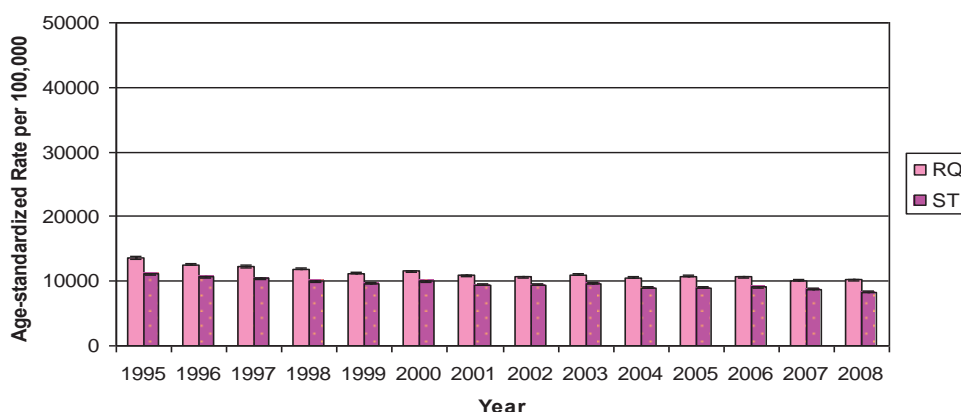
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
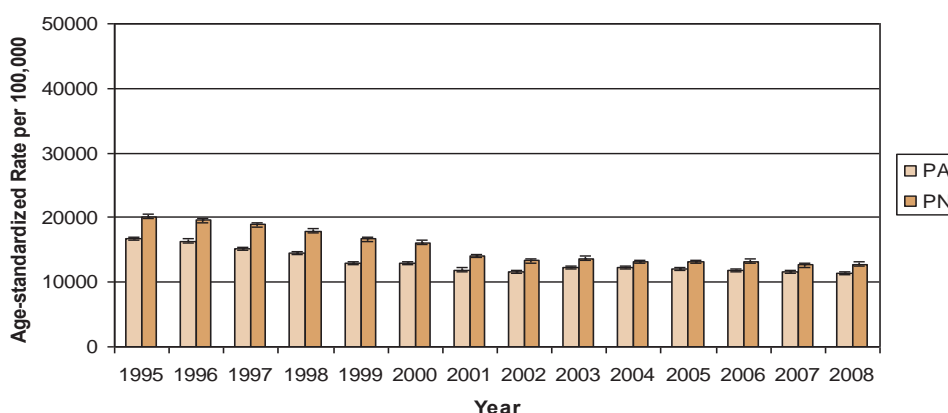
D. Source:

SK Ministry of Health, Year-end hospital files

All Cause Hospitalization: Age-standardized Rate of Hospital Separations in Peer Group A, 1995 - 2008

All Cause Hospitalization: Age-standardized Rate of Hospital Separations in Peer Group H, 1995 - 2008

SUMMARY OF FINDINGS:

Peer Group A: The age-standardized hospital separation rates (ASHSRs) in Saskatoon Regional Health Authority (ST) from 1995 to 2008 were consistently statistically lower than reported in Regina Qu'Appelle.

Peer Group H: The ASHSRs in Prince Albert Parkland (PA) Regional Health Authority were consistently and significantly lower than reported in Prairie North (PN) for all years from 1995 to 2008.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
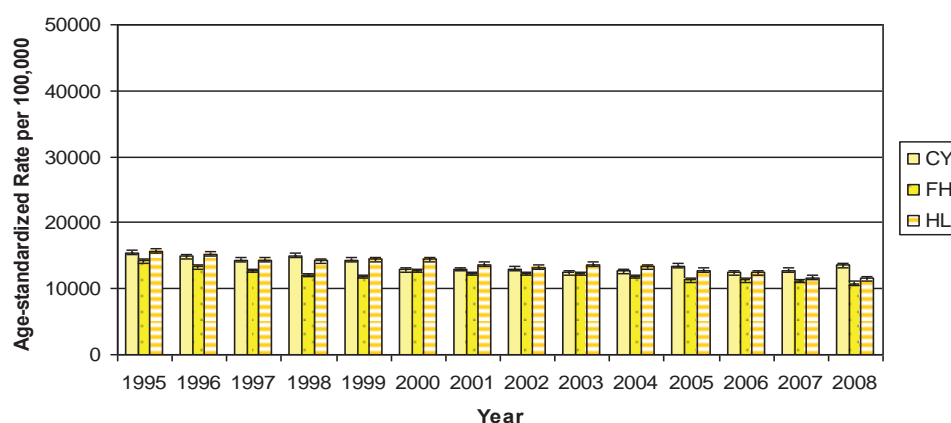
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
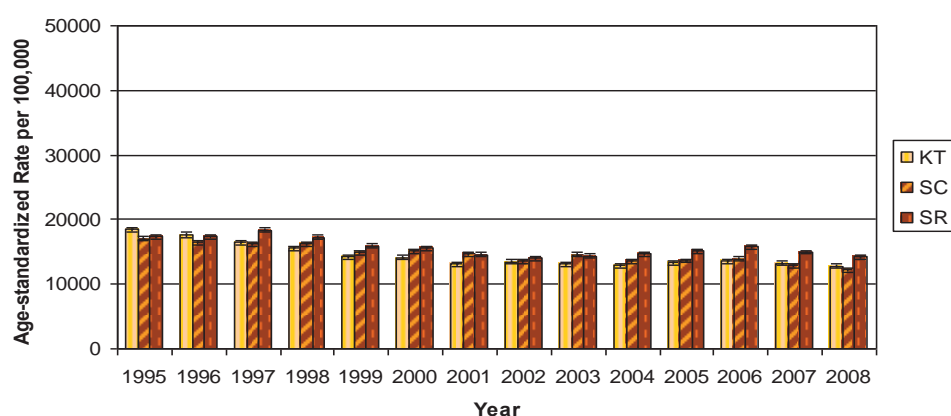
D. Source:

SK Ministry of Health, Year-end hospital files

All Cause Hospitalization: Age-standardized Rate of Hospital Separations in Peer Group D1, 1995 - 2008

All Cause Hospitalization: Age-standardized Rate of Hospital Separations in Peer Group D2, 1995 - 2008

SUMMARY OF FINDINGS:

Peer Group D1: Five Hills (FH) Regional Health Authority age-standardized hospital separation rates (ASHSRs) were consistently lower than reported in the Cypress (CY) and Heartland (HL). In most years the differences were statistically significant. During 2007 and 2008, the ASHSRs in CY were significantly higher than reported in FH and HL.

Peer Group D2: From 2003 to 2008, the ASHSRs reported in Sunrise Regional Health Authority (SR) were significantly higher than reported in Kelsey Trail (KT) and Sun Country (SC).

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
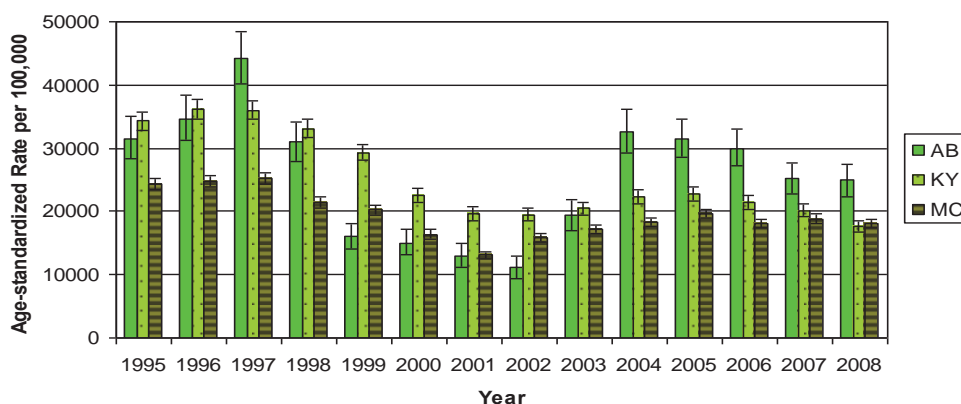
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.

D. Source:

SK Ministry of Health, Year-end hospital files

All Cause Hospitalization: Age-standardized Rate of Hospital Separations in Peer Group F, 1995 - 2008

SUMMARY OF FINDINGS:

Peer Group F: Mamawetan Churchill River (MC), Keewatin Yatthé (YT) and Athabasca (AB) Regional Health Authorities age standardized hospital separation rates (ASHSRs) declined from 1995 to and 2002.

In 2004, the ASHRs increased from the previous year in all three regions. From 2005 to 2008 rates were stable in MC and decreased in AB and KY. During the last five years, the ASHSRs in AB were consistently and significantly higher than the rates in MC and KY Health Regions.

A. Definitions:

Number of hospitaliza-
tions during a given cal-
endar year per 100,000
population. Annual
morbidity indicators in-
clude: 1) crude rate, 2)
sex- and age-specific rate
and 3) age-standardized
morbidity rate. Age-
standardized rates repre-
sent the rate that would
occur if the population
had the same age distri-
bution as the 1991 Cana-
dian population. ICD
codes: ICD9 All codes/
ICD10 All codes

B. Significance/Use:

These numbers represent
the number of individuals
hospitalized in a year.
Morbidity data are useful
in planning health ser-
vices and programs, set-
ting objectives and tar-
gets and comparing dis-
ease status over person,
place and time.

C. Limitations:

Hospitalizations do not
reflect disease severity.
The analyses are based
only on the underlying
cause of hospitalization
but there may be more
contributing causes.
Differences in reporting
may affect comparisons.
Saskatchewan residents
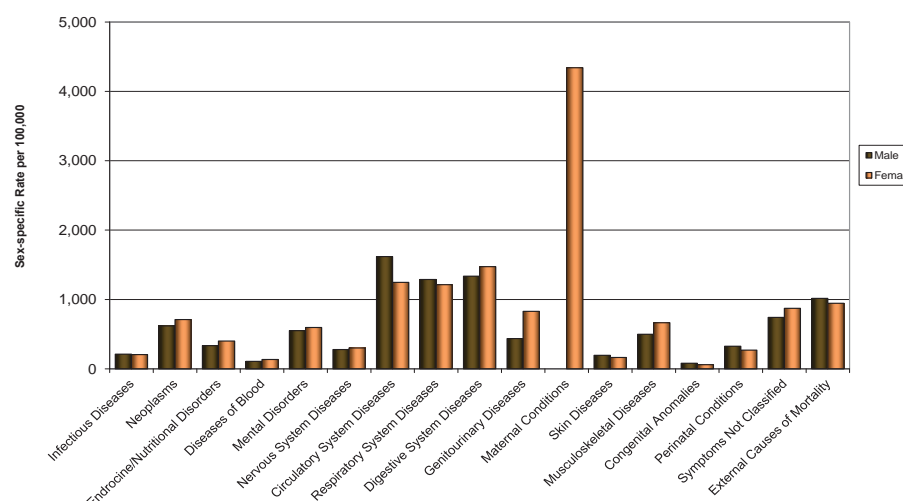who were hospitalized
outside the province are
not included.

D.   Source:

SK Ministry of Health,
Year-end hospital files

Age-Standardized Hospital Separations Rate by ICD Chapters in Saskatchewan, 2008
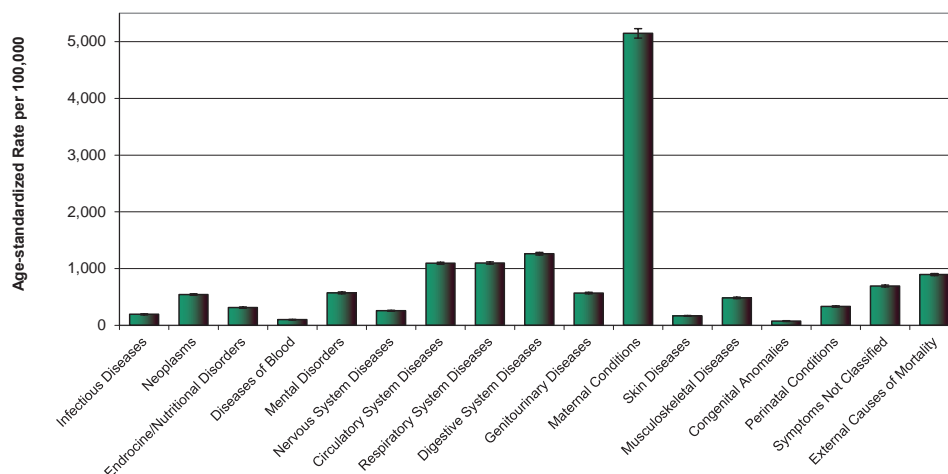
Crude Mortality Rate by ICD Chapters by Sex in Saskatchewan, 2009

SUMMARY OF FINDINGS:

The age-standardized hospitalization separation rates (ASHSRs) by ICD
Chapters in Saskatchewan (SK) for 2008 showed that maternal
conditions had the highest ASHSRs rates, followed by digestive system
diseases, then respiratory system diseases and closely followed by
circulatory system diseases.

The sex-specific crude mortality analyses for 2008 showed that after
maternal conditions, the highest hospital separations for females were
caused by digestive system diseases, followed by circulatory system
diseases and respiratory diseases. For males, the highest hospital
separations were due to circulatory system diseases followed digestive
system diseases and respiratory system diseases.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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/ ICD10 A00– B99

B. Significance/Use:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
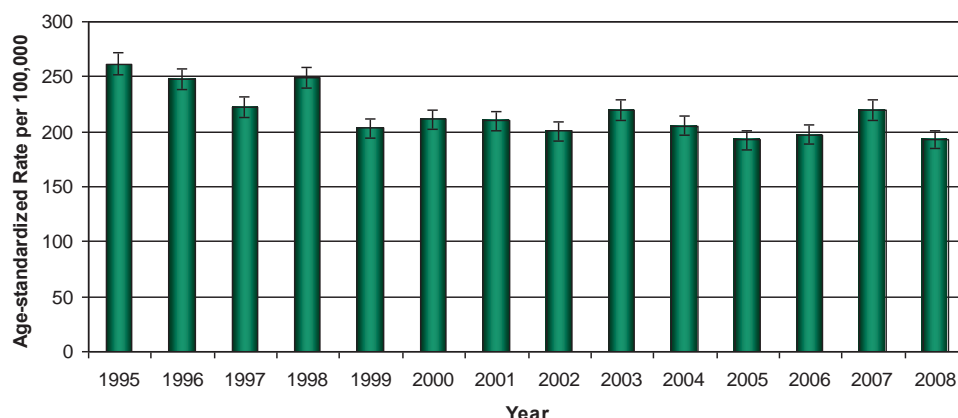
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
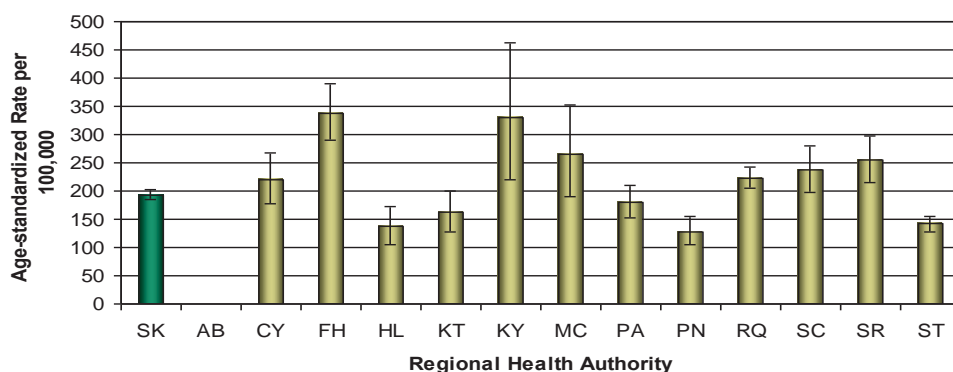
D. Source:

SK Ministry of Health, Year-end hospital files

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Infectious & Parasitic Diseases: Age-standardized Rate of Hospital Separations in Saskatchewan, 1995 - 2008

Infectious & Parasitic Diseases: Age-standardized Rate of Hospital Separations in Saskatchewan by Regional Health Authority, 2008

SUMMARY OF FINDINGS:

The age-standardized hospital separation rates (ASHSRs) due to infectious and parasitic diseases in Saskatchewan (SK) decreased significantly over time between 1995 and 2008.

In 2008, the ASHSRs for Five Hills (FH), Keewatin Yatthé (KY), Regina Qu'Appelle (RQ) and Sunrise (SR) Regional Health Authorities were significantly higher than the province and Heartland (HL), Prairie North (PN) and Saskatoon (ST) were significantly lower.

The ASHSR was not displayed for Athabasca Health Authority due to small numbers or zero counts.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
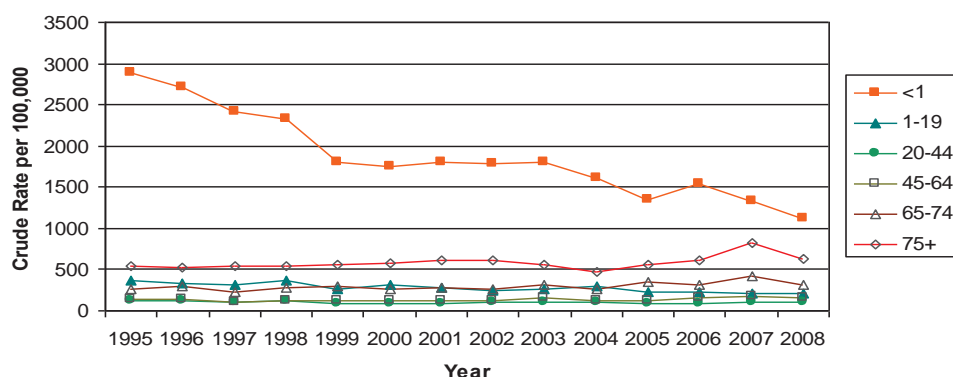
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
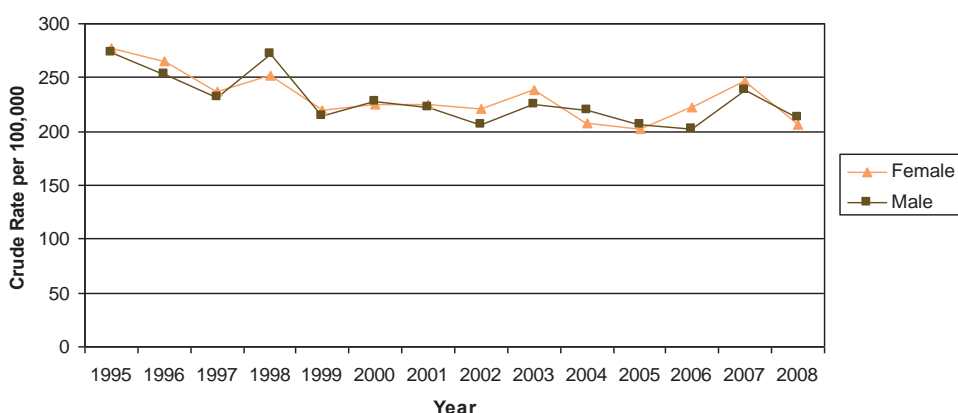
D. Source:

SK Ministry of Health, Year-end hospital files

Infectious & Parasitic Diseases: Crude Rate of Hospital Separations in Saskatchewan by Age Group, 1995 - 2008

Infectious & Parasitic Diseases: Crude Rate of Hospital Separations in Saskatchewan by Sex, 1995 - 2008

SUMMARY OF FINDINGS:

The age-specific hospital separation rates due to infectious and parasitic diseases are highest among the very young (less than one year) and the elderly (75 years and older).

Among those less than 45 years, the hospital separation rates have decreased from 1995 to 2008. The largest increase was seen in the less than one year age group.

Sex-specific hospital separation rates were similar for males and females and have decreased over time.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
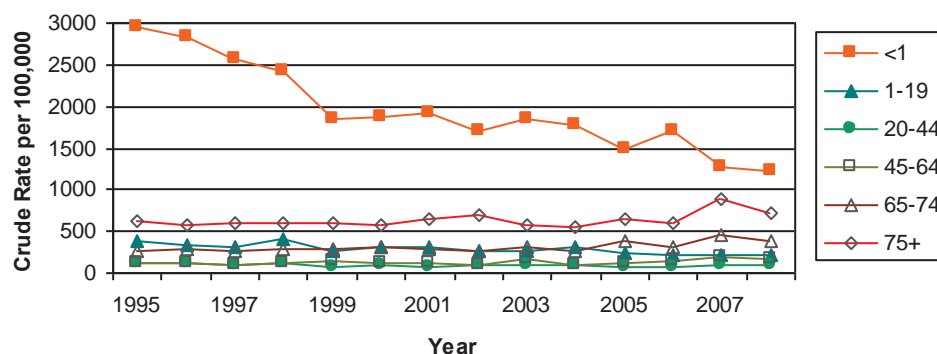
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
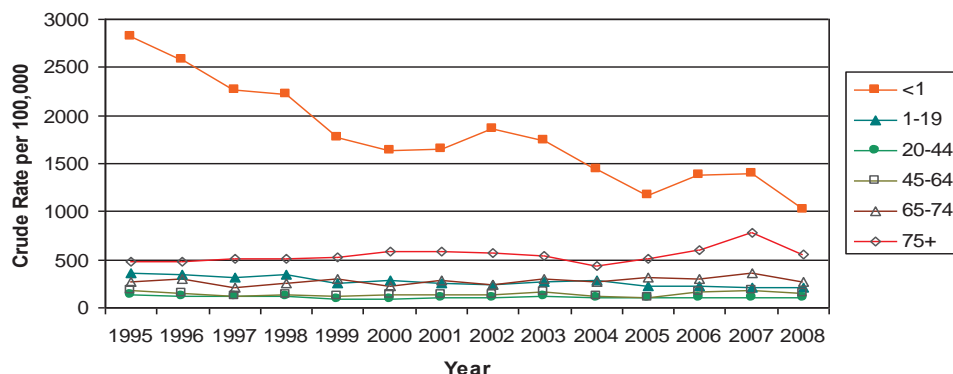
D. Source:

SK Ministry of Health, Year-end hospital files

Infectious & Parasitic Diseases: Crude Rate of Hospital Separations among Males in Saskatchewan by Age Group, 1995 - 2008

Infectious & Parasitic Diseases: Crude Rate of Hospital Separations among Females in Saskatchewan by Age Group, 1995 - 2008

SUMMARY OF FINDINGS:

The age-specific rates of hospital separations due to infectious and parasitic diseases are higher in males compared to females in children and adolescents (less than 20 years) and seniors (65 years and older). The rates decreased significantly from 1995 to 2008 in the under one year age group for both males and females.

For females, hospital separation rates decreased over time in all age groups except the very elderly (75 years and older, which increased.

For males, rates decreased over time in the under 45 year age groups, while rates in the 45 years and older age groups increased from 1995 to 2008.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
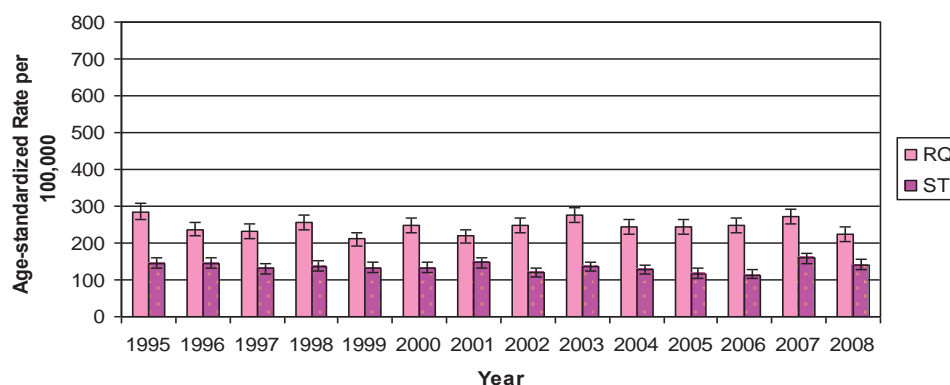
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
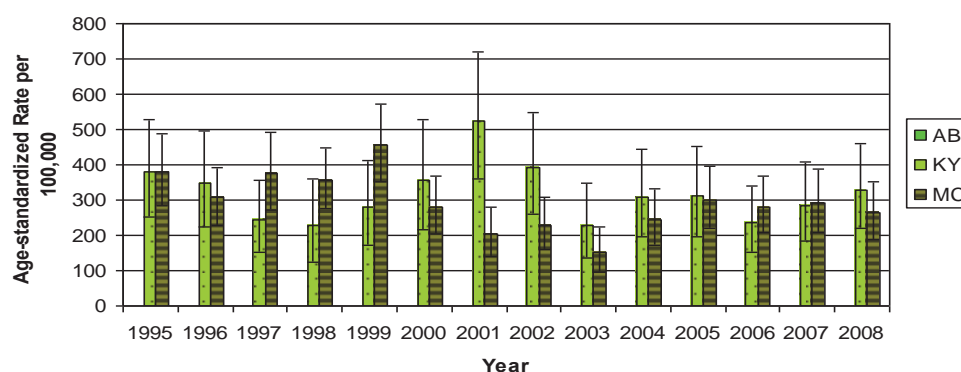
D. Source:

SK Ministry of Health, Year-end hospital files

Infectious & Parasitic Diseases: Age-standardized Rate of Hospital Separations in Peer Group A, 1995 - 2008

Infectious & Parasitic Diseases: Age-standardized Rate of Hospital Separations in Peer Group F, 1995 - 2008

SUMMARY OF FINDINGS:

Peer Group A: Age-standardized hospital separation rates (ASHSRs) due to infectious and parasitic diseases from 1995 to 2008 for Regina Qu'Appelle (RQ) Regional Health Authority were consistently and significantly higher than the rates in Saskatoon (ST).

Peer Group F: From 1995 to 2008, ASHSRs in the Keewatin Yatthé (KY) and Mamawetan Churchill (MC) River Regional Health Authorities were not statistically different from one another, except in 2001. Rates are not displayed for Athabasca (AB) Health Authority due to small numbers or zero counts.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
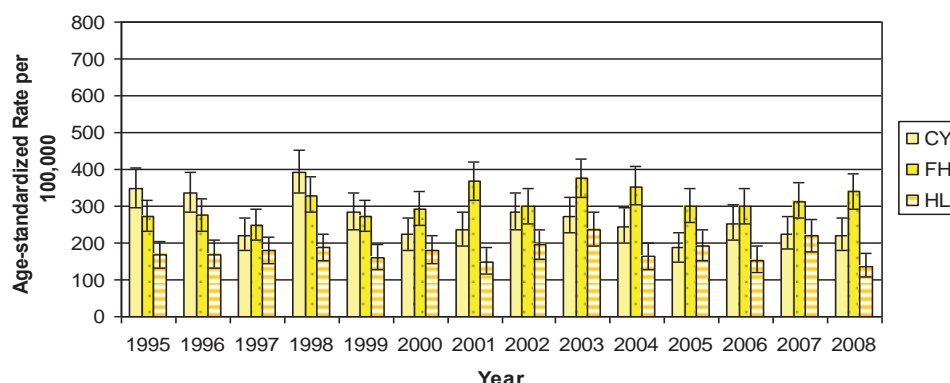
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
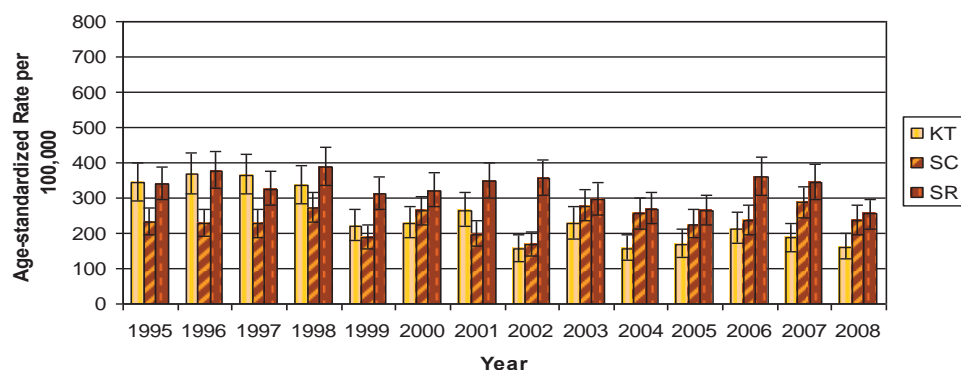
D. Source:

SK Ministry of Health, Year-end hospital files

Infectious & Parasitic Diseases: Age-standardized Rate of Hospital Separations in Peer Group D1, 1995 - 2008

Infectious & Parasitic Diseases: Age-standardized Rate of Hospital Separations in Peer Group D2, 1995 - 2008

SUMMARY OF FINDINGS:

Peer Group D1: Age-standardized hospital separation rates (ASHSRs) due to neoplasms for Cypress (CY), Five Hills (FH) and Heartland (HL) Regional Health Authorities varied over the time period 1995 to 2008. Overall, the rates were highest in CY which were significantly different from HL in 1995, 1996, 1998, 1999, 2001, 2006 and 2008 and from FH in all years except 2000, 2004, 2005 and 2008.

Peer Group D2: ASHSRs for Sun Country (SC) Regional Health Authority were significantly lower than Kelsey Trail (KT) in the years 1995 to 1997 and higher than KT in 2007. Sunrise (SR) was significantly higher than SC in 1995 to 1999, 2001, 2002 and 2006.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
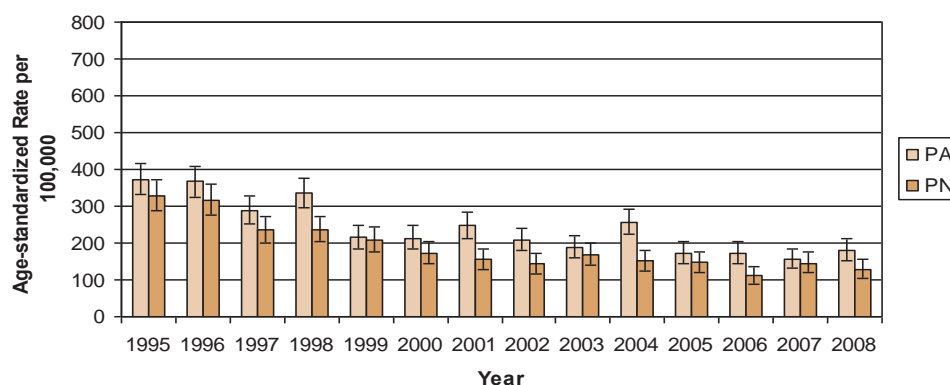
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.

D. Source:

SK Ministry of Health, Year-end hospital files

Infectious & Parasitic Diseases: Age-standardized Rate of Hospital Separations in Peer Group H, 1995 - 2008

SUMMARY OF FINDINGS:

Peer Group H: The age-standardized hospital separation rates in Prince Albert Parkland (PA) Regional Health Authority were consistently higher than the rate in Prairie North (PN). The difference was statistically significant in 1998, 2001, 2002, 2004 and 2006.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
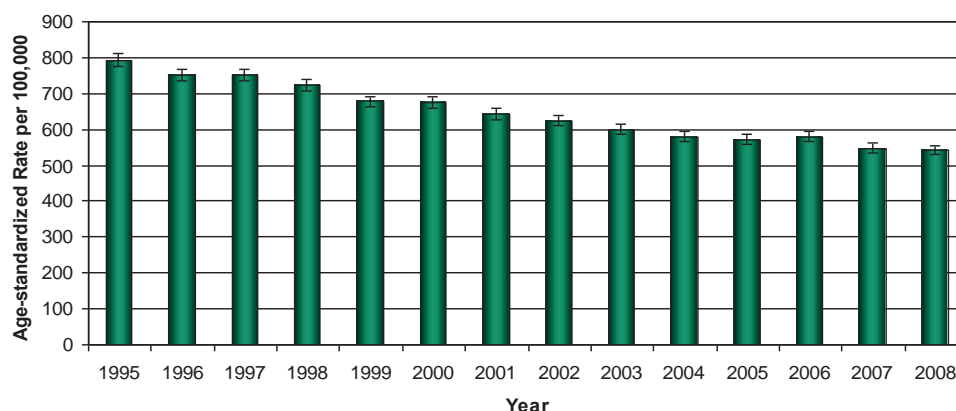
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
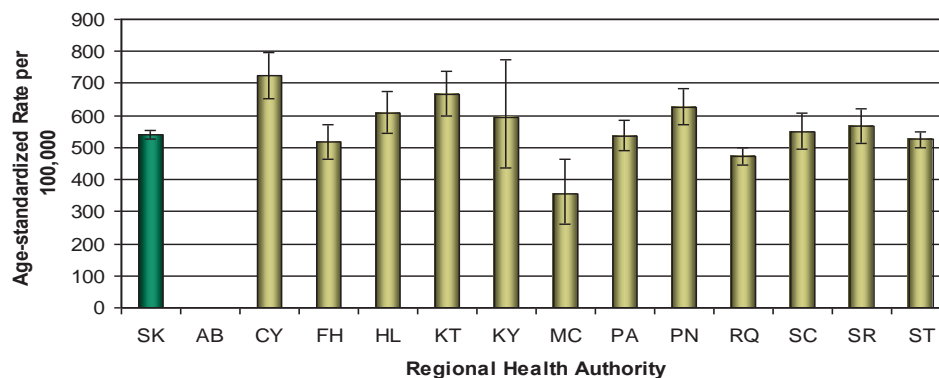
D. Source:

SK Ministry of Health, Year-end hospital files

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

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

SUMMARY OF FINDINGS:

The age-standardized hospital separation rates (ASHSRs) due to neoplasms decreased significantly from 1995 to 2008.

In 2008, Cypress (CY), Kelsey Trail (KT) and Prairie North (PN) Regional Health Authorities had significantly higher ASHSRs than the province (SK) and Mamawetan Churchill River (MC) and Regina Qu'Appelle (RQ) Health Regions were significantly lower. Athabasca (AB) Health Authority has not been displayed due to small numbers.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
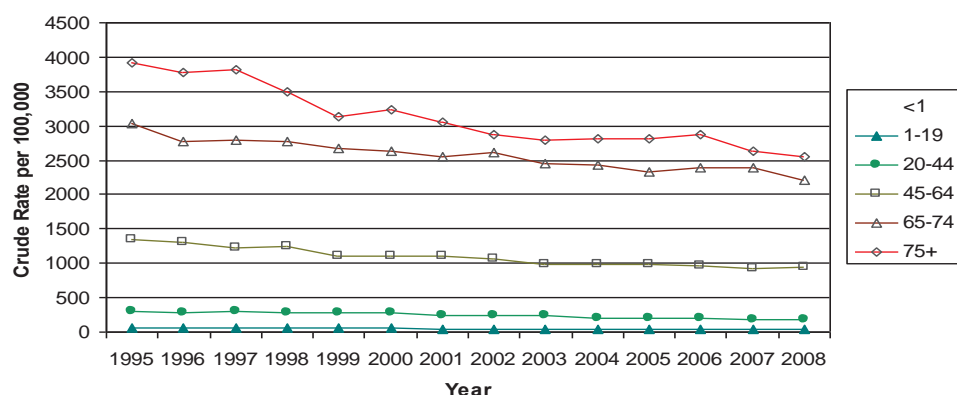
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
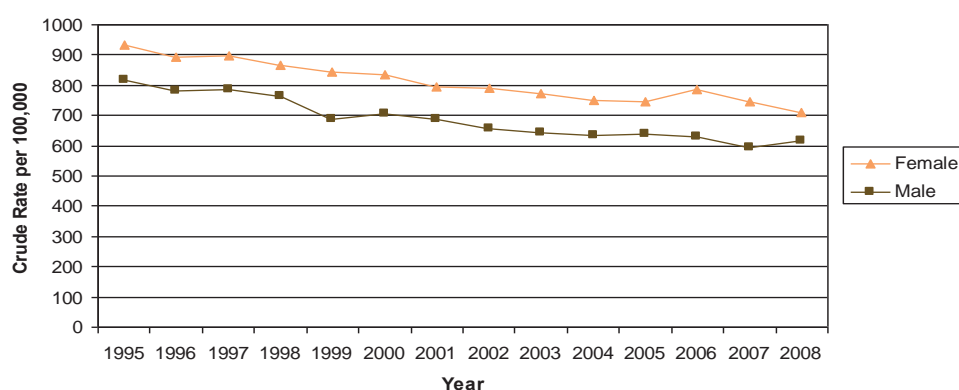
D. Source:

SK Ministry of Health, Year-end hospital files

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

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

SUMMARY OF FINDINGS:

The provincial age-specific hospital separation rates due to neoplasms decreased from 1995 to 2008 for all age groups and are highest among adults aged 75 years and older, followed by those 65 to 74 years. Annual rates were not displayed for less than one year due to small numbers or zero counts.

Sex-specific hospital separation rates due to neoplasms were consistently higher for females than males. Between 1995 and 2008, the rate decreased for both sexes.

A. Definitions:

Number of hospitaliza-tions during a given cal-endar year per 100,000 population. Annual morbidity indicators in-clude: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity rate. Age-standardized rates repre-sent the rate that would occur if the population had the same age distri-bution as the 1991 Cana-dian population. ICD codes: ICD9 140-239/ ICD10 C00-D48

B. Significance/Use:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health ser-vices and programs, set-ting objectives and tar-gets and comparing dis-ease status over person, place and time.
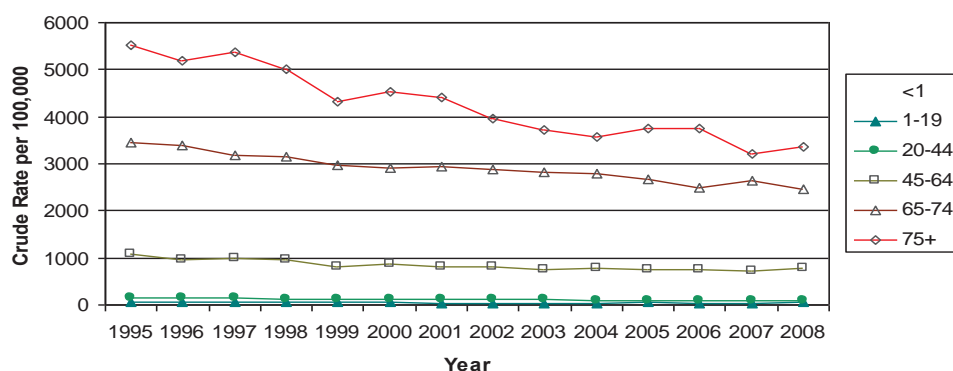
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
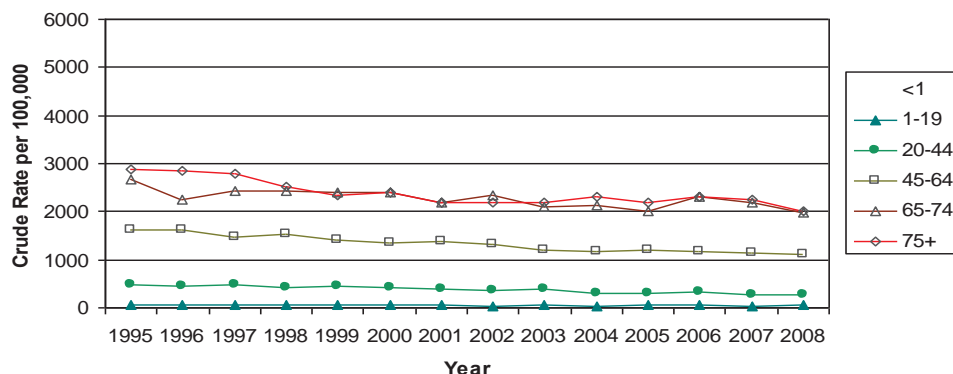
D. Source:

SK Ministry of Health, Year-end hospital files

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

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

SUMMARY OF FINDINGS:

Age-specific hospital separation rates due to neoplasms decreased between 1995 and 2008 in all age groups for both sexes and were higher for females than males for those 64 years and younger. For those 65 years and older the rates among males were higher than females.

Annual rates are not displayed for those less than one year, for either sex, due to small numbers and zero counts.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
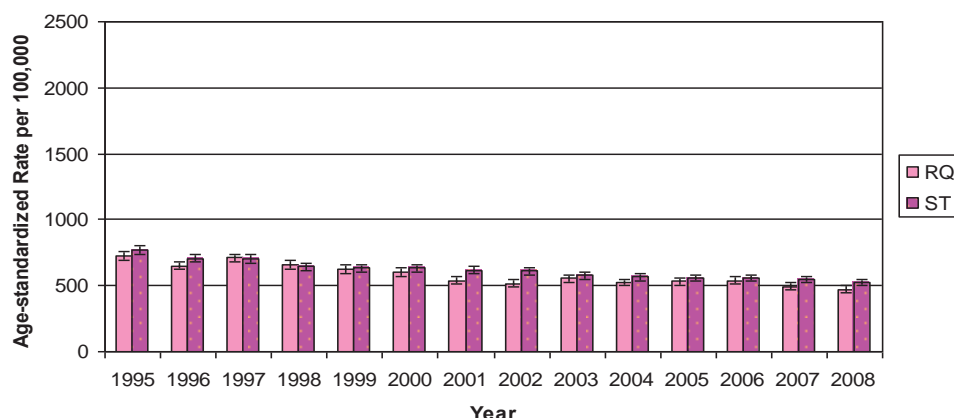
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
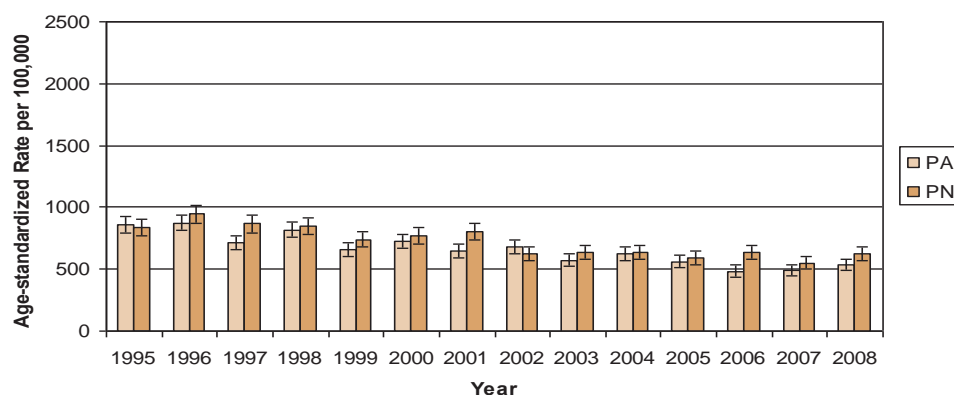
D. Source:

SK Ministry of Health, Year-end hospital files

Neoplasms: Age-standardized Rate of Hospital Separations in Peer Group A, 1995 - 2008

Neoplasms: Age-standardized Rate of Hospital Separations in Peer Group H, 1995 - 2008

SUMMARY OF FINDINGS:

Peer Group A: Age-standardized hospital separation rates (ASHSRs) in Saskatoon (ST) Regional Health Authority were higher than Regina Qu'Appelle (RQ) for most years from 1995 to 2008. The difference was statistically significant in 2001, 2002, 2007 and 2008.

Peer Group H: From 1995 to 2008, ASHSRs in Prince Albert Parkland (PA) Regional Health Authority were lower than the rates in Prairie North (PN). The difference was statistically significant in 1997, 2001 and 2006.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
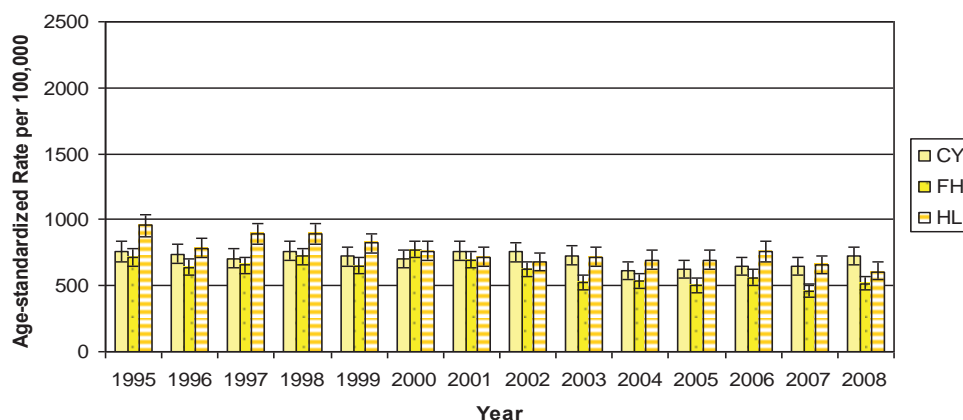
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
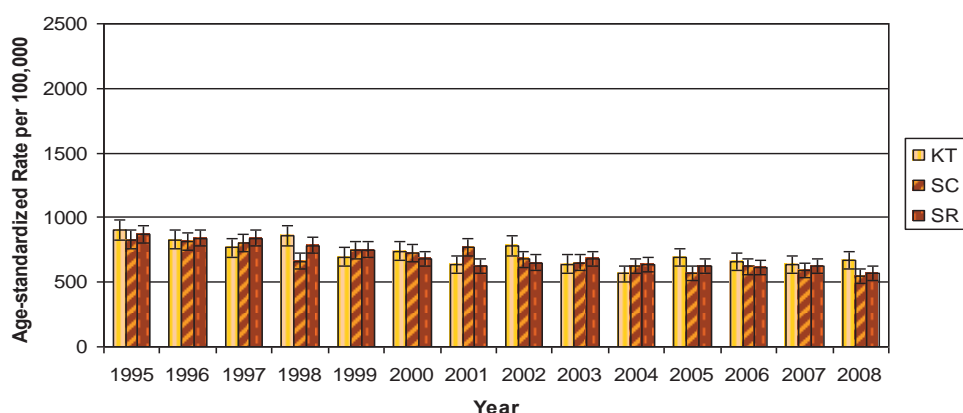
D. Source:

SK Ministry of Health, Year-end hospital files

Neoplasms: Age-standardized Rate of Hospital Separations in Peer Group D1, 1995 - 2008

Neoplasms: Age-standardized Rate of Hospital Separations in Peer Group D2, 1995 - 2008

SUMMARY OF FINDINGS:

Peer Group D1: Age-standardized hospital separation rates (ASHSRs) due to neoplasms for Cypress (CY), Five Hills (FH) and Heartland (HL) Regional Health Authorities varied over the time period 1995 to 2008. Overall, the rates were highest in HL and were significantly different from CY in 1995 and 1997 and from FH in all years except 2000, 2001,2002 and 2008.

Peer Group D2: ASHSRs for Kelsey Trail (KT), Sun Country (SC) and Sunrise (SR) Regional Health Authorities varied over the time period 1995 to 2008. No significant difference was found among the three regions except in 1998 where KT was significantly higher than SC.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
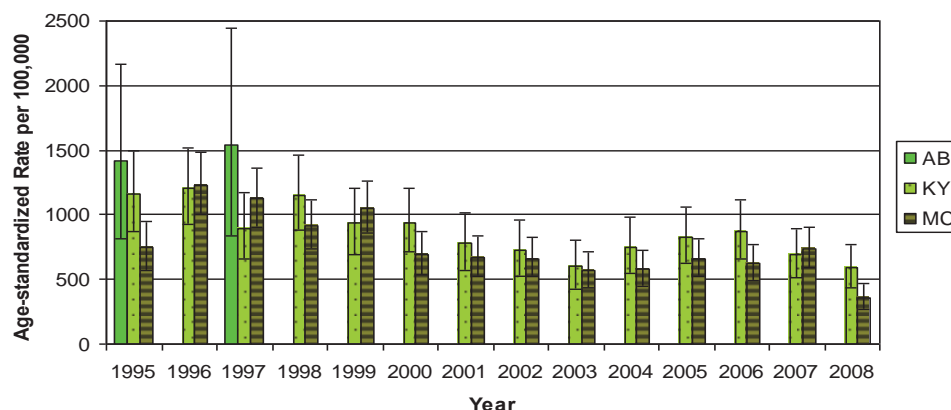
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.

D. Source:

SK Ministry of Health, Year-end hospital files

Neoplasms: Age-standardized Rate of Hospital Separations in Peer Group F, 1995 - 2008

SUMMARY OF FINDINGS:

Peer Group F: Age-standardized hospital separation rates (ASHSRs) in the Keewatin Yatthé (KY) and Mamawetan Churchill River (MC) Regional Health Authorities varied over the time period 1995 to 2008. The rates were not significant different from one another.

Caution should be exercised while interpreting the above numbers due to high variability. Rates were displayed for the Athabasca (AB) Health Authority in 1995 and 1997 due to small numbers and zero counts in the other years.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
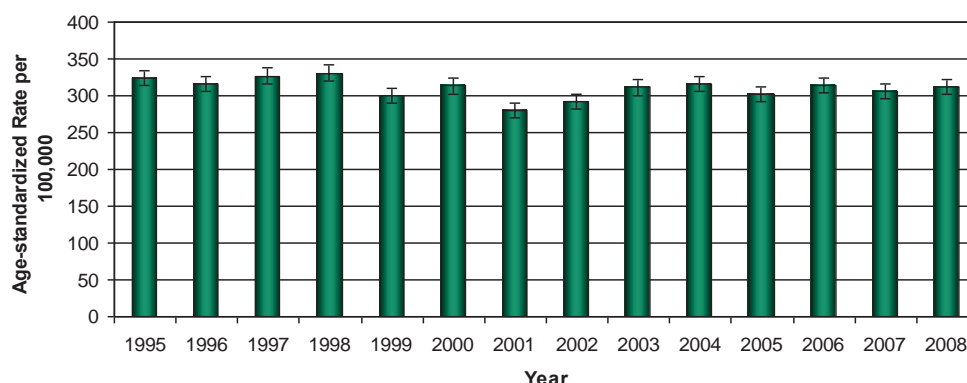
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
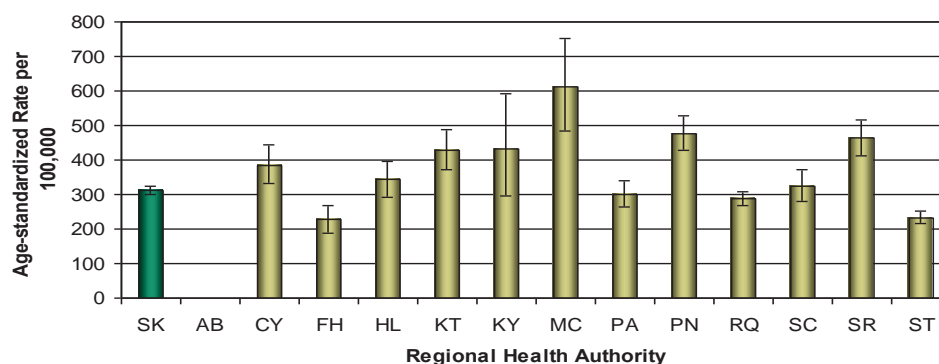
D. Source:

SK Ministry of Health, Year-end hospital files

Endocrine, Nutritional & Metabolic Diseases: Age-standardized Rate of Hospital Separations in Saskatchewan, 1995 - 2008

Endocrine, Nutritional & Metabolic Diseases: Age-standardized Rate of Hospital Separations in Saskatchewan by Regional Health Authority, 2008

SUMMARY OF FINDINGS:

Provincial age-standardized rates (ASHSRs) of endocrine, nutritional and metabolic disease-related hospital separations despite year to year variation have changed little from 1995 to 2008.

In 2008, ASHSTs for Cypress (CY), Kelsey Trail (KT), Mamawetan Churchill River (MC), Prairie North (PN), and Sunrise (SC) Regional Health Authorities were significantly higher than the provincial rate and Five Hills and Saskatoon were significantly lower.

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

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
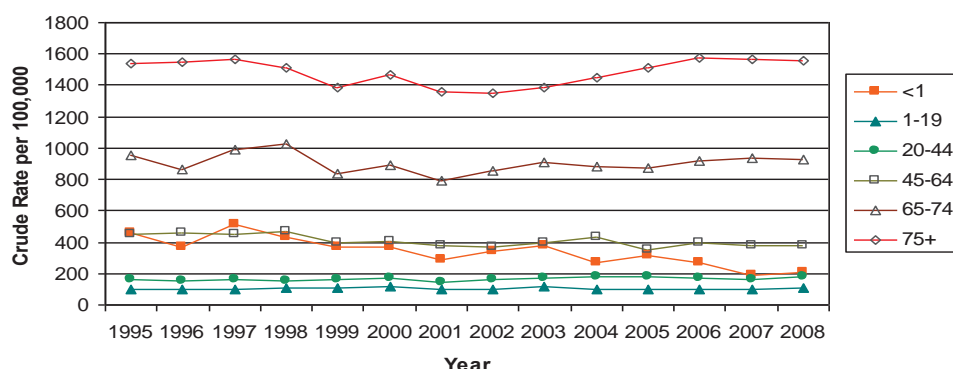
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
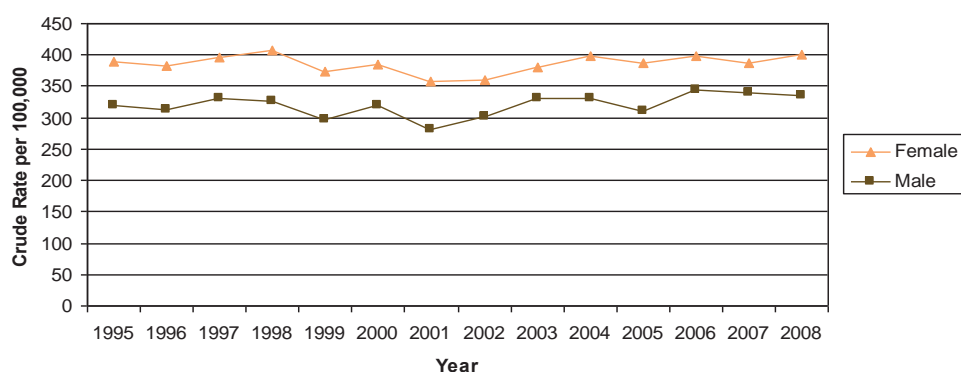
D. Source:

SK Ministry of Health, Year-end hospital files

Endocrine, Nutritional & Metabolic Diseases: Crude Rate of Hospital Separations in Saskatchewan by Age Group, 1995 - 2008

Endocrine, Nutritional & Metabolic Diseases: Crude Rate of Hospital Separations in Saskatchewan by Sex, 1995 - 2008

SUMMARY OF FINDINGS:

The age-specific hospital separation rates due to endocrine, nutritional and metabolic diseases were highest among the adults 65 years of age and older.

Rates decreased over time for the less than one year and 45 years and older age groups. Hospital separation rates increased over time in the 1 to 19 year, 20 to 44 year and 75 years and over age groups.

Sex-specific hospital separation rates from 1995 to 2008 remained relatively stable for both females and males and were consistently higher among females than males.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
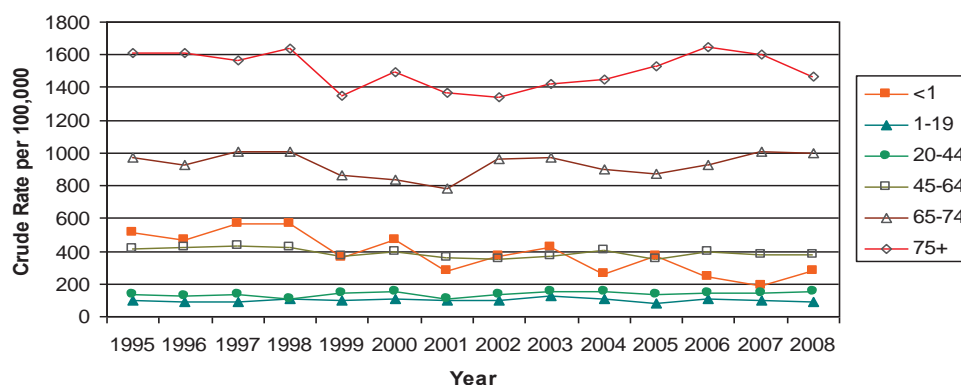
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
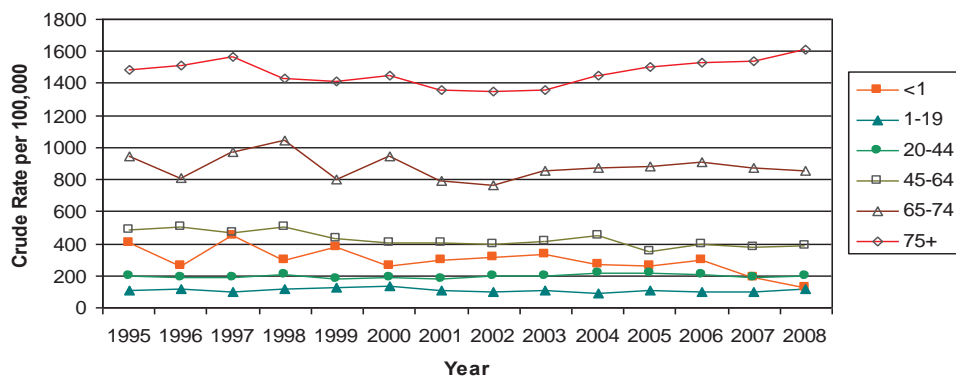
D. Source:

SK Ministry of Health, Year-end hospital files

Endocrine, Nutritional & Metabolic Diseases: Crude Rate of Hospital Separations among Males in Saskatchewan by Age Group, 1995 - 2008

Endocrine, Nutritional & Metabolic Diseases: Crude Rate of Hospital Separations among Females in Saskatchewan by Age Group, 1995 - 2008

SUMMARY OF FINDINGS:

Age-specific hospital separation rates for endocrine, nutritional and metabolic disease were highest among 75 years and older followed by the 65 to 74 year old group, for both sexes.

On average, age-specific hospital separation rates were higher for males than females among those less than one year and seniors 65 years and older. In other age groups, 1 to 64 years, females, on average, had higher rates than males.

.A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
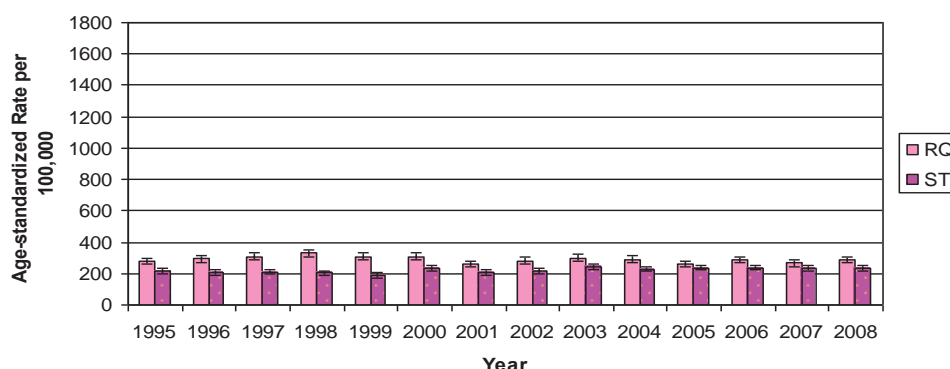
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
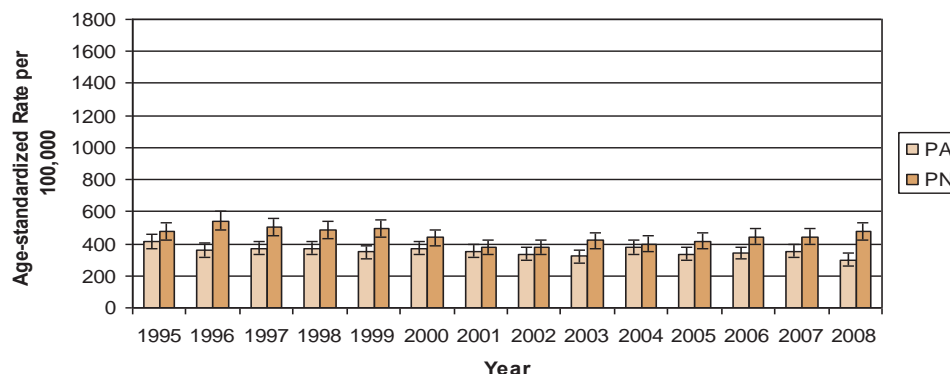
D. Source:

SK Ministry of Health, Year-end hospital files

Endocrine, Nutritional & Metabolic Diseases: Age-standardized Rate of Hospital Separations in Peer Group A, 1995 - 2008

Endocrine, Nutritional & Metabolic Diseases: Age-standardized Rate of Hospital Separations in Peer Group H, 1995 - 2008

SUMMARY OF FINDINGS:

Peer Group A: Age-standardized hospital separation rates (ASHSRs) due to endocrine, nutritional and metabolic diseases from 1995 to 2008 were lower in Saskatoon (ST) Regional Health Authority than in Regina Qu'Appelle (RQ). The difference was statistically significant in all years except 2005 and 2007.

Peer Group H: ASHSRs in Prince Albert Parkland (PA) Regional Health Authority were lower than rates in Prairie North (PN) from 1995 to 2008. The difference was statistically significant in 1996-1999, 2003, 2006 and 2008.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
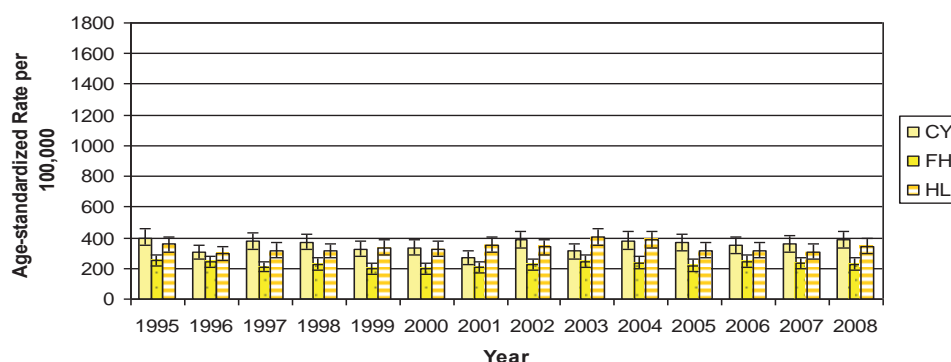
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
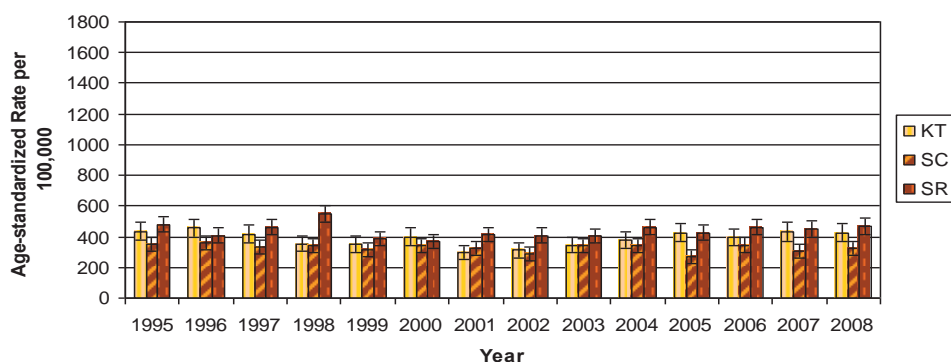
D. Source:

SK Ministry of Health, Year-end hospital files

Endocrine, Nutritional & Metabolic Diseases: Age-standardized Rate of Hospital Separations in Peer Group D1, 1995 - 2008

Endocrine, Nutritional & Metabolic Diseases: Age-standardized Rate of Hospital Separations in Peer Group D2, 1995 - 2008

SUMMARY OF FINDINGS:

Peer Group D1: Age standardized hospital separation rates (ASHSR) for Cypress (CY), Five Hills (FH) and Heartland (HL) Regional Health Authorities due to endocrine, nutritional and metabolic diseases varied across health regions. FH had significantly lower rates compared with CY in all years, except 1997, 2001, and 2003, and lower rates compared with HL in all years, except 1996, 1998, 2006 and 2007.

Peer Group D2: ASHSRs for Kelsey Trail (KT), Sun Country (SC) and Sunrise (SR) Regional Health Authorities varied across the time period studied. SC had significantly lower rates than SR in all years except 1996, 1999, 2000, 2001, 2003 and significantly lower rates than KT in 2005 and 2007.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
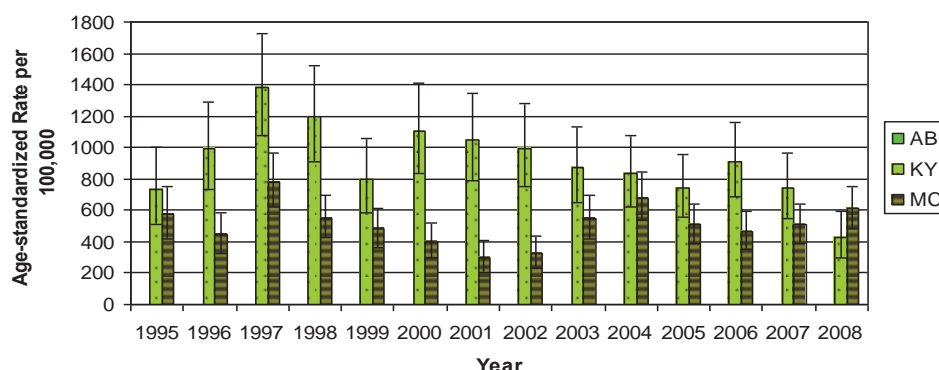
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.

D. Source:

SK Ministry of Health, Year-end hospital files

Endocrine, Nutritional & Metabolic Diseases: Age-standardized Rate of Hospital Separations in Peer Group F, 1995 - 2008

SUMMARY OF FINDINGS:

Peer Group F: Age-standardized hospital separation rates (ASHSRs) due to endocrine, nutritional and metabolic diseases Mamawetan Churchill River (MC) Regional Health Authority were lower than Keewatin Yatthé (KY) from 1995 to 2007. The difference was statistically significant in 1996 to 1998, 2000 to 2002 and 2006.

ASHRS are not displayed for the Athabasca Health Authority (AB) due to small numbers or zero counts.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
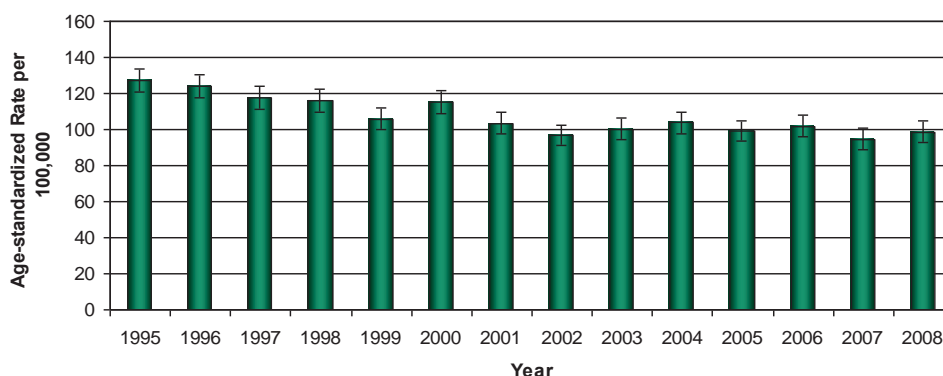
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.

D. Source:

SK Ministry of Health, Year-end hospital files

Blood Diseases & Certain Immune Mechanism Disorders: Age-standardized Rate of Hospital Separations in Saskatchewan, 1995 - 2008

Blood Diseases & Certain Immune Mechanism Disorders: Age-standardized Rate of Hospital Separations in Saskatchewan by Regional Health Authority, 2008
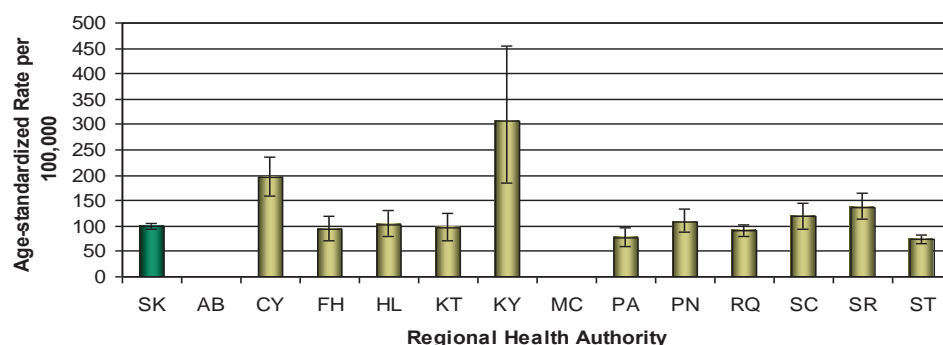
SUMMARY OF FINDINGS:

The age-standardized rate of hospital separations (ASHRs) due to blood diseases and certain immune mechanism disorders in Saskatchewan decreased significantly from 1995 to 2008.

In 2008, the ASHSRs for Cypress (CY), Keewatin Yatthé (KY) and Sunrise (SR) Regional Health Authorities were significantly higher than the provincial rate and Saskatoon (ST) was significantly lower.

The ASHSRs were not displayed for Athabasca (AB) Health Authority and Mamawetan (MC) Churchill River Regional Health Authority due to small numbers.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
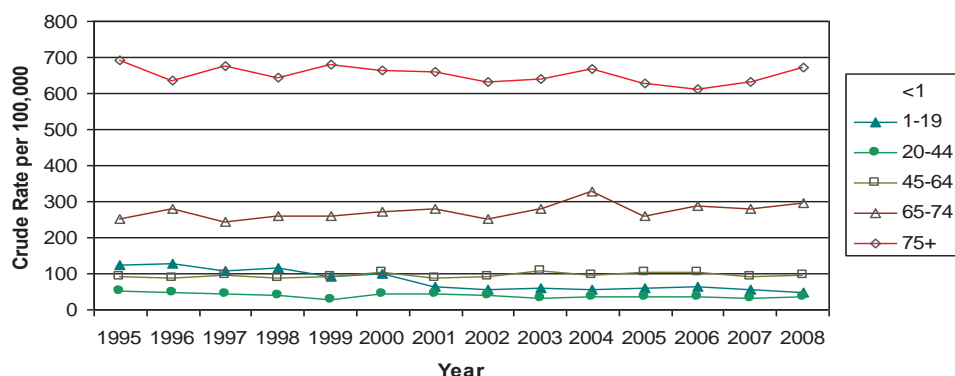
D. Source:

SK Ministry of Health, Year-end hospital files

Blood Diseases & Certain Immune Mechanism Disorders: Crude Rate of Hospital Separations in Saskatchewan by Age Group, 1995 - 2008

Blood Diseases & Certain Immune Mechanism Disorders: Crude Rate of Hospital Separations in Saskatchewan by Sex, 1995 - 2008

SUMMARY OF FINDINGS:

Age-specific hospital separation rates due to diseases of blood and blood forming organs and certain immunity disorders remained relatively stable from 1995 to 2009 and were highest for the adults 75 years and older group, followed by the 65 to 74 year group.

Rates are not displayed for the less than one year group due to small numbers or zero counts.

Sex-specific hospital separation rates were higher for females compared to males and decreased from 1995 to 2008.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
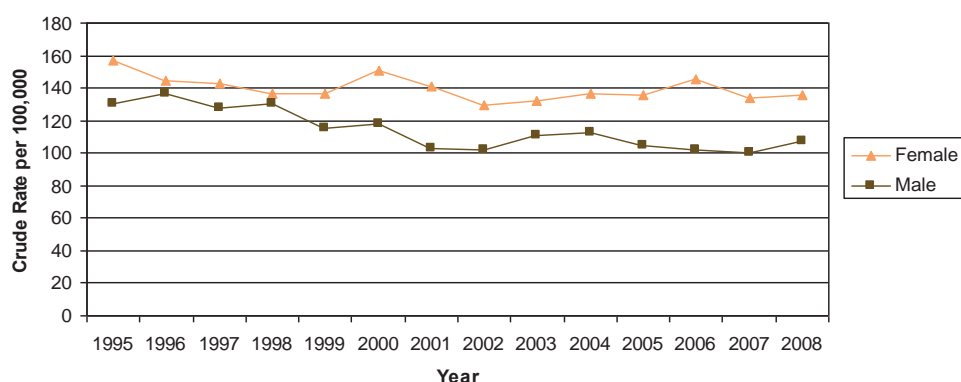
D. Source:

SK Ministry of Health, Year-end hospital files

Blood Diseases & Certain Immune Mechanism Disorders: Crude Rate of Hospital Separations among Males in Saskatchewan by Age Group, 1995 - 2008

Blood Diseases & Certain Immune Mechanism Disorders: Crude Rate of Hospital Separatons among Females in Saskatchewan by Age Group, 1995 - 2008

SUMMARY OF FINDINGS:

Age-specific hospital separation rates due to blood disease and immunity disorders were highest for seniors 75 years and older and 65 to 74 years for both males and females.

Rates were consistently higher for females than males in the 20 to 44 years age group.

There was year to year variation in rates for all age groups.

Rates are not displayed for the under one year age group for either sex due to small numbers or zero counts.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
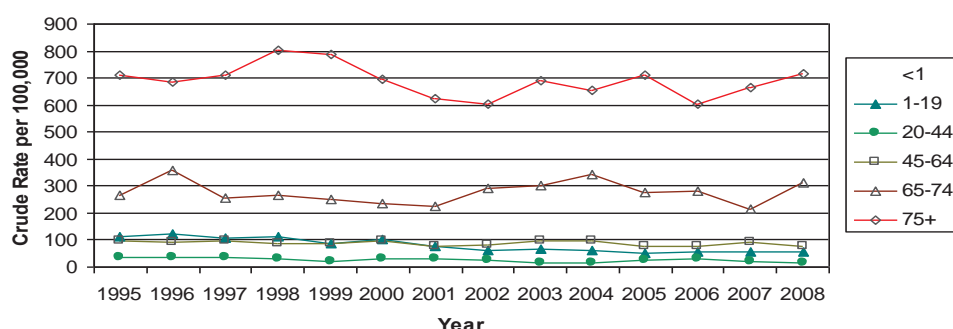
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
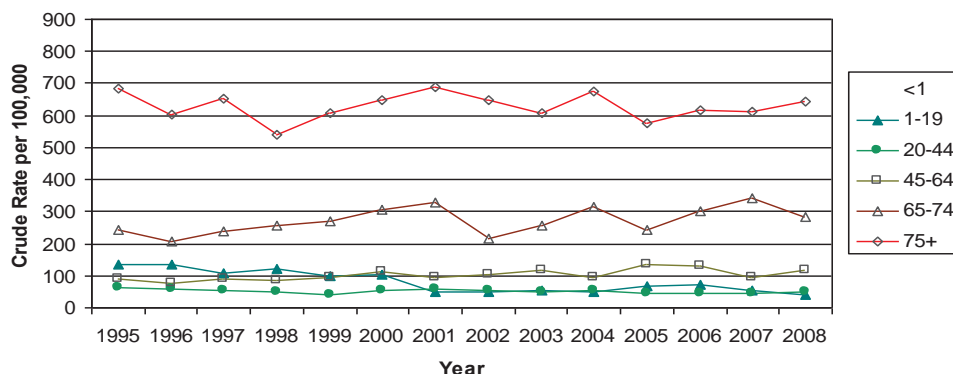
D. Source:

SK Ministry of Health, Year-end hospital files

Blood Diseases & Certain Immune Mechanism Disorders: Age-standardized Rate of Hospital Separations in Peer Group A, 1995 - 2008

Blood Diseases & Certain Immune Mechanism Disorders: Age-standardized Rate of Hospital Separations in Peer Group H, 1995 - 2008
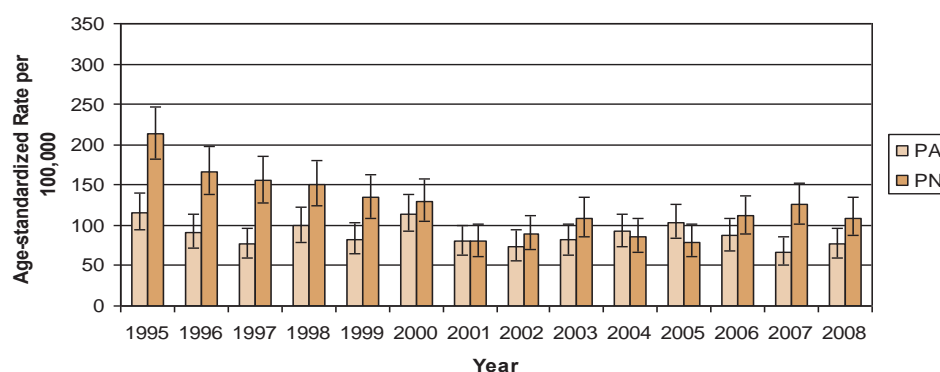
SUMMARY OF FINDINGS:

Peer Group A: Age-standardized hospital separation rates (ASHSRs) due to blood diseases and immunity disorders were lower in Saskatoon (ST) Regional Health Authority than in Regina Qu'Appelle (RQ) from 1995 to 2008. The difference was statistically significant in 1996, 1997, 1999, 2001, 2003 and 2006.

Peer Group H: The ASHSRs in Prince Albert (PA) Parkland Regional Health Authority were lower than in Prairie North (PN) and the difference was statistically significant in 1995-1999 and 2007.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
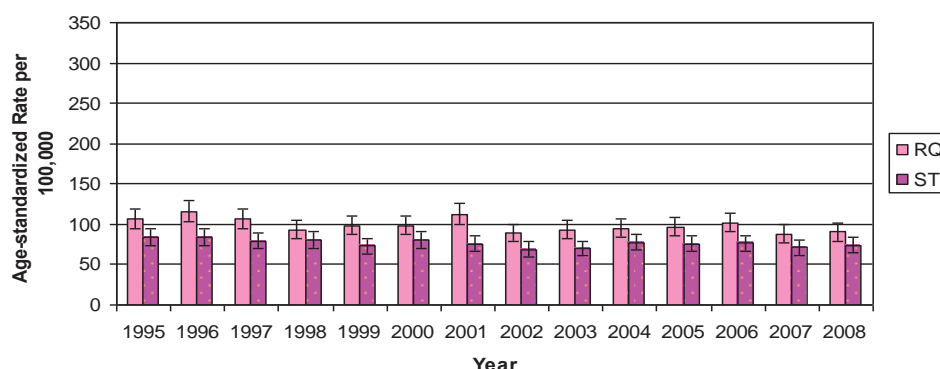
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.

D. Source:

SK Ministry of Health, Year-end hospital files

Blood Diseases & Certain Immune Mechanism Disorders: Age-standardized Rate of Hospital Separations in Peer Group D1, 1995 - 2008

Blood Diseases & Certain Immune Mechanism Disorders: Age-standardized Rate of Hospital Separations in Peer Group D2, 1995 - 2008
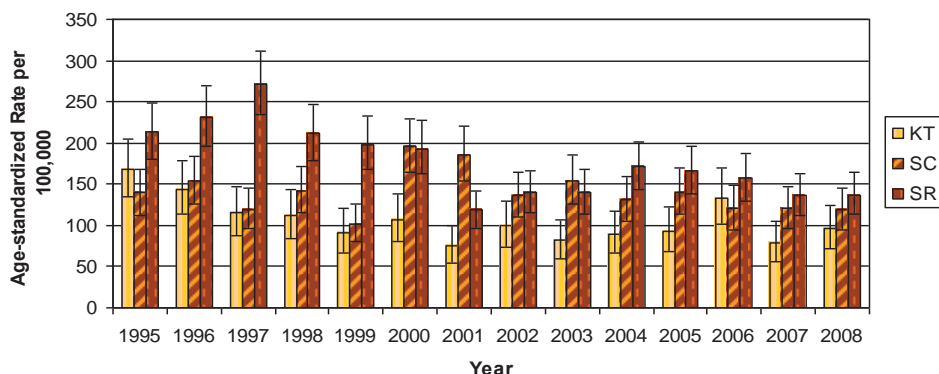
SUMMARY OF FINDINGS:

Peer Group D1: The age-standardized hospital separation rate (ASHSRs) due to blood diseases and immunity disorders varied throughout 1995 to 2008 and were significantly different in Cypress (CY) and Five Hills (FH) Regional Health Authorities in 1998-1999, 2001 and 2008. CY and Heartland (HL) differed statistically in 2002 and 2008.

Peer Group D2: ASHSRs in Kelsey Trail (KT) and Sun Country (SC) Regional Health Authorities were significantly different in 2000– 2001 and 2003. Sun Country (SC) and Sunrise (SR) were significantly different in 1995 to 1999 and 2001.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
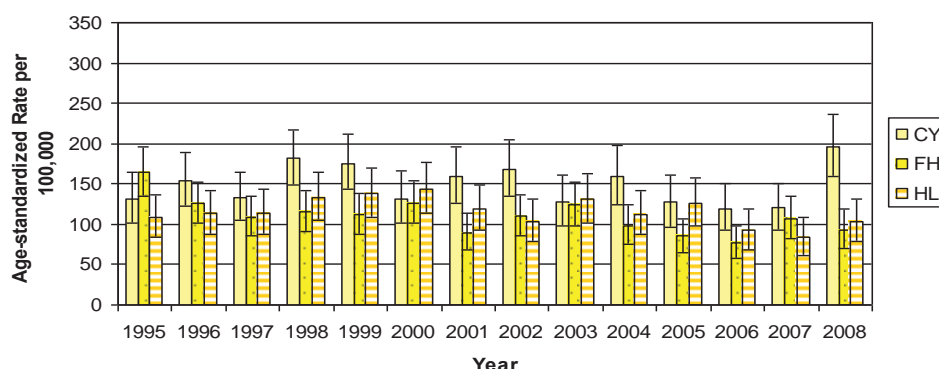
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.

D. Source:

SK Ministry of Health, Year-end hospital files

Blood Diseases & Certain Immune Mechanism Disorders: Age-standardized Rate of Hospital Separations for the three northern Regions of Peer Group F, 1995 - 2008

SUMMARY OF FINDINGS:

Peer Group F: The age-standardized hospital separation rates of blood diseases and certain immune mechanism disorder-related hospital separations varied over the time period 1995 to 2008.

The three northern regions are combined due to individual small numbers or zero counts.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
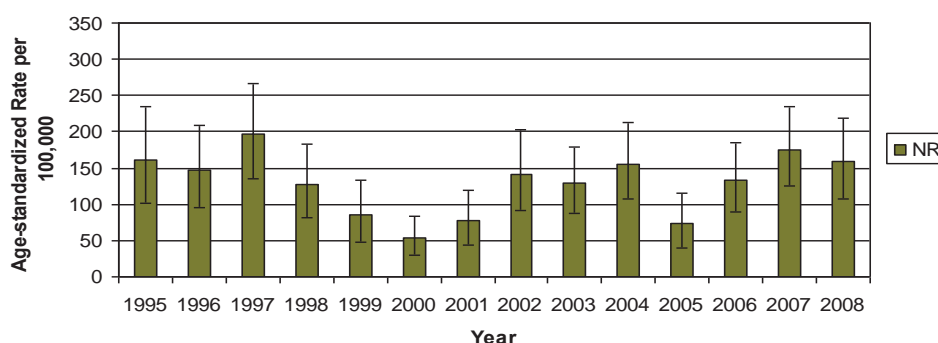
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.

D. Source:

SK Ministry of Health, Year-end hospital files

Mental & Behavioural Disorders: Age-standardized Rate of Hospital Separations in Saskatchewan, 1995 - 2008

Mental & Behavioural Disorders: Age-standardized Rate of Hospital Separations in Saskatchewan by Regional Health Authority, 2008
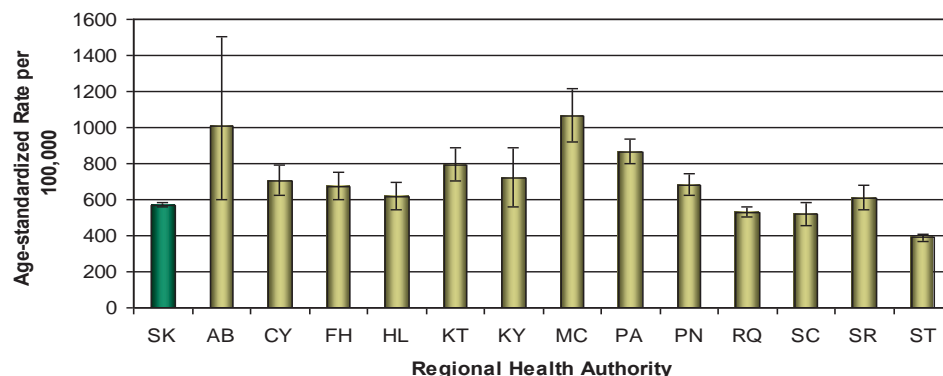
SUMMARY OF FINDINGS:

Provincial age-standardized hospital separation rates (ASHSRs) due mental and behavioural disorders have decreased significantly from 1995 to 2008.

In 2008, the ASHSRs for Athabasca Health Authority (AB) and Cypress (CY), Five Hills (FH), Kelsey Trail (KT), Mamawetan Churchill River (MC), Prairie North (PN) and Prince Albert Parkland (PA) Regional Health Authorities were significantly higher than the province and Saskatoon (ST) Health Region was significantly lower.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
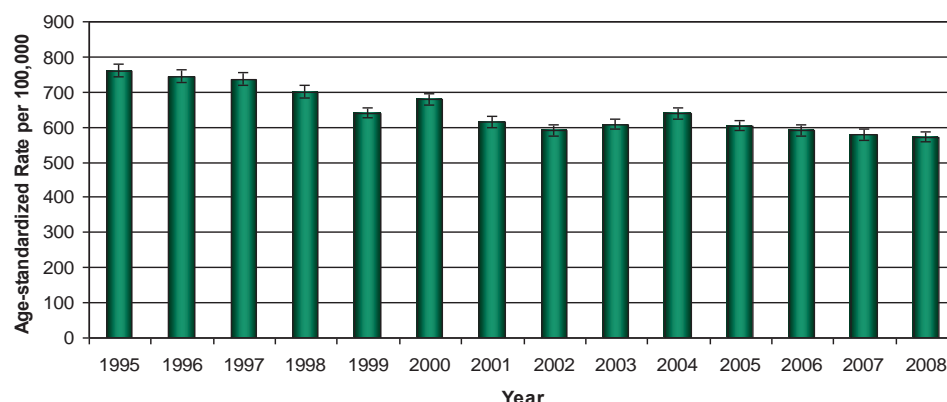
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.

D. Source:

SK Ministry of Health, Year-end hospital files

Mental & Behavioural Disorders: Crude Rate of Hospital Separations in Saskatchewan by Age Group, 1995 - 2008

Mental & Behavioural Disorders: Crude Rate of Hospital Separations in Saskatchewan by Sex, 1995 - 2008

SUMMARY OF FINDINGS:

Age-specific hospitalization separation rates due to mental disorders were highest for the 75 years and older age group. Separation rates decreased from 1995 to 2008 in all age groups, except the one to 19 years age category.

Hospital separation rates are not displayed for the less than one year group due to small numbers and zero counts.

Sex-specific hospital separation rates were consistently higher for females than males. Between 1995 and 2008, sex-specific morbidity decreased for both sexes.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
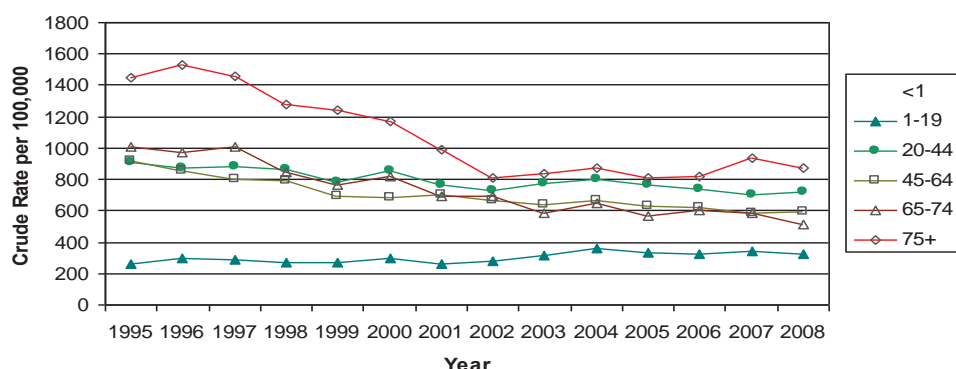
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
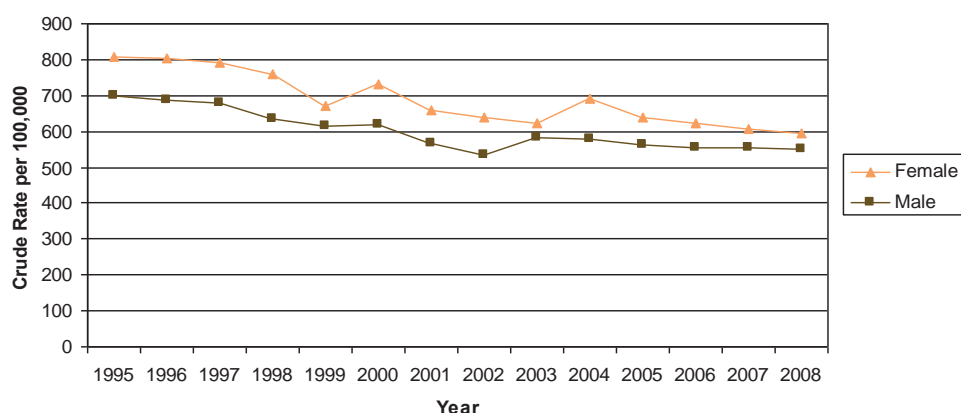
D. Source:

SK Ministry of Health, Year-end hospital files

Mental & Behavioural Disorders: Crude Rate of Hospital Separations among Males in Saskatchewan by Age Group, 1995 - 2008

Mental & Behavioural Disorders: Crude Rate of Hospital Separations among Females in Saskatchewan by Age Group, 1995 - 2008

SUMMARY OF FINDINGS:

Age-specific rates of hospital separations due to mental disorders have decreased in the four oldest age groups for both sexes between 1995 and 2008.

For males, rates were highest in the 75 years and older age group from 1995 to 2002 and 2006 to 2008. For females, rates were highest in the 75 years and older age group from 1995 to 2008.

Rates were not displayed for the less than one year age group for either males or females due to small numbers or zero counts.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
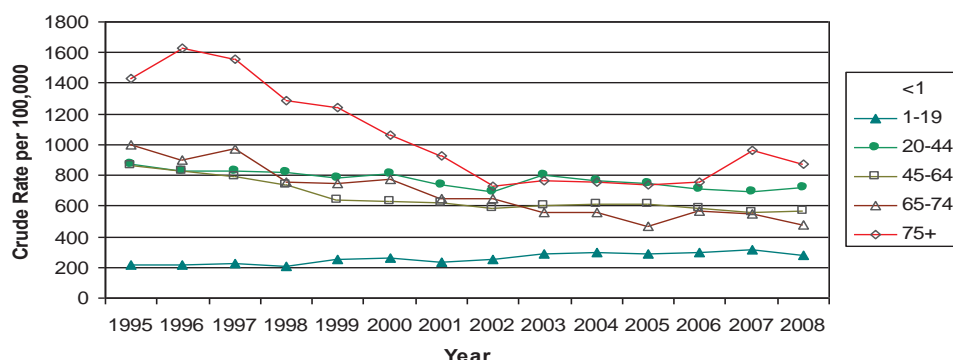
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
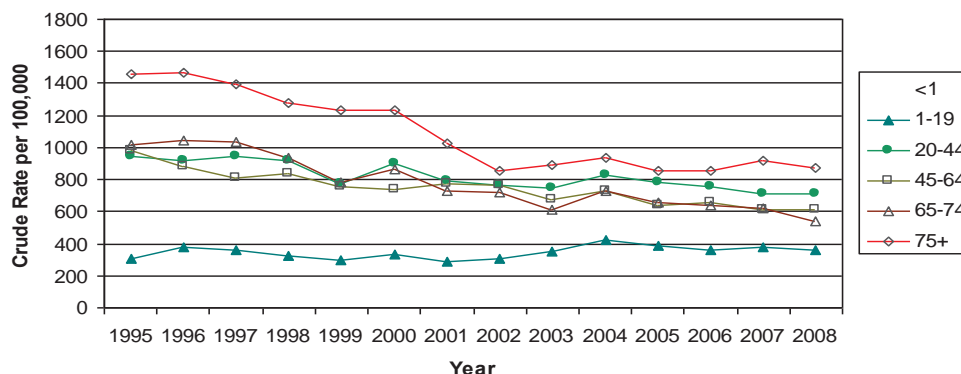
D. Source:

SK Ministry of Health, Year-end hospital files

Mental & Behavioural Disorders: Age-standardized Rate of Hospital Separations in Peer Group A, 1995 - 2008

Mental & Behavioural Disorders: Age-standardized Rate of Hospital Separations in Peer Group H, 1995 - 2008
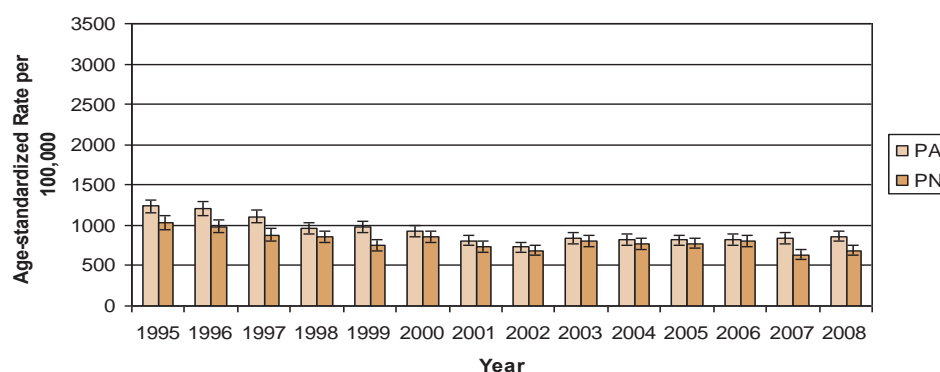
SUMMARY OF FINDINGS:

Peer Group A: The age-standardized hospital separation rates (ASHSRs) due to mental disorders were lower in Saskatoon (ST) Regional Health Authority than in Regina Qu'Appelle (RQ). The difference was statistically significant in all years except 1997 and 1999 to 2001.

Peer Group H: ASHSRs were higher in Prince Albert Parkland (PA) Regional Health Authority than in Prairie North (PN). The difference was statistically significant in 1995-1997, 1999, 2007 and 2008.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
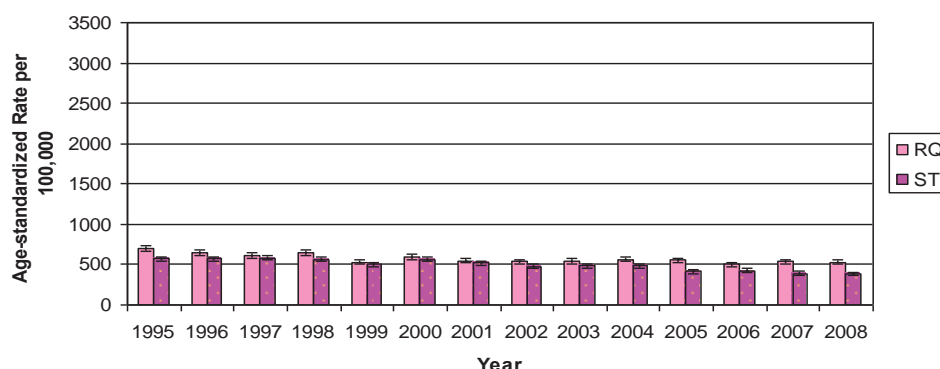
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.

D. Source:

SK Ministry of Health, Year-end hospital files

Mental & Behavioural Disorders: Age-standardized Rate of Hospital Separations in Peer Group D1, 1995 - 2008

Mental & Behavioural Disorders: Age-standardized Rate of Hospital Separations in Peer Group D2, 1995 - 2008
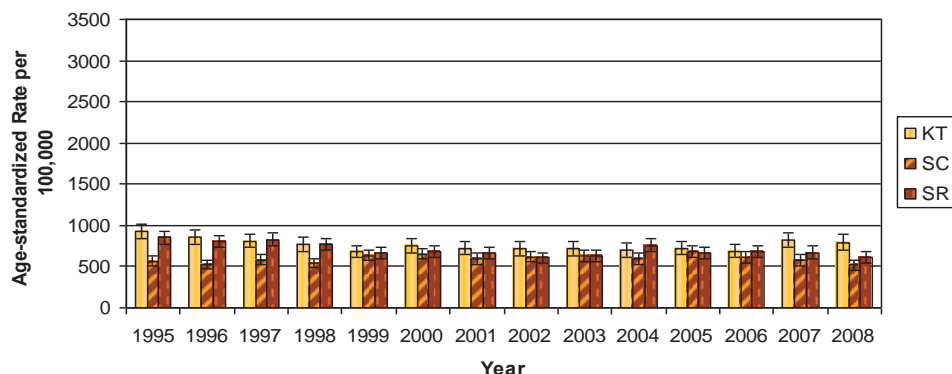
SUMMARY OF FINDINGS:

Peer Group D1: Age standardized hospital separation rates (ASHSRs) for Cypress (CY), Five Hills (FH) and Heartland (HL) Regional Health Authorities remained fairly stable from 1995 to 2008. FH and HL reported significant differences in all years except 1996, 1999, 2005-2008. CY and FH reported significant differences for 1995-1996, 2000 and 2003.

Peer Group D2: ASHSRs for Kelsey Trail (KT), Sun Country (SC) and Sunrise (SR) Regional Health Authorities regions age standardized hospital separation rates (ASHSR) were fairly stable from 1995 to 2008. SC significantly differed from KT and SR in 1995-1998 and from SR in 2004 and KT in 2007 and 2008.

A. Definitions:

Number of hospitaliza-tions during a given cal-endar year per 100,000 population. Annual morbidity indicators in-clude: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity rate. Age-standardized rates repre-sent the rate that would occur if the population had the same age distri-bution as the 1991 Cana-dian population. ICD codes: ICD9 290-319/ ICD10 F00-F99

B. Significance/Use:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health ser-vices and programs, set-ting objectives and tar-gets and comparing dis-ease status over person, place and time.
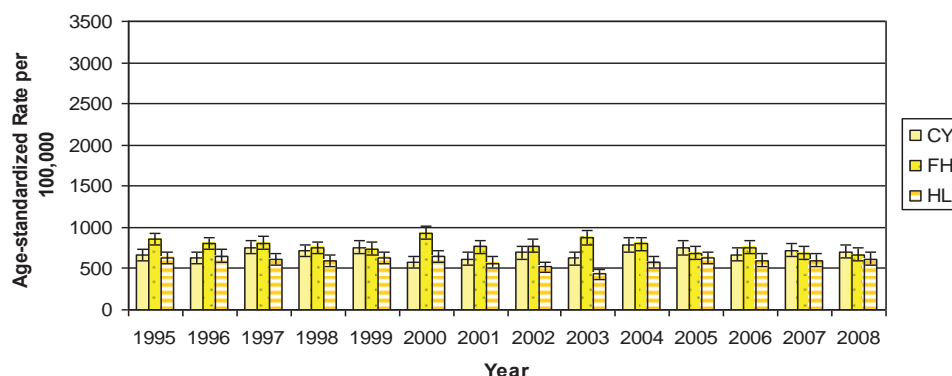
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.

D. Source:

SK Ministry of Health, Year-end hospital files

Mental & Behavioural Disorders: Age-standardized Rate of Hospital Separations in Peer Group F, 1995 - 2008

SUMMARY OF FINDINGS:

Peer Group F: Caution should be exercised interpreting numbers for Athabasca Health Authority (AB) and Keewatin Yatthe (KY) and Mamawetan Churchill (MC) Regional Health Authorities due to small numbers. There is a statistical difference between AB and MC for the years 2004, 2006– 2007.

AB rates are reported in only those years with annual frequencies of 20 or more.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
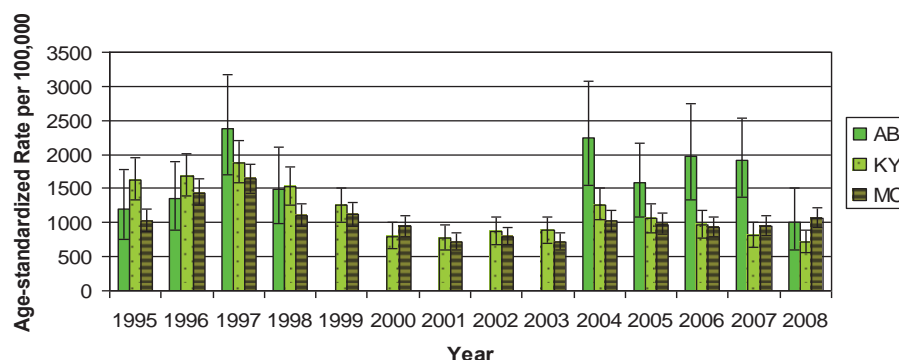
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.

D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Nervous System & Sense Organs: Age-standardized Rate of Hospital Separations in Saskatchewan, 1995 - 2008

Diseases of the Nervous System & Sense Organs: Age-standardized Rate of Hospital Separations in Saskatchewan by Regional Health Authority, 2008

SUMMARY OF FINDINGS:

The age-standardized rates of hospital separation (ASHSRs) of the nervous system and sense organs have decreased in Saskatchewan over the period 1995 to 2008.

In 2009, the ASHSRs for Cypress (CY), Heartland (HL), Mamawetan Churchill River (MC), Prairie North (PN), Sun Country (SC) and Sunrise (SR) Regional Health Authorities were significantly higher than the province and Saskatoon (ST) was statistically lower. The rate for Athabasca (AB) Health Authority was not displayed due to small numbers.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
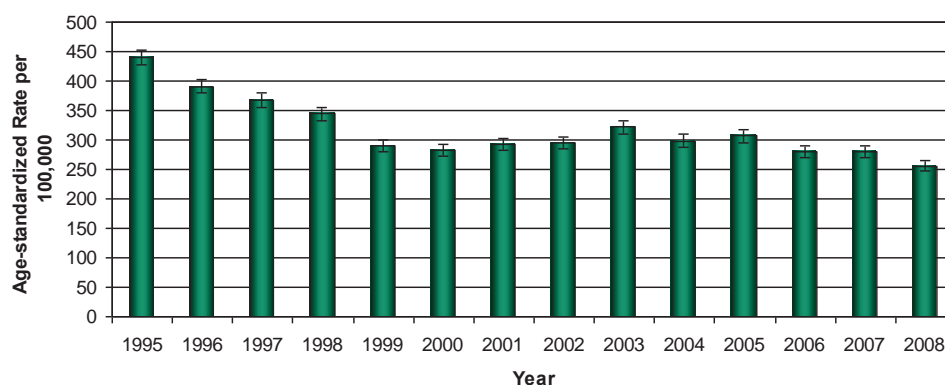
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
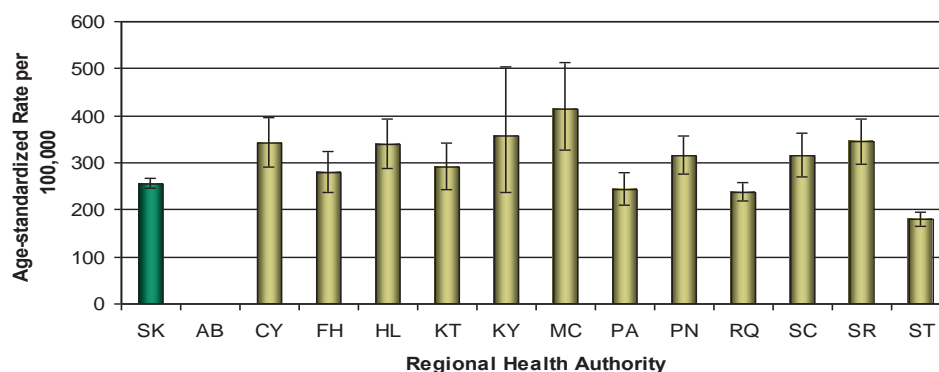
D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Nervous System & Sense Organs: Crude Rate of Hospital Separations in Saskatchewan by Age Group, 1995 - 2008

Diseases of the Nervous System & Sense Organs: Crude Rate of Hospital Separations in Saskatchewan by Sex, 1995 - 2008

SUMMARY OF FINDINGS:

The age-specific hospital separation rates due to diseases of the nervous system and sense organs were highest for the 75 years and older and under one year age groups.

Sex-specific rates decreased for both males and females over the time period 1995 to 2008 and were higher for females compared to males.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
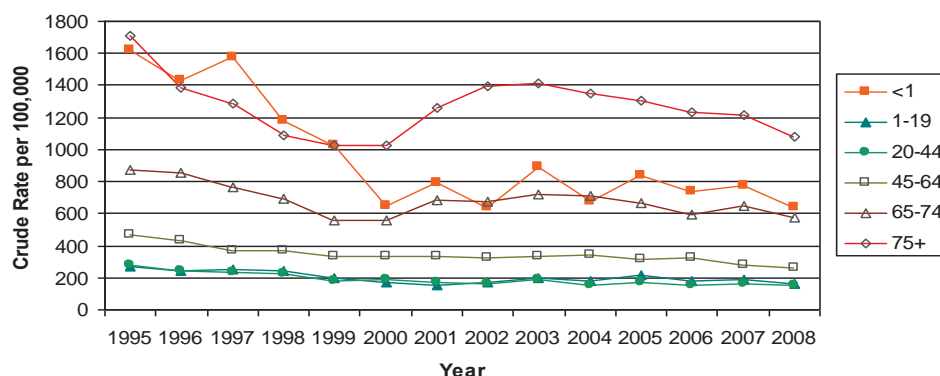
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
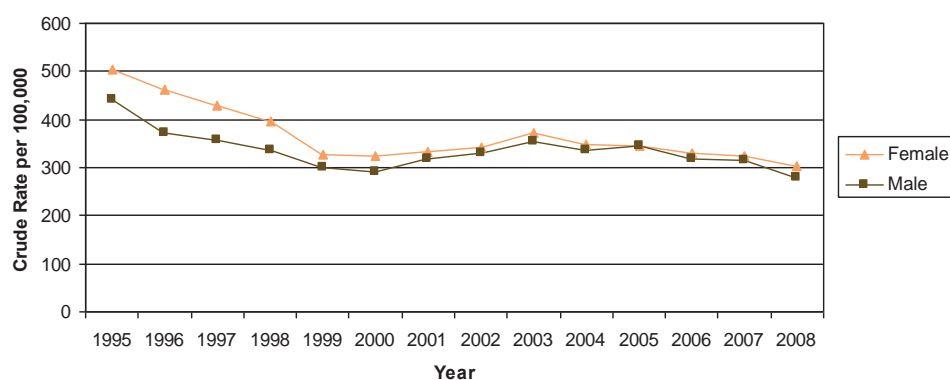
D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Nervous System & Sense Organs: Crude Rate of Hospital Separations among Males in Saskatchewan by Age Group, 1995 - 2008

Diseases of the Nervous System & Sense Organs: Crude Rate of Hospital Separations among Females in Saskatchewan by Age Group, 1995 - 2008

SUMMARY OF FINDINGS:

For males and females, age-specific hospitalization rates due to disease of the nervous system and sense organs were highest for those aged 75 years and older and those under one year. The rates for both of those age groups fell significantly from 1995 to 2008. The rates for those groups one to 64 years were lower and stable.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
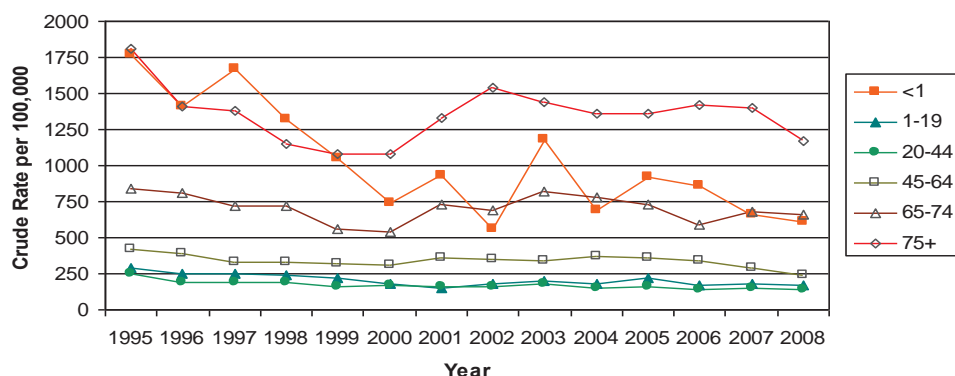
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
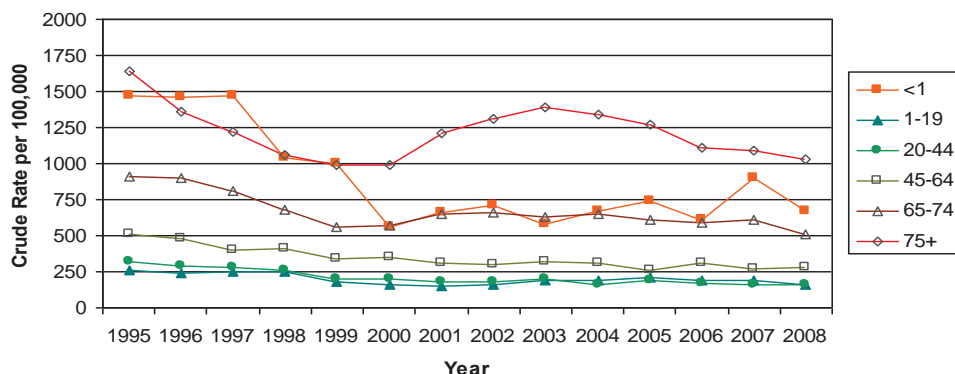
D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Nervous System & Sense Organs: Age-standardized Rate of Hospital Separations in Peer Group A, 1995 - 2008

Diseases of the Nervous System & Sense Organs: Age-standardized Rate of Hospital Separations in Peer Group H, 1995 - 2008

SUMMARY OF FINDINGS:

Peer Group A: Age-standardized hospital separation rates (ASHSRs) due to nervous system and sensory organ diseases reported for Saskatoon (ST) Regional Heath Authority were lower than Regina Qu'Appelle (RQ) from 1995 to 2008. The difference was statistically significant in all years except 2000 and 2001.

Peer Group H: From 1995 to 2008, the ASHSRs for Prince Albert Parkland (PA) Regional Health Authority were lower than Prairie North (PN). The difference was statistically significant in 1995, 1996, 1998 to 2000 and 2002-2003.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
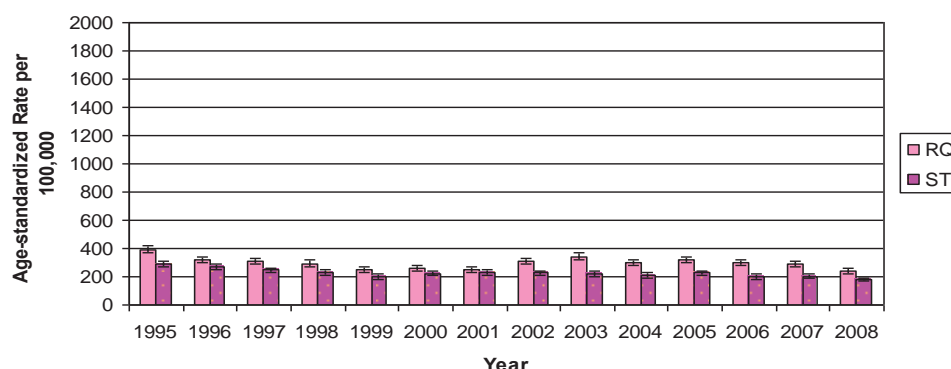
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
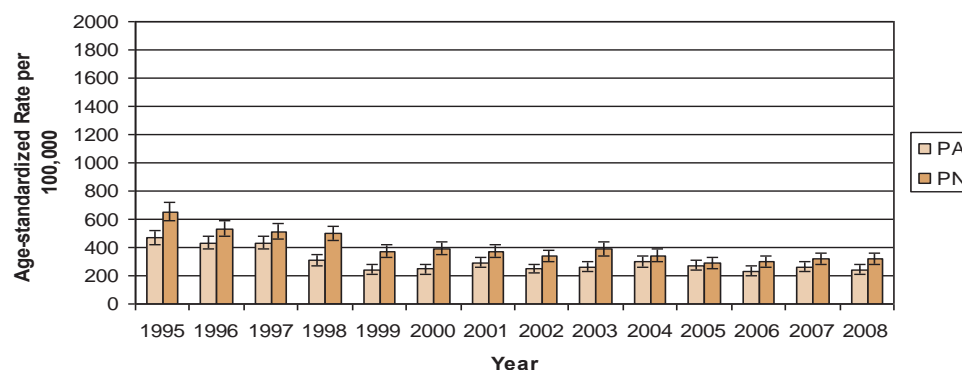
D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Nervous System & Sense Organs: Age-standardized Rate of Hospital Separations in Peer Group D1, 1995 - 2008

Diseases of the Nervous System & Sense Organs: Age-standardized Rate of Hospital Separations in Peer Group D2, 1995 - 2008

SUMMARY OF FINDINGS:

Peer Group D1: Age-standardized hospital separation rate (ASHSRs) due to diseases of the nervous system and sense organs varied over the time period 1995 to 2008 for Cypress (CY), Five Hills (FH) and Heartland (HL) Regional Health Authorities. The rates were significantly lower in FH compared to CY in 1997-1998 and compared to HL in 2002-2003.

Peer Group D2: ASHSRs for Kelsey Trail (KT), Sun Country (SC) and Sunrise (SR) Regional Health Authorities varied over the time period 1995 to 2008. The rates were significantly lower in SR in comparison to SC in 1996 while KT was lower than SR in 1997, 1999 and in 2003.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
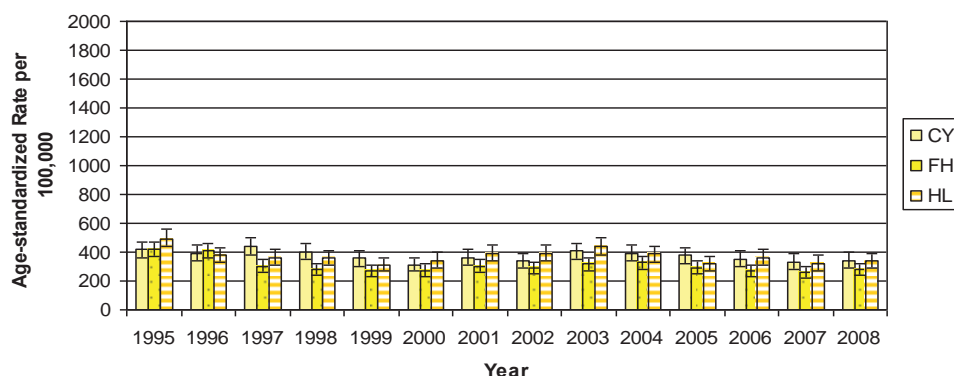
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.

D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Nervous System & Sense Organs: Age-standardized Rate of Hospital Separations in Peer Group F, 1995 - 2008

SUMMARY OF FINDINGS:

Peer Group F: Age-standardized hospital separation rates (ASHSRs) for Athabasca Health Authority (AB) and Mamawetan Churchill River (MC) and Keewatin Yatthe (KY) Regional Health Authorities showed high variability due to small numbers. KY and MC differed from each other significantly in 1996 and 1999. AB reported higher rates than MC in 1996 and MC and KY in 2005.

Athabasca (AB) Health Authority rates were not displayed in all years due to small numbers and zero counts.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
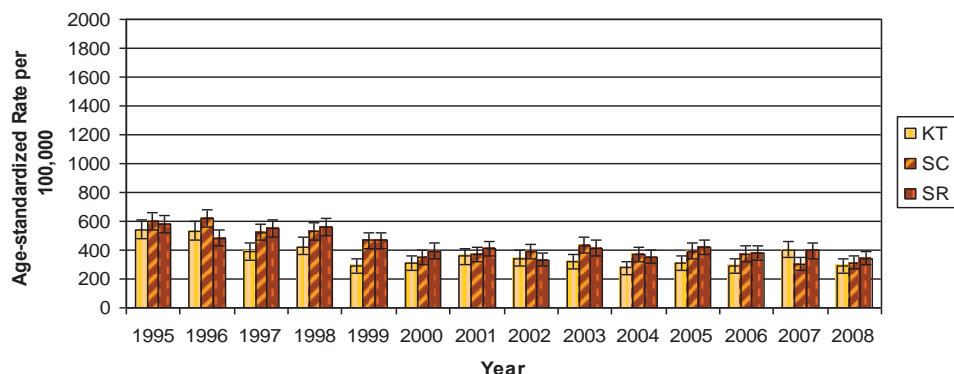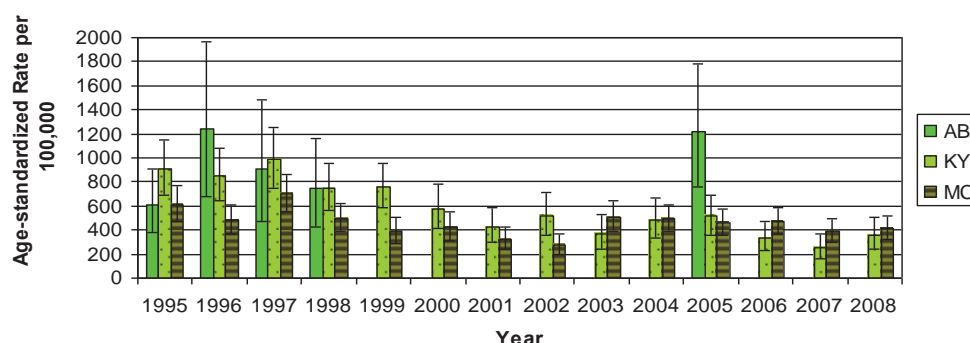
D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Circulatory System: Age-standardized Rate of Hospital Separations in Saskatchewan, 1995 - 2008

Diseases of the Circulatory System: Age-standardized Rate of Hospital Separations in Saskatchewan by Regional Health Authority, 2008 (three northern regions combined)
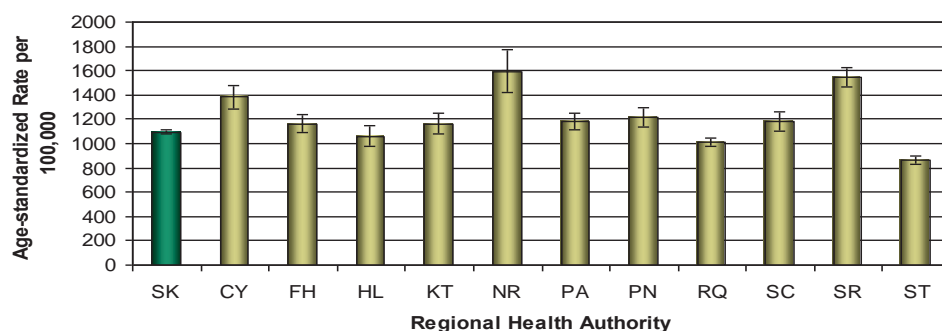
SUMMARY OF FINDINGS:

The age-standardized hospitalization rate (ASHSRs) due to diseases of the circulatory system in Saskatchewan (SK) decreased significantly over the period 1995-2008.

In 2008 , the ASHSRs in Cypress (CY), Prairie North (PN), Sunrise (SR) Regional Health Authorities and the Northern Health Regions (NR) were significantly higher than the province and Regina Qu'Appelle (RQ) and Saskatoon Health Regions (ST) were significantly lower.

The three northern regions, (Mamawetan Churchill River (MC), Keewatin Yatthé (KY) and the Athabasca (AB) Health Authority), were combined due to small numbers of separations in each region.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
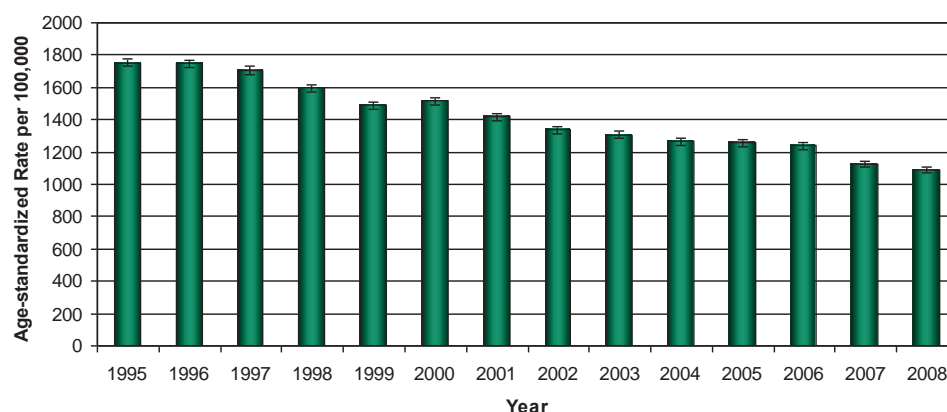
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.

D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Circulatory System: Crude Rate of Hospital Separations in Saskatchewan by Age Group, 1995 - 2008

Diseases of the Circulatory System: Crude Rate of Hospital Separations in Saskatchewan by Sex, 1995 - 2008

SUMMARY OF FINDINGS:

The age-specific hospital separation rates for diseases of the circulatory system were highest for seniors aged 75 years and older, followed by seniors aged 65 to 74 years and adults aged 45 to 64 years. The lowest rates were seen in the 1 to 19 year age group.

Rates for the less than 1 year age group are suppressed due to small numbers and zero counts.

Sex-specific hospital separation rates were consistently higher among males than females and decreased across the time period.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
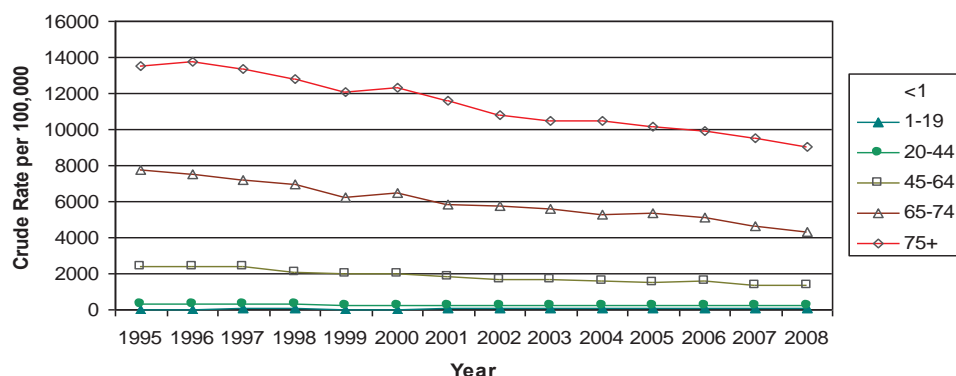
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.

D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Circulatory System: Crude Rate of Hospital Separations among Males in Saskatchewan, 1995 - 2008

Diseases of the Circulatory System: Crude Rate of Hospital Separations among Females in Saskatchewan, 1995 - 2008

SUMMARY OF FINDINGS:

The age-specific rates of hospital separations due to diseases of the circulatory system were highest for seniors aged 75 years and older, followed those aged 65 to 74 years and 45 to 64 years and the rates for males exceeded the rates for females.

For adults aged 45 years and older, the pattern of change over time was similar for males and females. In the 20 to 44 year age group, males exhibited a decline in rates from 1995 to 2008, whereas there was essentially no change in the rates for females. In the 1 to 19 year age group, the rate among females and males increased during this period. Sex-specific rates for the less than 1 year age group are suppressed due to small numbers.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
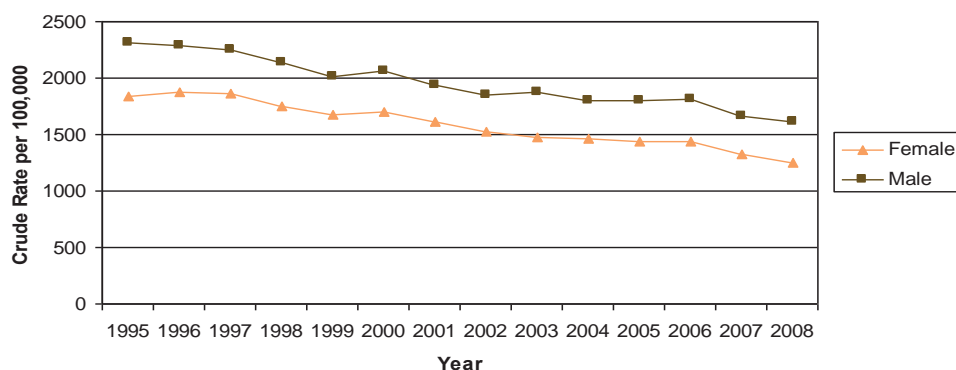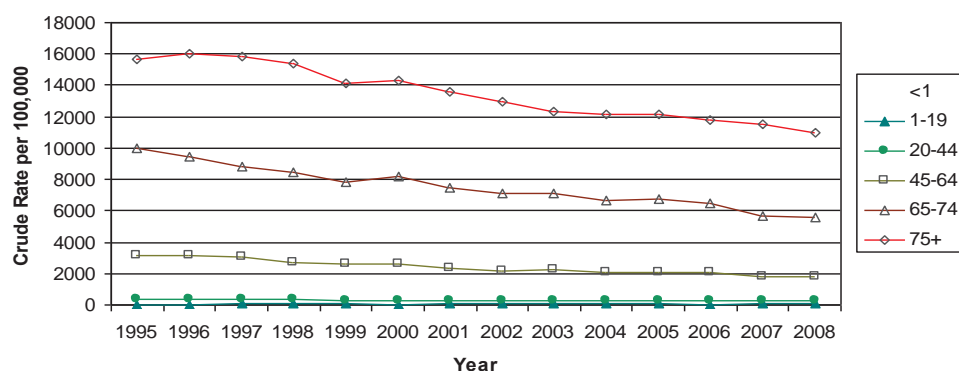
D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Circulatory System: Age-standardized Rate of Hospital Separations in Peer Group A, 1995 - 2008

Diseases of the Circulatory System: Age-standardized Rate of Hospital Separations in Peer Group H, 1995 - 2008

SUMMARY OF FINDINGS:

During the period 1995 to 2008, age-standardized hospital separation rates (ASHSRs) were slightly higher in Regina Qu'Appelle (RQ) than Saskatoon (ST) Regional Health Authority, although not statistically different from each other in 1998, 2002-2004, and 2006.

From 1995 to 1999, the ASHSRs were higher in Prairie North (PN) than Prince Albert Parkland (PA) with significant differences in 1995 and 1997 to 1999.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
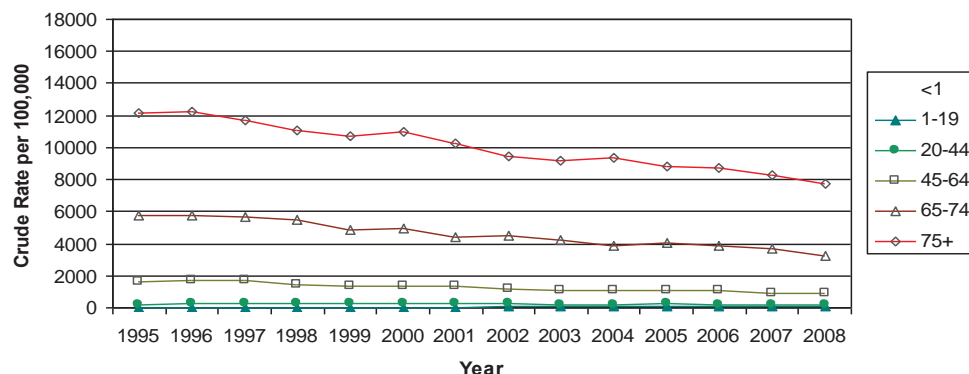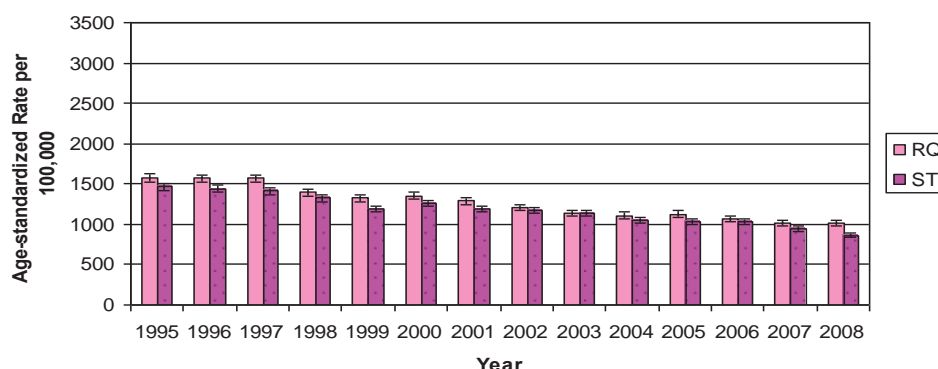
D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Circulatory System: Age-standardized Rate of Hospital Separations in Peer Group D1, 1995 - 2008

Diseases of the Circulatory System: Age-standardized Rate of Hospital Separations in Peer Group D2, 1995 - 2008

SUMMARY OF FINDINGS:

Peer Group D1: Age-standardized hospital separation rates (ASHSRs) due to diseases of the circulatory system in the Cypress (CY), Five Hills (FH) and Heartland (HL) Regional Health Authorities were not statistically different from each other for most years from 1995 to 2008.

Peer Group D2: ASHSRs for Kelsey Trail (KT) and Sun Country (SC) Regional Health Authorities were similar for most of the years and rates in the Sunrise (SR) Health Region tended to be higher. During the most recent five-year period (2004-2008), the SR rates were consistently and statistically higher than the KT and SC rates.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
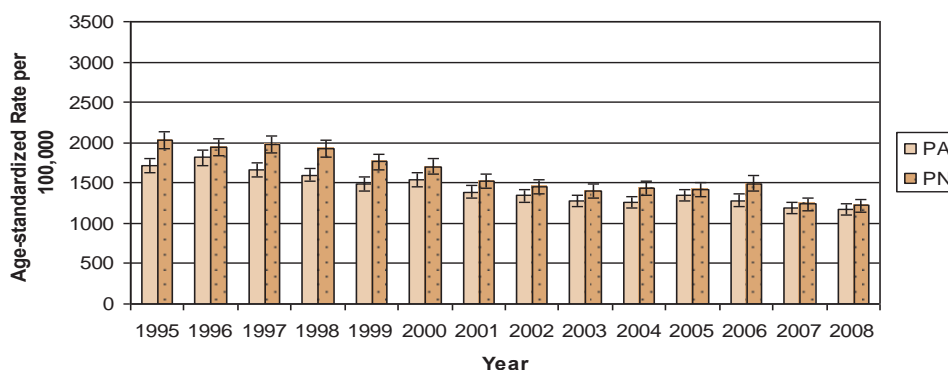
D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Circulatory System: Age-standardized Rate of Hospital Separations in Peer Group F (all northern regions combined), 1995 - 2008
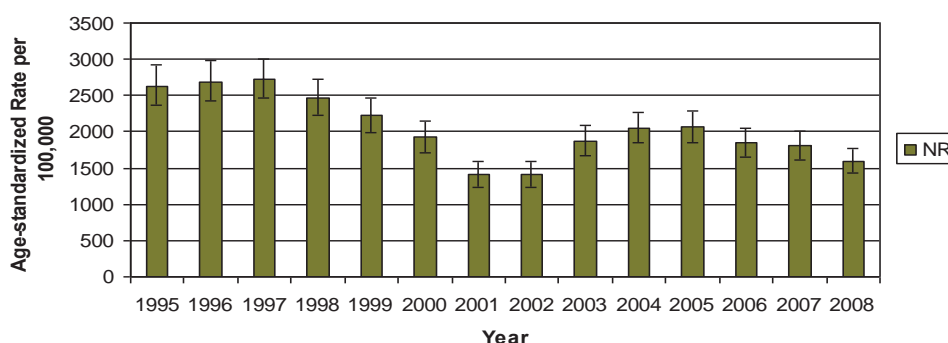
SUMMARY OF FINDINGS:

Peer Group H: Due to the small number of hospital separations for diseases of the circulatory system in the Athabasca Health Authority, the three northern health regions, Athabasca Health Authority, Mamawetan Churchill River Health Region and Keewatin Yatthé, were combined.

Age-standardized hospital separation rates (ASHSRs) in the north decreased between 1997 and 2001 and then increased from 2002 to 2004 before declining again.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
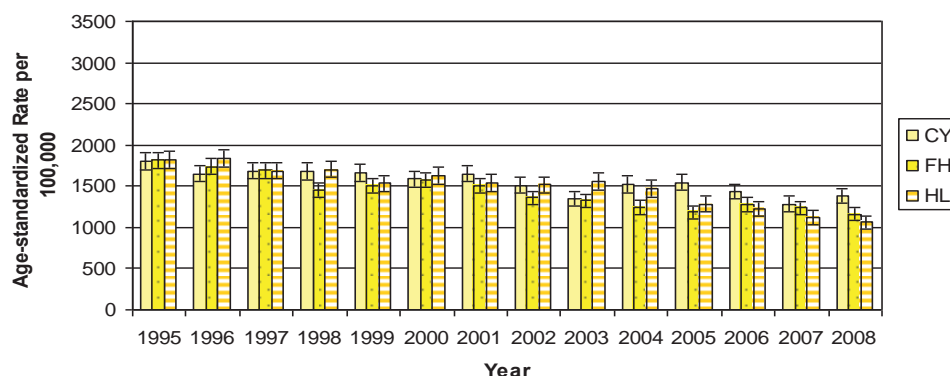
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
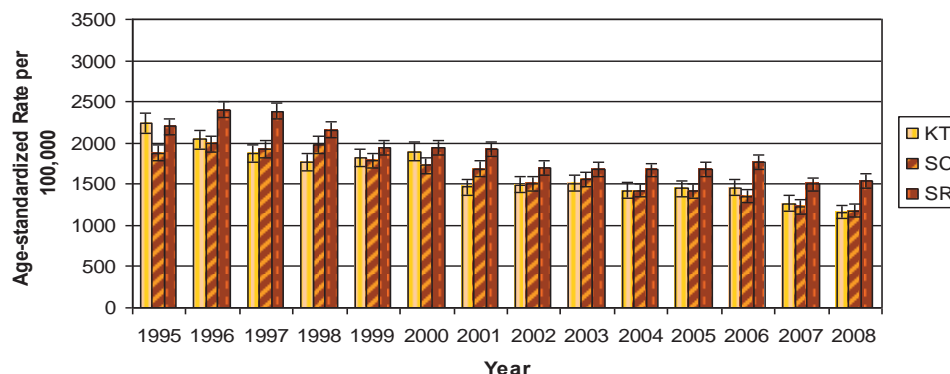
D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Respiratory System: Age-standardized Rate of Hospital Separations in Saskatchewan, 1995 - 2008

Diseases of the Respiratory System: Age-standardized Rate of Hospital Separations in Saskatchewan by Regional Health Authority, 2008

SUMMARY OF FINDINGS:

The age-standardized rate of hospital separations (ASHSRs) due to diseases of the respiratory system in Saskatchewan declined significantly from 1995 to 2008.

In 2008, the ASHSRs for Cypress (CY), Heartland (HL), Kelsey Trail (KT), Prince Albert(PA), Prairie North (PN), Sunrise (SR) Regional Health Authorities and combined North (NR) were significantly higher than the province and Saskatoon (ST) was significantly lower.

Athabasca Health Authority (AB), Mamawetan Churchill River (MC) and Keewatin Yatthe (KY) Regional Health Authorities were combined due to small numbers. than the provincial rate in 2008.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.

D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Respiratory System: Crude Rate of Hospital Separations in Saskatchewan by Age Group, 1995 - 2008

Diseases of the Respiratory System: Crude Rate of Hospital Separations in Saskatchewan by Sex, 1995 - 2008

SUMMARY OF FINDINGS:

The age-specific rates of hospital separations due to diseases of the respiratory system were consistently higher in the less than one year group followed by those 75 years and over between 1995 and 2008.

Sex-specific rates were consistently higher for males than females and showed a declining trend in both males and females from 1995 to 2008.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
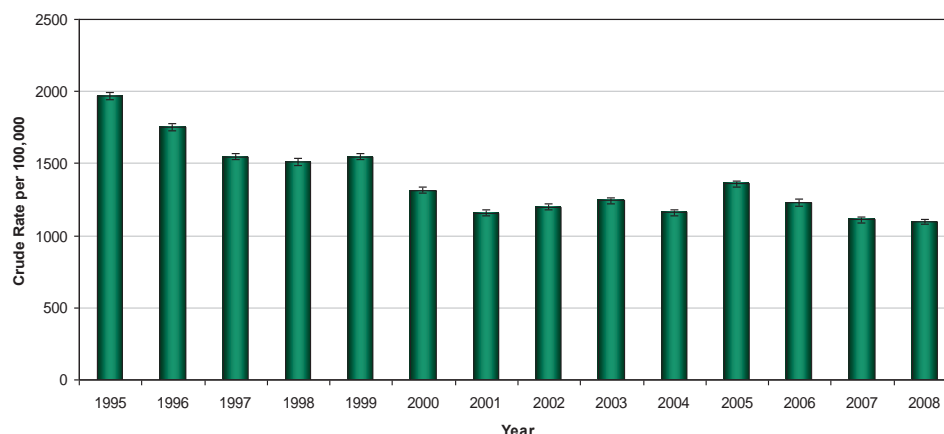
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
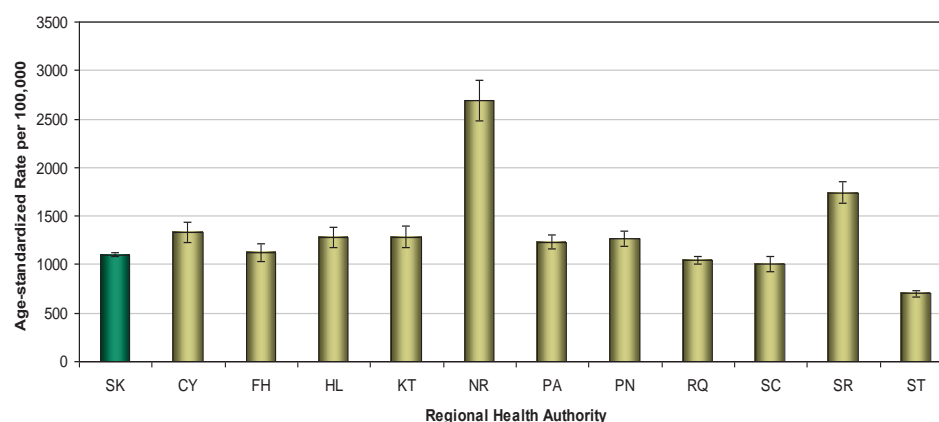
D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Respiratory System: Crude Rate of Hospital Separations Among Males in Saskatchewan by Age Group, 1995 - 2008

Diseases of the Respiratory System: Crude Rate of Hospital Separations among Females in Saskatchewan by Age Group, 1995 - 2008

SUMMARY OF FINDINGS:

The age-specific rate of hospital separations due to diseases of the respiratory system were consistently higher in the less than one year and the 75 years and older age groups between 1995 and 2008.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
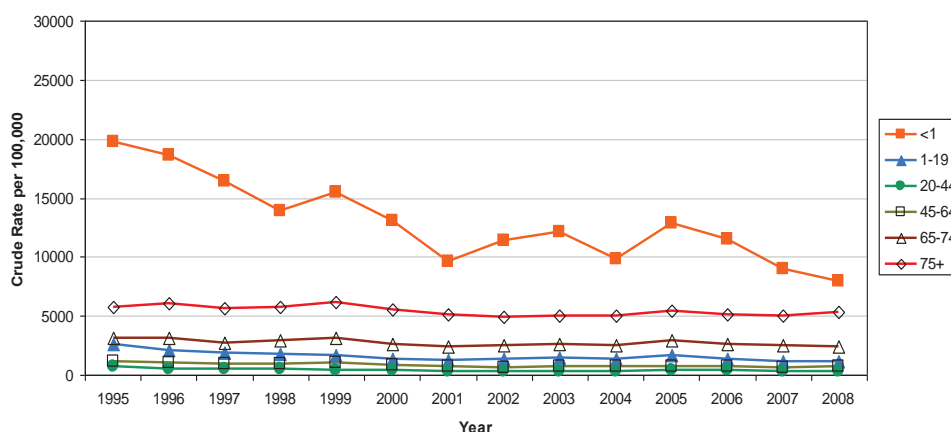
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
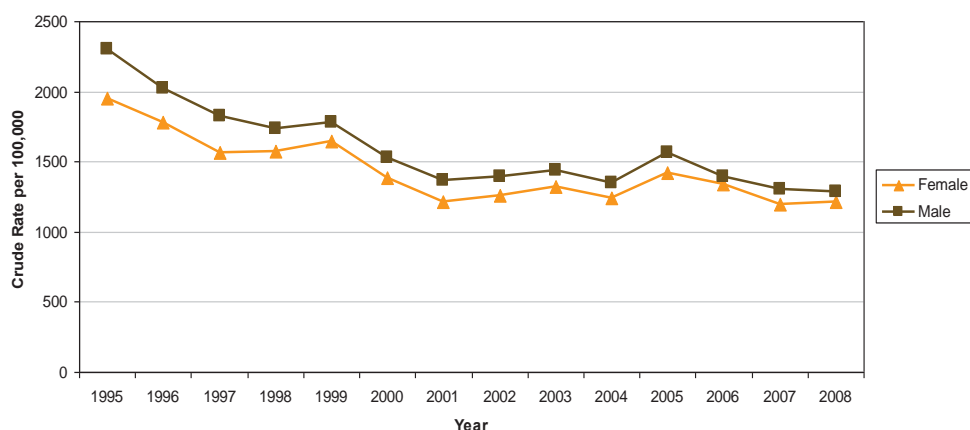
D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Respiratory System: Age-standardized Rate of Hospital Separations in Peer Group A, 1995-2008

Diseases of the Respiratory System: Age-standardized Rate of Hospital Separations in Peer Group H, 1995 - 2008

SUMMARY OF FINDINGS:

Peer group A: The age-standardized rates of hospital separations (ASHSRs) due to diseases of the respiratory system were significantly greater in Regina Qu'Appelle (RQ) Regional Health Authority than Saskatoon (ST) from 1995 to 2008.

Peer Group H: ASHSRs showed a significant stepwise decline from 1995 to 2001 for both Prince Albert (PA) and Prairie North (PN) Regional Health Authorities with PN being significantly higher than PA. From 2002 to 2008, the ASHSRs for both stabilized, with a significant increase observed only in 2006.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
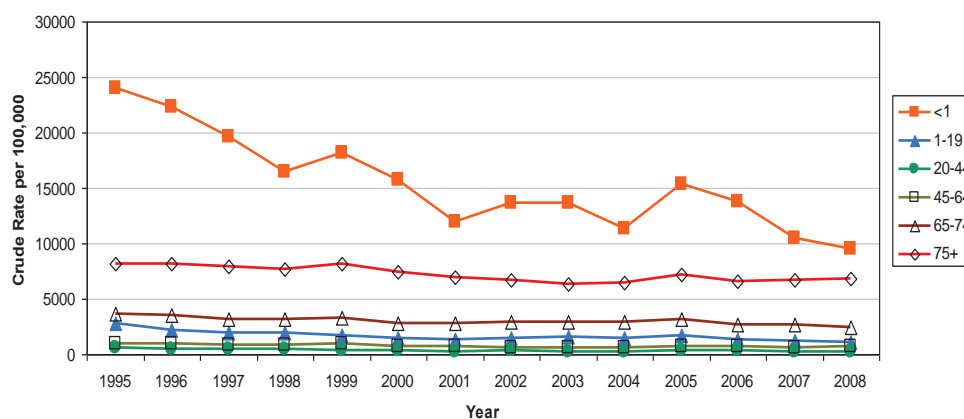
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
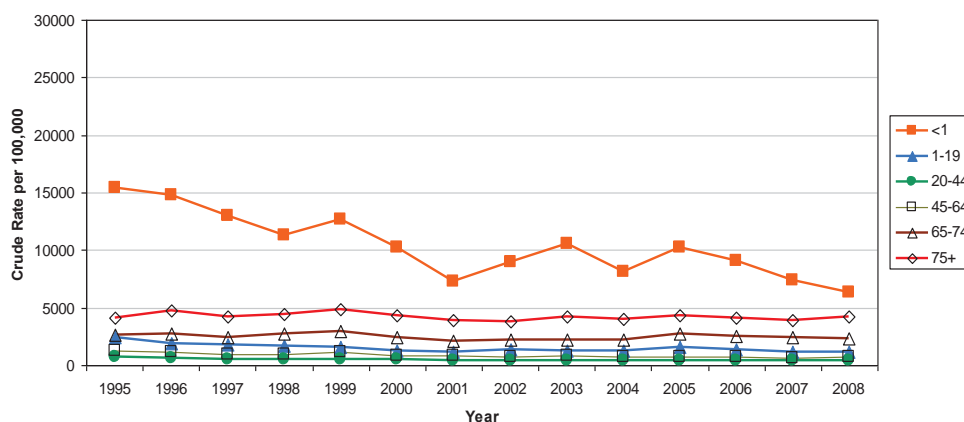
D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Respiratory System: Age-standardized Rate of Hospital Separations in Peer Group D1, 1995 - 2008

Diseases of the Respiratory System: Age-standardized Rate of Hospital Separations in Peer Group D2, 1995 - 2008

SUMMARY OF FINDINGS:

Peer Group D1: Cypress (CY), Five Hills (FH) and Heartland (HL) health regions' age-standardized hospital separation rates (ASHSRs) due to diseases of the respiratory system varied over 1995 to 2008. FH was significantly higher than CY and HL in 1995, 1996 and 1999. In 2002 and 2003, FH reported higher ASHSRs than either both CY and HL or either CY and HL.

Peer Group D2: Kelsey Trail (KT), Sun Country (SC) and Sunrise (SR), health regions' ASHSRs varied over the time period 1995 to 2008. SC was significantly lower than SR in all years except 1995, 1996 and 2003 while KT reported lower rates than SR in all years except 1995, 1996 and 2004.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
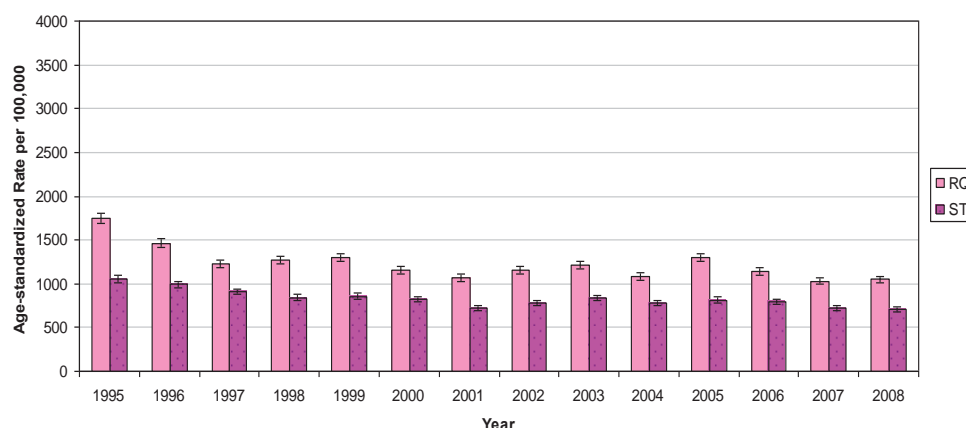
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
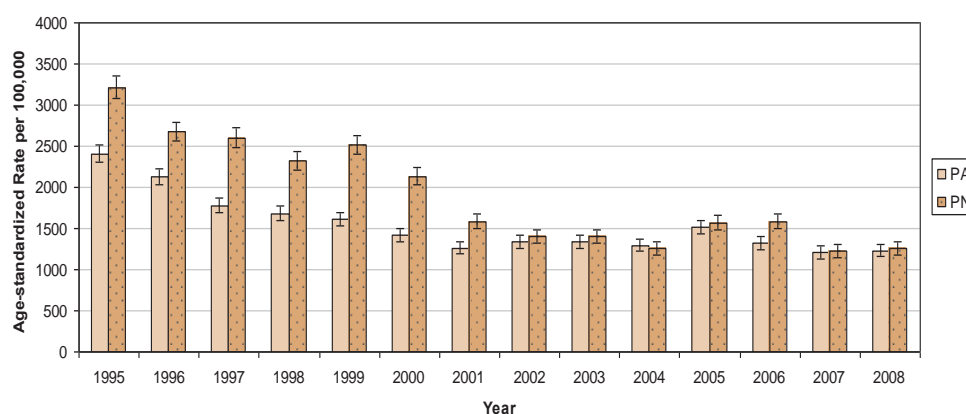
D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Respiratory System: Age-standardized Rate of Hospital Separations Peer Group F, 1995 - 2008
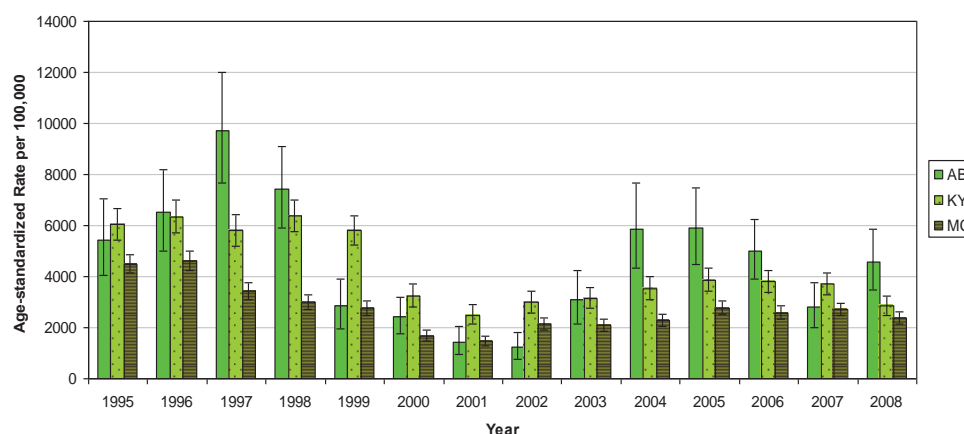
SUMMARY OF FINDINGS:

Peer Group F: The age-standardized rate of hospital separations (ASHSRs) due to diseases of the respiratory system fluctuated between 1995 to 2008. There was an overall significant decline for Keewatin Yatthé (KY) and Mamawetan Churchill (MC) Regional Health Authorities.

Please note all three northern health regions, Athabasca Health Authority (AB), KY and MC, report high variability in their confidence intervals due to small numbers.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
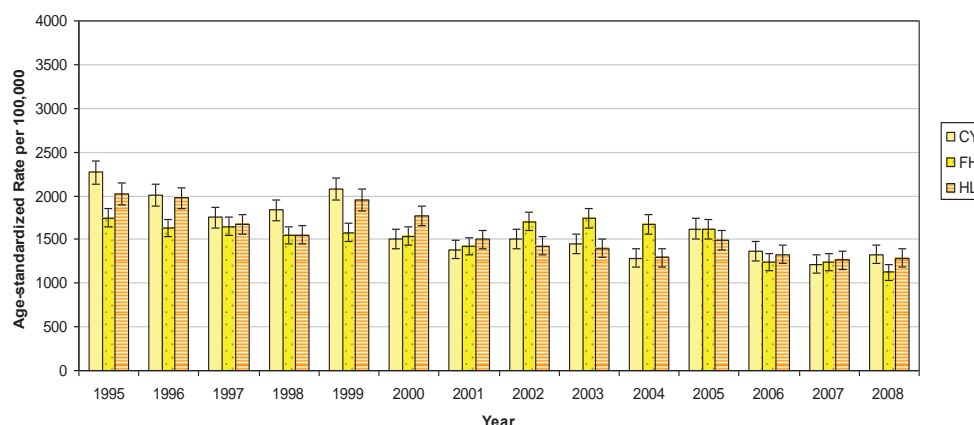
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
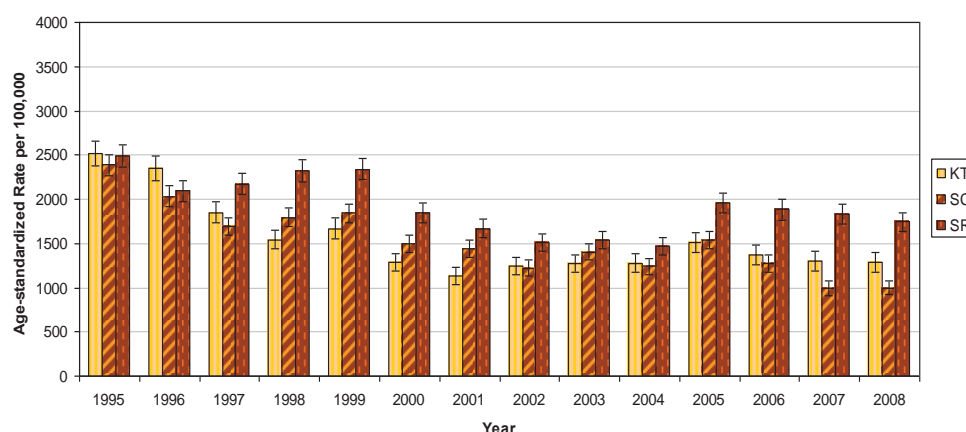
D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Digestive System: Age-standardized Rate of Hospital Separations in Saskatchewan, 1995 - 2008

Diseases of the Digestive System: Age-standardized Rate of Hospital Separations in Saskatchewan by Regional Health Authority, 2008

SUMMARY OF FINDINGS:

Provincial age-standardized hospital separation rates (ASHSRs) for diseases of the digestive system declined significantly between 1995 and 2008.

In 2008, the ASHSRs in the Athabasca Health Authority (AB) and the Cypress (CY), Five Hills (FH), Heartland (HL), Kelsey Trail (KT), Mamawetan Churchill (MC) River, Prairie North (PN), Sun Country (SC), and Sunrise (SR) Regional Health Authorities were significantly higher than the province and Prince Albert (PA) Parkland and Saskatoon (ST) were significantly lower.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.

D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Digestive System: Crude Rate of Hospital Separations in Saskatchewan by Age Group, 1995 - 2008

Diseases of the Digestive System: Crude Rate of Hospital Separations in Saskatchewan by Sex, 1995 - 2008

SUMMARY OF FINDINGS:

The age-specific hospital separation rates due to diseases of the digestive system were highest for those aged 75 years and older, followed by seniors aged 65 to 74 years and infants aged less than one year. From 1995 to 2008 the rates declined in all age groups. The less than one year age group had the greatest decrease.

Sex-specific hospital separation rates were slightly, but consistently higher among females than males.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
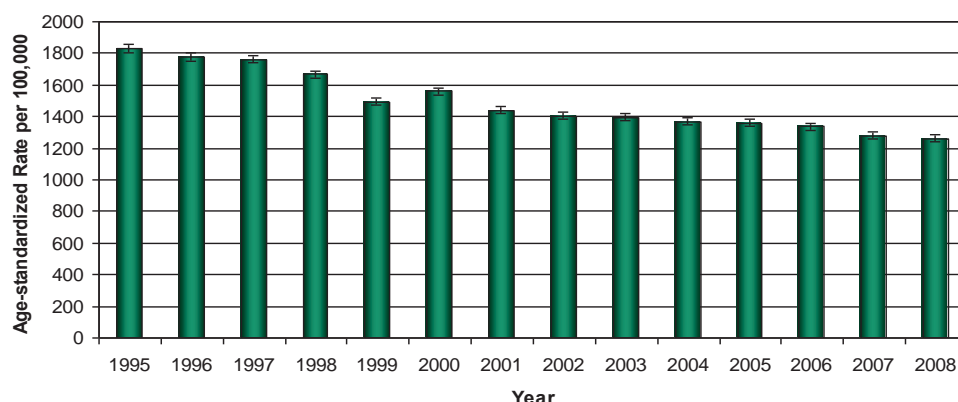
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
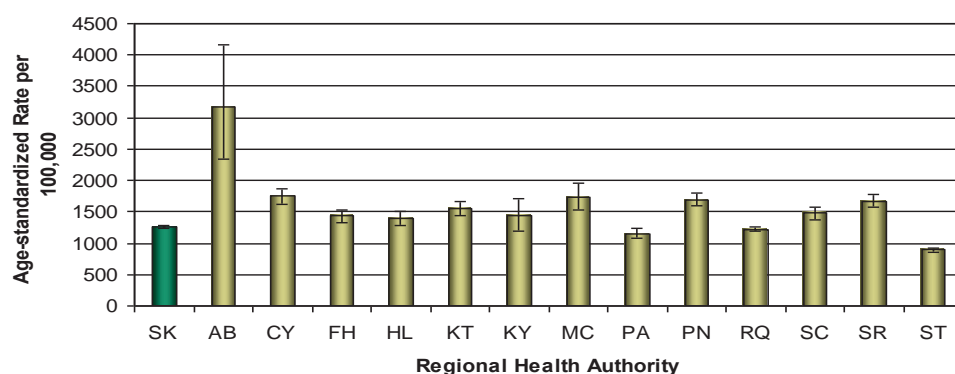
D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Digestive System: Crude Rate of Hospital Separations among Males in Saskatchewan by Age Group, 1995 - 2008

Diseases of the Digestive System: Crude Rate of Hospital Separations among Females in Saskatchewan by Age Group, 1995 - 2008

SUMMARY OF FINDINGS:

The age-specific hospital separation rates due to diseases of the digestive system were similar for females and males from 1995 to 2008 and showed a declining trend. The rates were highest for those aged 75 years and older. The largest decrease was in the under one year age group.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
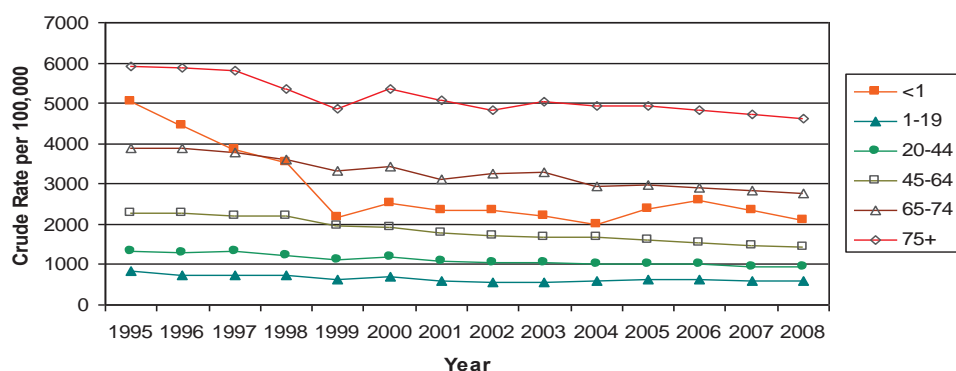
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
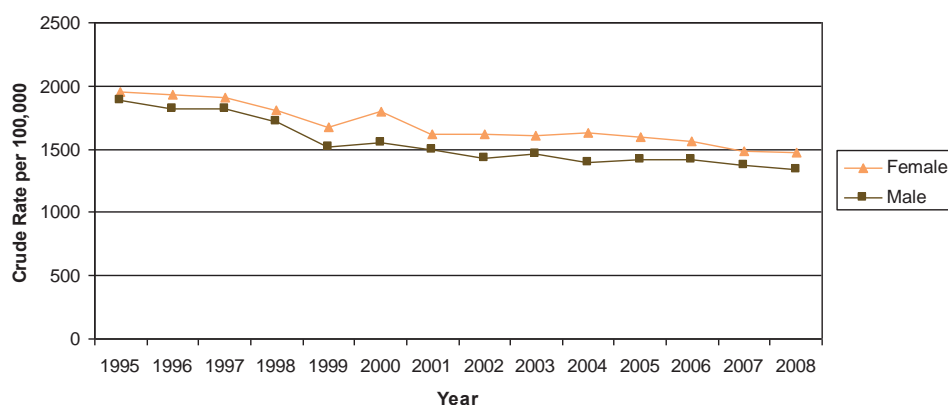
D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Digestive System: Age-standardized Rate of Hospital Separations in Peer Group A, 1995 - 2008

Diseases of the Digestive System: Age-standardized Rate of Hospital Separations in Peer Group H, 1995 - 2008

SUMMARY OF FINDINGS:

Peer Group A: Age-standardized hospital separation rates (ASHSRs) due to diseases of the digestive system for Regina Qu'Appelle (RQ) and Saskatoon (ST) Regional Health Authorities varied over 1995 to 2008. ST reported significantly lower ASHSRs in comparison to RQ for all years except 2002 and 2003.

Peer Group H: ASHSRs for Prairie North (PN) and Prince Albert Parkland (PA) Regional Health Authorities varied from 1995 to 2008. All years reported significantly higher rates for PN.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
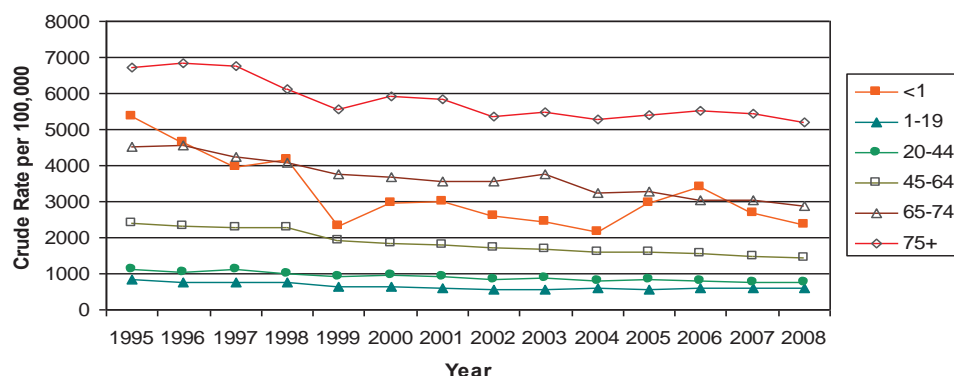
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
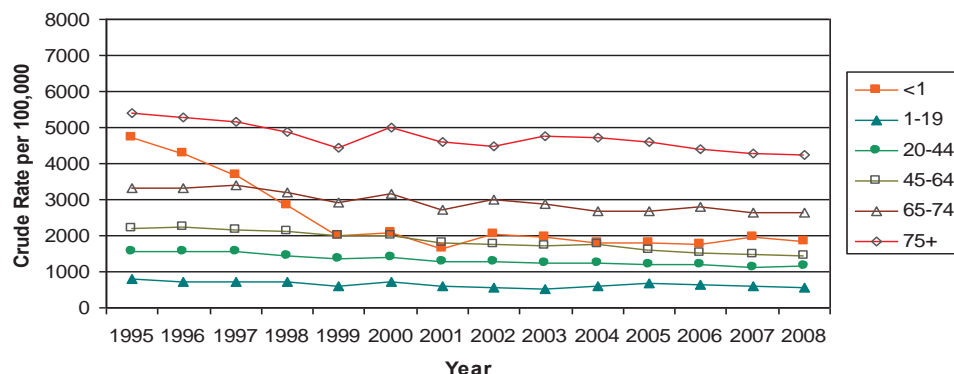
D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Digestive System: Age-standardized Rate of Hospital Separations in Peer Group D1, 1995 - 2008

Diseases of the Digestive System: Age-standardized Rate of Hospital Separations in Peer Group D2, 1995 - 2008

SUMMARY OF FINDINGS:

Peer Group D1: Age-standardized hospital separation rates (ASHSRs) due to diseases of the digestive system for Cypress (CY), Five Hills (FH) and Heartland (HL) Regional Health Authorities displayed considerable variability through the years 1995-2008. FH was significantly lower than CY and HL in all years except in 2000-2004 (when it was lower than HL but not CY) and 2005 onwards when no significant differences were reported with CY and HL.

Peer Group D2: ASHSRs for Kelsey Trail (KT), Sun Country (SC) and Sunrise (SR) Regional Health Authorities varied over the time period 1995 to 2008. SR differed significantly from KT in 1995, 2006 and 2007. SC differed from KT significantly in 1998, 2001, 2003 and 2006.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
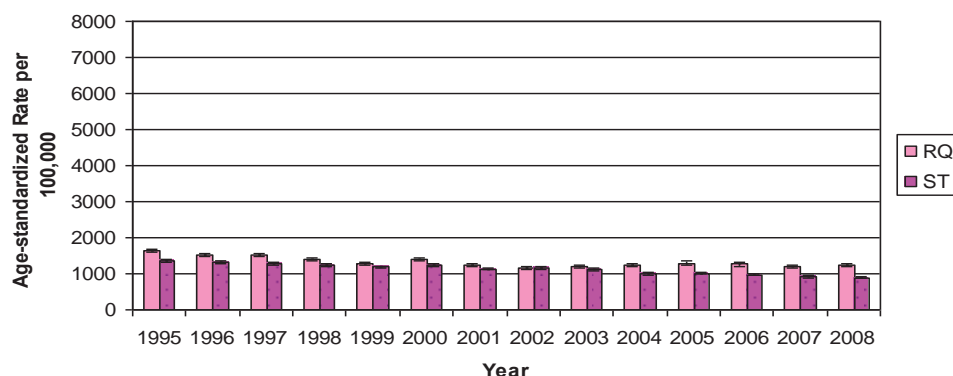
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
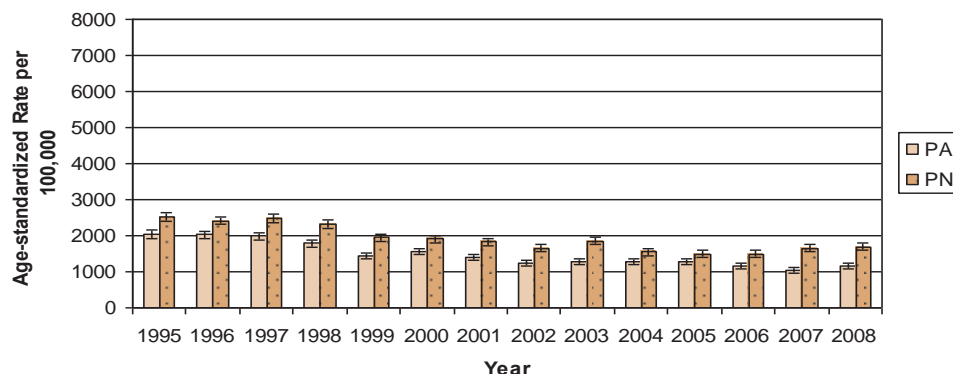
D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Digestive System: Age-standardized Rate of Hospital Separations in Peer Group F, 1995 - 2008

SUMMARY OF FINDINGS:

Peer Group F: Age-standardized hospital separation rates (ASHSRs) due to diseases of the digestive system for Athabasca (AB) Health Authority and Keewatin Yatthé (KY) and Mamawetan Churchill River (MC) Regional Health Authorities declined from 1995 to 2008. KY and MC differed significantly in all years except 1995, 2000, 2003 and 2006 onwards.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
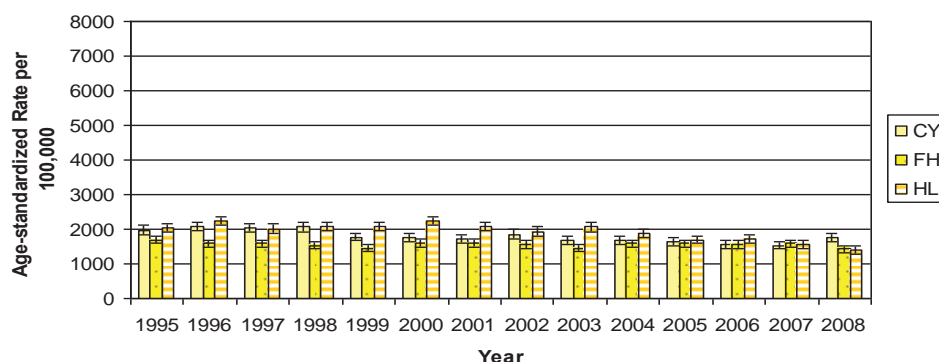
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
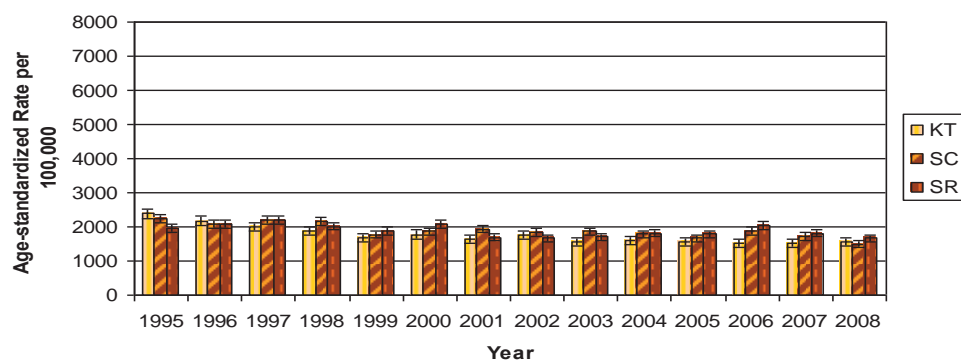
D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Genitourinary System: Age-standardized Rate of Hospital Separations in Saskatchewan, 1995 - 2008

Diseases of the Genitourinary System: Age-standardized Rate of Hospital Separations in Saskatchewan by Regional Health Authority, 2008

SUMMARY OF FINDINGS:

Provincial age-standardized hospital separation rates (ASHSRs) due to diseases of the genitourinary system-related hospital separations significantly decreased from 1995 to 2008

In 2008, the ASHSRs Cypress (CY), Heartland (HL), Keewatin Yatthé (KY), Mamawetan Churchill River (MC), Prairie North (PN), Sun Country (SC) and Sunrise (SR) Regional Health Authorities were significantly higher than the province and Prince Albert (PA), Regina Qu'Appelle (RQ) and Saskatoon (ST) were significantly lower.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
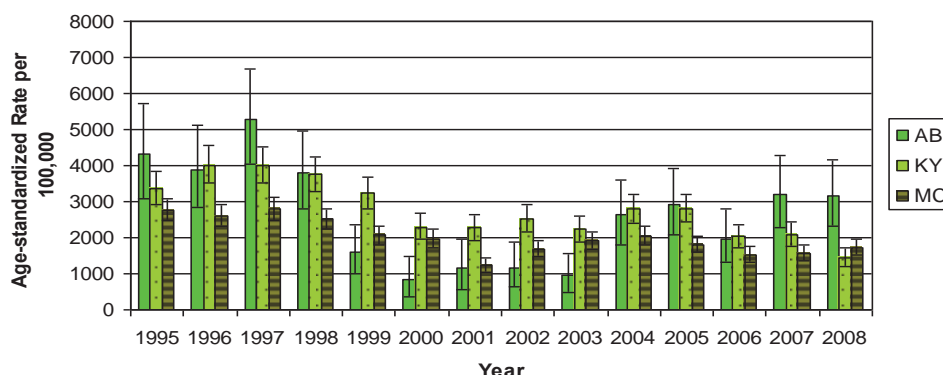
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.

D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Genitourinary System: Crude Rate of Hospital Separations in Saskatchewan by Age Group, 1995 - 2008

Diseases of the Genitourinary System: Crude Rate of Hospital Separations in Saskatchewan by Sex, 1995 - 2008

SUMMARY OF FINDINGS:

Age-specific rates of hospital separation due to genitourinary system diseases were highest for age groups 75 years and older, followed by those aged 65 to 74 years.

From 1998 to 2008, rates have decreased in all age groups except for those less than one year which varied over the time period, declining from 1997 to 2001, and increasing from 2001 to 2003.

Sex-specific rates were consistently higher for females than males and both declined in the period 1995-2008.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
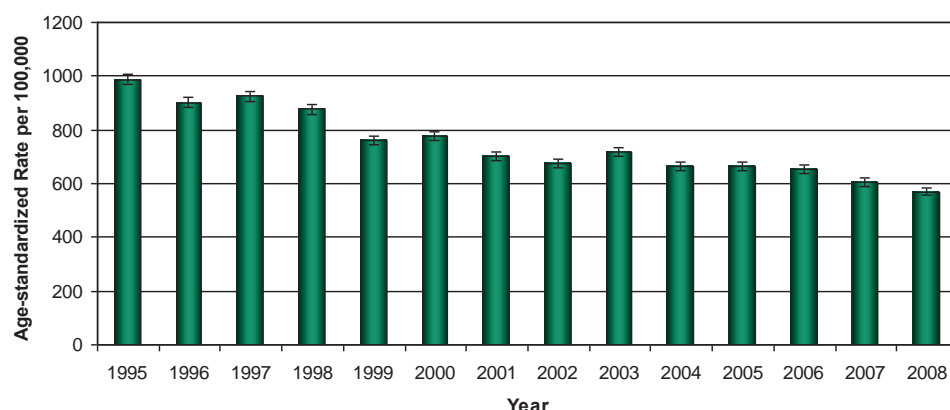
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
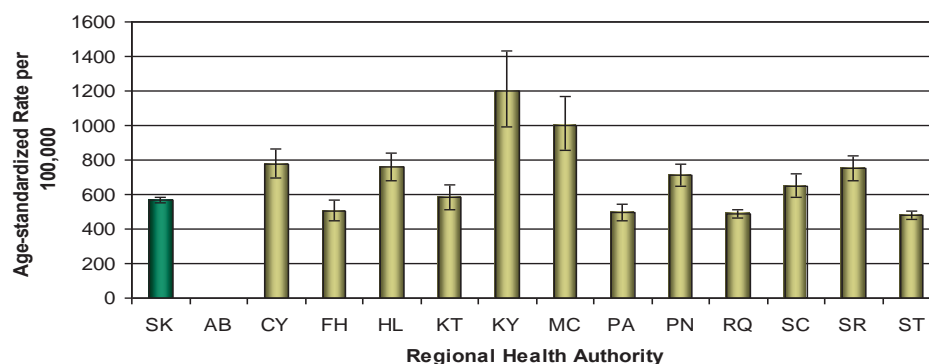
D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Genitourinary System: Crude Rate of Hospital Separations among Males in Saskatchewan by Age Group, 1995 - 2008

Diseases of the Genitourinary System: Crude Rate of Hospital Separations among Females in Saskatchewan by Age Group, 1995 - 2008

SUMMARY OF FINDINGS:

For males, the rates of hospital separation due to genitourinary system disease declined from 1995 to 2008; whereas, for females, the rates remained constant.

For males, the highest rates for hospital separation due to diseases of the genitourinary system were noted for those 75 years and older, followed by 65 to 74 years and those less than one year of age.

For females, the highest rates for hospital separation for genitourinary system diseases were those aged 75 and older and the lowest rates were found in those one to 19 years.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
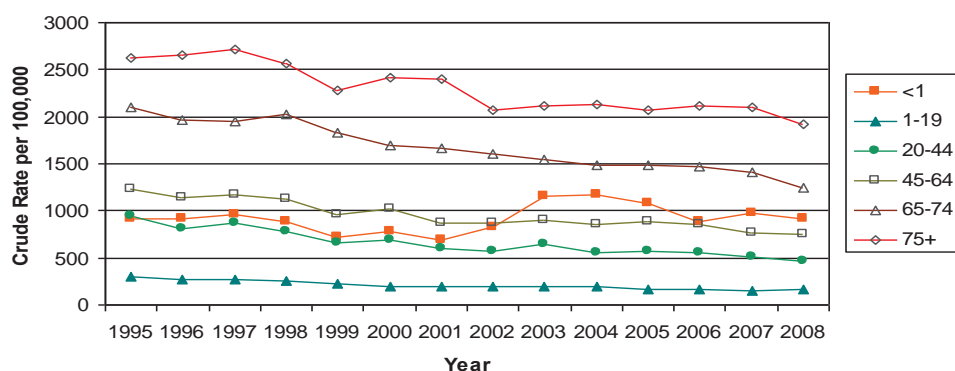
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
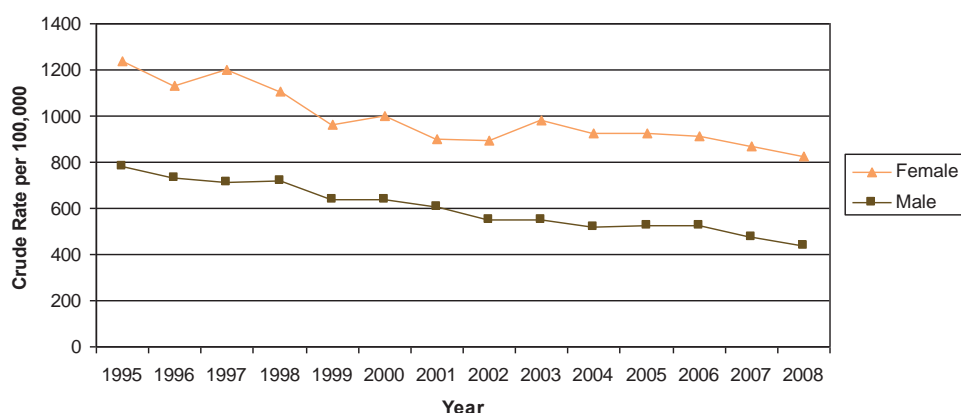
D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Genitourinary System: Age-standardized Rate of Hospital Separations in Peer Group A, 1995 - 2008

Diseases of the Genitourinary System: Age-standardized Rate of Hospital Separations in Peer Group H, 1995 - 2008

SUMMARY OF FINDINGS:

Peer Group A: Age-standardized hospital separation rates (ASHSRs) due to diseases of the genitourinary system Regina Qu'Appelle (RQ) and Saskatoon (ST) Regional Health Authorities varied over the 1995 to 2008 time period with no significant differences seen between the health regions for any of the years.

Peer Group H: Prince Albert Parkland (PA) Regional Health Authority reported statistically significant lower ASHSRs than Prairie North (PN) in all years except 1998.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
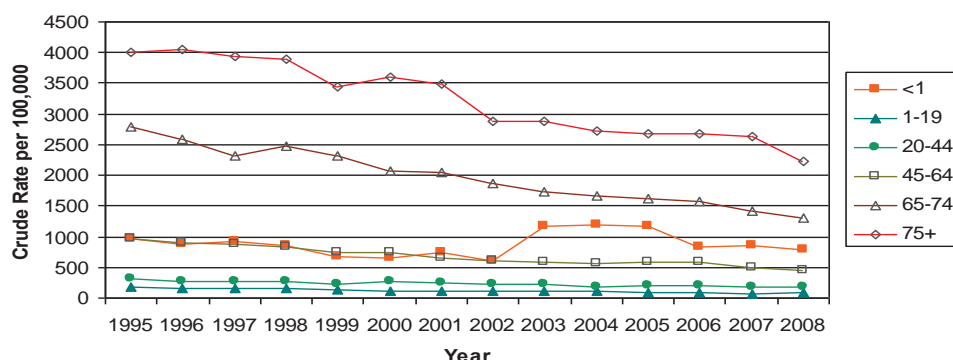
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
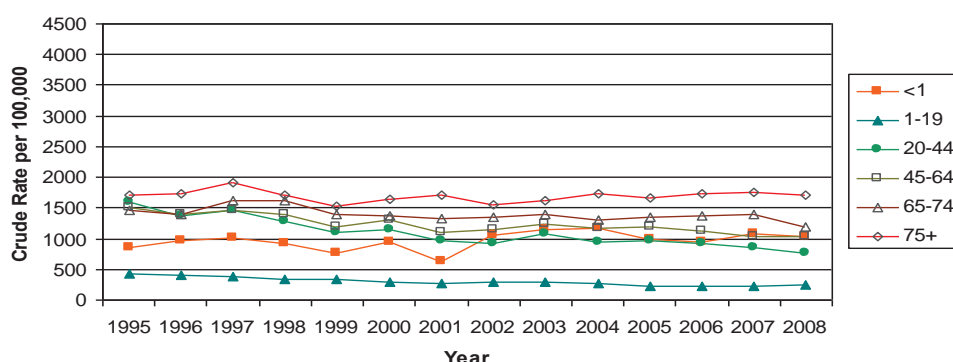
D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Genitourinary System: Age-standardized Rate of Hospital Separations in Peer Group D1, 1995 - 2008

Diseases of the Genitourinary System: Age-standardized Rate of Hospital Separations in Peer Group D2, 1995 - 2008

SUMMARY OF FINDINGS:

Peer Group D1: Age-standardized hospital separation rates (ASHSRs) due to genitourinary diseases from 1995-2008 for Five Hills (FH) Regional Health Authority were significantly lower than Cypress (CY) and Heartland (HL) in all years except 1996-1997 and 1999-2004.

Peer Group D2: ASHSRs between Kelsey Trail (KT) and Sun Country (SC) Regional Health Authorities were significantly different in 1995, 2000 and 2003. KT reported lower ASHSRs in comparison to SR in 1998, 2000, 2007 and 2008.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
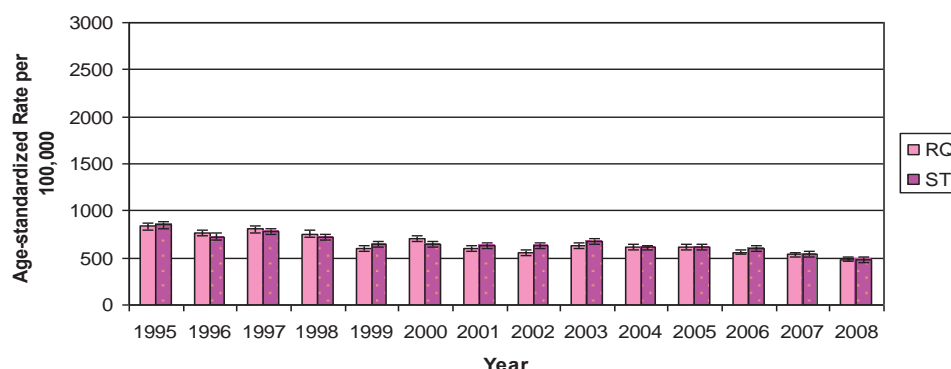
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
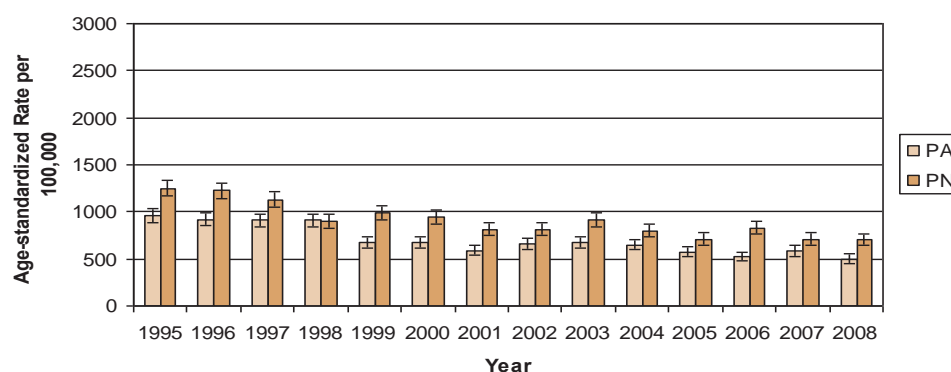
D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Genitourinary System: Age-standardized Rate of Hospital Separations in Peer Group F, 1995 - 2008

SUMMARY OF FINDINGS:

Peer Group F: Age standardized hospital separation rates (ASHSRs) for Keetwatin Yatthé (KY) Regional Health Authority were higher than Mamawetan Churchill (MC) River Health Region in all years except 2005 and the difference was statistically significant in 1995 to 2001.

Athabasca (AB) Health Authority rates were reported in only those years with annual countsof 20 or more.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD 9: 630-676/ICD-10-CA: O00-O99.

B. Significance/Use:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
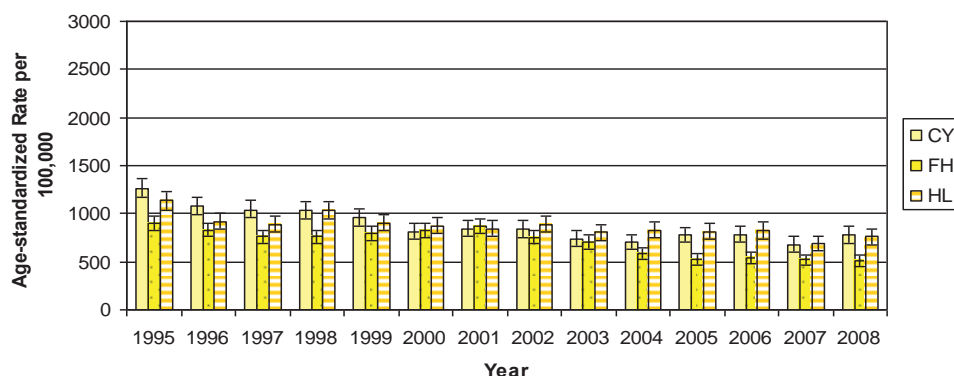
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
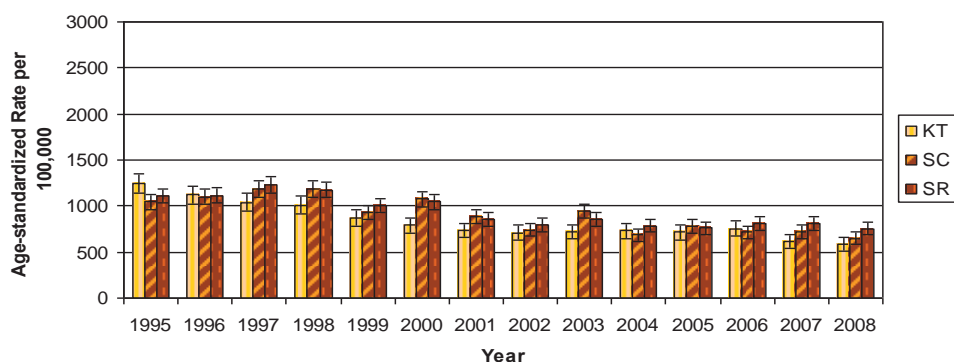
D. Source:

SK Ministry of Health, Year-end hospital files.

For analysis, hospital separations for this indicator were limited to females 10 to 59 years.

Pregnancy, Childbirth and the Puerperium: Age-standardized Rate of Hospital Separations among Females in Saskatchewan, 1995 - 2008

Pregnancy, Childbirth and the Puerperium: Age-standardized Rate of Hospital Separations among Females in Saskatchewan by Regional Health Authority, 2008
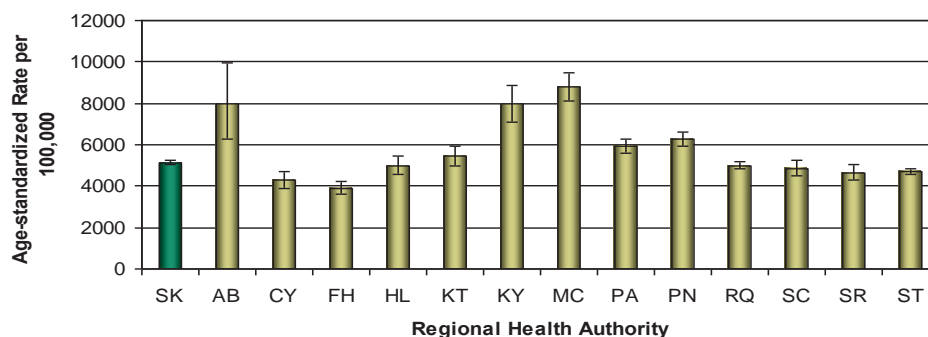
SUMMARY OF FINDINGS:

The provincial age-standardized hospital separation rate (ASHSR) related to pregnancy, childbirth and the puerperium decreased significantly from 1995 to 2008.

In 2008, the ASHSRs for Athabasca (AB) Health Authority, Keewatin Yatthé (KY), Mamawetan Churchill River (MC), Prince Albert Parkland (PA), and Prairie North (PN) Regional Health Authorities were significantly higher than the province and Cypress (CY), Five Hills (FH), Sunrise (SR) and Saskatoon (ST) were statistically lower.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD 9: 630-676/ ICD-10-CA: O00-O99.

B. Significance/Use:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
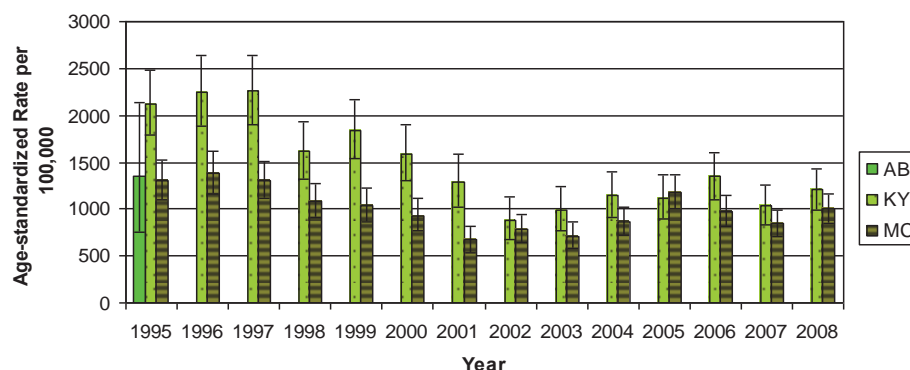
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.

D. Source:

SK Ministry of Health, Year-end hospital files.

For analysis, hospital separations for this indicator were limited to females 10 to 59 years.

Pregnancy, Childbirth and the Puerperium: Crude Rate of Hospital Separations among Females in Saskatchewan by Age Group, 1995 - 2008

Pregnancy, Childbirth and the Puerperium: Crude Rate of Hospital Separations among Females in Saskatchewan, 1995 - 2008
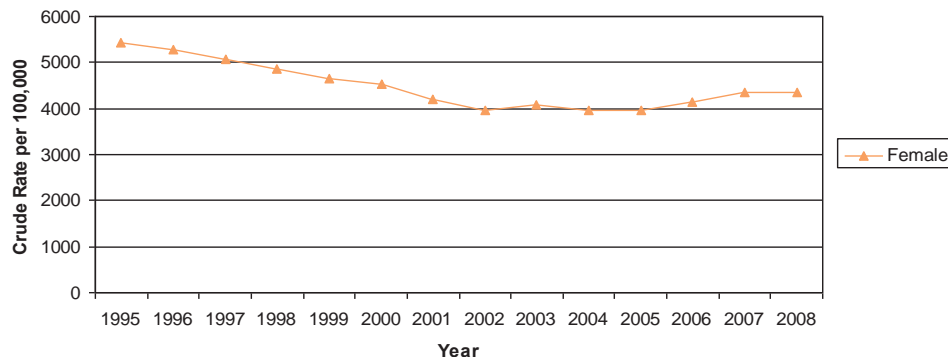
SUMMARY OF FINDINGS:

Annual age-specific hospital separation rates related to pregnancy, childbirth and the puerperium were highest among women aged 20 to 29 years, followed by women aged 30 to 39 years. The rates were lowest in the 40 to 49 year age range. Rates for women aged 50 to 59 years not reported due to small numbers and zero counts.

The rate for females from 1995 to 2008.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD 9: 630-676/ ICD-10-CA: O00-O99.

B. Significance/Use:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
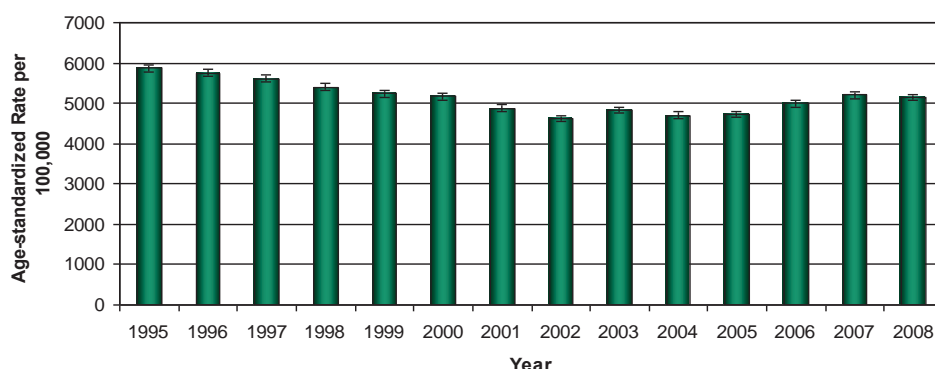
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.

D. Source:

SK Ministry of Health: Year-end hospital files.

For analysis, hospital separations for this indicator were limited to females 10 to 59 years.

Pregnancy, Childbirth and the Puerperium: Age-standardized Rate of Hospital Separations among Females in Peer Group A, 1995 - 2008

Pregnancy, Childbirth and the Puerperium: Age-standardized Rate of Hospital Separations among Females in Peer Group H, 1995 - 2008
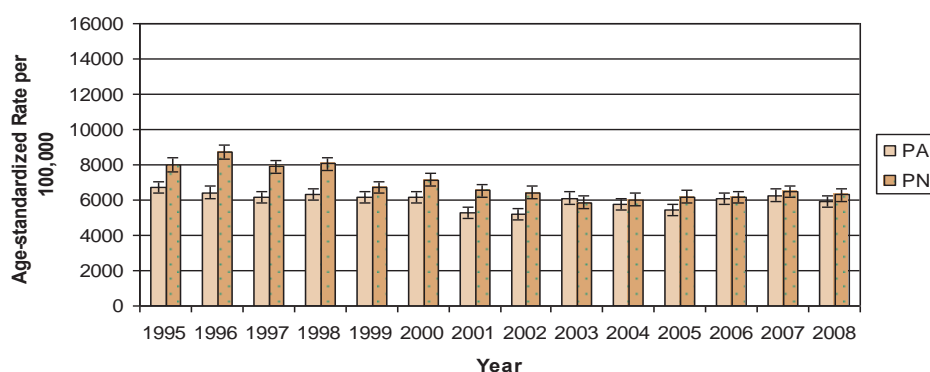
SUMMARY OF FINDINGS:

Peer Group A: Age-standardized hospital separation rates (ASHSRs) due to pregnancy, childbirth and the puerperium from 1995 to 2008 were relatively stable and similar in Regina Qu'Appelle (RQ) and Saskatoon (ST) Regional Health Authorities except in 1997-1998.

Peer Group H: ASHSRs were statistically higher in Prairie North (PN) than Prince Albert Parkland (PA) during seven of the eight years from 1995 to 2002.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD 9: 630-676/ ICD-10-CA: O00-O99.

B. Significance/Use:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
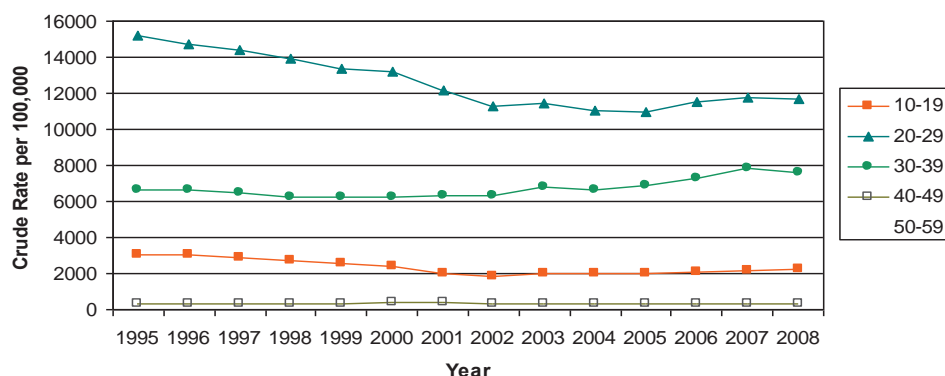
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.

D. Source:

SK Ministry of Health: Year-end hospital files.

For analysis, hospital separations for this indicator were limited to females 10 to 59 years.

Pregnancy, Childbirth and the Puerperium: Age-standardized Rate of Hospital Separations among Females in Peer Group D1, 1995 - 2008

Pregnancy, Childbirth and the Puerperium: Age-standardized Rate of Hospital Separations among Females in Peer Group D2, 1995 - 2008
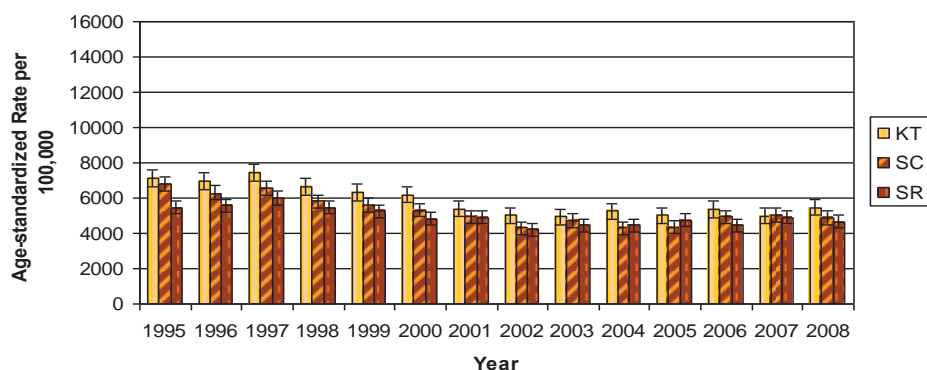
SUMMARY OF FINDINGS:

Peer Group D1: Age-standardized hospital separation rates (ASHSRs) related to pregnancy, childbirth and the puerperium were significantly lower in Five Hills (FH) Regional Health Authority than in Cypress (CY) and Heartland (HL) for most years from 1995 to 2008.

Peer Group D2: ASHSRs for the Kelsey Trail (KT), Sun Country (SC) and Sunrise (SR) Regional Health Authorities were similar for most years from 1995 to 2008. Differences between KT and SC were significant in 2000 and 2004 and between KT and SR were significant in all years except 2001, 2003, 2005, 2007 and 2008.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity rate. Age-standardized rates represent the rate that would occur if the population had the same age distribution as the 1991 Canadian population. ICD codes: ICD 9: 630-676/ ICD-10-CA: O00-O99.

B. Significance/Use:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
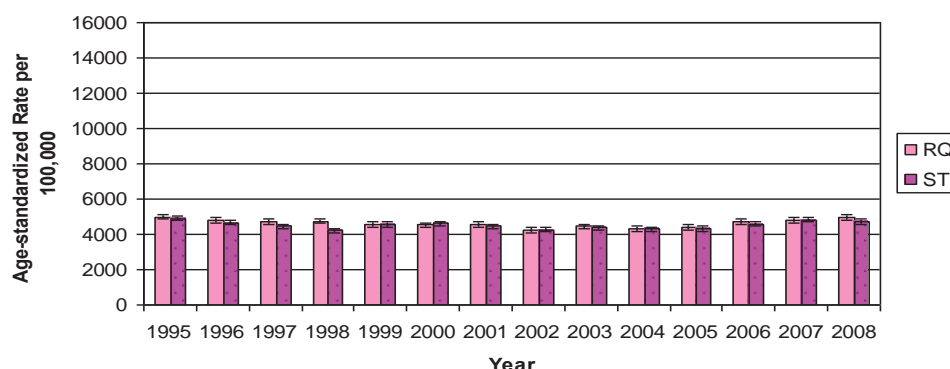
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.

D. Source:

SK Ministry of Health, Year-end hospital files.

For analysis, hospital separations for this indicator were limited to females 10 to 59 years.

Pregnancy, Childbirth and the Puerperium: Age-standardized Rate of Hospital Separations among Females in Peer Group F, 1995 - 2008

SUMMARY OF FINDINGS:

Peer Group F: Age-standardized hospital separation rates (ASHSRs) due to pregnancy, childbirth and the puerperium for most years from 1995 to 2008 in Athabasca (AB) Health Authority and Keewatin Yatthé (KY) and Mamawetan Churchill River (MC) Regional Health Authorities were not statistically different from each other. AB reported statistically different rates in comparison to KY and MC in 1998 and 2005.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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: 680-709/ICD-10-CA: L00-L99

B. Significance/Use:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
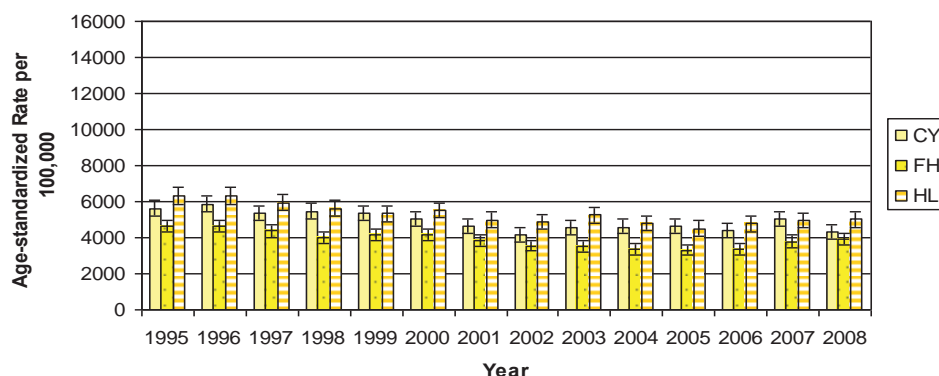
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.

D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Skin and Subcutaneous Tissue: Age-standardized Rate of Hospital Separations in Saskatchewan, 1995 - 2008

Diseases of the Skin and Subcutaneous Tissue: Age-standardized Rate of Hospital Separations in Saskatchewan by Regional Health Authority, 2008

SUMMARY OF FINDINGS:

Provincial age-standardized rates of hospital separations (ASHSRs) for diseases of the skin and subcutaneous tissue decreased slightly but significantly from 1995 to 2008.

In 2008, the ASHSRs for Keewatin Yatthé (KY), Mamawetan Churchill River (MC), and Sunrise (SR) Regional Health Authorities were significantly higher than the province and Regina Qu'Appelle (RQ) and Saskatoon (ST) were significantly lower.

The ASHSR was not displayed for the Athabasca Health Authority (AB) due to small numbers and zero counts.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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 680-709/ICD-10-CA: L00-L99

B. Significance/Use:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.

D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Skin and Subcutaneous Tissue: Crude Rate of Hospital Separations in Saskatchewan by Age Group, 1995 - 2008

Diseases of the Skin and Subcutaneous Tissue: Crude Rate of Hospital Separations in Saskatchewan by Sex, 1995 - 2008

SUMMARY OF FINDINGS:

Age-specific rates of hospital separations for diseases of the skin and subcutaneous tissue were highest for the groups aged 75 years and older and less than one year. The lowest rates were seen in the 1 to 19 and 20 to 44 year age groups.

Sex-specific rates were higher for males in every year from 1995 to 2008, with the exception of 2001.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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 680-709/ ICD-10-CA: L00-L99

B. Significance/Use:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
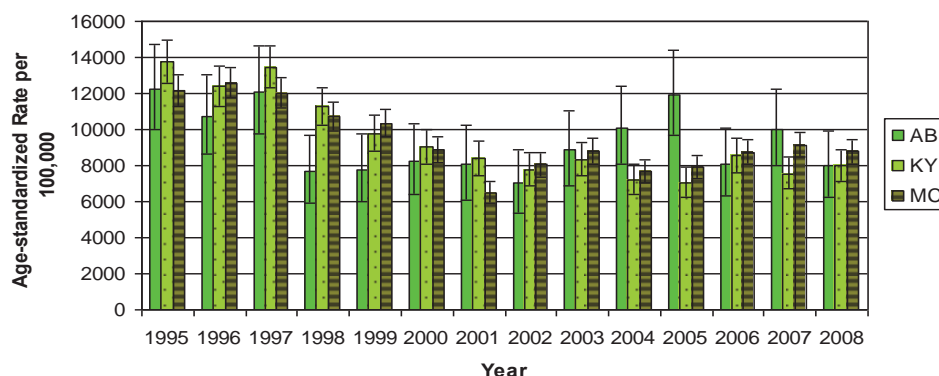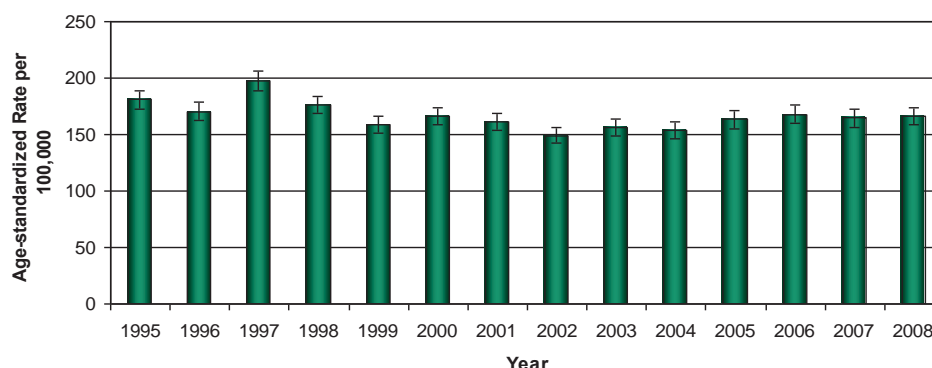
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.

D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Skin and Subcutaneous Tissue: Crude Rate of Hospital Separations among Males in Saskatchewan by Age Group, 1995 - 2008

Diseases of the Skin and Subcutaneous Tissue: Crude Rate of Hospital Separations among Females in Saskatchewan by Age Group, 1995 - 2008

SUMMARY OF FINDINGS:

For males, age-specific hospital separation rates for diseases of the skin and subcutaneous tissue were highest for those aged 75 years and older and less than one year. In the 20-44, 45-64 and 65-74 year age groups, annual rates for males exceeded rates for females.

For females, similar to males, age-specific hospital separation rates were highest for those aged 75 years and older and less than one year. The rates for those less than one, one to 20 years and 75 years and older, were similar for females and males.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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 680-709/ ICD-10-CA: L00-L99

B. Significance/Use:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
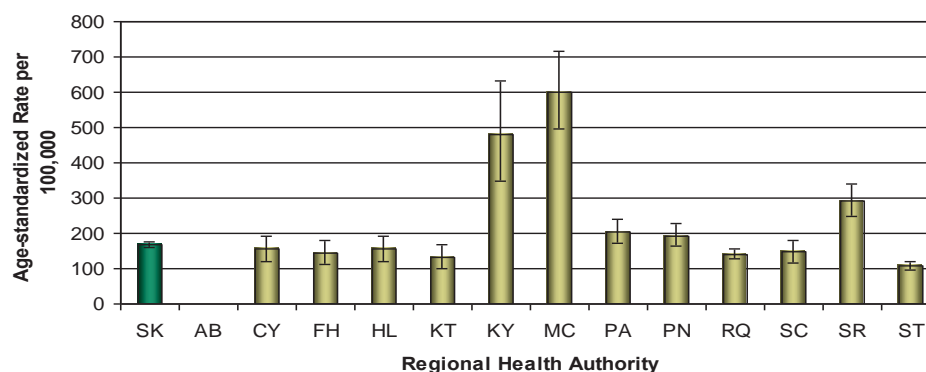
D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Skin and Subcutaneous Tissue: Age-standardized Rate of Hospital Separations in Peer Group A, 1995 - 2008

Diseases of the Skin and Subcutaneous Tissue: Age-standardized Rate of Hospital Separations in Peer Group H, 1995 - 2008

SUMMARY OF FINDINGS:

Peer Group A: Age-standardized hospital separation rates (ASHSRs) for diseases of the skin and subcutaneous tissue from 1995 to 2000 were significantly higher in Regina Qu'Appelle (RQ) Regional Health Authority than Saskatoon (ST), from 2001 to 2007, the rates in the two regions were similar and in 2008, RQ was again significantly higher than ST.

Peer Group H: ASHSRs tended to be higher in Prairie North (PN) Regional Health Authority than Prince Albert Parkland (PA) fom 1995 to 1999 and from 2000 to 2008, the regions were not statistically different.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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 680-709/ICD-10-CA: L00-L99

B. Significance/Use:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
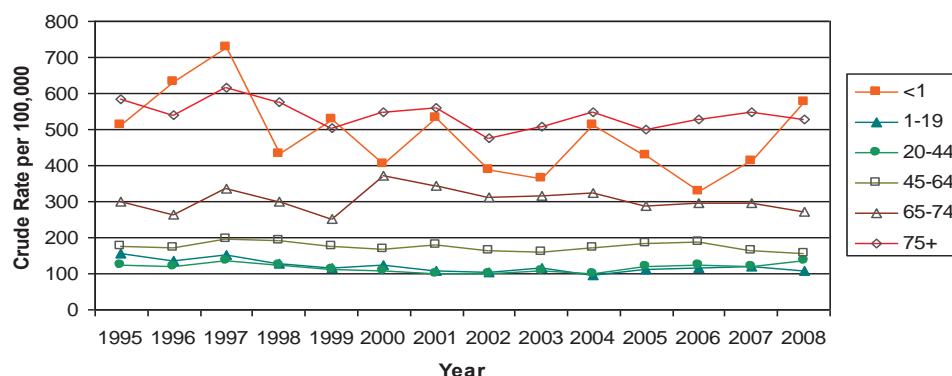
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
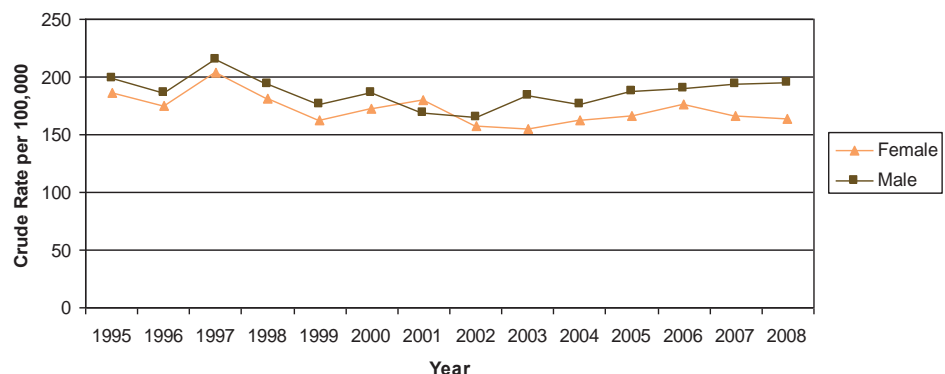
D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Skin and Subcutaneous Tissue: Age-standardized Rate of Hospital Separations in Peer Group D1, 1995 - 2008

Diseases of the Skin and Subcutaneous Tissue: Age-standardized Rate of Hospital Separations in Peer Group D2, 1995 - 2008

SUMMARY OF FINDINGS:

Peer Group D1: Age-standardized hospital separation rates (ASHSRs) due to diseases of the skin and subcutaneous tissue in the Cypress (CY), Five Hills (FH) and Heartland (HL) Regional Health Authorities were not statistically different for most years from 1995 to 2008. In 1998 and 1999, FH and HL differed significantly.

Peer Group D2: ASHSRs for Kelsey Trail (KT), Sun Country (SC) and Sunrise (SR) Regional Health Authorities did not differ from 1995 to 2004. From 2005 to 2008, SR was significantly higher than KT and SC.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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 680-709/ICD-10-CA: L00-L99

B. Significance/Use:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
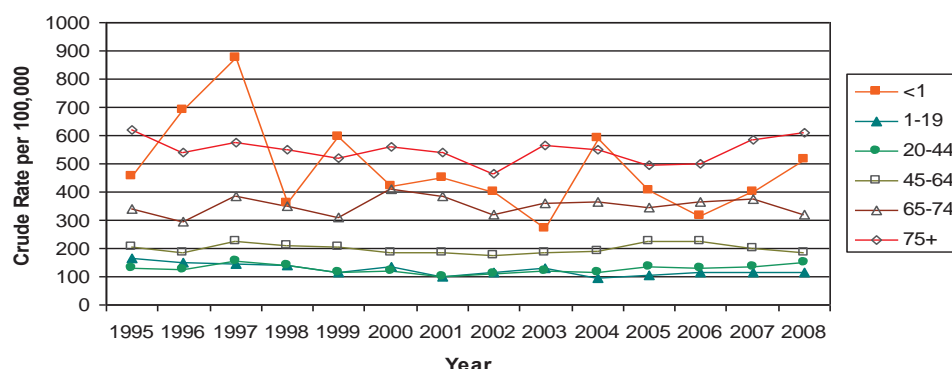
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
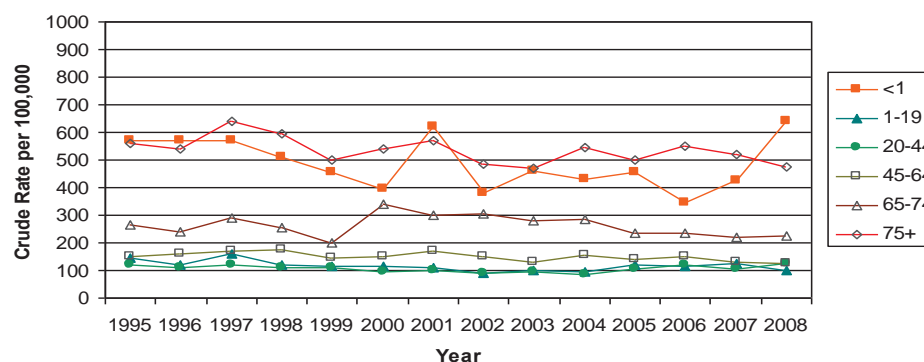
D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Skin and Subcutaneous Tissue: Age-standardized Rate of Hospital Separations in Peer Group F, 1995 - 2008

SUMMARY OF FINDINGS:

Peer Group H: Age-standardized hospital separation rates (ASHSRs) due to diseases of the skin and subcutaneous tissue in Keewatin Yatthé (KY) and Mamawetan Churchill River (MC) Regional Health Authorities varied over time with KY and MC differing significantly in 2000 and 2002.

The rates for the Athabasca (AB) Health Authority were suppressed due to small numbers and zero counts.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
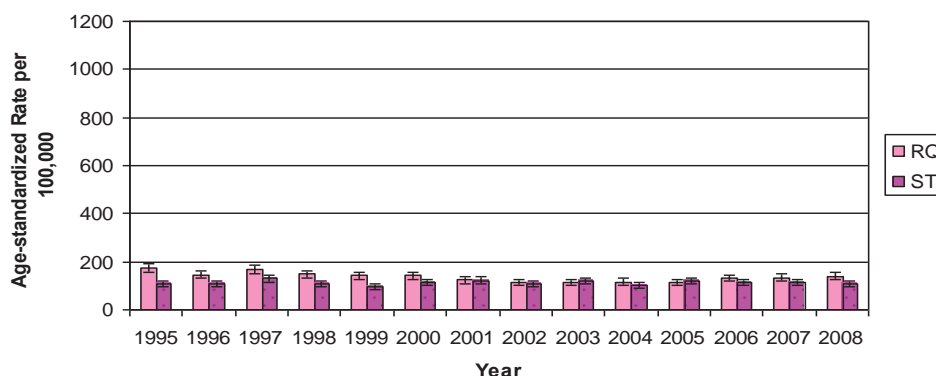
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
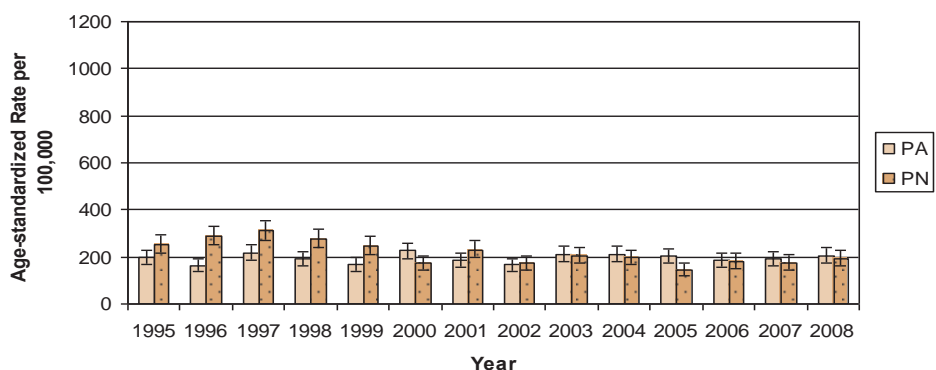
D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Musculoskeletal System & Connective Tissue: Age-standardized Rate of Hospital Separations in Saskatchewan, 1995 - 2008

Diseases of the Musculoskeletal System & Connective Tissue: Age-standardized Rate of Hospital Separations in Saskatchewan by Regional Health Authority, 2008

SUMMARY OF FINDINGS:

The age-standardized hospital separation rates (ASHSRs) due to diseases of the musculoskeletal system in Saskatchewan (SK) decreased significantly from 1995 to 2008.

In 2008, ASHSRs for Cypress (CY), Sun Country (SC) and Sunrise (SR) Regional Health Authorities were significantly higher than the province and Prairie North (PN) and Saskatoon (ST) were significantly lower.

Rates for Athabasca (AB) Health Authority were not reported due to small numbers.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
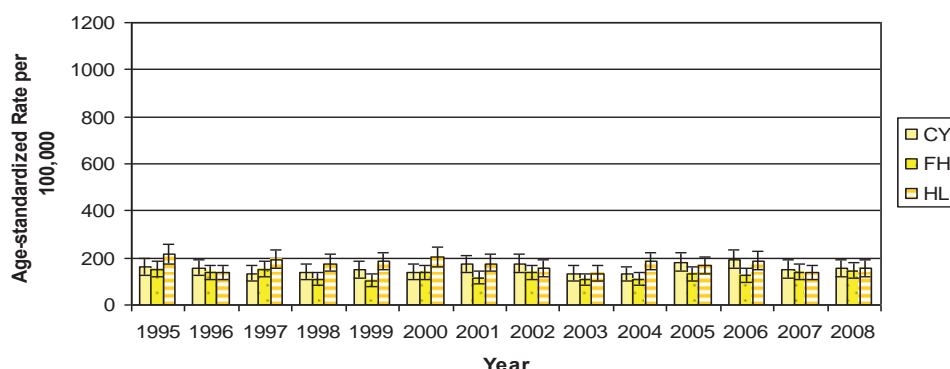
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
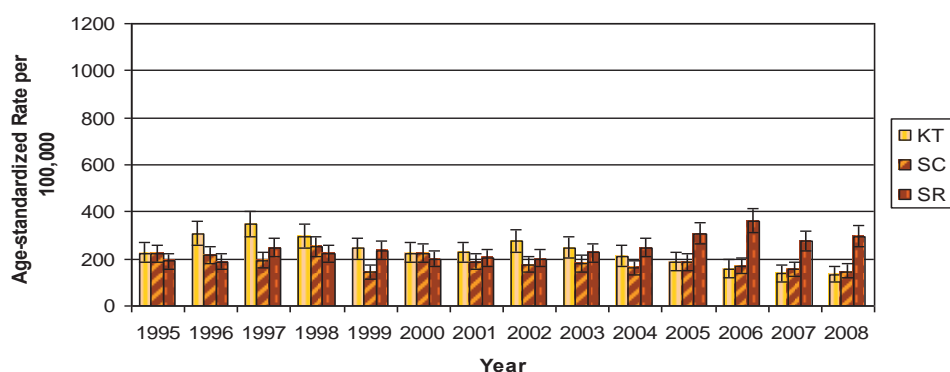
D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Musculoskeletal System & Connective Tissue: Crude Rate of Hospital Separations in Saskatchewan by Age Group, 1995 - 2008

Diseases of the Musculoskeletal System & Connective Tissue: Crude Rate of Hospital Separations in Saskatchewan by Sex, 1995 - 2008

SUMMARY OF FINDINGS:

Age-specific rates of musculoskeletal and connective tissue disorders in Saskatchewan more or less constant in the period 1995 to 2008 and were highest in those 75 years and older, followed by those aged 65 to 74 years.

Sex-specific hospital separation rates were higher for females than for males. Both male and female rates declined over the 1995 to 2009 time period.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
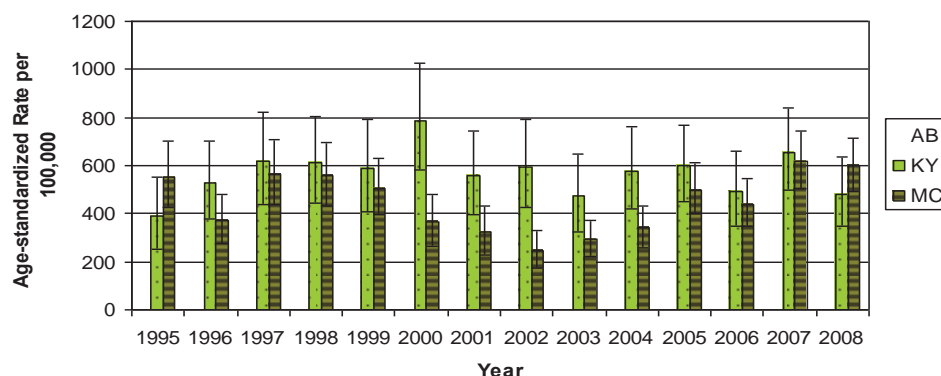
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.

D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Musculoskeletal System & Connective Tissue: Crude Rate of Hospital Separations among Males in Saskatchewan by Age Group, 1995 - 2008

Diseases of the Musculoskeletal System & Connective Tissue: Crude Rate of Hospital Separations among Females in Saskatchewan by Age Group, 1995 - 2008

SUMMARY OF FINDINGS:

The age-specific rates due to musculoskeletal and connective tissue disorders have decreased between 1995 and 2008 in all age groups for both sexes. Rates for those less than one year of age were not displayed due to small numbers.

For males and females, age-specific rates of hospitalization were highest in those 75 years and older followed by the 65 to 74 year age group.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
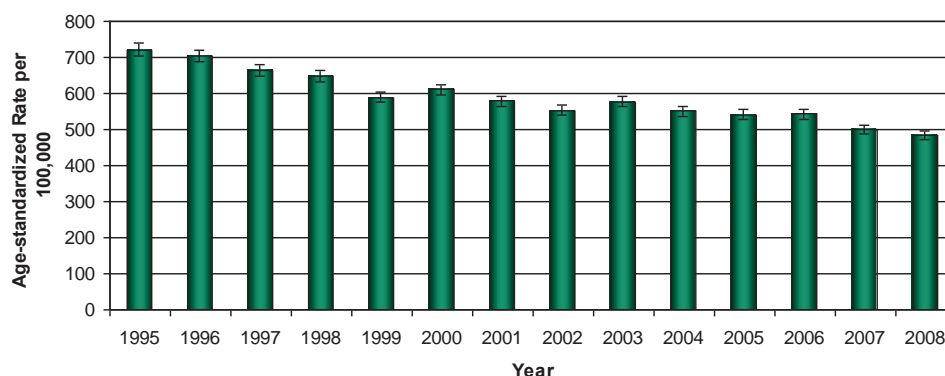
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
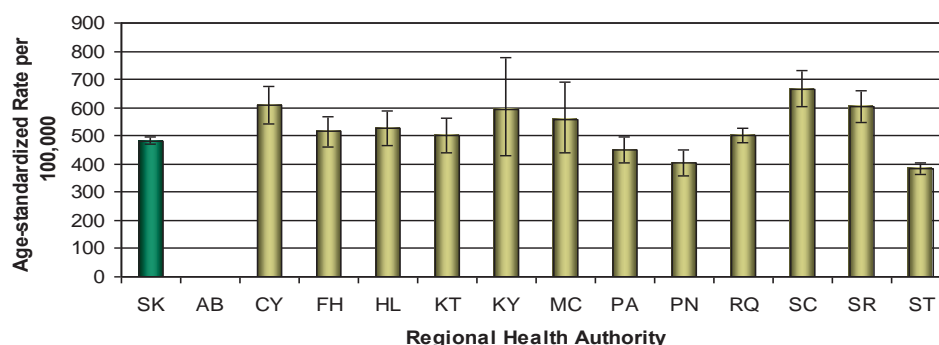
D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Musculoskeletal System & Connective Tissue: Age-standardized Rate of Hospital Separations in Peer Group A, 1995 - 2008

Diseases of the Musculoskeletal System & Connective Tissue: Age-standardized Rate of Hospital Separations in Peer Group H, 1995 - 2008

SUMMARY OF FINDINGS:

Peer Group A: Age-standardized hospital separation rate (ASHSRs) due to musculoskeletal and connective tissue disorders in Saskatoon (ST) Regional Health Authority were consistently lower than Regina Qu'Appelle (RQ). From 1995 to 2008, with the exception of 2003 and 2007, the difference was statistically significant.

Peer Group H: the ASHSRs in the Prince Albert (PA) Parkland Regional Health Authority from 1995 to 2005 were lower than Prairie North (PN) and the difference was only statistically significant in 1997-2000.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
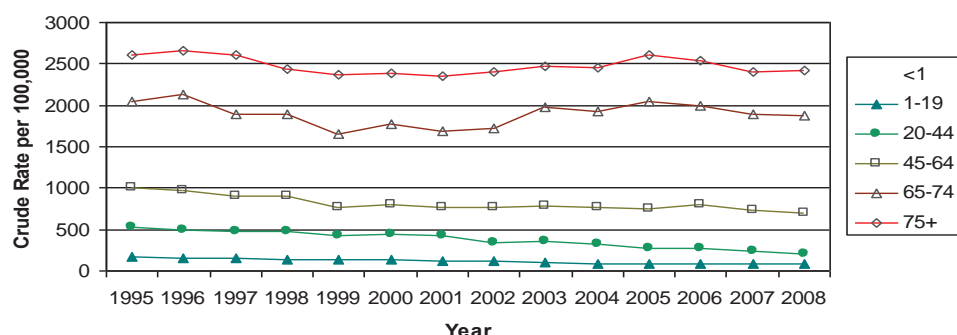
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
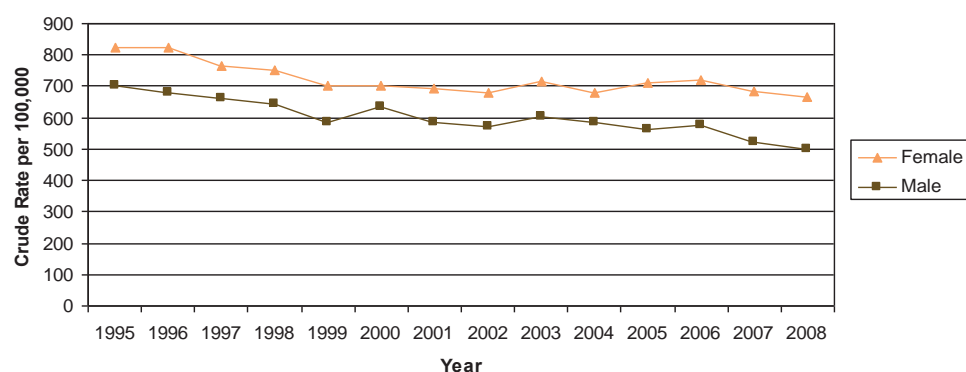
D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Musculoskeletal System & Connective Tissue: Age-standardized Rate of Hospital Separations in Peer Group D1, 1995 - 2008

Diseases of the Musculoskeletal System & Connective Tissue: Age-standardized Rate of Hospital Separations in Peer Group D2, 1995 - 2008

SUMMARY OF FINDINGS:

Peer Group D1: The age-standardized hospital separation rates (ASHSRs) due to musculoskeletal and connective tissue disorders in Five Hills (FH) Regional Health Authority were lower than in Cypress (CY) and Heartland (HL) in 1995. Heartland (HL) and Cypress (CY) differed significantly in 2003, 2005 and 2006.

Peer Group D2: ASHSRs in Kelsey Trail (KT) Regional Health Authority were lower than Sunrise (SR) in 1996, 1997, 2000, 2002, 2003, 2005, 2006 and 2008. Kelsey Trail (KT) and Sun Country (SC) reported differences in all years except 1997, 2006 and 2007. SC and SR reported significant differences in 1995, 1997, 1998, 2000 and 2001.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
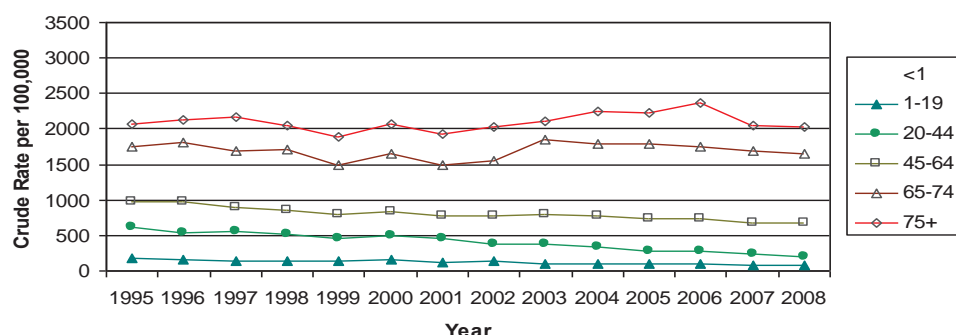
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
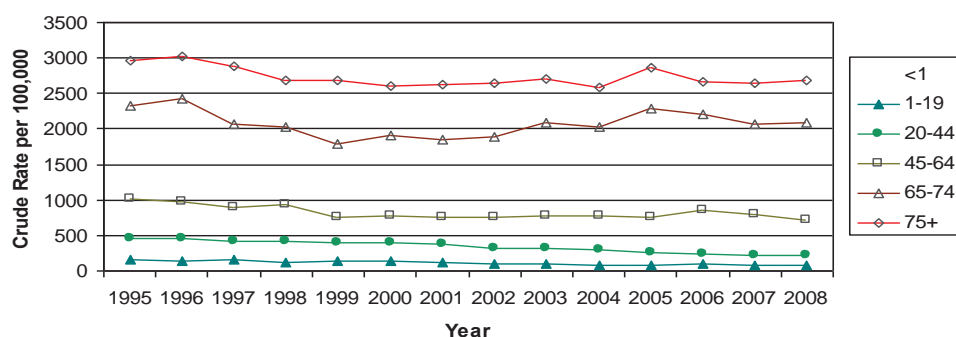
D. Source:

SK Ministry of Health, Year-end hospital files

Diseases of the Musculoskeletal System & Connective Tissue: Age-standardized Rate of Hospital Separations in Peer Group F, 1995 - 2008

SUMMARY OF FINDINGS:

Peer Group F: Age-standardized hospital separation rates (ASHSRs) due to musculoskeletal and connective tissue disorders from 1995 to 2008 in the Keetwatin Yatthé (KY) Regional Health Authority were higher than in Mamawetan Churchill (MC) River and the difference was statistically significant in 1995, 1996, 1999 and 2005.

Rates were not displayed for the Athabasca (AB) Health Authority due to small numbers and zero counts.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
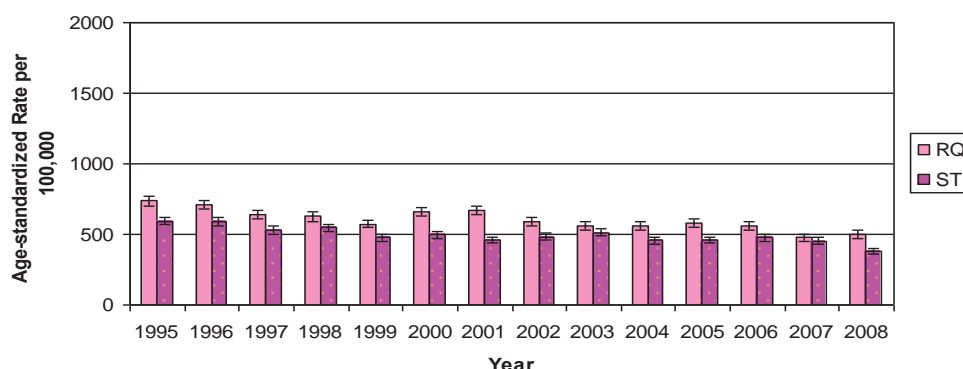
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
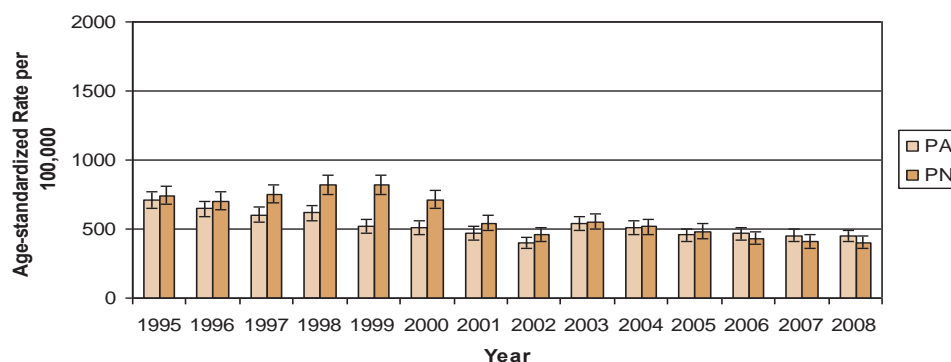
D. Source:

SK Ministry of Health, Year-end hospital files

Congenital Anomalies: Age-standardized Rate of Hospital Separations in Saskatchewan, 1995 - 2008

Congenital Anomalies: Age-standardized Rate of Hospital Separations in Saskatchewan by Regional Health Authority, 2008
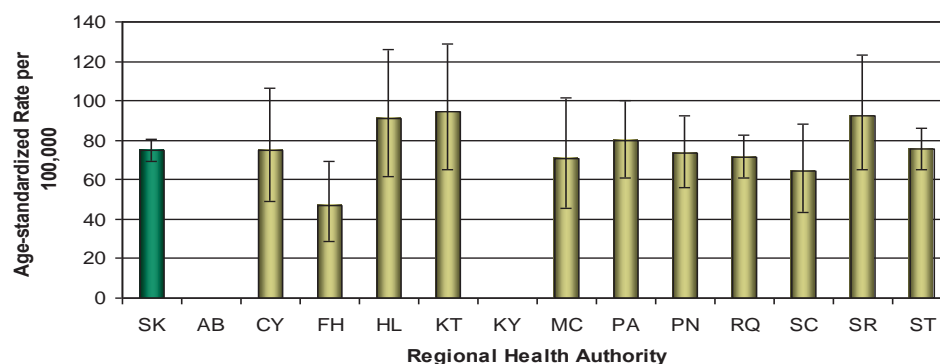
SUMMARY OF FINDINGS:

The age-standardized hospital separation rate (ASHSRs) due to congenital anomalies in Saskatchewan (SK) decreased significantly from 1995 to 2008.

In 2008, the ASHSR for Five Hills (FH) Health Region's age-standardized rates was statistically lower than the province.

The ASHSRs for Athabasca (AB) Health Authority and Keewatin Yatthé (KY) Regional Health Authority were not displayed due to small numbers.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
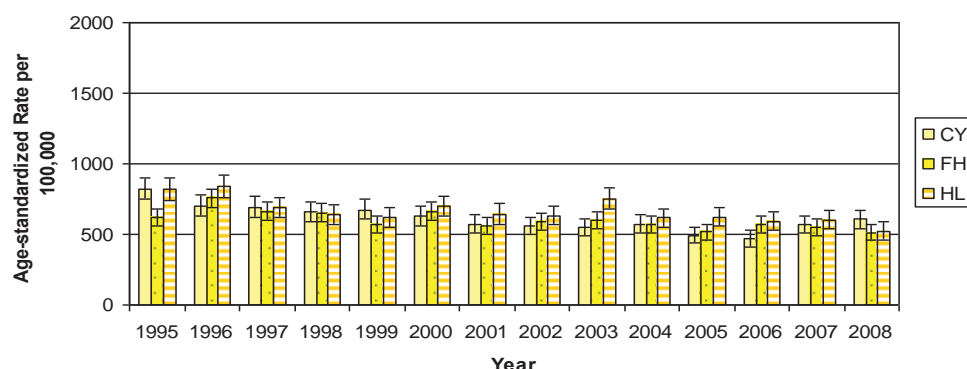
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
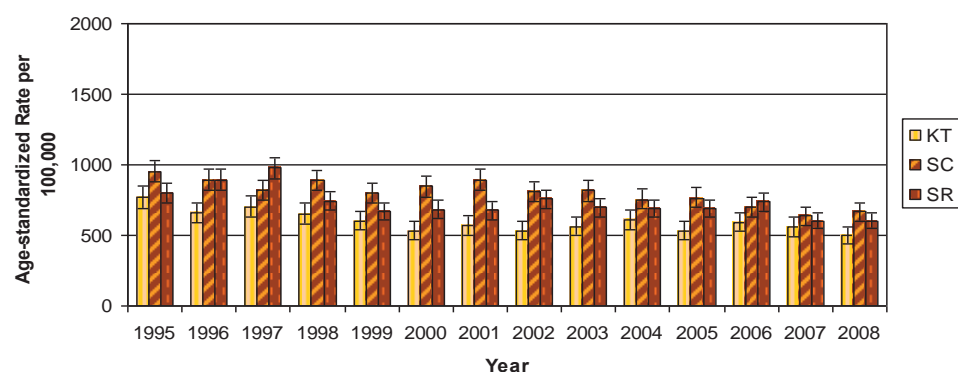
D. Source:

SK Ministry of Health, Year-end hospital files

Congenital Anomalies: Crude Rate of Hospital Separations among Children and Youth Aged 0 to 19 Years in Saskatchewan by Age Group, 1995 - 2008

Congenital Anomalies: Crude Rate of Hospital Separations in Saskatchewan by Age Group, 1995 - 2008

Congenital Anomalies: Crude Rate of Hospital Separations in Saskatchewan by Sex, 1995 - 2008

SUMMARY OF FINDINGS:

Age-specific hospital separation rates due to congenital anomalies were highest among the less than one year group. Among the displayed age groups, rates have decreased between 1995 and 2008.

Rates were not displayed for those groups over 64 years due to small numbers.

Sex-specific hospital separation rates were consistently higher among males compared to females and have decreased over time.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
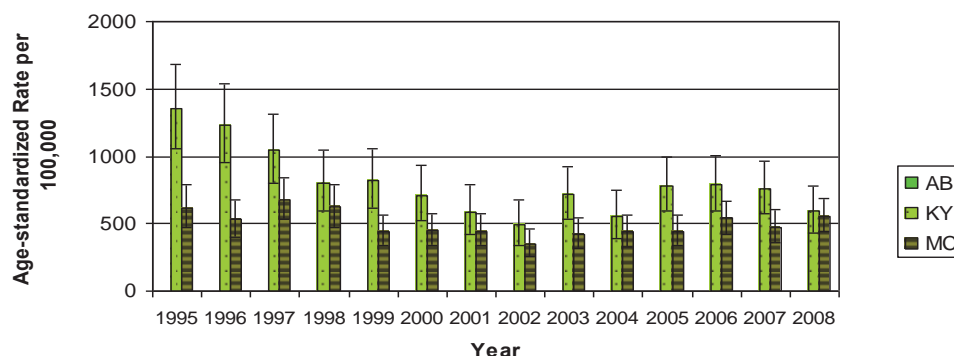
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.

D. Source:

SK Ministry of Health, Year-end hospital files

Congenital Anomalies: Crude Rate of Hospital Separations among Children and Youth Aged 0 to 19 Years in Saskatchewan by Age Group and Sex, 1995 - 2008
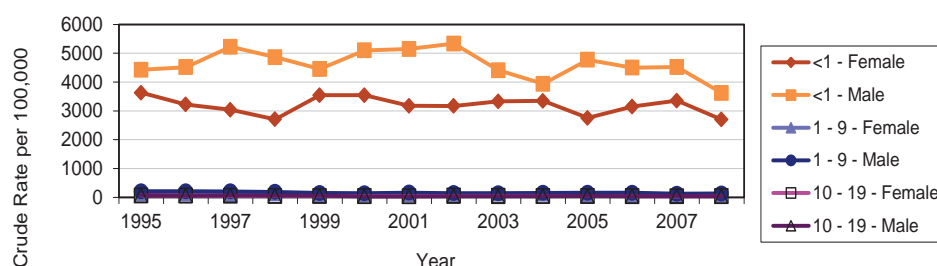
Congenital Anomalies: Crude Rate of Hospital Separations among Males in Saskatchewan by Age Group, 1995 - 2008
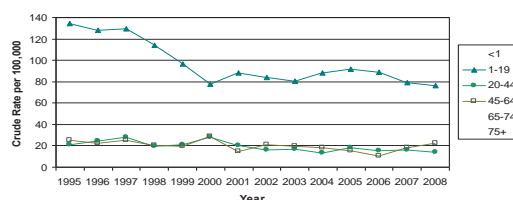
Congenital Anomalies: Crude Rate of Hospital Separations among Females in Saskatchewan by Age Group, 1995 - 2008
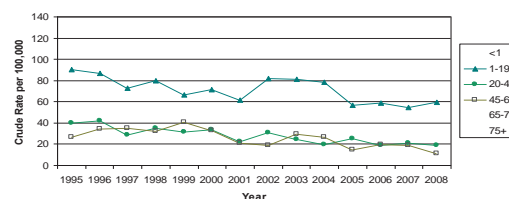
SUMMARY OF FINDINGS:

For males and females, age-specific rates due to congenital anomalies were highest for those less than one year. The next highest rates were found in the one to 19 year age group.

Rates were not displayed for age groups over 64 years due to small numbers and zero counts.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
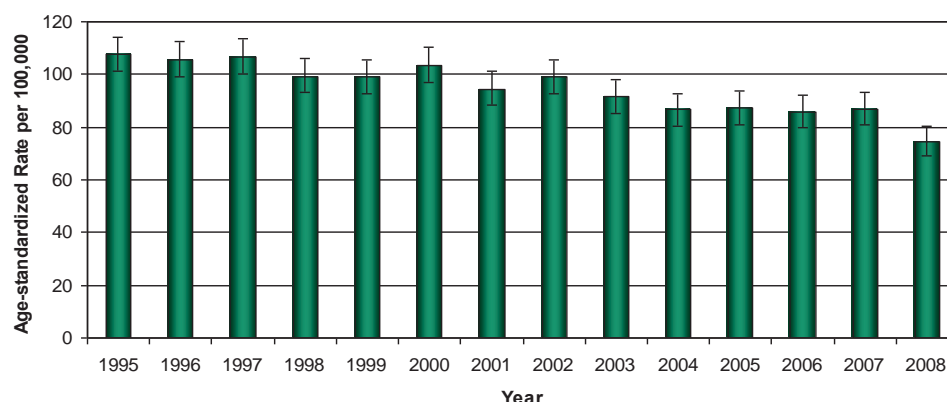
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.

D. Source:

SK Ministry of Health, Year-end hospital files

Congenital Anomalies: Age-standardized Rate of Hospital Separations in Peer Group A, 1995 - 2008

Congenital Anomalies: Age-standardized Rate of Hospital Separations in Peer Group H, 1995 - 2008
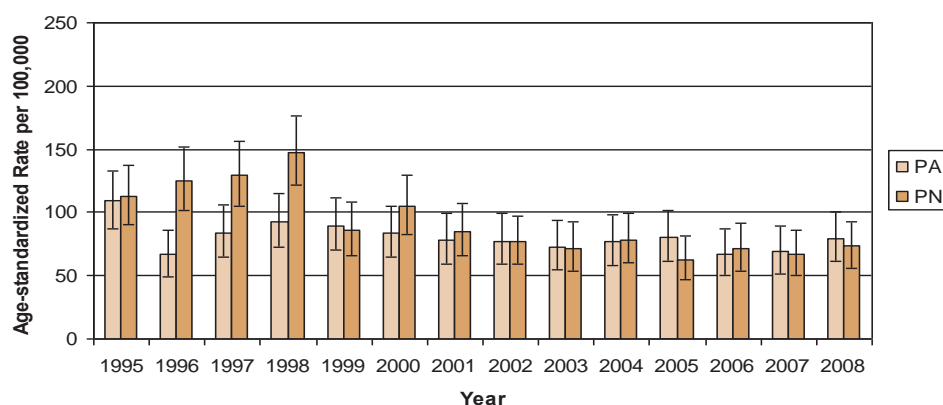
SUMMARY OF FINDINGS:

Peer Group A: Age-standardized hospital separation rates (ASHSRs) due to congenital anomalies from 1995 to 2007 for Saskatoon (ST) Regional Health Authority were consistently lower than Regina Qu'Appelle (RQ) with the difference being statistically significant from 1995 to 2001.

Peer Group H: ASHSRs for Prince Albert Parkland (PA) Regional Health Authority was significantly lower than Prairie North (PN) from 1996 to 1998. For all other years, 1995 and 1999 to 2008, there were no significant differences.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
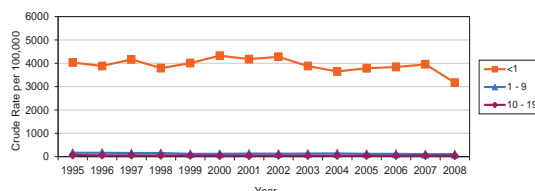
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
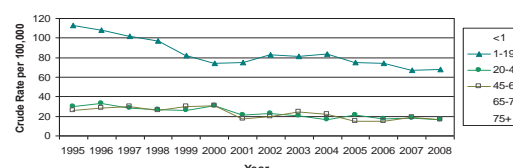
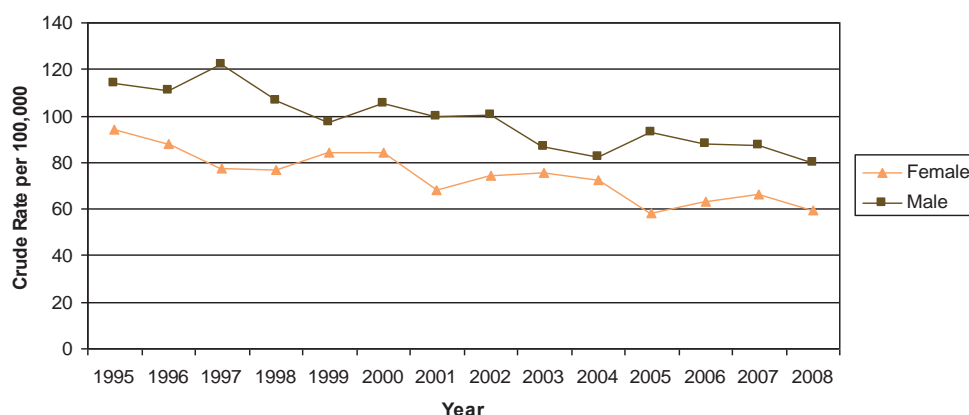## D. Source:

SK Ministry of Health, Year-end hospital files

Congenital Anomalies: Age-standardized Rate of Hospital Separations in Peer Group D1, 1995 - 2008

Congenital Anomalies: Age-standardized Rate of Hospital Separations in Peer Group D2, 1995 - 2008
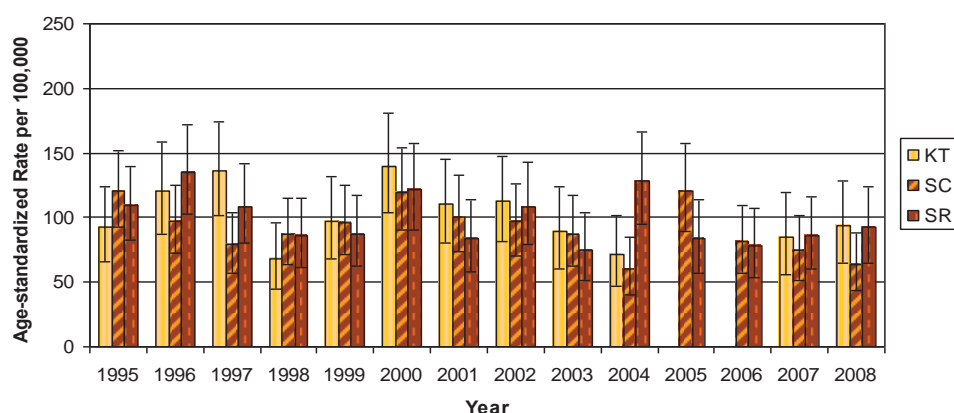
SUMMARY OF FINDINGS:

Peer Group D1: The age standardized hospital separation rate (ASHSRs) due to congenital anomalies for Cypress (CY), Five Hills (FH) and Heartland (HL) Regional Health Authorities varied through the time period, 1995 to 2008. The differences were not statistically significant for any of the years. Numbers for HL for the year 2003 and for CY for the year 2006 were not displayed due to small numbers.

Peer Group D2: ASHSR for Kelsey Trail (KT), Sun Country (SC) and Sunrise (SR) Regional Health Authorities showed no significant differences for any of the years, 1995 to 2008. Numbers for KT for the year 2005 and 2006 were not displayed due to small numbers.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.

D. Source:

SK Ministry of Health, Year-end hospital files

Congenital Anomalies: Age-standardized Rate of Hospital Separations for the three northern Regions of Peer Group F, 1995 - 2008

SUMMARY OF FINDINGS:

Peer Group F: Age-standardized hospital separation rates (ASHSRs) due to congenital anomalies decreased significantly from 1995 to 2008.

The three northern health regions have been combined due to small numbers and zero counts in the individual health regions.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.

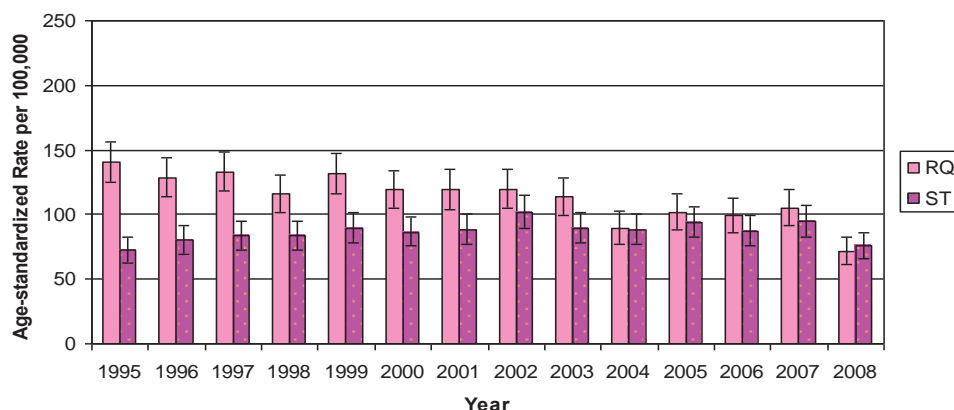## D. Source:

SK Ministry of Health, Year-end hospital files

Certain Conditions Originating in the Perinatal Period: Age-standardized Rate of Hospital Separations in Saskatchewan, 1995 - 2008

Certain Conditions Originating in the Perinatal Period: Age-standardized Rate of Hospital Separations in Saskatchewan by Regional Health Authority, 2008
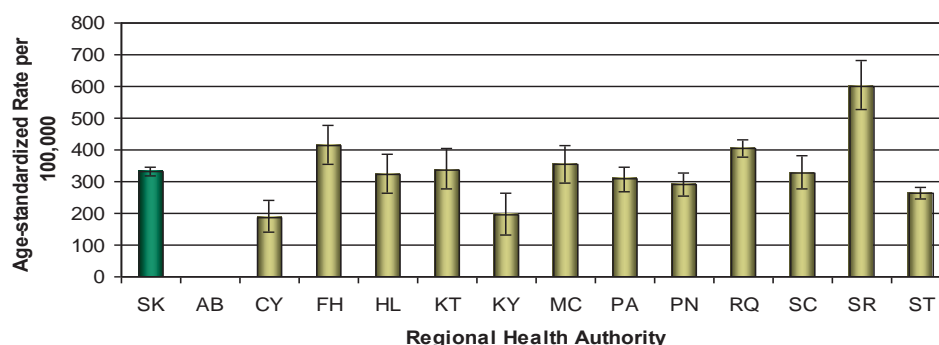
SUMMARY OF FINDINGS:

Provincial age-standardized hospital separation rates (ASHSRs) for certain conditions originating in the perinatal period decreased significantly from 1995 to 2008.

In 2008, ASHSRs in Five Hills (FH), Regina Qu'Appelle (RQ) and Sunrise (SR) Regional Health Authorities were statistically higher than the province and Cypress (CY) , Keewatin Yatthé (KY) and Saskatoon (ST) were significantly lower.

Athabasca Health Authority (AB) was not reported due to small numbers.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
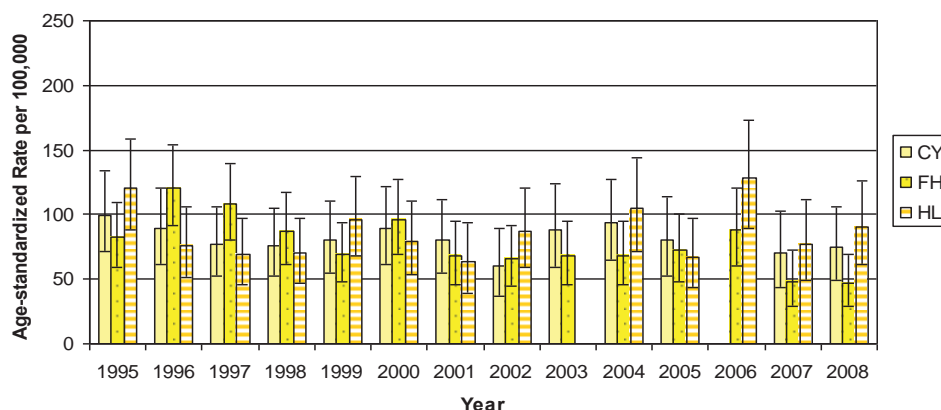
D. Source:

SK Ministry of Health, Year-end hospital files

Certain Conditions Originating in the Perinatal Period: Crude Rate of Hospital Separations in Saskatchewan by Age Group, 1995 - 2008

Certain Conditions Originating in the Perinatal Period: Crude Rate of Hospital Separations in Saskatchewan by Sex, 1995 - 2008

SUMMARY OF FINDINGS:

Age-specific hospital separation rates due to certain conditions originating in the perinatal period declined in the less than 1 year age group from 1995 to 2008 with the largest decrease occurring between 1995 and 1999, after which time the rates remained relatively stable.

The rates for all other age groups were suppressed due to small numbers and zero counts.

Sex-specific hospital separation rates were consistently higher for males than females.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.

D. Source:

SK Ministry of Health, Year-end hospital files

Certain Conditions Originating in the Perinatal Period: Crude Rate of Hospital Separations among Males in Saskatchewan by Age Group, 1995 - 2008

Certain Conditions Originating in the Perinatal Period: Crude Rate of Hospital Separations among Females in Saskatchewan by Age Group, 1995 - 2008

SUMMARY OF FINDINGS:

For males and females, hospital separation rates due to certain conditions originating in the perinatal period for those less than one year old declined from 1995 to 2008.

The rates for all other age groups were suppressed due to small numbers and zero counts.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
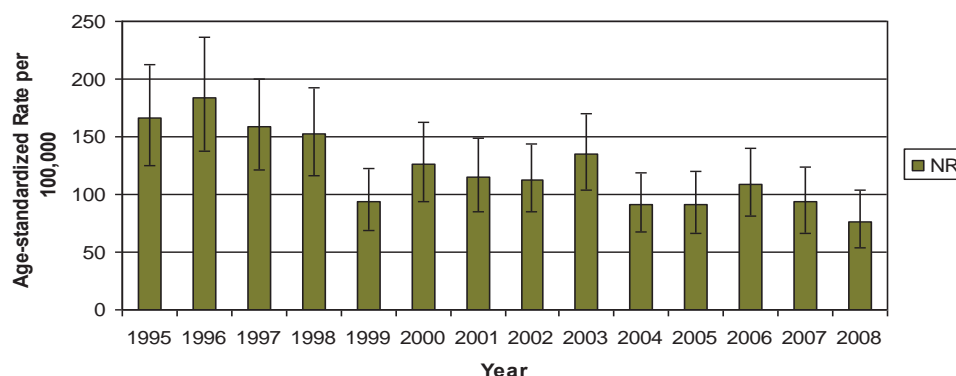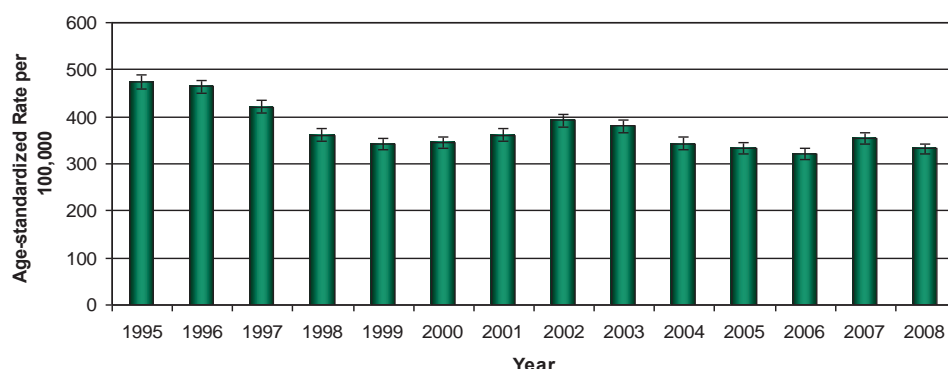
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.

D. Source:

SK Ministry of Health, Year-end hospital files

Certain Conditions Originating in the Perinatal Period: Age-standardized Rate of Hospital Separations in Peer Group A, 1995 - 2008

Certain Conditions Originating in the Perinatal Period: Age-standardized Rate of Hospital Separations in Peer Group H, 1995 - 2008
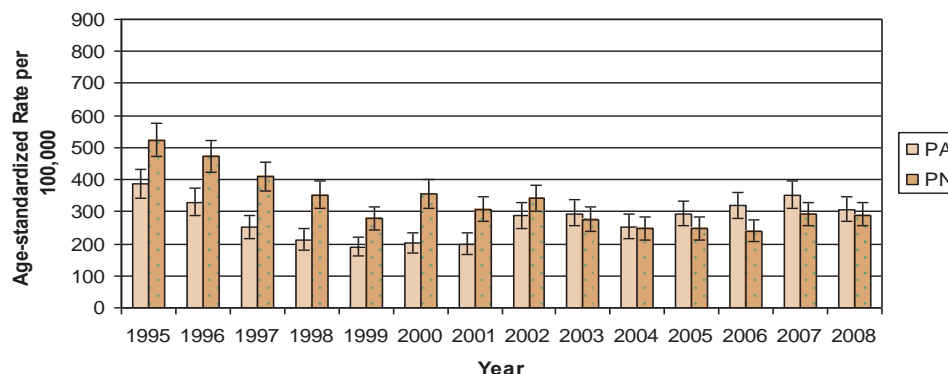
SUMMARY OF FINDINGS:

Peer Group A: The age standardized hospital separation rates (ASHSRs) due to certain conditions originating in the perinatal period were significantly higher in Regina Qu' Appelle (RQ) Regional Health Authority than Saskatoon (ST) from 1995 to 2008.

Peer Group H: ASHSRs in Prairie North (PN) Regional Health Authority were significantly higher compared to Prince Albert (PA) from 1995 to 2001. In 2006, the ASHSR for PA was higher than that in PN.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
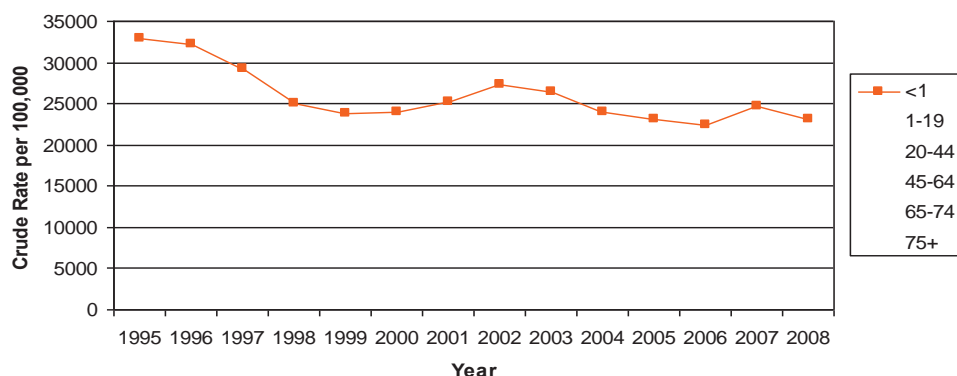
D. Source:

SK Ministry of Health, Year-end hospital files

Certain Conditions Originating in the Perinatal Period: Age-standardized Rate of Hospital Separations in Peer Group D1, 1995 - 2008

Certain Conditions Originating in the Perinatal Period: Age-standardized Rate of Hospital Separations in Peer Group D2, 1995 - 2008
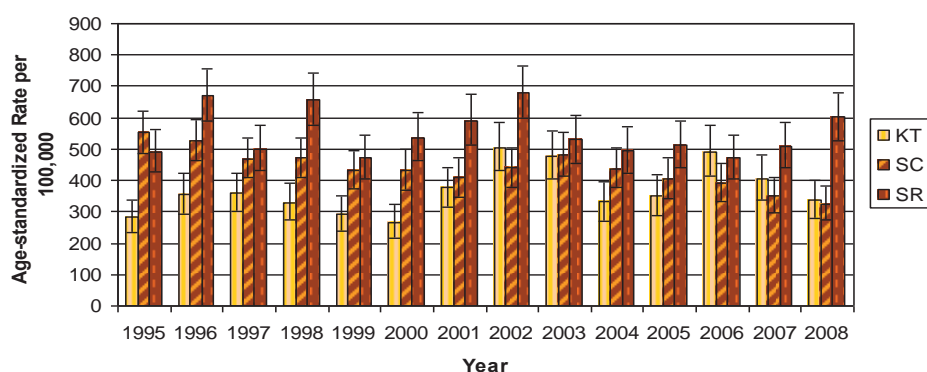
SUMMARY OF FINDINGS:

Peer Group D1: Age standardized hospital separation rate (ASHSRs) due to certain conditions originating in the perinatal period for Cypress (CY), Five Hills (FH) and Heartland (HL) Regional Health Authorities varied considerably from 1995 to 2008. CY was significantly lower than HL in 1995 to 1997 and in 2008, while CY and FH varied significantly in 1995, 1996, 1998, 2001 and 2008.

Peer Group D2: ASHSRs for Kelsey Trail (KT) Regional Health Authority was significantly lower than that of Sunrise (SR) for 1995 to 2002 and for 2004, 2005 and 2008. KT was statistically lower than Sun Country (SC) for 1995, 1996 and 1998 to 2000.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
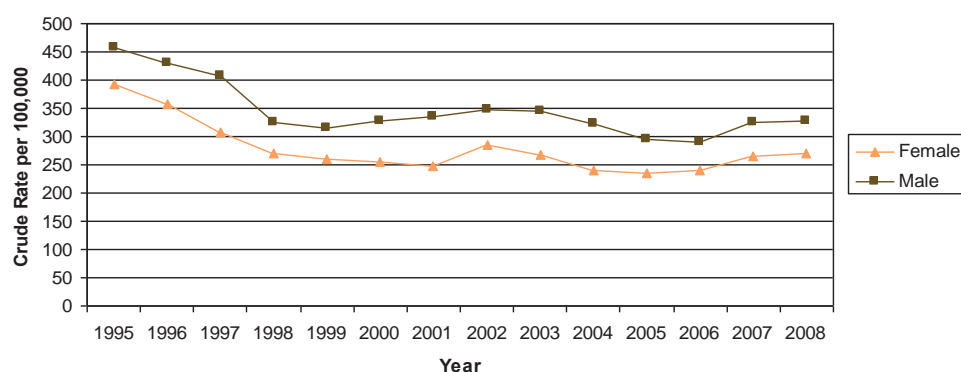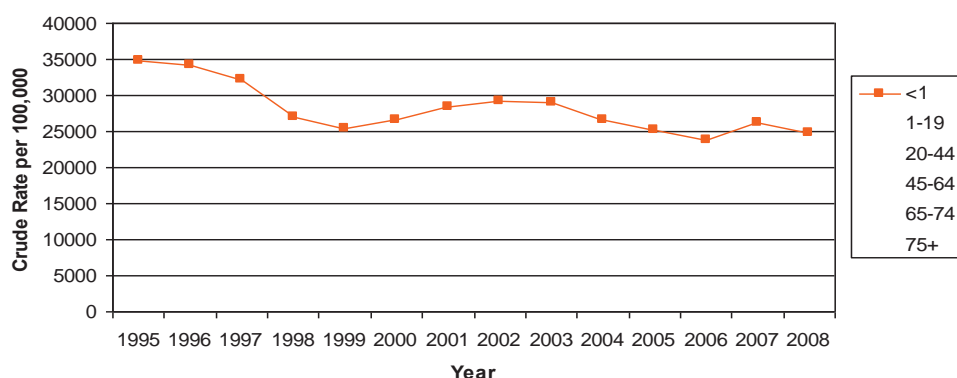
D. Source:

SK Ministry of Health, Year-end hospital files

Certain Conditions Originating in the Perinatal Period: Age-standardized Rate of Hospital Separations in Peer Group F, 1995 - 2008

SUMMARY OF FINDINGS:

Peer Group F: ASHSRs due to certain conditions originating in the perinatal period for the Keewatin Yatthé (KY) and Mamawetan Churchill River (MC) Regional Health Authorities varied in time and relative to each other from 1995 to 2008.

Between 1995 and 2008, the KY rate declined significantly and were statistically different from MC in 1997, 2000 to 2002 and 2007.

Rates for the Athabasca Health Authority were suppressed due to small numbers and zero counts.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
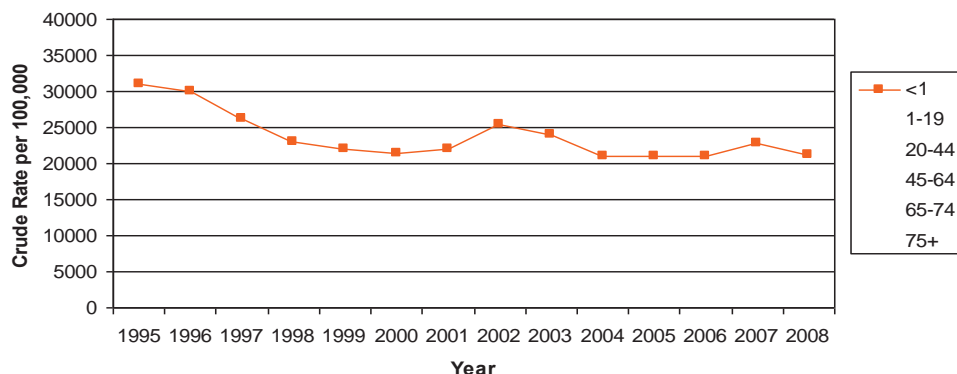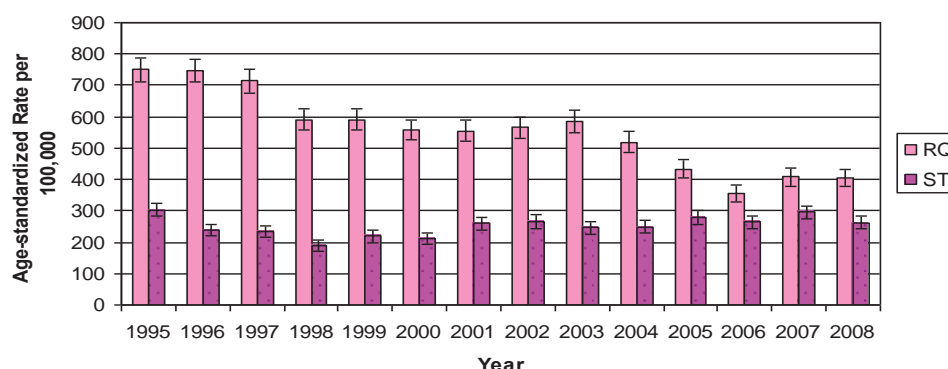
D. Source:

SK Ministry of Health, Year-end hospital files

Symptoms, Signs and Ill-defined Conditions: Age-standardized Rate of Hospital Separations in Saskatchewan, 1995 - 2008

Symptoms, Signs and Ill-defined Conditions: Age-standardized Rate of Hospital Separations in Saskatchewan by Regional Health Authority, 2008
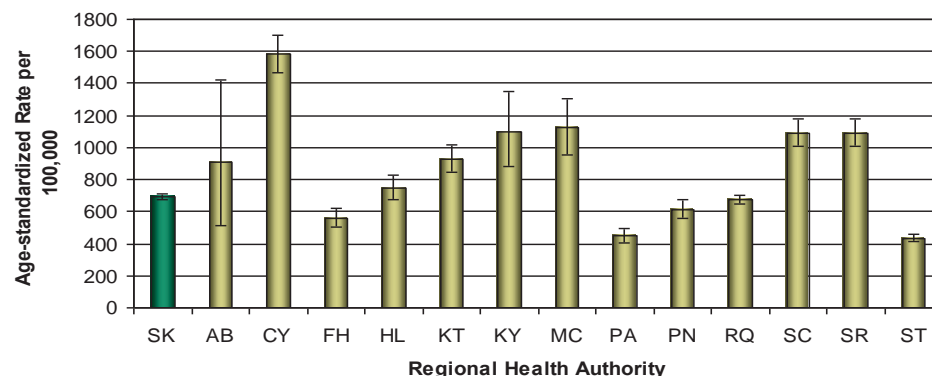
SUMMARY OF FINDINGS:

The age-standardized hospital separation rates (ASHSRs) due to symptoms, signs and ill-defined conditions significantly decreased by from 1995 to 2008 in Saskatchewan.

In 2008, ASHSRs for Cypress (CY), Kelsey Trail (KT), Keewatin Yatthé (KY), Mamawetan Churchill River (MC), Sun Country (SC), and Sunrise (SR) Regional Health Authorities were significantly higher than the province and Five Hills (FH), Prince Albert Parkland (PA), Prairie North (PN) and Saskatoon (ST) were significantly lower.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
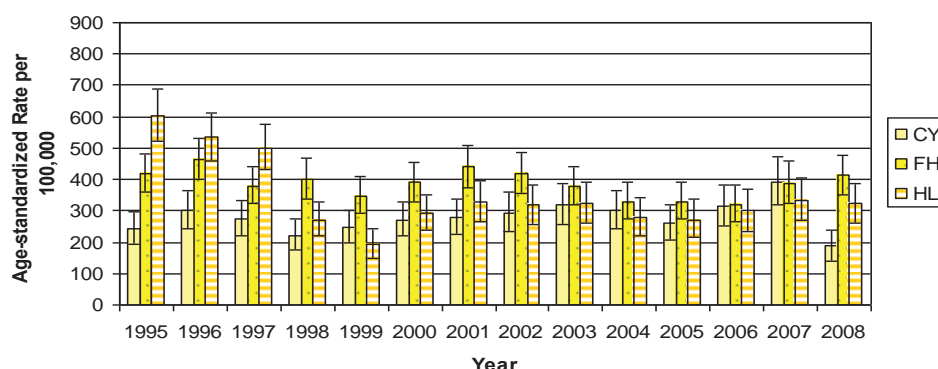
D. Source:

SK Ministry of Health, Year-end hospital files

Symptoms, Signs and Ill-defined Conditions: Crude Rate of Hospital Separations in Saskatchewan by Age Group, 1995 - 2008

Symptoms, Signs and Ill-defined Conditions: Crude Rate of Hospital Separations in Saskatchewan by Sex, 1995 - 2008

SUMMARY OF FINDINGS:

Age-specific hospital separation rates for symptoms, signs and ill-defined conditions were highest for the less than one and 75 years and older age groups and the lowest annual rates were seen in the 1 to 19 year and 20 to 44 year age groups.

From 1995 to 2008, the rates declined in all age groups, except the 75 years and older group. Rates for those less than one year declined by the most during this period.

Sex-specific rates were consistently higher among females than males.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.

D. Source:

SK Ministry of Health, Year-end hospital files

Symptoms, Signs and Ill-defined Conditions: Crude Rate of Hospital Separations among Males in Saskatchewan by Age Group, 1995 - 2008

Symptoms, Signs and Ill-defined Conditions: Crude Rate of Hospital Separations among Females in Saskatchewan by Age Group, 1995 - 2008

SUMMARY OF FINDINGS:

For males and females, the age-specific hospital separation rates due to symptoms, signs and ill-defined conditions were highest for the groups less than one year and 75 years and older. The rates decreased from 1995 to 2008 in all age groups except the 75 years and older age group.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
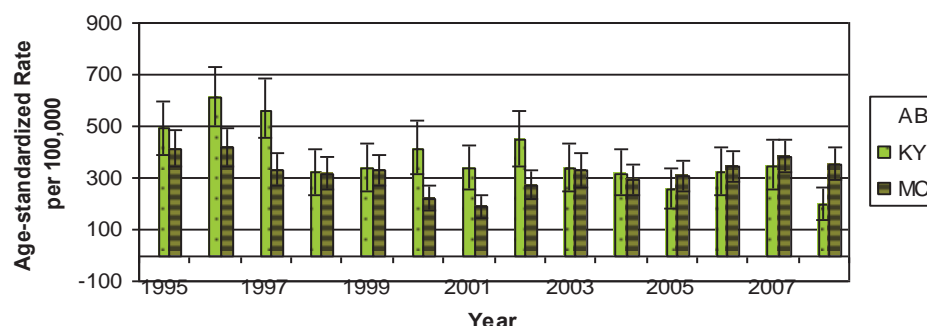
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.

D. Source:

SK Ministry of Health, Year-end hospital files

Symptoms, Signs and Ill-defined Conditions: Age-standardized Rate of Hospital Separations in Peer Group A, 1995 - 2008

Symptoms, Signs and Ill-defined Conditions: Age-standardized Rate of Hospital Separations in Peer Group H, 1995 - 2008
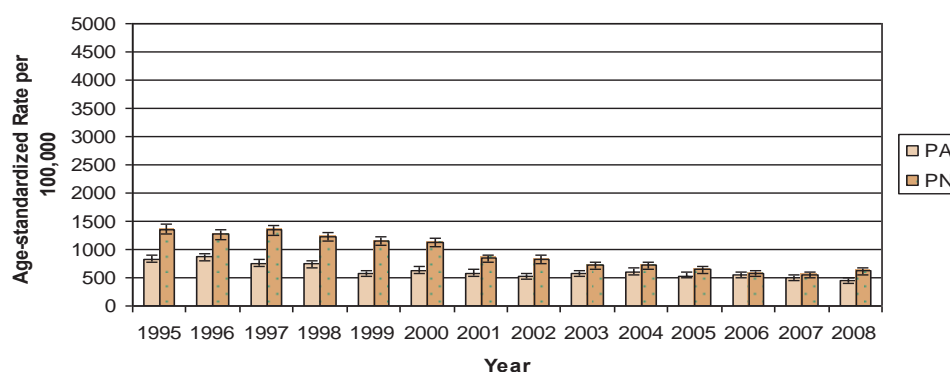
SUMMARY OF FINDINGS:

Peer Group A: Annual age-standardized hospital separation rates (ASHSRs) for symptoms, signs and ill-defined conditions from 1995 to 2008 were consistently and significantly higher in Regina Qu'Appelle (RQ) Regional Health Authority than Saskatoon (ST).

Peer Group F: ASHSRs from 1995 to 2000 in Prairie North (PN) Regional Health Authority were significantly higher than Prince Albert Parkland (PA).

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
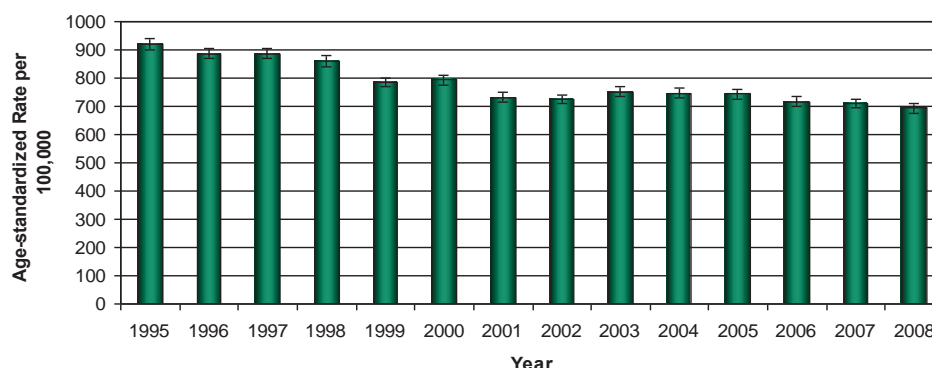
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
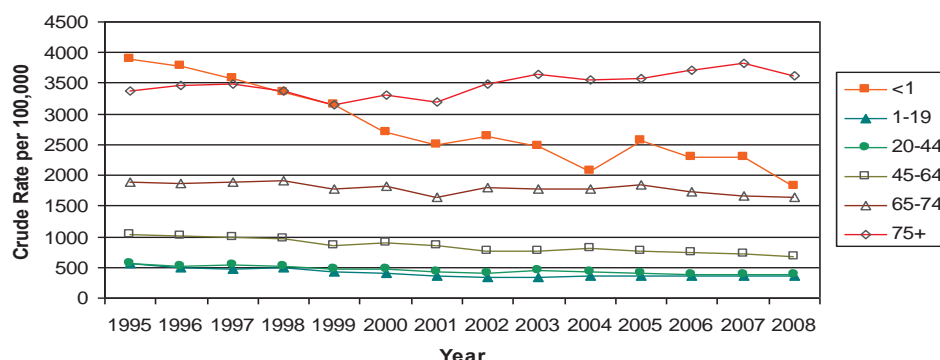
D. Source:

SK Ministry of Health, Year-end hospital files

Symptoms, Signs and Ill-defined Conditions: Age-standardized Rate of Hospital Separations in Peer Group D1, 1995 - 2008

Symptoms, Signs and Ill-defined Conditions: Age-standardized Rate of Hospital Separations in Peer Group D2, 1995 - 2008
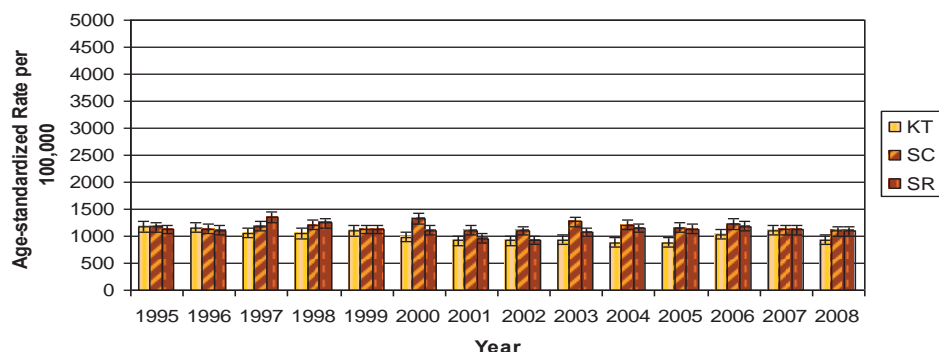
SUMMARY OF FINDINGS:

Peer Group D1: Age-standardized hospital separation rates (ASHSRs) for symptoms, signs and ill-defined conditions from 1995 to 2008 showed no discernible pattern for Cypress (CY), Five Hills (FH) and Heartland (HL) Regional Health Authorities in relation to each other. FH was significantly lower than CY and HI in 1998 and 2004 to 2008 and CY significantly differed from FH in1995.

Peer Group D2: ASHSRs during most of the years from 1995 to 2008 for Kelsey Trail (KT), Sun Country (SC) and Sunrise (SR) Regional Health Authorities were similar to each other. KT and SR differed statistically in 1997 and 2004-2005.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
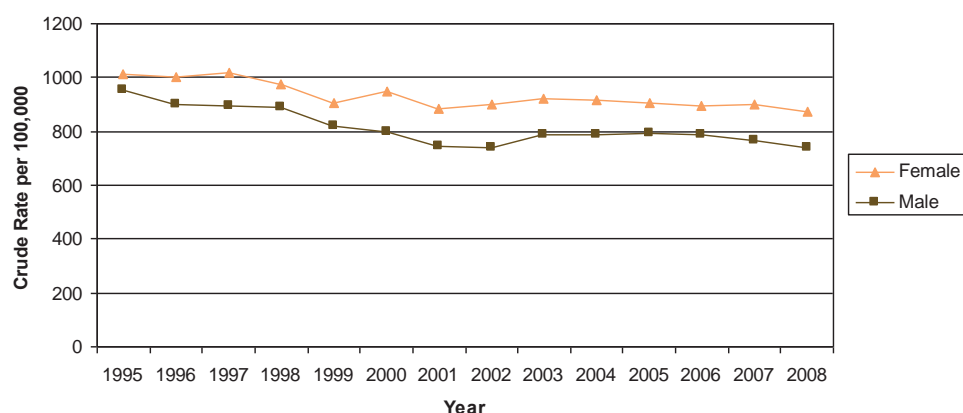
D. Source:

SK Ministry of Health, Year-end hospital files

Symptoms, Signs and Ill-defined Conditions: Age-standardized Rate of Hospital Separations in Peer Group F, 1995 - 2008

SUMMARY OF FINDINGS:

Peer Group H: Age-standardized hospital separation rates (ASHSRs) for symptoms, signs and ill-defined conditions from 1995 to 1999 for Keewatin Yatthé (KY) Regional Health Authority were statistically higher than Mamawetan Churchill River (MC). The KY ASHSRs decreased significantly from 1995 and 2008.

The variation in ASHSRs for Athabasca (AB) Health Authority may reflect the relatively small numbers of separations reported for this region. From 1999 to 2003, the AB rates were based on fewer than 20 separations.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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– 999/ ICD10 S00-T99

B. Significance/Use:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
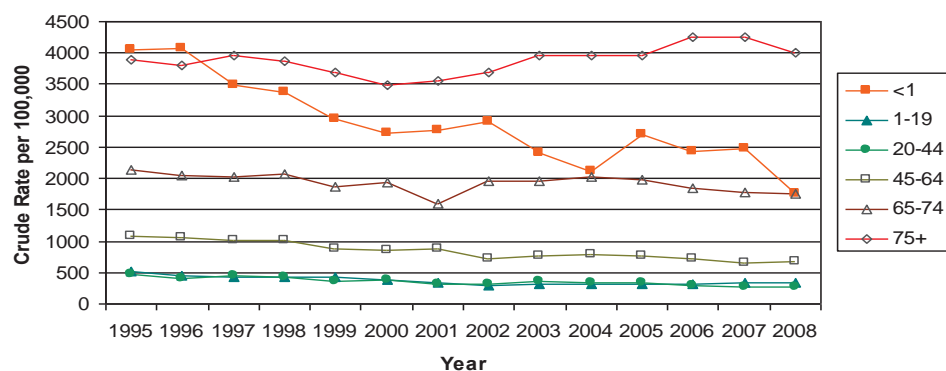
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
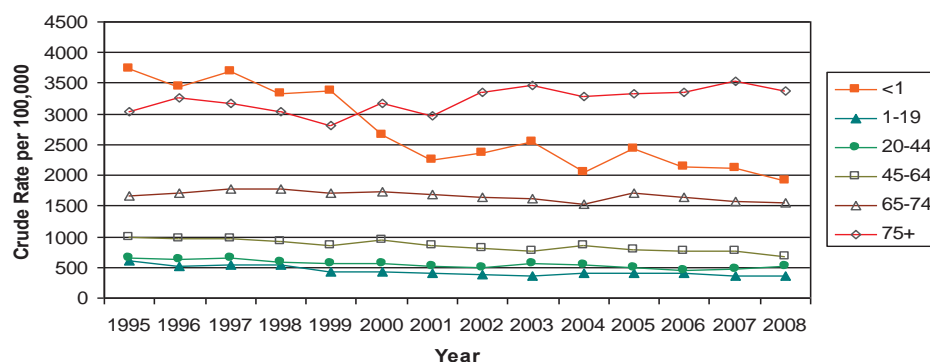
D. Source:

SK Ministry of Health, Year-end hospital files

Injury, Poisoning & Other Consequences of External Causes: Age-standardized Rate of Hospital Separations in Saskatchewan, 1995 - 2008

Injury, Poisoning & Other Consequences of External Causes: Age-standardized Rate of Hospital Separations in Saskatchewan by Regional Health Authority, 2008

SUMMARY OF FINDINGS:

Provincial age-standardized hospital separation rates (ASHSRs) due to injury, poisoning and other external causes decreased from 1995 to 2008.

In 2008, ASHSRs for Athabasca (AB) Health Authority, Kelsey Trail (KT), Keewatin Yatthé (KY), Mamawetan Churchill (MC) River, Sun Country (SC) and Sunrise (SR) Regional Health Authorities were significantly higher than the province and Saskatoon (ST) was significantly lower.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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– 999/ ICD10 S00-T99

B. Significance/Use:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
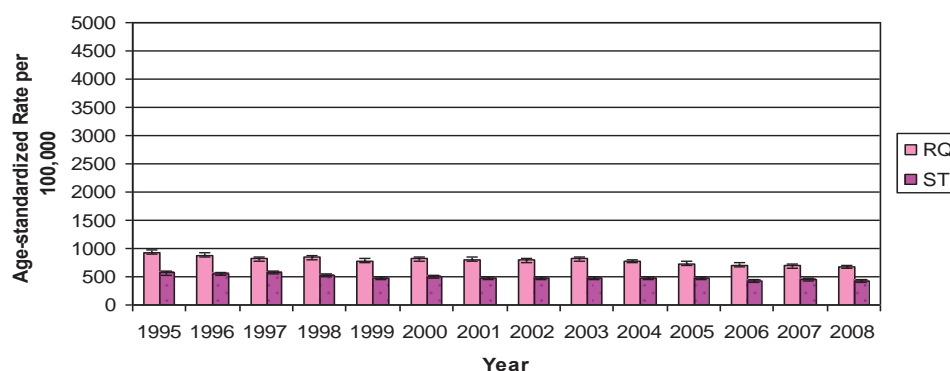
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.

D. Source:

SK Ministry of Health, Year-end hospital files

Injury, Poisoning & Certain Other Consequences of External Causes: Crude Rate of Hospital Separations in Saskatchewan by Age Group, 1995 - 2008
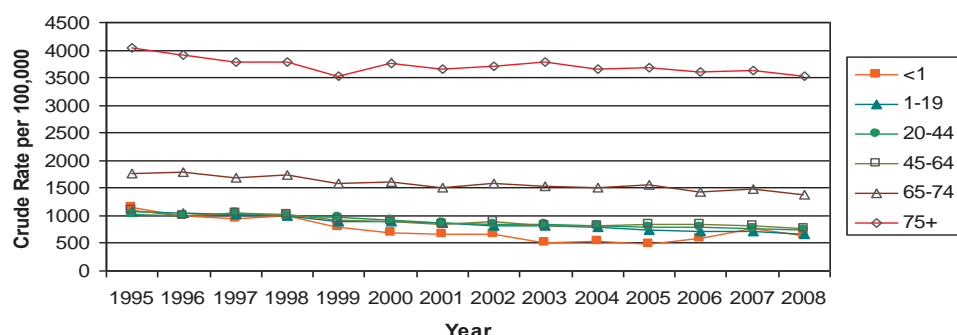
Injury, Poisoning & Other Consequences of External Causes: Crude Rate of Hospital Separations in Saskatchewan by Sex, 1995 - 2008
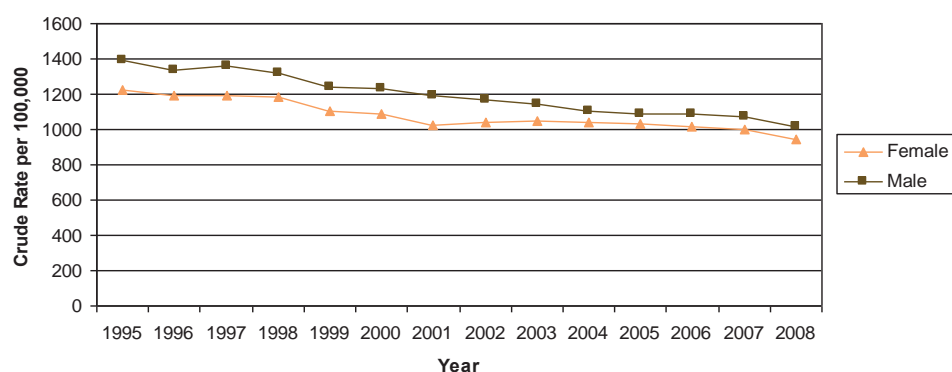
SUMMARY OF FINDINGS:

Age-specific hospital separation rates due to injury, poisoning and other external causes were highest for those 75 years and older. Rates decreased in all age groups between 1995 and 2008.

Sex-specific rates from 1995 to 2008 were consistently higher for males than females.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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– 999/ ICD10 S00-T99

B. Significance/Use:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
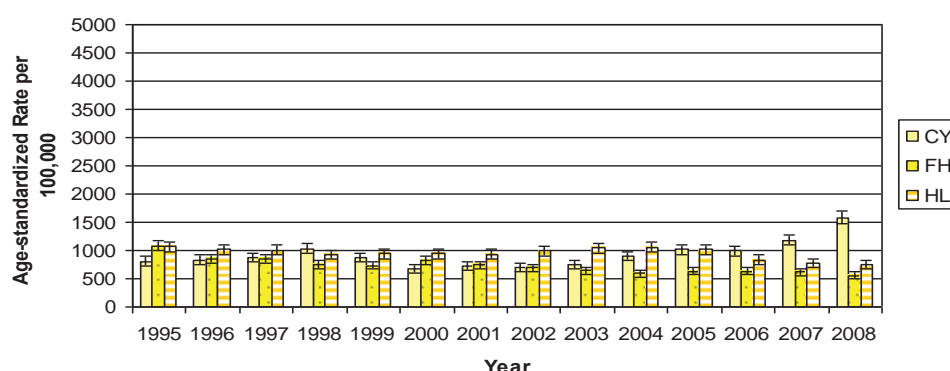
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.

D. Source:

SK Ministry of Health, Year-end hospital files

Injury, Poisoning & Other Consequences of External Causes: Crude Rate of Hospital Separations among Males in Saskatchewan by Age Group, 1995 - 2008

Injury, Poisoning & Other Consequences of External Causes: Crude Rate of Hospital Separations among Females in Saskatchewan by Age Group, 1995 - 2008

SUMMARY OF FINDINGS:

The age-specific hospital separation rates due to external causes decreased between 1995 and 2008 in all age groups for both sexes. The smallest decline was for those aged 75 years and older in both sexes.

For males and females, rates were highest for those aged 75 and older and were consistently higher for females than males. In all other age groups, rates among males were higher than females.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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– 999/ ICD10 S00-T99

B. Significance/Use:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
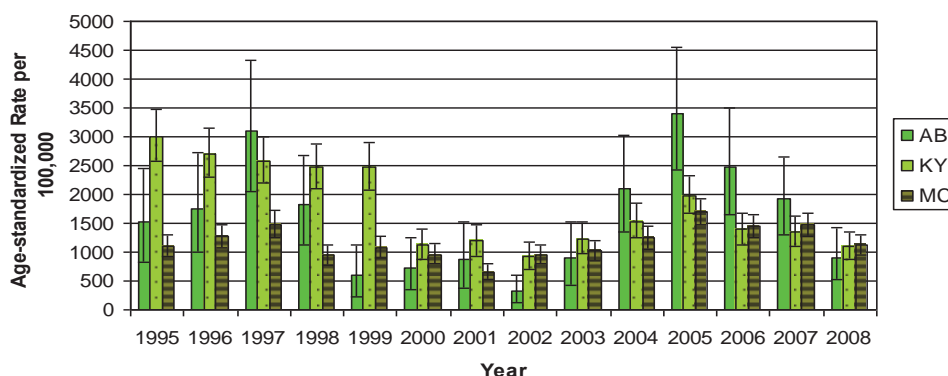
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.

D. Source:

SK Ministry of Health, Year-end hospital files

Injury, Poisoning & Other Consequences of External Causes: Age-standardized Rate of Hospital Separations in Peer Group A, 1995 - 2008

Injury, Poisoning & Other Consequences of External Causes: Age-standardized Rate of Hospital Separations in Peer Group H, 1995 - 2008

SUMMARY OF FINDINGS:

Peer Group A: Age-standardized hospital separation rates (ASHSRs) due to external causes of injury and poisoning for Regina Qu'Appelle (RQ) and Saskatoon (ST) Regional Health Authorities remained relatively stable between 1995 and 2008 with RQ having significantly higher rates for all years compared to ST.

Peer Group H: ASHSRs for Prairie North (PN) and Prince Albert Parkland (PA) Regional Health Authorities varied over the period 1995 to 2008 with significant differences in 1995 and 1999.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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– 999/ ICD10 S00-T99

B. Significance/Use:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.
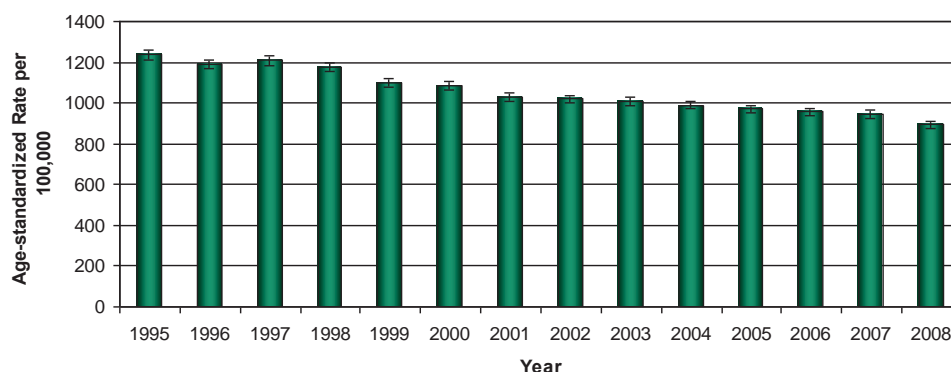
C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.
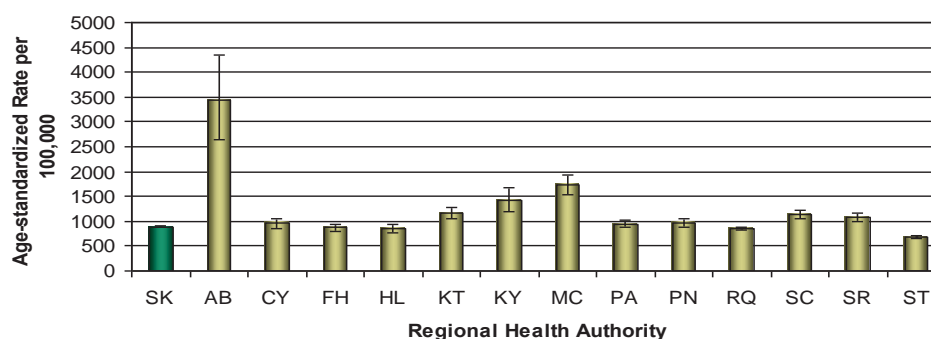
D. Source:

SK Ministry of Health, Year-end hospital files

Injury, Poisoning & Other Consequences of External Causes: Age-standardized Rate of Hospital Separations in Peer Group D1, 1995 - 2008

Injury, Poisoning & Other Consequences of External Causes: Age-standardized Rate of Hospital Separations in Peer Group D2, 1995 - 2008

SUMMARY OF FINDINGS:

Peer Group D1: Age-standardized hospital separation rates (ASHSRs) due to external causes of injury and poisoning for Cypress (CY), Five Hills (FH) and Heartland (HL) Regional Health Authorities varied over 1995 to 2008 with significant differences only in 1996.

Peer Group D2: ASHSRs for Kelsey Trail (KT) Regional Health Authority were significantly lower than Sun Country (SC) and Sunrise (SR) in 1997, 1999 and 2000. Additionally, in 2001, KT had a lower ASHSR than SC.

A. Definitions:

Number of hospitalizations during a given calendar year per 100,000 population. Annual morbidity indicators include: 1) crude rate, 2) sex- and age-specific rate and 3) age-standardized morbidity 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 800–999/ICD10 S00-T99

B. Significance/Use:

These numbers represent the number of individuals hospitalized in a year. Morbidity data are useful in planning health services and programs, setting objectives and targets and comparing disease status over person, place and time.

C. Limitations:

Hospitalizations do not reflect disease severity. The analyses are based only on the underlying cause of hospitalization but there may be more contributing causes. Differences in reporting may affect comparisons. Saskatchewan residents who were hospitalized outside the province are not included.

D. Source:

SK Ministry of Health, Year-end hospital files

Injury, Poisoning & Other Consequences of External Causes: Age-standardized Rate of Hospital Separations in Peer Group F, 1995 - 2008

SUMMARY OF FINDINGS:

Peer Group F: ASHSRs due to external causes for Athabasca Health Authority (AB) were significantly higher compared to Keewatin Yatthe (KY) and Mamawetan Churchill (MC) River Regional Health Authorities in 1997 and 2004 to 2008.

A. Definitions:

Proportion of the population aged 12 years and older who rated their own health status as being either excellent, very good, good, fair or poor.

B. Significance/Use:

Self-rated health is a global, self-assessment of an individual's current health status. Self-rated health status is predictive of future mortality and also appears to be predictive of the development of chronic conditions.

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

C. Limitations:

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

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

D. Source:

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

Prevalence of self-rated good, very good and excellent health in all ages (12+ years), Canada and Saskatchewan, CCHS, 2000/01, 2003, 2005, 2007/2008.

CCHS year	2000/01	2003	2005	2007/08
Canada	88.1	88.7	88.8	88.5
Saskatchewan	87.2	87.9	86.9	87.2

Prevalence of self-rated good, very good and excellent health in 12+ year olds, Saskatchewan and Health Regions, CCHS Cycles, 4.1/5.1 (2007/2008).

SK	CY	FH	HL	KT	NR	PN	PA	RQ	ST	SC	SR
87.2	88.4	88.4	88.8	84.4	86.1	87.7	85.0	87.5	87.8	89.7	82.1

Saskatchewan and Health Authorities by Age group

SUMMARY OF FINDINGS:

Saskatchewan (SK) prevalence of self-reported good, very good or excellent health remained fairly constant from 2000/01 through 2007/08. The Canadian prevalence also remained fairly constant but tended to be higher than SK. The difference between the Canadian and the provincial prevalence was significant only in 2005.

In 2007/08, the regional health authority prevalence varied with the highest prevalence in Sun Country RHA (SC) and the lowest in Sunrise RHA (SR). Only SR was significantly different, lower, from the provincial prevalence.

A. Definitions:

Proportion of the population aged 12 years and older who rated their own health status as being either excellent, very good, good, fair or poor.

B. Significance/Use:

Self-rated health is a global, self-assessment of an individual's current health status. Self-rated health status is predictive of future mortality and also appears to be predictive of the development of chronic conditions.

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

C. Limitations:

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

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

D. Source:

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

Prevalence of self-rated good, very good or excellent health in all ages (12+), Saskatchewan, CCHS Cycles, 1.1 (2000/01), 2.1 (2003), 3.1 (2005), 4.1 and 5.1 (2007/2008).

Age group	12-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
2000/01	94.3	93.8	93.8	92.9	94.8	92.4	92.0	89.6	87.4	83.6	79.5	77.8	71.5	62.1
2003	96.1	92.3	95.7	93.7	96.1	92.3	91.0	88.0	89.6	83.7	87.0	79.0	74.6	62.8
2005	95.7	94.8	94.9	93.3	91.5	94.2	90.5	89.2	86.1	84.3	77.4	81.3	72.6	62.2
2007/2008	91.3	93.4	94.6	95.6	95.1	93.8	91.9	86.3	87.6	86.7	79.6	78.7	75.7	63.3

Age group years by Survey years

Prevalence of self-rated good, very good and excellent health in 12+ year olds, by Sex, Saskatchewan, CCHS Cycles, 1.1 (2000/01), 2.1 (2003), 3.1 (2005), 4.1 and 5.1 (2007/2008).

	2000/01	2003	2005	2007/2008
Female	86.8	87.5	86.1	87.3
Male	87.7	88.2	87.8	87.2

Sex by Year(s)

SUMMARY OF FINDINGS:

Percentages of self-reported proportions of good, very good and excellent health status from 2000/01 to 2007/08 showed declining trends with advancing age groups, especially with ages 60 years and over.

Sex-specific proportions were similar and remained relatively consistent over the four survey years with no significant differences between males and females.

A. Definitions:

Proportion of the population aged 12 years and older who rated their own health status as being either excellent, very good, good, fair or poor.

B. Significance/Use:

Self-rated health is a global, self-assessment of an individual's current health status. Self-rated health status is predictive of future mortality and also appears to be predictive of the development of chronic conditions.

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

C. Limitations:

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

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

D. Source:

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

Prevalence of self-rated good, very good or excellent health in all ages (12+ years), Saskatchewan, by Sex, CCHS Cycles, 4.1 and 5.1 (2007/2008).

Sex by Age-group	12-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Female	94.5	95.2	93.5	95.5	93.4	92.2	93.0	85.4	87.0	87.7	82.5	83.2	77.6	63.5
Male	88.3	91.7	95.7	95.7	96.7	95.4	90.7	87.1	88.3	85.7	76.6	73.5	73.7	63.0
Total	91.3	93.4	94.6	95.6	95.1	93.8	91.9	86.3	87.6	86.7	79.6	78.7	75.7	63.3

SUMMARY OF FINDINGS:

Percentages of self-reported good, very good and excellent health status in 2007/08 showed declining trends with advancing age, with the percentages falling below 80.0% in 70-74 years onwards in males, females and both sexes.

Sex-specific proportions were not significantly different.

A. Definitions:

Proportion of the population aged 12 years and older who rated their own health status as being either excellent, very good, good, fair or poor.

B. Significance/Use:

Self-rated health is a global, self-assessment of an individual's current health status. Self-rated health status is predictive of future mortality and also appears to be predictive of the development of chronic conditions.

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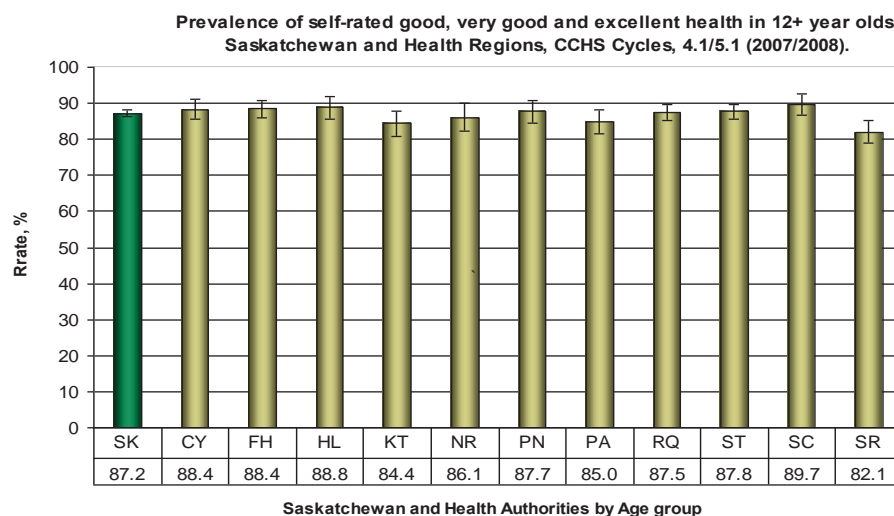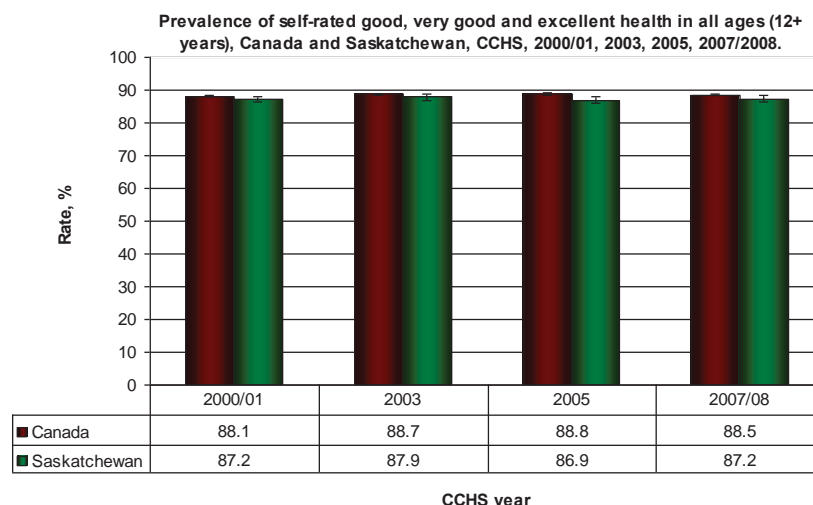
C. Limitations:

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

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

D. Source:

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

Prevalence of self-rated good, good, very good or excellent health in 12+ year olds in Health Region Peer Group A, Saskatchewan, CCHS Cycles, 1.1 (2000/01), 2.1 (2003), 3.1 (2005), 4.1/5.1 (2007/2008).

	2000/01	2007/2008	2005	2007/2008
RQRHA-A	87.3	88.1	88.9	87.5
STRHA-A	88.1	90.6	88.4	87.8

Peer group A by Year(s)

Prevalence of self-rated good, very good or excellent health in 12+ year olds in Health Region Peer Group D, Saskatchewan, CCHS Cycles, 1.1 (2000/01), 2.1 (2003), 3.1 (2005), 4.1/5.1 (2007/2008).

	2000/01	2003	2005	2007/2008
SCRHA-D	85.8	82.6	83.8	84.4
FHRHA-D	88.4	85.0	87.6	88.4
CYRHA-D	90.6	89.9	88.2	88.4
SRRHA-D	79.6	80.6	77.4	82.1
HLRHA-D	88.0	88.5	85.1	88.8
KTRHA_D	85.8	82.6	83.8	84.4

Peer group D by Year(s)

SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQRHA) and Saskatoon (STRHA), health regions' proportions of self-reported good, very good and excellent health status were not significantly different across survey years and remained fairly stable across all survey years.

Peer Group D, Sun Country (SCRHA), Five Hills (FHRHA), Cypress (CYRHA), Sunrise (SRRHA), Heartland (HLRHA) and Kelsey Trail (KTRHA), health regions' proportions were mostly stable across years except that SRRHA was the lowest among the RHAs and was significantly different than at least one health region in all survey years.

A. Definitions:

Proportion of the population aged 12 years and older who rated their own health status as being either excellent, very good, good, fair or poor.

B. Significance/Use:

Self-rated health is a global, self-assessment of an individual's current health status. Self-rated health status is predictive of future mortality and also appears to be predictive of the development of chronic conditions.

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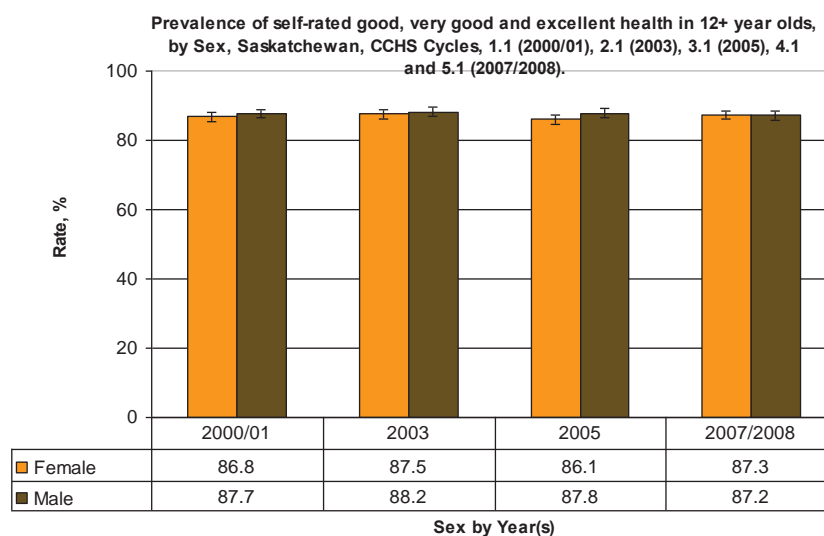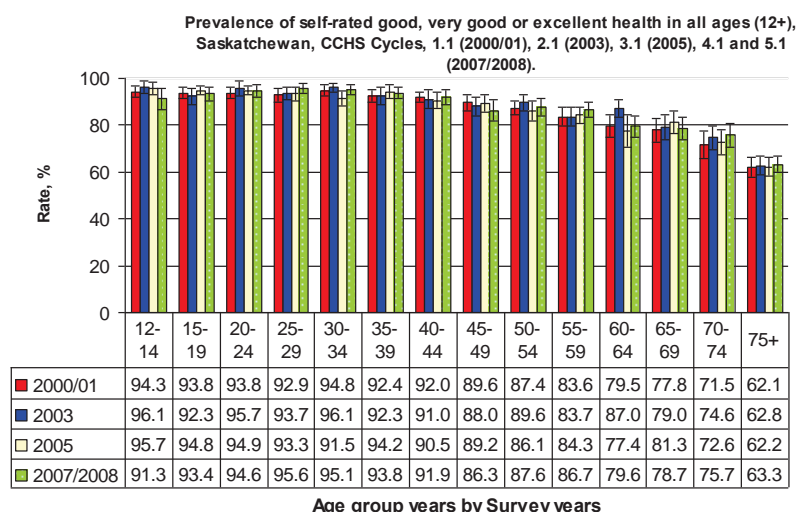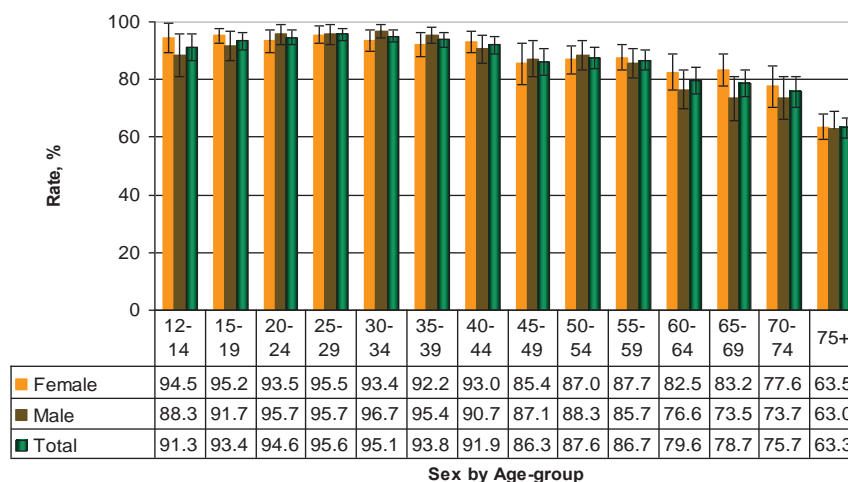
C. Limitations:

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

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

D. Source:

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

Prevalence of self-rated good, very good or excellent health in 12+ year olds in Health Region Peer Groups H and F, Saskatchewan, CCHS Cycles, 1.1 (2000/01), 2.1 (2003), 3.1 (2005), 4.1/5.1 (2007/2008).

	2000/01	2003	2005	2007/2008
PAPRHA-H	86.8	87.4	84.5	85.0
PNRHA-H	87.1	86.5	86.3	87.7
North-F	90.0	87.2	84.3	86.1

Peer group H and F by Year(s)

SUMMARY OF FINDINGS:

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

Peer Group F, Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority, health regions were combined (North) due to small numbers. The percentages remained stable over the survey period.

A. Definitions:

Proportion of the population aged 12 years and older who rated their own health status as being either excellent, very good, good, fair or poor.

B. Significance/Use:

Self-rated health is a global, self-assessment of an individual's current health status. Self-rated health status is predictive of future mortality and also appears to be predictive of the development of chronic conditions.

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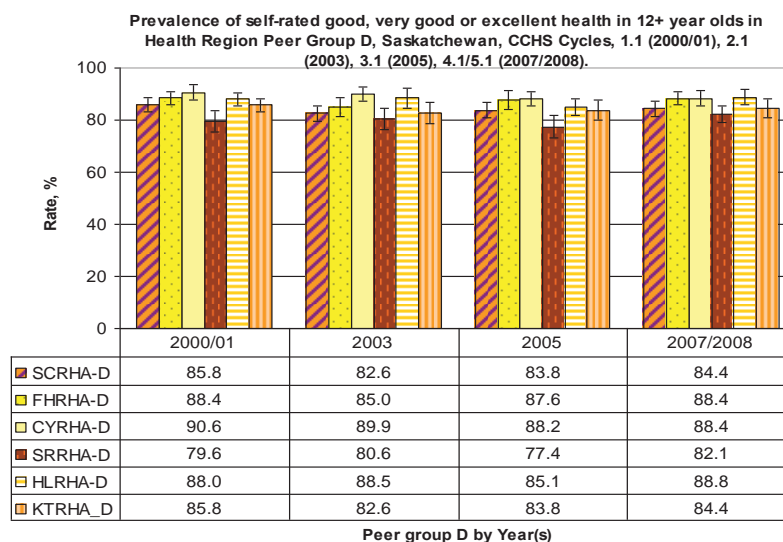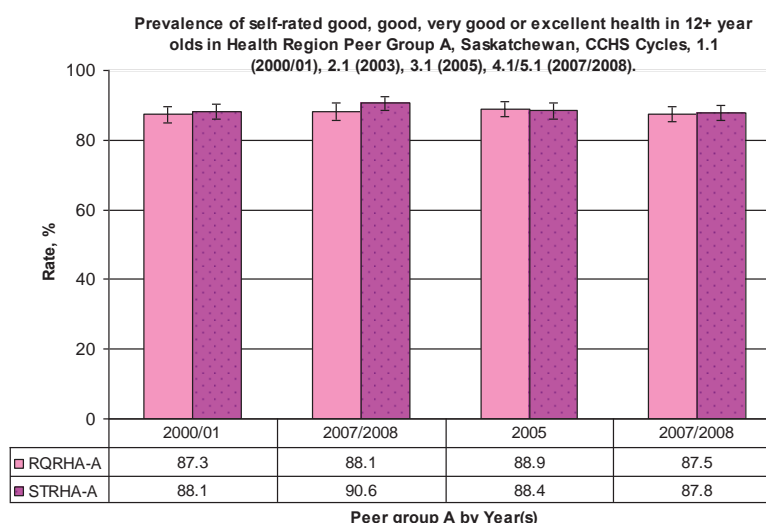
C. Limitations:

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

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

D. Source:

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

Prevalence of self-rated very good and excellent health in all ages (12+ years), Canada and Saskatchewan, CCHS, 2000/01, 2003, 2005, 2007/2008.

	2000/01	2003	2005	2007/2008
Canada	61.5	58.6	60.2	59.2
Saskatchewan	57.0	59.5	57.8	55.3

CCHS year

Prevalence of self-rated very good and excellent health in 12+ year olds, Saskatchewan and Health Regions, CCHS Cycles, 4.1/5.1 (2007/2008).

SK	CY	FH	HL	KT	NR	PN	PA	RQ	ST	SC	SR
55.3	56.4	55.1	62.9	47.2	48.0	55.4	53.8	53.7	57.4	59.4	50.0

Saskatchewan and Health Authorities by Age group

SUMMARY OF FINDINGS:

Saskatchewan (SK) prevalence of self-reported very good or excellent health declined slightly from 2000/01 through 2007/08. The Canadian prevalence also declined slightly and tended to be higher than SK with the exception of 2003. The difference between the Canadian and the provincial prevalence was significant for all years except 2003.

In 2007/08, the regional health authority prevalence varied with the highest prevalence in Heartland RHA (HL) and the lowest in Kelsey Trail RHA (KT). HL, KT and Sunrise (SR) were significantly different from the provincial prevalence.

A. Definitions:

Proportion of the population aged 12 years and older who rated their own health status as being either excellent, very good, good, fair or poor.

B. Significance/Use:

Self-rated health is a global, self-assessment of an individual's current health status. Self-rated health status is predictive of future mortality and also appears to be predictive of the development of chronic conditions.

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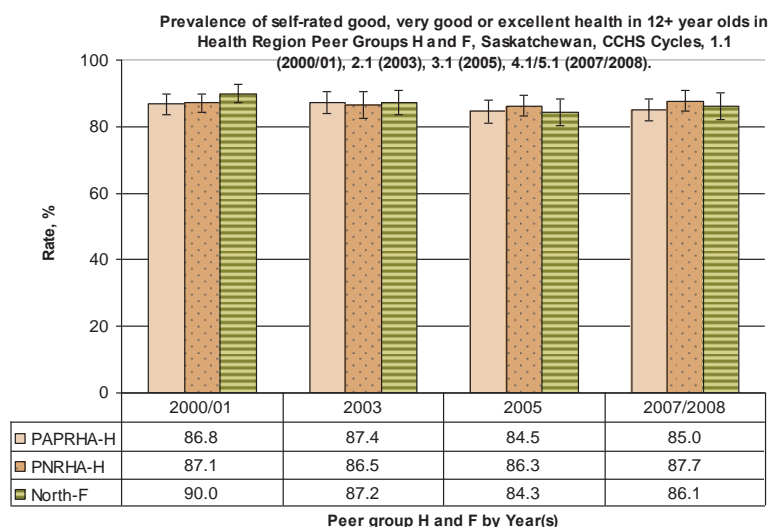
C. Limitations:

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

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

D. Source:

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

Prevalence of self-rated very good and excellent health in 12+ year olds, by age group, Saskatchewan, CCHS Cycles, 1.1 (2000/01), 2.1 (2003), 3.1 (2005), 4.1 and 5.1 (2007/2008).

Age group by Year(s)	2000/01	2003	2005	2007/2008
20-44	65.9	70.8	66.0	65.7
45-64	52.8	55.7	56.7	51.8
65+	33.3	33.2	32.4	30.4

Prevalence of self-rated very good and excellent health in 12+ olds, by Sex, Saskatchewan, CCHS Cycles, 1.1 (2000/01), 2.1 (2003), 3.1 (2005), 4.1 and 5.1 (2007/2008).
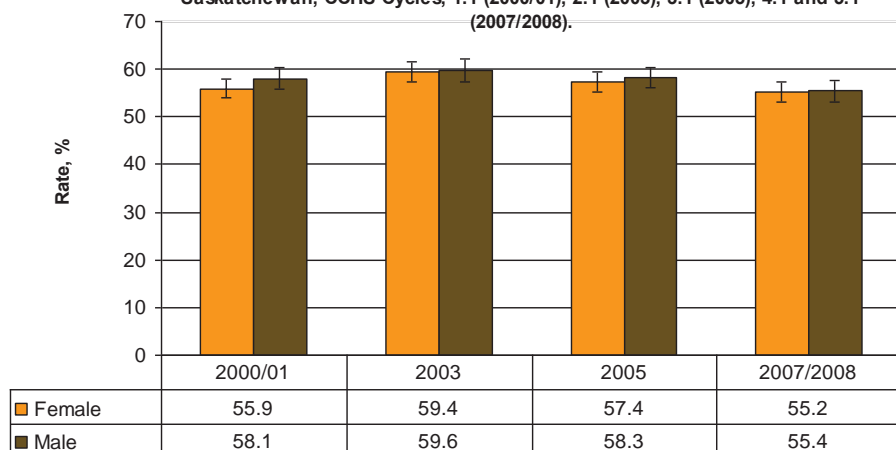
Sex by Year(s)	2000/01	2003	2005	2007/2008
Female	55.9	59.4	57.4	55.2
Male	58.1	59.6	58.3	55.4

SUMMARY OF FINDINGS:

Percentages of self-reported very good and excellent health status from 2000/01 to 2007/08 declined significantly from 20-44 year age group with the advancing age in all survey years.

Sex-specific proportions were not significantly different between males and females. The percentages in both sexes tended to decline from 2003 to 2007/2008.

A. Definitions:

Proportion of the population aged 12 years and older who rated their own health status as being either excellent, very good, good, fair or poor.

B. Significance/Use:

Self-rated health is a global, self-assessment of an individual's current health status. Self-rated health status is predictive of future mortality and also appears to be predictive of the development of chronic conditions.

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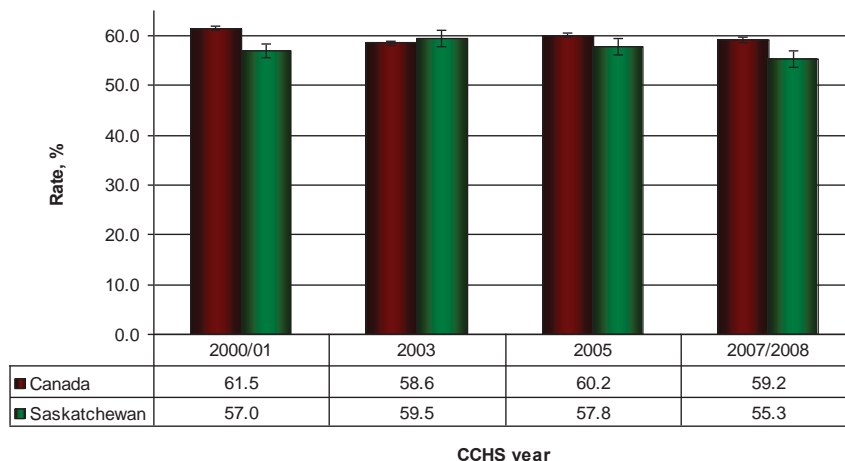
C. Limitations:

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

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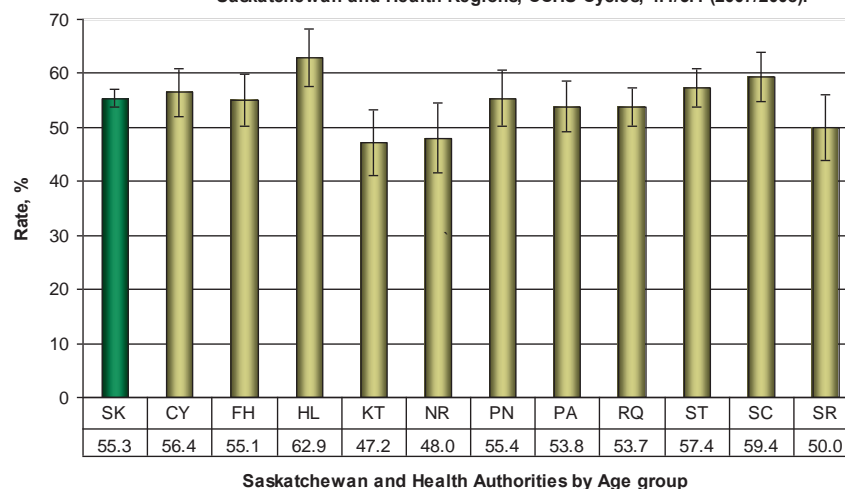
D. Source:

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

Prevalence of self-rated very good and excellent health in 20+ year olds, by Sex and Age group, Saskatchewan, CCHS Cycles, 4.1 and 5.1 (2007/2008)
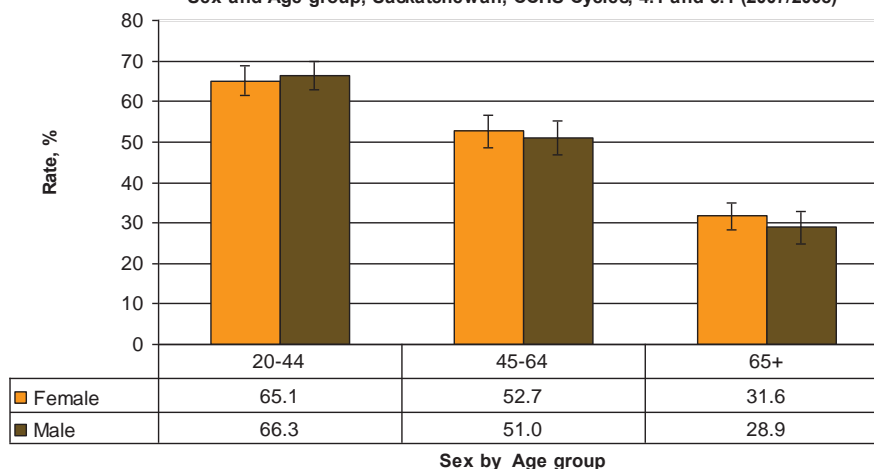
Sex by Age group	20-44	45-64	65+
Female	65.1	52.7	31.6
Male	66.3	51.0	28.9

SUMMARY OF FINDINGS:

Percentages of self-reported very good and excellent health status in 2007/08 showed a significant decline with the advancing age and was similar in both males and females.

A. Definitions:

Proportion of the population aged 12 years and older who rated their own health status as being either excellent, very good, good, fair or poor.

B. Significance/Use:

Self-rated health is a global, self-assessment of an individual's current health status. Self-rated health status is predictive of future mortality and also appears to be predictive of the development of chronic conditions.

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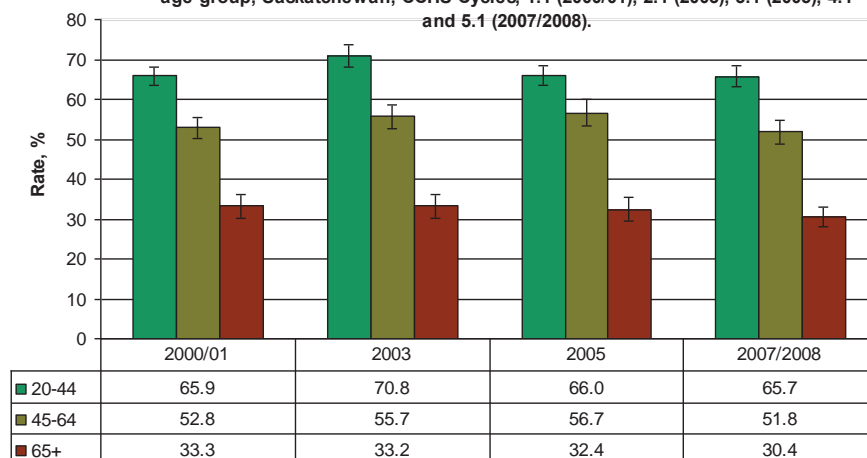
C. Limitations:

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

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

D. Source:

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

Prevalence of self-rated very good and excellent health in 12+ year olds in Health Region Peer Group A, Saskatchewan, CCHS Cycles, 1.1 (2000/01), 2.1 (2003), 3.1 (2005), 4.1/5.1 (2007/2008).

Peer group A by Year(s)	2000/01	2003	2005	2007/2008
RQRHA-A	56.8	61.7	62.1	53.7
STRHA-A	59.1	62.3	60.6	57.4

Prevalence of self-rated very good and excellent health 12+ year olds in Health Region Peer Group D, Saskatchewan, CCH Cycles, 1.1 (2000/01), 2.1 (2003), 3.1 (2005), 4.1/5.1 (2007/2008).

Peer group D by Year(s)	2000/01	2003	2005	2007/2008
SCRHA-D	56.2	54.3	52.4	59.4
FHRHA-D	58.7	56.3	59.6	55.1
CYRHA-D	58.8	63.7	56.5	56.4
SRRHA-D	48.5	47.6	44.9	50.0
HLRHA-D	56.7	62.9	58.5	62.9
KTRHA_D	55.3	48.2	53.6	47.2

SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQRHA) and Saskatoon (STRHA), health regions' self-reported very good and excellent health status were similar and declined slightly from 2003 to 2007/2008. The difference in this decline was significant only in RQRHA.

Peer Group D, Sun Country (SCRHA), Five Hills (FHRHA), Cypress (CYRHA), Sunrise (SRRHA), Heartland (HLRHA) and Kelsey Trail (KTRHA), health regions' proportions were mostly stable across years. However, SCRHA was the lowest among these health regions and was significantly different than other health regions in most survey years.

A. Definitions:

Proportion of the population aged 12 years and older who rated their own health status as being either excellent, very good, good, fair or poor.

B. Significance/Use:

Self-rated health is a global, self-assessment of an individual's current health status. Self-rated health status is predictive of future mortality and also appears to be predictive of the development of chronic conditions.

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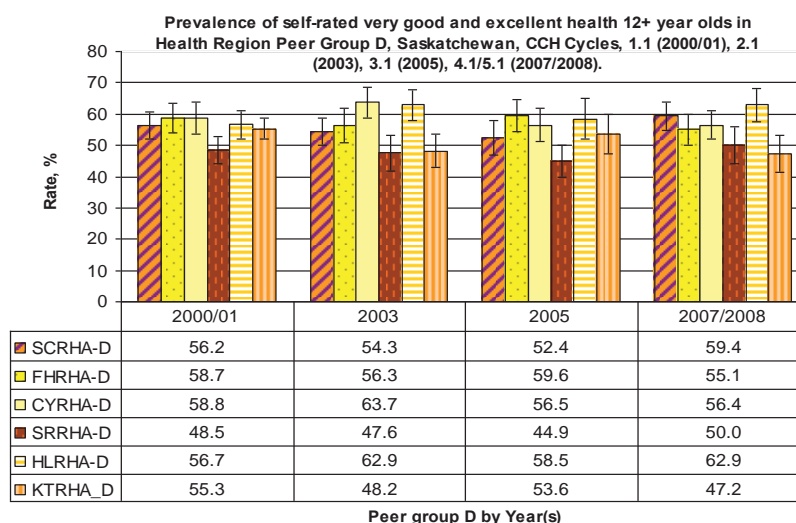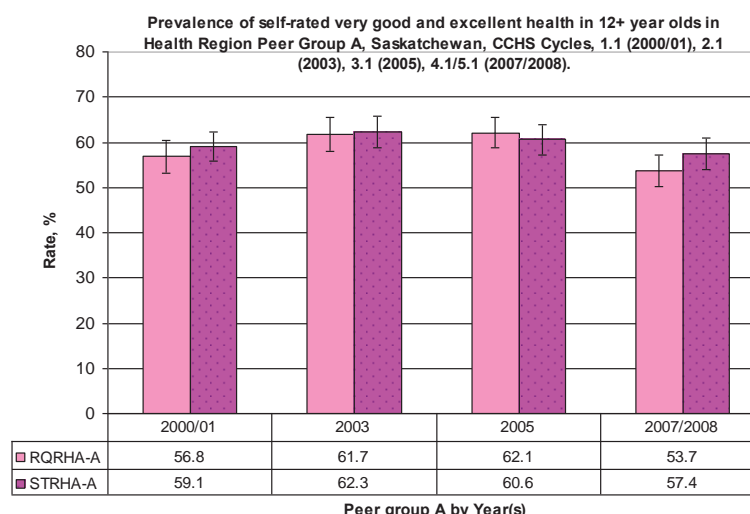
C. Limitations:

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

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

D. Source:

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

Prevalence of self-rated very good and excellent health in 12+ year olds in Health Region Peer Groups H and F, Saskatchewan, CCHS Cycles, 1.1 (2000/01), 2.1 (2003), 3.1 (2005), 4.1/5.1 (2007/2008).

	2000/01	2003	2005	2007/2008
PAPRHA-H	58.8	57.7	51.7	53.8
PNRHA-H	54.1	61.8	54.9	55.4
North-F	53.6	51.3	45.8	48.0

Peer group H and F by Year(s)

SUMMARY OF FINDINGS:

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

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

A. Definitions:

Proportion of the population aged 12 years and older who rated their own health status as being either excellent, very good, good, fair or poor.

B. Significance/Use:

Self-rated health is a global, self-assessment of an individual's current health status. Self-rated health status is predictive of future mortality and also appears to be predictive of the development of chronic conditions.

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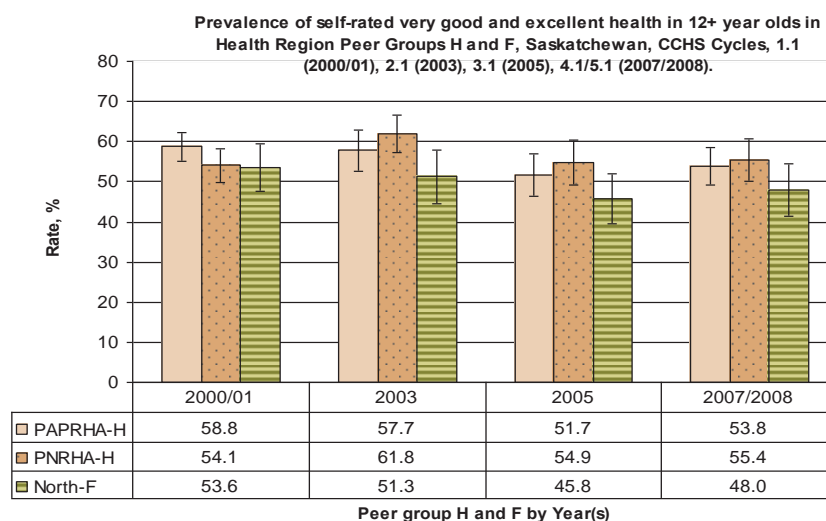
C. Limitations:

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

D. Source:

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

Prevalence of self-rated fair and poor health status in 12+ year olds), Canada and Saskatchewan, CCHS, 2000/01, 2003, 2005, 2007/2008.
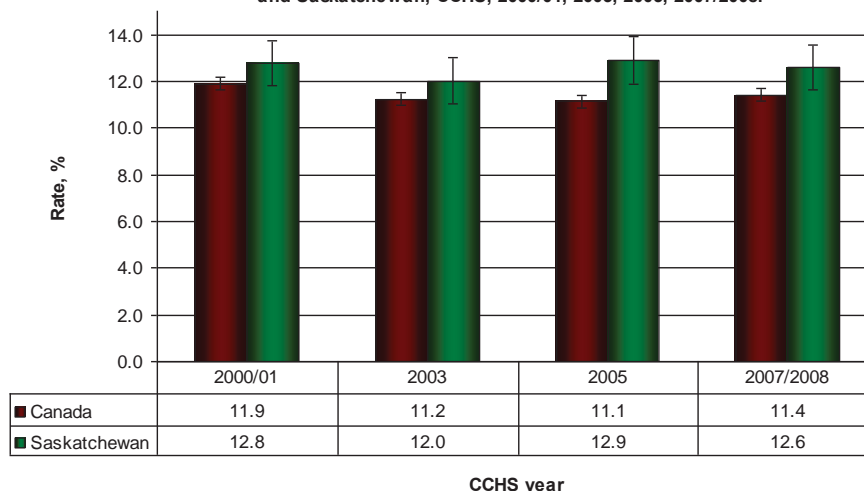
	2000/01	2003	2005	2007/2008
■ Canada	11.9	11.2	11.1	11.4
■ Saskatchewan	12.8	12.0	12.9	12.6

CCHS year

Prevalence of self-rated fair and poor health in 12+ year olds, Saskatchewan and Health Regions, CCHS Cycles, 4.1/5.1 (2007/2008).

	SK	CY	FH	HL	KT	NR	PN	PA	RQ	ST	SC	SR
	12.6	11.0	11.5	11.0	15.3	13.7	12.2	14.8	12.2	12.2	10.2	17.9

Saskatchewan and Health Authorities by Age group

SUMMARY OF FINDINGS:

Saskatchewan (SK) prevalence of self-reported fair and poor health remained fairly constant from 2000/01 through 2007/08. The Canadian prevalence also remained fairly constant and tended to be lower than the SK rate. The difference between the Canadian and the provincial prevalence was significant only in 2005.

In 2007/09, the regional health authority prevalence varied with the highest prevalence in Sunrise RHA (SR) and the lowest in Sun Country RHA (SC) and were significantly different from one another.

A. Definitions:

Proportion of the population aged 12 years and older who rated their own health status as being either excellent, very good, good, fair or poor.

B. Significance/Use:

Self-rated health is a global, self-assessment of an individual's current health status. Self-rated health status is predictive of future mortality and also appears to be predictive of the development of chronic conditions.

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

C. Limitations:

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

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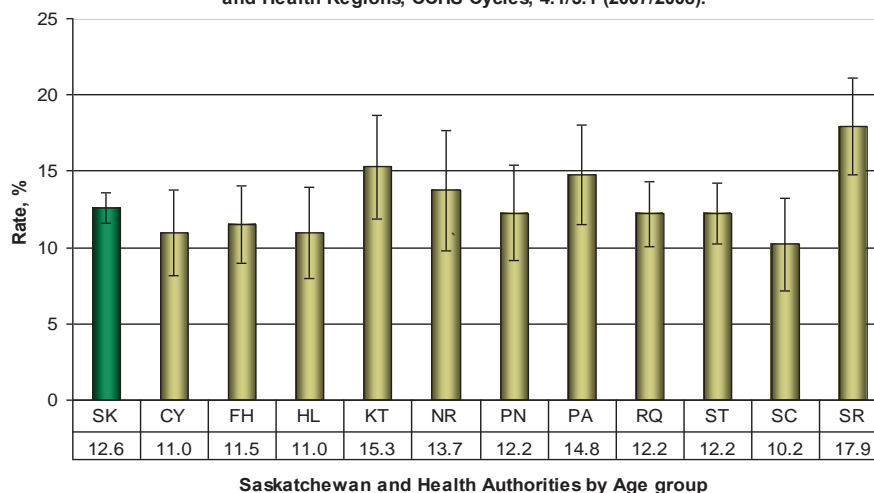
D. Source:

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

Prevalence of self-rated fair or poor health in 12+ year olds, by age group, Saskatchewan, CCHS Cycles, 1.1 (2000/01), 2.1 (2003), 3.1 (2005), 4.1 and 5.1 (2007/2008).

	2000/01	2003	2005	2007/2008
12-19	6.0	6.4	4.9	7.4
20-44	6.9	6.4	7.1	5.7
45-64	13.9	12.7	14.7	14.2
65+	31.4	29.3	29.6	29.3

Age group by Year(s)

Prevalence of self-rated fair or poor health in 12+ year olds, by Sex, Saskatchewan, CCHS Cycles, 1.1 (2000/01), 2.1 (2003), 3.1 (2005), 4.1 and 5.1 (2007/2008).

	2000/01	2003	2005	2007/2008
Female	13.2	12.3	13.7	12.5
Male	12.3	11.7	12.0	12.7

Sex by Year(s)

SUMMARY OF FINDINGS:

Percentages of fair or poor health status in 12-19 years and 20-44 years from 2000/01 to 2007/08 were significantly lower than in 45-64 years and seniors aged 65 years and older. The seniors' percentages in 2007/08 were more than double that in 44-64 years.

Sex-specific proportions were not significantly different, though the proportions tended to be higher in females than in males in 2000/01 through 2005. The proportions in males remained consistent across years from 2000/01 through 2007/08.

A. Definitions:

Proportion of the population aged 12 years and older who rated their own health status as being either excellent, very good, good, fair or poor.

B. Significance/Use:

Self-rated health is a global, self-assessment of an individual's current health status. Self-rated health status is predictive of future mortality and also appears to be predictive of the development of chronic conditions.

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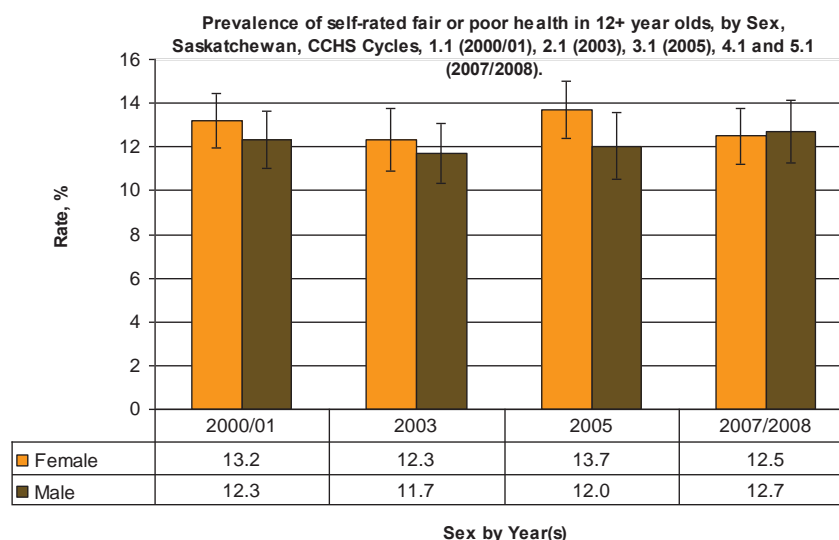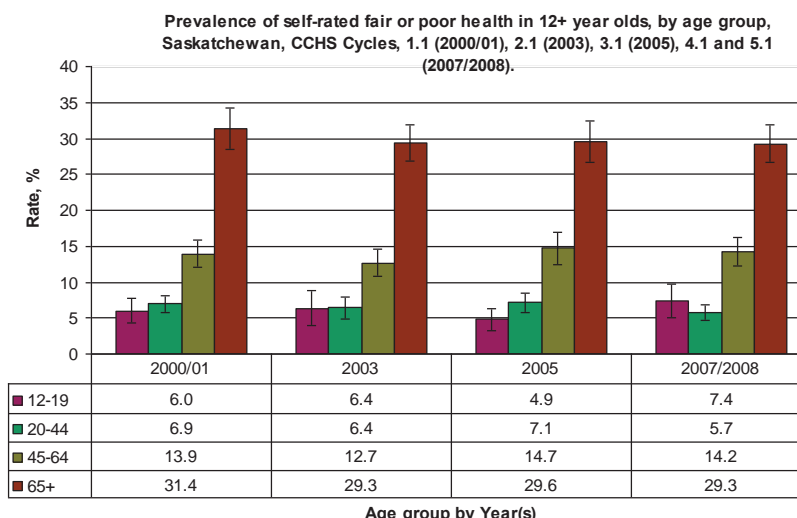
C. Limitations:

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

D. Source:

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

Prevalence of self-rated fair or poor health in 12+ year olds, by Sex and Age group, Saskatchewan, CCHS Cycles, 4.1/ 5.1 (2007/2008)

Sex by Age group	12-19	20-44	45-64	65+
Female	5.1	6.4	13.7	27.8
Male	9.6	5.0	14.8	31.1

SUMMARY OF FINDINGS:

Percentages of self-reported fair or poor health status in both female and male seniors (65 years and older) in 2007/2008 was significantly higher than in 45-64 years, which were in turn higher than in 20-44 years.

The proportions in females were higher than in males in 12-19 years, 45-64 years and 65 years and older age groups, but the differences were not statistically significant.

A. Definitions:

Proportion of the population aged 12 years and older who rated their own health status as being either excellent, very good, good, fair or poor.

B. Significance/Use:

Self-rated health is a global, self-assessment of an individual's current health status. Self-rated health status is predictive of future mortality and also appears to be predictive of the development of chronic conditions.

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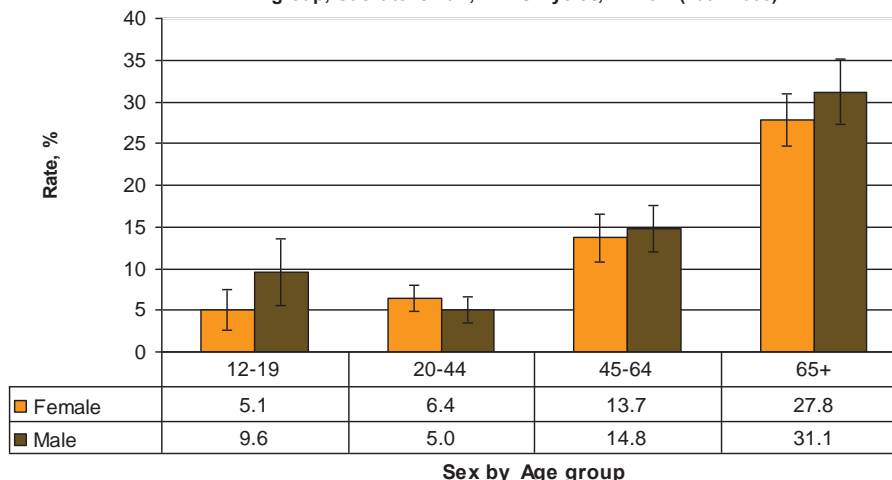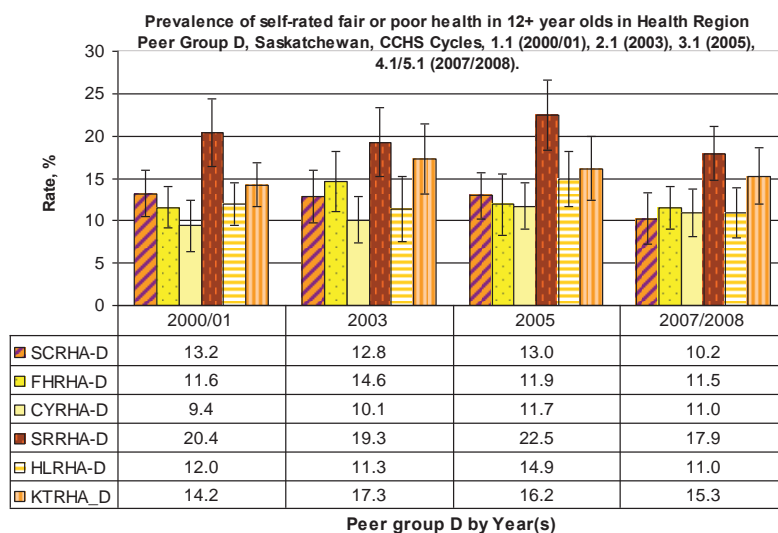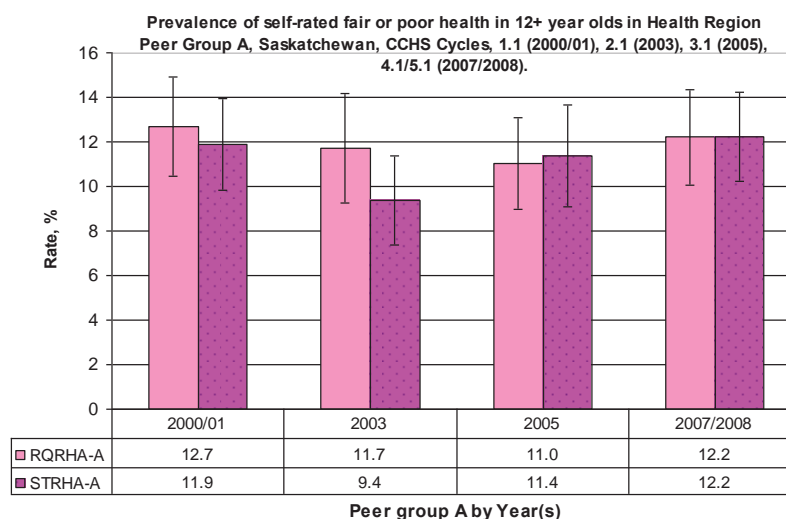
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Does not include homeless people or individuals living in institutions, First Nations people living on Reserves or members of the Armed Forces.

D. Source:

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

Prevalence of self-rated fair or poor health in 12+ year olds in Health Region Peer Group A, Saskatchewan, CCHS Cycles, 1.1 (2000/01), 2.1 (2003), 3.1 (2005), 4.1/5.1 (2007/2008).

Peer group A by Year(s)	2000/01	2003	2005	2007/2008
RQRHA-A	12.7	11.7	11.0	12.2
STRHA-A	11.9	9.4	11.4	12.2

Prevalence of self-rated fair or poor health in 12+ year olds in Health Region Peer Group D, Saskatchewan, CCHS Cycles, 1.1 (2000/01), 2.1 (2003), 3.1 (2005), 4.1/5.1 (2007/2008).

Peer group D by Year(s)	2000/01	2003	2005	2007/2008
SCRHA-D	13.2	12.8	13.0	10.2
FHRHA-D	11.6	14.6	11.9	11.5
CYRHA-D	9.4	10.1	11.7	11.0
SRRHA-D	20.4	19.3	22.5	17.9
HLRHA-D	12.0	11.3	14.9	11.0
KTRHA_D	14.2	17.3	16.2	15.3

SUMMARY OF FINDINGS:

Peer Group A, Regina Qu'Appelle (RQRHA) and Saskatoon (STRHA), health regions' self-reported percentages of fair or poor health status were not significantly different across survey years.

Peer Group D, Sun Country (SCRHA), Five Hills (FHRHA), Cypress (CYRHA), Sunrise (SRRHA), Heartland (HLRHA) and Kelsey Trail (KTRHA), health regions' proportions varied across the regions and was highest in SRRHA which was significantly different from some of the other health regions, especially CYRHA in all survey years.

A. Definitions:

Proportion of the population aged 12 years and older who rated their own health status as being either excellent, very good, good, fair or poor.

B. Significance/Use:

Self-rated health is a global, self-assessment of an individual's current health status. Self-rated health status is predictive of future mortality and also appears to be predictive of the development of chronic conditions.

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

C. Limitations:

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

D. Source:

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

Self-reported rates of fair or poor health in 12+ year olds in Health Region Peer Groups H and F, Saskatchewan, CCHS cycles 1.1 (2000/01), 2.1 (2003), 3.1 (2005), 4.1/5.1 (2007/2008).

	2000/01	2003	2005	2007/2008
PAPRHA-H	13.2	12.6	15.3	14.8
PNRHA-H	12.9	13.3	13.6	12.2
North-F	10.0	12.8	15.7	13.7

Peer group H and F by Year(s)

SUMMARY OF FINDINGS:

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

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