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Your Community, Your Health: Findings from the Canadian Community Health Survey (CCHS)

Smoking and Diabetes Care: Results from the CCHS Cycle 3.1 (2005)

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About this issue

This issue is based on data collected from January to December 2005 as part of Cycle 3.1 of the Canadian Community Health Survey (CCHS). The survey collected information from more than 130,000 individuals aged 12 and over from all provinces and territories.

All data collected with the CCHS Cycle 3.1 questionnaire are now available. Data are available to researchers, whose research projects have been approved, in the Research Data Centres (<http://www.statcan.ca/english/rdc/index.htm>). A public use microdata file (PUMF) based on all 12 months of data is planned for release in September 2006.

Custom tabulations based are also available on a cost recovery basis. For more information, contact Data access and information services, Health Statistics Division at 1 613 951-1746 or by e-mail at hd-ds@statcan.ca.

Section A: An update on smoking from the 2005 Canadian Community Health Survey

Highlights

- The prevalence of smoking in Canada continues to decline. In 2005, 22% of Canadians aged 12 or older were smokers, a slight decrease from the 23% reported in 2003 and from 26% in 2000/01.
- The sharpest decline between 2000/01 and 2005 was among youth aged 12 to 17. The proportion of smokers in this age group fell from 14% to 8%. This decline is explained by an increase in the percentage of young people who never started smoking.
- More and more households restrict smoking in the home. In 2005, almost two thirds (64%) of the population aged 12 or older lived in a household where smoking was restricted, compared with 57% in 2003.
- The proportion of people living in homes where smoking was completely restricted was highest in British Columbia (77%), and was particularly low in Quebec (43%).
- Exposure to second-hand smoke continues to decline among non-smokers. In 2005, 23% of non-smokers reported they were exposed to second-hand smoke daily, down from 29% in 2003.
- Youth aged 12 to 17 were, by far, the age group most likely to be exposed to second-hand smoke: 4 in 10 were regularly exposed to second-hand smoke at home, in a private vehicle or in a public place.

An update on smoking from the 2005 Canadian Community Health Survey

Margot Shields

The prevalence of smoking in Canada continues to decline, according to the latest results from the Canadian Community Health Survey (CCHS). The 2005 CCHS estimated that 5.9 million people, or 21.8% of the population aged 12 or older, were smokers. This was a slight decline from the 23% estimated using the 2003 CCHS, and was even lower than the 2000/01 CCHS estimate of 26%. In 1994/95, the National Population Health Survey (NPHS) estimated that 29% of Canadians smoked.

Sharpest declines for youth

Declines in smoking prevalence were observed for both sexes and across all age groups, although the rates among seniors seem to be stabilizing (Chart 1, Table 1). The sharpest declines were among youth aged 12 to 17, with the rate declining from 14% in 2000/01 to 10% in 2003, and to 8% in 2005. In 2000/01, seniors had the lowest smoking rates, but by 2005, rates were lowest among 12- to 17-year-olds.

The youth smoking rate has declined because increasing numbers of young people never start to smoke. In 2000/01, 73% of youth reported that they had never smoked cigarettes (Chart 2). By 2005, the proportion had increased to 82%. This finding is particularly relevant because smoking initiation usually occurs before age 18, and it is relatively rare for adults to take up smoking (Shields 2005b). As a result, further declines in smoking rates among older age groups may be observed in the future as today's youth move through adulthood.

Although the majority—76%—of people who smoked in 2005 did so every day, the figure represents a substantial drop from 2000/01, when 83% were daily smokers (Chart 3). Between 2000/01 and 2005, the percentage of people who smoked daily declined, but the rate for occasional smoking did not. As well, daily smokers' cigarette consumption fell from an average of 16.7 cigarettes per day in 2000/01 to 15.6 in 2005 (Chart 4).

No provincial/territorial increases

Between 2003 and 2005, smoking rates declined significantly in the provinces of New Brunswick, Quebec, Ontario and Manitoba, and in the territory of Nunavut (Chart 5). In the remaining provinces and territories, 2005 rates were similar to 2003 rates.

Lowest rates in Ontario and British Columbia

In 2005, smoking rates were significantly below the national figure of 22% in British Columbia (18%) and Ontario (21%) (Table 2, Chart 5). These two provinces also had comparatively low rates in 2003 and 2000/01. The 2005 rate was also low in Manitoba (20%), but the difference from the national rate only approached statistical significance ($p=0.07$). In the remaining provinces, rates were between 22% and 24%.

Smoking rates in the three territories were fairly high: 30% in Yukon Territory, and 36% in Northwest Territories. Although Nunavut had the country's highest rate, at 53%, it also underwent the sharpest decline between 2003 and 2005: a 12-percentage point drop. Smoking rates at the health region level are presented in Table 2. As in previous years, the health region of Richmond in British Columbia had the country's lowest smoking rate at 12.6%.

Household bans on the rise

In 2005, close to two-thirds (64%) of people aged 12 or older lived in households where smoking was completely restricted, meaning that smokers are asked to refrain from smoking in the house (Chart 6). This was up 7 percentage points from 2003.

Not surprisingly, living in a household with a smoking ban was more common among non-smokers. The percentage of non-smokers who resided in homes with a ban rose from 57% in 2000/01 to 63% in 2003; by 2005, the figure had risen an additional 8 percentage points to 71%. Even smokers became more likely to face a smoking ban at home: the percentage rose from 34% in 2003 to 41% in 2005.

Between 2003 and 2005, the percentage of the population living in a household where smoking was banned rose significantly in all 10 provinces, as well as in Northwest Territories and Nunavut (Chart 7). In Yukon Territory, the rate remained stable at 62%.

In 2005, compared with the national rate of 64%, the percentage of people living in homes where smoking was banned was significantly higher in Nova Scotia (66%), Ontario (71%), Manitoba (68%), Alberta (72%) and British Columbia (77%). By contrast, the rate was particularly low in the province of Quebec (43%).

Table 3 presents, for each health region, the proportion of the population residing in a household with a smoking ban. The highest rate was the health region of South Vancouver Island in British Columbia (82%). In fact, 14 of British Columbia's 16 health regions had rates above the Canadian average. The relatively low overall rate observed for Quebec also characterized the

province's 16 health regions, with rates ranging from a low of 28% in Région Nord-du-Québec to a high of 52% in Région de l'Outaouais.

Bans in workplaces also up

Between 2000/01 and 2003, the percentage of the employed population who reported a total ban on smoking at their place of work rose from 62% to 67% (Chart 8). Between 2003 and 2005, a modest increase of 1 percentage point was observed.

A higher percentage of non-smokers reported workplace smoking bans. In 2005, 73% of non-smokers worked at a location where smoking was prohibited, compared with 54% of smokers. Since 2000/01, the percentage of the employed population reporting workplace smoking bans rose in all provinces and territories, but in many cases, a significant increase occurred in only one of the two periods (2000/01 to 2003 or 2003 to 2005) (Chart 9). This likely reflects the varying dates when legislation to restrict smoking in workplaces and in public places was introduced across the country (Health Canada 2006a, Health Canada 2006b).

In 2005, 71% of the employed population in Ontario and 76% in Manitoba reported workplace smoking bans; both figures are significantly higher than the national average (68%). Percentages were even higher in the three territories: Yukon Territory, 79%; Northwest Territories, 83%; and Nunavut, 92%—the highest rate in the country. Workplace bans were less common in Nova Scotia (64%), Quebec (67%), Saskatchewan (65%), and Alberta (61%).

Table 4 shows, by health region, the percentage of workers employed at places where smoking was prohibited.

Bans and reduced consumption

Household and workplace smoking restrictions were associated with reduced tobacco consumption among smokers. In 2005, smokers aged 12 or older living in households where smoking was completely banned smoked an average of 9 cigarettes per day, 6 fewer than those living in homes where they could smoke (Chart 10). Employed smokers who faced total smoking bans at work smoked an average of 11 cigarettes daily, compared with 14 for those who could smoke at work.

The combination of bans at home and at work yielded even lower levels of tobacco consumption among employed smokers. Those facing such restrictions smoked 9 cigarettes per day, on average, compared with 16 for those who could smoke at home and at work (Chart 11). These findings are particularly relevant given that reduced cigarette consumption is associated with a

higher probability of quitting, and higher cigarette consumption is associated with increased health risks (Shields 2005a).

Exposure to second-hand smoke declines

As smoking bans became more widespread, exposure to second-hand smoke among non-smokers declined. In 2005, 9% of non-smokers reported that they were regularly exposed to second-hand smoke at home (i.e., every day or almost every day), down from 11% in 2003 (Chart 12). Over the same period, regular exposure to second-hand smoke in private vehicles fell from 10% to 8%. In 2005, the most common location for exposure to second-hand smoke was public places, reported by 15% of non-smokers. However, this was also the setting in which the exposure rate declined the most, down from 20% in 2003. When the three venues are considered together, in 2005, 23% of the non-smokers reported regular exposure to second-hand smoke in at least one location, down from 29% in 2003.

Youth at increased risk

For all three locations considered, the likelihood of being exposed to second-hand smoke diminished at successively older ages. In 2005, 40% of non-smokers aged 12 to 17 reported being regularly exposed to second-hand smoke in at least one location. This compares with 31% for those aged 18 to 34, 19% for those aged 35 to 64, and 11% among seniors aged 65 or older (Chart 13). This pattern may partially reflect the higher percentage of elderly people who live alone (i.e., decreased likelihood of living with a smoker), as well as changes in activities across the lifespan. In some cases, exposure to second-hand smoke may be a choice; in other cases, it may be unavoidable (Perez 2004). Although exposure declined for all age groups between 2003 and 2005 (Chart 14), the high rate among youth is of particular concern since they likely have the least amount of control over their exposure to second-hand smoke.

Exposure rates to second-hand smoke in public places varied considerably by province and territory in 2003 and 2005, reflecting the different dates when legislation was introduced to restrict smoking in these venues (Chart 15) (Health Canada 2006a, Health Canada 2006b). Between 2003 and 2005, rates fell by at least 10 percentage points in New Brunswick, Manitoba, and Saskatchewan, and in all three territories. In 2005, exposure rates were highest in Quebec (23%) and Alberta (18%). It is likely, however, that these rates will continue to drop, given that legislation restricting smoking in public places will become effective in both provinces in 2006.

Table 5 shows, at the health region level, exposure rates to second-hand smoke in public places among non-smokers.

Concluding remarks

Between 2003 and 2005, there was a small but significant decline in the percentage of Canadians aged 12 or older who were smokers: from 23% to 21.8%. The sharpest decrease was among youth aged 12 to 17.

Over the same period, the percentage of people living in homes where smoking was completely banned increased, and non-smokers' exposure to second-hand smoke, particularly in public places, decreased.

Exposure rates to second-hand smoke will likely continue to decline, given that new restrictions on smoking in public places will come into effect in several provinces in 2006. These trends are encouraging in light of the serious health effects of smoking and exposure to second-hand smoke (Makomaski 2004, U.S. Department Health and Human Services 1986, U.S. Department Health and Human Services 1989). Nonetheless, high exposure to second-hand smoke among 12- to 17-year-olds—at home, in private vehicles and in public places—remains an area of concern.

Data source

Estimates in this article are based on data from the 2005, 2003 and 2000/01 Canadian Community Health Survey (CCHS), conducted by Statistics Canada. The CCHS covers the population aged 12 or older living in private households. It does not include residents of Indian reserves, institutions, and some remote areas; full-time members of the Canadian Armed Forces; and civilian residents of military bases.

The first cycle (cycle 1.1) of the CCHS began in September 2000 and continued over 14 months. The response rate was 84.7%, yielding a sample of 131,535 respondents.

Cycle 2.1 began in January 2003 and ended in December that year. The response rate was 80.6%, yielding a sample of 135,573 respondents.

Cycle 3.1 was conducted between January and December of 2005. The response rate was 79% yielding a sample of 132,947 respondents. A description of the CCHS methodology is available in a published report (Béland 2002).

All estimates in this article were weighted to be representative of the household population aged 12 or older in 2005, 2003 and 2000/01. Differences between estimates were tested to ensure statistical significance, which was established at the 0.05 level. To account for survey design

effects, standard errors and coefficients of variation were estimated using the bootstrap technique Rao 1992, Rust 1996).

Definitions

In the 2000/01, 2003 and 2005 Canadian Community Health Survey, respondents were asked, “At the present time, do you smoke cigarettes daily, occasionally or not at all?” Those who said they smoked daily or occasionally were defined as *current smokers*.

Household smoking bans were measured using two questions: “Are there any restrictions against smoking cigarettes in your home?” Those who responded “yes” were asked, “How is smoking restricted in your home? The choices read to the respondents were:

1. Smokers are asked to refrain from smoking in the house.
2. Smoking is allowed in certain rooms only.
3. Smoking is restricted in the presence of young children.
4. Other restriction.

Respondents were defined as *residing in homes where smoking is completely restricted* if they said that smokers were asked to refrain from smoking in the house. In 2000/01 (cycle 1.1), these questions were only asked of non-smokers.

Respondents aged 15 or older who were employed were asked, “At your place of work, what are the restrictions on smoking?” The choices read to the respondents were:

1. Restricted completely.
2. Allowed in designated areas.
3. Restricted only in certain places.
4. Not restricted at all.

Respondents who indicated the first choice were defined as being *employed where smoking is completely restricted*.

The questions on exposure to second-hand smoke differed somewhat between cycle 1.1 compared with cycle 2.1 and 3.1; therefore, only the latter two cycles were used in this report. In cycles 2.1 and 3.1 non-smokers were asked the following questions in order to measure *regular exposure to second-hand smoke* in the home, private vehicles and public places:

1. “Including both household members and regular visitors, does anyone smoke inside your home every day or almost every day?” (Yes/No)
2. “In the past month, were you exposed to second-hand smoke every day or almost every day in a car or other private vehicle?” (Yes/No)

3. "In the past month, were you exposed to second-hand smoke every day or almost every day in public places (such as bars, restaurants, shopping malls, arenas, bingo halls, bowling alleys)?" (Yes/No)

Tables

Table 1

Percentage of current smokers, by sex and age group, household population aged 12 or older, Canada, 2005

	<u>2000/01</u>			<u>2003</u>			<u>2005</u>		
	%	95% confidence interval		%	95% confidence interval		%	95% confidence interval	
		interval	interval		interval	interval			
Total	26.0	25.6	26.3	23.0 ¹	22.7	23.4	21.8 ¹	21.4	22.1
Age group									
12 to 17	13.8	13.0	14.6	10.2 ¹	9.4	11.0	8.1 ¹	7.4	8.7
18 to 34	33.1	32.3	34.0	30.0 ¹	29.2	30.8	28.3 ¹	27.6	29.0
35 to 64	28.2	27.7	28.8	25.2 ¹	24.6	25.8	24.1 ¹	23.6	24.6
65 and over	12.1	11.5	12.8	10.9 ¹	10.4	11.5	10.6	10.1	11.2
Males	28.1	27.6	28.7	25.1 ¹	24.6	25.6	23.7 ¹	23.2	24.2
Age group									
12 to 17	12.5	11.4	13.6	9.6 ¹	8.5	10.7	7.2 ¹	6.4	8.0
18 to 34	36.0	34.8	37.3	33.1 ¹	31.9	34.4	31.7	30.6	32.7
35 to 64	30.5	29.7	31.3	27.2 ¹	26.4	28.1	26.0 ¹	25.2	26.7
65 and over	13.2	12.2	14.3	11.5 ¹	10.7	12.3	11.2	10.4	12.0
Females	23.8	23.3	24.3	21.0 ¹	20.5	21.5	19.9 ¹	19.4	20.3
Age group									
12 to 17	15.2	14.0	16.4	10.8 ¹	9.8	11.9	9.0 ¹	8.0	10.0
18 to 34	30.2	29.1	31.2	26.8 ¹	25.8	27.8	24.8 ¹	24.0	25.7
35 to 64	26.0	25.3	26.7	23.2 ¹	22.4	23.9	22.3	21.6	23.0
65 and over	11.2	10.5	12.0	10.5	9.8	11.2	10.2	9.5	10.9

1. Significantly different from preceding estimate period for ($p < 0.05$).

Data source: 2005 Canadian Community Health Survey.

Table 2

Percentage of current smokers, by province/territory and health region, household population aged 12 or older, Canada, 2005

Region	Region code	%	95% confidence interval		Significantly higher or lower (p < 0.05) than:	
			Lower	Upper	Canada	Province or Territory
Canada		21.8	21.4	22.1
Newfoundland and Labrador	1000	23.1	21.3	24.9	Same	...
Eastern Regional Integrated Health Authority	1011	22.1	19.6	24.6	Same	Same
Central Regional Integrated Health Authority	1012	23.8	19.8	27.8	Same	Same
Western Regional Integrated Health Authority	1013	24.5	20.6	28.4	Same	Same
Labrador-Grenfell Regional Integrated Health Authority	1014	26.7	22.5	30.9	Higher	Same
Prince Edward Island	1100	22.2	19.7	24.6	Same	...
West Prince	1101	23.0	17.0	29.0	Same	Same
East Prince	1102	21.9	17.5	26.4	Same	Same
Queens	1103	21.7	17.7	25.6	Same	Same
Kings	1104	23.8	18.4	29.2	Same	Same
Nova Scotia	1200	22.7	21.0	24.3	Same	...
Zone 1	1201	21.4	17.9	24.9	Same	Same
Zone 2	1202	23.9	19.0	28.8	Same	Same
Zone 3	1203	25.0	21.0	29.0	Same	Same
Zone 4	1204	22.6	18.3	26.9	Same	Same
Zone 5	1205	25.2	21.8	28.7	Higher	Same
Zone 6	1206	21.4	18.6	24.2	Same	Same
New Brunswick	1300	22.5	21.1	24	Same	...
Region 1	1301	21.6	18.7	24.6	Same	Same
Region 2	1302	22.1	18.8	25.3	Same	Same
Region 3	1303	22.9	19.4	26.3	Same	Same
Region 4	1304	25.8	21.2	30.5	Same	Same
Region 5	1305	20.9	15.5	26.2	Same	Same
Region 6	1306	24.0	20.1	27.9	Same	Same
Region 7	1307	21.7	16.0	27.4	Same	Same
Québec	2400	24.4	23.7	25.1	Higher	...
Région du Bas-Saint-Laurent	2401	22.1	20.2	24.1	Same	Lower
Région du Saguenay - Lac-Saint-Jean	2402	24.9	21.9	27.9	Higher	Same
Région de la Capitale Nationale	2403	20.7	18.4	23.1	Same	Lower
Région de la Mauricie et du Centre-du-Québec	2404	24.3	21.6	27.0	Same	Same
Région de l'Estrie	2405	25.9	22.9	28.8	Higher	Same
Région de Montréal	2406	24.9	23.5	26.4	Higher	Same

Table 2

Percentage of current smokers, by province/territory and health region, household population aged 12 or older, Canada, 2005

Region	Region code	%	95% confidence interval		Significantly higher or lower (p < 0.05) than:	
					Canada	Province or Territory
Région de l'Abitibi-Témiscamingue	2408	25.6	22.3	28.9	Higher	Same
Région de la Côte-Nord	2409	28.6	25.5	31.7	Higher	Higher
Région du Nord-du-Québec	2410	29.4	24.9	34.0	Higher	Higher
Région de la Gaspésie - Îles-de-la-Madeleine	2411	26.2	22.4	30.0	Higher	Same
Région de la Chaudière-Appalaches	2412	23.6	20.6	26.7	Same	Same
Région de Laval	2413	25.7	23.4	28.0	Higher	Same
Région de Lanaudière	2414	28.3	25.3	31.4	Higher	Higher
Région des Laurentides	2415	25.5	22.5	28.5	Higher	Same
Région de la Montérégie	2416	21.8	19.6	24.0	Same	Lower
Ontario	3500	20.9	20.3	21.5	Lower	...
District of Algoma Health Unit	3526	24.0	20.1	27.9	Same	Same
Brant County Health Unit	3527	27.0	22.9	31.1	Higher	Higher
Durham Regional Health Unit	3530	24.9	21.9	27.8	Higher	Higher
Elgin-St Thomas Health Unit	3531	27.0	23.4	30.5	Higher	Higher
Grey Bruce Health Unit	3533	20.9	17.4	24.5	Same	Same
Haldimand-Norfolk Health Unit	3534	29.9	25.3	34.6	Higher	Higher
Haliburton, Kawartha, Pine Ridge District Health Unit	3535	22.0	18.5	25.5	Same	Same
Halton Regional Health Unit	3536	18.5	16.0	20.9	Lower	Same
City of Hamilton Health Unit	3537	23.0	20.7	25.2	Same	Same
Hastings and Prince Edward Counties Health Unit	3538	26.7	22.6	30.8	Higher	Higher
Huron County Health Unit	3539	23.7	19.3	28.1	Same	Same
Chatham-Kent Health Unit	3540	24.7	20.5	28.9	Same	Same
Kingston, Frontenac and Lennox and Addington Health Unit	3541	22.6	19.2	26.1	Same	Same
Lambton Health Unit	3542	24.7	21.0	28.3	Same	Higher
Leeds, Grenville and Lanark District Health Unit	3543	24.7	21.7	27.7	Same	Higher
Middlesex-London Health Unit	3544	17.9	15.2	20.5	Lower	Lower
Niagara Regional Area Health Unit	3546	22.7	20.2	25.3	Same	Same
North Bay Parry Sound District Health Unit	3547	26.7	23.0	30.4	Higher	Higher
Northwestern Health Unit	3549	22.5	18.8	26.2	Same	Same
City of Ottawa Health Unit	3551	18.6	16.3	21.0	Lower	Lower
Oxford County Health Unit	3552	24.1	20.3	28	Same	Same
Peel Regional Health Unit	3553	19.1	16.9	21.2	Lower	Same
Perth District Health Unit	3554	19.6	15.5	23.6	Same	Same
Peterborough County-City Health Unit	3555	21.0	17.2	24.8	Same	Same
Porcupine Health Unit	3556	30.8	27.0	34.6	Higher	Higher
Renfrew County and District Health Unit	3557	27.7	23.5	31.8	Higher	Higher
Eastern Ontario Health Unit	3558	27.2	23.9	30.6	Higher	Higher
Simcoe Muskoka District Health Unit	3560	23.3	20.7	25.9	Same	Same

Table 2
Percentage of current smokers, by province/territory and health region, household population aged 12 or older, Canada, 2005

Region	Region code	%	95% confidence interval		Significantly higher or lower (p < 0.05) than:	
					Canada	Province or Territory
Sudbury and District Health Unit	3561	24.3	21.0	27.6	Same	Higher
Thunder Bay District Health Unit	3562	26.6	23.2	30.1	Higher	Higher
Timiskaming Health Unit	3563	26.5	20.1	33.0	Same	Same
Waterloo Health Unit	3565	19.3	16.9	21.7	Lower	Same
Wellington-Dufferin-Guelph Health Unit	3566	21.5	18.6	24.5	Same	Same
Windsor-Essex County Health Unit	3568	23.9	20.9	26.9	Same	Higher
York Regional Health Unit	3570	16.2	14.0	18.4	Lower	Lower
City of Toronto Health Unit	3595	18.4	16.8	20.1	Lower	Lower
Manitoba	4600	20.5	19.0	21.9	Same	...
Winnipeg Regional Health Authority	4610	20.2	17.9	22.5	Same	Same
Brandon Regional Health Authority	4615	24.2	20.0	28.4	Same	Same
North Eastman Regional Health Authority	4620	20.2	16.5	24.0	Same	Same
South Eastman Regional Health Authority	4625	19.3	15.2	23.4	Same	Same
Interlake Regional Health Authority	4630	18.9	14.5	23.3	Same	Same
Central Regional Health Authority	4640	19.6	16.2	23.0	Same	Same
Assiniboine Regional Health Authority	4645	15.8	12.3	19.2	Lower	Lower
Parkland Regional Health Authority	4660	24.8	19.5	30.0	Same	Same
Norman Regional Health Authority	4670	28.9	21.4	36.4	Same	Higher
Burntwood/Churchill	4685	35.4	30.2	40.5	Higher	Higher
Saskatchewan	4700	23.9	22.6	25.3	Higher	...
Sun Country Regional Health Authority	4701	24.0	19.9	28.1	Same	Same
Five Hills Regional Health Authority	4702	22.3	17.4	27.1	Same	Same
Cypress Regional Health Authority	4703	24.8	19.6	29.9	Same	Same
Regina Qu'Appelle Regional Health Authority	4704	21.7	19.0	24.4	Same	Same
Sunrise Regional Health Authority	4705	24.4	19.2	29.5	Same	Same
Saskatoon Regional Health Authority	4706	23.4	20.5	26.3	Same	Same
Heartland Regional Health Authority	4707	18.4	13.4	23.4	Same	Lower
Kelsey Trail Regional Health Authority	4708	25.5	18.8	32.2	Same	Same
Prince Albert Parkland Regional Health Authority	4709	31.6	26.4	36.9	Higher	Higher
Prairie North Regional Health Authority	4710	27.4	22.5	32.2	Higher	Same
Mamawetan/Keewatin/Athabasca	4714	35.4	30.2	40.6	Higher	Higher
Alberta	4800	22.8	21.7	23.9	Higher	...
Chinook Regional Health Authority	4820	20.1	16.9	23.2	Same	Same
Palliser Health Region	4821	29.0	24.6	33.5	Higher	Higher
Calgary Health Region	4822	19.9	18.1	21.8	Lower	Lower
David Thompson Regional Health Authority	4823	25.5	22.5	28.5	Higher	Same
East Central Health	4824	24.8	21.1	28.5	Same	Same

Table 2

Percentage of current smokers, by province/territory and health region, household population aged 12 or older, Canada, 2005

Region	Region code	%	95% confidence interval		Significantly higher or lower ($p < 0.05$) than:	
					Canada	Province or Territory
Capital Health	4825	23.5	21.1	25.8	Same	Same
Aspen Regional Health Authority	4826	25.4	21.6	29.2	Same	Same
Peace Country Health	4827	28.2	24.0	32.4	Higher	Higher
Northern Lights Health Region	4828	30.5	26.3	34.7	Higher	Higher
British Columbia	5900	17.8	17.0	18.6	Lower	...
East Kootenay Health Service Delivery Area	5911	20.8	16.3	25.3	Same	Same
Kootenay-Boundary Health Service Delivery Area	5912	22.1	17.3	26.9	Same	Same
Okanagan Health Service Delivery Area	5913	18.4	15.2	21.6	Lower	Same
Thompson/Cariboo Health Service Delivery Area	5914	23.3	19.5	27.1	Same	Higher
Fraser East Health Service Delivery Area	5921	17.8	14.7	20.9	Lower	Same
Fraser North Health Service Delivery Area	5922	14.5	12.1	16.8	Lower	Lower
Fraser South Health Service Delivery Area	5923	17.6	15.2	20.0	Lower	Same
Richmond Health Service Delivery Area	5931	12.6	9.9	15.4	Lower	Lower
Vancouver Health Service Delivery Area	5932	17.5	15.1	20.0	Lower	Same
North Shore/Coast Garibaldi Health Service Delivery Area	5933	15.3	12.2	18.4	Lower	Same
South Vancouver Island Health Service Delivery Area	5941	15.9	13.6	18.3	Lower	Same
Central Vancouver Island Health Service Delivery Area	5942	18.6	15.9	21.2	Lower	Same
North Vancouver Island Health Service Delivery Area	5943	21.0	16.0	26.0	Same	Same
Northwest Health Service Delivery Area	5951	20.9	16.7	25.1	Same	Same
Northern Interior Health Service Delivery Area	5952	24.4	20.2	28.5	Same	Higher
Northeast Health Service Delivery Area	5953	28.0	22.1	34.0	Higher	Higher
Yukon Territory	6000	30.4	25.9	34.9	Higher	...
Northwest Territories	6100	36.1	32.2	40.0	Higher	...
Nunavut	6200	53.1	48.7	57.5	Higher	...

Data source: 2005 Canadian Community Health Survey.

Table 3

Percentage of population residing in homes where smoking is completely restricted, by province/territory and health region, household population aged 12 or older, Canada, 2005

Region	Region code	%	95% confidence interval		Significantly higher or lower (p < 0.05) than:	
					Canada	Province or Territory
Canada		64.1	63.7	64.5
Newfoundland and Labrador	1000	63.7	61.6	65.7	Same	...
Eastern Regional Integrated Health Authority	1011	65.2	62.4	68.0	Same	Same
Central Regional Integrated Health Authority	1012	63.6	59.5	67.8	Same	Same
Western Regional Integrated Health Authority	1013	60.9	55.5	66.3	Same	Same
Labrador-Grenfell Regional Integrated Health Authority	1014	57.3	52.0	62.6	Lower	Lower
Prince Edward Island	1100	63.9	61.0	66.9	Same	...
West Prince	1101	61.0	54.1	67.9	Same	Same
East Prince	1102	60.6	54.7	66.5	Same	Same
Queens	1103	67.7	63.2	72.1	Same	Higher
Kings	1104	59.1	52.3	65.8	Same	Same
Nova Scotia	1200	66.1	64.4	67.9	Higher	...
Zone 1	1201	60.6	56.0	65.1	Same	Lower
Zone 2	1202	65.5	60.2	70.7	Same	Same
Zone 3	1203	62.0	57.4	66.6	Same	Same
Zone 4	1204	61.6	57.3	65.9	Same	Lower
Zone 5	1205	59.7	55.5	63.9	Lower	Lower
Zone 6	1206	72.3	69.2	75.5	Higher	Higher
New Brunswick	1300	61.3	59.5	63.1	Lower	...
Region 1	1301	62.7	58.7	66.7	Same	Same
Region 2	1302	60.5	56.6	64.5	Same	Same
Region 3	1303	61.9	58.0	65.8	Same	Same
Region 4	1304	52.1	46.7	57.5	Lower	Lower
Region 5	1305	57.3	50.7	63.9	Lower	Same
Region 6	1306	68.2	64.0	72.4	Same	Higher
Region 7	1307	56.9	50.7	63.1	Lower	Same
Québec	2400	43.0	42.1	43.9	Lower	...
Région du Bas-Saint-Laurent	2401	36.4	34.1	38.8	Lower	Lower
Région du Saguenay - Lac-Saint-Jean	2402	39.0	35.1	42.9	Lower	Lower
Région de la Capitale Nationale	2403	46.9	44.2	49.5	Lower	Higher
Région de la Mauricie et du Centre-du-Québec	2404	33.9	30.9	37.0	Lower	Lower
Région de l'Estrie	2405	41.4	37.8	44.9	Lower	Same
Région de Montréal	2406	49.7	48.0	51.4	Lower	Higher

Table 3

Percentage of population residing in homes where smoking is completely restricted, by province/territory and health region, household population aged 12 or older, Canada, 2005

Region	Region code	%	95% confidence interval		Significantly higher or lower (p < 0.05) than:	
					Canada	Province or Territory
Région de l'Abitibi-Témiscamingue	2408	32.2	28.7	35.7	Lower	Lower
Région de la Côte-Nord	2409	31.8	28.6	35.0	Lower	Lower
Région du Nord-du-Québec	2410	27.9	23.6	32.3	Lower	Lower
Région de la Gaspésie - Îles-de-la-Madeleine	2411	33.7	29.9	37.4	Lower	Lower
Région de la Chaudière-Appalaches	2412	40.0	36.7	43.2	Lower	Same
Région de Laval	2413	46.4	43.9	48.9	Lower	Higher
Région de Lanaudière	2414	33.5	29.8	37.2	Lower	Lower
Région des Laurentides	2415	39.1	36.2	42.0	Lower	Lower
Région de la Montérégie	2416	41.9	39.1	44.6	Lower	Same
Ontario	3500	70.6	69.9	71.2	Higher	...
District of Algoma Health Unit	3526	65.7	61.3	70.1	Same	Lower
Brant County Health Unit	3527	68.3	64.0	72.5	Same	Same
Durham Regional Health Unit	3530	74.1	71.2	77.1	Higher	Higher
Elgin-St Thomas Health Unit	3531	60.7	55.3	66.2	Same	Lower
Grey Bruce Health Unit	3533	69.5	65.4	73.6	Higher	Same
Haldimand-Norfolk Health Unit	3534	60.7	55.8	65.7	Same	Lower
Haliburton, Kawartha, Pine Ridge District Health Unit	3535	65.9	61.7	70.1	Same	Lower
Halton Regional Health Unit	3536	75.1	72.0	78.3	Higher	Higher
City of Hamilton Health Unit	3537	67.2	64.7	69.7	Higher	Lower
Hastings and Prince Edward Counties Health Unit	3538	65.5	61.0	70.1	Same	Lower
Huron County Health Unit	3539	67.0	61.9	72.1	Same	Same
Chatham-Kent Health Unit	3540	66.7	62.8	70.7	Same	Same
Kingston, Frontenac and Lennox and Addington Health Unit	3541	68.6	65.0	72.2	Higher	Same
Lambton Health Unit	3542	65.1	60.7	69.5	Same	Lower
Leeds, Grenville and Lanark District Health Unit	3543	62.8	59.1	66.6	Same	Lower
Middlesex-London Health Unit	3544	74.8	72.0	77.5	Higher	Higher
Niagara Regional Area Health Unit	3546	69.2	66.1	72.4	Higher	Same
North Bay Parry Sound District Health Unit	3547	62.8	58.6	67.0	Same	Lower
Northwestern Health Unit	3549	64.6	58.6	70.6	Same	Same
City of Ottawa Health Unit	3551	71.6	69.1	74.0	Higher	Same
Oxford County Health Unit	3552	67.2	63.2	71.3	Same	Same
Peel Regional Health Unit	3553	75.3	72.8	77.7	Higher	Higher
Perth District Health Unit	3554	71.7	66.9	76.5	Higher	Same
Peterborough County-City Health Unit	3555	65.5	60.9	70.0	Same	Lower
Porcupine Health Unit	3556	56.8	51.8	61.7	Lower	Lower
Renfrew County and District Health Unit	3557	63.1	58.3	67.9	Same	Lower
Eastern Ontario Health Unit	3558	56.8	52.8	60.9	Lower	Lower
Simcoe Muskoka District Health Unit	3560	73.7	70.7	76.7	Higher	Higher
Sudbury and District Health Unit	3561	63.4	59.5	67.2	Same	Lower
Thunder Bay District Health Unit	3562	63.2	59.4	67.1	Same	Lower

Table 3
Percentage of population residing in homes where smoking is completely restricted, by province/territory and health region, household population aged 12 or older, Canada, 2005

Region	Region code	%	95% confidence interval		Significantly higher or lower (p < 0.05) than:	
					Canada	Province or Territory
Timiskaming Health Unit	3563	51.2	46.2	56.1	Lower	Lower
Waterloo Health Unit	3565	73.1	70.3	76.0	Higher	Same
Wellington-Dufferin-Guelph Health Unit	3566	74.4	70.9	77.8	Higher	Higher
Windsor-Essex County Health Unit	3568	72.7	69.7	75.6	Higher	Same
York Regional Health Unit	3570	74.9	72.3	77.5	Higher	Higher
City of Toronto Health Unit	3595	70.4	68.3	72.4	Higher	Same
Manitoba	4600	67.5	65.8	69.2	Higher	...
Winnipeg Regional Health Authority	4610	69.5	67.0	72.1	Higher	Higher
Brandon Regional Health Authority	4615	67.7	62.8	72.6	Same	Same
North Eastman Regional Health Authority	4620	64.6	59.2	70.1	Same	Same
South Eastman Regional Health Authority	4625	70.3	65.8	74.9	Higher	Same
Interlake Regional Health Authority	4630	64.5	59.0	70.0	Same	Same
Central Regional Health Authority	4640	67.5	62.6	72.5	Same	Same
Assiniboine Regional Health Authority	4645	59.9	54.6	65.2	Same	Lower
Parkland Regional Health Authority	4660	58.4	51.8	65.0	Same	Lower
Norman Regional Health Authority	4670	58.1	52.6	63.7	Lower	Lower
Burntwood/Churchill	4685	57.2	51.3	63.0	Lower	Lower
Saskatchewan	4700	64.3	62.8	65.9	Same	...
Sun Country Regional Health Authority	4701	56.1	51.0	61.2	Lower	Lower
Five Hills Regional Health Authority	4702	61.7	56.9	66.5	Same	Same
Cypress Regional Health Authority	4703	58.1	52.9	63.3	Lower	Lower
Regina Qu'Appelle Regional Health Authority	4704	68.3	64.8	71.8	Higher	Higher
Sunrise Regional Health Authority	4705	55.2	50.3	60.0	Lower	Lower
Saskatoon Regional Health Authority	4706	70.0	66.8	73.2	Higher	Higher
Heartland Regional Health Authority	4707	54.7	49.4	59.9	Lower	Lower
Kelsey Trail Regional Health Authority	4708	62.1	56.4	67.7	Same	Same
Prince Albert Parkland Regional Health Authority	4709	62.8	56.8	68.8	Same	Same
Prairie North Regional Health Authority	4710	54.5	48.7	60.2	Lower	Lower
Mamawetan/Keewatin/Athabasca	4714	59.9	54.0	65.8	Same	Same
Alberta	4800	71.6	70.4	72.7	Higher	...
Chinook Regional Health Authority	4820	78.0	74.5	81.5	Higher	Higher
Palliser Health Region	4821	64.8	60.1	69.5	Same	Lower
Calgary Health Region	4822	76.1	74.1	78.2	Higher	Higher
David Thompson Regional Health Authority	4823	64.5	61.1	68.0	Same	Lower
East Central Health	4824	61.5	57.1	65.9	Same	Lower
Capital Health	4825	72.7	70.4	74.9	Higher	Same
Aspen Regional Health Authority	4826	60.1	55.7	64.6	Same	Lower
Peace Country Health	4827	62.0	57.8	66.3	Same	Lower

Table 3

Percentage of population residing in homes where smoking is completely restricted, by province/territory and health region, household population aged 12 or older, Canada, 2005

Region	Region code	%	95% confidence interval		Significantly higher or lower (p < 0.05) than:	
					Canada	Province or Territory
Northern Lights Health Region	4828	63.4	58.6	68.2	Same	Lower
British Columbia	5900	76.6	75.7	77.6	Higher	...
East Kootenay Health Service Delivery Area	5911	72.7	67.5	77.9	Higher	Same
Kootenay-Boundary Health Service Delivery Area	5912	72.9	67.3	78.5	Higher	Same
Okanagan Health Service Delivery Area	5913	79.7	76.5	82.9	Higher	Higher
Thompson/Cariboo Health Service Delivery Area	5914	74.7	70.8	78.7	Higher	Same
Fraser East Health Service Delivery Area	5921	80.9	77.2	84.5	Higher	Higher
Fraser North Health Service Delivery Area	5922	75.0	72.0	78.0	Higher	Same
Fraser South Health Service Delivery Area	5923	79.6	76.8	82.4	Higher	Higher
Richmond Health Service Delivery Area	5931	77.8	74.2	81.3	Higher	Same
Vancouver Health Service Delivery Area	5932	71.0	67.7	74.3	Higher	Lower
North Shore/Coast Garibaldi Health Service Delivery Area	5933	78.9	75.8	82.1	Higher	Same
South Vancouver Island Health Service Delivery Area	5941	81.7	79.4	84.0	Higher	Higher
Central Vancouver Island Health Service Delivery Area	5942	79.8	76.4	83.1	Higher	Same
North Vancouver Island Health Service Delivery Area	5943	79.2	73.8	84.6	Higher	Same
Northwest Health Service Delivery Area	5951	74.2	69.7	78.8	Higher	Same
Northern Interior Health Service Delivery Area	5952	68.1	63.1	73.0	Same	Lower
Northeast Health Service Delivery Area	5953	65.4	59.6	71.2	Same	Lower
Yukon Territory	6000	62.2	57.4	67.0	Same	...
Northwest Territories	6100	63.5	59.5	67.5	Same	...
Nunavut	6200	67.9	61.6	74.2	Same	...

Data source: 2005 Canadian Community Health Survey.

Table 4

Percentage of workers employed where smoking is completely restricted, by province/territory and health region, household population aged 12 or older, Canada, 2005

Region	Region code	%	95% confidence interval		Significantly higher or lower ($p < 0.05$) than:	
					Canada	Province or Territory
Canada		68.2	67.7	68.7
Newfoundland and Labrador	1000	69.1	66.2	72.0	Same	...
Eastern Regional Integrated Health Authority	1011	71.7	67.9	75.4	Same	Higher
Central Regional Integrated Health Authority	1012	62.1	54.5	69.8	Same	Same
Western Regional Integrated Health Authority	1013	65.0	58.4	71.6	Same	Same
Labrador-Grenfell Regional Integrated Health Authority	1014	70.7	64.6	76.8	Same	Same
Prince Edward Island	1100	66.7	62.9	70.6	Same	...
West Prince	1101	50.7	40.6	60.7	Lower	Lower
East Prince	1102	66.0	58.4	73.7	Same	Same
Queens	1103	70.3	64.2	76.5	Same	Same
Kings	1104	64.8	57.1	72.4	Same	Same
Nova Scotia	1200	63.7	61.2	66.1	Lower	...
Zone 1	1201	48.6	43.5	53.6	Lower	Lower
Zone 2	1202	57.5	50.0	65.1	Lower	Same
Zone 3	1203	57.4	51.5	63.2	Lower	Lower
Zone 4	1204	64.2	58.0	70.4	Same	Same
Zone 5	1205	66.5	60.1	72.9	Same	Same
Zone 6	1206	69.6	65.6	73.7	Same	Higher
New Brunswick	1300	67.4	64.9	69.8	Same	...
Region 1	1301	60.2	54.6	65.8	Lower	Lower
Region 2	1302	70.3	65.4	75.1	Same	Same
Region 3	1303	64.5	59.5	69.5	Same	Same
Region 4	1304	74.1	67.0	81.2	Same	Same
Region 5	1305	74.4	64.7	84.1	Same	Same
Region 6	1306	75.4	69.6	81.3	Higher	Higher
Region 7	1307	75.2	67.4	82.9	Same	Higher
Québec	2400	66.5	65.4	67.6	Lower	...
Région du Bas-Saint-Laurent	2401	61.9	58.6	65.3	Lower	Lower
Région du Saguenay - Lac-Saint-Jean	2402	64.3	59.2	69.4	Same	Same
Région de la Capitale Nationale	2403	70.7	67.2	74.2	Same	Higher
Région de la Mauricie et du Centre-du-Québec	2404	57.8	53.2	62.3	Lower	Lower
Région de l'Estrie	2405	56.0	50.6	61.4	Lower	Lower
Région de Montréal	2406	68.8	66.6	71.0	Same	Higher

Table 4

Percentage of workers employed where smoking is completely restricted, by province/territory and health region, household population aged 12 or older, Canada, 2005

Region	Region code	%	95% confidence interval		Significantly higher or lower ($p < 0.05$) than:	
					Canada	Province or Territory
Région de l'Abitibi-Témiscamingue	2408	59.5	54.7	64.3	Lower	Lower
Région de la Côte-Nord	2409	65.0	60.0	70.1	Same	Same
Région du Nord-du-Québec	2410	52.0	45.5	58.4	Lower	Lower
Région de la Gaspésie - Îles-de-la-Madeleine	2411	70.9	65.4	76.5	Same	Same
Région de la Chaudière-Appalaches	2412	64.1	59.9	68.2	Same	Same
Région de Laval	2413	70.1	67.1	73.2	Same	Higher
Région de Lanaudière	2414	62.5	57.6	67.3	Lower	Same
Région des Laurentides	2415	65.4	61.0	69.9	Same	Same
Région de la Montérégie	2416	68.8	65.4	72.1	Same	Same
Ontario	3500	70.5	69.7	71.3	Higher	...
District of Algoma Health Unit	3526	64.6	58.1	71	Same	Same
Brant County Health Unit	3527	61.8	55.8	67.8	Lower	Lower
Durham Regional Health Unit	3530	69.2	65.2	73.2	Same	Same
Elgin-St Thomas Health Unit	3531	55.9	50.0	61.8	Lower	Lower
Grey Bruce Health Unit	3533	66.3	60.3	72.3	Same	Same
Haldimand-Norfolk Health Unit	3534	54.0	47.5	60.5	Lower	Lower
Haliburton, Kawartha, Pine Ridge District Health Unit	3535	59.0	53.1	64.9	Lower	Lower
Halton Regional Health Unit	3536	74.5	70.1	79.0	Higher	Same
City of Hamilton Health Unit	3537	63.4	59.6	67.2	Lower	Lower
Hastings and Prince Edward Counties Health Unit	3538	55.5	49.6	61.5	Lower	Lower
Huron County Health Unit	3539	67.0	60.4	73.5	Same	Same
Chatham-Kent Health Unit	3540	64.1	57.8	70.4	Same	Lower
Kingston, Frontenac and Lennox and Addington Health Unit	3541	64.4	59.7	69.1	Same	Lower
Lambton Health Unit	3542	56.6	49.5	63.7	Lower	Lower
Leeds, Grenville and Lanark District Health Unit	3543	61.6	56.1	67.2	Lower	Lower
Middlesex-London Health Unit	3544	72.3	68.3	76.3	Higher	Same
Niagara Regional Area Health Unit	3546	59.4	54.8	64.1	Lower	Lower
North Bay Parry Sound District Health Unit	3547	72.0	66.5	77.4	Same	Same
Northwestern Health Unit	3549	62.2	56.4	67.9	Lower	Lower
City of Ottawa Health Unit	3551	78.8	75.9	81.7	Higher	Higher
Oxford County Health Unit	3552	61.4	55.1	67.7	Lower	Lower
Peel Regional Health Unit	3553	73.0	69.8	76.1	Higher	Same
Perth District Health Unit	3554	62.8	57.3	68.3	Same	Lower
Peterborough County-City Health Unit	3555	65.0	60.0	70.0	Same	Lower
Porcupine Health Unit	3556	68.7	62.6	74.9	Same	Same
Renfrew County and District Health Unit	3557	61.1	54.9	67.3	Lower	Lower
Eastern Ontario Health Unit	3558	65.4	59.4	71.4	Same	Same
Simcoe Muskoka District Health Unit	3560	62.2	58.0	66.3	Lower	Lower

Table 4
Percentage of workers employed where smoking is completely restricted, by province/territory and health region, household population aged 12 or older, Canada, 2005

Region	Region code	%	95% confidence interval		Significantly higher or lower ($p < 0.05$) than:	
					Canada	Province or Territory
Sudbury and District Health Unit	3561	69.7	64.8	74.6	Same	Same
Thunder Bay District Health Unit	3562	72.8	68.1	77.5	Same	Same
Timiskaming Health Unit	3563	61.3	51.5	71.1	Same	Same
Waterloo Health Unit	3565	65.8	61.7	69.9	Same	Lower
Wellington-Dufferin-Guelph Health Unit	3566	66.2	61.6	70.7	Same	Same
Windsor-Essex County Health Unit	3568	65.3	61.0	69.7	Same	Lower
York Regional Health Unit	3570	77.9	74.8	81.1	Higher	Higher
City of Toronto Health Unit	3595	77.5	75.1	79.9	Higher	Higher
Manitoba	4600	76.5	74.5	78.5	Higher	...
Winnipeg Regional Health Authority	4610	81.1	78.0	84.2	Higher	Higher
Brandon Regional Health Authority	4615	73.5	67.6	79.4	Same	Same
North Eastman Regional Health Authority	4620	70.0	61.1	78.9	Same	Same
South Eastman Regional Health Authority	4625	70.4	64.1	76.8	Same	Same
Interlake Regional Health Authority	4630	71.5	64.7	78.2	Same	Same
Central Regional Health Authority	4640	68.0	62.8	73.1	Same	Lower
Assiniboine Regional Health Authority	4645	63.7	55.1	72.4	Same	Lower
Parkland Regional Health Authority	4660	65.1	57.1	73	Same	Lower
Norman Regional Health Authority	4670	73.2	66.5	79.8	Same	Same
Burntwood/Churchill	4685	76.8	70.3	83.3	Higher	Same
Saskatchewan	4700	65.2	63.2	67.1	Lower	...
Sun Country Regional Health Authority	4701	58.3	52.4	64.2	Lower	Lower
Five Hills Regional Health Authority	4702	56.1	47.9	64.4	Lower	Lower
Cypress Regional Health Authority	4703	58.1	51.3	64.8	Lower	Lower
Regina Qu'Appelle Regional Health Authority	4704	76.7	73.0	80.4	Higher	Higher
Sunrise Regional Health Authority	4705	54.4	46.6	62.3	Lower	Lower
Saskatoon Regional Health Authority	4706	65.9	61.8	69.9	Same	Same
Heartland Regional Health Authority	4707	47.8	40.4	55.2	Lower	Lower
Kelsey Trail Regional Health Authority	4708	59.0	50.7	67.3	Lower	Same
Prince Albert Parkland Regional Health Authority	4709	64.8	58.6	71.1	Same	Same
Prairie North Regional Health Authority	4710	55.7	48.0	63.5	Lower	Lower
Mamawetan/Keewatin/Athabasca	4714	68.9	61.1	76.7	Same	Same
Alberta	4800	61.3	59.7	63.0	Lower	...
Chinook Regional Health Authority	4820	62.1	56.7	67.4	Lower	Same
Palliser Health Region	4821	47.0	41.5	52.5	Lower	Lower
Calgary Health Region	4822	67.2	64.3	70.1	Same	Higher
David Thompson Regional Health Authority	4823	51.4	47.1	55.8	Lower	Lower

Table 4
Percentage of workers employed where smoking is completely restricted, by province/territory and health region, household population aged 12 or older, Canada, 2005

Region	Region code	%	95% confidence interval		Significantly higher or lower ($p < 0.05$) than:	
					Canada	Province or Territory
East Central Health	4824	48.6	42.8	54.4	Lower	Lower
Capital Health	4825	65.8	62.3	69.3	Same	Higher
Aspen Regional Health Authority	4826	45.4	39.8	50.9	Lower	Lower
Peace Country Health	4827	46.6	41.7	51.4	Lower	Lower
Northern Lights Health Region	4828	41.2	35.1	47.3	Lower	Lower
British Columbia	5900	68.9	67.5	70.3	Same	...
East Kootenay Health Service Delivery Area	5911	50.5	41.7	59.4	Lower	Lower
Kootenay-Boundary Health Service Delivery Area	5912	62.6	53.8	71.5	Same	Same
Okanagan Health Service Delivery Area	5913	63.3	57.7	68.8	Same	Lower
Thompson/Cariboo Health Service Delivery Area	5914	58.6	52.0	65.2	Lower	Lower
Fraser East Health Service Delivery Area	5921	61.6	56.1	67.2	Lower	Lower
Fraser North Health Service Delivery Area	5922	71.4	67.6	75.1	Same	Same
Fraser South Health Service Delivery Area	5923	67.9	63.7	72.0	Same	Same
Richmond Health Service Delivery Area	5931	79.3	74.4	84.1	Higher	Higher
Vancouver Health Service Delivery Area	5932	80.5	77.1	83.9	Higher	Higher
North Shore/Coast Garibaldi Health Service Delivery Area	5933	76.0	71.6	80.4	Higher	Higher
South Vancouver Island Health Service Delivery Area	5941	74.2	70.2	78.2	Higher	Higher
Central Vancouver Island Health Service Delivery Area	5942	56.6	51.3	62.0	Lower	Lower
North Vancouver Island Health Service Delivery Area	5943	66.3	58.0	74.6	Same	Same
Northwest Health Service Delivery Area	5951	66.5	58.8	74.2	Same	Same
Northern Interior Health Service Delivery Area	5952	59.6	53.2	66.1	Lower	Lower
Northeast Health Service Delivery Area	5953	54.0	46.8	61.2	Lower	Lower
Yukon Territory	6000	79.3	73.9	84.7	Higher	...
Northwest Territories	6100	82.9	78.5	87.3	Higher	...
Nunavut	6200	91.6	88.9	94.4	Higher	...

Data source: 2005 Canadian Community Health Survey.

Table 5
 Percentage of non-smokers regularly exposed to second-hand smoke in public places, by province/territory and health region, household population aged 12 or older, Canada, 2005

Region	Region code	%	95% confidence interval		Significantly higher or lower ($p < 0.05$) than:	
					Canada	Province or Territory
Canada		14.8	14.4	15.2
Newfoundland and Labrador	1000	10.1	8.5	11.7	Lower	...
Eastern Regional Integrated Health Authority	1011	9.8	7.6	12.1	Lower	Same
Central Regional Integrated Health Authority	1012	10.3	7.0	13.5	Lower	Same
Western Regional Integrated Health Authority	1013	11.1	7.8	14.4	Lower	Same
Labrador-Grenfell Regional Integrated Health Authority	1014	9.8	6.7	13.0	Lower	Same
Prince Edward Island	1100	5.6	4.1	7.2	Lower	...
West Prince	1101	6.6 ^E	2.6	10.5	Lower	Same
East Prince	1102	4.5 ^E	2.2	6.8	Lower	Same
Queens	1103	5.9 ^E	3.3	8.4	Lower	Same
Kings	1104	5.9 ^E	2.5	9.4	Lower	Same
Nova Scotia	1200	9.2	8.0	10.4	Lower	...
Zone 1	1201	9.9	6.8	12.9	Lower	Same
Zone 2	1202	8.9	6.4	11.4	Lower	Same
Zone 3	1203	12.1	8.5	15.7	Same	Same
Zone 4	1204	6 ^E	3.3	8.7	Lower	Lower
Zone 5	1205	5.5 ^E	3.4	7.6	Lower	Lower
Zone 6	1206	10.2	8.0	12.5	Lower	Same
New Brunswick	1300	6.8	5.6	8.0	Lower	...
Region 1	1301	7.1 ^E	4.3	9.9	Lower	Same
Region 2	1302	6.0 ^E	3.6	8.3	Lower	Same
Region 3	1303	7.9 ^E	5.1	10.7	Lower	Same
Region 4	1304	7.6 ^E	4.4	10.8	Lower	Same
Region 5	1305	9.8 ^E	6.0	13.6	Lower	Same
Region 6	1306	6.3 ^E	3.7	9.0	Lower	Same
Region 7	1307	F	F	F	Lower	Lower
Québec	2400	22.9	22.1	23.7	Higher	...
Région du Bas-Saint-Laurent	2401	26.3	24.0	28.6	Higher	Higher
Région du Saguenay - Lac-Saint-Jean	2402	23.4	19.7	27.1	Higher	Same
Région de la Capitale Nationale	2403	21.2	18.2	24.1	Higher	Same
Région de la Mauricie et du Centre-du-Québec	2404	24.5	21.3	27.8	Higher	Same
Région de l'Estrie	2405	19.4	16.1	22.7	Higher	Lower
Région de Montréal	2406	24.6	22.8	26.5	Higher	Higher
Région de l'Outaouais	2407	28.9	25.0	32.7	Higher	Higher

Table 5

Percentage of non-smokers regularly exposed to second-hand smoke in public places, by province/territory and health region, household population aged 12 or older, Canada, 2005

Region	Region code	%	95% confidence interval		Significantly higher or lower ($p < 0.05$) than:	
					Canada	Province or Territory
Région de l'Abitibi-Témiscamingue	2408	31.4	27.1	35.7	Higher	Higher
Région de la Côte-Nord	2409	20.0	16.3	23.7	Higher	Same
Région du Nord-du-Québec	2410	29.8	25.1	34.5	Higher	Higher
Région de la Gaspésie - Îles-de-la-Madeleine	2411	20.1	16.0	24.2	Higher	Same
Région de la Chaudière-Appalaches	2412	19.8	16.6	22.9	Higher	Lower
Région de Laval	2413	24.8	22.3	27.4	Higher	Same
Région de Lanaudière	2414	23.5	19.7	27.3	Higher	Same
Région des Laurentides	2415	21.3	18.3	24.3	Higher	Same
Région de la Montérégie	2416	19.9	17.6	22.3	Higher	Lower
Ontario	3500	13.1	12.5	13.6	Lower	...
District of Algoma Health Unit	3526	13.7	10.2	17.1	Same	Same
Brant County Health Unit	3527	12.4	8.8	16.0	Same	Same
Durham Regional Health Unit	3530	11.6	9.0	14.1	Lower	Same
Elgin-St Thomas Health Unit	3531	17.0	12.3	21.7	Same	Same
Grey Bruce Health Unit	3533	9.9	7.1	12.7	Lower	Lower
Haldimand-Norfolk Health Unit	3534	16.0	12.1	19.9	Same	Same
Haliburton, Kawartha, Pine Ridge District Health Unit	3535	13.2	9.5	16.8	Same	Same
Halton Regional Health Unit	3536	13.8	11.0	16.7	Same	Same
City of Hamilton Health Unit	3537	11.9	9.5	14.4	Lower	Same
Hastings and Prince Edward Counties Health Unit	3538	11.0	7.5	14.4	Lower	Same
Huron County Health Unit	3539	9.4 ^E	5.8	13.1	Lower	Same
Chatham-Kent Health Unit	3540	6.6 ^E	4.3	9.0	Lower	Lower
Kingston, Frontenac and Lennox and Addington Health Unit	3541	11.6	8.5	14.8	Same	Same
Lambton Health Unit	3542	6.5 ^E	3.9	9.0	Lower	Lower
Leeds, Grenville and Lanark District Health Unit	3543	14.3	11.2	17.4	Same	Same
Middlesex-London Health Unit	3544	13.1	10.0	16.2	Same	Same
Niagara Regional Area Health Unit	3546	12.8	10.3	15.3	Same	Same
North Bay Parry Sound District Health Unit	3547	14.6	11.0	18.2	Same	Same
Northwestern Health Unit	3549	16.4	12.1	20.7	Same	Same
City of Ottawa Health Unit	3551	13.9	11.7	16.1	Same	Same
Oxford County Health Unit	3552	10.7	7.2	14.1	Lower	Same
Peel Regional Health Unit	3553	17.5	15.2	19.7	Higher	Higher
Perth District Health Unit	3554	8.5 ^E	4.1	12.8	Lower	Lower
Peterborough County-City Health Unit	3555	14.1	10.5	17.7	Same	Same
Porcupine Health Unit	3556	15.6	11.9	19.4	Same	Same
Renfrew County and District Health Unit	3557	13.8	10.3	17.3	Same	Same
Eastern Ontario Health Unit	3558	14.3	10.6	18.0	Same	Same
Simcoe Muskoka District Health Unit	3560	14.0	11.4	16.7	Same	Same

Table 5

Percentage of non-smokers regularly exposed to second-hand smoke in public places, by province/territory and health region, household population aged 12 or older, Canada, 2005

Region	Region code	%	95% confidence interval		Significantly higher or lower ($p < 0.05$) than:	
					Canada	Province or Territory
Sudbury and District Health Unit	3561	10.4	7.6	13.3	Lower	Same
Thunder Bay District Health Unit	3562	10.5	7.2	13.8	Lower	Same
Timiskaming Health Unit	3563	19.3 ^E	10.2	28.4	Same	Same
Waterloo Health Unit	3565	9.2	7.1	11.3	Lower	Lower
Wellington-Dufferin-Guelph Health Unit	3566	14.1	10.9	17.3	Same	Same
Windsor-Essex County Health Unit	3568	19.8	16.7	22.8	Higher	Higher
York Regional Health Unit	3570	14.3	11.8	16.9	Same	Same
City of Toronto Health Unit	3595	11.1	9.5	12.7	Lower	Lower
Manitoba	4600	6.1	4.9	7.2	Lower	...
Winnipeg Regional Health Authority	4610	6.6	4.9	8.3	Lower	Same
Brandon Regional Health Authority	4615	5.6 ^E	2.9	8.4	Lower	Same
North Eastman Regional Health Authority	4620	4.0 ^E	1.5	6.5	Lower	Same
South Eastman Regional Health Authority	4625	3.4 ^E	1.5	5.2	Lower	Lower
Interlake Regional Health Authority	4630	5.2 ^E	2.6	7.9	Lower	Same
Central Regional Health Authority	4640	5.0 ^E	2.6	7.3	Lower	Same
Assiniboine Regional Health Authority	4645	5.9 ^E	3.2	8.7	Lower	Same
Parkland Regional Health Authority	4660	F	F	F	Lower	Same
Norman Regional Health Authority	4670	F	F	F	Lower	Same
Burntwood/Churchill	4685	9.5 ^E	4.2	14.7	Lower	Same
Saskatchewan	4700	9.8	8.5	11.1	Lower	...
Sun Country Regional Health Authority	4701	10.9	7.4	14.4	Lower	Same
Five Hills Regional Health Authority	4702	8.7 ^E	5.2	12.2	Lower	Same
Cypress Regional Health Authority	4703	7.6 ^E	4.4	10.8	Lower	Same
Regina Qu'Appelle Regional Health Authority	4704	10.5	7.9	13.1	Lower	Same
Sunrise Regional Health Authority	4705	9.7 ^E	6.0	13.5	Lower	Same
Saskatoon Regional Health Authority	4706	7.9 ^E	5.2	10.6	Lower	Same
Heartland Regional Health Authority	4707	10.2 ^E	5.3	15.1	Same	Same
Kelsey Trail Regional Health Authority	4708	4.8 ^E	1.7	7.9	Lower	Lower
Prince Albert Parkland Regional Health Authority	4709	15.9 ^E	9.2	22.6	Same	Same
Prairie North Regional Health Authority	4710	12.4 ^E	7.4	17.4	Same	Same
Mamawetan/Keewatin/Athabasca	4714	22.9	16.5	29.4	Higher	Higher
Alberta	4800	18.2	16.9	19.5	Higher	...
Chinook Regional Health Authority	4820	16.0	12.2	19.7	Same	Same
Palliser Health Region	4821	18.4	13.2	23.5	Same	Same
Calgary Health Region	4822	20.3	17.9	22.7	Higher	Higher
David Thompson Regional Health Authority	4823	16.9	13.8	20.1	Same	Same
East Central Health	4824	20.2	15.8	24.5	Higher	Same

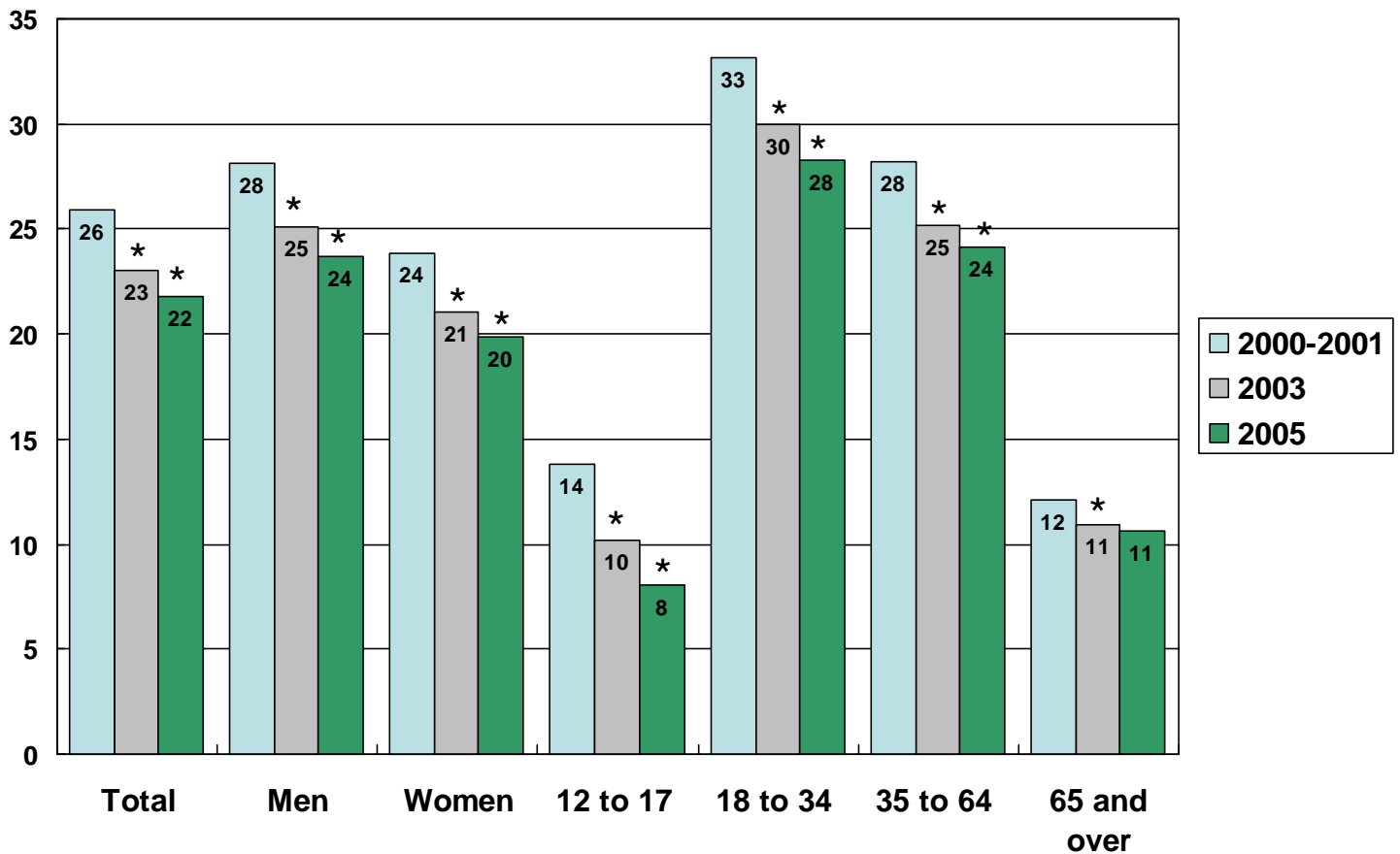
Table 5
Percentage of non-smokers regularly exposed to second-hand smoke in public places, by province/territory and health region, household population aged 12 or older, Canada, 2005

Region	Region code	%	95% confidence interval		Significantly higher or lower ($p < 0.05$) than:	
			Lower	Upper	Canada	Province or Territory
Capital Health	4825	15.1	12.6	17.6	Same	Lower
Aspen Regional Health Authority	4826	21.4	17.1	25.6	Higher	Same
Peace Country Health	4827	19.6	15.4	23.8	Higher	Same
Northern Lights Health Region	4828	24.6	18.8	30.3	Higher	Higher
British Columbia	5900	10.5	9.7	11.3	Lower	...
East Kootenay Health Service Delivery Area	5911	13.5 ^E	8.5	18.6	Same	Same
Kootenay-Boundary Health Service Delivery Area	5912	9.8	6.8	12.8	Lower	Same
Okanagan Health Service Delivery Area	5913	10.5	8.0	13.0	Lower	Same
Thompson/Cariboo Health Service Delivery Area	5914	11.0	7.5	14.6	Lower	Same
Fraser East Health Service Delivery Area	5921	10.3	7.7	12.9	Lower	Same
Fraser North Health Service Delivery Area	5922	10.9	8.6	13.2	Lower	Same
Fraser South Health Service Delivery Area	5923	13.8	11.3	16.3	Same	Higher
Richmond Health Service Delivery Area	5931	7.6 ^E	4.8	10.4	Lower	Lower
Vancouver Health Service Delivery Area	5932	11.2	9.0	13.4	Lower	Same
North Shore/Coast Garibaldi Health Service Delivery Area	5933	9.8	7.4	12.2	Lower	Same
South Vancouver Island Health Service Delivery Area	5941	7.2	5.1	9.4	Lower	Lower
Central Vancouver Island Health Service Delivery Area	5942	7.7 ^E	5.1	10.3	Lower	Lower
North Vancouver Island Health Service Delivery Area	5943	9.3 ^E	4.3	14.2	Same	Same
Northwest Health Service Delivery Area	5951	7.5 ^E	4.3	10.7	Lower	Same
Northern Interior Health Service Delivery Area	5952	9.1 ^E	6.0	12.1	Lower	Same
Northeast Health Service Delivery Area	5953	13.7 ^E	8.4	19.0	Same	Same
Yukon Territory	6000	7.9 ^E	4.7	11.1	Lower	...
Northwest Territories	6100	13.9	10.7	17.1	Same	...
Nunavut	6200	11.1 ^E	5.0	17.2	Same	...

Notes: ^E use with caution (Coefficient of variation between 16.6% and 33.3%), ^F too unreliable to be published (Coefficient of variation greater than 33.3%, suppressed because of extreme sampling variability)

Data source: 2005 Canadian Community Health Survey.

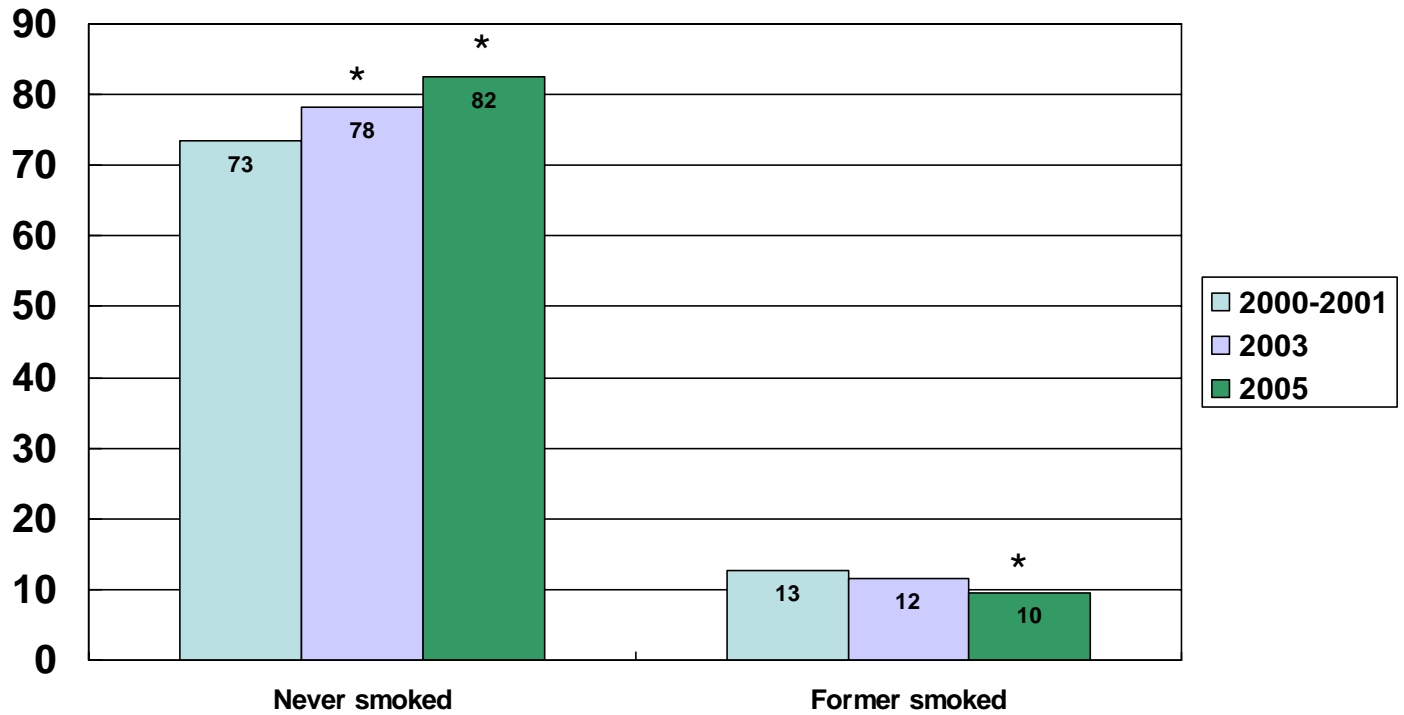
Chart 1
 Percentage of current smokers, by age group, household population aged 12 or older,
 Canada, 2000-01 to 2005



Data sources: 2000/01, 2003 and 2005 Canadian Community Health Survey.
 * Significantly different from estimate for preceding period (p < 0.05).

Chart 2

Percentage of never and former smokers, household population aged 12 to 17, Canada, 2000-01 to 2005

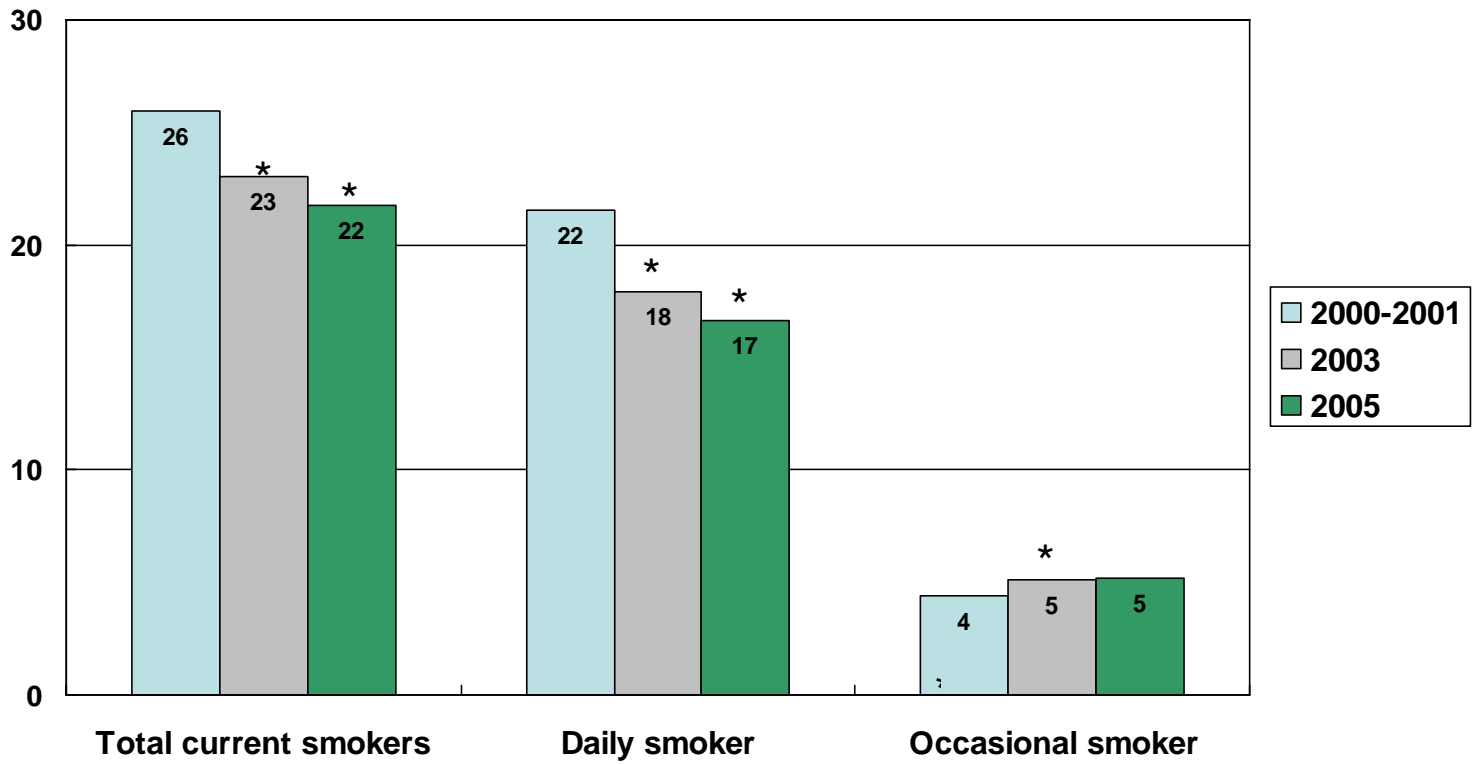


Data sources: 2000/01, 2003 and 2005 Canadian Community Health Survey.

* Significantly different from estimate for preceding period ($p < 0.05$).

Chart 3

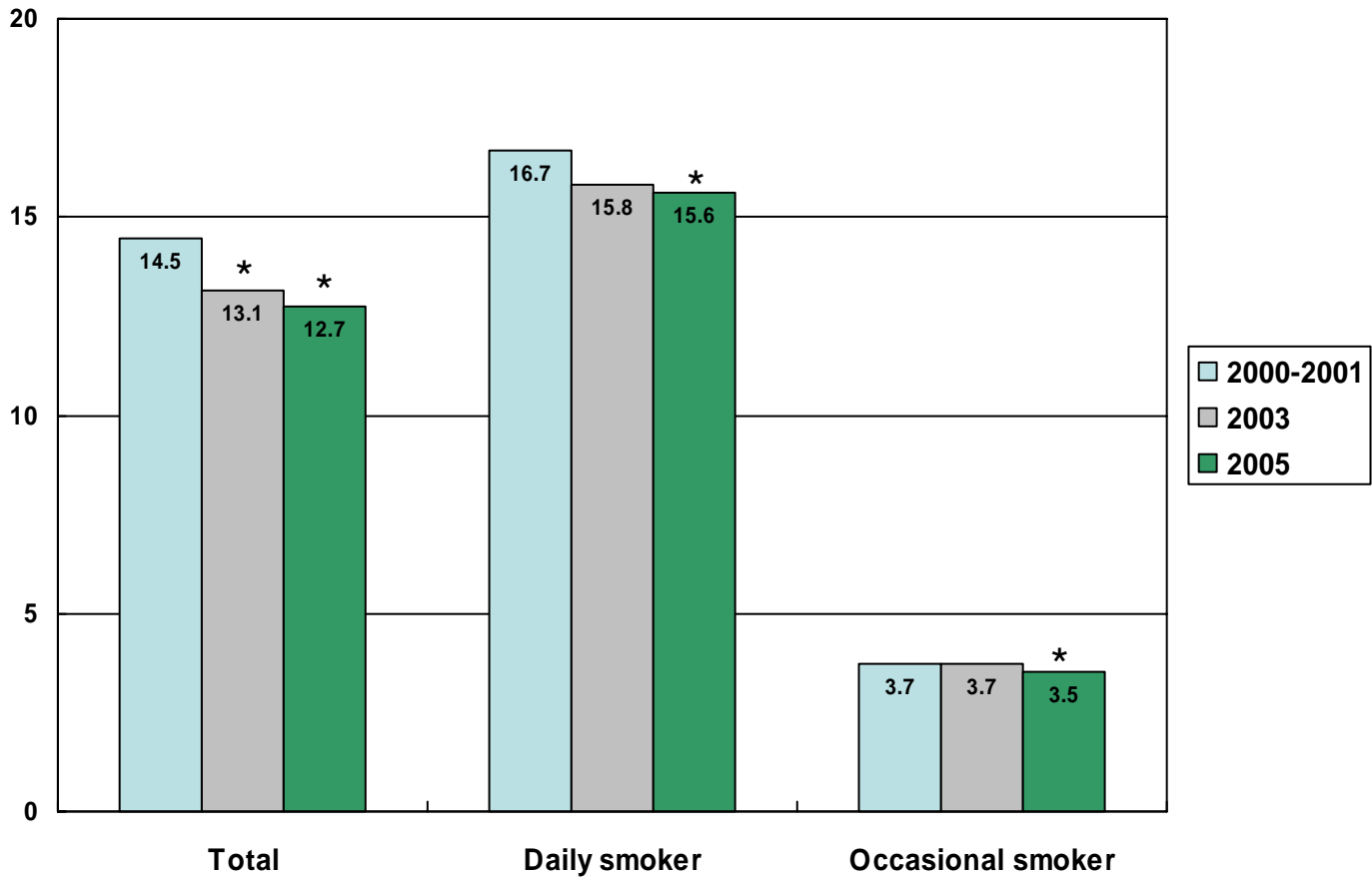
Percentage of current smokers, by type of smoker, household population aged 12 or older, Canada, 2000-01 to 2005



Data sources: 2000/01, 2003 and 2005 Canadian Community Health Survey.

* Significantly different from estimate for preceding period ($p < 0.05$).

Chart 4
Average number of cigarettes smoked per day, by type of smoker, household population aged 12 or older who are current smokers, Canada, 2000-01 to 2005

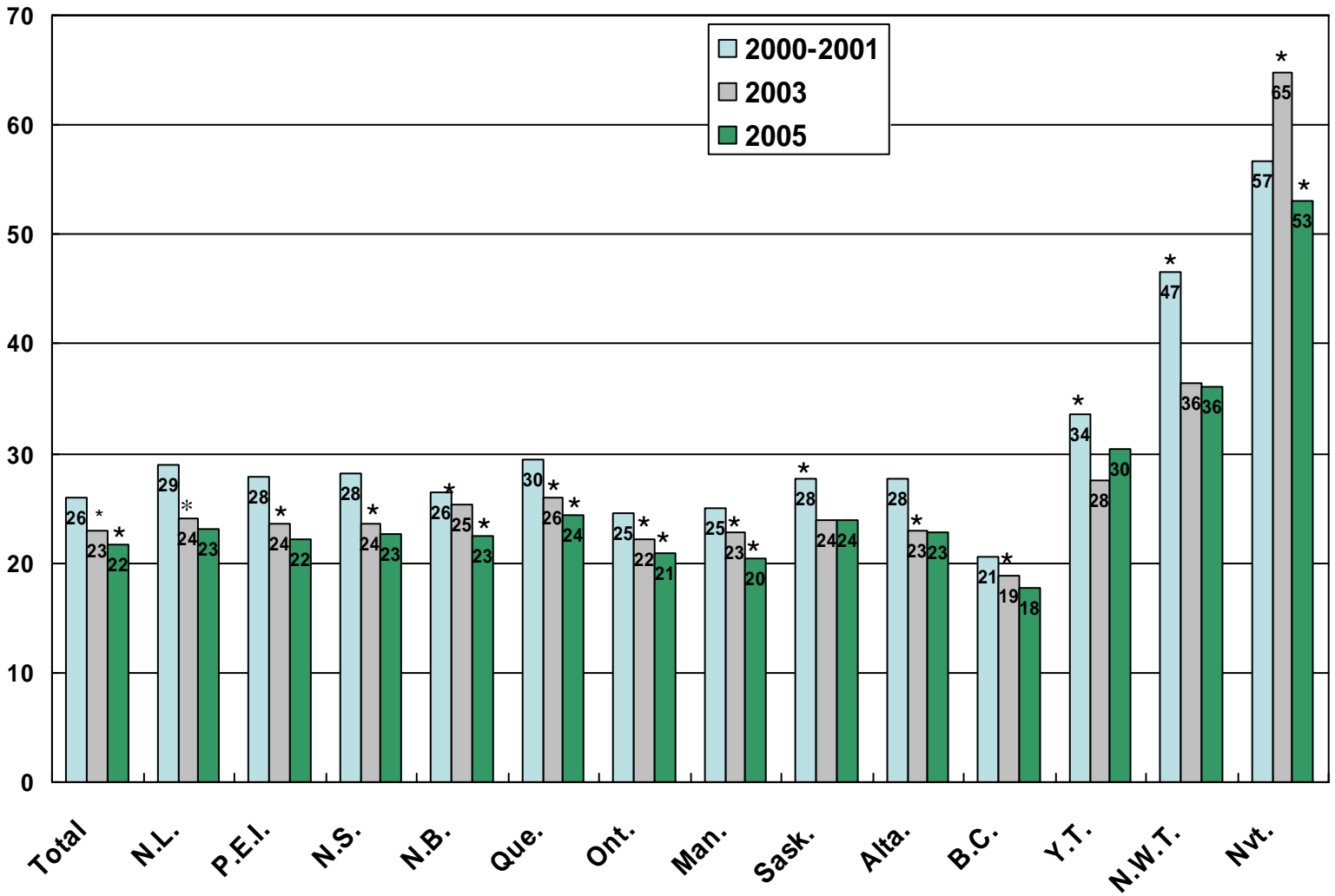


Data sources: 2000/01, 2003 and 2005 Canadian Community Health Survey.

* Significantly different from estimate for preceding period ($p < 0.05$).

Chart 5

Percentage of current smokers, by province and territory, household population aged 12 or older, Canada, 2000-01 to 2005

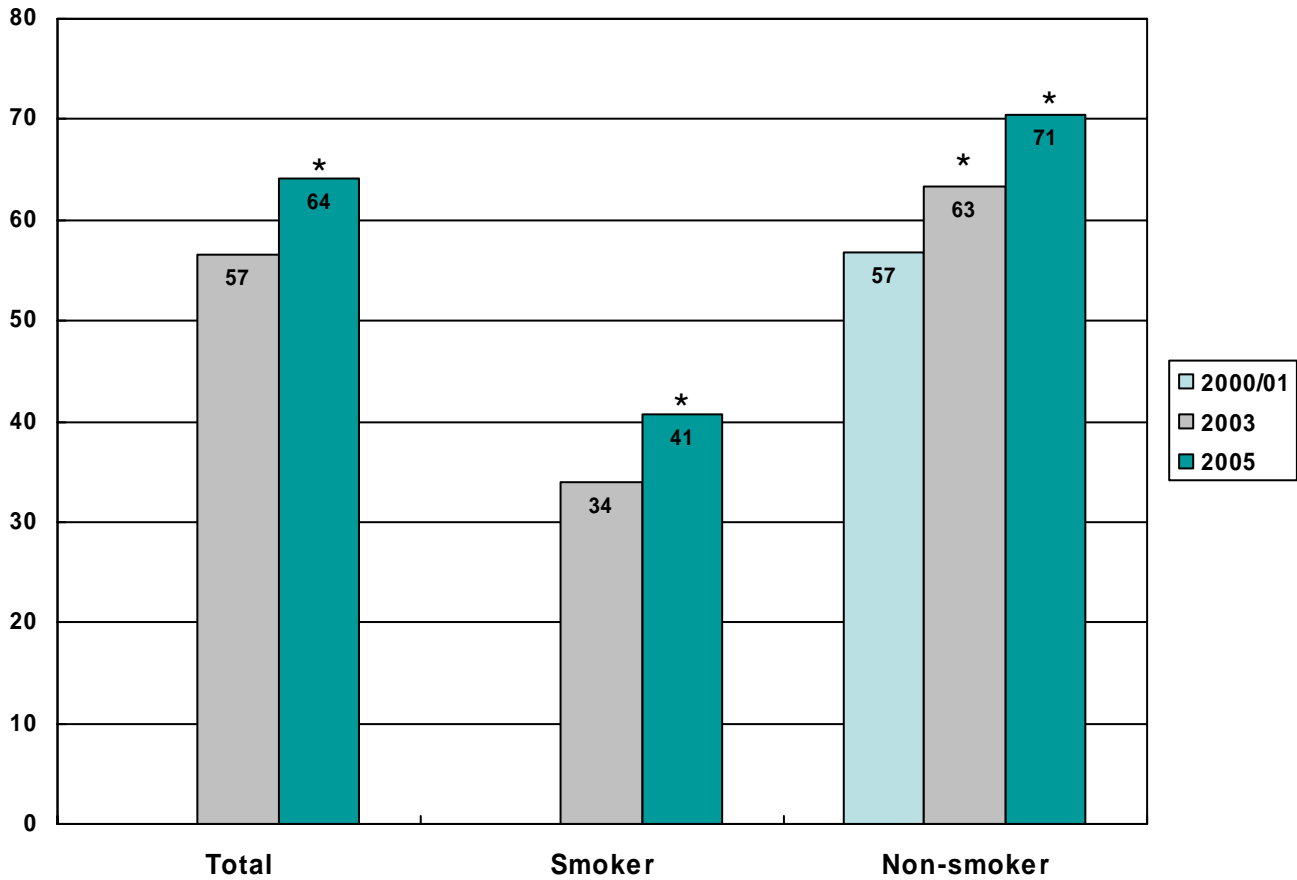


Data sources: 2000/01, 2003 and 2005 Canadian Community Health Survey.

* Significantly different from estimate for preceding period ($p < 0.05$).

Chart 6

Percentage of population residing in homes where smoking is completely restricted, by type of smoker, household population aged 12 or older, Canada, 2000-01 to 2005

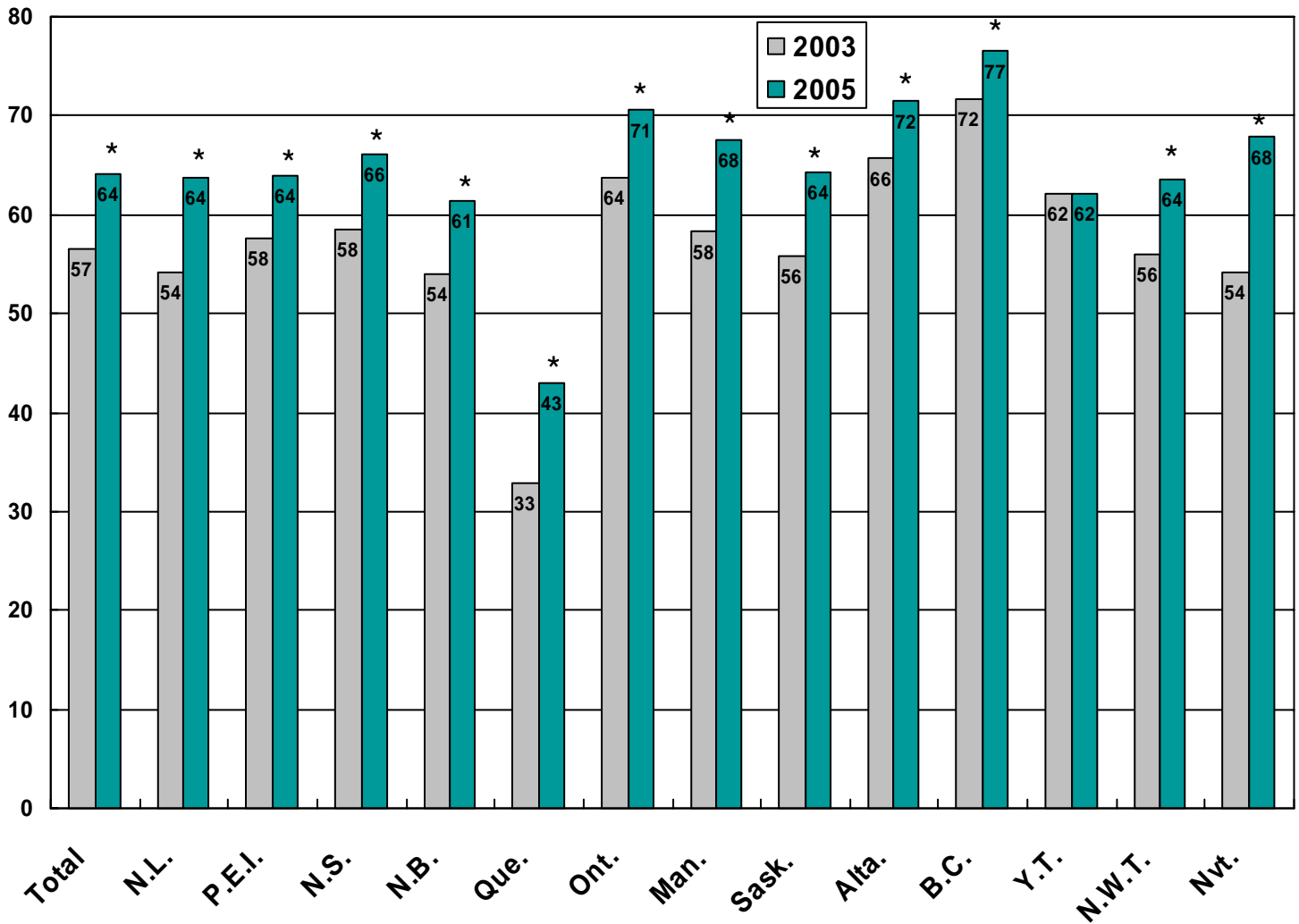


Data sources: 2000/01, 2003 and 2005 Canadian Community Health Survey.

* Significantly different from estimate for preceding period ($p < 0.05$).

Chart 7

Percentage of population residing in homes where smoking is completely restricted, by province and territory, household population aged 12 or older, Canada, 2003 and 2005

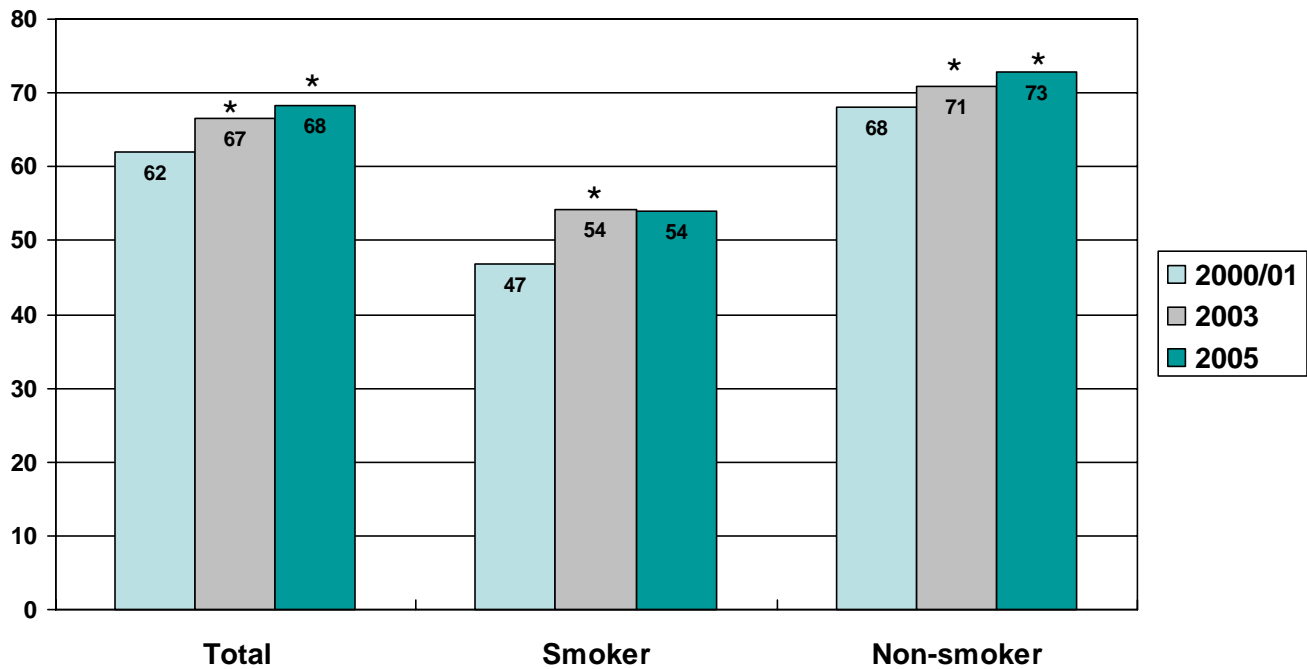


Data sources: 2003 and 2005 Canadian Community Health Survey.

* Significantly different from estimate for preceding period ($p < 0.05$).

Chart 8

Percentage of workers employed where smoking is completely restricted, by smoking status, workers aged 15 to 75, Canada, 2000-01 to 2005

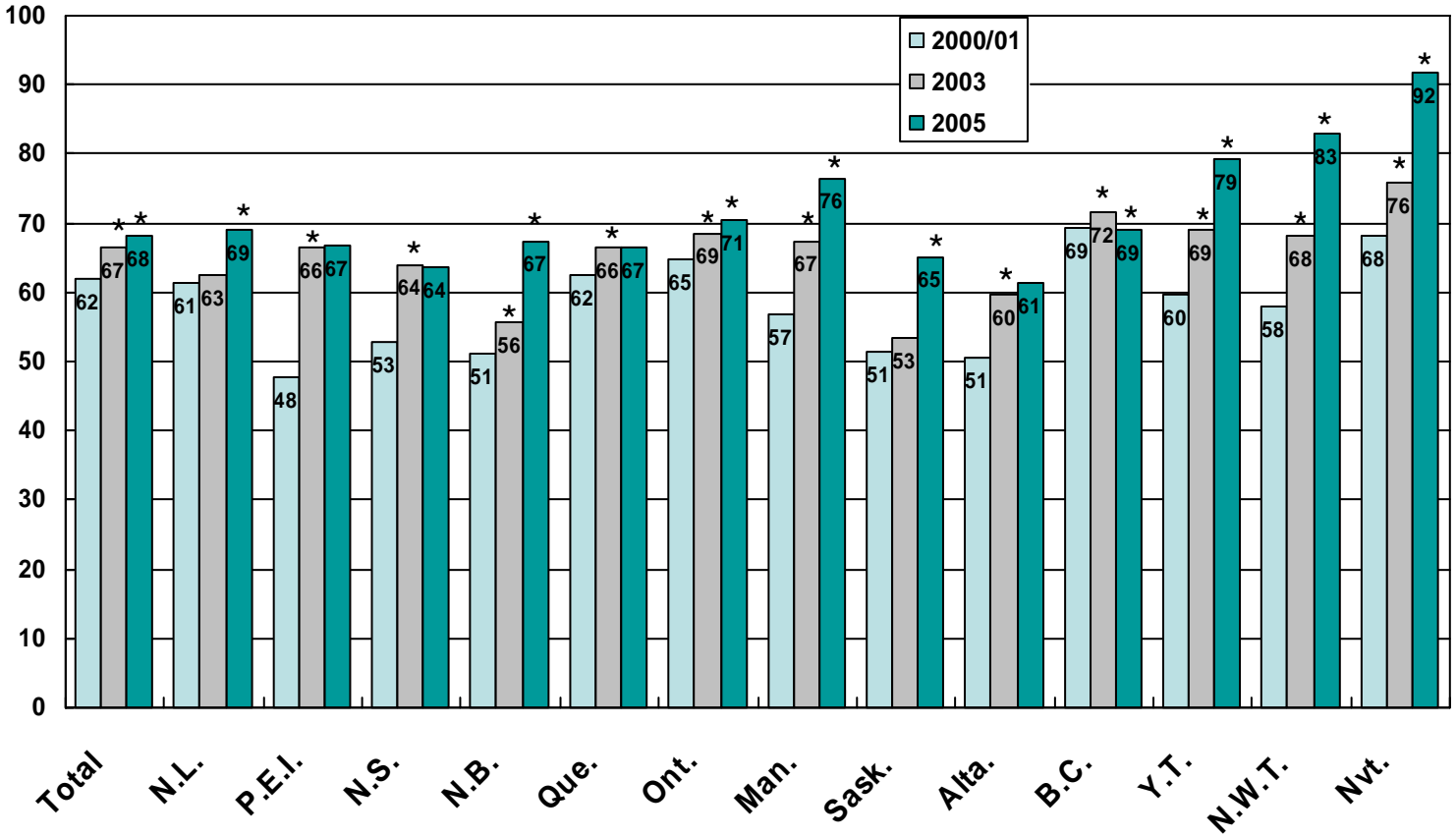


Data sources: 2000/01, 2003 and 2005 Canadian Community Health Survey.

* Significantly different from estimate for preceding period ($p < 0.05$).

Chart 9

Percentage of workers employed at places where smoking is completely restricted, by province and territory, workers aged 15 to 75, Canada, 2000-01 to 2005

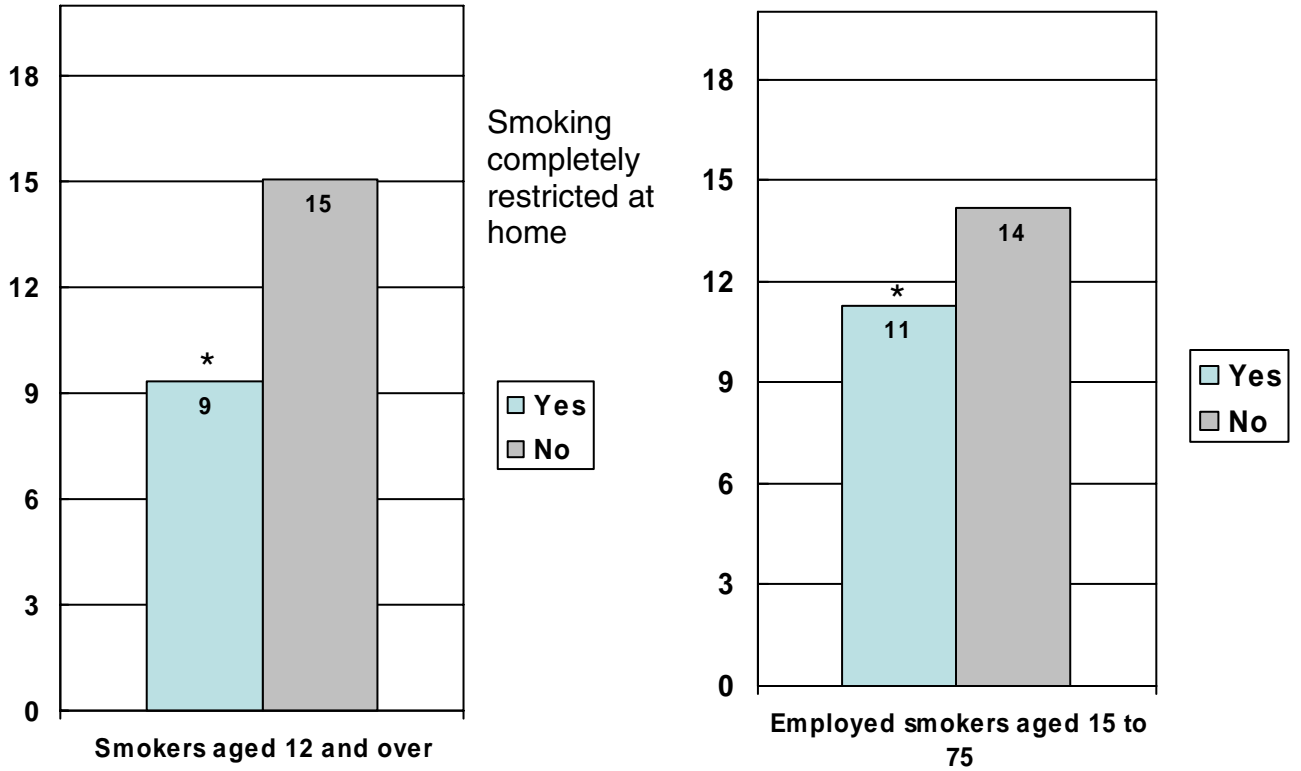


Data sources: 2000/01, 2003 and 2005 Canadian Community Health Survey.

* Significantly different from estimate for preceding period ($p < 0.05$).

Chart 10

Average number of cigarettes smoked per day, by smoking restrictions, household population aged 12 or older who are current smokers, Canada, 2005

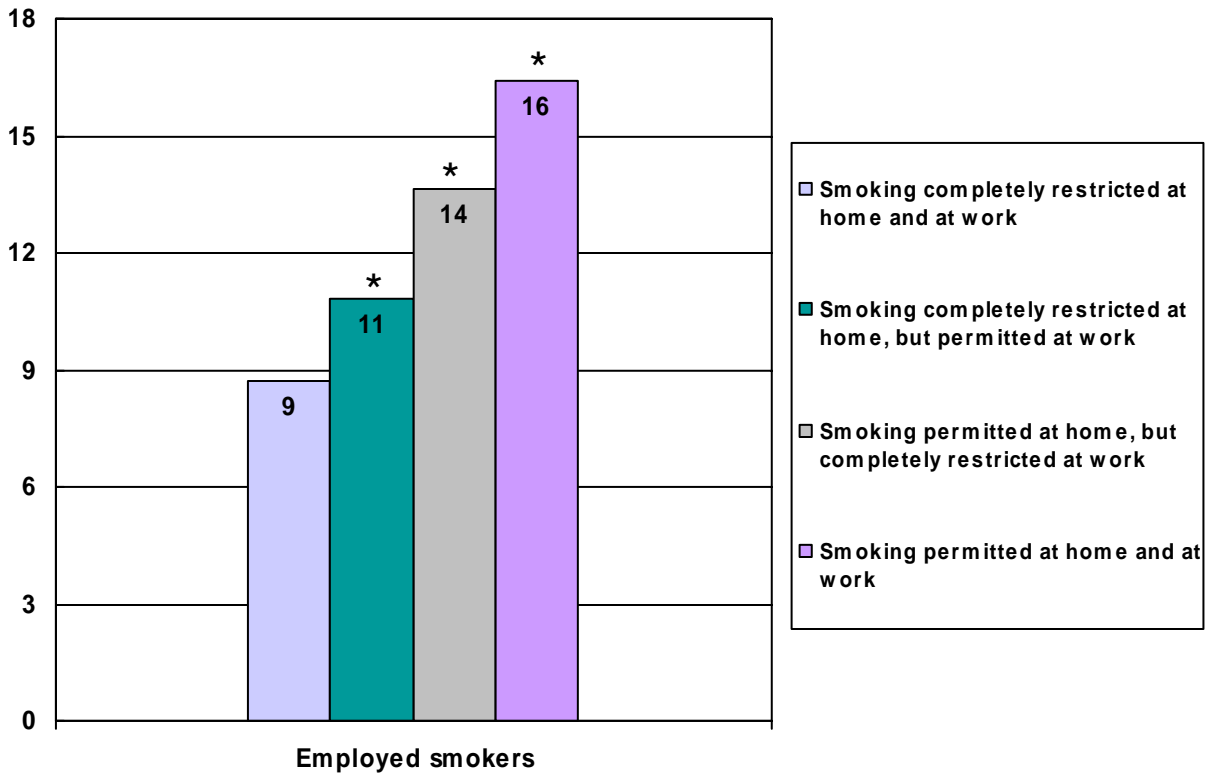


Date source: 2005 Canadian Community Health Survey.

* Significantly lower than estimate for category "no" ($p < 0.05$).

Chart 11

Average number of cigarettes smoked per day, by workplace and household smoking restrictions, employed smokers aged 15 to 75, Canada, 2005

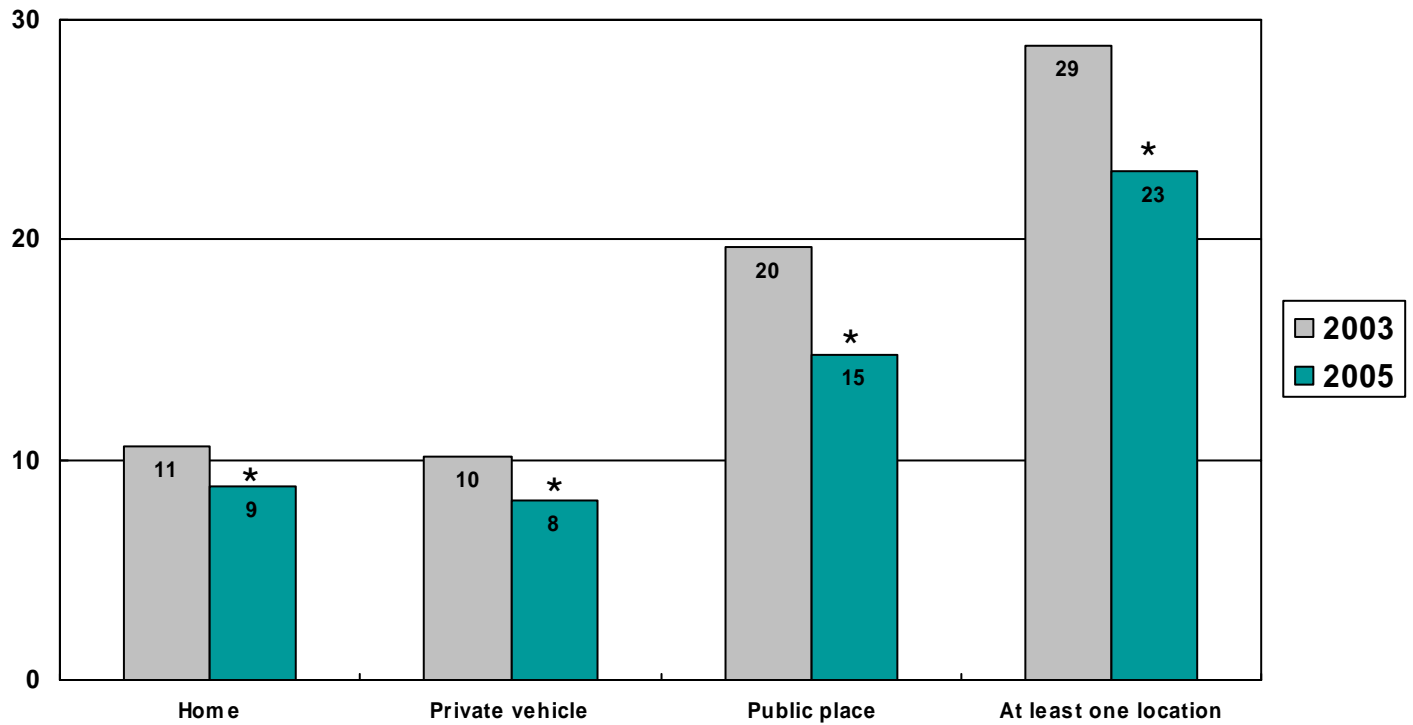


Date source: 2005 Canadian Community Health Survey.

* Significantly higher than estimate for previous categories ($p < 0.05$).

Chart 12

Percentage of non-smokers regularly exposed to second-hand smoke, by type of location, household population aged 12 or older, Canada, 2003 and 2005

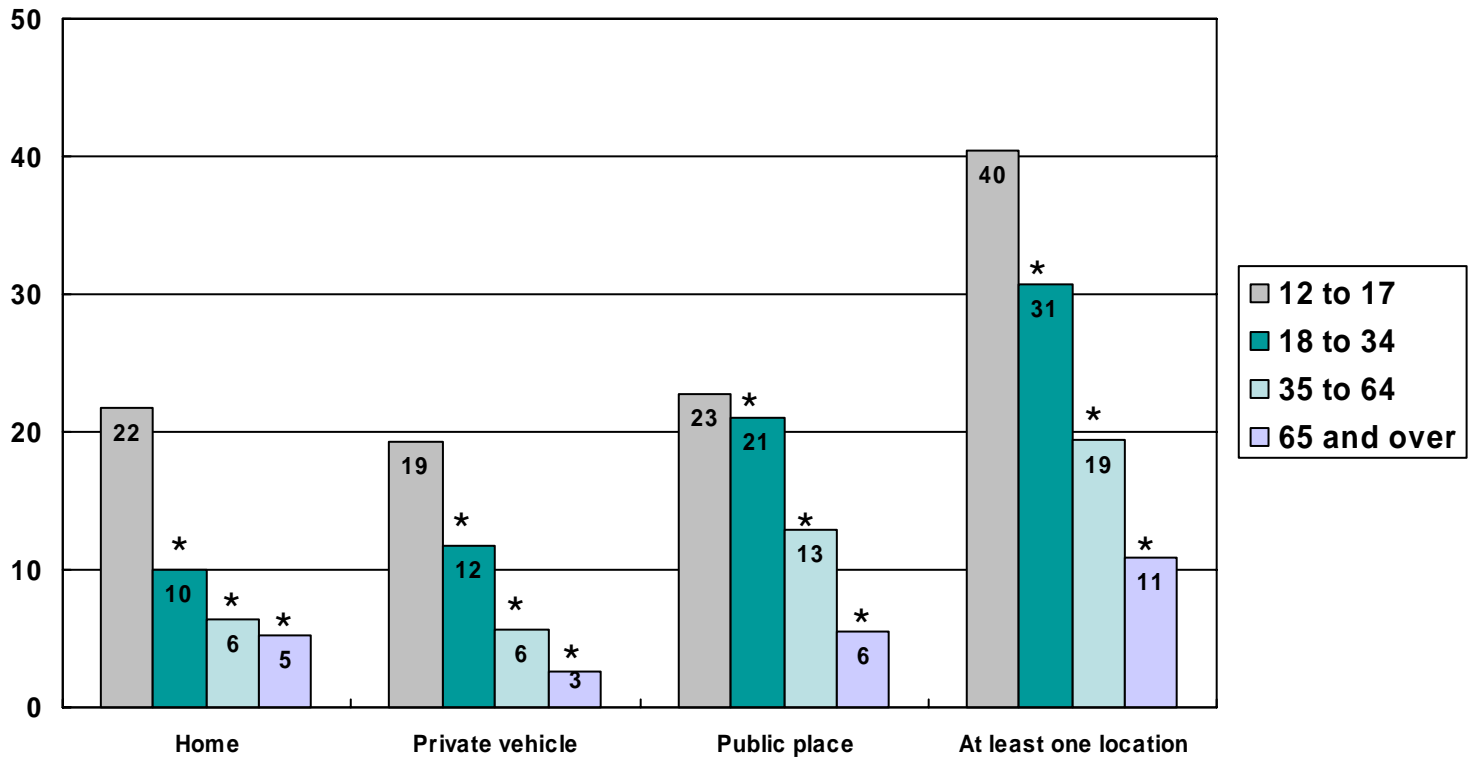


Data sources: 2003 and 2005 Canadian Community Health Survey.

* Significantly different from estimate for preceding period ($p < 0.05$).

Chart 13

Percentage of non-smokers regularly exposed to second-hand smoke, by type of location and age group, household population aged 12 or older, 2005

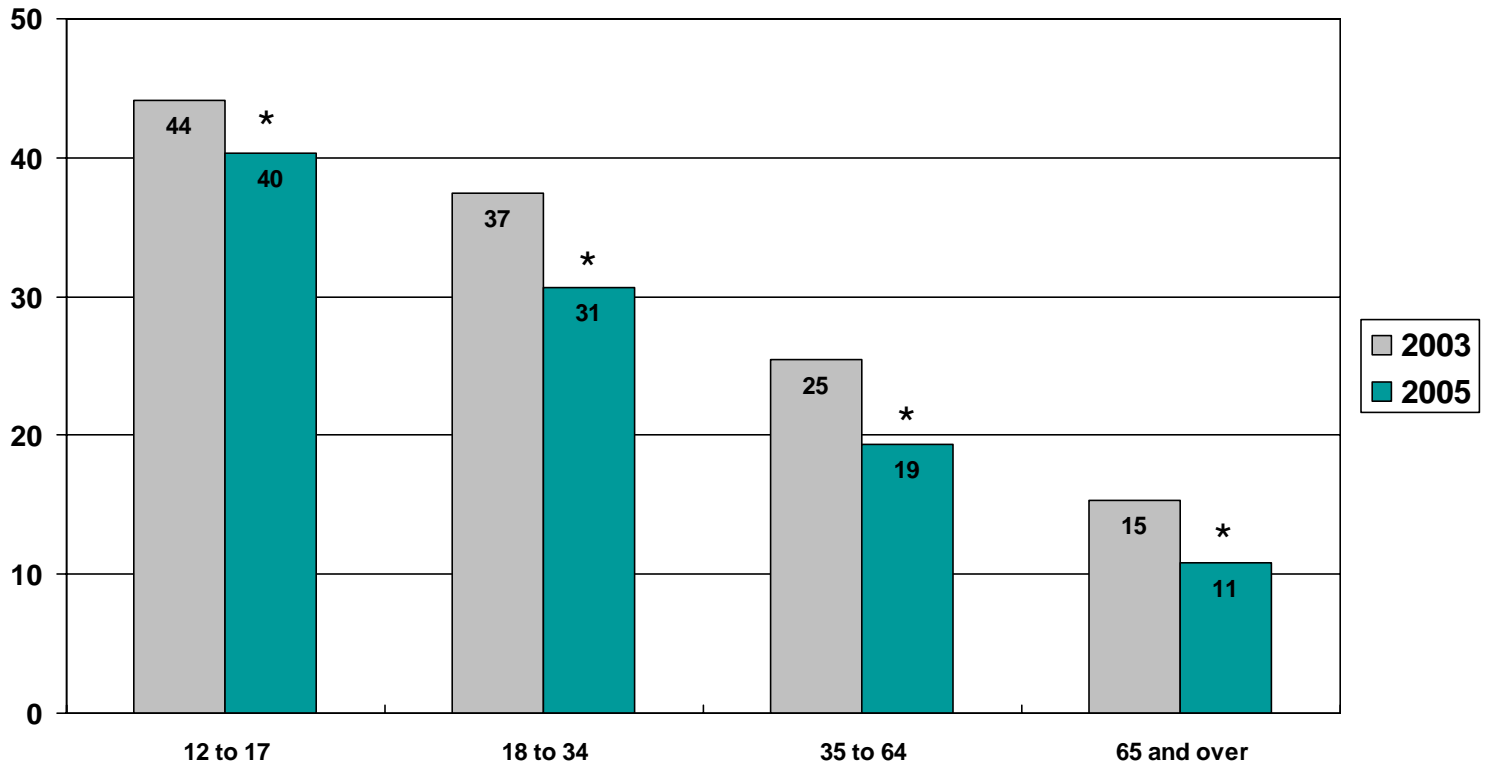


Data source: 2005 Canadian Community Health Survey.

* Significantly lower than estimate for previous age group ($p < 0.05$).

Chart 14

Percentage of non-smokers regularly exposed to second-hand smoke, by age group, household population aged 12 or older, Canada, 2003 and 2005

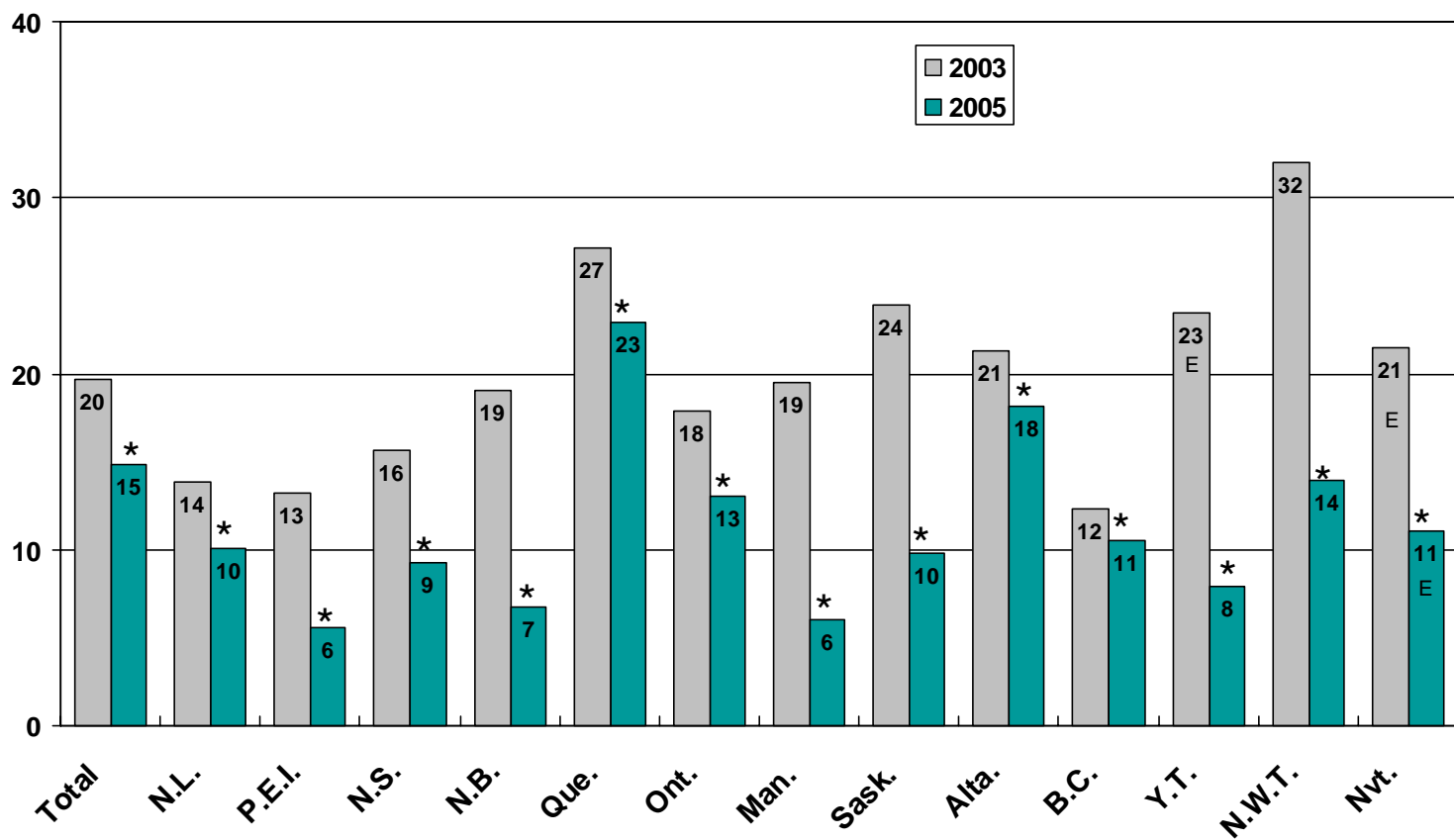


Data sources: 2003 and 2005 Canadian Community Health Survey.

* Significantly different from estimate for preceding period ($p < 0.05$).

Chart 15

Percentage of non-smokers regularly exposed to second-hand smoke in public places, by province and territory, household population aged 12 or older, Canada, 2003 and 2005



Data sources: 2003 and 2005 Canadian Community Health Survey.

*Significantly different from estimate for preceding period ($p < 0.05$).

^E (use with caution) Coefficient of variation 16.6% to 33.3%.

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Diabetes care

Highlights

Diabetes care in Canada: Results from selected provinces, 2005

- In 2005, 5% of Canadians age 12 or older reported that they had been diagnosed with diabetes. The rate of diabetes is higher in the eastern provinces and among males and increases with age.
- The Canadian *Clinical Practice Guidelines (CPG)* recommend that people with diabetes have their haemoglobin A1C checked every three months. Three in four diabetic respondents in participating provinces had had this test at least once in the previous year. Those who were tested at least once were tested an average of 3.4 times.
- Access to a regular medical doctor was a key contributing factor to glucose testing. Diabetic individuals from the participating provinces with a regular medical doctor were approximately two times more likely to have their haemoglobin A1C checked compared with those without a regular medical doctor.
- The CPG recommend annual foot examinations by a health care professional for all individuals with diabetes. In 2005, only half of diabetic respondents in participating provinces reported having had their feet examined in the previous year.
- The CPG also recommend that people with diabetes be screened and examined for retinopathy at the time that diabetes is first diagnosed. The majority of respondents (68%) in participating provinces reported having had at least one eye dilation examination. However, approximately one in three had never had such an eye examination.

Diabetes care in Canada: Results from selected provinces, 2005

Claudia Sanmartin
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Diabetes is a serious chronic disease that affects the body's ability to produce or properly use insulin and is the underlying cause of numerous health conditions (Murphy 2005). It can lead to various life threatening and disabling complications such as heart disease and stroke, high blood pressure, and premature death (Public Health Agency of Canada 2006). Diabetes is the single largest cause of blindness in Canada, and a leading cause of kidney failure and lower limb amputations (Health Canada 2003). It is currently the seventh leading cause of death in Canada and accounts for 25,000 person years of life lost before age 75 (Public Health Agency 2006).

Despite the increased risk of these complications, diabetes can be controlled. Appropriate care is critical for the management of diabetes and the prevention of serious complications. In 2003, the Canadian Diabetes Association published the *Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada* providing recommendations for appropriate diabetes care (Canadian Diabetes Association 2003). These guidelines provide critical information regarding the type of care that *should* be provided to individuals with diabetes.

To determine how well the guidelines are being followed, more specific information is needed about the type of care diabetic individuals *actually* receive. While there is some information regarding the quality of care for diabetes in Canada (Murphy 2005; Public Health Agency of Canada 2006), the evidence is based on small scale studies with selected samples that do not always fully represent the Canadian population with diabetes. Information is one of the key components of the Canadian Diabetes Strategy, initiated by the Government of Canada in 1999 to build on existing efforts to establish effective diabetes prevention and control strategies at the population level (Public Health Agency of Canada 2006). While efforts such as the National Diabetes Surveillance System (NDSS) provide important information regarding the prevalence and incidence of diabetes at the national level, detailed information regarding care practices at the national level is currently limited.

The Diabetes Care Module of the Canadian Community Health Survey Cycle 3.1 (2005) was designed to fill this information gap. This set of questions, which was developed by Statistics Canada in collaboration with the Public Health Agency of Canada, collects in-depth information regarding the care practices of individuals with diabetes, such as glucose testing, and foot and eye examinations at the population level. Respondents are asked both about care provided by a health care professional and care provided by themselves or a family member. Questions from the module were derived in part from the 2003 Behavioural Risk Factor Surveillance System (BRFSS) in the United States. This survey has been successfully used for reporting diabetes care indicators since 1984 (Behavioral Risk 2003).

Data source

Estimates in this article are based on data from the 2005 Canadian Community Health Survey (CCHS), conducted by Statistics Canada. The CCHS covers the population aged 12 or older living in private households. It does not include residents of Indian reserves, institutions, and some remote areas; full-time members of the Canadian Armed Forces; and civilian residents of military bases. The data were collected by personal and telephone interviews between January and December 2005.

All CCHS respondents were asked a series of questions regarding chronic conditions diagnosed by a health care professional and lasting for more than six months (Chronic Conditions Module). Individuals indicating that they had been diagnosed with diabetes were asked follow-up questions regarding the age of diagnosis and whether or not they were using insulin and were then asked the diabetes care module.

In 2005, the Diabetes Care module was optional content and was selected by all regions in Newfoundland and Labrador, Prince Edward Island, New Brunswick, Ontario, and Manitoba. Only respondents in health regions where the module was selected were administered the diabetes care questions. Data on individuals 18 years of age and older in these provinces were selected for analysis (n=3,924).

Following the collection and processing of the data, the respondents' records were weighted in order to reflect the sampling and non-response that occurred in the CCHS. Weights were also adjusted to demographic projections by age group and province.

Diabetes in Canada

In 2005, 1.3 million Canadians, or 4.9% of the population aged 12 or older, reported having diabetes (see Table 1). The rate varied across the country from 6.8% in Newfoundland and Labrador to 3.4% in the Northwest Territories (data from Nunavut were not available due to high sampling variability). The rates in the Eastern provinces, ranging from 6.0% to 6.8%, were significantly higher than the national average. The rates in Alberta (3.9%) and the Northwest Territories were significantly lower than the national average.

In 2005, men were slightly more likely to report having been diagnosed with diabetes by a health professional compared with women (5.4% vs. 4.4%; see Table 2). Canadians under the age of 45 were much less likely to have been diagnosed by a health professional as having diabetes compared with those aged 45 and older. Overall, approximately one in five (19.9%) of individuals with diabetes in 2005 reported using insulin.

The rates of cardiovascular disease and hypertension are higher among Canadians diagnosed with diabetes. Results from the CCHS 3.1 indicate that 19.8% of individuals with diabetes also have heart disease, compared with 4.0% among those without diabetes. Similarly, 60.3% of individuals with diabetes in Canada had also been diagnosed with high blood pressure, compared with 17.4% among those without diabetes.

Diabetes care

The following analysis is based on data from the Diabetes Care module of CCHS Cycle 3.1 (2005). In 2005, the module was available as optional content to health regions across Canada and was selected by all health regions in Newfoundland and Labrador, Prince Edward Island, New Brunswick, Ontario, and Manitoba.

Haemoglobin A1C testing

Management of glycemic levels is a critical part of diabetes care. Studies have shown that glycemic control, as measured by haemoglobin A1C, is associated with the reduced risk of developing long term complications. The current Canadian Diabetes Association Clinical Practice Guidelines (CPG) recommend that measurement of this indicator be undertaken approximately every 3 months to ensure that glycemic goals are being met or maintained.

In 2005, almost three-quarters (74%) of diabetic respondents reported having had their haemoglobin A1C checked at least once by a health care professional in the previous 12 months (Table 3). One in five (20%) indicated they had not had the test in the previous 12 months. Diabetic respondents who had been tested were tested an average of 3.4 times during the 12

month period or about one every three and a half months. The participation rates were similar for males and females and across age groups (Table 3). Diabetics using insulin were more likely to have been tested (83%) than those not using insulin (74%).

Foot care

Individuals with diabetes often experience foot problems such as ulcers, lesions and infections. These conditions, if not appropriately cared for, may lead to more serious health issues such as gangrene and the need for amputation. In an effort to reduce the risk of serious complications, the CPG recommends annual foot examinations for all individuals with diabetes, with more frequent exams for those at high risk to reduce the likelihood of amputations and improve quality of life. The Guidelines also recommend that individuals at high risk receive proper foot care instruction to facilitate appropriate self-care.

In 2005, almost half (48%) of diabetic respondents indicated having had their feet checked by a health care professional at least once during the previous 12 months (Table 3). On average, individuals had had their feet checked 3.7 times over a 12 month period. The participation rates were similar for males and females, and across age groups and socio-economic status (Table 3). Individuals using insulin were more likely to have had their feet checked (68%) compared with those who were not using insulin (45%). After adjusting for other factors, diabetic respondents using insulin were 2.7 times more likely to have had their feet examined by a health professional in the previous year compared with those not using insulin.¹⁵

Respondents were also asked about foot care provided by themselves or a family member or friend. The majority of respondents (65%) indicated that they, or a family member or friend, had checked their feet for sores or irritations at least once in the previous 12 months – 37% checked daily and 17% checked weekly (Table 4). On the other hand, almost one third of respondents indicated that they never checked their feet.

Eye exams

Diabetic patients are at risk of developing retinopathy – a disease of the blood vessels of the eye. High blood sugar levels cause the blood vessels in the eye to weaken and leak tiny amounts of blood or fluid causing swelling of the retina. Vision may become blurred and in some cases blindness may result. The CPG recommends that all people with diabetes be screened and examined for retinopathy at the time that diabetes is first diagnosed.

Most of those responding to the Diabetes Care module (68%) indicated that they had had an eye test where their pupils were dilated at least once. Diabetics aged 18 to 44 were less likely to have had a dilation eye exam in the past 12 months compared with older diabetic respondents (Table 3). As with other types of diabetes care, those using insulin were more likely to have had an eye exam (82%) compared with those not using insulin (66%). After adjusting for other factors, diabetic respondents taking insulin were 2.7 times more likely to have received an eye dilation examination compared with those not using insulin.

Among all those who reported having had an exam, 14% reported having an exam within the last month, 58% between one month and one year ago; and 17% did so one to two years ago (Table 5).

Role of a regular medical doctor

The CPGs recommend that people with diabetes be cared for by a multidisciplinary team. Primary care physicians play a critical role in the team, initiating the delivery of appropriate health care services for diabetic patients. In general, having a regular doctor or regular source of care is associated with improved access to primary care services including those required to manage chronic conditions such as diabetes (Lambrew 1996; Grumbach 1993; Devoe 2003; McIsaac 2001). Evidence suggests, for example, that family physicians who provide appropriate care for

foot problems, including addressing wounds and prescribing appropriate shoes, can reduce the rate of lower extremity amputations by half (Nesbitt 2004).

Overall, 97% of diabetic respondents aged 18 and over in Newfoundland and Labrador, Prince Edward Island, New Brunswick, Ontario, and Manitoba had a regular medical doctor compared, with 86% of all Canadians aged 18 and over (data not shown). Results from the CCHS indicate that having a regular medical doctor matters for specific types of diabetes care. For example, diabetic patients with a regular medical doctor are approximately two times more likely to get their haemoglobin A1C checked compared with those who did not have a regular doctor at the time of the survey.

Limitations

The Diabetes Care module is optional content and therefore the results only represent diabetes care practices in the participating health regions. In the 2005 CCHS, the module was selected by all health regions in Newfoundland and Labrador, Prince Edward Island, New Brunswick, Ontario, and Manitoba. The ability to generalize these results to other non-participating provinces is limited.

The information provided by respondents regarding their diabetic status and health care practices is based on self-reported data. The information has not been clinically validated.

Conclusions

The Canadian Community Health Survey collects national level information regarding diabetes in Canada. Overall, 4.9% of Canadians aged 12 or older reported had been diagnosed with diabetes. The rate of diabetes varies by geographic region, age and gender. The results indicate that the rate of diabetes is higher in the eastern provinces and among males and increases with age.

Information from the Diabetes Care module provides important insights regarding the care practices of diabetic patients in the participating provinces – specifically the proportion of diabetic respondents meeting the CPG recommendations for appropriate diabetes care. Overall, the proportion of diabetic respondents meeting the CPG guidelines varies by type of care. The findings indicate that most diabetic patients (74%) have had their haemoglobin A1C checked by a health care professional at least once in the previous year and that, on average, those who have received the test are close to meeting the CPG recommended frequency of every 3 months. One in four diabetics in the participating provinces did not receive a test in the previous year. The results also indicate that one of key factors contributing to regular haemoglobin A1C testing is access to a regular medical doctor. This provides further evidence of the important role primary care physicians play in the delivery of diabetes care.

The results also indicate that the majority of diabetic respondents in the participating provinces are meeting the CPG requirements for eye dilation examinations but only half are meeting the annual foot examination recommendations. The majority of respondents (68%) indicated that they had at least one dilated eye examination, However, approximately one in three indicated that they had never had such an eye examination. The Canadian rates are slightly higher than those reported in the U.S. in 2001 where only 66% indicated that they had had an eye examination (Centre for Disease Control 2002). Only half of all diabetic respondents indicated that they were meeting the CPG requirements for annual foot examinations. The Canadian rates are lower than those reported in 2001 in the U.S., where approximately 60% of diabetics received annual foot examinations.

The results clearly indicate that diabetic individuals using insulin were more likely to receive diabetes care compared with those not using insulin. In some cases, insulin use may be a marker for a more progressed or advanced disease or may reflect poor glycemic control.

This report represents a first look at the health care practices for diabetics in five Canadian provinces. In the near future, many organisations with an interest in diabetes and diabetes care, including Statistics Canada, the Public Health Agency of Canada and the Canadian Institute for Health Information, will be collaborating on more in-depth analysis. This is required to better understand the health practices of Canadians with diabetes and the factors that affect the receipt of appropriate diabetes care.

Analytical methods

Weighted distributions and frequencies were produced. Partial or item non-responses accounted for less than 5% of the totals in most analyses; records with item non-responses were excluded from the calculations. The bootstrap technique was used to estimate the variance and confidence intervals to properly account for the complex survey design. This technique fully adjusts for the design effects of the survey. Confidence intervals were established at the level of $p = 0.05$.

Multivariate logistic regression models were used to analyze the relationship between having a regular medical doctor and receiving diabetes care from a health care professional. The models were run separately for the three types of care provided by a health care professional: haemoglobin A1C testing, feet examination and eye examination. The models were adjusted for demographic factors (age, sex), severity of disease (uses insulin or not) and socio-economic status (income and education). The bootstrap technique was used to determine the significance of odds ratios (ORs) and to estimate 95% confidence intervals.

Tables

Table 1

Percentage of Canadians diagnosed with diabetes by a health professional, by province and territory, household population aged 12 or older, Canada, 2005

	%	95% confidence interval		Number (000's)
Canada	4.9	4.7	5.0	1,325
Newfoundland and Labrador	6.8	5.8	7.8	31
Prince Edward Island	6.3	5.2	7.5	7
Nova Scotia	6.7	5.8	7.5	53
New Brunswick	6.0	5.2	6.7	38
Québec	5.2	4.8	5.5	333
Ontario	4.8	4.5	5.1	510
Manitoba	4.4	3.8	5.0	41
Saskatchewan	5.1	4.5	5.7	40
Alberta	3.9	3.4	4.4	104
British Columbia	4.6	4.1	5.0	164
Yukon Territory	4.3 ^E	2.8	5.7	^E
Northwest Territories	3.4 ^E	2.0	4.9	^E
Nunavut	^F			^F

Notes: ^E use with caution (Coefficient of variation between 16.6% and 33.3%), ^F too unreliable to be published (Coefficient of variation greater than 33.3%, suppressed because of extreme sampling variability).

Data source: 2005 Canadian Community Health Survey.

Table 2

Percentage of Canadians diagnosed with diabetes by a health professional, by sex and age group, household population aged 12 or older, Canada, 2005

	%	95% confidence interval	
Total	4.9	4.7	5.0
Age group			
12 to 17	0.3 ^{E1}	0.2	0.4
18 to 34	0.9 ¹	0.7	1.0
35 to 44	2.0 ¹	1.8	2.3
45 to 64	6.9 ¹	6.5	7.3
65 and over	14.6 ¹	14	15.2
Males	5.4 ²	5.1	5.6
Females	4.4 ²	4.2	4.6

1. statistically different from total and all other age groups ($p < 0.05$).

2. statistically different from total and other sex ($p < 0.05$).

Notes: ^E use with caution (Coefficient of variation between 16.6% and 33.3%).

Data source: 2005 Canadian Community Health Survey.

Table 3

Percentage of Canadians diagnosed with non-gestational diabetes having tests performed by a health care professional, by sex, age group, insulin use, having regular medical doctor, household income and education, household population aged 18 or older, selected provinces, 2005

	Past 12 months A1C test			Past 12 months feet checked			Ever had eye dilation		
	%	95% confidence interval		%	95% confidence interval		%	95% confidence interval	
Total	74.4	72.2	76.6	48.4	45.9	51	68.2	65.8	70.5
Sex									
Male	75.6	72.5	78.8	49.1	45.3	52.8	67.2	64	70.5
Female	72.7	69.7	75.8	47.5	44	51	69.4	66.3	72.6
Age									
18 to 44	71.9	65.1	78.8	45.9	38.1	53.7	58.6 ¹	50.5	66.7
45 to 64	76.2	72.6	79.8	48.5	44.7	52.4	70.3	66.7	73.9
65 and over	73.3	70.3	76.3	49	45.3	52.8	68.8	65.8	70.5
Uses insulin									
Yes	82.9	78.6	87.1	67.8	62.8	72.8	81.8	77.5	86
No	74.1 ²	71.5	76.6	44.7	41.7	47.6	66.3 ²	63.6	69
Has a regular medical doctor									
Yes	74.8 ³	72.5	77.1	48.7	46.1	51.3	68.5	66.2	70.9
No	61.5	52.1	71	39.8	29.6	49.9	56.5	45.9	67
Household Income									
<\$20,000	70.8	66.2	75.3	46.1	40.6	51.5	65.5	60.8	70.3
\$20,000 to \$39,999	72.7	68.3	77.1	52	47.3	56.6	69.8	65.4	74.3
\$40,000 to \$59,999	76.5	71.1	81.9	42.7	36.3	49.1	67.8	61.6	74
\$60,000 and over	77.8	73	82.6	52.4	47	57.8	69.1	63.8	74.4
Missing	72.5	67.1	77.9	44.4	38	50.7	66.7	60.6	72.8
Highest level of education									
Less than high school	73.2	69.9	76.5	46	41.8	50.2	65.4	61.6	69.1
Secondary school graduation	75.9	70	81.7	53.5	46.3	60.6	67.3	60.7	73.9
Some post-secondary	73.6	65.3	81.9	39	27.7	50.3	72.6	63.7	81.5
Post-secondary graduation	76.7	73.1	80.3	50.8	47	54.5	70.8	66.9	74.6

1. significantly different from other age groups ($p < 0.05$).

2. significantly different from insulin-users ($p < 0.05$).

3. significantly different from those without a regular medical doctor ($p < 0.05$).

Data source: 2005 Canadian Community Health Survey.

Table 4

Diabetes care provided by self, family member or friend, non-gestational diabetic population aged 18 or older, selected provinces, 2005

	Glucose checked (frequency)			Feet checked (frequency)		
	%	95% confidence interval		%	95% confidence interval	
Daily	49.8	47.1	52.4	37.4	34.9	39.9
Weekly	27.9	25.6	30.2	17.3	15.3	20.9
Monthly	7.2	5.9	8.6	6.1	5.0	7.2
Yearly	2.9	2.1	3.6	3.7	2.9	4.5
Never	9.7	8.2	11.2	31.3	28.8	33.8

Data source: 2005 Canadian Community Health Survey.

Table 5

Most recent dilation eye exam, non-gestational diabetic population 18 or older who have ever had a dilation eye exam, selected provinces, 2005

	%	95% confidence interval	
Less than month ago	13.5	11.4	15.5
1 month to less than 1 year ago	57.8	54.8	60.9
1 year to less than 2 years ago	17.1	14.6	19.6
2 or more years ago	11.3	9.3	13.4

Data source: 2005 Canadian Community Health Survey

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