1. Perceived health, very good or excellent

Source: Statistics Canada, Canadian Community Health Survey, 2008.

CANSIM table no.: 105-0501

Population aged 12 and over who reported perceiving their own health status as being either excellent or very good or fair or poor, depending on the indicator. Perceived health refers to the perception of a person's health in general, either by the person himself or herself, or, in the case of proxy response, by the person responding. Health means not only the absence of disease or injury but also physical, mental and social well being.

2. Perceived mental health, very good or excellent

Source: Statistics Canada, Canadian Community Health Survey, 2008.

CANSIM table no.: 105-0501

Population aged 12 and over who reported perceiving their own mental health status as being excellent or very good. Perceived mental health refers to the perception of a person's mental health in general. Perceived mental health provides a general indication of the population suffering from some form of mental disorder, mental or emotional problems, or distress, not necessarily reflected in perceived health.

3. Perceived life stress

Source: Statistics Canada, Canadian Community Health Survey, 2008.

CANSIM table no.: 105-0501

Population aged 15 and over who reported perceiving that most days in their life were quite a bit or extremely stressful. Perceived life stress refers to the amount of stress in the person's life, on most days, as perceived by the person or, in the case of proxy response, by the person responding.

4. Overweight or obese

Source: Statistics Canada, Canadian Community Health Survey, 2008.

CANSIM table no.: 105-0501

Body mass index (BMI) is a method of classifying body weight according to health risk. According to the World Health Organization (WHO) and Health Canada guidelines, health risk levels are associated with each of the following BMI categories: normal weight = least health risk; underweight and overweight = increased health risk; obese, class I = high health risk; obese, class II = very high health risk; obese, class III = extremely high health risk.

Body mass index (BMI) is calculated by dividing the respondent's body weight (in kilograms) by their height (in metres) squared.

A definition change was implemented in 2004 to conform with the World Health Organization (WHO) and Health Canada guidelines for body weight classification. The index is calculated for the population aged 18 and over, excluding pregnant females and persons less than 3 feet (0.914 metres) tall or greater than 6 feet 11 inches (2.108 metres).

According to the World Health Organization (WHO) and Health Canada guidelines, the index for body weight classification is: less than 18.50 (underweight); 18.50 to 24.99 (normal weight); 25.00 to 29.99 (overweight); 30.00 to 34.99 (obese, class I); 35.00 to 39.99 (obese, class II); 40.00 or greater (obese, class III).

5. Overweight

Source: Statistics Canada, Canadian Community Health Survey, 2008.

CANSIM table no.: 105-0501

Body mass index (BMI) is a method of classifying body weight according to health risk. According to the World Health Organization (WHO) and Health Canada guidelines, health risk levels are associated with each of the following BMI categories: normal weight = least health risk; underweight and overweight = increased health risk; obese, class I = high health risk; obese, class II = very high health risk; obese, class III = extremely high health risk.

Body mass index (BMI) is calculated by dividing the respondent's body weight (in kilograms) by their height (in metres) squared.

A definition change was implemented in 2004 to conform with the World Health Organization (WHO) and Health Canada guidelines for body weight classification. The index is calculated for the population aged 18 and over, excluding pregnant females and persons less than 3 feet (0.914 metres) tall or greater than 6 feet 11 inches (2.108 metres).

According to the World Health Organization (WHO) and Health Canada guidelines, the index for body weight classification is: less than 18.50 (underweight); 18.50 to 24.99 (normal weight); 25.00 to 29.99 (overweight); 30.00 to 34.99 (obese, class I); 35.00 to 39.99 (obese, class II); 40.00 or greater (obese, class III).

6. Obese

Source: Statistics Canada, Canadian Community Health Survey, 2008.

CANSIM table no.: 105-0501

Body mass index (BMI) is a method of classifying body weight according to health risk. According to the World Health Organization (WHO) and Health Canada guidelines, health risk levels are associated with each of the following BMI categories: normal weight = least health risk; underweight and overweight = increased health risk; obese, class I = high health risk; obese, class II = very high health risk; obese, class III = extremely high health risk.

Body mass index (BMI) is calculated by dividing the respondent's body weight (in kilograms) by their height (in metres) squared.

A definition change was implemented in 2004 to conform with the World Health Organization (WHO) and Health Canada guidelines for body weight classification. The index is calculated for the population aged 18 and over, excluding pregnant females and persons less than 3 feet (0.914 metres) tall or greater than 6 feet 11 inches (2.108 metres).

According to the World Health Organization (WHO) and Health Canada guidelines, the index for body weight classification is: less than 18.50 (underweight); 18.50 to 24.99 (normal weight); 25.00 to 29.99 (overweight); 30.00 to 34.99 (obese, class I); 35.00 to 39.99 (obese, class II); 40.00 or greater (obese, class III).

7. Arthritis

Source: Statistics Canada, Canadian Community Health Survey, 2008.

CANSIM table no.: 105-0501

Population aged 12 and over who reported that they have been diagnosed by a health professional as having arthritis.

Arthritis includes rheumatoid arthritis and osteoarthritis, but excludes fibromyalgia.

8. Diabetes

Source: Statistics Canada, Canadian Community Health Survey, 2008.

CANSIM table no.: 105-0501

Population aged 12 and over who reported that they have been diagnosed by a health professional as having diabetes.

Diabetes includes females 15 and over who reported that they have been diagnosed with gestational diabetes.

9. Asthma

Source: Statistics Canada, Canadian Community Health Survey, 2008.

CANSIM table no.: 105-0501

Population aged 12 and over who reported that they have been diagnosed by a health professional as having asthma.

10. High blood pressure

Source: Statistics Canada, Canadian Community Health Survey, 2008.

CANSIM table no.: 105-0501

Population aged 12 and over who reported that they have been diagnosed by a health professional as having high blood pressure.

11. Mood disorder

Source: Statistics Canada, Canadian Community Health Survey, 2008.

CANSIM table no.: 105-0501

Population aged 12 and over who reported that they have been diagnosed by a health professional as having a mood disorder, such as depression, bipolar disorder, mania or dysthymia.

12. Pain or discomfort, moderate or severe

Source: Statistics Canada, Canadian Community Health Survey, 2008.

CANSIM table no.: 105-0501

Population aged 12 and over who reported that they usually have pain or discomfort.

13. Pain or discomfort that prevents activities

Source: Statistics Canada, Canadian Community Health Survey, 2008.

CANSIM table no.: 105-0501

Population aged 12 and over who reported having pain or discomfort that prevents activities.

14. Participation and activity limitation, sometimes or often

Source: Statistics Canada, Canadian Community Health Survey, 2008.

CANSIM table no.: 105-0501

Population aged 12 and over who reported being limited in selected activities (home, school, work and other activities) because of a physical condition, mental condition or health problem which has lasted or is expected to last 6 months or longer.

15. Low birth weight

Source: Vital Statistics, Birth Database, 2000 to 2002.

CANSIM table no.: 102-4203

Live births less than 2,500 grams, expressed as a percentage of all live births (birth weight known).

Counts and rates (percentages) in this table are based on three consecutive years of data which were summed and divided by three. Counts have been rounded and do not always add to the exact totals.

The reference period associated with these data reflects the mid-point of the three-year period.

16. All invasive primary cancer sites (including in situ bladder)

Source: Statistics Canada, Canadian Cancer Registry (CCR) Database and Demography Division (population estimates), 2001 to 2003.

CANSIM table no.: 103-0403

World Health Organization, International Classification of Diseases for Oncology, Third Edition (ICD-O-3) and the International Agency for Research on Cancer (IARC) rules for determining multiple primaries sites.

Cancer incidence rates are age-standardized per 100,000 population using the direct method and the 1991 Canadian Census population structure. The use of a standard population results in more meaningful incidence rate comparisons, because it adjusts for variations in population age distributions over time and across geographic areas. Rates in this table are based on three consecutive years of cancer incidence data which were summed and divided by three times the population estimate of the middle year of the three-year period.

The age-standardized rates for cancer have been produced using the Surveillance, Epidemiology and End Results (SEER) groups for primary site of cancer. Specific sites include: colon, rectum and rectosigmoid junction (International Classification of Diseases for Oncology, Third Edition (ICD-O-3) codes C18.0 to C18.9, C19.9, C20.9, C26.0), bronchus and lung (ICD-O-3 codes C34.0 to 34.9), female breast (ICD-O-3 codes C50.0 to C50.9) and prostate (ICD-O-3 code C61.9). The four categories exclude morphology types M-9050 to M-9055; M-9140; M-9590 to 9989. Included are all invasive sites of new cancers and in situ bladder.

17. Colon, rectum and rectosigmoid junction cancer

Source: Statistics Canada, Canadian Cancer Registry (CCR) Database and Demography Division (population estimates), 2001 to 2003.

CANSIM table no.: 103-0403

Colon, rectum and rectosigmoid junction cancer [C18.0-C18.9, C19.9, C20.9, C26.0]; Cancer incidence (age-standardized rate per 100,000 population).

World Health Organization, International Classification of Diseases for Oncology, Third Edition (ICD-O-3) and the International Agency for Research on Cancer (IARC) rules for determining multiple primaries sites.

Cancer incidence rates are age-standardized per 100,000 population using the direct method and the 1991 Canadian Census population structure. The use of a standard population results in more meaningful incidence rate comparisons, because it adjusts for variations in population age distributions over time and across geographic areas. Rates in this table are based on three consecutive years of cancer incidence data which were summed and divided by three times the population estimate of the middle year of the three-year period.

18. Bronchus and lung cancer

Source: Statistics Canada, Canadian Cancer Registry (CCR) Database and Demography Division (population estimates), 2001 to 2003.

CANSIM table no.: 103-0403

Bronchus and lung cancer [C34.0-C34.9]; Cancer incidence (age-standardized rate per 100,000 population).

World Health Organization, International Classification of Diseases for Oncology, Third Edition (ICD-O-3) and the International Agency for Research on Cancer (IARC) rules for determining multiple primaries sites.

Cancer incidence rates are age-standardized per 100,000 population using the direct method and the 1991 Canadian Census population structure. The use of a standard population results in more meaningful incidence rate comparisons, because it adjusts for variations in population age distributions over time and across geographic areas. Rates in this table are based on three consecutive years of cancer incidence data which were summed and divided by three times the population estimate of the middle year of the three-year period.

19. Female breast cancer

Source: Statistics Canada, Canadian Cancer Registry (CCR) Database and Demography Division (population estimates), 2001 to 2003.

CANSIM table no.: 103-0403

World Health Organization, International Classification of Diseases for Oncology, Third Edition (ICD-O-3) and the International Agency for Research on Cancer (IARC) rules for determining multiple primaries sites.

Rates for breast cancer (International Classification of Diseases for Oncology, Third Edition (ICD-O-3) codes C50.0 to C50.9) were calculated for females only.

Cancer incidence rates are age-standardized per 100,000 population using the direct method and the 1991 Canadian Census population structure. The use of a standard population results in more meaningful incidence rate comparisons, because it adjusts for variations in population age distributions over time and across geographic areas. Rates in this table are based on three consecutive years of cancer incidence data which were summed and divided by three times the population estimate of the middle year of the three-year period.

20. Prostate cancer

Source: Statistics Canada, Canadian Cancer Registry (CCR) Database and Demography Division (population estimates), 2001 to 2003.

CANSIM table no.: 103-0403

World Health Organization, International Classification of Diseases for Oncology, Third Edition (ICD-O-3) and the International Agency for Research on Cancer (IARC) rules for determining multiple primaries sites.

Rates for prostate cancer (International Classification of Diseases for Oncology, Third Edition (ICD-O-3) code C61.9) were calculated for males only.

Cancer incidence rates are age-standardized per 100,000 population using the direct method and the 1991 Canadian Census population structure. The use of a standard population results in more meaningful incidence rate comparisons, because it adjusts for variations in population age distributions over time and across geographic areas. Rates in this table are based on three consecutive years of cancer incidence data which were summed and divided by three times the population estimate of the middle year of the three-year period.

21. Current smoker, daily or occasional

Source: Statistics Canada, Canadian Community Health Survey, 2008.

CANSIM table no.: 105-0501

Population aged 12 and over who reported being a current smoker.

Daily smokers refers to those who reported smoking cigarettes every day.

Does not take into account the number of cigarettes smoked.

Occasional smokers refers to those who reported smoking cigarettes occasionally. This includes former daily smokers who now smoke occasionally.

22. Current smoker, daily

Source: Statistics Canada, Canadian Community Health Survey, 2008.

CANSIM table no.: 105-0501

Population aged 12 and over who reported being a current smoker.

Daily smokers refers to those who reported smoking cigarettes every day.

Does not take into account the number of cigarettes smoked.

Although the Canadian Tobacco Use Monitoring Survey (CTUMS) and the Canadian Community Health Survey (CCHS) produce estimates of national and provincial smoking rates, users should be aware of a number of differences between the two surveys. Firstly, the surveys use different sampling frames. Secondly, the annual sample for CTUMS is 20,000 compared to 65,000 for CCHS. Thirdly, in CCHS, smoking questions are asked in the context of a wide range of health-related behaviours whereas in CTUMS all questions are related to smoking. These differences could influence the accuracy of information provided by the respondent. Although these factors can influence the estimates produced at a single point in time, the trends produced by the two surveys have been noted to be very consistent over time. Rather than comparing smoking rates produced from the two surveys, Statistics Canada advises users to choose a single source, based on their objectives, and to use that source consistently.

23. Frequency of drinking

Source: Statistics Canada, Canadian Community Health Survey, 2008.

CANSIM table no.: 105-0501

Population aged 12 and over who reported having 5 or more drinks on one occasion, at least once a month in the past year.

Starting in 2009, the denominator includes all the population aged 12 and over. This change applies to rates from all years in this table. In data released before 2009, the denominator included only the population who reported having had at least one drink in the past 12 months. Increasing the population in the denominator reduces the estimate rates. This change was implemented to produce more comparable rates over time and is more consistent with methods used in calculating other indicators.

24. Leisure-time physical activity, moderately active or active

Source: Statistics Canada, Canadian Community Health Survey, 2008.

CANSIM table no.: 105-0501

Population aged 12 and over who reported a level of physical activity, based on their responses to questions about the nature, frequency and duration of their participation in leisure-time physical activity.

Respondents are classified as active, moderately active or inactive based on an index of average daily physical activity over the past 3 months. For each leisure time physical activity engaged in by the respondent, an average daily energy expenditure is calculated by multiplying the number of times the activity was performed by the average duration of the activity by the energy cost (kilocalories per kilogram of body weight per hour) of the activity. The index is calculated as the sum of the average daily energy expenditures of all activities. Respondents are classified as follows: 3.0 kcal/kg/day or more = physically active; 1.5 to 2.9 kcal/kg/day = moderately active; less than 1.5 kcal/kg/day = inactive.

25. Fruit and vegetable consumption, 5 times or more per day

Source: Statistics Canada, Canadian Community Health Survey, 2008.

CANSIM table no.: 105-0501

Indicates the usual number of times (frequency) per day a person reported eating fruits and vegetables. Measure does not take into account the amount consumed.

Canada and provincial estimates are based on sub-sample weights for 2005 data.

26. Contact with a medical doctor in the past 12 months

Source: Statistics Canada, Canadian Community Health Survey, 2008.

CANSIM table no.: 105-0501

Population aged 12 and over who reported having consulted with a medical doctor in the past 12 months.

Medical doctor includes family or general practitioners as well as specialists such as surgeons, allergists, orthopaedists, gynaecologists or psychiatrists. For population aged 12 to 17, includes pediatricians.

27. Influenza immunization, less than one year ago

Source: Statistics Canada, Canadian Community Health Survey, 2008.

CANSIM table no.: 105-0501

Population aged 12 and over who reported when they had their last influenza immunization (flu shot).

28. Received mammogram within the last 2 years, females aged 50 to 69 years

Source: Statistics Canada, Canadian Community Health Survey, 2008.

CANSIM table no.: 105-0543

Women aged 50 to 69 who reported when they had their last mammogram for routine screening or other reasons.

Screening mammography is an important strategy for early detection of breast cancer.

29. Pap smear within the last 3 years, by age group, females aged 18 to 69 years

Source: Statistics Canada, Canadian Community Health Survey, 2005.

CANSIM table no.: 105-0442

Women aged 18 to 69 who reported when they had their last Pap smear test.

Pap tests detect pre-malignant lesions before cancer of the cervix develops.

30. Regular medical doctor

Source: Statistics Canada, Canadian Community Health Survey, 2008.

CANSIM table no.: 105-0501

Population aged 12 and over who reported that they have a regular medical doctor.

31. Exposure to second-hand smoke at home

Source: Statistics Canada, Canadian Community Health Survey, 2008.

CANSIM table no.: 105-0501

Non-smoking population aged 12 and over who reported that at least one person smoked inside their home every day or almost every day.

Smoking includes cigarettes, cigars and pipes.

32. Exposure to second-hand smoke in the past month, in vehicles and/or public places

Source: Statistics Canada, Canadian Community Health Survey, 2008.

CANSIM table no.: 105-0501

Non-smoking population aged 12 and over who reported being exposed to second-hand smoke in private vehicles and/or public places on every day or almost every day in the past month.

Smoking includes cigarettes, cigars and pipes.

33. Infant mortality

Source: Statistics Canada, Vital Statistics, Birth and Death Databases, 2000 to 2002.

CANSIM table no.: 102-0207

Infant mortality corresponds to the death of a child under one year of age.

A long-established measure, not only of child health, but also of the well-being of a society. This indicator reflects the level of mortality, health status, and health care of a population, and the effectiveness of preventive care and the attention paid to maternal and child health.

Counts in this table are based on three consecutive years of data which were summed and divided by three. Counts have been rounded and do not always add to the exact totals. Rates are based on these counts per 1,000 live births.

The reference period associated with these data reflects the mid-point of the three-year period.

Birth data on the Canadian Vital Statistics Database for Ontario are underestimated due to incomplete files. Birth-related data for Ontario should be interpreted with caution.

34. Life expectancy at birth

Source: Statistics Canada, Canadian Vital Statistics, Death Database and Demography Division (population estimates), 2000 to 2002.

CANSIM table no.: 102-0218

Life expectancy is the number of years a person would be expected to live, starting from birth (for life expectancy at birth) and similarly for other age groups, if the age- and sex-specific mortality rates for a given observation period (such as a calendar year) were held constant over the estimated life span.

The estimates are based on three consecutive years of death data and the population estimate of the middle year.

The reference period associated with these data reflects the mid-point of the three-year period.

Life expectancy and related confidence intervals are based on Chiang's method (Chiang, CL., 'The Life Table and its Applications', Robert, E., Krieger Publishing Company, Malabar, Florida, 1984).

Rates used in this table for the calculation of life expectancy are calculated with data that exclude: births to mothers not resident in Canada; births to mothers resident in Canada, province or territory of residence unknown; deaths of non-residents of Canada; deaths of residents of Canada whose province or territory of residence was unknown; deaths for which age or sex of decedent was unknown.

Rates used in this table for the calculation of life expectancy are based on data tabulated by place of residence.

35. Life expectancy at age 65

Source: Statistics Canada, Canadian Vital Statistics, Death Database and Demography Division (population estimates), 2000 to 2002.

CANSIM table no.: 102-0218

Life expectancy is the number of years a person would be expected to live, starting from birth (for life expectancy at birth) and similarly for other age groups, if the age- and sex-specific mortality rates for a given observation period (such as a calendar year) were held constant over the estimated life span.

The estimates are based on three consecutive years of death data and the population estimate of the middle year.

The reference period associated with these data reflects the mid-point of the three-year period.

Life expectancy and related confidence intervals are based on Chiang's method (Chiang, CL., 'The Life Table and its Applications', Robert, E., Krieger Publishing Company, Malabar, Florida, 1984).

Rates used in this table for the calculation of life expectancy are calculated with data that exclude: births to mothers not resident in Canada; births to mothers resident in Canada, province or territory of residence unknown; deaths of non-residents of Canada; deaths of residents of Canada whose province or territory of residence was unknown; deaths for which age or sex of decedent was unknown.

Rates used in this table for the calculation of life expectancy are based on data tabulated by place of residence.

36. Total, all causes of death

Source: Statistics Canada, Canadian Vital Statistics, Death Database and Demography Division (population estimates), 2000 to 2002.

CANSIM table no.: 102-0303

World Health Organization (WHO), International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10). All causes of death [A00-Y89].

Rates in this table are based on three consecutive years of death data, summed and divided by three. The average number is then divided by the population estimate of the middle year. The reference period associated with these data reflects the mid-point of the three-year period.

Rates are age-standardized using the direct method and the 1991 Canadian Census population structure. All rates are per 100,000 population. The use of a standard population results in more meaningful mortality rate comparisons because it adjusts for variations in population age distributions over time and across geographic areas.

Rates in this table exclude: deaths of non-residents of Canada; deaths of residents of Canada whose province or territory of residence was unknown; deaths for which age of decedent was unknown.

Rates in this table are based on place of residence for indicators derived from death events.

Missing data on sex of the deceased were imputed based on death registration number.

Confidence intervals for crude rates for selected causes of death data were produced using the Fleiss method. Source: Fleiss, JL., 'Statistical Methods for Rates and Proportions', Second Edition, New York, Wiley and Sons, 1981.

Confidence intervals for age-standardized rates were produced using the Spiegelman method. Source: Spiegelman, M., 'Introduction to Demography', Revised Edition, Cambridge, Massachusetts: Harvard University Press, 1968, page 113, formula 4.29.

37. All cancers

Source: Statistics Canada, Canadian Vital Statistics, Death Database and Demography Division (population estimates), 2000 to 2002.

CANSIM table no.: 102-0303

World Health Organization (WHO), International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10). All malignant neoplasms (cancers) [C00-C97].

Rates in this table are based on three consecutive years of death data, summed and divided by three. The average number is then divided by the population estimate of the middle year. The reference period associated with these data reflects the mid-point of the three-year period.

Rates are age-standardized using the direct method and the 1991 Canadian Census population structure. All rates are per 100,000 population. The use of a standard population results in more meaningful mortality rate comparisons because it adjusts for variations in population age distributions over time and across geographic areas.

Rates in this table exclude: deaths of non-residents of Canada; deaths of residents of Canada whose province or territory of residence was unknown; deaths for which age of decedent was unknown.

Rates in this table are based on place of residence for indicators derived from death events.

Missing data on sex of the deceased were imputed based on death registration number.

Confidence intervals for crude rates for selected causes of death data were produced using the Fleiss method. Source: Fleiss, JL., 'Statistical Methods for Rates and Proportions', Second Edition, New York, Wiley and Sons, 1981.

Confidence intervals for age-standardized rates were produced using the Spiegelman method. Source: Spiegelman, M., 'Introduction to Demography', Revised Edition, Cambridge, Massachusetts: Harvard University Press, 1968, page 113, formula 4.29.

38. Colorectal cancer

Source: Statistics Canada, Canadian Vital Statistics, Death Database and Demography Division (population estimates), 2000 to 2002.

CANSIM table no.: 102-0303

World Health Organization (WHO), International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10). Colorectal cancer [C18-C21].

Rates in this table are based on three consecutive years of death data, summed and divided by three. The average number is then divided by the population estimate of the middle year. The reference period associated with these data reflects the mid-point of the three-year period.

Rates are age-standardized using the direct method and the 1991 Canadian Census population structure. All rates are per 100,000 population. The use of a standard population results in more meaningful mortality rate comparisons because it adjusts for variations in population age distributions over time and across geographic areas.

Rates in this table exclude: deaths of non-residents of Canada; deaths of residents of Canada whose province or territory of residence was unknown; deaths for which age of decedent was unknown.

Rates in this table are based on place of residence for indicators derived from death events.

Missing data on sex of the deceased were imputed based on death registration number.

Confidence intervals for crude rates for selected causes of death data were produced using the Fleiss method. Source: Fleiss, JL., 'Statistical Methods for Rates and Proportions', Second Edition, New York, Wiley and Sons, 1981.

Confidence intervals for age-standardized rates were produced using the Spiegelman method. Source: Spiegelman, M., 'Introduction to Demography', Revised Edition, Cambridge, Massachusetts: Harvard University Press, 1968, page 113, formula 4.29.

39. Lung cancer

Source: Statistics Canada, Canadian Vital Statistics, Death Database and Demography Division (population estimates), 2000 to 2002.

CANSIM table no.: 102-0303

World Health Organization (WHO), International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10). Lung cancer [C33-C34].

Rates in this table are based on three consecutive years of death data, summed and divided by three. The average number is then divided by the population estimate of the middle year. The reference period associated with these data reflects the mid-point of the three-year period.

Rates are age-standardized using the direct method and the 1991 Canadian Census population structure. All rates are per 100,000 population. The use of a standard population results in more meaningful mortality rate comparisons because it adjusts for variations in population age distributions over time and across geographic areas.

Rates in this table exclude: deaths of non-residents of Canada; deaths of residents of Canada whose province or territory of residence was unknown; deaths for which age of decedent was unknown.

Rates in this table are based on place of residence for indicators derived from death events.

Missing data on sex of the deceased were imputed based on death registration number.

Confidence intervals for crude rates for selected causes of death data were produced using the Fleiss method. Source: Fleiss, JL., 'Statistical Methods for Rates and Proportions', Second Edition, New York, Wiley and Sons, 1981.

Confidence intervals for age-standardized rates were produced using the Spiegelman method. Source: Spiegelman, M., 'Introduction to Demography', Revised Edition, Cambridge, Massachusetts: Harvard University Press, 1968, page 113, formula 4.29.

40. Breast cancer

Source: Statistics Canada, Canadian Vital Statistics, Death Database and Demography Division (population estimates), 2000 to 2002.

CANSIM table no.: 102-0303

World Health Organization (WHO), International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10). Breast cancer [C50].

Rates for breast cancer (International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10) code C50) were calculated for females only.

Rates in this table are based on three consecutive years of death data, summed and divided by three. The average number is then divided by the population estimate of the middle year. The reference period associated with these data reflects the mid-point of the three-year period.

Rates are age-standardized using the direct method and the 1991 Canadian Census population structure. All rates are per 100,000 population. The use of a standard population results in more meaningful mortality rate comparisons because it adjusts for variations in population age distributions over time and across geographic areas.

Rates in this table exclude: deaths of non-residents of Canada; deaths of residents of Canada whose province or territory of residence was unknown; deaths for which age of decedent was unknown.

Rates in this table are based on place of residence for indicators derived from death events.

Missing data on sex of the deceased were imputed based on death registration number.

Confidence intervals for crude rates for selected causes of death data were produced using the Fleiss method. Source: Fleiss, JL., 'Statistical Methods for Rates and Proportions', Second Edition, New York, Wiley and Sons, 1981.

Confidence intervals for age-standardized rates were produced using the Spiegelman method. Source: Spiegelman, M., 'Introduction to Demography', Revised Edition, Cambridge, Massachusetts: Harvard University Press, 1968, page 113, formula 4.29.

41. Prostate cancer

Source: Statistics Canada, Canadian Vital Statistics, Death Database and Demography Division (population estimates), 2000 to 2002.

CANSIM table no.: 102-0303

World Health Organization (WHO), International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10). Prostate cancer [C61].

Rates for prostate cancer (International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10) code C61) were calculated for males only.

Rates in this table are based on three consecutive years of death data, summed and divided by three. The average number is then divided by the population estimate of the middle year. The reference period associated with these data reflects the mid-point of the three-year period.

Rates are age-standardized using the direct method and the 1991 Canadian Census population structure. All rates are per 100,000 population. The use of a standard population results in more meaningful mortality rate comparisons because it adjusts for variations in population age distributions over time and across geographic areas.

Rates in this table exclude: deaths of non-residents of Canada; deaths of residents of Canada whose province or territory of residence was unknown; deaths for which age of decedent was unknown.

Rates in this table are based on place of residence for indicators derived from death events.

Missing data on sex of the deceased were imputed based on death registration number.

Confidence intervals for crude rates for selected causes of death data were produced using the Fleiss method. Source: Fleiss, JL., 'Statistical Methods for Rates and Proportions', Second Edition, New York, Wiley and Sons, 1981.

Confidence intervals for age-standardized rates were produced using the Spiegelman method. Source: Spiegelman, M., 'Introduction to Demography', Revised Edition, Cambridge, Massachusetts: Harvard University Press, 1968, page 113, formula 4.29.

42. Circulatory diseases

Source: Statistics Canada, Canadian Vital Statistics, Death Database and Demography Division (population estimates), 2000 to 2002.

CANSIM table no.: 102-0303

World Health Organization (WHO), International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10). Circulatory diseases [I00-I99].

Rates in this table are based on three consecutive years of death data, summed and divided by three. The average number is then divided by the population estimate of the middle year. The reference period associated with these data reflects the mid-point of the three-year period.

Rates are age-standardized using the direct method and the 1991 Canadian Census population structure. All rates are per 100,000 population. The use of a standard population results in more meaningful mortality rate comparisons because it adjusts for variations in population age distributions over time and across geographic areas.

Rates in this table exclude: deaths of non-residents of Canada; deaths of residents of Canada whose province or territory of residence was unknown; deaths for which age of decedent was unknown.

Rates in this table are based on place of residence for indicators derived from death events.

Missing data on sex of the deceased were imputed based on death registration number.

Confidence intervals for crude rates for selected causes of death data were produced using the Fleiss method. Source: Fleiss, JL., 'Statistical Methods for Rates and Proportions', Second Edition, New York, Wiley and Sons, 1981.

Confidence intervals for age-standardized rates were produced using the Spiegelman method. Source: Spiegelman, M., 'Introduction to Demography', Revised Edition, Cambridge, Massachusetts: Harvard University Press, 1968, page 113, formula 4.29.

43. Ischaemic heart diseases

Source: Statistics Canada, Canadian Vital Statistics, Death Database and Demography Division (population estimates), 2000 to 2002.

CANSIM table no.: 102-0303

World Health Organization (WHO), International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10). Ischaemic heart diseases [I20-I25].

Rates in this table are based on three consecutive years of death data, summed and divided by three. The average number is then divided by the population estimate of the middle year. The reference period associated with these data reflects the mid-point of the three-year period.

Rates are age-standardized using the direct method and the 1991 Canadian Census population structure. All rates are per 100,000 population. The use of a standard population results in more meaningful mortality rate comparisons because it adjusts for variations in population age distributions over time and across geographic areas.

Rates in this table exclude: deaths of non-residents of Canada; deaths of residents of Canada whose province or territory of residence was unknown; deaths for which age of decedent was unknown.

Rates in this table are based on place of residence for indicators derived from death events.

Missing data on sex of the deceased were imputed based on death registration number.

Confidence intervals for crude rates for selected causes of death data were produced using the Fleiss method. Source: Fleiss, JL., 'Statistical Methods for Rates and Proportions', Second Edition, New York, Wiley and Sons, 1981.

Confidence intervals for age-standardized rates were produced using the Spiegelman method. Source: Spiegelman, M., 'Introduction to Demography', Revised Edition, Cambridge, Massachusetts: Harvard University Press, 1968, page 113, formula 4.29.

44. Cerebrovascular diseases

Source: Statistics Canada, Canadian Vital Statistics, Death Database and Demography Division (population estimates), 2000 to 2002.

CANSIM table no.: 102-0303

World Health Organization (WHO), International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10). Cerebrovascular diseases [I60-I69].

Rates in this table are based on three consecutive years of death data, summed and divided by three. The average number is then divided by the population estimate of the middle year. The reference period associated with these data reflects the mid-point of the three-year period.

Rates are age-standardized using the direct method and the 1991 Canadian Census population structure. All rates are per 100,000 population. The use of a standard population results in more meaningful mortality rate comparisons because it adjusts for variations in population age distributions over time and across geographic areas.

Rates in this table exclude: deaths of non-residents of Canada; deaths of residents of Canada whose province or territory of residence was unknown; deaths for which age of decedent was unknown.

Rates in this table are based on place of residence for indicators derived from death events.

Missing data on sex of the deceased were imputed based on death registration number.

Confidence intervals for crude rates for selected causes of death data were produced using the Fleiss method. Source: Fleiss, JL., 'Statistical Methods for Rates and Proportions', Second Edition, New York, Wiley and Sons, 1981.

Confidence intervals for age-standardized rates were produced using the Spiegelman method. Source: Spiegelman, M., 'Introduction to Demography', Revised Edition, Cambridge, Massachusetts: Harvard University Press, 1968, page 113, formula 4.29.

45. All other circulatory diseases

Source: Statistics Canada, Canadian Vital Statistics, Death Database and Demography Division (population estimates), 2000 to 2002.

CANSIM table no.: 102-0303

World Health Organization (WHO), International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10). All other circulatory diseases [I00-I02, I05-I09, I10-I15, I26-I28, I30-I52, I70-I79, I80-I89, I95-I99].

Rates in this table are based on three consecutive years of death data, summed and divided by three. The average number is then divided by the population estimate of the middle year. The reference period associated with these data reflects the mid-point of the three-year period.

Rates are age-standardized using the direct method and the 1991 Canadian Census population structure. All rates are per 100,000 population. The use of a standard population results in more meaningful mortality rate comparisons because it adjusts for variations in population age distributions over time and across geographic areas.

Rates in this table exclude: deaths of non-residents of Canada; deaths of residents of Canada whose province or territory of residence was unknown; deaths for which age of decedent was unknown.

Rates in this table are based on place of residence for indicators derived from death events.

Missing data on sex of the deceased were imputed based on death registration number.

Confidence intervals for crude rates for selected causes of death data were produced using the Fleiss method. Source: Fleiss, JL., 'Statistical Methods for Rates and Proportions', Second Edition, New York, Wiley and Sons, 1981.

Confidence intervals for age-standardized rates were produced using the Spiegelman method. Source: Spiegelman, M., 'Introduction to Demography', Revised Edition, Cambridge, Massachusetts: Harvard University Press, 1968, page 113, formula 4.29.

46. Respiratory diseases

Source: Statistics Canada, Canadian Vital Statistics, Death Database and Demography Division (population estimates), 2000 to 2002.

CANSIM table no.: 102-0303

World Health Organization (WHO), International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10). Respiratory diseases (excluding infectious and parasitic diseases) [J00-J99].

Rates in this table are based on three consecutive years of death data, summed and divided by three. The average number is then divided by the population estimate of the middle year. The reference period associated with these data reflects the mid-point of the three-year period.

Rates are age-standardized using the direct method and the 1991 Canadian Census population structure. All rates are per 100,000 population. The use of a standard population results in more meaningful mortality rate comparisons because it adjusts for variations in population age distributions over time and across geographic areas.

Rates in this table exclude: deaths of non-residents of Canada; deaths of residents of Canada whose province or territory of residence was unknown; deaths for which age of decedent was unknown.

Rates in this table are based on place of residence for indicators derived from death events.

Missing data on sex of the deceased were imputed based on death registration number.

Confidence intervals for crude rates for selected causes of death data were produced using the Fleiss method. Source: Fleiss, JL., 'Statistical Methods for Rates and Proportions', Second Edition, New York, Wiley and Sons, 1981.

Confidence intervals for age-standardized rates were produced using the Spiegelman method. Source: Spiegelman, M., 'Introduction to Demography', Revised Edition, Cambridge, Massachusetts: Harvard University Press, 1968, page 113, formula 4.29.

47. Pneumonia and influenza

Source: Statistics Canada, Canadian Vital Statistics, Death Database and Demography Division (population estimates), 2000 to 2002.

CANSIM table no.: 102-0303

World Health Organization (WHO), International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10). Pneumonia and influenza [J10-J18].

Rates in this table are based on three consecutive years of death data, summed and divided by three. The average number is then divided by the population estimate of the middle year. The reference period associated with these data reflects the mid-point of the three-year period.

Rates are age-standardized using the direct method and the 1991 Canadian Census population structure. All rates are per 100,000 population. The use of a standard population results in more meaningful mortality rate comparisons because it adjusts for variations in population age distributions over time and across geographic areas.

Rates in this table exclude: deaths of non-residents of Canada; deaths of residents of Canada whose province or territory of residence was unknown; deaths for which age of decedent was unknown.

Rates in this table are based on place of residence for indicators derived from death events.

Missing data on sex of the deceased were imputed based on death registration number.

Confidence intervals for crude rates for selected causes of death data were produced using the Fleiss method. Source: Fleiss, JL., 'Statistical Methods for Rates and Proportions', Second Edition, New York, Wiley and Sons, 1981.

Confidence intervals for age-standardized rates were produced using the Spiegelman method. Source: Spiegelman, M., 'Introduction to Demography', Revised Edition, Cambridge, Massachusetts: Harvard University Press, 1968, page 113, formula 4.29.

48. Bronchitis, emphysema and asthma

Source: Statistics Canada, Canadian Vital Statistics, Death Database and Demography Division (population estimates), 2000 to 2002.

CANSIM table no.: 102-0303

World Health Organization (WHO), International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10). Bronchitis, emphysema and asthma [J40-J43, J45-J46].

Rates in this table are based on three consecutive years of death data, summed and divided by three. The average number is then divided by the population estimate of the middle year. The reference period associated with these data reflects the mid-point of the three-year period.

Rates are age-standardized using the direct method and the 1991 Canadian Census population structure. All rates are per 100,000 population. The use of a standard population results in more meaningful mortality rate comparisons because it adjusts for variations in population age distributions over time and across geographic areas.

Rates in this table exclude: deaths of non-residents of Canada; deaths of residents of Canada whose province or territory of residence was unknown; deaths for which age of decedent was unknown.

Rates in this table are based on place of residence for indicators derived from death events.

Missing data on sex of the deceased were imputed based on death registration number.

Confidence intervals for crude rates for selected causes of death data were produced using the Fleiss method. Source: Fleiss, JL., 'Statistical Methods for Rates and Proportions', Second Edition, New York, Wiley and Sons, 1981.

Confidence intervals for age-standardized rates were produced using the Spiegelman method. Source: Spiegelman, M., 'Introduction to Demography', Revised Edition, Cambridge, Massachusetts: Harvard University Press, 1968, page 113, formula 4.29.

49. All other respiratory diseases

Source: Statistics Canada, Canadian Vital Statistics, Death Database and Demography Division (population estimates), 2000 to 2002.

CANSIM table no.: 102-0303

World Health Organization (WHO), International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10). All other respiratory diseases [J00-J06, J20-J22, J30-J39, J44, J47, J60-J70, J80-J84, J85-J86, J90-J94, J95-J99].

Rates in this table are based on three consecutive years of death data, summed and divided by three. The average number is then divided by the population estimate of the middle year. The reference period associated with these data reflects the mid-point of the three-year period.

Rates are age-standardized using the direct method and the 1991 Canadian Census population structure. All rates are per 100,000 population. The use of a standard population results in more meaningful mortality rate comparisons because it adjusts for variations in population age distributions over time and across geographic areas.

Rates in this table exclude: deaths of non-residents of Canada; deaths of residents of Canada whose province or territory of residence was unknown; deaths for which age of decedent was unknown.

Rates in this table are based on place of residence for indicators derived from death events.

Missing data on sex of the deceased were imputed based on death registration number.

Confidence intervals for crude rates for selected causes of death data were produced using the Fleiss method. Source: Fleiss, JL., 'Statistical Methods for Rates and Proportions', Second Edition, New York, Wiley and Sons, 1981.

Confidence intervals for age-standardized rates were produced using the Spiegelman method. Source: Spiegelman, M., 'Introduction to Demography', Revised Edition, Cambridge, Massachusetts: Harvard University Press, 1968, page 113, formula 4.29.

50. Unintentional injuries

Source: Statistics Canada, Canadian Vital Statistics, Death Database and Demography Division (population estimates), 2000 to 2002.

CANSIM table no.: 102-0303

World Health Organization (WHO), International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10). Unintentional injuries [V01-X59, Y85-Y86].

External causes of unintentional injuries include transport accidents, falls, poisoning, drowning and fires, but not complications of medical and surgical care (International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10) codes V01 to X59, Y85 to Y86).

Rates in this table are based on three consecutive years of death data, summed and divided by three. The average number is then divided by the population estimate of the middle year. The reference period associated with these data reflects the mid-point of the three-year period.

Rates are age-standardized using the direct method and the 1991 Canadian Census population structure. All rates are per 100,000 population. The use of a standard population results in more meaningful mortality rate comparisons because it adjusts for variations in population age distributions over time and across geographic areas.

Rates in this table exclude: deaths of non-residents of Canada; deaths of residents of Canada whose province or territory of residence was unknown; deaths for which age of decedent was unknown.

Rates in this table are based on place of residence for indicators derived from death events.

Missing data on sex of the deceased were imputed based on death registration number.

Confidence intervals for crude rates for selected causes of death data were produced using the Fleiss method. Source: Fleiss, JL., 'Statistical Methods for Rates and Proportions', Second Edition, New York, Wiley and Sons, 1981.

Confidence intervals for age-standardized rates were produced using the Spiegelman method. Source: Spiegelman, M., 'Introduction to Demography', Revised Edition, Cambridge, Massachusetts: Harvard University Press, 1968, page 113, formula 4.29.

51. Suicides and self-inflicted injuries

Source: Statistics Canada, Canadian Vital Statistics, Death Database and Demography Division (population estimates), 2000 to 2002.

CANSIM table no.: 102-0303

World Health Organization (WHO), International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10). Suicides and self-inflicted injuries [X60-X84, Y87.0].

Rates in this table are based on three consecutive years of death data, summed and divided by three. The average number is then divided by the population estimate of the middle year. The reference period associated with these data reflects the mid-point of the three-year period.

Rates are age-standardized using the direct method and the 1991 Canadian Census population structure. All rates are per 100,000 population. The use of a standard population results in more meaningful mortality rate comparisons because it adjusts for variations in population age distributions over time and across geographic areas.

Rates in this table exclude: deaths of non-residents of Canada; deaths of residents of Canada whose province or territory of residence was unknown; deaths for which age of decedent was unknown.

Rates in this table are based on place of residence for indicators derived from death events.

Missing data on sex of the deceased were imputed based on death registration number.

Confidence intervals for crude rates for selected causes of death data were produced using the Fleiss method. Source: Fleiss, JL., 'Statistical Methods for Rates and Proportions', Second Edition, New York, Wiley and Sons, 1981.

Confidence intervals for age-standardized rates were produced using the Spiegelman method. Source: Spiegelman, M., 'Introduction to Demography', Revised Edition, Cambridge, Massachusetts: Harvard University Press, 1968, page 113, formula 4.29.

52. Human immunodeficiency virus [HIV] disease

Source: Statistics Canada, Canadian Vital Statistics, Death Database and Demography Division (population estimates), 2000 to 2002.

CANSIM table no.: 102-0303

World Health Organization (WHO), International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10). Human immunodeficiency virus [HIV] disease [B20-B24].

Rates in this table are based on three consecutive years of death data, summed and divided by three. The average number is then divided by the population estimate of the middle year. The reference period associated with these data reflects the mid-point of the three-year period.

Rates are age-standardized using the direct method and the 1991 Canadian Census population structure. All rates are per 100,000 population. The use of a standard population results in more meaningful mortality rate comparisons because it adjusts for variations in population age distributions over time and across geographic areas.

Rates in this table exclude: deaths of non-residents of Canada; deaths of residents of Canada whose province or territory of residence was unknown; deaths for which age of decedent was unknown.

Rates in this table are based on place of residence for indicators derived from death events.

Missing data on sex of the deceased were imputed based on death registration number.

Confidence intervals for crude rates for selected causes of death data were produced using the Fleiss method. Source: Fleiss, JL., 'Statistical Methods for Rates and Proportions', Second Edition, New York, Wiley and Sons, 1981.

Confidence intervals for age-standardized rates were produced using the Spiegelman method. Source: Spiegelman, M., 'Introduction to Demography', Revised Edition, Cambridge, Massachusetts: Harvard University Press, 1968, page 113, formula 4.29.

53. Sense of community belonging

Source: Statistics Canada, Canadian Community Health Survey, 2008.

CANSIM table no.: 105-0501

Population aged 12 and over who reported their sense of belonging to their local community as being very strong or somewhat strong. Research shows a high correlation of sense of community-belonging with physical and mental health.

54. High school graduates aged 25 to 29

Source: Statistics Canada, 2006 Census.

CANSIM table no.: 109-0300

Questions pertaining to education on the census questionnaire changed substantially between 2001 and 2006, principally to reflect developments in Canada's education system. The education portion of the questionnaire had not changed in many years, even though the education system had evolved considerably. For additional information, please refer to 'Educational Portrait of Canada, 2006 Census: Substantial changes to census questions on education' at http://www12.statcan.gc.ca/english/census06/analysis/education/changes.cfm.

Population aged 25 to 29 who have a secondary (high) school graduation certificate or equivalent.

'High school certificate or equivalent' refers to the possession of a secondary (high) school graduation certificate or its equivalent, regardless of whether other educational qualifications are held or not. High school graduates exclude institutional residents.

55. Post-secondary graduates aged 25 to 54

Source: Statistics Canada, 2006 Census.

CANSIM table no.: 109-0300

Questions pertaining to education on the census questionnaire changed substantially between 2001 and 2006, principally to reflect developments in Canada's education system. The education portion of the questionnaire had not changed in many years, even though the education system had evolved considerably. For additional information, please refer to 'Educational Portrait of Canada, 2006 Census: Substantial changes to census questions on education' at http://www12.statcan.gc.ca/english/census06/analysis/education/changes.cfm.

Population aged 25 to 54 who have obtained a post-secondary certificate, diploma, or degree.

'Highest certificate, diploma or degree' refers to the highest certificate, diploma or degree completed based on a hierarchy which is generally related to the amount of time spent 'in-class'. For postsecondary completers, a university education is considered to be a higher level of schooling than a college education, while a college education is considered to be a higher level of education than in the trades. Although some trades requirements may take as long or longer to complete than a given college or university program, the majority of time is spent in on-the-job paid training and less time is spent in the classroom. Post-secondary graduates exclude institutional residents.

56. Adult unemployment, 15 years and over

Source: Statistics Canada, Labour Force Survey (special tabulations), 2008.

CANSIM table no.: 109-5304

The unemployment rate is the number of unemployed persons expressed as a percentage of the labour force. The unemployment rate for a particular group (age, sex, marital status or others) is the number of unemployed in that group expressed as a percentage of the labour force for that group.

The labour force consists of people who are currently employed and people who are unemployed but were available to work in the reference week and had looked for work in the past 4 weeks. Reference week refers to a one-week period (from Sunday to Saturday) that usually includes the 15th day of the month. The Labour Force Survey excludes residents of Indian Reserves, the Yukon, Northwest Territories and Nunavut, inmates of institutions and full-time members of the Armed Forces. Labour Force Survey exclusions account for less than 2% of the population aged 15 and over.

Data where the province-specific minimum sample size was not met were suppressed (x) due to confidentiality.

In June 2006, these estimates were revised due to sample redesign in 2005 and rebasing of the population estimates used for the Labour Force Survey (LFS). See 'Improvements in 2005 to the Labour Force Survey (LFS)' at http://www.statcan.gc.ca/bsolc/olc-cel/olc-cel?catno=71F0031XIE&lang=eng for more information.

57. Youth unemployed

Source: Statistics Canada, Labour Force Survey (special tabulations), 2008.

CANSIM table no.: 109-5304

The unemployment rate is the number of unemployed persons expressed as a percentage of the labour force. The unemployment rate for a particular group (age, sex, marital status or others) is the number of unemployed in that group expressed as a percentage of the labour force for that group.

The labour force consists of people who are currently employed and people who are unemployed but were available to work in the reference week and had looked for work in the past 4 weeks. Reference week refers to a one-week period (from Sunday to Saturday) that usually includes the 15th day of the month. The Labour Force Survey excludes residents of Indian Reserves, the Yukon, Northwest Territories and Nunavut, inmates of institutions and full-time members of the Armed Forces. Labour Force Survey exclusions account for less than 2% of the population aged 15 and over.

Data where the province-specific minimum sample size was not met were suppressed (x) due to confidentiality.

In June 2006, these estimates were revised due to sample redesign in 2005 and rebasing of the population estimates used for the Labour Force Survey (LFS). See 'Improvements in 2005 to the Labour Force Survey (LFS)' at http://www.statcan.gc.ca/bsolc/olc-cel/olc-cel?catno=71F0031XIE&lang=eng for more information.

58. Long-term unemployed

Source: Statistics Canada, 2006 Census.

CANSIM table no.: 109-0300

The long term unemployed includes unemployed individuals who last worked in or before 2005.

Long-term unemployment excludes institutional residents.

59. Low income rate

Source: Statistics Canada, 2006 Census.

CANSIM table no.: 109-0300

An economic family refers to a group of two or more persons who live in the same dwelling and are related to each other by blood, marriage, common-law or adoption. By contrast, the census family concept requires that family members be either a male or female spouse, a male or female common-law partner, a male or female lone parent, or a child with a parent present. The concept of economic family may therefore refer to a larger group of persons than does the census family concept. All census family persons are economic family persons. For 2006, foster children are considered economic family members. Note that as of 2001, same-sex partners are considered to be common-law partners. Thus they are considered related and members of the same economic family.

As of 1971, published family statistics included families living in private households (including those enumerated outside Canada) and all collective households.

For 2006, married spouses may be of opposite or same sex.

The persons not in economic families refers to household members who do not belong to an economic family. Persons living alone are included in this category.

Age refers to the age at last birthday (as of the census reference date, May 16, 2006). This variable is derived from date of birth.

Low-income cut-offs (LICOs) represent levels of income where people spend disproportionate amounts of money for food, shelter and clothing. They are based on family and community size and are updated to account for changes in the consumer price index. LICO data exclude institutional residents and were not derived for economic families or unattached individuals in the territories or on Indian reserves. Prevalence of low income rates are calculated from rounded counts of low income persons or families and the total number of persons or families. These counts have been rounded independently of the rounded counts shown in the table; thus, there may be a small difference between the rate shown and the one derived from the counts shown. Users are advised to interpret prevalence of low income rates based upon small counts with caution. For additional information and a table of low income cut-offs, please refer to the 2006 Census Dictionary, catalogue number 92566-XWE.

60. Children aged 17 and under living in low income families

Source: Statistics Canada, 2006 Census.

CANSIM table no.: 109-0300

An economic family refers to a group of two or more persons who live in the same dwelling and are related to each other by blood, marriage, common-law or adoption. By contrast, the census family concept requires that family members be either a male or female spouse, a male or female common-law partner, a male or female lone parent, or a child with a parent present. The concept of economic family may therefore refer to a larger group of persons than does the census family concept. All census family persons are economic family persons. For 2006, foster children are considered economic family members. Note that as of 2001, same-sex partners are considered to be common-law partners. Thus they are considered related and members of the same economic family.

As of 1971, published family statistics included families living in private households (including those enumerated outside Canada) and all collective households.

For 2006, married spouses may be of opposite or same sex.

The persons not in economic families refers to household members who do not belong to an economic family. Persons living alone are included in this category.

Age refers to the age at last birthday (as of the census reference date, May 16, 2006). This variable is derived from date of birth.

Low-income cut-offs (LICOs) represent levels of income where people spend disproportionate amounts of money for food, shelter and clothing. They are based on family and community size and are updated to account for changes in the consumer price index. LICO data exclude institutional residents and were not derived for economic families or unattached individuals in the territories or on Indian reserves. Prevalence of low income rates are calculated from rounded counts of low income persons or families and the total number of persons or families. These counts have been rounded independently of the rounded counts shown in the table; thus, there may be a small difference between the rate shown and the one derived from the counts shown. Users are advised to interpret prevalence of low income rates based upon small counts with caution. For additional information and a table of low income cut-offs, please refer to the 2006 Census Dictionary, catalogue number 92-566-XWE.

61. Total population

Source: Statistics Canada, 2006 Census.

CANSIM table no.: •••

The number of people living in a geographic area by sex.

A population's size and age/sex composition impact the health status of a region and its need for health services. Population data also provide the 'denominators' used to calculate rates for most health and social indicators.

2006 population based on 100% data.

Statistics Canada asks the same basic questions to every household and individual in Canada. Information drawn from these basic questions is referred to as 100% data, as they are collected for every individual and household in Canada.

62. Urban population

Source: Statistics Canada, 2006 Census.

CANSIM table no.: •••

People living in urban areas. An urban area is defined as having a minimum population of 1,000 and a population density of 400 people per square kilometre.

This community characteristic allows users to compare regions with similar proportions of urban/rural population.

Based on 100% data.

63. Rural population

Source: Statistics Canada, 2006 Census.

CANSIM table no.: •••

An urban area has a minimum population concentration of 1,000 persons and a population density of at least 400 persons per square kilometre, based on the current census population count. All territory outside urban areas is classified as rural. Taken together, urban and rural areas cover all of Canada.

This community characteristic allows users to compare regions with similar proportions of urban/rural population.

Based on 100% data.

64. Population density per square kilometre

Source: Statistics Canada, 2006 Census.

CANSIM table no.: 109-0300

Population density is the number of persons per square kilometre. The calculation for population density is total population divided by land area. Land area is the area in square kilometres of the land-based portions of standard geographic areas.

65. Dependency ratio

Source: Statistics Canada, Demography Division. Data are derived from the Census and administrative sources on births, deaths, and migration, 2007.

CANSIM table no.: 109-5226

The ratio of the combined population aged between 0 to 19 years old and the population aged of 65 years and over to the population aged between 20 to 64 years old.

This ratio is usually presented as the number of dependents for every 100 people in the working age population.

66. Aboriginal population

Source: Statistics Canada, 2006 Census.

CANSIM table no.: 109-0300

Included in the Aboriginal identity population are those persons who reported identifying with at least one Aboriginal group, that is, North American Indian, Métis or Inuit, and/or those who reported being a Treaty Indian or a Registered Indian, as defined by the Indian Act of Canada, and/or those who reported they were members of an Indian band or First Nation.

Aboriginal population excludes institutional residents.

Aboriginal people living in a geographic area as a proportion of the total population.

67. Immigrant population

Source: Statistics Canada, 2006 Census.

CANSIM table no.: 109-0300

For the 1991 to 2006 censuses, the term 'immigrants' refers to persons who are, or have ever been, landed immigrants in Canada. A landed immigrant is a person who has been granted the right to live in Canada permanently by immigration authorities. Some immigrants have resided in Canada for a number of years, while others are recent arrivals. Most immigrants are born outside Canada, but a small number were born in Canada. Data on the landed immigrant population have been collected in a direct census question since the 1991 Census. In the 1981 and 1986 censuses, the immigrant population was defined as persons who were not Canadian citizens by birth and prior to the 1981 Census, the immigrant population referred to all persons born outside Canada. Changes to the definition of the immigrant population since 1981 should not have a major impact on the comparability of census data on immigrants over time. The immigrant population excludes institutional residents.

68. 1 year internal migrants

Source: Statistics Canada, 2006 Census.

CANSIM table no.: 109-0300

Number or proportion of people that lived in a different Canadian municipality one year before the current census (1-year internal migrants) or at the time of the previous census (5-year internal migrants). Refers to the relationship between a person's usual place of residence on Census Day and his or her usual place of residence five years earlier. A person is classified as a non-mover if no difference exists. Otherwise, a person is classified as a mover and this categorization is called mobility status (5 years ago). Within the movers category, a further distinction is made between non-migrants and migrants; this difference is called migration status. Non-movers are persons who, on Census Day, were living at the same address as the one at which they resided five years earlier. Movers are persons who, on Census Day, were living at a different address from the one at which they resided five years earlier. Non-migrants are movers who, on Census Day, were living at a different address, but in the same census subdivision (CSD) as the one they lived in five years earlier. Migrants are movers who, on Census Day, were residing in a different CSD five years earlier (internal migrants) or who were living outside Canada five years earlier (external migrants). Intraprovincial migrants are movers who, on Census Day, were living in a different census subdivision from the one in which they resided five years earlier, in the same province. Interprovincial migrants are movers who, on Census Day, were living in a different census subdivision from the one in which they resided five years earlier, in a different province.

Mobility excludes external migrants who were living outside Canada.

Mobility excludes Canadians in households outside Canada (military and government personnel) and institutional residents in Canada.

69. 5 year internal migrants

Source: Statistics Canada, 2006 Census.

CANSIM table no.: 109-0300

Number or proportion of people that lived in a different Canadian municipality one year before the current census (1-year internal migrants) or at the time of the previous census (5-year internal migrants). Refers to the relationship between a person's usual place of residence on Census Day and his or her usual place of residence five years earlier. A person is classified as a non-mover if no difference exists. Otherwise, a person is classified as a mover and this categorization is called mobility status (5 years ago). Within the movers category, a further distinction is made between non-migrants and migrants; this difference is called migration status. Non-movers are persons who, on Census Day, were living at the same address as the one at which they resided five years earlier. Movers are persons who, on Census Day, were living at a different address from the one at which they resided five years earlier. Non-migrants are movers who, on Census Day, were living at a different address, but in the same census subdivision (CSD) as the one they lived in five years earlier. Migrants are movers who, on Census Day, were residing in a different CSD five years earlier (internal migrants) or who were living outside Canada five years earlier (external migrants). Intraprovincial migrants are movers who, on Census Day, were living in a different census subdivision from the one in which they resided five years earlier, in the same province. Interprovincial migrants are movers who, on Census Day, were living in a different census subdivision from the one in which they resided five years earlier, in a different province.

Mobility excludes external migrants who were living outside Canada.

Mobility excludes Canadians in households outside Canada (military and government personnel) and institutional residents in Canada.

70. Population living within a Census Metropolitan Area, a Census Agglomeration or a strong Census Metropolitan Area and Census Agglomeration Influenced Zone.

Source: Statistics Canada, 2006 Census.

CANSIM table no.: 109-0300

Strong Census Metropolitan Area and Census Agglomeration Influenced Zones (MIZ) is the population or the proportion of the population living in Census Metropolitan Areas (CMA), Census Agglomerations (CA) and communities that fall outside CMAs and/or CAs that have at least 30% of the employed labour force commuting to CMAs and/or CAs. The Statistical Area Classification (SAC) groups census subdivisions according to whether they are a component of a census metropolitan area, a census agglomeration, a census metropolitan area and census agglomeration influenced zone (strong MIZ, moderate MIZ, weak MIZ or no MIZ), or the territories (Yukon, Northwest Territories and Nunavut). The SAC is used for data dissemination purposes. Care should be exercised when applying the MIZ concept in the three territories. As many CSDs in the territories are very large and sparsely populated, the place of work-population relationship upon which the MIZ is constructed is unstable.

The Census Metropolitan Areas (CMAs) and Census Agglomerations (CAs) are large urban areas with adjacent urban and rural areas that have a high degree of economic and social integration.

These Census Metropolitan Areas (CMAs) and Census Agglomerations (CAs) are defined around urban areas that have attained certain population thresholds: 100,000 for CMAs and 10,000 for CAs.

Commuting flows are based on the 2006 Census place of work file.

71. Lone-parent families

Source: Statistics Canada, 2006 Census.

CANSIM table no.: 109-0300

Census family refers to a married or common-law couple or lone parent with at least one never-married son or daughter living in the same household.

Number or proportion of lone-parent families among all census families living in private households.

Lone-parent families exclude people living in collective households (for example, rooming houses, nursing homes, military camps.)

72. Visible minority population

Source: Statistics Canada, 2006 Census.

CANSIM table no.: 109-0300

The Employment Equity Act defines visible minorities as 'persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour'. Visible minority excludes institutional residents and Aboriginal persons.

73. Perceived health, fair or poor

Source: Statistics Canada, Canadian Community Health Survey, 2008.

CANSIM table no.: 105-0501

Population aged 12 and over who reported perceiving their own health status as being either excellent or very good or fair or poor, depending on the indicator. Perceived health refers to the perception of a person's health in general, either by the person himself or herself, or, in the case of proxy response, by the person responding. Health means not only the absence of disease or injury but also physical, mental and social well being.

74. Perceived mental health, fair or poor

Source: Statistics Canada, Canadian Community Health Survey, 2008.

CANSIM table no.: 105-0501

Population aged 12 and over who reported perceiving their own mental health status as being excellent or very good or fair or poor, depending on the indicator. Perceived mental health refers to the perception of a person's mental health in general. Perceived mental health provides a general indication of the population suffering from some form of mental disorder, mental or emotional problems, or distress, not necessarily reflected in perceived health.

75. Overweight or obese, youth

Source: Statistics Canada, Canadian Community Health Survey, 2008.

CANSIM table no.: 105-0501

Body mass index (BMI) is a method of classifying body weight according to health risk. According to the World Health Organization (WHO) and Health Canada guidelines, health risk levels are associated with each of the following BMI categories: normal weight = least health risk; underweight and overweight = increased health risk; obese, class I = high health risk; obese, class II = very high health risk; obese, class III = extremely high health risk.

Body mass index (BMI) is calculated by dividing the respondent's body weight (in kilograms) by their height (in metres) squared.

Body mass index (BMI) for youths is different from that of adults as they are still maturing. This indicator classifies children aged 12 to 17 (except female respondents aged 15 to 17 who were pregnant or did not answer the pregnancy question) as 'obese' or 'overweight' according to the age- and sex-specific BMI cut-off points as defined by Cole and others. The Cole cut-off points are based on pooled international data (Brazil, Great Britain, Hong Kong, Netherlands, Singapore and United States) for BMI and linked to the internationally accepted adult BMI cut-off points of 25 (overweight) and 30 (obese).

76. Leisure-time physical activity, inactive

Source: Statistics Canada, Canadian Community Health Survey, 2008.

CANSIM table no.: 105-0501

Population aged 12 and over who reported a level of physical activity, based on their responses to questions about the nature, frequency and duration of their participation in leisure-time physical activity.

Respondents are classified as active, moderately active or inactive based on an index of average daily physical activity over the past 3 months. For each leisure time physical activity engaged in by the respondent, an average daily energy expenditure is calculated by multiplying the number of times the activity was performed by the average duration of the activity by the energy cost (kilocalories per kilogram of body weight per hour) of the activity. The index is calculated as the sum of the average daily energy expenditures of all activities. Respondents are classified as follows: 3.0 kcal/kg/day or more = physically active; 1.5 to 2.9 kcal/kg/day = moderately active; less than 1.5 kcal/kg/day = inactive.

77. Breastfeeding initiation

Source: Statistics Canada, Canadian Community Health Survey, 2007/2008.

CANSIM table no.: 105-0502

Based on information provided by females aged 15 to 55 who had a baby in the last 5 years.

The denominator is females aged 15 to 55 who had a baby in the last 5 years.

Initiated breastfeeding refers to mothers who breastfed or tried to breastfeed their last child even if only for a short time.

78. Exclusive breastfeeding, at least 6 months

Source: Statistics Canada, Canadian Community Health Survey, 2007/2008.

CANSIM table no.: 105-0502

Based on information provided by females aged 15 to 55 who had a baby in the last 5 years.

For the exclusivity of breastfeeding, the denominator is females aged 15 to 55 who had a baby in the last 5 years, excluding mothers who were still breastfeeding.

Exclusive breastfeeding refers to an infant receiving only breast milk, without any additional liquid (even water) or solid food.

79. Second-hand smoke, exposure in vehicles

Source: Statistics Canada, Canadian Community Health Survey, 2008.

CANSIM table no.: 105-0501

Non-smoking population aged 12 and over who reported being exposed to second-hand smoke in private vehicles and/or public places on every day or almost every day in the past month.

80. Second-hand smoke, exposure in public places

Source: Statistics Canada, Canadian Community Health Survey, 2008.

CANSIM table no.: 105-0501

Non-smoking population aged 12 and over who reported being exposed to second-hand smoke in private vehicles and/or public places on every day or almost every day in the past month.

81. Smokers asked to refrain from smoking in the house

Source: Statistics Canada, Canadian Community Health Survey, 2008.

CANSIM table no.: 105-0501

Population aged 12 and over who reported that smokers were asked to refrain from smoking in the house.

Symbols:

- •• Not available for reference period
- ••• Not applicable
- E Use with caution
- F Too unreliable to be published
- x Suppressed to meet the confidentiality requirements of the *Statistics Act*

Source: Statistics Canada.

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