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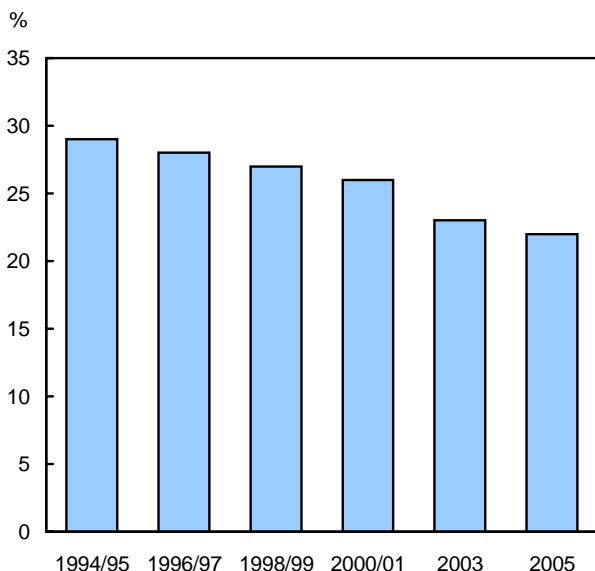
Canadian Community Health Survey: New data on smoking and on diabetes 2005

Widespread smoking bans in public places appear to have considerably reduced the risk of exposure to second-hand smoke across Canada. Still, millions of Canadians had a regular brush with second-hand smoke last year, according to the Canadian Community Health Survey (CCHS).

The survey, which covered 130,000 people, also showed a substantial decline in the smoking rate, especially among teenagers.

Overall, an estimated 5.9 million people, or 22% of the population aged 12 and older, were smokers last year, down slightly from 23% in 2003 and 26% in 2000/2001. The sharpest decline was among young people aged 12 to 17.

The smoking rate continues to fall



On the downside, about 15% of non-smokers aged 12 and over told the survey in 2005 that they were exposed to second-hand smoke in a public place regularly, that is, every day or almost every day.

This was down from 20% in 2003, but it still represented one out of every seven non-smoking Canadians, or about 3.1 million people.

Rates were highest in Quebec, where 23% of non-smokers reported they regularly inhaled second-hand smoke in a public place. In the health region of Abitibi-Témiscamingue, the proportion reached 31%.

In Alberta, which was second, 18% of non-smokers reported regular encounters. In the province's Northern Lights health region, the rate reached 25%.

Since the survey was taken, several provinces have passed anti-smoking legislation. On January 1, 2006, Alberta banned smoking in public places that anyone under the age of 18 could visit. More recently, both Ontario and Quebec banned smoking in public places on May 31, 2006.

The CCHS provides the latest information on rates of smoking, exposure to second-hand smoke, and the proportion of people living in households and working in places where smoking is completely restricted.

The CCHS also provides a wealth of information on a wide range of other health issues.

Exposure to second-hand smoke declines

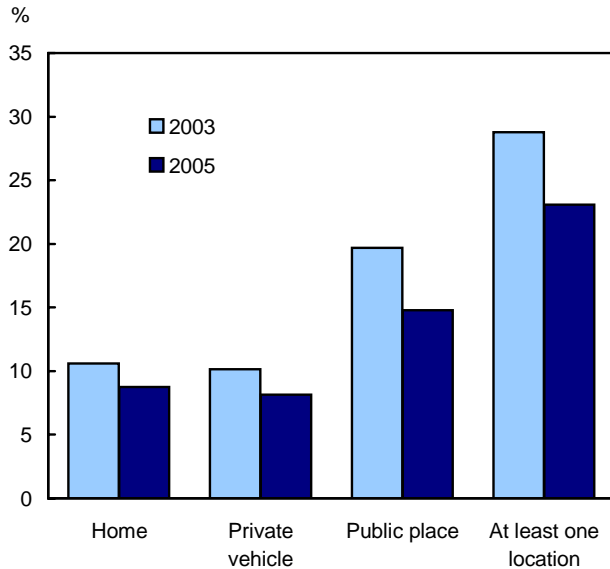
As smoking bans in public places have become more widespread, exposure to second-hand smoke among non-smokers has declined. These bans in public places may have spilled over to less exposure to second-hand smoke in other places like homes and cars.

In 2005, the most common type of location for exposure to second-hand smoke was public places, reported by 15% of non-smokers. However, this was down from 20% in 2003, the biggest decline among the three types of location considered by the survey (homes, public places and private vehicles).

Among non-smokers, 9% reported that they were regularly exposed to second-hand smoke at home, down from 11% in 2003. Over the same period, the rate of regular exposure to second-hand smoke in private vehicles fell from 10% to 8%.

All told, 23% of non-smokers reported regular exposure to second-hand smoke in at least one of the three types of location in 2005, down from 29% two years earlier.

Exposure to second hand smoke by location



Young people are most at risk. About 40% of non-smokers aged 12 to 17 reported being regularly exposed to second-hand smoke in at least one type of location in 2005. This compares with 31% for those aged 18 to 34, 19% for those aged 35 to 64 and 11% for those aged 65 and over.

Sharpest declines in current smoking among young people

The prevalence of smoking has declined among both men and women, and across all age groups.

The sharpest decrease was among young people aged 12 to 17, among whom it fell from 14% in 2000/2001 to 10% in 2003, and to 8% in 2005. The youth smoking rate has declined because increasing numbers of young people never start to smoke.

In 2000/2001, 73% of youth reported that they had never smoked cigarettes. By 2005, the proportion had hit 82%.

This finding is particularly relevant, because smokers generally start smoking before they are 18, and it is relatively rare for adults to take up smoking. As a result, there may be further declines in smoking rates among older age groups as today's youth move into adulthood.

Smoking rates were still highest among both men and women in the age group 18 to 34, although they have fallen. One-third (33%) of men and 26% of women in this age group were current smokers last year.

Smoking rates: Lowest in British Columbia

Smoking rates in 2005 were significantly below the national average of 22% in only two provinces — British Columbia (18%) and Ontario (21%). The rate in Manitoba (21%) was also lower than the national average, but the difference was not statistically significant.

Smoking rates were highest in Nunavut (53%), Northwest Territories (36%) and Yukon (30%).

Between 2003 and 2005, smoking rates fell significantly in New Brunswick, Quebec, Ontario and Manitoba and Nunavut.

Regionally, the health region of Richmond, British Columbia, had the nation's lowest rate of smoking at 12.6%.

In contrast, two health regions (Burntwood/Churchill in Manitoba and Mamawetan/Keewatin/Athabasca in Saskatchewan) had the highest rate. In both, 35% of the population were current smokers.

Bans in households, workplaces on rise

More Canadians are living in homes where smoking is completely restricted, and the proportion of workers who report a total ban on smoking at their workplace has also increased.

In 2005, close to two-thirds (64%) of people aged 12 or older lived in households where smokers were asked not to light up. This was up from 57% two years earlier.

Between 2003 and 2005, this proportion rose significantly in all 10 provinces, as well as in Northwest Territories and Nunavut. In the Yukon, it remained stable.

More than three-quarters (77%) of the population of British Columbia lived in a home where smoking was banned. In fact, 14 of British Columbia's 16 health regions had rates above the national average.

In contrast, only 43% of Quebec's population lived in a home where smoking was banned. Rates in all 16 of Quebec's health regions were well below the national average of 64%. They ranged from 28% in Région Nord-du-Québec to 52% in Région de l'Outaouais.

Similarly in 2005, two-thirds of workers nationally (68%) were employed in a workplace in which smoking was completely restricted.

About 71% of the employed population in Ontario and 76% in Manitoba reported workplace smoking bans, both significantly higher than the national average. Smoking bans were also more frequently reported in workplaces in the North, where Yukon had a

rate of 79%, Northwest Territories showed a rate of 83% and Nunavut had rate of 92%.

Diabetes: Rates higher than average in eastern provinces

A separate report from the CCHS provides information on the health practices of individuals diagnosed with diabetes, and the factors that affect appropriate care of diabetics.

Diabetes is currently the seventh leading cause of death in Canada. National CCHS data show that about 1.3 million Canadians aged 12 and over, or 5% of the population, reported that they had been diagnosed with diabetes. Rates were significantly higher than the national average in the eastern provinces.

Percentage of Canadians diagnosed with diabetes by a health professional, by province, 2005

	number	%
Canada	1,325,100	4.9
Newfoundland and Labrador	30,700	6.8
Prince Edward Island	7,400	6.3
Nova Scotia	52,900	6.7
New Brunswick	38,100	6.0
Quebec	332,800	5.2
Ontario	510,300	4.8
Manitoba	41,200	4.4
Saskatchewan	40,100	5.1
Alberta	105,200	3.9
British Columbia	164,000	4.6

Individuals with diabetes in five provinces — Newfoundland and Labrador, Prince Edward Island, New Brunswick, Ontario and Manitoba — were asked a set of questions to determine how well guidelines published by the Canadian Diabetes Association for glucose testing and foot and eye examinations were followed.

For example, the guidelines suggest that diabetic individuals should have their level of glycosylated haemoglobin (A1C) measured every three months for purposes of glycemic (blood sugar level) control.

Three-quarters of diabetic patients (74%) had their haemoglobin A1C checked by a health care professional at least once in the year prior to the survey. On average, those who received the test were close to meeting the recommended frequency of every three months.

Still, one in five diabetic individuals in the five participating provinces had not received a test in the previous year.

A key factor associated with regular glucose testing was access to a regular medical doctor. This provides further evidence of the important role that health professionals play in delivering diabetes care.

In addition, the majority of diabetics in the five provinces met the recommended requirements for eye dilation examinations by a health professional. However, only half were meeting suggested requirements for 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.

Definitions, data sources and methods: survey number 3226.

The release is co-ordinated with today's release of *Health Indicators*, no. 1 (82-221-XIE, free) a project to produce basic health indicators (such as use of health services, smoking and self-rated health) for each health region and for peer groups of health regions.

The publication *Your Community, Your Health: Findings from the Canadian Community Health Survey (CCHS): Smoking and Diabetes Care: Results from the CCHS Cycle 3.1, 2005*, (82-621-XWE2006002, free) is also now available from the *Our products and services* page of our website.

For more information, contact Media Relations (613-951-4636), Communications and Library Services Division.

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Percentage of current smokers, by province and territory

	2000/2001		2003		2005	
	number	%	number	%	number	%
Canada	6,677,856	26.0	6,085,126	23.0	5,874,689	21.8
Newfoundland and Labrador	133,700	29.0	110,600	24.1	103,700	23.1
Prince Edward Island	32,400	27.9	28,200	23.7	26,000	22.1
Nova Scotia	222,300	28.2	187,400	23.6	180,200	22.7
New Brunswick	167,000	26.4	161,500	25.4	143,500	22.5
Quebec	1,835,900	29.5	1,646,900	26.0	1,577,000	24.4
Ontario	2,417,500	24.5	2,271,300	22.3	2,187,000	20.9
Manitoba	226,700	25.1	207,200	22.8	190,800	20.5
Saskatchewan	222,500	27.7	190,500	24.0	187,500	23.9
Alberta	683,900	27.7	595,100	23.0	611,000	22.8
British Columbia	701,600	20.6	658,700	18.8	639,400	17.8
Yukon	8,300	33.7	6,900	27.6	8,300	30.4
Northwest Territories	15,000	46.6	12,100	36.5	12,500	36.1
Nunavut	10,900	56.8	8,900	64.9	7,900	53.1

Percentage of Canadians living in homes where smoking is completely restricted, by province and territory

	2003		2005	
	number	%	number	%
Canada	14,841,510	56.5	17,235,732	64.1
Newfoundland and Labrador	247,400	54.1	285,500	63.7
Prince Edward Island	68,200	57.6	74,700	63.9
Nova Scotia	461,400	58.5	524,500	66.1
New Brunswick	342,300	54.0	389,700	61.3
Quebec	2,078,200	32.9	2,774,300	43.0
Ontario	6,432,500	63.7	7,360,400	70.6
Manitoba	528,200	58.3	626,000	67.5
Saskatchewan	441,500	55.7	503,300	64.3
Alberta	1,688,800	65.7	1,907,700	71.6
British Columbia	2,511,600	71.7	2,740,800	76.7
Yukon	15,500	62.1	16,700	62.2
Northwest Territories	18,600	55.9	21,900	63.5
Nunavut	7,400	54.1	10,100	67.9

■

Health Indicators

Today's issue of *Health Indicators* features the latest data from the third cycle (2005) of Statistics Canada's Canadian Community Health Survey.

Other data available today are the most current population estimates and unemployment rates for health regions. Indicators based on latest hospitalization, health human resources and health expenditure data from the Canadian Institute for Health Information are also available within this publication for regions with population greater than 75,000 and the territories.

Free CANSIM tables and PDF maps are found in the "Data tables and maps" section of the publication. Health region profiles make it easy to download a series of key indicators for a given area. Check out the "Highlights" section for a more detailed summary of what's new in this issue.

The new issue of *Health Indicators*, no. 1 (82-221-XIE, free) is now available on our website. From the *Our products and services* page, under *Browse our free Internet publications* choose *Health*.

Also today, the *Community Profiles* module on our website updates its health information with a selection of indicators from 2005 Canadian Community Health Survey along with 2001 Census data for the latest health regions in Canada.

Definitions, data sources and methods: survey numbers, including related surveys, 3226, 3608 and 3701.

For more information, contact Data Access and Information Services (613-951-1746; hd-ds@statcan.ca), Health Division, or Jill Oviatt (613-241-7860), Canadian Institute for Health Information. ■

For-hire motor carriers of freight, top carriers

First quarter 2006

In the first quarter of 2006, the top 91 for-hire motor carriers of freight (Canadian-based trucking companies earning \$25 million or more annually), generated operating revenue of \$2.37 billion and incurred \$2.21 billion in operating expenses.

The operating ratio (operating expenses divided by operating revenue) improved to 0.93 in the first quarter of 2006 from 0.94 the same quarter a year earlier. A ratio greater than 1.00 represents an operating loss.

Average per-carrier revenues were \$26.1 million, up 6.8% from the first quarter of 2005. Average per-carrier expenses increased 6.5% to \$24.3 million.

First quarter 2006 data on the top for-hire carriers, taken from the Quarterly Motor Carriers of Freight Survey, provide results from 66 general freight carriers and 25 specialized freight carriers, both unchanged from 2005.

Note: Readers should note that, with few exceptions, additions and deletions to the top carriers are done only for the first quarter of each calendar year, while the composition of a top carrier may change at any time due to acquisitions or divestitures. Year-over-year variations in revenue and expenses may arise from changes to the mix of companies included in the top carriers and/or changes in the financial results reported by individual carriers. The revenue and expenses attributed to top carriers may also include that of some companies with less than \$25 million in annual revenue, particularly when these companies exist in complex corporate structures where their individual activities may be difficult to accurately measure.

Definitions, data sources and methods: survey number 2748.

For more information, or to enquire about the concepts, methods or data quality of this release, contact Ron Chrétien (613-951-8774; ron.chretien@statcan.ca) or Denis Pilon (613-951-2707; fax: 613-951-0579; denis.pilon@statcan.ca), Transportation Division. ■

Flows and stocks of fixed residential capital

2005 (revised)

The revised annual fixed residential capital flows and stocks series at the provincial level for 2005 are now available.

Available on CANSIM: table 030-0002.

Definitions, data sources and methods: survey number 5016.

For more information, or to enquire about the concepts, methods or data quality of this release, contact Étienne Saint-Pierre (613-951-2025; bdp_information@statcan.ca), Investment and Capital Stock Division. ■

New products

Industry Price Indexes, April 2006, Vol. 32, no. 4
Catalogue number 62-011-XIE
(free).

Industry Price Indexes, April 2006, Vol. 32, no. 4
Catalogue number 62-011-XPE (\$24/\$233).

Health Indicators, 2006, no. 1
Catalogue number 82-221-XIE
(free).

Your Community, Your Health: Findings from the Canadian Community Health Survey (CCHS): Smoking and Diabetes Care: Results from the CCHS Cycle 3.1, 2005
Catalogue number 82-621-XWE2006002
(free).

All prices are in Canadian dollars and exclude sales tax. Additional shipping charges apply for delivery outside Canada.

Catalogue numbers with an -XWE, -XIB or an -XIE extension are Internet versions; those with -XMB or -XME are microfiche; -XPB or -XPE are paper versions; -XDB or -XDE are electronic versions on diskette; -XCB or -XCE are electronic versions on compact disc and -XBB or -XBE a database.

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
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Statistics Canada	
Thursday, June 8, 1997 For release at 9:30 a.m.	
MAJOR RELEASES	
• Urban transit, 1995 Despite the emphasis on taking urban transit, Canadians are using it less and less. In 1995, each Canadian took an average of about 21 trips on some form of urban transit, the lowest level in the past 25 years.	2
• Productivity, hourly compensation and unit labour cost, 1995 Growth in productivity among Canadian businesses was modestly weak again in 1995 accompanied by sluggish gains in employment and slow economic growth during the year.	4
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