



A Message from Dr. Cory Neudorf
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Our Vision of Better Health for All

The [Better Health for All Series](#) highlights a number of key findings about the status of our health. We envision a community in which everyone has a chance to live a healthy life and has the same opportunities to reach their full health potential. Our series highlights what actions are being taken to make this vision a reality and what more we can do to create better opportunities for all to achieve better health.

Better Health for All Series 6: Health Behaviours and Risk Conditions

Health behaviours and risk conditions are not solely individual “choices,” but actions and circumstances largely determined by the physical, social, cultural and policy environments in which we live, work, learn and play. When we think about a person’s risk of getting sick, we must also consider the wider population he or she is a part of. In this report, in addition to the question, “[What makes us healthy or unhealthy?](#)” we ask “Why does our population have these behaviors and risks?”

Some of the most common health behaviours such as what food we eat, how physically active (or inactive) we are, and whether we smoke or drink alcohol have a major influence on our health. It has been estimated that up to 60% of all deaths and over 30% of all hospitalization days are caused by these key factors.^{1,2} These health behaviours are linked to certain risk conditions, such as obesity and stress, which in turn are associated with key indicators of overall health, including self-rated health and self-rated mental health.

Series 6 provides a snapshot of the health behaviours and risk conditions of people living in our Health Region. It uses data from Canada’s [Community Health Survey](#) to show how we compare to the province and the country and examines trends over time. In addition to reporting on the overall health of the population, we dig deeper to show how patterns of behaviour and risk differ according to social determinants of [health](#), including gender, age, education level, household income, neighbourhood deprivation, immigration status, and geography within the Region.

¹ Manuel DG, Perez R, Bennett C, et al. *Seven More Years: The Impact of Smoking, Alcohol, Diet, Physical Activity and Stress on Health and Life Expectancy in Ontario*. 2012. Toronto: Institute for Clinical Evaluative Sciences and Public Health Ontario.

² Manuel DG, Perez R, Bennett C, Rosella L, Choi B. *900,000 Days in Hospital: The Annual Impact of Smoking, Alcohol, Diet and Physical Activity on Hospital Use in Ontario*. 2014. Toronto, ON: Institute for Clinical Evaluative Sciences.

What did we find?³

Indicators of overall health in the Region were consistent over time between 2003 and 2012. Seven out of 10 people reported that their mental health is “very good” or “excellent.” Similarly, about six out of 10 people reported that their [overall health](#) is “very good” or “excellent.”

Measures of risk conditions are less favourable. [Overweight and obesity](#) is a growing problem in the Region, and more than half of the Region’s population (56.6%) is now overweight or obese. In addition, more than 45,000 people, or 17% of the population, reported that most days were “quite a bit” or “extremely” [stressful](#).

We took a closer look at health behaviours linked to obesity and mental health. [Physical activity](#) rates are slowly rising and are the highest they have been in a decade, but only slightly more than half of the population in the Region is “moderately active” or “physically active.” In addition, over 60% of the Region’s population is [sedentary](#), meaning that more than two hours of their leisure time per day is spent watching televisions or using computers – putting more than 160,000 people at increased risk for chronic illness and premature death. Only about one in three Region residents (32.3%) reported eating at least five [vegetables and fruit](#) per day, which is significantly worse than the Canadian average of 40.5%. The percentage of the Region’s households that are [food insecure](#) has increased over time.

There is some good news to report: [Smoking](#) rates in the Region decreased to 18.6%, which is slightly lower than both the provincial and national averages. [Second hand smoke exposure](#) has also decreased. Only about 3% of the population was exposed to second-hand smoke in their homes, a significant decrease from 2003 when the rate was over 10%.

[Heavy alcohol use](#), or binge drinking, is common. More than one in five people (22.2%) reported drinking five or more drinks on one occasion at least once per month in the past year. About one in seven (14.2%) reported using [illicit drugs](#). Both rates are higher than the provincial and national rates.

Health inequalities and inequities persist:

Previous reports in the [Better Health for All Series](#) highlight very large gaps in health between people living in the most and least advantaged areas of Saskatoon. In this report, we found that people living in the most disadvantaged areas⁴ had significantly poorer self-rated health and self-rated mental health. This inequity existed for most indicators as well, including physical activity, sedentary behavior, smoking, exposure to second hand smoke, illicit drug use, alcohol consumption and food insecurity.

Our analyses by sub-group³ show that in addition to area deprivation, inequities exist for other indicators. Older adults had poorer self-rated health and self-rated mental health than youth and younger adults. Older adults were also more likely to be overweight or obese and less likely to be physically active. People with college or university degrees reported better self-rated health and self-rated mental health, but were more likely to report high levels of daily stress than people with high school diplomas or less. Compared to women, men were more likely to be overweight or obese, consume fewer vegetables and fruits, and binge drink. Binge drinking and illicit drug use were more common in urban than rural areas, and binge

For more information on Health Equity see our Better Health for All Series 3: Advancing Health Equity in Health Care—[What Is Health Equity?](#)

³ See CommunityView Collaboration www.communityview.ca/pdfs/2015_shr_series6_aboutthedata.pdf for detailed definitions of these indicators.

⁴ Deprivation in Saskatoon was identified using an index of six socioeconomic variables (income, education, employment, marital status, single-parent families, and living alone). The index divides the Saskatoon into five categories ranging from highest to lowest deprivation and each area contains approximately one fifth of the population.

drinking was also more common among people with higher household incomes and higher education levels. Rates of overweight and obesity and smoking were lower among new Canadians compared to non-immigrants. People who are visible minorities were more likely to report high levels of daily stress. In addition to these findings, the analyses show other differences by gender, age group, immigrant and visible minority status, and geography within the Region.

What's being done to create the conditions for improved health behaviours and reduced risk conditions?

Within Saskatoon Health Region, much is being done to improve health behaviours and reduce risk conditions. Previous health status [reports](#) call for action to reduce poverty, address racism for First Nations and Metis people, and meet the unique needs of newcomers to Canada in order to reduce health inequities. Saskatoon Health Region is taking action, within the health care system and with community partners, to advance health equity. Provincially, work is continuing on a poverty reduction strategy. Reducing poverty will lay the foundation for improved health in our community.

In this report, a variety of programs, services, strategies and policies are profiled in the one-page summary documents and recommendations. We chose to highlight, where possible, those initiatives that are focused on primary prevention and supported by evidence (see sidebar). In addition, although not comprehensive, we list other [programs](#) relevant to the indicators included in the report.

Primary prevention is the protection of health and prevention of disease through personal and community wide efforts, e.g., healthy eating, physical fitness, immunizations, safe environments.^a

Secondary prevention aims to reduce the prevalence of disease through early detection and treatment, e.g., screening programs.^b

Tertiary prevention reduces disease severity or disability by minimizing suffering and maximizing life expectancy, e.g., rehabilitation services.^{a,b}

a. Last, J. A Dictionary of Epidemiology. 3rd edition. 1995. New York: Oxford University Press.

b. Porta, M. Dictionary of Epidemiology. 5th edition. 2008. New York: Oxford University Press.

Achieving Better Health for All – A Call to Action for Saskatoon Health Region and its Partners

We envision a community in which everyone has a chance to live a healthy life and where everyone has the same opportunities to reach their full health potential. The way forward depends on our answers to the two questions asked in this report:

What makes a person healthy or unhealthy? Personal health behaviours matter, but they are only part of the answer. Changing personal health behaviours can be difficult for many, and it may not be enough. For example, cigarettes contain hundreds of chemicals known to be addictive and toxic to the body. Stress can trigger unhealthy behaviours, such as smoking, but stress itself can be toxic. Hormones associated with chronic stress cause changes in the brain and body that can further increase the risk of disease. If a person stops smoking, some of these changes are reversible, but others are not. Some changes are genetic, which means that the risk may be inherited by our children. The same health risk, therefore, may have different consequences for different people.

Why does our population have these behaviors and risks? We've seen that health behaviours and risk conditions do not occur randomly within the population. They follow patterns according to social and economic circumstances, and behaviours and risks often cluster with each other. For example, many people who drink heavily also smoke, and people who are physically active eat more vegetables and fruits. In addition, these patterns often appear early in life and persist across a lifetime. Interventions must address the physical, social, cultural and policy environments that shape these health behaviours and risks, focusing on the needs of populations most at risk especially children and [youth](#).

Health promotion is “the process of enabling people to increase control over, and to improve, their health.”⁵ The term health promotion is sometimes used narrowly to refer to health education. However, health education alone may actually widen health inequities between population sub-groups.⁶

Education is only one component (see side bar) of an overall strategy that targets individuals, families, schools, workplaces, communities and governments that can increase an

intervention's chance of success. To achieve our vision, we can first take an approach where interventions benefit the whole population. Second, we can target interventions to those at greatest risk. The greatest improvements in our health however, will result from doing a combination of both.

Ottawa Charter for Health Promotion Strategies

- Build healthy public policy
- Create supportive environments
- Strengthen community action
- Develop personal skills
- Reorient health services

With this in mind, Saskatoon Health Region should continue to work with its partners to:

1. Sustain a comprehensive and coordinated approach to tobacco reduction.

- **Policy owners should expand policies to include outdoor public spaces, monitor compliance and take necessary actions to ensure that these policies continue to be effective.**
 - **Rationale:** The introduction of smoke-free policies in public places, on school grounds, in vehicles with children, and in workplaces and private settings has made a difference in reducing smoking rates and exposure to second-hand smoke.⁷ The cities of Warman and Martensville recently passed legislation to ban smoking in outdoor parks and playgrounds, making these some of the most comprehensive smoke free bylaws in all of Canada.
- **Partners for tobacco reduction should advocate that Saskatchewan ensure continued tobacco tax increases equivalent to or exceeding inflation.**
 - **Rationale:** Tobacco tax increases are among the most effective tobacco reduction measures. Their impact is greatest among youth and people with low household incomes,⁸ two population sub-groups at highest risk for smoking.
- **Health care providers should screen all individuals for tobacco use and offer appropriate interventions.**
 - **Rationale:** Motivational interviewing is an effective tool to counsel people who smoke about tobacco reduction.⁹ Health care professionals can educate patients and clients who use tobacco about the effects of tobacco on their health, encourage them to consider quitting, and either assist them through the process, or refer them to a tobacco cessation specialist nearby.
- **Health care service and health insurance providers should expand the range of smoking cessation medications offered at low- or no-cost to individuals, including non-prescription nicotine replacement therapies and prescription medications.**

⁵ World Health Organization. *Ottawa Charter for Health Promotion*. 1986.

<http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>

⁶ Lorenc T, Petticrew M, Welch V, Tugwell P. What types of interventions generate inequalities? Evidence from systematic reviews. *Journal of Epidemiology and Community Health* 2013;67:190-193.

⁷ Hopkins DP, Razi S, Leeks KD, Priya Kalra G, Chattopadhyay SK, Soler RE. Smokefree policies to reduce tobacco use. A systematic review. *American Journal of Preventive Medicine* 2010;38(2 Suppl):S275-89).

⁸ Brown T, Platt S, & Amos A. Equity impact of population-level interventions and policies to reduce smoking in adults: A systematic review. *Drug and Alcohol Dependence* 2014;138: 7-16.

⁹ Partnership to assist with cessation of tobacco (PACT). *Health Care*. Regina, SK: Saskatchewan Ministry of Health and Pharmacists Association of Saskatchewan. <http://www.makeapact.ca/content/health-care>

- **Rationale:** The high costs of smoking cessation can prevent people with low household income from accessing support. Toll-free smokers' help lines provide free counseling. Prescription medications can be expensive but some, like Champix and Zyban, are listed on the provincial formulary, which means that the costs can be partially covered for those with health insurance.

2. Support initiatives that aim to decrease the prevalence of overweight and obesity.

Promote physical activity

- **Urban and rural municipal planners should continue incorporating best-practices¹⁰ to support walking, bicycling and public transportation in new and retrofitted infrastructure and urban design.**
 - **Rationale:** The [population](#) of Saskatoon Health Region continues to grow and with it increasing vehicle use. Active transportation, any form of human powered transportation including bicycling, walking, skateboarding etc., provides health, social, environmental and economic benefits to individuals and communities.^{11,12}
- **Urban and rural municipalities and community groups should expand programs that provide no- or low-cost opportunities for physical activity and community connectivity, particularly for families with children and older adults.**
 - **Rationale:** The cost of recreational and leisure programming can present a barrier to physical activity for low income households, especially neighbourhoods where it may be unsafe to be active outdoors¹³. Removing barriers to access to local facilities, such as skating rinks, swimming pools and school gyms can increase opportunities for physical activity. For example, the City of Saskatoon's Community Development Branch offers free playground programs during the summer months and provides access to leisure centres at a reduced cost for eligible Saskatoon residents. Municipalities and groups should provide recreational opportunities and experiences that are respectful and appropriate for various ages, abilities, genders and ethnocultural groups.
- **Schools and workplaces should reduce sedentary behavior by providing regular activity breaks and alternatives to sitting (e.g., standing desks and meetings) in addition to education through information campaigns.¹⁴**
 - **Rationale:** Research is showing the health risks of being sedentary for extended periods of time.¹⁵ Because schools and workplaces are venues accessed by most children, youth and adults, interventions in these settings can reach vulnerable populations and help reduce health inequities.

¹⁰ Heath GW, Brownson RC, Kruger J, et al. The effectiveness of urban design and land use and transport policies and practices to increase physical activity: a systematic review. *Journal of Physical Activity and Health* 2006;3(Suppl 1):S55-76.

¹¹ Woodcock J, Edwards P, Tonne C, Armstrong BG, Ashiru O, Banister D et al. Public health benefits of strategies to reduce greenhouse gas emissions: urban land transport. *Lancet* 2009;374:1930-1943.

¹² Rabl A, de Nazelle . Benefits of shift from car to active transport. *Transport Policy* 2012; 19(1):121-131.

¹³ Canadian Fitness and Lifestyle Research Institute. 2009. Physical Activity Monitor. Bulletin 15: *Environmental Barriers*.

<http://www.cflri.ca/sites/default/files/node/606/files/PAM2009Bulletin15.pdf>

¹⁴ <http://www.in-motion.ca/news/article/hazards-of-sitting-infographic>. <http://www.in-motion.ca/uploads/tools/Stand Up for Your Health ~ Meeting Table Card.pdf>

¹⁵ Biswas A, Oh PI, Faulkner GE, Bajaj RR, Silver MA, Mitchell MS, et al. Sedentary time and its association with risk for disease incidence, mortality, and hospitalization in adults: A systematic review and meta-analysis. *Ann Intern Med* 2015;162:123-132.

- **Health care professionals should use evidence-informed guidelines¹⁶ to screen all individuals for overweight or obesity, physical activity and sedentary behaviour and provide appropriate recommendations and referrals.**
 - **Rationale:** Exercise can be an effective prescription to prevent and reverse chronic illness,¹⁷ but one size will not fit all. Chronic disease management programs should ensure that programming includes physical activities accessible for people of all ages, income levels, place of residence, language and culture.

Encourage healthy food consumption

- **Municipal governments, schools and community organizations should continue to work together to expand interventions and implement policies that promote healthy food consumption.**
 - **Rationale:** Food access research has identified “food deserts” in Saskatoon.¹⁸ The opening of The Good Food Junction in the Riversdale neighborhood in 2012 addressed one such food desert and increased vegetable and fruit consumption for its members. Community garden programs and fresh food markets (such as those lead by [CHEP](#)), also improve local access to healthy foods, and effective interventions can be adapted to urban and rural areas. Other policies to promote healthy food consumption include pricing structures that favour healthy food purchases and zoning that restricts fast food outlets around schools.
- **The Saskatoon Community Food Council, along with partners working to reduce food insecurity across the Region, should collaborate for a food strategy and corresponding action plan for Saskatoon and area, recognizing the interdependence of rural and urban communities.**
 - **Rationale:** The cost of healthy eating in Saskatchewan is increasing, and costs are higher in rural areas.¹⁹ Many cities across Canada have conducted food assessments or adopted a food strategy to provide sustainable and equitable access o healthy food. Saskatoon has a Food Charter that was adopted in principle by City Council in 2002, and a Saskatoon Regional Food System Assessment and Action [Plan](#) that was released in 2013.
- **Poverty reduction groups, including Poverty Costs and its supporters, should continue to work with government towards a comprehensive poverty reduction strategy for Saskatchewan.**
 - **Rationale:** Food insecurity affects one in five low-income households in Saskatoon Health Region, and the increasing cost of [housing](#) means that many more households are struggling to pay for both food and rent. When poverty or near-poverty conditions exist, health suffers. Analysis compiled by [Poverty Costs](#) estimates the cost of poverty at \$3.8 billion for Saskatchewan annually in increased health and social service use.

¹⁶ Canadian Taskforce on Preventive Health Care. *Obesity in adults*. 2015. <http://canadiantaskforce.ca/ctfphc-guidelines/2015-obesity-adults/>.

Canadian Society for Exercise Physiology. *Canadian physical activity guidelines and Canadian sedentary behaviour guidelines*. 2015. <http://www.csep.ca/english/view.asp?x=804>

¹⁷ Chakravarthy MV, Joyner MJ, Booth FW. An obligation for primary care physicians to prescribe physical activity to sedentary patients to reduce the risk of chronic health conditions. *Mayo Clinic Proceedings* 2002; 77(2):165-173.

¹⁸ Kershaw T, Creighton T, Markham T, Marko J. *Food access in Saskatoon*. 2010. Saskatoon: Saskatoon Health Region. <http://www.communityview.ca/Catalogue/Document/DownloadFile/1000269?docNumber=2>

¹⁹ Saskatchewan Food Costing Task Group. *The cost of healthy eating in Saskatchewan 2012*. 2012. <http://www.dietitians.ca/Downloads/Public/Cost-of-Healthy-Eating-in-SK-2012.aspx>

- **Health care professionals should screen all individuals for food insecurity and offer appropriate interventions.**
 - **Rationale:** Chronic illness and disability are made worse by low income and food insecurity.²⁰ Health care professionals can help their patients to access programs that provide income supplements, type-specific food vouchers or other incentives for healthy food purchases.

3. Reduce harms of illicit drug use and heavy alcohol drinking.

- **Partners for alcohol harm reduction should work to expand pricing policies to private liquor stores and ensure continued alcohol tax increases are equivalent to or exceed inflation.**
 - **Rationale:** Price policies are effective for reducing consumption of alcohol at the population level. Raising the price of alcohol through taxation significantly reduces heavy alcohol drinking among people at all income levels more than lighter drinking.²¹ Minimum pricing standards are in place at provincially owned and operated SLGA retail establishments. Off-sale and private liquor retailers use an open pricing system and can adjust their prices as they choose.
- **Municipal governments and community partners should review locally available data and work together to implement strategies to reduce heavy alcohol consumption and related social harms.**
 - **Rationale:** In Prince Albert, community data collected by the Hub and COR at Community Mobilization Prince Albert (CMPA) helped make a case for a regional alcohol strategy²². Examples of evidence-informed policies include: limit hours of operation and days of the week when alcohol can be sold, regulate the location and number of alcohol outlets permitted through zoning or licensing processes, minimize the privatization of alcohol sales and sales promotion through advertising and price specials, and restrict access to minors.
- **For success and sustainability, harm reduction programs should be driven by community needs.**
 - **Rationale:** Community coalition risk prevention strategies enable local communities to plan and implement evidence-based programs designed to prevent substance abuse and its related harms. Examples include the Lighthouse Stabilization Unit, a partnership between the Lighthouse, MD Ambulance and Saskatoon Health Region that provides a 20-bed dorm with paramedic emergency health services for individuals under the influence of drugs or alcohol.
- **Developers of education and awareness campaigns should collaborate with populations most at risk, such as youth and young adults, to increase likelihood that messages will resonate with the target audience.**
 - **Rationale:** A number of public education campaigns have been initiated in Saskatchewan over the years^{23,24}. Public education alone is unlikely to reduce harms related to illicit drug use and binge drinking,⁶ but can be effective as part of a comprehensive risk prevention strategy. For example, What's Your Cap?²⁵ is a student run, research based initiative at the University of Saskatchewan that aims to raise awareness and knowledge of the risks involved with over consumption of alcohol and promote a culture of moderation on campus.

²⁰ Tarasuk V, Mitchell A, Dachner N. *Household food insecurity in Canada, 2012*. 2014. Toronto: Research to identify policy options to reduce food insecurity (PROOF). http://nutritionalsciences.lamp.utoronto.ca/wp-content/uploads/2014/05/Household_Food_Insecurity_in_Canada-2012_ENG.pdf

²¹ Thomas, G. *Price policies to reduce alcohol-related harm in Canada*. (Alcohol Price Policy Series: Report 3). Ottawa, ON: Canadian Centre on Substance Abuse. 2012. <http://www.ccsa.ca/Resource%20Library/CCSA-Price-Policies-Reduce-Alcohol-Harm-Canada-2012-en.pdf>

²² Community Mobilization Prince Albert. *The Case for a Regional Alcohol Strategy: A call to action for all community sectors to collectively develop and implement a comprehensive alcohol strategy*. 2013. Prince Albert: Community Mobilization Prince Albert.

²³ <http://www.health.gov.sk.ca/campaign-rites-of-passage>

²⁴ <http://www.health.gov.sk.ca/what-else-got-wasted-campaign>

²⁵ <http://www.whatsurcap.ca/>

- **Expand access to drug and alcohol addiction treatment services and ensure cultural appropriateness.**
 - **Rationale:** Saskatchewan residents have stated that timely access to mental health and addictions services was a top priority.²⁶ Services need to be designed to respond to people's language needs, cultural preferences and ways of life.
- **Health care professionals should promote a culture of moderation and reduce harms by screening all individuals for drug and alcohol use²⁷ and providing appropriate counseling or referrals.**
 - **Rationale:** Some people use illicit drugs and alcohol to self-treat chronic illness, including chronic pain and mental health disorders. The majority of people with a mental health issue, and a sizeable portion of those with addictions, issues first seek help from their family doctor, walk in clinic, or emergency department. This provides an excellent opportunity to intervene.

4. Support actions that improve mental health in the community.

- **Partners involved in promoting mental health should fully support the recommendations contained in the provincial mental health and addictions action plan.**
 - **Rationale:** Good mental health is a foundational aspect of good overall health. Achieving health for all will not occur unless we recognize good mental health as an essential component. Individuals who struggle with poor mental health have a reduced ability to be productive at work, be available for their families and contribute to their communities. Poor mental health is often associated with alcohol or substance misuse.

In 2013, the Government of Saskatchewan commissioned a review of the state of mental health services in the province. Using a cross-sectoral approach, input was gathered from public consultations, questionnaires, focus groups and stakeholder meetings. The final report, released in December 2014, is a [10 year mental health action plan](#) detailing a number of key recommendations aimed at improving mental health and addictions for the people of Saskatchewan.

5. Monitor impact of health promotion interventions to ensure they promote health equity.

- **Partners should work across sectors, utilize data to inform planning, and evaluate interventions to ensure actions contribute to closing the gap between the most and least advantaged segments of our population.**
 - **Rationale:** Improvement in many of the health behaviours and risk conditions examined in this report depends on improvement in health equity and the social determinants of health. A previous health status release put forth [recommendations](#) for how the health sector can help improve health equity.

Learn More about the Better Health for All Series

We invite you to consider the information that we have presented in this message and through [CommunityView](#). It is our hope that you will use the *Better Health for All* series to inform the decisions you make towards advancing the vision of a community in which everyone has the opportunity to live healthy lives. Available reports include:

²⁶ Stockdale Windor, F. *Working together for change: A 10 year mental health and addictions action plan for Saskatchewan*. 2014. Regina: Author.

²⁷ Moyer A, Finney JW. Brief interventions for alcohol misuse. *CMAJ*, 2015;doi:10.1503/cmaj.140254

✓ **Series 1, March 26 2014**

Our Population- A high level look at who lives in our Region. Differences in health outcomes by socioeconomic conditions will be released in upcoming series.

✓ **Series 2, May 21 2014**

Immunization- Examines a selected set of immunization indicators to report on progress and gaps in coverage rates. Proposes further action to ensure equal opportunities for access to immunization.

✓ **Series 3, June 23 2014**

Advancing Health Equity in Health Care- Examines a range of health inequalities and proposes health care system action to create equal opportunities for all to achieve better health.

✓ **Series 4, July 28, 2014**

Bloodborne and Sexually Transmitted Infections - Focuses on communicable disease such as human immunodeficiency virus (HIV), and sexually transmitted infections (STIs).

✓ **Series 5, Sept 19, 2014**

HIV – Focuses on HIV in particular and the role of the health sector in reducing its occurrence.

Upcoming Planned Releases Include:

Release date to be determined: A report on Community Wellbeing- Developed in partnership with the Saskatoon Regional Intersectoral Committee discusses, in greater detail, the social determinants of health and wellbeing.

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