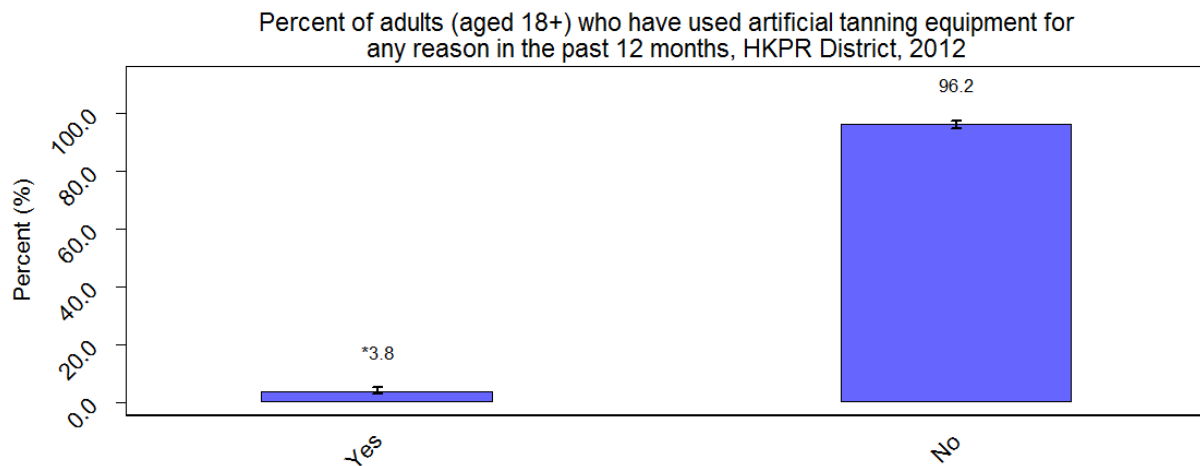


# RRFSS 2012: Artificial Tanning

Figure 1



Sample Size: 1224  
 \*High Variability; Interpret with caution  
 \*\*Data not released

Data Source: RRFSS (Jan-Dec, 2012), HKPR District Health Unit and Institute for Social Research (ISR), York University.

**Table 1.** The percent of adults (18 years +) who have used artificial tanning equipment for any reason in the past 12 months, HKPR District, 2012

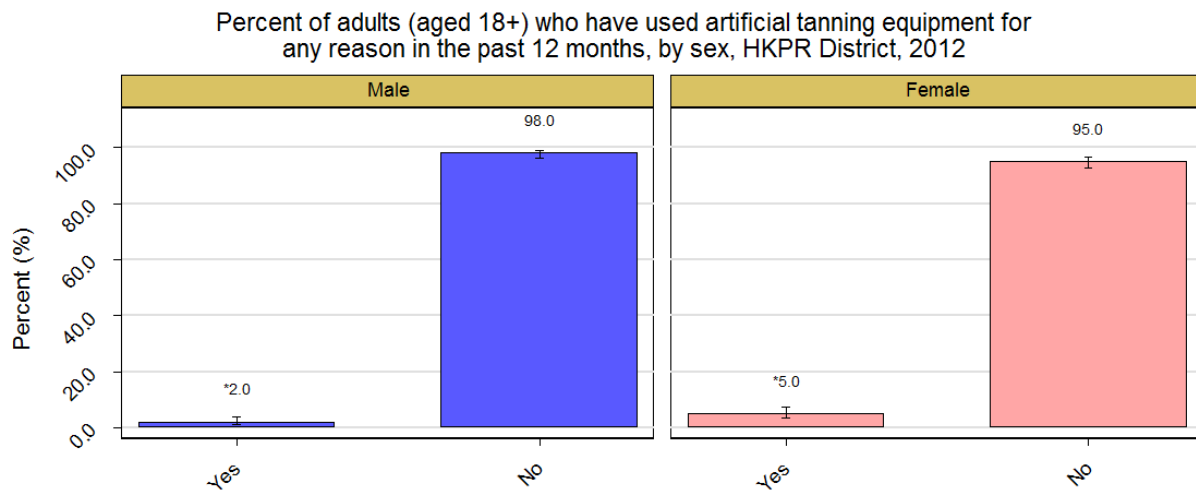
Response	Percent	Lower 95% CI	Upper 95% CI
Yes	*3.8	2.73	5.23
No	96.2	94.77	97.27

**Interpretation†:**

The percent of adults (18 years +) residing in the HKPR District who have used artificial tanning equipment for any reason in the past 12 months is 3.8% (95% CI: 2.73, 5.23).

## RRFSS 2012: Artificial Tanning

Figure 2



Sample Size: 1224

\*High Variability; Interpret with caution

\*\*Data not released

Data Source: RRFSS (Jan-Dec, 2012), HKPR District Health Unit and Institute for Social Research (ISR), York University.

**Table 2.** The percent of adults (18 years +) who have used artificial tanning equipment for any reason in the past 12 months, by sex, HKPR District, 2012

Sex	Response	Percent	Lower 95% CI	Upper 95% CI
Male	Yes	*2.0	1.08	3.69
Female	Yes	*5.0	3.48	7.41
Male	No	98.0	96.31	98.92
Female	No	95.0	92.59	96.52

**Interpretation†:**

The percent of males (18 years +) residing in the HKPR District who have used artificial tanning equipment for any reason in the past 12 months is 2.0% (95% CI: 1.08, 3.69).

The percent of females (18 years +) residing in the HKPR District who have used artificial tanning equipment for any reason in the past 12 months is 5.0% (95% CI: 3.48, 7.41).

## RRFSS 2012: Artificial Tanning

### Data Limitations:

1. Questions are only asked of adult residents aged 18+.
2. The telephone survey is only conducted in English.
3. Results are based on self-reported behaviours.
4. (\*) indicates that results are based on small sample size; thus, estimates have high variability.
5. (\*\*) indicates the data is not released due to small sample size.

### Data Notes:

1. Source: Rapid Risk Factor Surveillance System (RRFSS), Jan - Dec 2012, Haliburton, Kawartha, Pine Ridge (HKPR) District Health Unit and Institute for Social Research (ISR), York University.
2. Missing responses are not included in the analysis.
3. "Do not know" and "Refused" responses are analyzed according to RRFSS Analysis Guidelines.
4. The 95% confidence intervals (95% CI) are the range of variability for a population estimate. There is a 95% probability that the true estimate is within that range.
5. Release criteria of the data are according to RRFSS Analysis Guidelines.
6. (†) If the 95% confidence intervals of estimates do not overlap, the estimates are significantly different (i.e., if the lower confidence interval of estimate A is > the upper confidence interval of estimate B, the estimates are statistically significant). However, if confidence intervals do overlap, it is not necessarily true that estimates are not different.