Purpose

The purpose of this snapshot report is to present the prevalence of four key chronic diseases in Saskatchewan and its health regions. The diseases are: arthritis, high blood pressure, asthma and diabetes. The self-reported prevalence in Saskatchewan is compared to the national average and to the other Prairie provinces. The prevalence at the health region level is compared to the provincial average.

Chronic Diseases in Canada and the Prairie Provinces

Chart 1: Percentage of the population who reported having arthritis, high blood pressure (HBP), asthma and diabetes in Saskatchewan, compared to Canada and the other Prairie provinces, CCHS 2009/2010

- The percentage of the Saskatchewan population that reported having arthritis was significantly higher than that in Canada and Alberta but was similar to Manitoba.
- No significant difference was observed in the self-reported asthma prevalence among the Prairie provinces. The prevalence in Saskatchewan was similar to the national average.
- The self-reported prevalence of high blood pressure in Saskatchewan was significantly higher than in Alberta but it was not statistically different from Manitoba and Canada.
- The self-reported prevalence of diabetes in Saskatchewan was similar to the national average. There was no significant difference among the Prairie provinces.
Note:
The percentages representing the chronic diseases in Charts 1 and 2 are not mutually exclusive because individuals may have more than one chronic condition.

**Chronic Diseases in SK, by Sex**

**Chart 2: Percentage of the population who reported having arthritis, high blood pressure (HBP), asthma and diabetes in Saskatchewan, by sex, CCHS 2009/2010.**

- The prevalence of arthritis differed by sex. A significantly higher percentage of females than males reported having arthritis.
- Among females, the self-reported prevalence of high-blood pressure as well as asthma was comparatively higher than in males but the differences were not statistically significant.
- No difference by sex was observed in the self-reported diabetes prevalence.

**Chronic Diseases in SK, by Health Region**

**Arthritis**

**Definition:**
The population aged 15 years and over who reported having arthritis diagnosed by a health professional. Arthritis includes rheumatoid arthritis and osteoarthritis but excludes fibromyalgia.

**Significance:**
While common among seniors, people of all ages can be affected by arthritis. Like other chronic diseases such as diabetes, the risk of this chronic disease increases with increasing body weight. Regular physical activity and weight management are essential to health and quality of life.

- In 2009/2010, 18.8% of the population in Saskatchewan aged 15 years and over reported having arthritis diagnosed by a health professional.
- The highest prevalence in the province was observed in the Sunrise Health Region (SR) (27.8%) which was significantly higher than the provincial average.
- Arthritis prevalence in other health regions was not different from the provincial average.
**High Blood Pressure**

**Definition:**
The population aged 12 years and over who reported that they have been diagnosed by a health professional as having high blood pressure.

**Significance:**
Having high blood pressure increases the risk for heart diseases and stroke, the leading causes of death in Saskatchewan. This chronic condition, called the silent killer, has no warning signs or symptoms and many people do not realize that they have it. Eating well, maintaining a healthy weight, being physically active, quitting smoking, reducing sodium intake and limiting alcohol use can help to keep blood pressure down.

![Chart 4: Percentage of the population (12 years and over) who reported having high blood pressure in Saskatchewan, by health region, CCHS 2009/2010.](chart)

- In 2009/2010, 18.2% of the population aged 12 years and over in Saskatchewan reported having high blood pressure diagnosed by a health professional.
- Compared to the provincial average, Sunrise (SR) (26.0%), Five Hills (FH) (24.1%) and Cypress (CY) (24.1%) had a significantly higher proportion of the population who reported having high blood pressure.
- The lowest rate of high blood pressure was reported in Northern Saskatchewan (NS) (14.9%) but it was not significantly different from the provincial average.

**Asthma**

**Definition:**
The population aged 12 years and over who reported that they have been diagnosed by a health professional as having asthma.

**Significance:**
Asthma is a chronic lung condition. In most cases, the cause of asthma is unknown but can be controlled with proper management. For example, hospitalization due to asthma can be reduced with better drug management.

![Chart 5: Percentage of the population (12 years and over) who reported having asthma in Saskatchewan, by health region, CCHS 2009/2010.](chart)

- In 2009/2010, 8.6% of the population aged 12 years and over in Saskatchewan reported having asthma diagnosed by a health professional.
- The prevalence varies among health regions but due to the high sampling variability percentages in most health regions should be interpreted with caution.
**Definition:**
The population aged 12 years and over who reported that they have been diagnosed by a health professional as having diabetes. This includes females aged 15 years and over with gestational diabetes.

**Significance:**
Having diabetes increases the risk for heart diseases, stroke, kidney disease and high blood pressure. Modifiable risk factors associated with diabetes include overweight/obesity, physical inactivity, inadequate fruit and vegetable consumption and smoking.

**Chart 6:** Percentage of the population (12 years and over) who reported having diabetes in Saskatchewan, by health region, CCHS 2009/2010.

- In 2009/2010, 6.4% of the population aged 12 years and over in Saskatchewan reported having diabetes diagnosed by a health professional.
- The prevalence varies among health regions but due to high sampling variability the percentages in most health regions should be interpreted with caution.

**Technical Notes**
- The Canadian Community Health Survey (CCHS) is a cross-sectional survey. On an ongoing basis, the survey collects health-related data for the Canadian population. Please visit the Statistics Canada website (www.statcan.gc.ca) for details.
- The CCHS targets all Canadians aged 12 years and over excluding institutional residents, full-time members of the Canadian Forces, residents of certain remote regions and individuals living on Indian reserves and on Crown Lands.
- This snapshot report is based on the combined annual data of the CCHS 2009 and 2010 years. In 2009/2010, the CCHS collected data from 6,955 respondents in Saskatchewan, representing 822,118 people of the province.
- The percentages were calculated by taking the ratio of the weighted number of respondents to the weighted total population, excluding non-response categories (“Refusal”, “Don’t know” and “Not stated”) in the denominator. Bootstrap method was used to calculate the 95% confidence interval (CI). Percentages were rounded to the nearest tenth.
- The percentage was not age-standardized; therefore, some comparisons may not represent the real difference because of dissimilar population distribution.
- The letter ‘E’ in parentheses indicates high sampling variability (i.e., sample-to-sample variation). This high variation is mainly due to small samples that produce unstable results and may lead to incorrect inference. Therefore, percentages flagged with the letter ‘E’ should be interpreted with caution.
- To avoid data suppression, the three northern Saskatchewan health regions (Athabasca, Mamawetan Churchill River and Keewatin Yathë) have been grouped together and are referred to as Northern Saskatchewan (NS).
- Abbreviations: SK-Saskatchewan; CY-Cypress; FH-Five Hills; HL-Heartland; KT-Kelsey Trail; NS-Northern Saskatchewan; PN-Prairie North; PA-Prince Albert Parkland; SC-Sun Country; SR-Sunrise; ST-Saskatoon
- For better display, different scales are used in the charts and this should be kept in mind when comparing charts visually.
- The self-reported statistics were extracted from the CANSIM Table # 105-0502 (Statistics Canada).

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