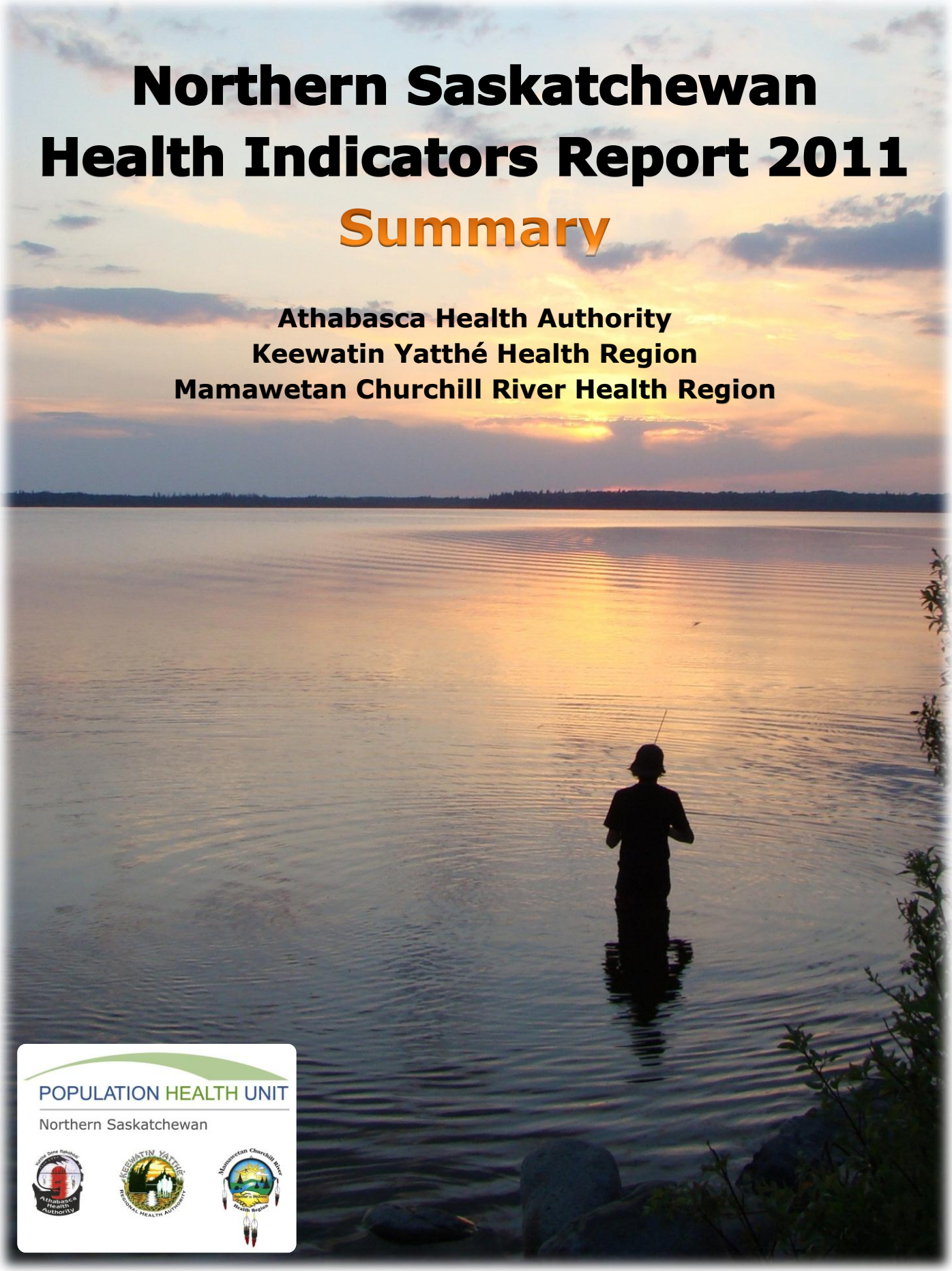
# Northern Saskatchewan Health Indicators Report 2011

## Summary

**Athabasca Health Authority**
**Keewatin Yatthé Health Region**
**Mamawetan Churchill River Health Region**



POPULATION HEALTH UNIT
Northern Saskatchewan

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Keewatin Yatthé Health Region
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December 2011

Copies of the summary and complete report can be downloaded from the Population Health Unit website
www.populationhealthunit.ca



**Photo credits**
Annette McCann, Donna Stockdale

# Northern Saskatchewan Health Indicators Report 2011 Summary

The Northern Saskatchewan Health Indicators Report 2011 provides an overview of the health and living circumstances of the people of northern Saskatchewan, highlighting community characteristics, exploring determinants of health — the things that influence our health — and offering indicators about the health status and well-being of our northern population.

The report contains information on how health indicators and determinants have changed over time, and how northern Saskatchewan compares with other parts of the province as well as other northern areas of Canada. Through a review of these indicators and determinants, concerns and issues can be flagged and actions developed to maintain and improve northern strengths as well as to meet continuing or emerging common challenges.

Central to this process is an understanding that our health care system is only one of many factors that contribute to health. Many other groups, agencies, organizations, levels of government and individuals influence health. Improvements in health will come with improvements in health determinants and will be achieved through community leadership, education, economic and community development, and through the collaborative work of groups and individuals dedicated to these goals.

The full report is available at www.populationhealthunit.ca.

## Community Characteristics

### Our geography

- The area described as northern Saskatchewan is roughly the northern half of the province and is contained within the boundaries of the Keewatin Yatthé Health Region (KYHR), Mamawetan Churchill River Health Region (MCRHR) and the Athabasca Health Authority (AHA).
- Much of the traditional land of the First Nations that are associated with the Meadow Lake Tribal Council and the Prince Albert Grand Council is located within the northern health regions/authorities, and some within adjoining southern health regions.
- MCRHR, KYHR and AHA are the three largest of the 13 health authorities/regions in Saskatchewan.
- Northern Saskatchewan is home to three ecological regions: the taiga shield, boreal shield, and boreal plains.

### Our people

- Close to 36,000 people live in over 70 communities spread out across northern Saskatchewan. Almost half the population (approximately 46%) lives in First Nations communities (on-reserve).
- Northern Saskatchewan continues to have a young growing population.
    - Between 1995 and 2010, the total population increased by 16.5%.
    - In 2010, 32% of the population was under 15 years of age. Only 4.5% was over age 65.
    - The northern birth rate is almost double the provincial rate.
    - Over 85% of the population in northern Saskatchewan identify themselves as Aboriginal (22% Métis and 62% First Nations – predominately Cree and Dene), compared to fewer than 15% in the province of Saskatchewan.

## Non-medical Determinants of Health

- Health is influenced by many factors beyond medical care, such as socioeconomic factors.
- Significant health disparities exist within northern Saskatchewan, and between northern Saskatchewan and Saskatchewan as a whole. Inequities start with the significant differences in social determinants of health.

### Economic

- Median income in 2006 was less than 60% of the provincial median income.
- Close to one in four families are considered to have low income; this is almost 2.5 times greater than in the province as a whole.
- The cost of healthy food has remained substantially greater in northern Saskatchewan compared to locations in southern Saskatchewan.

### Education and employment

- There are increasing numbers of high school graduates. However, the proportion of the northern population aged 25-29 years who completed high school was 46% in 2006, which is substantially lower than the provincial rate of 80%.
- The long-term unemployment rate is over four times the provincial rate and there is a growing potential workforce.

### Physical environment

- The north is an area of beautiful natural environment with lots of trees, lakes and other natural resources.
- Housing issues include almost four times the proportion of homes requiring major repair, and over 10 times the rate of crowding compared to the province.

### Social environment

- Individuals living off-reserve in northern Saskatchewan report higher levels of “community belonging” than in Saskatchewan and Canada as a whole.
- Over 40% of the population speaks an Aboriginal language at home: Cree, Dene, or Michif.
- Crime rates are higher in northern Saskatchewan than across the province.

### Personal health practices

- Over 40% of those aged 12 years and over living off-reserve smoke tobacco. This is about double the provincial rate. Between 45% and almost 75% of women smoked during their pregnancy in northern Saskatchewan, depending on the area.
- Rates of physical activity in the off-reserve population are slightly greater in northern Saskatchewan than in all of Saskatchewan.
- Immunization coverage for children off-reserve in northern Saskatchewan is about the same as the coverage within Saskatchewan.

## Health Status

### Mortality

- Life expectancy is increasing, but is still five years shorter than in the province.
- The infant death rate has been improving, but remains substantially higher than the provincial rate. Deaths from congenital anomalies have decreased by almost half in the past 25 years.
- The leading causes of death are injuries, cancers, and circulatory diseases.
- Premature deaths from injuries have been decreasing but remain the major cause of premature death (44% of premature deaths are due to injuries) with rates over twice as high as in the province.
- Suicides make up 25% of injury deaths in northern Saskatchewan with rates three times as high as in the province.
- About two-thirds of motor vehicle collision deaths involved drivers who had been drinking alcohol.

### Chronic diseases

- Over 65% of the people living off-reserve aged 18 and over are considered overweight or obese.
- Diabetes prevalence rates are the highest in the province when they are calculated to account for the much younger age structure of the northern population.
- The impacts of circulatory diseases like heart disease are increasing, partly due to an increasing population in the older age groups.
- Rates of cancer in northern Saskatchewan for males are lower than for the province, but the female rate is the same for northern and southern Saskatchewan.
- The top types of cancer are breast cancer and lung cancer in females and prostate and lung cancer in males, while lung cancer is by far the leading cause of cancer deaths for both males and females.
- Lung cancer rates are greater compared to the province, though rates of breast and colorectal cancer are slightly lower. Rates of prostate cancer are significantly lower in northern Saskatchewan. Cervical cancer rates are decreasing.

### Communicable diseases

- Remarkable improvements have been seen in northern Saskatchewan's rates of diarrheal diseases, hepatitis A, and many vaccine preventable diseases. However, sporadic outbreaks of some infections remain a concern.
- Rates of sexually transmitted infections, tuberculosis and hepatitis C remain substantially elevated in northern Saskatchewan. Chlamydia rates are over five times greater (2008), tuberculosis rates over 90 times greater (2010), and hepatitis C rates are over two times greater (2007) than the rates in Saskatchewan or Canada. On average, 40% of the individuals with TB in northern Saskatchewan live off-reserve. HIV is continuing to emerge as an increasing issue in Saskatchewan – north and south. The northern incidence rate is now about equal to the provincial rate, with about seven new cases being diagnosed across the north each of the last several years (2008-2010).

## Working together to maintain and improve the health of northerners

The health and living circumstances described in this report emphasize the importance of working together across sectors, and across communities in a variety of areas.

1. Social determinants (multi-sector involvement including economic development, social services, provincial and federal governments)
    - Supports for early childhood development and education
    - Poverty reduction (early childhood, youth and adult education and training)
    - Housing
    - Economic development that coincides with social and personal development to avoid increasing health disparities across the north and to assist with overall prosperity of the north
    - Partnerships and advocacy for social improvements to reduce health inequity
2. Health behaviours (multi-sector involvement along with health and community leadership – “making healthy choices easier”)
    - Supports for tobacco and substance abuse reduction / prevention
    - Supports for physical activity and healthy eating
    - Healthy alternatives for youth in our communities (activities, supports, education, future employment possibilities)
3. Health services and programs (treatment, care and prevention)
    - Supports for infant health starting in pregnancy and including the family and continuing with early childhood development
    - Injury prevention
    - Chronic disease and cancer prevention (active living, healthy eating, decreased tobacco use)
    - Tuberculosis and HIV prevention including early diagnosis, treatment and supportive services, substance use prevention and reduction strategies, along with harm reduction
    - Community-focused comprehensive programs and services including areas of primary care, mental health and addictions, chronic disease (diabetes, heart disease, stroke, cancer), prenatal and infant care, youth services promoting self-esteem and mental well-being, tobacco reduction and substance abuse, physical activity, and sexual wellness
    - Coordination of health care services across jurisdictions to provide continuity of care, and coordination with other human services programs to provide social supports for vulnerable populations across the north
    - Patient-focused care based on northern people, culture and geography

> We must remain conscious of the important link between the health of the population and economic development. Strategies to reduce social inequities and decrease health disparities will be required to maximize northern prosperity.
>
> Dr. James Irvine

# Notes