A Message from Dr. Cory Neudorf
Chief Medical Health Officer
Saskatoon Health Region

Our Vision of Better Health for All

The conditions in which we live, work, learn and play have a huge impact on our health. The stark reality is that many people who live in Saskatoon Health Region do not have the same opportunities to be as healthy as others and as a result, live shorter lives. This is not fair and does not need to be this way.

We can live in a community in which everyone has a chance to live a healthy life. Our community can be one in which everyone has the same opportunities to reach their full health potential and not be disadvantaged by their race, ethnicity, religion, gender, age, disability, sexual orientation, where they live, socioeconomic status or other socially determined circumstance. Our community can be a place in which all families can afford the basics in life: where no child lives in poverty; where those who work receive a wage that allows them to purchase healthy foods and pay the rent; where First Nations and Métis people have greater self-determination and no longer face institutionalized racism; and where people living with mental health conditions are supported and not stigmatized.

While I am encouraged by what we have achieved towards making this vision a reality, we must continue with our commitment to create greater positive change. There is already much support from the community. Let us use this momentum by continuing to work together as a community and build upon our collective strengths.

Health Equity-Integrated Health Status Reporting

How will we know when positive changes have occurred? Saskatoon Health Region’s Public Health Observatory has significantly contributed to measuring the vision for health for over a decade through health equity integrated health status reporting and health disparity research. Gathering and analyzing data and consulting with key stakeholders about the health of our population provide the Region and its partners with important information that should in the short-term, create a burning desire for change and in the long-term, contribute to creating equal opportunities for all to make choices that lead to good health.

Over the coming months, in our Better Health for All series, we will

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2 The 2008 United Nations Declaration on the Rights of Indigenous Peoples states that “Indigenous peoples have the right to self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development. Indigenous peoples, in exercising their right to self-determination, have the right to autonomy or self-government in matters relating to their internal and local affairs, as well as ways and means for financing their autonomous functions (Articles 3 and 4).”
3 See Public Opinion Survey
release information on-line in an easy-to-access format at CommunityView.ca. We will highlight key findings about our health, what actions are being taken to make our vision a reality and what more we can do to create better opportunities for everyone in our community to achieve better health. This is a new way of reporting on the health of our community and will lend itself to more regular and timely updates.

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, Spring 2014
How can the health system contribute to better health for all? Examines a range of health inequalities and proposes health care system action to create equal opportunities for all to achieve better health.

Series 3, Spring 2014
How healthy are we? Focuses on communicable disease such as human immunodeficiency virus (HIV), and sexually transmitted infections (STI).

Series 4, Fall 2014
How healthy are we? Discusses various health behaviours, maternal and child health, smoking rates, obesity, cancer screening rates, and early childhood development.

Series 5, release 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.

Better Health for All Series 1: Our Population – What did we find?

In order to meet the needs of our population, it is vital to understand who it is that we and our community partners serve. Based on data from Statistics Canada, the Saskatchewan Ministry of Health, and other sources, here’s a look at who lives in our Region:

Understanding our Population

- More people: Nearly a third of Saskatchewan’s population, about 336,000, lives in our Region. By 2030, that figure is expected to grow to 418,000; that’s over 80,000 more people. We have to consider our ability to support the health of, and provide services to, more people in the future.

- A Dynamic Aboriginal Population: Close to one in ten people in our Region self-identify as Aboriginal. That’s about 2.5 times higher than the Canadian Aboriginal population average. With a growing Aboriginal population it is important to continue working in partnership with First Nations and Métis governments, organizations, service providers and communities to create opportunities for better health.

- More diversity: People who have moved here from other countries comprise 10 percent of our Region’s population. The number of recent newcomers (defined as those arriving in the past 5 years) in the region more than tripled from 2006 to 2011. Over one third of these recent newcomers

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4 Due to data availability, we will not be releasing health outcomes by socio-economic status in this initial phase; this will be completed at a later date.

5 See CommunityView Collaboration www.communityview.ca for detailed definitions of these indicators.
came from the Philippines. English or French is not the first language of 14 percent of the people in our region. Differences in language and culture are a barrier to accessible, appropriate health care and other human services for some. These insights into our changing population help us understand how we might tailor health care and other services to provide equal opportunities to achieve better health.

The conditions in which we work and live

- **Jobs and education**: Saskatchewan’s unemployment rate of 4.3 per cent is lower than any other Canadian province. Nearly nine out of every ten people have a high school education or higher. But when you dig deeper into the data, you find that about 40 per cent of those without a high school education don’t have a job. Levels of education have a significant impact on employment opportunities, which in turn influence income and health. Low income individuals are more likely to have poor health.
- **Income**: Many people in our Region earn more than the average Canadian. However, nearly one in five children less than six years of age lives in low income households. That’s 4,200 children who struggle day to day, and likely do not have enough to eat. There is a wide gap between rich and poor in Saskatoon. The median income of individuals living in our highest income neighbourhood is ten times higher than that of the lowest income neighbourhood. 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.
- **A place to live**: Housing prices have more than tripled over the last thirteen years in Saskatoon. About one in four people in our Region spend nearly a third of their income on shelter, more than the typical Canadian. When people struggle to afford a place to live, or have no place to live, they are more likely to have poor health.

Reflecting on what’s been done to improve health

Since our last health status report in 2008, it’s clear that our population has been growing and changing at a rapid pace. It is encouraging to see how much has been done across our region to improve the factors that influence our health and meet the needs of our population.

While this is by no means intended to reflect an exhaustive list, some broad promising initiatives include:

- Progress has been made through the Saskatoon Regional Intersectoral Committee partners on a number of key initiatives aimed at reducing poverty, improving housing and increasing employment for Aboriginal people.
- With a wide range of local partners, the Saskatoon Poverty Reduction Partnership is implementing a local action plan to reduce poverty.
- With leadership from the United Way of Saskatoon and the Saskatoon Poverty Reduction Partnership, the Plan to End Homelessness, is a comprehensive initiative being undertaken to house those who have no housing supports. This has included a Housing First Program that puts the priority on a rapid and direct move from homelessness to housing; a Cold Weather Strategy to ensure everyone sleeps in a safe place on a cold night; and 211 Saskatchewan to connect people to a range of community, social and government services.
- The Aboriginal Health Strategy (2010-2015) was developed by the Strengthening the Circle partnership of Central Urban Métis Federation, Inc, Kinistin Saulteaux Nation and Saskatoon Health Region. Strengthening the Circle: Partnering for Improved Health for Aboriginal People released its report in May of 2010 and it was the birth of the Aboriginal Health Council.
The Saskatoon Aboriginal Employment Partnership (SAEP) was formed to increase Aboriginal workforce participation by providing support for Aboriginal employees and small to mid-sized employers. The strategy has worked on a variety of projects including an Employer Engagement Series and a Job Coach Project.

**Achieving Better Health for All – A Call to Greater Action**

Our province and region have enjoyed significant economic prosperity over the past several years and while this is good news, we need to ensure that no one gets left behind. Our communities are changing and based on the latest data and what we have heard from our partners and the public, there are several actions for our community to consider:

1. **More Action to Reduce Poverty:**

   Through a combination of local, provincial and federal actions and policies, we have seen some improvement in levels of poverty in our communities since our last report, but policy gaps remain that will limit further gains. There is strong public support for a comprehensive provincial plan to reduce poverty and recognition that it will benefit us all. It is time for us to work together to create a "made in Saskatchewan" Plan to Reduce Poverty that builds on our current successes and sets goals, targets and timelines with clear accountabilities.  

2. **Holistic Approach for Improving the Health and Wellbeing of First Nations and Métis Peoples:**

   Saskatoon Health Region’s boundaries are contained within Treaty 6 Territory. First Nations and Métis people are dynamic and energized populations that have fundamentally contributed to the formation of our society and yet, whose health potential is not fully realized. This is due to a combination of economic, political and social disparities stemming from the complex relationship between Aboriginal peoples and Canada. Historical trauma, oppression, disempowerment, institutionalized racism and discrimination significantly contribute to poorer health outcomes for First Nations and Métis peoples. These must be actively addressed in order to achieve equal opportunities for better health for all.

   With an ultimate goal of eliminating systemic and institutionalized racism and discrimination, and creating better health for all, initial actions that should be taken across all sectors include:

   - Improving the understanding among all people of the historical and social contexts of First Nations and Métis people;

   - Adoption of the Cultural Competency Framework that emphasizes seven key domains highlighting successful practice. These include: data, community engagement, diversity and training as organizational commitments, service delivery and support, communication, integration into management systems and leadership.

   **Wabano Centre for Aboriginal Health** as referenced in the Strengthening the Circle’s [Aboriginal Health Strategy 2010-2015](#)

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6 Based on recent Poverty Costs Campaign [www.povertycosts.ca](http://www.povertycosts.ca)

7 Refer to the Saskatoon Health Region’s [Public Health Observatory](#) for information on health disparity in our Region.
3. A Heightened Urgency to Plan for the Future:

It’s clear that our communities are changing and becoming more culturally diverse with the large influx of newcomers to our Region. This presents opportunities to further embrace our community’s diversity and create the conditions to enable Better Health for All. While it’s true that great services exist through agencies such as Saskatoon’s Open Door Society and the Global Gathering Place, among many others, these agencies are stretched to meet the growing demand for their services. The Health Region has expanded services to support this growing proportion of the population through mental health, primary health care, and translation services, but challenges in meeting needs persist.

It is well documented that newcomer health is typically quite good upon arrival in Canada, but tends to decline over time. We have opportunities to prevent this ‘healthy immigrant effect’ by working together to ensure that newcomers have equal opportunities to participate in Saskatoon’s economic, social, intellectual and cultural life.

Newcomers require support through translation and other services to ensure access and culturally appropriate service delivery. Intersectoral partnerships with NGOs should be expanded to deliver more efficient and effective service coordination.

A Final Word

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.
**Why Is This Important?**

Population is influenced by birth and death rates along with resident mobility (people coming into and out of an area). Increased population contributes to a broader tax base by which many human services are funded. Knowing population changes over time is useful for establishing appropriate funding levels and planning services now and into the future.

**Examples of Action Being Taken:**

The Government of Saskatchewan’s Growth Plan

The City of Saskatoon and regional partners’ plan for Saskatoon growth

**What More Can Be Done?**

See the Chief Medical Health Officer’s Call to Action

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**Highlights**

**Saskatoon Health Region has experienced significant population growth.**

- Saskatoon Health Region is the most populous health region in Saskatchewan with over 336,000 residents in 2013 (Figure 1). This represents 30% of the total population of the province.
- The Region’s population has increased steadily since 1995 from about 275,000 to over 336,000 in 2013 (Figure 2), an increase of 22% during the 18 year period.
- The growth since 2009 has been particularly steep, rising at an annual rate of 2.4% or 20 new people to the region every day. Increasing birth rates and newcomers have contributed to this growth.

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**Figure 1: Population by Health Region, Saskatchewan, 2013**

![Population by Health Region, Saskatchewan, 2013](image)

**Figure 2: Population, Saskatoon Health Region, 1995 to 2013**

![Population, Saskatoon Health Region, 1995 to 2013](image)

Source: Saskatchewan Ministry of Health, Covered Population
Why Is This Important?
Population size, age and sex distribution affect demands on human services. Population projections should be incorporated into planning and budgeting with recognition of population growth. The main contributors to population growth are increased newcomers and increasing birth rates. This can help provide information for how services might be delivered more appropriately in the future.

Examples of Action Being Taken:
The City of Saskatoon and regional partners’ plan for Saskatoon growth
The Government of Saskatchewan Growth Plan

What More Can Be Done?
See the Chief Medical Health Officer’s Call to Action

Saskatoon Health Region’s population is expected to continue to grow.

- A large segment of the Region’s population is 45 to 59 year-old baby boomers (Figure 1). A second larger bulge is seen in the 20 to 34 year-olds.
- In 2030, the Region’s population is expected to reach 418,000. By 2030 the baby boomers will be in the 65 to 74 age group. The 35 to 49 year-olds are projected to increase (Figure 1).
- The 45-64 year age group has seen steady increases between 1995 to 2013 (Figure 2).

Figure 1: Population Pyramid and Projections, Saskatoon Health Region 2013 and 2030

Figure 2: Population age groups, Saskatoon Health Region, 2013

Source: Saskatchewan Ministry of Health, Covered Population

For more information: www.communityview.ca
Why Is This Important?
Saskatoon Health Region boundaries are contained within Treaty 6 territory. First Nations and Métis peoples are dynamic and energized populations that have fundamentally contributed to the formation of our society and, yet, whose health potential is not fully realized due to a combination of economic, political and social disparities. The complex history of relations among Aboriginal peoples and Canada has resulted in unfair chances to live healthy lives. Historical trauma, oppression, disempowerment, and institutionalized racism and discrimination significantly contribute to poorer health outcomes for First Nations and Métis peoples. By addressing this unfairness, First Nations and Métis peoples will have equal opportunities for better health.

Examples of Action Being Taken:
Saskatoon Health Region Representative Workforce and Cultural Competency Policy
The implementation of the First Nation and Métis Health Service
Strengthening the Circle Partnership’s Aboriginal Health Strategy

What More Can Be Done?
See the Chief Medical Health Officer’s Call to Action

First Nations and Métis people are a significant proportion of our population.
- The population of those who identify as Aboriginal (including First Nations, Métis and Inuit) has been increasing in Saskatoon Health Region. In the Region, 9.5% (28,850) people identified as Aboriginal in 2011, higher than 4.3% in Canada, but lower than 15.6% in Saskatchewan (Figure 1).
- A much higher percentage were Métis in Saskatoon Health Region (46.0%) compared to Canada and Saskatchewan (33.0%) (Figure 2).
- A recent public opinion survey conducted among Saskatoon residents found increased support for First Nations and Métis self-determination (66.0% in 2013 compared to 60.0 % in 2006).

Figure 1: Percent of the Population that Identifies as Aboriginal, Saskatoon Health Region, Saskatchewan and Canada, 2011

<table>
<thead>
<tr>
<th>Geography</th>
<th>SHR</th>
<th>SK</th>
<th>Canada</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent (%)</td>
<td>9.5</td>
<td>15.6</td>
<td>4.3</td>
</tr>
</tbody>
</table>

Source: Statistics Canada-National Household Survey

Figure 2: Sub-groups of Population that Identify as Aboriginal, Saskatoon Health Region, Saskatchewan and Canada, 2011

<table>
<thead>
<tr>
<th>Saskatchewan Health Region</th>
<th>Saskatchewan</th>
<th>Canada</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>First Nations</td>
<td>Métis</td>
</tr>
<tr>
<td></td>
<td>45%</td>
<td>53%</td>
</tr>
<tr>
<td></td>
<td>33%</td>
<td>66%</td>
</tr>
<tr>
<td></td>
<td>32%</td>
<td>61%</td>
</tr>
</tbody>
</table>

Source: Statistics Canada-National Household Survey
Newcomer Population

Why Is This important?
Newcomers have made up a significant proportion of overall population growth in recent years. They represent diverse groups in terms of culture, language, education and socio-economic status. Newcomers tend to be healthier than their Canadian-born counterparts upon arrival, but that health advantage declines over time. Ensuring that newcomers are linked to appropriate services before this decline takes place is an important consideration.

Examples of Action Being Taken:
Saskatoon Health Region Representative Workforce and Cultural Competency Policy
City of Saskatoon Newcomers report: Saskatoon Taking Stock
The Government of Saskatchewan’s Immigrant Nominee Program: Saskatchewan Growth Plan
Newcomer Information Centre
Saskatoon Open Door Society
The Global Gathering Place

What More Can Be Done?
See the Chief Medical Health Officer’s Call to Action

Highlights
Saskatoon Health Region population is becoming more diverse.

- Newcomers (immigrants and refugees) made up almost 10% of Saskatoon Health Region’s population in 2011, compared to the national average of 20.6% (Figure 1).
- The number of recent newcomers (those arriving in the past 5 years) in the region more than tripled from 2006 (3,435) to 2011 (12,070) (Figure 2).
- In 2011, 37% of all recent newcomers to the Region were from the Philippines, while the next highest percentages of newcomers were from China (7.9%) and India (5.3%) (data not shown).

Figure 1: Newcomers as a Percent of Total Population, Saskatoon, Saskatoon Health Region, Saskatchewan and Canada, 2011

<table>
<thead>
<tr>
<th>Geography</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saskatoon</td>
<td>11.9</td>
</tr>
<tr>
<td>Rural SHR</td>
<td>3.6</td>
</tr>
<tr>
<td>SHR</td>
<td>9.6</td>
</tr>
<tr>
<td>SK</td>
<td>6.8</td>
</tr>
<tr>
<td>Canada</td>
<td>20.6</td>
</tr>
</tbody>
</table>

Source: Statistics Canada - National Household Survey

Figure 2: Recent Newcomers, Saskatoon, Saskatoon Health Region, Saskatchewan, 2006 and 2011

<table>
<thead>
<tr>
<th>Year</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>3,160</td>
</tr>
<tr>
<td>2007</td>
<td>3,435</td>
</tr>
<tr>
<td>2008</td>
<td>8,095</td>
</tr>
<tr>
<td>2009</td>
<td>11,185</td>
</tr>
<tr>
<td>2010</td>
<td>12,070</td>
</tr>
<tr>
<td>2011</td>
<td>26,920</td>
</tr>
</tbody>
</table>

**Language**

**Why Is This Important?**
Language barriers can be an issue for those not fluent in English and can have a negative impact on initial access to services. Language is a significant component of culturally competent, appropriate and acceptable service provision. Service providers have a responsibility to ensure that their clients understand and are able to make informed decisions about the services they are receiving.

**Examples of Action Being Taken**
Saskatoon Health Region’s [Interpretation and Translation Services Policy](#).

Saskatoon Health Region [First Nation and Métis Health Service](#).

**What More Can Be Done?**
See the Chief Medical Health Officer’s [Call to Action](#).

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**Highlights**
A diverse set of languages is spoken by Saskatoon Health Region’s population.

- A much higher percentage of people in Saskatoon Health Region (83.0%) listed English only as their mother tongue compared to Canada (56.9%) (Figure 1).
- Of the almost 14% of Health Region residents whose mother tongue was a non-official language, most were of European origin, with Germanic (23.7%) and Slavic (16.9%) being the most common. The next highest percentages were languages from Asia (Indo-Iranian at 13.2%, Malayo-Polynesian at 10.4% and Chinese at 10.3%) (Figure 2).

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**Figure 1: Proportion of Population Speaking Official Languages, Saskatoon Health Region and Canada, 2011**

**Figure 2: Proportion of Population Speaking Other, Non-official Language, Saskatoon Health Region, 2011**

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Source: [Statistics Canada - National Household Survey](#).

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Source: [Statistics Canada - National Household Survey](#).
Why Is This Important?
Education is one of the key factors related to income level and social status. Education provides knowledge and skills for problem solving, a sense of control over life circumstances and increases job and income opportunities. People with high levels of education tend to smoke less, be more physically active, have access to healthier foods and live in healthy physical environments.

Examples of Action Being Taken:
Saskatoon Health Region’s Health Promoting Schools
Saskatchewan Ministry of Education’s Saskatchewan Student Achievement Initiative

What More Can Be Done?
See the Chief Medical Health Officer’s Call to Action

Highlights
Saskatoon Health Region residents have similar post-secondary education levels compared to Canada, but there are still many without a high school education.

- In 2011, approximately one in ten people (11.3%) aged 25 to 64 years in the Region did not have a high school education. This was slightly better than the Canadian average of 12.7% (Figure 1).
- In the Region, 64.0% of adults aged 25 to 64 years had some post-secondary education, similar to the Canadian average. Differences were seen among residents of Saskatoon and rural areas of the Region (Figure 2).
- A recent public opinion survey of Saskatoon residents found 83.3% support for increased education funding; 72.5% support for lower tuitions for post-secondary education.

Figure 1: Percent Without a High School Diploma, Saskatoon Health Region, Saskatchewan and Canada, 2011

Figure 2: Percent With Post-Secondary Certificate, Degree or Diploma, Saskatoon Health Region, Saskatchewan and Canada, 2011

Source: Statistics Canada - National Household Survey
Why Is This Important?
Employment provides more than income, as it also contributes to personal development, social relationships and self-esteem, all of which are important for health. Unemployment causes stressors, similar to those of losing a loved one, and is accompanied by loss of income, personal work relationships, daily structure and sense of purpose. Unemployment is associated with higher overall death rates and decreased mental health.

Examples of Action Being Taken:
Saskatoon Health Region’s Representative Workforce

The Saskatoon Regional Intersectoral Committee’s Saskatoon Aboriginal Employment Partnership

What More Can Be Done?
See the Chief Medical Health Officer’s Call to Action

Highlight:
Saskatoon Health Region continues to enjoy low unemployment.

- The Regional unemployment rate was below the provincial and national averages in 2011 (Figure 1). As of January 2014, Saskatchewan had the lowest unemployment rate in the country at 4.3% (data not shown).
- Education matters. Those without a high school education in Saskatchewan (i.e. no certificate) had a much lower employment rate (61.8%) than those with at least a high school education (79.1%) (Figure 2).
- A recent public opinion survey of Saskatoon residents found 84.8% support for subsidized work training for adults.
Why Is This Important?
Income is one of the most important determinants of health and is closely linked to other determinants such as housing, nutrition and education. In general, the more money people have, the healthier they tend to be. People who struggle to afford the basics in life experience higher illness and death rates and decreased life expectancy compared to higher income earners. Income disparities exist according to one’s gender, age, ethnicity, disability, and where they live (urban and rural areas).

Examples of Action Being Taken:
The Government of Saskatchewan’s Growth Plan
The Saskatoon Poverty Reduction Partnership

What More Can Be Done?
See the Chief Medical Health Officer’s Call to Action

Highlights
Incomes in Saskatoon Health Region are higher than the national average, but disparities remain.

- In 2010, households in the Region had slightly higher median after-tax incomes ($57,581) compared to Canada 2010 ($54,089) (Figure 1).
- The highest income neighbourhood in Saskatoon reported a median household income almost 10 times higher than the lowest income neighbourhood. The disparity was over 5 times higher in rural areas (Figure 2).
- A recent public opinion survey of Saskatoon residents found 82.5% support for income supplements to move people off welfare; 80.6% support increased pension amounts for seniors; 73.2% support increasing the minimum wage; and 81.5% support affordable child care.

Figure 1: Annual Median Household Income, After-tax, Saskatoon Health Region, Saskatchewan and Canada, 2010

![Figure 1: Annual Median Household Income, After-tax, Saskatoon Health Region, Saskatchewan and Canada, 2010](image)

<table>
<thead>
<tr>
<th>Geography</th>
<th>Dollars ($)</th>
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<tbody>
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<td>Saskatoon</td>
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<td>Rural SHR</td>
<td>59,086</td>
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<tr>
<td>SHR</td>
<td>57,581</td>
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<tr>
<td>SK</td>
<td>54,628</td>
</tr>
<tr>
<td>Canada</td>
<td>54,089</td>
</tr>
</tbody>
</table>

Source: Statistics Canada - National Household Survey

Figure 2: Highest and Lowest Median Household Income by Saskatoon Neighbourhood and Saskatoon Health Region Rural Area, 2010

![Figure 2: Highest and Lowest Median Household Income by Saskatoon Neighbourhood and Saskatoon Health Region Rural Area, 2010](image)

Source: Statistics Canada - National Household Survey
Why Is This Important?
Individuals with the lowest income tend to have the poorest health. People who struggle to afford the basics in life experience higher illness and mortality rates and decreased life expectancy compared to higher income earners. Income disparities exist according to one’s gender, age, ethnicity, disability, and where they live (urban and rural areas). For children, growing up in low income families can be a risk for higher rates of learning disabilities, mental health problems, dental caries and hospitalization than those from higher income families.

Examples of Action Being Taken:
The Saskatoon Poverty Reduction Partnership
Saskatoon Food Bank and Learning Centre: Saskatoon Food Bank

Poverty Costs

What More Can Be Done?
See the Chief Medical Health Officer’s Call to Action

Highlights
Low income in Saskatoon Health Region is a concern, especially for children.

- In 2010, one in eight people reported low income in the Region, slightly lower than the Saskatchewan (14.0%) and Canadian (14.9%) averages. Rural areas reported a lower percentage of people living in low income (Figure 1).
- In 2010, nearly one in five children under six years of age in the Region lived in low income, approximately 4,200 children. A much higher percentage was seen in Saskatoon (21.6%) compared to rural areas (11.4%) (Figure 2).
- A recent public opinion survey of Saskatchewan residents found that 90.2% support the development of a provincial plan to end child poverty; 82.5% support income supplements to move people off welfare; 80.6% support increased pension amounts for seniors; and 73.2% support increasing the minimum wage.

![Figure 1: Percent Low Income, After-tax, Saskatoon Health Region, Saskatchewan and Canada, 2010](source)

![Figure 2: Percent of Children Less Than Six Years of Age In Low Income, After-tax, Saskatoon Health Region, Saskatchewan and Canada, 2010](source)
Why Is This Important?
Housing is one of the most basic prerequisites of overall health. Housing is crucial in creating a stable living environment. Having a safe and secure place to live is important to gaining employment and accessing health and social services. For those on low income, many have to choose between paying for food or rent. Inappropriate housing can not only cause illness, but also affect recovery from illness.

Examples of Action Being Taken:
Saskatoon’s Plan to End Homelessness and Housing First program: Saskatoon United Way
Affordable housing initiative: Saskatoon Housing Initiatives Partnership

What More Can Be Done?
See the Chief Medical Health Officer’s Call to Action

Housing Affordability

Highlights
It is getting more expensive to live in some communities.

- In 2011, one in four households in Saskatoon spent 30% or more of their monthly income on shelter. On average, only 15% of rural Health Region households experienced housing affordability challenges (Figure 1).
- Average house prices in Saskatoon more than tripled between 2000 ($106,954) and 2013 ($341,065) (Figure 2).
- A recent public opinion survey of Saskatoon residents found that 84.3% of respondents support the creation of more affordable housing.

Figure 1: Average House Price, Saskatoon, 2000-2013

Source: Saskatoon Region Association of Realtors

Figure 2: Percent of Households Spending 30% or More Income on Shelter Costs, Saskatoon Health Region, Saskatchewan and Canada, 2011

Source: Statistics Canada-National Household Survey
Why Is This Important?

"By breaking the cycle of poverty once and for all, we will be investing in human empowerment — which will drive the health and prosperity of our cities and yield benefits for all of us."

Senator Hugh Segal

Examples of Action Being Taken:
The Saskatoon Poverty Reduction Partnership was formed to reduce poverty in Saskatoon and area.

See the call for a Comprehensive Poverty Reduction Plan

Saskatoon Regional Intersectoral Committee

What More Can Be Done?
See the Chief Medical Health Officer’s Call to Action

For More Details About the Survey:
A three page summary describes the research funded by the Canadian Institute for Health Research, conducted by the University of Saskatchewan and Saskatoon Health Region Public Health Observatory.

In May 2013, Saskatoon Health Region together with the University of Saskatchewan and its Social Sciences Research Laboratory asked over 1000 Saskatoon residents their opinions about what causes poor health, the health-related policies they would support and ways to fund these policies.

Survey Highlights

Understanding of the Causes of Poor Health

- Eighty percent said income was the most important factor affecting health. Respondents recognized that people with low income are more likely to suffer from poor health than those with middle income; a dramatic shift from 2006 where 98% said nutritious food was the most important factor.

Policy Options Supported

- Poverty Reduction: 94% support for poverty reduction overall; 89% for a provincial plan to reduce poverty; and 90% for a provincial child poverty reduction plan.

- Income: 73% support initiatives to increase the minimum wage; 81% for increases to senior’s pensions; and, 83% for income supplements to move people off welfare.

- Child and youth policies: 82% support universally affordable child care; 83% for increased funding for education; and 73% for lower tuition for post-secondary students.

- Employment: 85% support subsidized work training; and 71% for creating more work and training opportunities for First Nations and Métis peoples.

- Health Care: 87% support more disease prevention and health promotion programs; and 68% for an increase to health care services.

- Affordable Living: 84% endorse the creation of more private affordable housing; 86% for access to affordable and healthy food; and 74% for affordable transit and recreational activities.

- Greater self-determination for First Nation and Métis: 66% of respondents supported greater self-determination (the right to freely determine political status and pursue economic, social and cultural development).

How to Fund Policy Options?

- Eighty three per cent agreed to attracting more business and investment to Saskatoon for private sector contributions; 82% called for an increase to “sin taxes” (alcohol and cigarettes); 78% supported an increase in personal taxes on the wealthiest people; 71.8% would endorse an increase in corporate taxes; and 77.1% support the creation of incentives for increased charitable donations.
# Technical Appendix

## Health Status Reporting: Phase 1

Saskatoon Health Region

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Demographics

Population

Definition:
The Covered Population is based on the number of Saskatchewan residents who hold a valid Saskatchewan health card and are eligible for provincial health insurance benefits. The population size of Saskatoon Health Region compared to other health regions.

Source:

Limitations:
The Covered Population is not a census and only counts persons who are registered for provincial health coverage and not every person who may have been a resident in Saskatchewan on June 30th. It includes all residents of Saskatchewan except a) members of the Canadian Armed Forces, members of the Royal Canadian Mounted Police and inmates of federal prisons, all of whom are covered by the federal government; and b) people not yet meeting the residency requirement (coverage begins on the first day of the third calendar month following their move to Saskatchewan).

Reference:

Population Projections

Definition:
The total population size shown by age and gender groups. Projections are based on 2010 Covered Population values and project what the likely population of Saskatoon Health Region will be in 2030.

Source:

Limitations:
The Covered Population is not a census and only counts persons who are registered for provincial health coverage and not every person who may have been a resident in Saskatchewan on June 30th. It includes all residents of Saskatchewan except a) members of the Canadian Armed Forces, members of the Royal Canadian Mounted Police and inmates of federal prisons, all of whom are covered by the federal government; and b) people not yet meeting the residency requirement (coverage begins on the first day of the third calendar month following their move to Saskatchewan). 2010 projections will not reflect the recent influx of people to Saskatoon Health Region that has occurred from 2010 to present.
First Nations and Métis Population

Definition:
“Aboriginal identity” refers to whether a person reported being an Aboriginal person, that is, First Nations (North American Indian), Métis, or Inuk (Inuit) and/or being a Registered or Treaty Indian (that is, registered under the Indian Act of Canada) and/or being a member of a First Nation or Indian band.

Calculation:
Percent of population that identifies as Aboriginal = Aboriginal identity population divided by total population in private households.

Sub-group of Aboriginal Identity population = Métis single identity population divided by total Aboriginal identity population.

Note that this same calculation is done for First Nations and Other categories (i.e. Inuit, multiple Aboriginal and Aboriginal not included elsewhere).

Source:

Limitations:
National Household Survey (NHS) 2011 is voluntary and is subject to a higher non-response rate than previous census. Based on information from other data sources, evidence of non-response bias does exist for certain populations and for certain geographic areas.

Some Indian reserves and settlements did not participate in the 2011 National Household Survey as enumeration was either not permitted, it was interrupted before completion, or because of natural events (e.g. forest fires). Of the 863 inhabited reserves in the 2011 National Household Survey, 36 were incompletely enumerated, none of these in Saskatoon Health Region boundaries.

Reference:

Geographies:
Often the most reported geography is for those people living within Saskatoon Health Region boundaries. However, in some cases, those living in Saskatoon and rural areas of the Health Region are also reported. Saskatoon means those people living within city of Saskatoon boundaries. ‘Rural Saskatoon Health Region’ reflects those living within the health region boundaries, but outside city of Saskatoon boundaries. Saskatchewan and Canada are also used as comparators depending on data availability.

Newcomer Population

Definition:
In this analysis, the term Newcomer is used which is also referred to as ‘Immigrant’ by Statistics Canada Census and National Household Survey’s. Immigrant is a person who is or has ever been a landed immigrant/permanent resident. This person has been granted the right to live in Canada permanently by immigration authorities. Some immigrants have resided in Canada a number of years while others have
arrived recently (see Recent Newcomers below). Immigrant excludes non-permanent residents, which are persons from another country who have a work or study permit or who are refugee claimants, and any non-Canadian born family member living in Canada with them.

**Recent Newcomer** in this analysis is an immigrant who arrived recently (i.e. within the past five years). Newcomer in 2011 is someone who landed in Canada between Jan 1, 2006 and May 10, 2011. Newcomer in 2006 was someone who landed in Canada between Jan 1, 2001 and May 10, 2006.

Calculation:
Percent newcomer population = immigrant population divided by total population in private households.
Recent newcomer population = total recent immigrant population in private households in 2006 and 2011.

Source:

Limitations:
National Household Survey (NHS) 2011 is voluntary and is subject to a higher non-response rate than previous census. Based on information from other data sources, evidence of non-response bias does exist for certain populations and for certain geographic areas. Comparisons between 2011 NHS and 2006 Census should be done with caution.

Reference:

Geographies:
Often the most reported geography is for those people living within Saskatoon Health Region boundaries. However, in some cases, those living in Saskatoon and rural areas of the Health Region are also reported. Saskatoon means those people living within city of Saskatoon boundaries. ‘Rural Saskatoon Health Region’ reflects those living within the health region boundaries, but outside city of Saskatoon boundaries. Saskatchewan and Canada are also used as comparators depending on data availability.

**Language**

Definition:
The percentage of the population that reports their mother tongue, which is first language learned as a child and still known by the respondent at time of census.

Calculation:
Percent language spoken = English single response population divided by total population excluding institutional residents.
This same calculation is used for French single response, multiple response and Other languages.

Percent language spoken of non-official languages = Germanic population divided by population speaking Other languages.
This same calculation is done for other language families.
Source:

Limitations:
National Household Survey (NHS) 2011 is voluntary and is subject to a higher non-response rate than previous census. Based on information from other data sources, evidence of non-response bias does exist for certain populations and for certain geographic areas. Statistics Canada has observed changes in patterns of response to both the mother tongue and home language questions that appear to have arisen from changes in placement and context of the language questions on the 2011 Census questionnaire relative to previous censuses. As a result, Canadians appear to have been less inclined than in previous censuses to report languages other than English or French as their only mother tongue, and also more inclined to report multiple language as their mother tongue and as the language used most often at home.

References:


Geographies:
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Social Determinants of Health

Income

Definition:
Income information was collected for the population aged 15 years and older living in private households. All income received during the preceding calendar year (2010) was included, including some non-taxable income and with the following exceptions: withdrawals from Registered Retirement Savings Plans (RRSPs) and other savings plans; inheritances received; lottery winnings and lump sum insurance settlements.
Household refers to a person or a group of persons (other than foreign residents) who occupy the same private dwelling and do not have a usual place of residence elsewhere in Canada.

Calculation:
Median household income is the amount which divides the income distribution into two equal groups, half having income above that amount and half having income below that amount.

Source:

Limitations:
National Household Survey (NHS) 2011 is voluntary and is subject to a higher non-response rate than previous census. Based on information from other data sources, evidence of non-response bias does exist for certain populations and for certain geographic areas. Income questions tend to have higher non-response than other items on a census, so comparisons with other surveys needs to be done with caution.

Reference:


Geographies:
Often the most reported geography is for those people living within Saskatoon Health Region boundaries. However, in some cases, those living in Saskatoon and rural areas of the Health Region are also reported. Saskatoon means those people living within city of Saskatoon boundaries. ‘Rural Saskatoon Health Region’ reflects those living within the health region boundaries, but outside city of Saskatoon boundaries. Saskatchewan and Canada are also used as comparators depending on data availability.

Low Income

Definition:
Individuals are defined as having low income if the after-tax income of their household falls below 50% of the median adjusted household after-tax income in Canada in 2010. Adjustment for household sizes reflects the fact that a household’s needs increase as the number of members increase.

Calculation:
Adjusted household after-tax income is calculated using the after-tax income of a household divided by the square root of the household size. The low income threshold for a single person in 2010 in Canada was $19,840 while for a four person household it was $38,920.

Percent low income = number of individuals in low income in 2010 based on after-tax low-income measure divided by total population in private households.

Source:

Limitations:
National Household Survey (NHS) 2011 is voluntary and is subject to a higher non-response rate than previous census’. Based on information from other data sources, evidence of non-response bias does
exist for certain populations and for certain geographic areas. Low income measure is new to the NHS in 2011 so comparisons to previous census are not available. Low-income estimates from the 2011 National Household Survey (NHS) compared to previous censuses show markedly different trends than those derived from other surveys and administrative data such as the Survey of Labour and Income Dynamics or the T1 Family File.

References:


Geographies:
Often the most reported geography is for those people living within Saskatoon Health Region boundaries. However, in some cases, those living in Saskatoon and rural areas of the Health Region are also reported. Saskatoon means those people living within city of Saskatoon boundaries. ‘Rural Saskatoon Health Region’ reflects those living within the health region boundaries, but outside city of Saskatoon boundaries. Saskatchewan and Canada are also used as comparators depending on data availability.

Education Levels
Definition:
Highest level of educational attainment is the highest certificate, diploma or degree completed by a person aged 25 to 64 years. In this analysis, ‘without high school diploma’ means the population who has not completed high school nor any post-secondary certificates, diplomas or degrees (number 1 below). In this analysis, ‘with a post-secondary degree’ means population having achieved a post-secondary degree, certificate or diploma (numbers 3 through 6 combined below).
The following general hierarchy used in deriving ‘highest certificate, diploma or degree’ is loosely tied to the ‘in-class’ duration of the various types of education:
1. no certificate, diploma or degree
2. secondary (high) school diploma or equivalent
3. apprenticeship or trades certificate or diploma
4. college, CEGEP or other non-university certificate or diploma
5. university certificate or diploma below bachelor level
6. university certificate, diploma or degree at bachelor level or above

Calculation:
Percent no high school education = population with no certificate, diploma or degree divided by total population aged 25 to 64 years.
Percent with post-secondary degree = population with a post-secondary certificate, diploma or degree divided by total population aged 25 to 64 years.

Source:

Limitations:
The National Household Survey (NHS) 2011 is voluntary and is subject to a higher non-response rate than previous census’. Based on information from other data sources, evidence of non-response bias does exist for certain populations and for certain geographic areas.

References:


Geographies:
Often the most reported geography is for those people living within Saskatoon Health Region boundaries. However, in some cases, those living in Saskatoon and rural areas of the Health Region are also reported. Saskatoon means those people living within city of Saskatoon boundaries. ‘Rural Saskatoon Health Region’ reflects those living within the health region boundaries, but outside city of Saskatoon boundaries. Saskatchewan and Canada are also used as comparators depending on data availability.

**Housing Affordability**

Definition:
An indicator of housing affordability is the proportion of household total income that is spent on shelter costs. If occupants of a dwelling paid 30% or more of household total income towards shelter costs, housing affordability is thought to be an issue. The Canada Mortgage and Housing Corporation and the provinces agreed to use the 30% threshold to measure affordability for the purposes of defining need for social housing. Shelter costs include mortgage (or rent for tenants), electricity, heat, water, property tax/condominium fees, and fees for municipal services.

Housing prices are based on average housing prices in Saskatoon on December 31 of each calendar year.

Calculation:
Percent of households with affordability challenges = Number of households that paid 30% or more of household total income towards shelter costs divided by the total number of non-farm, non-reserve households.


Limitations: National Household Survey (NHS) 2011 is voluntary and is subject to a higher non-response rate than previous census’. Based on information from other data sources, evidence of non-response bias does exist for certain populations and for certain geographic areas.

References


Geographies:
Often the most reported geography is for those people living within Saskatoon Health Region boundaries. However, in some cases, those living in Saskatoon and rural areas of the Health Region are also reported. Saskatoon means those people living within city of Saskatoon boundaries. ‘Rural Saskatoon Health Region’ reflects those living within the health region boundaries, but outside city of Saskatoon boundaries. Saskatchewan and Canada are also used as comparators depending on data availability.

Employment
Definition: Unemployed persons are referred to as, during the week of May 1 to May 7, 2011 persons without paid work or without self-employment work and were available for work and either: a) had actively looked for paid work in the past four weeks; or b) were on temporary lay-off and expected to return to their job; or c) had definite arrangements to start a new job in four weeks or less.

Highest level of education obtained for those age 25 to 64 years and whether or not they were in the labour force during the week of May 1 to May 7, 2011.

For infographic: Unemployment rate comes from the Labour Force Survey and provides more recent information than the National Household Survey. Unemployed persons are similarly defined as in the National Household Survey above, though the reference week changes each month as the Labour Force Survey is conducted monthly.

Calculation: The percent of the population unemployed = the number of unemployed people divided by the total population in the labour force 15 years of age and over.

Source:

Limitations:
National Household Survey (NHS) 2011 is voluntary and is subject to a higher non-response rate than previous census. Based on information from other data sources, evidence of non-response bias does exist for certain populations and for certain geographic areas.

Both the 2011 National Household Survey and the Labour Force Survey (LFS) collect data on the labour force. There are conceptual differences between the two surveys as the LFS is a monthly survey involving around 56,000 Canadian households.

References:


Geographies:
Often the most reported geography is for those people living within Saskatoon Health Region boundaries. However, in some cases, those living in Saskatoon and rural areas of the Health Region are also reported. Saskatoon means those people living within city of Saskatoon boundaries. ‘Rural Saskatoon Health Region’ reflects those living within the health region boundaries, but outside city of Saskatoon boundaries. Saskatchewan and Canada are also used as comparators depending on data availability.