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.

What Is Being Done?
The City of Saskatoon and regional partners’ plan for Saskatoon growth
The Government of Saskatchewan’s Growth Plan

To Learn More:
Chief Medical Health Officer’s Call to Action

Highlights
Saskatoon Health Region continues to experience steady population growth.

- Saskatoon Health Region is the most populous health region in Saskatchewan with over 356,983 residents in 2016 (Figure 1). This represents over 30% of the total population of the province.
- The Region’s population has increased since 2007. The growth rate over this time period has averaged 2.5% per year (over 7,000 people) (Figure 2).
- Birth rates and newcomers have contributed to Regional growth. For a more in depth look at the demographics behind the Regional population, click here.

Figure 1: Population by Health Region, Saskatchewan, 2016

![Population by Health Region, Saskatchewan, 2016](image)

Figure 2: Population, Saskatoon Health Region, 2007 to 2016

![Population, Saskatoon Health Region, 2007 to 2016](image)

Source: eHealth Saskatchewan, Covered Population
Population Demographics

Highlights

- The population demographics of Saskatoon Health Region have changed over time. In 2007, the 20 to 24 year and 45 to 49 year age groups were most prominent. In 2016, the 30 to 39 year age group had the highest population among all age groups. Other age groups with large populations included 0 to 4 year olds and 50 to 59 year old baby boomers (Figure 1).
- The Saskatoon city population increased to over 264,000 people in 2016. This represents a 2.6% annual increase since 2007. Rural areas of the Region have seen growth in the past 10 years with a 2.2% annual increase since 2007. The population in areas outside Saskatoon was over 92,000 in 2016 (Figure 2).

Figure 1: Population by Five Year Age Groups, Saskatoon Health Region, 2007 and 2016

![Graph showing population by five-year age groups from 2007 to 2016.]

Figure 2: Population by Urban (Saskatoon) and Rural Areas of the Region, 2007 to 2016

Source: eHealth Saskatchewan, 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. The population of the Region has more males than females at birth due to a natural sex ratio which has been found to be 105 males born for every 100 females.

### What Is Being Done?
The City of Saskatoon and regional partners’ plan for **Saskatoon growth**
The Government of Saskatchewan’s **Growth Plan**
City of Saskatoon population **projections**

### To Learn More:
Chief Medical Health Officer’s **Call to Action**

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### Highlights

**Saskatoon Health Region’s population is expected to grow.**
- A large segment of the Region’s population is 50 to 59 year-old baby boomers (Figure 1). A second larger bulge is seen in the 25 to 34 year-olds.
- By 2030, the Region’s population is expected to reach 418,000 at which time the baby boomers will be in the 65 to 74 age group. The 40 to 49 year-olds are projected to increase (Figure 1).
- The City of Saskatoon has projected in their medium growth scenario an increase to over 387,000 people by 2032 (Figure 2).

---

#### Figure 1: Population Pyramid and Projections, Saskatoon Health Region, 2016 and 2030

<table>
<thead>
<tr>
<th>Age groups in years</th>
<th>2016 Male</th>
<th>2016 Female</th>
<th>2030 Female</th>
<th>2030 Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>00 to 04</td>
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<td></td>
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<tr>
<td>05 to 09</td>
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<tr>
<td>10 to 14</td>
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<tr>
<td>15 to 19</td>
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<tr>
<td>20 to 24</td>
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<td>25 to 29</td>
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<tr>
<td>30 to 34</td>
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<td></td>
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</tr>
<tr>
<td>35 to 39</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40 to 49</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50 to 54</td>
<td></td>
<td></td>
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<tr>
<td>55 to 59</td>
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<tr>
<td>60 to 64</td>
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<tr>
<td>65 to 69</td>
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<tr>
<td>70 to 74</td>
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<td>75 to 79</td>
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<td>80 to 84</td>
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<tr>
<td>85 to 89</td>
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<tr>
<td>90+</td>
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</tr>
</tbody>
</table>

Population (000s)

Figure 1: Population Pyramid and Projections, Saskatoon Health Region, 2016 and 2030

Source: eHealth Saskatchewan, Covered Population

#### Figure 2: Population Projections, City of Saskatoon, 2012 to 2032

<table>
<thead>
<tr>
<th>Year</th>
<th>Population ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>235,205</td>
</tr>
<tr>
<td>2017</td>
<td>269,552</td>
</tr>
<tr>
<td>2022</td>
<td>305,167</td>
</tr>
<tr>
<td>2027</td>
<td>345,888</td>
</tr>
<tr>
<td>2032</td>
<td>387,742</td>
</tr>
</tbody>
</table>

Source: City of Saskatoon
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

Highlights
First Nations and Métis peoples 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

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

Source: Statistics Canada-National Household Survey

For more information: www.communityview.ca

Health Status Reporting
March 2014
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 their 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) 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

![Figure 1: Newcomers as a Percent of Total Population](image)

Source: Statistics Canada - National Household Survey

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

![Figure 2: Recent Newcomers](image)

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

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).

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

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.

What Is Being Done?
Saskatoon Health Region’s **Representative Workforce**
The Saskatoon Regional Intersectoral Committee’s **Saskatoon Aboriginal Employment Partnership**

To Learn More:
Chief Medical Health Officer’s **Call to Action**

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### Highlights

**Unemployment is increasing in the Saskatoon area and Saskatchewan**

- As of November 2016, the Saskatoon Census Metropolitan Area had an unemployment rate of 7.5%. This percentage has been increasing since 2014 (Figure 1).
- Unemployment rates vary depending on where people live. Those living in the most disadvantaged areas of Saskatoon experienced higher unemployment rates compared to others (see here for additional data).
- 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 diploma (79.1%) (Figure 2).
- A public opinion survey of Saskatoon residents found 84.8% support for subsidized work training for adults.

---

**Figure 1: Unemployment Rate, Saskatoon CMA, Saskatchewan and Canada, 2007-2016**

<table>
<thead>
<tr>
<th>Year</th>
<th>Saskatoon CMA</th>
<th>Saskatchewan</th>
<th>Canada</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>3.8</td>
<td>4.2</td>
<td>5.9</td>
</tr>
<tr>
<td>2008</td>
<td>4</td>
<td>3.9</td>
<td>6.5</td>
</tr>
<tr>
<td>2009</td>
<td>5</td>
<td>5.2</td>
<td>8.5</td>
</tr>
<tr>
<td>2010</td>
<td>5.7</td>
<td>5.6</td>
<td>7.7</td>
</tr>
<tr>
<td>2011</td>
<td>5.1</td>
<td>4.6</td>
<td>7.5</td>
</tr>
<tr>
<td>2012</td>
<td>5.4</td>
<td>4.7</td>
<td>7.1</td>
</tr>
<tr>
<td>2013</td>
<td>4.4</td>
<td>4</td>
<td>6.7</td>
</tr>
<tr>
<td>2014</td>
<td>4</td>
<td>3.6</td>
<td>7.1</td>
</tr>
<tr>
<td>2015</td>
<td>6.4</td>
<td>5.5</td>
<td>6.9</td>
</tr>
<tr>
<td>2016</td>
<td>7.5</td>
<td>6.9</td>
<td>6.9</td>
</tr>
</tbody>
</table>

Source: [Statistics Canada - Labour Force Survey](http://www.statcan.gc.ca)

**Figure 2: Employment Rate by Educational Attainment, Saskatchewan, 2011**

<table>
<thead>
<tr>
<th>Educational Attainment</th>
<th>Employment Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Certificate</td>
<td>61.8</td>
</tr>
<tr>
<td>High school Diploma</td>
<td>79.1</td>
</tr>
<tr>
<td>Apprenticeship or Trades Certificate</td>
<td>84.2</td>
</tr>
<tr>
<td>College or Other Non University Certificate or Diploma</td>
<td>84.4</td>
</tr>
<tr>
<td>University Certificate, Degree or Diploma</td>
<td>84.6</td>
</tr>
</tbody>
</table>

Source: [Statistics Canada - National Household Survey](http://www.statcan.gc.ca)

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*For more information: [www.communityview.ca](http://www.communityview.ca)*
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.

What Is Being Done?

Saskatoon Plan to End Homelessness and Journey Home program.

Affordable housing initiative: Saskatoon Housing Initiatives Partnership

Quint Saskatoon

To Learn More:

Chief Medical Health Officer’s Call to Action

Highlights

The increase in housing prices is slowing.

- For the first time in more than a decade, housing prices in Saskatoon have dropped. The average house price as of December 2016 was just over $342,000 (Figure 1).
- In 2011, one in four households in Saskatoon spent 30% or more of its monthly income on shelter. On average, only 15% of rural Health Region households experienced housing affordability challenges (Figure 2).
- Those in the most disadvantaged areas of Saskatoon experienced more housing affordability issues compared to others (see here for additional data).
- A 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 to 2016

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?**

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](#)

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**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**

<table>
<thead>
<tr>
<th>Geography</th>
<th>Saskatoon</th>
<th>Rural SHR</th>
<th>SHR</th>
<th>SK</th>
<th>Canada</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent (%)</td>
<td>9.8</td>
<td>15.1</td>
<td>11.3</td>
<td>15.4</td>
<td>12.7</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Geography</th>
<th>Saskatoon</th>
<th>Rural SHR</th>
<th>SHR</th>
<th>SK</th>
<th>Canada</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent (%)</td>
<td>67.0</td>
<td>56.1</td>
<td>64.0</td>
<td>57.3</td>
<td>64.1</td>
</tr>
</tbody>
</table>

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

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](source)

![Figure 2: Highest and Lowest Median Household Income by Saskatoon Neighbourhood and Saskatoon Health Region Rural Area, 2010](source)
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 Saskatoon 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: Statistics Canada - National Household Survey

Figure 2: Percent of Children Less Than Six Years of Age In Low Income, After-tax, Saskatoon Health Region, Saskatchewan and Canada, 2010

Source: Statistics Canada - National Household Survey
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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).

References:
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 2011NHS 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:
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.
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:
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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.

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.

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:
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