



**A Message from Dr. Cory Neudorf**  
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**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.<sup>1</sup> 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<sup>2</sup> 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.<sup>3</sup> 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

#### **Saskatoon Health Region's commitment to Better Health**

*Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.*

<sup>1</sup> National Collaborating Centre for Determinants of Health. (2013). Let's talk: Health equity. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University.

<sup>2</sup> 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*).

<sup>3</sup> See [Public Opinion Survey](#)

release information on-line in an easy-to-access format at [CommunityView.ca](http://CommunityView.ca). We will highlight key findings about our health<sup>4</sup>, 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?<sup>5</sup>

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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<sup>4</sup> 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.

<sup>5</sup> See CommunityView Collaboration [www.communityview.ca](http://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.

- o 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.<sup>6</sup>

### 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.<sup>7</sup> 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:

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

We envision a world in which all First Nation, Inuit and Métis people have achieved full and equitable access to the conditions of health including: pride in ancestry, cultural reclamation, peace, shelter, education, food, income, a stable environment, resources, and social justice, [a]nd where the gifts and wisdom of First Nation, Inuit and Métis cultures are recognized as valuable, distinctive and beautiful.

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

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

<sup>7</sup> Refer to the Saskatoon Health Region's [Public Health Observatory](#) for information on health disparity in our Region.

- Providing more training to increase cultural competency and cultural safety for professionals across sectors and how it applies to them in their daily lives;
- Employing more advocates and cultural translators to bridge understanding between systems and First Nation and Métis families and provide system navigation support;
- Setting and meeting targets for a more representative workforce and tying those to accountabilities;
- Conducting further intervention research aimed at improving the lives of First Nation and Métis people through collaborative, respectful and equitable partnerships; and
- Increasing delivery of services by First Nation and Métis agencies and providers.

### 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.