

# SOCIAL ENVIRONMENT

## Income

### Key Points

**SUNRISE HEALTH REGION has a lower average personal income than Saskatchewan as a whole by almost \$4000; in addition, SUNRISE HEALTH REGION has the second lowest average income when compared to similar regions. An adequate income is necessary for people to meet their basic needs at a minimum, and ideally will provide economic security as well.<sup>12</sup> The presence of this difference should be investigated to ensure resident's basic needs are met and to ensure acceptable health status. When compared to similar regions, SUNRISE HEALTH REGION has the second lowest average dwelling cost, the fourth lowest house affordability, and the second highest percentage of persons who own their own dwelling. This information creates a more complete picture of living conditions for the average resident.**

Characteristics: Average personal income<sup>13</sup>

<b>Saskatchewan</b>	<b>22,541</b>
<b>SUNRISE HEALTH REGION</b>	<b>18,866</b>

\* Average personal income (pre-tax, post-transfer) for person's aged 15 and over that reported income.

\* Average personal income excludes institutional residents

## Poverty

### **Key Points**

**“Income and social status are the most important determinants of health”<sup>14</sup>, as higher income is associated with better individual and population health, with increased life expectancy and quality of life, and is a widely used measure of socio-economic status.<sup>15</sup> Some sources state figures as high as 23.7% of premature deaths from cardiovascular disease are due to differences in income.<sup>16</sup> There is an increase of 1% of low-income households in SUNRISE HEALTH REGION over the Saskatchewan average, but this area should be looked at in conjunction with the cost of living.**

Income profile, incidence of low income (percent).<sup>17</sup>

<b>Saskatchewan</b>	<b>18.3</b>
<b>SUNRISE HEALTH REGION</b>	<b>19.5</b>

\* Population in economic families and unattached individuals with incomes below the Statistics Canada low-income cut-off (LICO).

\* The LICOs represent levels of income where people spend disproportionate amounts of money for food, shelter, and clothing.

\* Low-income cut-offs (LICOs) are based on family and community size; cut-offs are updated to account for changes in the consumer price index.

\* The term economic family refers to a group of two or more persons who live in the same dwelling and are related to each other by blood, marriage, common-law or adoption.

\* Low-income cut-off (LICO) data excludes institutional residents.

\*Low-income cut-off (LICO) data were not derived for economic families or unattached individuals in the Territories or on Indian reserves.

## **Food Security**

### **Key Points**

**The increase in average weekly food expenditure (1.5%) did not keep up with the increasing costs of inflation (6.0%). “Provincially, the average weekly food expenditures were lowest in Eastern Canada and highest in Western Canada”.<sup>18</sup> An absence of figures available specifically for SUNRISE HEALTH REGION has necessitated the use of national and provincial figures, but there is no reason to assume that these figures would be significantly different. The average family in Saskatchewan spends slightly less on food in a week, compared to the national and prairie region rates. These figures are the average, and “expenditures on both food and housing as a percentage of total expenditures are significantly higher for low-income families”, and the ability to obtain necessary food without jeopardizing other needs is a real concern for many on a limited budget.<sup>19</sup> The data suggests that residents in SUNRISE HEALTH REGION are spending approximately 28% of their weekly food expenditure in restaurants, with the largest amount of money in stores spent on meat, dairy, and bakery items as compared to fruits and vegetables.**

i) Food expenditure for families.<sup>20</sup>

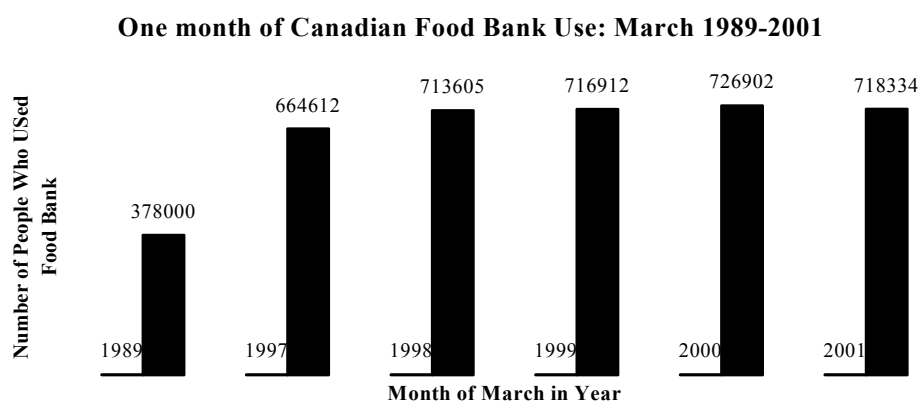
	Canada	Prairie Region	Saskatchewan	Regina	Saskatoon
<b>Household Characteristics</b>					
Number of households in sample	10,924	2,548	914	316	318
Estimated number of households	11,287,580	1,810,540	379,540	79,410	89,100
Number of weekly records	21,647	5,058	1,815	630	629
Weighted number of weekly records	22,397,810	3,591,520	753,540	158,280	176,170
Averages:					
Household size	2.61	2.65	2.57	2.58	2.61
<b>Weekly Expenditure Detail in \$</b>					
Total weekly food expenditure	112.09	108.72	100.16	102.89	96.21
Food purchased from stores	80.98	77.44	71.77	74.54	67.43
Locally and on day trips	79.85	75.95	70.83	73.83	66.19
Meat	17.51	16.66	15.04	18.49	13.31
Fish and other marine products	2.64	1.72	1.30	1.69	1.46
Dairy products and eggs	12.68	12.14	11.91	11.35	10.84
Bakery and other cereal products	12.47	11.70	10.82	10.61	10.81
Fruit and nuts	8.91	8.55	8.22	7.75	7.79
Vegetables	7.63	6.72	6.06	6.74	5.73
Condiments, spices and vinegar	2.18	2.23	1.88	2.05	2.12
Sugar and sugar preparations	2.50	2.71	2.69	2.44	2.65
Coffee and tea	1.62	1.62	1.48	1.48	1.46
Fats and oils	1.17	1.18	1.36	1.30	1.03
Other foods, materials and food preparations	6.82	7.26	6.98	6.88	6.58
Non-alcoholic beverages	3.71	3.45	3.10	3.04	2.41
While on trips overnight or longer	1.13	1.49	0.95	0.71	1.24
Food purchased from restaurants	31.12	31.29	28.39	28.35	28.78

ii) Food bank utilization.

### **Key Points**

**Historically food banks were implemented as a short-term measure, but the use of food banks since 1989 have risen dramatically. In Saskatchewan alone there was an 11% increase just in the last five years. Almost half of those utilizing the food banks in Saskatchewan were children, the second highest rate in the country, as well as “food banks report serving struggling members of local farming communities”.<sup>21</sup> The health effects of food insecurity are varied and include increased rates of mortality, at risk birth weights, avoidable infant hospitalizations along with numerous others.<sup>19</sup> Major contributing factors to this problem are lack of education, income, family supports, policies/legislation, sustainability of employment, access to food, culturally sensitive approaches, and research.<sup>19</sup> Some of the major barriers identified regarding access of children to nutritious food were lack of transportation, childcare, and storage, and poor quality charitable foods.<sup>22</sup> Food insecurity is a serious health concern that needs to be addressed in terms of cause. Although measures such as the food bank are valued, they are stopgap measures and not solutions to the issue. Emergency food services are available in SUNRISE HEALTH REGION with various programs.**

Food bank utilization for one month.<sup>21</sup>



Food bank usage by province and age breakdown.<sup>21</sup>

Province	Households	Adults	Children	Total Assisted	% Children
British Columbia	15,122.00	47,264.00	23,919.00	71,183.00	33.60
Alberta	16,146.00	25,439.00	18,456.00	43,895.00	42.05
<b>Saskatchewan</b>	<b>4,578.00</b>	<b>6,801.00</b>	<b>6,264.00</b>	<b>13,065.00</b>	<b>47.94</b>
Manitoba	18,038.00	22,509.00	19,680.00	42,189.00	46.65
Ontario	NA	135,913.00	91,108.00	227,021.00	40.13
Quebec	61,248.00	94,530.00	73,688.00	168,218.00	43.81
New Brunswick	7,460.00	11,367.00	6,268.00	17,635.00	35.54
Nova Scotia	8,024.00	12,787.00	9,110.00	21,897.00	41.60
Newfoundland	2,761.00	4,337.00	2,901.00	7,238.00	40.08
PEI	873.00	1,662.00	995.00	2,657.00	37.45
Yukon	183.00	107.00	27.00	134.00	20.15
NWT	108.00	270.00	275.00	545.00	50.46
Nunavut	30.00	180.00	117.00	297.00	39.39

## Cost of Living

### Key Points

“The Consumer Price Index (CPI) is a general indicator of the rate of price change for goods and services bought by Canadian consumers. It is obtained by comparing, through time, the cost of a fixed basket of commodities purchased by Canadian consumers in a particular year. Since the basket contains commodities of unchanging or equivalent quantity and quality, the index reflects only pure price movements”.<sup>23</sup> Both Canada and Saskatchewan report increasing prices on all items from 1997 to 2001. Canada’s largest increases from 2000 were for alcoholic beverages and tobacco (7.7%) as well as food (4.5%), while Saskatchewan had its largest increases in shelter (6.7%) and health and personal care (3.5%). Health and personal care includes items such as personal care supplies and equipment, and oral hygiene products such as toothpaste.

Consumer Price Index, Canada and Saskatchewan.<sup>24</sup>

Canada	1997	1998	1999	2000	2001
	1992 = 100				
<b>All items</b>	<b>107.6</b>	<b>108.6</b>	<b>110.5</b>	<b>113.5</b>	<b>116.4</b>
Food	107.6	109.3	110.7	112.2	117.2
Shelter	103.3	103.7	105.1	108.8	112.8
Household operations and furnishings	106.6	108.2	109.0	110.0	112.2
Clothing and footwear	102.7	103.9	105.3	105.5	106.0
Transportation	121.5	120.5	124.5	130.7	130.8
Health and personal care	105.9	108.1	110.2	112.0	114.2
Recreation, education and reading	114.9	117.5	119.6	122.5	124.3
Alcoholic beverages and tobacco products	89.3	92.6	94.5	97.6	105.1
<b>Special aggregates</b>					
All items excluding food	107.6	108.6	110.5	113.9	116.3
All items excluding energy	107.5	109.0	110.5	112.2	114.9
Canada	1997	1998	1999	2000	2001
	% Change from previous year				
<b>All items</b>	<b>1.6</b>	<b>0.9</b>	<b>1.7</b>	<b>2.7</b>	<b>2.6</b>

Food	1.6	1.6	1.3	1.4	4.5
Shelter	0.2	0.4	1.4	3.5	3.7
Household operations and furnishings	1.2	1.5	0.7	0.9	2.0
Clothing and footwear	1.3	1.2	1.3	0.2	0.5
Transportation	3.1	-0.8	3.3	5.0	0.1
Health and personal care	1.7	2.1	1.9	1.6	2.0
Recreation, education and reading	2.5	2.3	1.8	2.4	1.5
Alcoholic beverages and tobacco products	3.1	3.7	2.1	3.3	7.7
<b>Special aggregates</b>					
All items excluding food	1.6	0.9	1.7	3.1	2.1
All items excluding energy	1.5	1.4	1.4	1.5	2.4
Last modified: July 11, 2002.					
<b>Saskatchewan</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>
	1992 = 100				
<b>All items</b>	<b>110.3</b>	<b>111.8</b>	<b>113.7</b>	<b>116.7</b>	<b>120.3</b>
Food	110.8	111.4	111.4	112.8	116.2
Shelter	109.0	111.5	114.0	118.6	126.6
Household operations and furnishings	103.6	106.4	107.7	109.4	111.3
Clothing and footwear	105.3	105.8	107.8	107.9	108.8
Transportation	119.8	120.4	124.2	129.4	130.4
Health and personal care	102.9	104.5	105.3	107.8	111.6
Recreation, education and reading	113.5	115.8	117.3	119.1	122.3
Alcoholic beverages and tobacco products	103.3	104.6	106.8	108.9	111.9
<b>Special aggregates</b>					
All items excluding food	110.2	112.0	114.3	117.6	121.2
All items excluding energy	109.5	111.5	113.0	114.7	117.3
<b>Saskatchewan</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>
	% change from previous year				
<b>All items</b>	<b>1.3</b>	<b>1.4</b>	<b>1.7</b>	<b>2.6</b>	<b>3.1</b>
Food	2.1	0.5	0.0	1.3	3.0
Shelter	1.3	2.3	2.2	4.0	6.7
Household operations and furnishings	-0.5	2.7	1.2	1.6	1.7
Clothing and footwear	-0.2	0.5	1.9	0.1	0.8
Transportation	1.4	0.5	3.2	4.2	0.8
Health and personal care	-0.7	1.6	0.8	2.4	3.5
Recreation, education and reading	1.9	2.0	1.3	1.5	2.7
Alcoholic beverages and tobacco products	2.4	1.3	2.1	2.0	2.8
<b>Special aggregates</b>					
All items excluding food	1.0	1.6	2.1	2.9	3.1
All items excluding energy	1.2	1.8	1.3	1.5	2.3

## Employment and Labour Force Participation

### Key Points

Canada's overall unemployment rate was 3.5% above SUNRISE HEALTH REGION in 1996, but the difference has now decreased to 0.7%. This difference is due to a decrease in the Canadian rate and an increase in SUNRISE HEALTH REGION rate. Greater employment opportunities available mean an increased chance for residents to meet basic needs, which in turn advance one's health status.<sup>12</sup> In addition, unemployed people tend to experience more health problems; therefore unemployment could extend ones' susceptibility to poor health.<sup>25</sup> The Yorkton Human Resources Centre of Canada reveals similar workforce demographics when comparing gender and age to the provincial rates. The notable differences occur when comparing community type, where Saskatchewan's largest workforce is composed of people living in cities (53.7%), Yorkton area's largest workforce is drawn from people in rural municipalities (43.9%). This is consistent, however, with our mostly rural population.

i) Unemployment rate, labour force aged 15 and over, Canada, provinces, territories and health regions.<sup>26</sup>

Geography	1996	1997	1998	1999	2000	2001
Canada	9.6	9.1	8.3	7.6	6.8	7.2
Saskatchewan	6.6	5.9	5.7	6.1	5.2	5.8
SUNRISE HEALTH REGION	6.1	6.9	5.1	5.9	6.7	6.5

\* Labour force aged 15 and over who did not have a job during the reference week.

\* The labour force consists of people who are currently employed and people who are unemployed but were available to work in the reference week and had looked for work in the past 4 weeks.

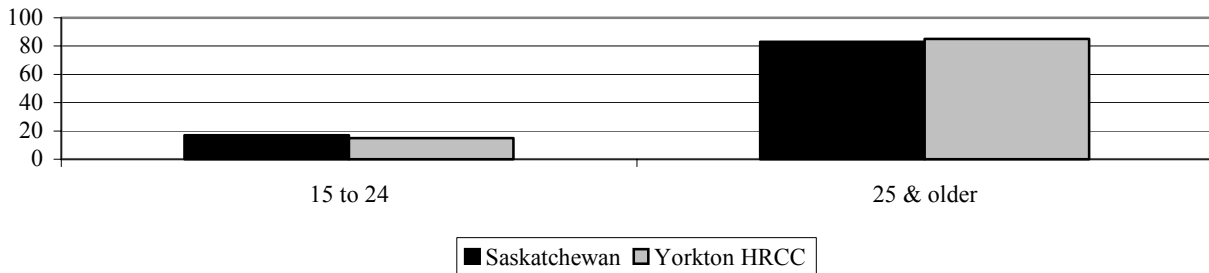
\* Reference week refers to a one-week period (from Sunday to Saturday) that usually includes the 15th day of the month.

\* Labour Force Survey excludes residents of Indian Reserves, the Yukon, Northwest Territories and Nunavut, inmates of institutions and full-time members of the Armed Forces.

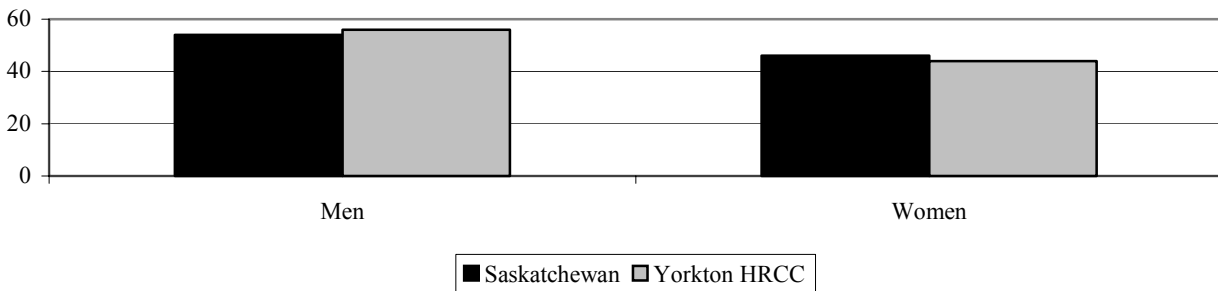
\* Labour Force Survey exclusions account for less than 2% of the population aged 15 and over.

ii) Employment rates by gender, age, and community for Saskatchewan and Yorkton Human Resource Centre of Canada (Yorkton HRCC extends beyond the boundaries of SUNRISE HEALTH REGION so figures include a larger population base).<sup>27</sup>

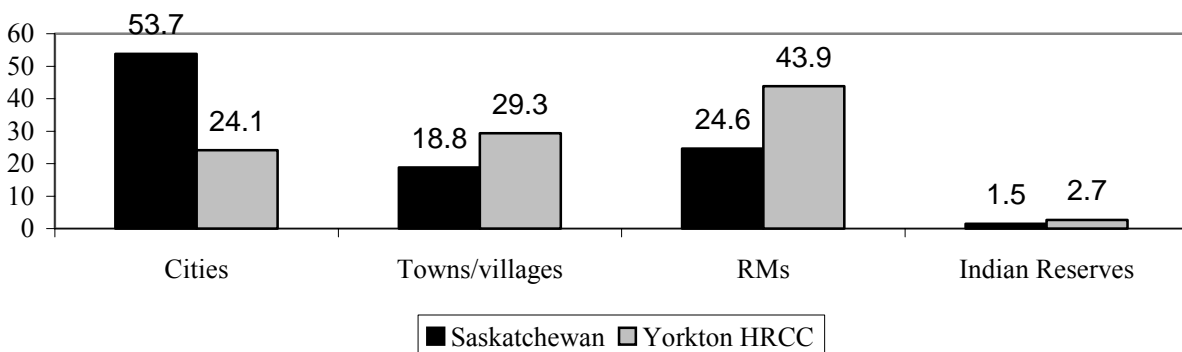
### Employment by Age



### Employment by Sex



### Employment by Community Type

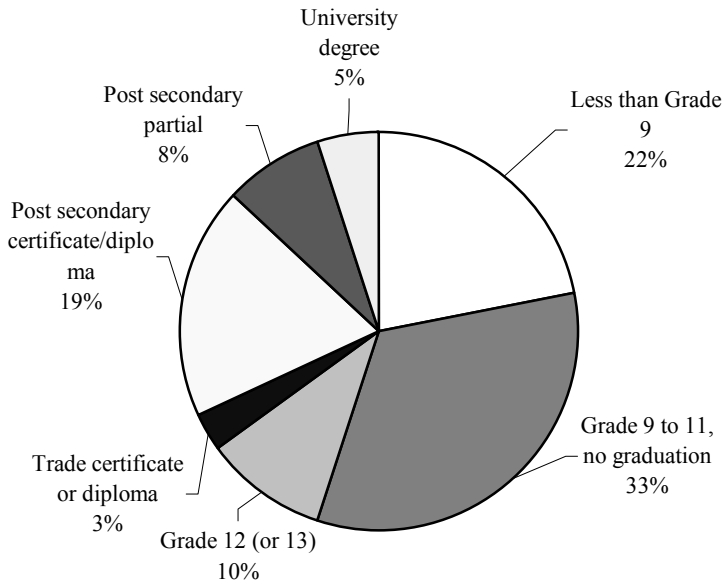


## Education

### Key Points

**A measure of educational attainment and socio-economic status, the rate of residents' in Yorkton HRCC with less than a Grade 9 education in 1996 was 22%, 9% higher than the provincial rate of 13%. This rate, though, shows a decrease from 1991 of 21% for Yorkton HRCC, and 15% for Saskatchewan. In addition, the number of residents' aged 15-24 attending full-time school was 53.1%, which is comparable to the provincial rate of 53.4%.<sup>3</sup> When compared to Saskatchewan as a whole, the Yorkton HRCC has slightly lower rates in all communities except for Indian reserves, where the Yorkton HRCC has a four percent higher rate of post secondary education. From 1991 to 1996, the numbers of people obtaining post-secondary certificates/ diplomas and university degrees also increased substantially. Overall, these factors combined indicate an increasing trend to obtain higher levels of education, and it is known that “health status improves with level of education. Education affects income level and job security, and equips people with a sense of control over their life circumstances — all key influences on health.”<sup>14</sup>**

i) Level of education in Yorkton HRCC.<sup>27</sup>



Education Level	Saskatchewan			Yorkton HRCC		
	1991	1996	% Change	1991	1996	% Change
<b>Completed Education (15 &amp; older)</b>						
Less than grade 9	116,780	98,695	-15%	17,140	13,490	-21%
Grade 9 to 11, no graduation	221,125	223,700	1%	21,085	20,470	-3%
Grade 12 (or 13)	82,090	79,555	-3%	6,405	6,125	-4%
Trade certificate or diploma	22,315	23,180	4%	1,975	1,830	-7%
Post sec certificate/diploma	153,365	168,370	10%	10,385	11,428	10%
Post secondary partial	79,295	80,950	2%	4,805	4,705	-2%
University degree	63,705	73,685	16%	2,740	3,330	22%
Indeterminate	0	0	-	290	0	-
<b>Population 15 &amp; older</b>	<b>738,675</b>	<b>748,135</b>	<b>1.30%</b>	<b>64,825</b>	<b>61,560</b>	<b>-5.00%</b>

ii) Post secondary education levels by community type.<sup>27</sup>

Post Secondary Education Levels

