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# **Patient Outcomes by Saskatoon Community Clinic Site: Downtown and Westside**

## **Saskatoon Community Clinic: Evaluation Report Addendum**

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*Patient Outcomes by Saskatoon Community Clinic Site: Downtown and Westside* is an addendum to the [Saskatoon Community Clinic: Evaluation Report](#) (Darcis et al., 2025).

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## Introduction

Once operating from a single building on 2nd Avenue and serving a largely middle-class patient population, Saskatoon Community Clinic (SCC) now delivers care to 25% of its patients at its Westside clinic, which opened in 1975. This site primarily serves lower-income and Indigenous patients facing complex health and social challenges that require a more responsive model of care. In the 2024-2025 fiscal year, SCC served 19,523 patients during regular daytime clinic hours: 75% of those patients (14,737) were served at the Downtown clinic on 2nd Avenue and 4,786 at the Westside clinic on 20th Street West.

Initial analysis,<sup>1</sup> discussed in the [\*Saskatoon Community Clinic: Evaluation Report\*](#) (Darcis et al., 2025) demonstrated consistently higher ratings of chronic conditions and healthcare utilization among SSC patients compared to non-SCC patients. We conducted this supplementary analysis to further disaggregate outcomes by clinic location of SCC patients, i.e., the Downtown and Westside clinics, compared to the general non-SCC patients. Based on this supplementary analysis, Westside patients demonstrated significantly higher hospitalization incidence rates compared to non-SCC patients, across all health conditions. In contrast, the Downtown patients' hospitalization incidence rates are lower and almost equal to those of non-SCC patients.

## Patient Outcomes by SCC Clinic Site: Downtown and Westside

### ***Cardiovascular disease***

The hospitalization incidence rates for cardiovascular disease from 2016 to 2021 reveal distinct patterns among non-SCC, Downtown SCC and Westside SCC patients. Downtown SCC patients consistently have higher incidence rates than non-SCC patients in all years except 2016. The highest incidence rate, in 2020, was 13.65 per 1,000 person-years, higher than the 9.21 observed among non-SCC patients. Similarly, in 2018 and 2019, Downtown rates reached 12.16 and 10.76, respectively—again exceeding non-SCC rates of 8.73 and 9.81. In contrast, Westside SCC patients have greater variability over time. While their rates were lower than those of non-SCC patients in 2016 (6.72 vs 8.07) and 2019 (6.24 vs 9.81), they then spiked sharply in 2017 and 2018, reaching 14.24 and 14.38, respectively, which were significantly higher than those in both the Downtown SCC and non-SCC groups.

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<sup>1</sup> To collect and organize the data needed for this research, we gained access in May 2024 to the Health Research Data Platform – Saskatchewan (HRDP-SK), drawing from four major health administrative datasets—Personal Health Registry System (PHRS), Medical Services Branch (MSB) physician billing data, National Ambulatory Care Reporting System (NACRS), and Discharge Abstract Database (DAD).

Table 1: Hospitalization incidence rate of cardiovascular disease by patient type over year

Year	Person-year observation			Cases (Incident events)			Incidence rate per 1000		
	Non-SCC Patients	Downtown Patients	Westside Patients	Non-SCC Patient	Downtown Patients	Westside Patients	Non-SCC Patient	Downtown Patients	Westside Patients
2016	157288.32	4734.63	1191.1	1270	38	8	8.07	8.03	6.72
2017	160436.28	4799.15	1123.24	1396	48	16	8.70	10.00	14.24
2018	160444.09	4686.43	1112.85	1401	57	16	8.73	12.16	14.38
2019	161526.46	4648.39	1282.4	1585	50	8	9.81	10.76	6.24
2020	157088.15	4543.22	1335.32	1447	62	16	9.21	13.65	11.98
2021	160419.3	4574.37	1398.97	1490	48	12	9.29	10.49	8.58

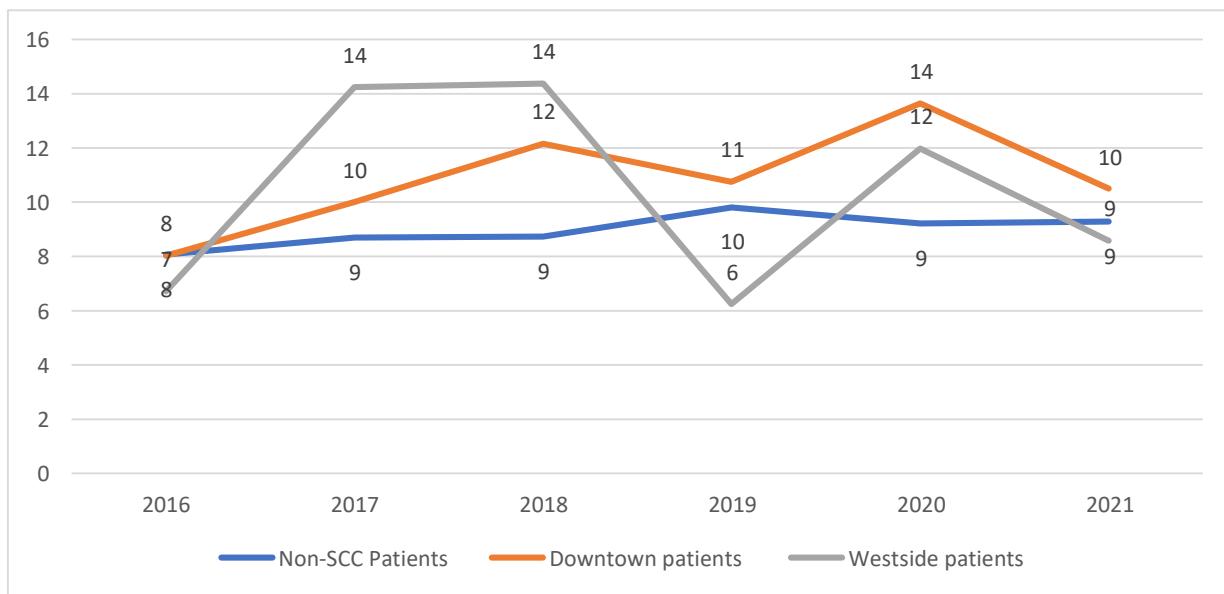


Figure 1: Hospitalization incidence rate of cardiovascular disease by patient type over year

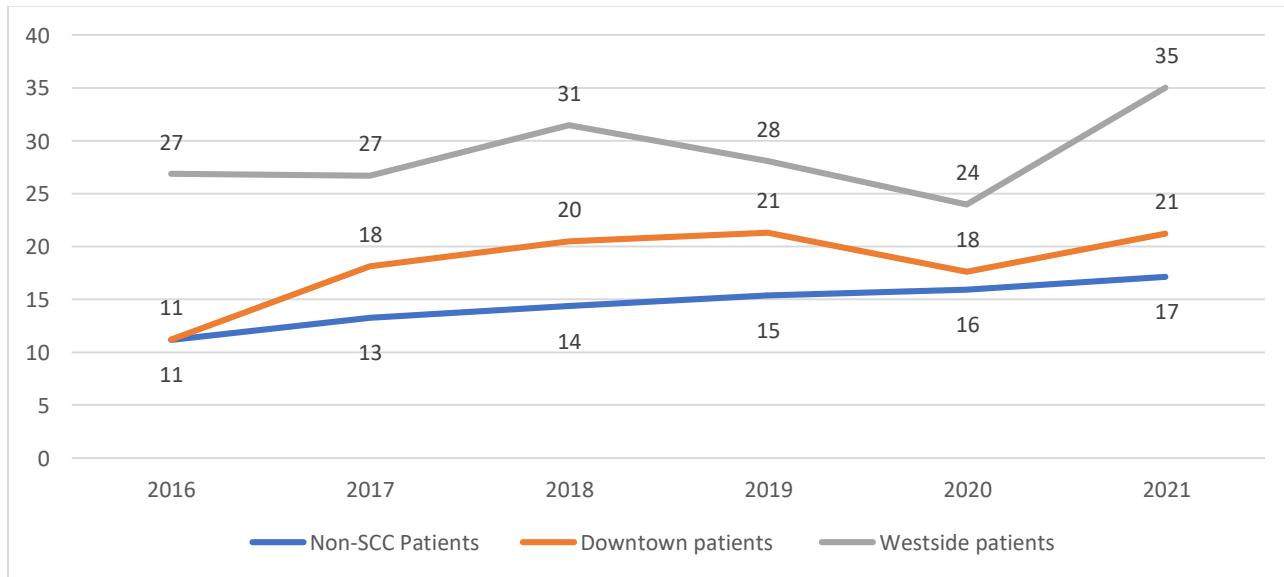
## Metabolic Disease<sup>2</sup>

Hospitalization incidence rated for metabolic disease, including diabetes, thyroid disorder, and other endocrine disorders, showed a significantly higher burden among Westside SCC clinic patients. The disparities were observed in Westside SCC patients, beginning at 26.87 in 2016 and peaking at 35.03 in 2021—more than double that of non-SCC patients. However, Downtown SCC patients experienced a sharper and sustained elevation, with rates increasing from 11.19 in 2016 to 21.21 in 2021.

<sup>2</sup> Metabolic disorders include diabetes, thyroid dysfunction, and other endocrine system conditions affecting metabolism and hormone regulation.

*Table 2: Hospitalization incidence rate of metabolic disease by patient type over year*

Year	Person year observation			Cases (Incident events)			Incidence rate per 1000		
	Non-SCC Patients	Downtown Patients	Westside Patients	Non-SCC Patients	Downtown Patients	Westside Patients	Non-SCC Patients	Downtown Patients	Westside Patients
2016	157288.3	4734.63	1191.1	1756	53	32	11.16	11.19	26.87
2017	160436.3	4799.15	1123.24	2125	87	30	13.25	18.13	26.71
2018	160444.1	4686.43	1112.85	2305	96	35	14.37	20.48	31.45
2019	161526.5	4648.39	1282.4	2480	99	36	15.35	21.30	28.07
2020	157088.2	4543.22	1335.32	2500	80	32	15.91	17.61	23.96
2021	160419.3	4574.37	1398.97	2748	97	49	17.13	21.21	35.03

*Figure 2: Hospitalization incidence rate of metabolic disease by patient type over year*

### ***Neurological Disorder***

Westside SCC patients had significantly higher burdens of neurological hospitalizations, far exceeding both Downtown SCC and non-SCC groups. For non-SCC patients, the incidence rates range from 6.36 to 7.48 per 1,000 person-years. Westside patients experienced a markedly higher rate over time, beginning at 17.63 in 2016. The rate increased sharply to a peak of 48.68 per 1,000 person-years in 2020. However, the Downtown patients showed a rate almost identical to that of non-SCC patients, ranging from 5.28 to 7.87 from 2016 to 2021.

Table 3: Hospitalization incidence rate of Neurological disorder by patient type over the year

Year	Person year observation			Cases (Incident events)			Incidence rate per 1000		
	Non-SCC Patients	Downtown Patients	Westside Patients	Non-SCC Patients	Downtown Patients	Westside Patients	Non-SCC Patients	Downtown Patients	Westside Patients
2016	157288.3	4734.63	1191.1	1000	25	21	6.36	5.28	17.63
2017	160436.3	4799.15	1123.24	1075	25	29	6.70	5.21	25.82
2018	160444.1	4686.43	1112.85	1070	44	35	6.67	9.39	31.45
2019	161526.5	4648.39	1282.4	1135	39	50	7.03	8.39	38.99
2020	157088.2	4543.22	1335.32	1126	31	65	7.17	6.82	48.68
2021	160419.3	4574.37	1398.97	1258	36	65	7.84	7.87	46.46

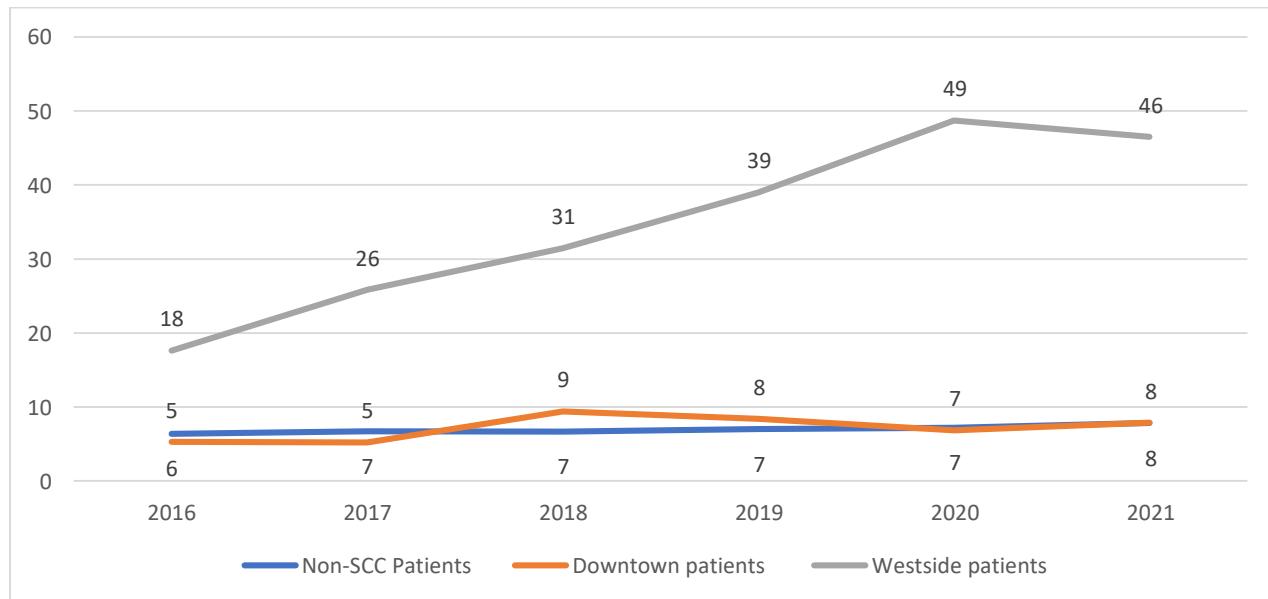


Figure 3: Hospitalization incidence rate of Neurological disorder by patient type over the year

### ***Respiratory Disease***

A comparison of hospitalization incidence rates for respiratory diseases from 2016 to 2021 highlights meaningful differences across patient groups. Both SCC subgroups (Downtown and Westside) consistently had higher incidence rates than non-SCC patients across most years. For Westside patients, the incidence rate was 15.13 per 1,000 person-years, more than double that of non-SCC patients in 2017. Similarly, in 2020, the incidence rate for Westside patients was 14.98, compared to 4.77 for non-SCC patients. Even in 2021, the Westside ratings were decreasing at 10.01, while non-SCC patients had rates at 6.05.

In contrast, patients in the Downtown clinic showed a higher incidence rate than non-SCC patients over the year, except in 2016. For example, in 2017, Downtown patients had an incidence rate of 7.08 per 1,000 person-years, compared to 6.48 among non-SCC patients. This pattern continued in 2018 and 2019, with Downtown rates at 8.54 and 9.25, exceeding the non-SCC rates of 6.52 and 5.96, respectively. In 2021, the rate for Downtown patients was 6.56, slightly higher than the 6.05 observed in the non-SCC population.

*Table 4: Hospitalization incidence rate of respiratory disease by patient type over year*

Year	Person year observation			Cases (Incident events)			Incidence rate per 1000		
	Non-SCC Patients	Downtown Patients	Westside Patients	Non-SCC Patients	Downtown Patients	Westside Patients	Non-SCC Patients	Downtown Patients	Westside Patients
2016	157288.3	4734.63	1191.1	796	20	8	5.06	4.22	6.72
2017	160436.3	4799.15	1123.24	1040	34	17	6.48	7.08	15.13
2018	160444.1	4686.43	1112.85	1046	40	9	6.52	8.54	8.09
2019	161526.5	4648.39	1282.4	962	43	16	5.96	9.25	12.48
2020	157088.2	4543.22	1335.32	749	24	20	4.77	5.28	14.98
2021	160419.3	4574.37	1398.97	970	30	14	6.05	6.56	10.01

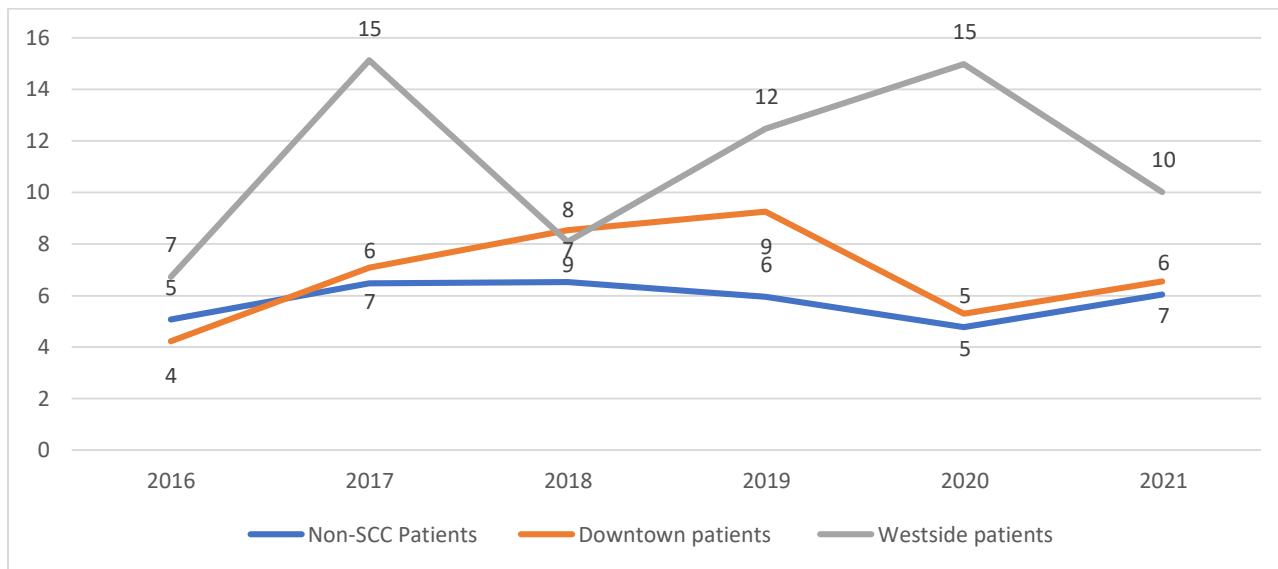


Figure 4: Hospitalization Incidence rate of respiratory disease by patient type over year

### Trauma<sup>3</sup>

The following table shows the hospital admission incidence rates of trauma, including injuries, poisoning, and toxic effects of drugs among non-SCC and subgroups of SCC patients. Westside patients consistently faced much higher trauma-related hospitalization rates than their non-SCC counterparts. In 2016, the incidence rate for Westside patients was 16.79 per 1,000 person-years, more than twice the rate of 6.63 per 1,000 person-years among non-SCC patients. This gap increased in 2018, when Westside rates reached 31.45 compared to just 8.64 in the non-SCC group. The trend continued through 2021, with Westside patients at 28.59 and non-SCC patients at 8.59. These results showed a significantly higher trauma burden in the Westside patient community, more than triple that of non-SCC rates.

Downtown patients experienced similar rates of trauma-related hospitalizations compared to non-SCC patients over the year 2016. For example, the rate for Downtown patients was 7.81 per 1,000 person-years, which was slightly higher than the rate of 6.63 for non-SCC patients. In 2017 and 2018, the incidence rate for Downtown patients was slightly lower, at 7.08 and 8.32, compared to that of non-SCC patients, at 8.54 and 8.64, respectively. Again, the trend in incidence rates was revised in 2019 and 2021, when Downtown rates reached 10.01 and 9.62, compared to 7.78 and 8.59, respectively, among non-SCC patients.

<sup>3</sup> Trauma refers to physical injuries caused by falls, accidents, blows, or weapons, including cuts, bruises, and fractures, internal bleeding, or traumatic brain injury, as well as poisoning and toxic effects of drugs.

Table 5: Hospitalization incidence rate of Trauma2 by patient type over the year

Year	Person year observation			Cases (Incident events)			Incidence rate per 1000		
	Non-SCC Patients	Downtown Patients	Westside Patients	Non-SCC Patients	Downtown Patients	Westside Patients	Non-SCC Patients	Downtown Patients	Westside Patients
2016	157288.3	4734.63	1191.1	1043	37	20	6.63	7.81	16.79
2017	160436.3	4799.15	1123.24	1370	34	25	8.54	7.08	22.26
2018	160444.1	4686.43	1112.85	1386	39	35	8.64	8.32	31.45
2019	161526.5	4648.39	1282.4	1257	47	29	7.78	10.11	22.61
2020	157088.2	4543.22	1335.32	1372	37	37	8.73	8.14	27.71
2021	160419.3	4574.37	1398.97	1378	44	40	8.59	9.62	28.59

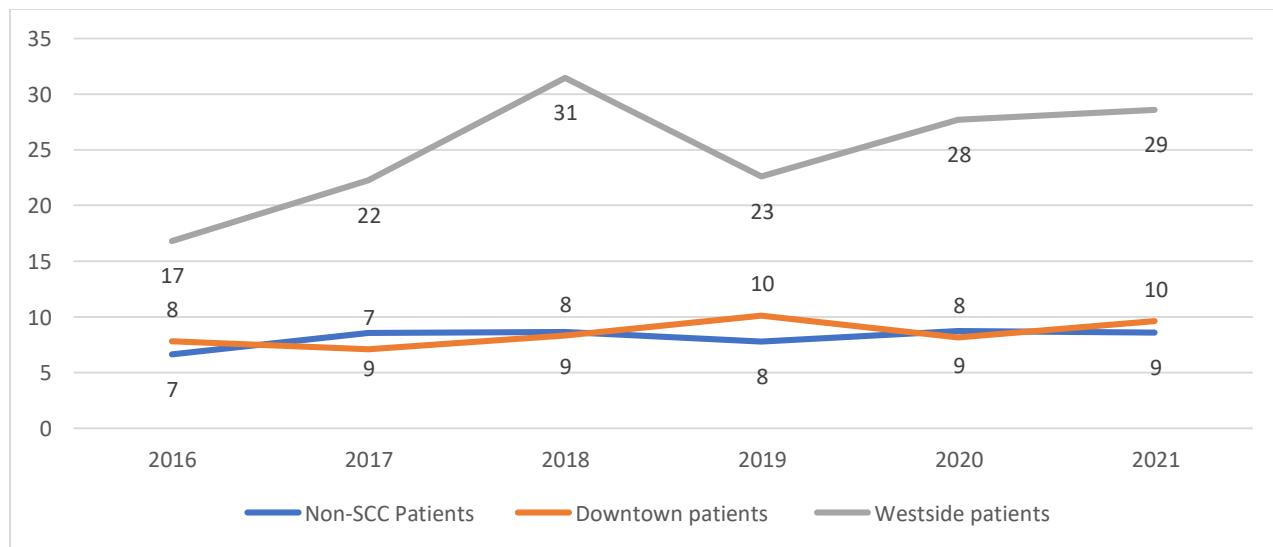


Figure 5: Hospitalization incidence rate of Trauma by patient type over the year

## Digestive<sup>4</sup>

Table 6 shows hospitalization rates for digestive diseases, including disorders of the digestive and hepatobiliary systems, as well as transplant-related conditions, among non-SCC patients and SCC subgroups from 2016 to 2021. As apparent in Figure 6, data indicate a clear and consistent disparity, with Westside and Downtown SCC patients experiencing notably higher hospitalization rates compared to non-SCC patients for each year, 2016-2021. In 2017, the incidence rate was 47.18 for Westside and 35.21 for Downtown patients per 1,000 person-years, compared to 28.50 among non-SCC patients. This gap grew wider in subsequent years, reaching a peak in 2019 with rates of 53.81 for Westside and 40.23 for Downtown, while non-SCC patients had a rate of 30.81. Even in 2021, Westside and Downtown patients continued to have elevated rates of 50.04 and 40.66, respectively, far above the 30.69 for non-SCC patients.

*Table 6: Hospitalization incidence rate of Digestive disease by the patient type over the year*

Year	Person year observation			Cases (Incident events)			Incidence rate per 1000		
	Non-SCC Patients	Downtown Patients	Westside Patients	Non-SCC Patients	Downtown Patients	Westside Patients	Non-SCC Patients	Downtown Patients	Westside Patients
2016	157288.3	4734.63	1191.1	3479	116	31	22.12	24.50	26.03
2017	160436.3	4799.15	1123.24	4573	169	53	28.50	35.21	47.18
2018	160444.1	4686.43	1112.85	5107	185	55	31.83	39.48	49.42
2019	161526.5	4648.39	1282.4	4977	187	69	30.81	40.23	53.81
2020	157088.2	4543.22	1335.32	4389	154	58	27.94	33.90	43.44
2021	160419.3	4574.37	1398.97	4923	186	70	30.69	40.66	50.04

<sup>4</sup> Digestive diseases and disorders include those of the digestive and hepatobiliary systems, with conditions related to the intestines, liver, or pancreas transplant status.

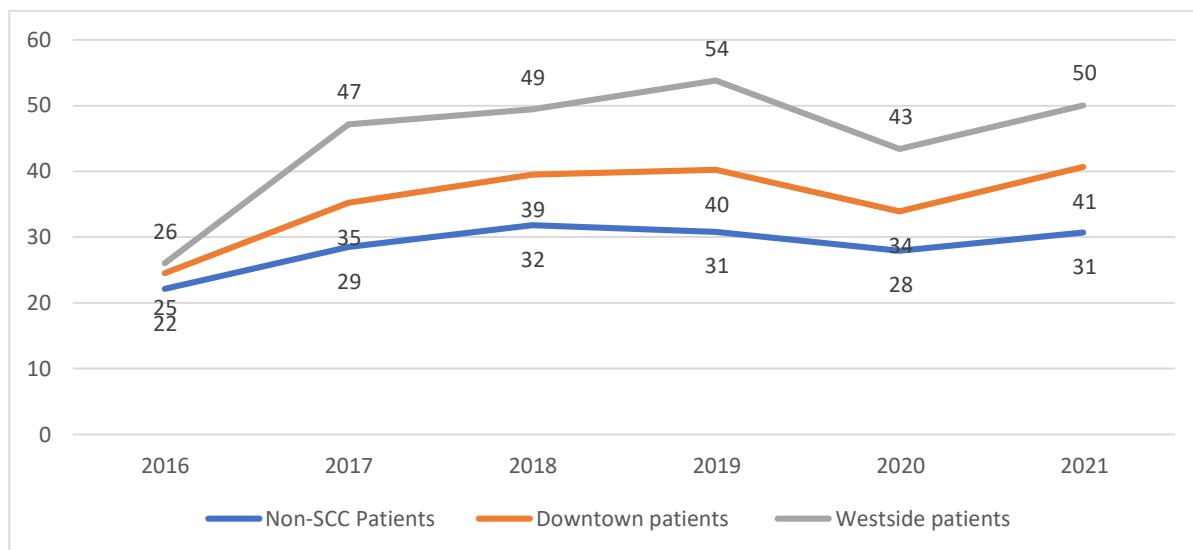


Figure 6: Hospitalization incidence rate of Digestive3 disease by the patient type over the year

### Dermatosis<sup>5</sup>

Table 7 presents hospitalization incidence rates for dermatosis, covering diseases of the skin, subcutaneous tissue, and breast, among non-SCC and SCC patients from 2016 to 2021. The data show a consistent and significant disparity, with Westside patients exhibiting notably higher rates each year. In 2016, Westside's incidence rate was 5.04 per 1,000 person-years, more than three times the non-SCC rate of 1.43. This difference grew over time, reaching 9.79 in 2017, 11.68 in 2018, and peaking at 20.97 in 2020, compared to 1.87, 1.96, and 1.89 among non-SCC patients. While the rate decreased to 10.01 in 2021, it remained over five times higher than the non-SCC rate of 1.92.

In contrast, patients of the Downtown clinic showed relatively stable rates compared to the non-SCC group. In 2016, the incidence rate for Downtown patients was 1.27 per 1,000 person-years, slightly below the 1.43 among non-SCC patients. In most of the following years, however, Downtown rates were somewhat higher. For instance, in 2018, the rate for Downtown patients was 2.35, compared to 1.96 for non-SCC patients, and in 2021, it was 2.62, marginally surpassing the 1.92 rate for non-SCC patients.

<sup>5</sup> Dermatosis refers to diseases and disorders involving the skin, subcutaneous tissue, and, in some classifications, the breast.

Table 7: Hospitalization incidence rate of Dermatosis by patient type over the year

	Person year observation			Cases (Incident events)			Incidence rate per 1000		
Year	Non-SCC Patients	Downtown Patients	Westside Patients	Non-SCC Patients	Downtown Patients	Westside Patients	Non-SCC Patients	Downtown Patients	Westside Patients
2016	157288.3	4734.63	1191.1	225	6	6	1.43	1.27	5.04
2017	160436.3	4799.15	1123.24	300	8	11	1.87	1.67	9.79
2018	160444.1	4686.43	1112.85	314	11	13	1.96	2.35	11.68
2019	161526.5	4648.39	1282.4	264	9	22	1.63	1.94	17.16
2020	157088.2	4543.22	1335.32	297	8	28	1.89	1.76	20.97
2021	160419.3	4574.37	1398.97	308	12	14	1.92	2.62	10.01

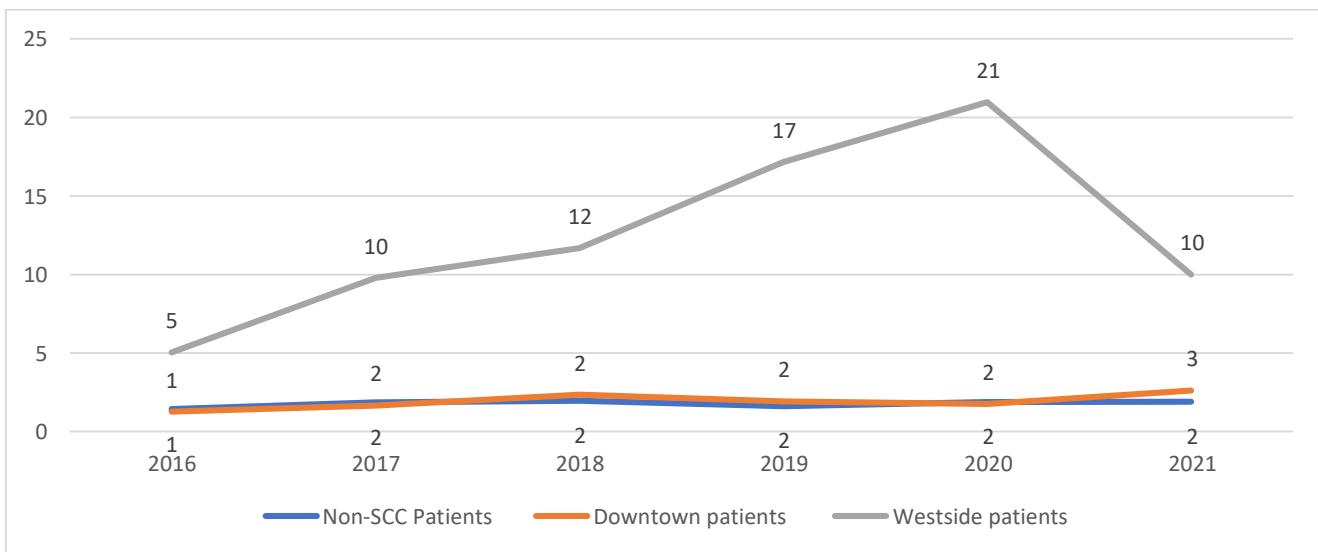


Figure 7: Hospitalization incidence rate of Dermatosis by patient type over the year

### Infectious Disease<sup>6</sup>

Table 8 presents hospitalization incidence rates for infectious diseases, including infections, parasitic diseases, and HIV, among non-SCC patients and Westside and Downtown SCC patients from 2016 to 2021. Over the six-year period, Westside patients experienced higher rates of disease progression than non-SCC patients. In 2016, their incidence rate was 9.24 per 1,000 person-years, compared to only 2.09 among non-SCC patients. This gap significantly widened in 2018 and 2019, when Westside rates rose sharply to 35.05 and 35.09, respectively, more than 12 times the non-SCC rates of 2.80 and 2.48.

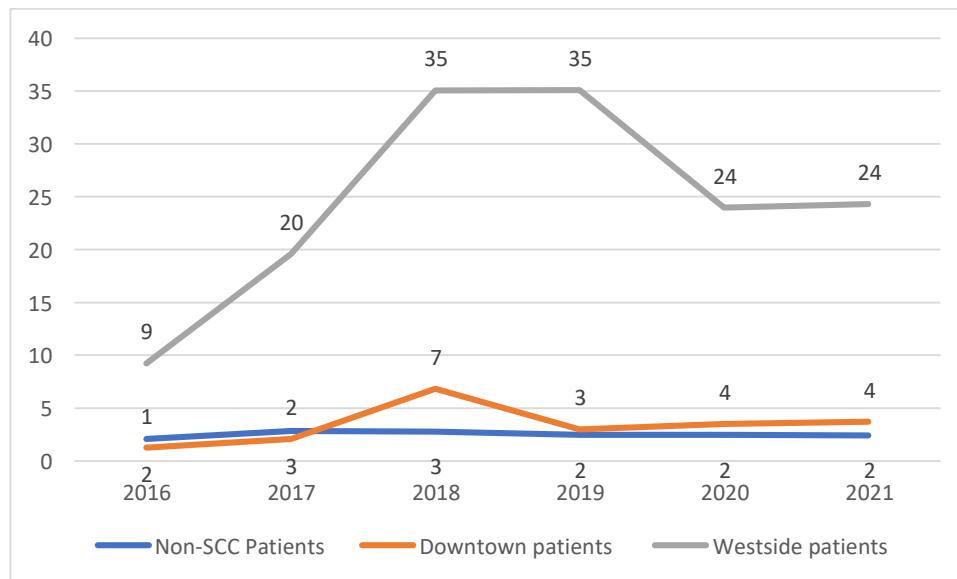
<sup>6</sup> Infectious diseases are conditions caused by pathogenic microorganisms, including bacteria, viruses, fungi, and parasites. The term encompasses infections, including HIV and parasitic diseases.

Although there was a slight decrease in later years, Westside patients still had higher rates, with 24.30 in 2021 compared to 2.42 for the non-SCC patient group.

In contrast, Downtown patients experienced modestly elevated rates of hospitalization for infectious conditions compared to non-SCC patients, particularly in the later years of the period. In 2016, the rate for Downtown patients was 1.27 per 1,000 person-years, lower than the 2.09 observed in non-SCC patients. However, beginning in 2018, the trend reversed. Downtown rates increased to 6.83 in 2018 and 3.01 in 2019, both exceeding non-SCC rates of 2.80 and 2.48, respectively. This elevated pattern continued through 2021, with Downtown patients recording a rate of 3.72, compared to 2.42 for non-SCC patients.

*Table 8: Hospitalization incidence rate of infectious disease by patient type over the year*

Year	Person year observation			Cases (Incident events)			Incidence rate per 1,000		
	Non-SCC Patients	Downtown Patients	Westside Patients	Non-SCC Patients	Downtown Patients	Westside Patients	Non-SCC Patients	Downtown Patients	Westside Patients
2016	157288.3	4734.63	1191.1	329	6	11	2.09	1.27	9.24
2017	160436.3	4799.15	1123.24	457	10	22	2.85	2.08	19.59
2018	160444.1	4686.43	1112.85	450	32	39	2.80	6.83	35.05
2019	161526.5	4648.39	1282.4	401	14	45	2.48	3.01	35.09
2020	157088.2	4543.22	1335.32	389	16	32	2.48	3.52	23.96
2021	160419.3	4574.37	1398.97	389	17	34	2.42	3.72	24.30



*Figure 8: Hospitalization incidence rate of infectious disease by patient type over the year*

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## Canadian Centre for the Study of Co-operatives

### About

The Canadian Centre for the Study of Co-operatives (CCSC) is an interdisciplinary research and teaching centre located on the University of Saskatchewan campus. Established in 1984, the CCSC is supported financially by major co-operatives and credit unions from across Canada and the University of Saskatchewan. Our goal is to provide practitioners and policymakers with information and conceptual tools to understand co-operatives and to develop them as solutions to the complex challenges facing communities worldwide.

We are formally affiliated with the Johnson Shoyama Graduate School of Public Policy at the University of Saskatchewan and the University of Regina. The connection strengthens the capacity of everyone involved to develop research and new course offerings dedicated to solving social and economic problems. Our most recent collaborative work has resulted in a new Graduate Certificate in the Social Economy, Co-operatives, and the Non-profit Sector.

### Our Funders

The CCSC and the University of Saskatchewan acknowledge with gratitude the support and commitment of the Centre's funders.

These organizations provide the CCSC with resources and leadership, helping us to develop the knowledge needed to construct co-operative solutions to the increasingly complex challenges facing global communities.

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**Canadian Centre for the Study of Co-operatives**

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