

2A Education Level



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Description

Proportion of population who have attained a specific level of schooling relative to the total non-institutional population.

Specific Indicators

- Percent of population with no high school diploma
- Percent of population with post-secondary degree or diploma

Ontario Public Health Standards (OPHS)

The Ontario Public Health Standards (OPHS) establish requirements for the fundamental public health programs and services carried out by boards of health, which include assessment and surveillance, health promotion and policy development, disease and injury prevention, and health protection. The OPHS consist of one Foundational Standard and 13 Program Standards that articulate broad societal goals that result from the activities undertaken by boards of health and many others, including community partners, non-governmental organizations, and governmental bodies. These results have been expressed in terms of two levels of outcomes: societal outcomes and board of health outcomes. Societal outcomes entail changes in health status, organizations, systems, norms, policies, environments, and practices and result from the work of many sectors of society, including boards of health, for the improvement of the overall health of the population. Board of health outcomes are the results of endeavours by boards of health and often focus on changes in awareness, knowledge, attitudes, skills, practices, environments, and policies. Boards of health are accountable for these outcomes. The standards also outline the requirements that boards of health must implement to achieve the stated results.

Outcomes Related to this Indicator

Societal Outcome (Foundational Standard): Population health needs are anticipated, identified, addressed, and evaluated.

Assessment and/or Surveillance Requirements Related to this Indicator

The board of health shall conduct surveillance, including the ongoing collection, collation, analysis and periodic reporting of population health indicators, as required by the Health Protection and Promotion Act and in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current) (Foundational Standard).

Protocol Requirements Related to this Indicator

The board of health shall collect or access the following types of population health data and information: i) Socio-demographics including population counts by age, sex, education, employment, income, housing, language, immigration, culture, ability/disability, and cost of a nutritious food basket. (*Population Health Assessment and Surveillance Protocol, 2008* (or as current) 1.b.i)

The board of health shall analyze population health data and interpret the information to describe the distribution of health outcomes, preventive health practices, risk factors, determinants of health, and other relevant information to assess the overall health of its population. (*Population Health Assessment and Surveillance Protocol, 2008* (or as current) 2.b)

<http://www.ontario.ca/publichealthstandards>

Corresponding Health Indicator(s) from Statistics Canada and CIHI

High school graduates (for population aged 25-29 only), post-secondary graduates (for population aged 25-54 only). Web site: <http://www5.statcan.gc.ca/bsolc/olc-cel/olc-cel?lang=eng&catno=82-221-X&fpv=296605>

-> Beside latest issue, click "View"

-> In navigation pane at left of screen, click "Data tables, maps and fact sheets"

-> Scroll down to "Living and Working Conditions"

Corresponding Indicators from Other Sources

None

Data Sources (see Resources: [Data Sources](#))

Numerator & Denominator: [Canadian Census long form \(until 2006\) & National Household Survey \(beginning 2011\)](#)

Source: Statistics Canada

Suggested Citation (see [Data Citation Notes](#):

[year] Census, Statistics Canada

[year] National Household Survey, Statistics Canada

Survey Questions

Derived from Census and National Household Survey (NHS) questions:

Question	Census 2006 Question #	NHS 2011 Question #
Has this person completed a secondary (high) school diploma or equivalent?	26	27
Has this person completed a Registered Apprenticeship or other trades certificate or diploma?	27	28
Has this person completed a college, CEGEP or other non-university certificate or diploma?	28	29
Has this person completed a university certificate, diploma or degree?	29	30

Alternative Data Source(s)

None

ICD Codes

Not applicable

Analysis Check List

Not applicable

Method of Calculation

Percent of population with no high school diploma

Number of persons with no high school diploma (NH)
Total number of persons (TP)

$EA/TP * 100$ (%)

Percent of population with post-secondary degree or diploma

Number of persons with a postsecondary qualification (NPS)
Total number of persons (TP)

NPS/TP * 100 (%)

Basic Categories

- Highest level of education completed
 - no certificate, diploma or degree;
 - certificate, diploma or degree;
 - high school certificate or equivalent;
 - apprenticeship or trades certificate or diploma;
 - college, CEGEP or other non-university certificate or diploma;
 - university certificate or diploma below bachelor level;
 - university certificate, diploma or degree at bachelor's level or above;
 - bachelor's degree;
 - university certificate or degree above bachelor level;
 - degree in medicine, dentistry, veterinary medicine or optometry;
 - master's degree;
 - earned doctorate.
- Age groups:
 - total population 15 years and over
 - total population 25 to 64
- Geographic areas: public health unit (not yet produced for NHS data), census division, census subdivision

Indicator Comments

- Education is one of the main indicators of socioeconomic status and an important determinant of health. A positive correlation exists between education and health status, as "People with higher education tend to be healthier than those with lower educational attainment" (Mikkonen and Raphael, 2010). Education can impact health in a variety of ways, such as affecting income level, employment security and working conditions; increasing civic engagement; and increasing overall literacy and health literacy (ibid.).
- For reporting the percentage of the population with post-secondary education, use the category including people 25 years and over in order to include only those persons who likely to have had the opportunity, given their age, to complete post-secondary education. Many people aged 15 to 19 are still high school aged, and may therefore still be in the process of completing their high school education.
- The age structure of the population may influence the indicator, as educational attainment depends on accessibility to education, which continues to change over time. Post WWII, enrolment in postsecondary education increased dramatically, with university tuition fees for most programs dropping to a nominal amount compared to fees in the previous decades, which were prohibitively expensive and limited higher education accessibility to the wealthy. Tuition rates began to increase in the 1980s, however, and they began to increase at several times the rate of inflation in the 1990s. They continue to increase in this way, well outpacing inflation. Student debt and increased tuition rates have been found to reduce completion rates by more than half, and reduce enrolment rates by up to 15% for every \$1000 increase, with most of that enrolment decrease being borne by minority and low income students (Canadian Federation of Students, 2009 & 2012).
- Although the variable implies a hierarchy of educational attainment, in a number of instances the levels are no entirely hierarchical. For example, the placement of "Trades certificate or diploma" as a higher level of schooling than "Secondary (high) school graduation certificate" is justified on the basis of the fact that this higher educational qualification is obtained primarily for employment/occupational purposes by persons who were, on the whole, beyond the secondary school age level at the time. However, a sizeable proportion of this group did not obtain their secondary school graduation certificate, which would be "out of line" in the hierarchy. In any event, placing this whole category below secondary would not necessarily resolve the problem, since at least some part of this group does have secondary school graduation. Data for trades (and other non-university) certificates are separately disaggregated in other Census variables.
- Since education is now no longer a Census line of questions, but is instead a National Household Survey line of questions, the resulting data are likely to be less reliable than they have historically been. For more information, refer to the [Census of Canada and the National Household Survey](#) document housed on the [Core Indicators Resources](#) page.

Definitions

None.

Cross-references to Other Indicators

None.

Cited Reference(s)

Canadian Federation of Students. (2009). Tuition Fees in Canada: Fall 2009. Online at [http://www.cfs-fcee.ca/html/english/research/factsheets/CFS-Fact%20Sheet-Tuition %20Fees.pdf](http://www.cfs-fcee.ca/html/english/research/factsheets/CFS-Fact%20Sheet-Tuition%20Fees.pdf)

Canadian Federation of Students. (2012). Tuition Fees in Canada: Fall 2012. Online at: <http://www.cfs-fcee.ca/html/english/research/factsheets/201211-Factsheet-Fees- en.pdf>

Mikonnen, J. & Raphael, D. (2010). Social Determinants of Health: The Canadian Facts. Toronto: York University School of Health Policy and Management. Available online at: <http://www.thecanadianfacts.org>

Other Reference(s)

None.

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Changes Made

Date	Type of Review (formal or ad-hoc)	Changes made by	Changes
August 2013	Formal Review	Social Determinants of Health Core Indicators Work Group	Revised indicator to reflect adoption of Ontario Public Health Standards Updated Corresponding Health Indicators from Statistics Canada and CIHI, and browsing instructions Updated Data Sources, Suggested Citation, Survey Questions and removed Analysis Checklist Added to Indicator Comments section Updated References, added Acknowledgements and Changes Made sections

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