The Population of Saskatchewan

Key Findings

Saskatchewan had the sixth largest population (968,157) in Canada according to the 2006 Canadian census. Addendum: The preliminary results of the 2011 census have begun to be released. Saskatchewan’s population in 2011 was reported to be 1,033,381, representing a 6.7 percent increase from the 2006 figure.

Saskatchewan’s population was shown to decline between the years 1981 and 2006. The Saskatchewan Ministry of Health Covered Population showed an increase in the number of Saskatchewan residents with health coverage between the years 2006 and 2010, representing a growing population.

According to the 2006 census:
- A little over half (51.2 percent) of Saskatchewan’s population lived in cities with populations over 10,000;
- Rural populations tended to be older;
- Approximately 15 percent of the Saskatchewan population self-identified as Aboriginal;
- All three dependency ratios (total, child and aged) for Saskatchewan were higher than those seen for Canada;
- Saskatchewan had a low proportion of immigrants compared to Canada as a whole; and,
- The vast majority of the Saskatchewan population report knowing English only.

Introduction

This chapter provides a demographic description of the Saskatchewan population. Demographic factors such as population size and its age-sex composition impact the health status and the need for health services. To deliver effective health interventions, additional demographic information such as growth and location as well as population characteristics such as language, ethnicity, etc. are required to ensure the interventions are appropriate for the target audiences.

When using demographic data as evidence for planning, limitations and interpretative cautions regarding the data must be considered.

The Statistic Canada Canadian Census collects basic demographical information such as age and sex (Statistics Canada, 2009). Although an attempt is made to sample every household, hard to reach populations may be underrepresented including homeless people and First Nations communities that chose not to participate. Self identified variables, such as ethnicity, are not verified.

Until the 2011 Census, twenty percent of households were surveyed with a more detailed mandatory questionnaire to assess economic and social aspects of life. As of 2011, the protocol has been changed to a voluntary survey.

The Saskatchewan Ministry of Health Covered Population is not a census as only those persons registered for health care benefits are counted (Saskatchewan Health, 2011).

Definitions and references are available at the end of the chapter.
Saskatchewan was incorporated as a Canadian province on September 1, 1905. The province is located between Alberta to the west and Manitoba to the east, its boundaries extend from the United States border along the 49th parallel in the south to the border with the Northwest Territories along the 60th parallel in the north. Saskatchewan, along with Alberta and Manitoba comprise the three prairie provinces located in western Canada.

The province is the seventh largest of the provinces and territories with a total area of 651,036 km² and forms approximately seven percent (591,670 km²) of Canada’s land mass (9,093,507 km²) (Natural Resources Canada, 2009). The terrain of Saskatchewan is quite varied with four ecozones, ranging from northern boreal forest (taiga shield and boreal shield) through central aspen parkland (boreal plains) to southern prairie grassland (prairie).

Saskatchewan had the sixth largest provincial population (968,157), representing about three percent of the Canadian 2006 census population of 31,612,897. Of the three prairie provinces, Saskatchewan had the smallest population with Alberta having the largest population (3,290,350), followed by Manitoba (1,148,401). (Figure 3.1)

Saskatchewan Health Regions

Saskatchewan has 12 Regional Health Authorities (RHAs) governed by The Regional Health Services Act, 2002, plus one other health authority (Athabasca Health Authority) that has a different governance and legislative structure. The RHAs (health regions) and the Saskatchewan Cancer Agency provide most health services in Saskatchewan, either directly or through health care organizations.

The Act defines the powers and responsibilities for both the Minister of Health and the Regional Health Authorities. Each RHA has a governing board appointed by the Lieutenant Governor-in-Council who also appoints the chair and vice-chair. Major areas of responsibility include: hospitals; health centres, wellness centres and social centres; emergency response services including first responders and ambulance; supportive care such as long-term care, day programs, respite, palliative care and programs for patients with complex needs; home care; community health services, such as public health nursing, public health inspection, dental health, vaccinations, and speech pathology; mental health services; and rehabilitation services.

Cancer care services are primarily delivered by the Saskatchewan Cancer Agency (SCA). The Agency was established under The Cancer Agency Act, 2007 which came into effect January 1, 2007 and defines the powers and responsibilities for both the Minister of Health and the SCA. The SCA has a governing board appointed by the Lieutenant Governor-in-Council who also appoints the chair and vice-chair. Major areas of responsibility include: assessing the cancer care and health care needs of the persons to whom the agency provides cancer care services; co-ordinating the cancer care services it provides with health services provided by RHAs and other providers of health services; evaluating the cancer care services that are provided in Saskatchewan; establishing provincial protocols and standards for cancer care services; educating health care providers in the prevention, diagnosis, treatment and post-treatment of persons at risk of cancer or diagnosed with cancer; and promoting and encouraging health and wellness.
Saskatchewan’s 13 health regions vary in land mass size, ranging from the largest, Keewatin Yatté (KYRHA), at 123,344 square kilometres to the smallest, Sunrise (SRRHA), at 24,386 square kilometres. The two RHAs with the largest land mass are both found in the north, Keewatin Yatté and Mamawetan Churchill River (MCRRHA). Together with Athabasca Health Authority (AHA), the northern RHAs comprise approximately 44 percent of the provincial land mass. The two urban RHAs of Regina Qu’Appelle (RQRHA) and Saskatoon (SRHA) comprise just under 10 percent of the provincial land mass. The remaining eight RHAs comprise approximately 46 percent of the provincial land mass and include Cypress (CRHA), Five Hills (FHRHA), Heartland (HRHA), Kelsey Trail (KTRHA), Prairie North (PNRHA), Prince Albert Parkland Regional Health Authority (PAPRHA), Sun Country (SCRHA), and Sunrise (SRRHA). (Figure 3.2)

The 13 health regions varied considerably in population numbers. (Figure 3.3) The 2006 census populations for the RHAs ranged from a high of 281,227 people to a low of 2,246 people. The two RHAs with the largest populations were Saskatoon and Regina Qu’Appelle with populations of 281,227 and 236,357, respectively, for a total of 53.4 percent of the total Saskatchewan population. The three northern health regions had the smallest populations ranging from MCRRHA at 19,569 people to AHA at 2,246 people and represented 3.3 percent of the Saskatchewan population. The remaining eight RHAs ranged between approximately 40,000 to just under 73,500 people and combined comprise the remaining 43.2 percent of the Saskatchewan population.

The provincial health status report includes the 12 RHAs plus the Athabasca Health Authority. The Mamawetan/Keewatin/Athabasca health regions are often combined in analyses of health-related data to represent the north.
Saskatchewan Cities and Towns

In Saskatchewan, a town may be incorporated into a city if it has a population of 5,000 or more (Cities Act, 2002). Regina, the provincial capital, and Saskatoon are the largest of the 15 cities found in Saskatchewan, with Regina having a population of 179,246 and Saskatoon with 202,340, according to the 2006 census. (Table 3.1)

According to Statistics Canada (2007), the urban population includes “all population living in the urban cores, secondary urban cores and urban fringes of census metropolitan areas (CMAs) and census agglomerations (CAs), as well as, the population living in urban areas outside CMAs and CAs.” An urban area has a minimum population concentration of 1,000 persons and a population density of at least 400 persons per square kilometre, based on the current census population count. All territory outside urban areas is classified as rural. Taken together, urban and rural areas cover all of Canada (Statistics Canada, 2007).

Population densities and living conditions within rural areas can vary greatly. “Included in rural areas are: small towns, villages and other populated places with less than 1,000 population according to the current census; rural fringes of census metropolitan areas and census agglomerations that may contain estate lots, as well as agricultural, undeveloped and non-developable lands; agricultural lands and remote and wilderness areas” (Statistics Canada, 2007).

The largest rural population percentages were found in the northern RHAs. Conversely, the highest urban populations were found in the RQRHA and the SRHA.

Fig: 3.4 Population: Percent of Saskatchewan population by location, 1901-2006

Urban and Rural Populations

Saskatchewan began as a rural agriculture-based prairie province, however, over the years there has been a steady increase in the urban population growth. It is thought that this reversal of the rural-urban proportion represents an outmigration of the population from rural communities to urban centres. According to the 2006 census, 65 percent of Saskatchewan’s population reported living in urban areas and 35 percent reported living in rural areas. (Figure 3.4)

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### Saskatchewan Cities and Towns

<table>
<thead>
<tr>
<th>City</th>
<th>Population</th>
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<tbody>
<tr>
<td>Melville</td>
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<tr>
<td>Meadow Lake</td>
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<tr>
<td>Martensville</td>
<td>4,968</td>
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<tr>
<td>Humboldt</td>
<td>4,998</td>
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<tr>
<td>Melfort</td>
<td>5,192</td>
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<tr>
<td>Estevan</td>
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<td>Yorkton</td>
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<td>Prince Albert</td>
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<tr>
<td>Regina</td>
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<td>Province</td>
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### Table 3.1 Population: Population and percent for Saskatchewan large towns and cities, 2006

The city of Lloydminster is unique in Canada with part of the city located in the province of Saskatchewan and part in Alberta, with a population of 24,028. The two sides, even though located in different provinces, are not twin cities but comprise a single municipal structure.

According to the 2006 census, just over half (51.2%) of Saskatchewan’s population lived in cities with populations over 10,000.
Population Density

The population of Saskatchewan is not distributed equally across the province, but rather tends to be concentrated in the middle to southern regions, with the northern areas of the province quite sparsely populated. In 2006, approximately 3.3 percent of the population lived in the north, 57.3 percent lived in the central regions and 39.4 percent lived in the southern part of the province.

Overall, Saskatchewan’s population density was approximately 1.6 people per square kilometre, slightly less than half of the Canadian population density of 3.6 people per square kilometer. Saskatchewan had one of the lowest population densities of the Canadian provinces with only Newfoundland and the three territories having lower population densities. (Figure 3.5)

There was a large variation in population densities within the province of Saskatchewan, ranging from the sparsely populated north regions with a population density of 0.12 people per square kilometer to 2.8 people per square kilometre for the central region, and approximately 3 people per square kilometre for the southern regions, with the large urban cities of Saskatoon and Regina reaching population densities of 1184 and 1508 people per square kilometre, respectively.

As expected, the population densities for Saskatchewan’s RHAs reflected the urban/rural population percentages, with RQRHA and SRHA having the highest populations densities and the three northern RHAs having the smallest population densities.

Population Growth

According to the Canadian census, for the past 25 years, the population of Saskatchewan has remained approximately the same, at just over 968,000 people while the population of Canada has steadily increased from 24,348,131 to 31,612,897 people.

From 1981 to 1986, the population grew slightly, after which there was a slight decrease from 1986 to 1991. Between 1991 and 1996, population growth stayed approximately the same and then from 1996 to 2001, declined slightly and the same decline was seen from 2001 to 2006. (Figure 3.6)

Between 1996 and 2006, five of the thirteen showed population growth including SRHA, PNRHA and the three northern RHAs.
Population Projections

Future population growth until the year 2036 for Canada and the provinces and territories including Saskatchewan was projected based on six scenarios in a report titled “Population Projections for Canada, Provinces and Territories, 2009 to 2036” (Statistic Canada, 2010). The six scenarios included low growth, four medium growth scenarios and a high growth scenario. Several assumptions were included: fertility, mortality, immigration, emigration and interprovincial migration using a base population of the 2009 population estimates. According to Statistics Canada, these projections offer a range of possibilities as to how the Canadian and provincial and territorial populations will evolve in the future.

Interprovincial migration was found to impact provincial population growth. According to Statistics Canada, it should be noted that “the most favourable scenarios and the most unfavourable scenarios for the population growth of each specific province and territory are not always the high and low-growth scenarios... but sometimes the medium – growth scenarios that feature especially favourable or unfavourable interprovincial migration”.

For all six scenarios the projected population growth would result in a larger population than the estimated 2009 population of 1,030,100 people, ranging from a low of 1,120,000 to a high of 1,380,000, representing annual growth rates ranging from 5.9 to 10.9 percent. (Figure 3.7) The annual growth rates for Canada were projected to range from 6.5 to 12.9 percent for the same scenarios.

It is interesting to note that only one of the six scenarios resulted in a projected annual growth above the national average and that for all but one scenario, the projected median age of the Saskatchewan population is below the projected national average.

Fig: 3.7  Source: Population Projections for Canada, Provinces and Territories, 2009 to 2036, Statistics Canada, 2010
Saskatchewan had an overall younger population when compared against that for Canada, although it is aging. The 2006 census population pyramid for Saskatchewan and Canada demonstrated a contractive or contracting population pyramid with a narrower base than the reproductive age population indicating a decreasing population trend. (Figure 3.8)

The age distribution for the 2006 Saskatchewan population was as follows: 19.4 percent were children and youth under the age of 15 years, 65.2 percent were persons aged 15 to 64 years and 15.4 percent were people aged 65 years and older. A bulge was seen in the 40 to 59 year old males and females, the tail end of the baby boomers, and a second bulge was found in the 10 to 24 year males and females, the echo boom children of the 40 to 59 years population. When the 2006 and 2001 Saskatchewan population pyramids were compared, it was seen that the baby boomer bulge continued moving into the older age groups. (Figure 3.9)

Statistics Canada's future population growth projections for Saskatchewan indicate that the proportion of persons aged 65 years or more will be much higher in the year 2036 than that seen in 2009, rising from an estimated 14.7 percent in 2009 to between 22.0 to 24.5 percent dependent on the scenario (Statistics Canada, 2010).

The RHA population age distribution showed two patterns: an expansive northern pattern in which a large proportion is under the age of 15 years and a small percentage aged 65 years and over, and a non-northern contractive pattern with smaller percentages of children and youths and a larger percentage of the population that is 65 years and over. (Figure 3.10) The RHA population pyramid pattern seen for the northern RHAs resembles a pyramid with a broad base that then tapers off to the older age categories. This pattern represents a population with large percentages of people in the young age categories. The non-northern RHAs pattern tends to be the “typical Canadian/Saskatchewan” population pattern with two bulges, one in the 40 to 59 year olds representing the tail end of the baby boomers and the other in the 10 to 24 year olds representing the echo boom children.
As baby boomers enter retirement age, the dependency ratio will likely increase because fewer people will be financially supporting this large population segment. Typically, areas with high dependency ratios are economically stressed due to a higher number of people who may be economically dependent relative to those aged 20 to 64 who are likely to be earning a wage. However, this may no longer be a reflective indicator of economic dependency, as work age behaviour has changed. For example, more seniors are staying in the workforce. In 2006, all three ratios for Saskatchewan were higher than those seen for Canada. (Figure 3.11) The Saskatchewan total dependency ratio was 74.1%, a decline from 79.3 in 2001 due to the child dependency ratio decreasing from 52.3% to 47.2%.

As would be expected from the two pyramid pattern types, the northern RHAs had the highest child dependency ratios among the RHAs and conversely, the lowest aged dependency ratios. The total dependency ratio was lowest in Regina and Saskatoon RHAs.

**Saskatchewan Health’s Covered Population**

The Saskatchewan Ministry of Health’s Covered Population is a count of all persons who held Saskatchewan health coverage on June 30th of the reporting year. The Ministry of Health publishes annual reports summarizing this count and provides public access to aggregated data tables that can be found on the Government website: http://www.health.gov.sk.ca/population-stats. Information on the current year and previous years is available as well as the age, sex, residence type (ie, city, town, village, rural municipality and Reserve), Regional Health Authority and by self-declared Registered Indian status.

Many Saskatchewan health-related reports use the Covered Population as a denominator rather than the Census counts and estimates. It must be remembered, however, that the Covered Population 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. Excluded are those covered for health services by the Federal Government including members of the Canadian Armed Forces, the Royal Canadian Mounted Police, and inmates of federal prisons. Also excluded are people not yet meeting the residency requirement (coverage begins on the first day of the third calendar month following their move to Saskatchewan). Saskatchewan residents moving elsewhere remain eligible for coverage for the same period, and anyone whose coverage extends through June (i.e. who left the province April 1st or later) are included in the report. In the case of death, people who had coverage any time in June are included.

The main source for the 2009 and previous Covered Population figures is the Ministry of Health’s Person Registry System (PRS). In 2010, the Personal Health Registration System (PHRS) replaced the Person Registry System (PRS) for the main data source of the Covered Population.

The Saskatchewan provincial registry of persons eligible to receive insured health care benefits routinely undergoes verification of the population eligible for health care coverage via a health card renewal on a regular interval. If, despite a number
of efforts, the individual cannot be contacted, the name is removed from the registry. Typically this validation/verification process for the Saskatchewan population eligible to receive health care benefits occurs in three year intervals. Usually there will be a slight decrease seen in the registry population count for the verification year. The last health care card renewal was in 2011 and the next renewal is scheduled for 2014.

When the 2001 and 2006 Saskatchewan Ministry of Health’s Covered Population counts were compared to the same year Statistics Canada Census counts, the Covered Population was found to be consistently slightly higher that the Census. The differences between the counts for the Census and Covered Population were similar for both 2001 and 2006. (Figures 3.12 and 3.13) Although the numbers for both the Census and the Covered Population were quite similar in the older age groups, there were considerable increases in the Covered Population in the 20-24 to 45-49 year age groups.

As with the overall Saskatchewan Ministry of Health 2006 Covered Population numbers, slight increases were also seen in the RHA Covered Population numbers compared the 2006 census numbers. (Figure 3.13)

The ten year time trend between 2000 and 2010 for the Covered Population showed a relatively stable population fluctuating between a low of 1,005,237 in 2006 and a high of 1,070,477 in 2010. When five year age categories were compared using four year intervals, i.e., 2001, 2005 and 2009, as with the census, it was evident that Saskatchewan’s population is growing older. (Figure 3.14) The 0 to 4 year population and the 65 year and older population counts remained approximately the same; however, the counts in the age groups in the 5 to 64 year age range showed an aging pattern with the age group bulges occurring approximately five years later in each successive four year interval.
The 2010 Covered Population report is available to the public on the Saskatchewan Ministry of Health website (http://www.health.gov.sk.ca/population-stats). When using the 2010 Covered Population Report, it should be noted that there was a technical issue with the report that led to some Saskatchewan residents being incorrectly allocated into some urban centres. The issue affected only the allocations within the province and not the 2010 provincial total.

According to the 2010 Covered Population Report, there were 1,070,477 people holding health care coverage with the Province of Saskatchewan on June 30th, 2010. As mentioned previously, this represents the largest number of people with health care coverage since 1962 when medicare was implemented in Saskatchewan and the Covered Population began to be recorded. (Figure 3.15)

There were similar numbers of males and females in the Covered Population with slightly more females, 534,030 and 536,447, respectively. Until the age category of 65 to 69 years, there were slightly more males than females for each of the five year age categories. For the age category of 70 to 74 years and older, there were more females than males, with the largest differences in the older age categories. (Figure 3.16)

The population pyramid for the Saskatchewan 2010 Covered Population demonstrated a Contractive or Contracting population pyramid with the population growing older. The age distribution was as follows: 18.9 percent were children and youth under the age of 15 years, 66.9 percent were persons aged 15 to 64 years and 14.2 percent were people aged 65 years and older. (Figure 3.17)

The 2010 population pyramid showed a bulge in the 45 to 54 year males and females, the tail end of the baby boomers, and a second bulge in the 15 to 29 year males and females representing the echo boom children of the 45 to 54 years population.

When the 2006 and 2010 Saskatchewan population pyramids were compared, it was seen that the population was aging and that the baby boomer bulge continued to move into the older age groups.
Analysis of the 2010 Covered Population by resident location showed that cities contained the largest number of residents, followed by towns and then approximately equal numbers of village and rural municipalities. Reserves had the smallest numbers of residents. (Figure 3.18)

Cities had population peaks in the young adult range (25-29 yrs) and the middle-age adult range (45-49 yrs). Towns, villages and rural municipalities also exhibited two small population peaks, one in the teenage range (15-19 yrs) and the other in the middle-age range (50-54 yrs). The population located on Reserves had a small peak at the teenager age group, 15 to 19 years.

The vast majority of the Covered Population resided in the regional health authorities of Saskatoon (29.8%) and Regina-Qu’Appelle (24.9%). (Figure 3.19) None of the remaining health authorities contained more than eight percent of the population.

Approximately 6.2 percent of Saskatchewan residents with health care coverage self declared as having Registered Indian (RI) status. It must be noted that declaration of RI status on the health card application is voluntary and not verified. The RI status only identifies individuals recognized by the federal government as being registered under the Indian Act (commonly referred to as a Status Indian). This does not include all First Nations individuals or Aboriginal peoples.

Over half of the RI status identifying population (56.4%) was under the age of 25 years in contrast to approximately half of the non RI status identifying population (50.7%) at under the age of 40 years. (Figure 3.20)

When the population pyramids for the RI status identifying population was compared to that of the non-RI status population, the RI group exhibited a different pattern - an expansive or expanding population pyramid with the classic triangular/pyramid shape indicating a much young age distribution. The wide base indicates a high birth rate and the narrow top indicates a high death rate.
Aboriginal Population

The Aboriginal population consists of First Nations (Status, Non-status and Treaty), Métis and Inuit peoples. In the 2006 Census, approximately 4% of the Canadian population self-identified as Aboriginal and of this, approximately 12% resided in Saskatchewan.

When the 2006 census Aboriginal self-identifying population was compared against the general Saskatchewan population, it was seen that the Aboriginal population was a much younger population, with the largest percentages seen under the age of 20 years. (Figure 3.21)

Although many of Saskatchewan’s Aboriginal people live on First Nations Reserves, a large number of Aboriginal people live in the province’s municipalities. Of the Saskatchewan cities, Prince Albert had the largest Aboriginal self-identifying population at 36.3 percent. Regina and Saskatoon, the two largest cities in Saskatchewan, had approximately 9 to 10 percent of the population self-identified as Aboriginal.

Approximately 15 percent of Saskatchewan’s population self-identified as Aboriginal in the 2006 census, considerably higher than the national 3.8 percent. (Figure 3.22) Of those in Saskatchewan self-identifying as Aboriginal, approximately 64 percent identified as North American Indian, 34 percent identified as Métis and less than one percent self-identified as Inuit. (Figure 3.23)

Among Saskatchewan’s RHA, the northern RHAs had the highest percentages of population, in fact the vast majority of their population, self-identified as Aboriginal in the 2006 census. Of the remaining RHAs, PAPRHA and PNRHA had the highest percentages of self-reported Aboriginal identity. CRHA and HRHA had the lowest self-reported Aboriginal identity percentages.

FIRST NATIONS: Within the Saskatchewan provincial boundaries, there are approximately 75 First Nations Bands organized into 10 Tribal Councils and 11 unaffiliated Bands within six Treaty Areas: Treaty 2, 4, 5, 6, 8 and 10 (from south to north) (Saskatchewan Government, 2009). (Figure 3.24) The vast majority of the First Nation Bands are found in the Treaty 4 and Treaty 6 areas – mid to
southern Saskatchewan. The ethnography of First Nations peoples living in Saskatchewan includes Cree, Nakawe, Dene, Dakota/Nakota, Lakota.

In the 2006 census, just over 91,000 people self-identified as First Nations or approximately 10 percent of the Saskatchewan population, representing 13 percent of the total First Nations Canadian population. The city with the greatest percentage of First Nation population was Prince Albert with approximately 34 percent of the population. Just under six percent of the population of Regina and Saskatoon self-identified as First Nations.

MÉTIS: The Métis are a distinct group of Aboriginal people with mixed First Nation and European ancestry who identify themselves as Métis people. The Métis have a unique culture that draws on their diverse ancestral origins, such as Scottish, British, French, Ojibway, Dene and Cree.

The Métis communities are geographically organized into a series of regions (Saskatchewan Government, 2009). (Figure 3.25) In the 2006 census, just over 48,000 Saskatchewan residents or approximately five percent of the Saskatchewan population self-identified as Métis, representing 12 percent of the total Canadian Métis population. Approximately four percent of the population of Regina and Saskatoon self-identified as Métis in the 2006 census. Some of the smaller urban centres had a large percentage of Métis population including 17 percent in Prince Albert and seven percent in both North Battleford and the Saskatchewan section of Lloydminster.

INUIT: The Inuit are an Aboriginal people in Northern Canada who live in Nunavut, Northwest Territories, Northern Quebec and Northern Labrador. The population number for the Inuit population that are living in Saskatchewan was considerably less than one percent (0.023).
Immigration

For a variety of reasons, health status may be impacted by immigration status and length of time since immigration. Immigrants are in relatively better health on arrival in Canada compared to native-born Canadians, and immigrant health converges with years in Canada to native-born levels (McDonald and Kennedy, 2004). This is known as the “healthy immigrant effect”. Immigrants, however, may be from high communicable disease presence areas.

Approximately five percent of the Saskatchewan 2006 population reported being an immigrant and 0.5 percent reported being non-permanent residents, representing less than one percent (0.8%) of the total Canadian immigrant population. (Figure 3.26) The proportion of immigrants within the Saskatchewan population remained approximately the same from 2001 to 2006. Of those reporting to be immigrants, 63.6 percent reported immigrating prior to 1991, 19.6 percent reported immigrating from 1991-2000 and 16.8 percent reported immigrating from 2001-2006.

Of the Saskatchewan population aged 15 years or over, 6.6 percent reported being first generation (a person born outside Canada, for the most part, people who are now, or have ever been, landed immigrants in Canada), 18.2 percent reported being second generation (a person born inside Canada with at least one parent born outside Canada), and 75.3 percent reported being third generation or more (a person born inside Canada with both parents born inside Canada). (Figure 3.27)

According to the 2006 census, the highest proportions of immigrants were in the two urban RHAs of RQRHA and SRHA and the lowest proportions were found in the three northern RHAs. In all RHAs, at least 70 percent of the immigrant population reported that they are third generation or more with the highest proportions seen in the three northern RHAs.

To become a Canadian citizen, permanent resident status for at least three years must first be obtained (Citizenship and Immigration Canada, 2011). According to Citizenship and Immigration Canada (2011), the number of permanent residents in Saskatchewan fluctuated between 1,667 and 1,943 from 2000 to 2004. From 2005 onwards, the number of permanent residents had steadily increased to a high of 7,615 in 2010 (preliminary numbers). The vast majority of permanent residents were found in the cities of Regina and Saskatoon, accounting for 2,567 and 3,176 of the 7,615 permanent residents in the preliminary 2010 numbers.

According to Citizenship and Immigration Canada from 2002 to 2011, the number of entries of refugees claimants to Saskatchewan varied from a low of 14 in 2005 to a high of 66 in 2009. There were 49 entries in 2011.
Ethnic origins may have an impact on health due to differences in a number of factors including diet, health behaviours and genetics.

In 2006, the top ten reported ethnic origins for Saskatchewan residents in order of responses were German, English, Scottish, Canadian, Irish, Ukraine, French and North American Indian, Norwegian and Polish. (Figure 3.28) It must be noted that respondents may have reported multiple ethnic origins so may have been counted more than once. For Canada, the top ten reported ethnic origins in order of response were Canadian, English, French, Scottish, Irish, German, Italian, Chinese, North American Indian, and Ukrainian.

Language

In order to ensure effective public health interventions, the language of the target audiences is a key component. Of the Canadian provinces and territories, Saskatchewan had the largest percentage of residents reporting that they know and speak English only and had one of the smallest percentages (0.03%) of residents indicating that they do not know either English or French. This was considerably lower than the other prairie provinces Manitoba (0.9%) and Alberta (1.2%) and Canada as a whole (1.7%). (Figure 3.29)

The vast majority of Saskatchewan’s population (99.6%) reported knowing English only (94.6%) or both English and French (5.0%). Approximately 94 percent (94.1%) of Saskatchewan residents reported that they spoke only English at home compared to almost 66 percent (65.0%) for the Canadian population as a whole. (Figure 3.30)

Mother Tongue is defined by Statistic Canada (Statistics Canada, 2009) as “the first language learned at home in childhood and still understood by the person at the time the data was collected. If the person no longer understands the first language learned, the mother tongue is the second language learned. For a person who learned two languages at the same time in early childhood, the mother tongue is the language this person spoke most often at home before starting school. The person has two mother tongues only if the two lan-
guages were used equally often and are still understood by the person.

For a child who has not yet learned to speak, the mother tongue is the language spoken most often to this child at home. The child has two mother tongues only if both languages are spoken equally often so that the child learns both languages at the same time.”

The vast majority of Saskatchewan’s population reported knowing their mother tongue to be English only (85.1%), considerably higher than that reported for the population of Canada as a whole (57.2%). (Figure 3.31) Approximately 13 percent of Saskatchewan residents reported that their mother tongue was neither English or French.

The vast majority of the RHA population, over 93 percent, reported knowing English only. The reported mother tongue of English only, however, varied across the RHAs with the three northern RHAs reporting considerably lower percentages than the other RHAs.

![Figure 3.31](image-url)

**Saskatchewon is an Algonquian word—it comes from a Cree name meaning “swift river”**
Statistics Canada Peer Groups

Statistics Canada created groupings of health regions using a clustering technique to compare health regions with similar socio-economic characteristics. These groupings are called “peer groups”. Twenty-four variables were chosen to cover as many of the social and economic determinants of health as possible and a wide range of areas including demographic structure, social and economic status, ethnicity, Aboriginal status, housing, urbanization, income inequality and labour market conditions. Variable data was collected mostly from the Census. No health-related variables were used in the creation of the peer groups (Statistics Canada, 2008 and Statistics Canada 2009). (Figure 3.32)

There are nine 2007 peer groups identified by letters A through I. Saskatchewan’s health regions fall into four peer groups. The majority are in Peer Group D - mainly rural, average percentage of Aboriginal population, have a high employment rate and these include Cypress, Five Hills, Heartland, Kelsey Trail, Sunrise and Sun Country RHAs.

Two health regions, Regina Qu’Appelle and Saskatoon, are in peer group A - urban-rural mix, average percentage of Aboriginal population and average immigrant population.

Prince Albert Parkland and Prairie North RHAs are in peer group H - rural northern regions, high proportion of Aboriginal population and low proportion of immigrants.

The RHAs of Mamawetan Churchill River, Keewatin Yatté, and Athabasca are grouped together and the combined RHA group is in peer group F - northern and remote regions, very high proportion of Aboriginal population, very low employment rate and low proportion of immigrants.

In February, 2012, the preliminary results from the 2011 Canadian Census began to be released, starting with the general population and dwelling counts for the nation, provinces, territories and a variety of sub-provincial geographic levels. The remaining results are scheduled to be released over the next few years. As the Population of Saskatchewan chapter of the provincial health status report is being released prior to the full release of the 2011 census products and having up-to-date population information is important for program planning, a brief summary of the released 2011 information is provided below.

According to the 2011 census, from the previous census in 2006 to the most recent census in 2011, the population of Canada has grown by 5.9 percent, from 31,612,897 to 33,476,688. During the same time period, the population of Saskatchewan has increased by 6.9 percent from 968,157 to 1,033,381, slightly more than that for Canada as a whole. Of the three prairie provinces, Alberta demonstrated the largest growth percentage at 10.8 percent and Manitoba showed the smallest growth at 5.2 percent. Saskatchewan continues to have the smallest population of the three prairie provinces. Alberta has the largest population at 3,645,257, followed by Manitoba at 1,208,268.

From the 2006 census to the 2011 census, the populations for the two largest cities of Saskatchewan, Regina and Saskatoon, demonstrated growth of 7.5 and 9.7 percent, respectively. The population of Regina increased from 179,246 to 192,756, representing 18.7 percent of the Saskatchewan population. During the same time period, the population for the city of Saskatoon increased from 202,425 to 222,035, representing 21.5 percent of the Saskatchewan population.

None of the Saskatchewan cities were found to have a decrease in their populations. A boundary change for North Battleford was noted and as a result, its population showed a considerable increase over the 2006 census number, rising from 13,190 in 2006 to 17,595 in 2011. Boundary changes were also associated with the cities of Prince Albert and Martensville.
Definitions

**Aboriginal population** - Aboriginal people living in a geographic area. Aboriginal people are those persons who reported identifying with at least one Aboriginal group (for example, North American Indian, Métis or Inuit) and/or those who reported being a Treaty Indian or a Registered Indian as defined by the Indian Act and/or those who were members of an Indian Band or First Nation. (Statistics Canada, 2007)

**Dependency ratios** - A set of indicators based on age that reflects population age structure to the typical working aged population. The child (ages 0 to 19 years) population and the senior population (aged 65 years and older) are likely to be socially and/or economically dependent on the working age population. (Statistics Canada, 2010)

**Ethnic origin** - Ethnic origin or ancestry refers to the ethnic or cultural origin of a person’s ancestors, an ancestor being usually more distant than a grandparent. (Statistics Canada, 2007)

**Immigrant population** - Refers to people who are, or have been, landed immigrants in Canada. A landed immigrant is a person who has been granted the right to live in Canada permanently by immigration authorities. Some immigrants have resided in Canada for a number of years, while others have arrived recently. Most immigrants are born outside Canada, but a small number were born in Canada. (Statistics Canada, 2011)

**Mother tongue** - Refers to the first language learned at home in childhood and still understood by the individual at the time of the census. (Statistics Canada, 2009)

**Peer groups** - Groupings of health regions with similar socio-economic characteristics. After the effects of the various social and economic characteristics known to influence health status have been removed it is then possible to compare regions by measures of health status and compare the relative effectiveness of health promotion and prevention activities across regions. (Statistics Canada, 2002)

**Permanent resident** - People who have been granted permanent resident status in Canada. Permanent residents must live in Canada for at least 730 days (two years) within a five–year period or risk losing their status. Permanent residents have all the rights guaranteed under the Canadian Charter of Rights and Freedoms such as equality rights, legal rights, and mobility rights, freedom of religion, freedom of expression and freedom of association. They do not, however, have the right to vote in elections. (Citizenship and Immigration Canada, 2009)

**Population density** - Number of people per square kilometre. Calculated by dividing the total population by land area. (Statistics Canada, 2010)

**Population pyramid** - A population pyramid, also called "age pyramid", is a horizontal bar graph that illustrates the distribution of different age groups in a population, showing the number (or percentage) of males on the left and of females on the right. (Statistics Canada, 2011)

**Rural** - Persons living outside centres with a population of 1,000 persons and outside areas with 400 persons per square kilometre. (Statistics Canada, 2009)

**Statistically significant** - The difference is probably true and not due to chance. The Confidence Intervals (CIs) may be used as a test of statistical significance when comparing rates. If the CIs overlap, then the difference between the estimates is not considered to be statistically significant.

**Urban** - An urban area has a minimum population concentration of 1,000 persons and a population density of at least 400 persons per square kilometre, based on the current census population count. All territory outside urban areas is classified as rural. Taken together, urban and rural areas cover all of Canada. (Statistics Canada, 2009)
Data Sources

Citizenship and Immigration Canada

Statistics Canada Census

Statistics Canada CANSIM tables (Population and Demography)

References


Statistics Canada, Dependency Ratio. (2010) Re-


