

Healthy Aging in Place



Environmental Scan Île-à-la-Crosse

Acknowledgements

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SASKATCHEWAN POPULATION HEALTH AND EVALUATION RESEARCH UNIT

The Saskatchewan Population Health and Evaluation Research Unit (www.spheru.ca) is a multidisciplinary research unit affiliated with the University of Saskatchewan and the University of Regina. SPHERU engages in population health research, which is the study of social factors that contribute to the well-being of various groups within a population.

Utilizing the social determinants of health, SPHERU takes action to address social inequities. SPHERU's focus is on population health intervention research where we examine the influence of changes to policies, programs or other actions on the determinants of health. SPHERU is committed to conducting leading edge policy-relevant research, done in collaboration with policy makers and communities across Saskatchewan, Canada.

Our population health researchers come from a range of disciplines and have conducted research throughout Saskatchewan. Our research is conducted at our offices in Regina (University of Regina), Saskatoon (University of Saskatchewan) and at the Prince Albert Campus of University of Regina.

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Healthy Aging in Place

Background to the Study

This research is part of the *Healthy Aging in Place* (Jeffery et al., 2011) project, which was initiated in 2010 by the Saskatchewan Population Health and Evaluation Research Unit (SPHERU). *Healthy Aging in Place* is a longitudinal study that examines the supports and barriers of healthy aging for rural and northern Aboriginal and non-Aboriginal seniors. The research currently focuses on the rural communities of Watrous, Wolseley, and Young and the northern community of Île-à-la-Crosse, Saskatchewan.

Canada's population is aging rapidly, and the number of older adults is expected to increase exponentially over the next few decades. In the 1920s and 1930s, seniors accounted for only 5% of the Canadian population but by 2005 this proportion increased to 13.1% (Turcotte & Schellenberg, 2006). In 2036, the senior population of Canada is expected to reach 24.5% of the total population; currently 22.6% of seniors are living in rural areas (Turcotte & Schellenberg, 2006).

Aboriginal populations are also experiencing increasing trends towards aging as life expectancy has been increasing and as fertility rates have been decreasing (Statistics Canada, 2003a; Wilson, Rosenberg, & Abonyi, 2011). Between 2001 and 2006 there was a 43% increase in the number of Aboriginal adults aged 65 years and older (Statistics Canada, 2008). Aboriginal seniors aged 65 years and older are projected to more than double between 2001 and 2017 to almost 7% of the total Aboriginal population. Currently Aboriginal seniors make up less than 5% of the overall Aboriginal population (Statistics Canada, 2003b).

In Canada, Saskatchewan has the highest rate of centenarians born in 1911 or earlier compared to other provinces at 320 individuals or 0.03% of the total population (Statistics Canada, 2012a). It is important to note that older adults living in remote and northern communities experience unique health challenges compared to older adults residing in urban communities.

The information in this report is guided by a social determinants of health approach which recognizes that a range of factors influence healthy aging. These include, for example, socioeconomic status, social support, physical environment, access to services, health practices and coping skills, gender, and culture (Public Health Agency of Canada [PHAC], 2011).

Gender plays a significant role in health outcomes in rural communities. Recent studies indicate that in comparison to urban seniors and rural senior women, rural senior men are often disadvantaged in terms of having shorter life expectancies (DesMeules & Pong, 2006) higher suicide rates (Alston, 2012; Australian Bureau of Statistics, 2001), higher injury rates (Amshoff & Reed, 2005), experience poorer health (Australian Institute of Health and Welfare, 2010), allow illness to progress longer, and take fewer preventative measures (Denner, 2009). Elderly rural women report an increased prevalence of arthritis/rheumatism, hypertension (Statistics Canada, 1999), diabetes (DesMeules & Pong, 2006), and skin cancer (Brown, Young, & Byles, 1999) compared to elderly urban women.

Healthy Aging in Place

Background to the Study

Women often play an important role in supporting the healthy aging of seniors, especially in terms of **caregiving**. In Canada, it is estimated that 70% of all caregivers are female (Bedard, Koivuranla, & Stuckey, 2004). In rural areas, it is estimated that informal caregivers provide 80-90% of care for seniors (Fast, Keating, Otfinowski, & Derksen, 2004). Even with a network of friends and family, the care of an elder is usually undertaken by one person, most often a female family member (Armstrong, et al., 2003; Fast, et al., 2004) who is a daughter (Bedard, et al., 2004). Previous reports indicate that Aboriginal people aged 50 years or older have higher overall care requirements when compared to the general Canadian population and often rely more on informal care provisions to address their health concerns (Buchignani & Armstrong-Esther, 1994; Wilson, et al., 2011). Older Aboriginal women are more likely than Aboriginal men and non-Aboriginal older adults to provide care for another senior as well as for two or more children (Wilson, et al., 2011). Many of these Aboriginal caregivers spend more than 30 hours on unpaid childcare when compared with non-Aboriginal caregivers (Wilson, et al., 2011).

There are a number of social aspects of peoples' lives that can influence their health including housing and income (Halfon, Larson, & Russ, 2010). Rural seniors often experience challenges in terms of adequate **housing** in comparison to urban seniors (CMHC, 2003). In addition, Aboriginal people were much more likely to live in dwellings requiring major repair in comparison to non-Aboriginal populations (Statistics Canada, 2003b).

Lower levels of **income** can impact healthy eating, it can influence access to uninsured health care and also play a role in self-reported health status (Statistics Canada, 1999). The Public Health Agency of Canada (2004) reported that seniors in the very poor income group are more likely to report fair or poor health compared to those in a high income group. Aboriginal people living in Canada experience lower employment rates and higher unemployment rates than non-Aboriginals (Smylie, 2008; Statistics Canada, 2003b) both of which further influence health and health outcomes.

Education is also an influence on health as it can affect subsequent levels of employment and income (National Rural Health Alliance, 2011) and further influence health and health outcomes across the lifespan and into older adulthood (Prus, 2007). Food security and access to affordable health promotion programming are all affected by education, employment and income (Halfon, et al., 2010).

The aims of the environmental scan are to:

- 1) provide baseline information on service, resource and program availability for seniors;
- 2) assess current aging demographic trends;
- 3) contribute to understanding the healthy aging strengths, challenges and needs for rural and northern Aboriginal and non-Aboriginal seniors.

Executive Summary

The *Healthy Aging in Place: Île-à-la-Crosse Environmental Scan* provides an overview of the demographic profile, services and supports available to seniors living in the rural town of Île-à-la-Crosse, Saskatchewan, Canada. More specifically, the goal of this environmental scan is to help identify the existing supports and service gaps for older adults living within the community.

This environmental scan is part of a larger study being conducted by SPHERU entitled, *Healthy Aging in Place: Improving Rural and Northern Aboriginal and Non-Aboriginal Seniors' Health through Policy and Community-level Interventions*. The study looks at the family, community and policy supports that enable rural and northern seniors to remain within their homes and communities to age. Through interviews and consultations, this study is being conducted over three years to track the changing health needs of seniors over the aging process.

Data in this environmental scan was compiled from the Saskatchewan Ministry of Health, Statistics Canada Census information, and other available information sources such as the Village of Île-à-la-Crosse website. Where possible, information was included from the 2011 Statistics Canada census, however, not all community specific census data was available during the preparation of this report. Ministry of Health (2012) data was used in addition to census data as it provides population information about individuals who have registered health cards in the community of Île-à-la-Crosse.

Key Findings

- Since 2006, Île-à-la-Crosse's population has decreased by 12%
- Île-à-la-Crosse's percentage of seniors (9%) is lower than the provincial percentage (14%), however there is a trend towards aging in Île-à-la-Crosse
- The percentage of homes in need of major repair is higher than for the province
- The household income was considerably lower compared to provincial income
- Overall, women earn a higher income than men which is opposite to wage earners in Saskatchewan in general
- 26% of Île-à-la-Crosse residents reported providing unpaid care for seniors
- Overall, Île-à-la-Crosse residents have completed a lower level of education than for the province
- A higher percentage of Île-à-la-Crosse residents have completed apprenticeship or trades education than for the province



Île-à-la-Crosse

2nd Oldest Community in Saskatchewan

First established in 1776 as an outpost for fur traders, and as French Canadian, English and Scottish traders established themselves in this region

Located in North-West Saskatchewan

520 km northwest of Saskatoon and is situated on the west side of the Île-à-la-Crosse Lake, on the southern peninsula

Métis Socio-Cultural Identity

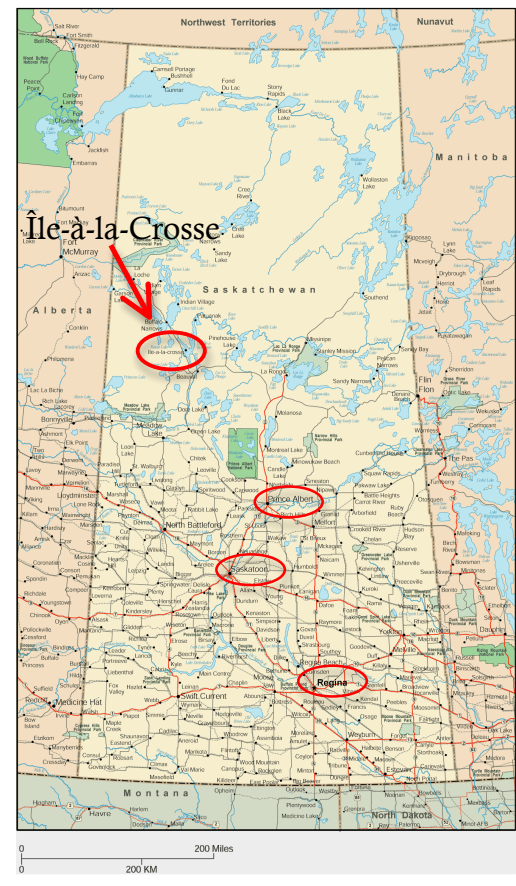
French Canadian, English and Scottish fur traders developed intimate and long-lasting relationships with local First Nations women

Introduction to Île-à-la-Crosse Town of Île-à-la-Crosse

The community of Île-à-la-Crosse is the second oldest community in Saskatchewan. The community was first established in 1776 as an outpost for fur traders, and as French Canadian, English and Scottish traders established themselves in this region, they developed intimate and long-lasting relationships with local First Nations women, thereby creating the Métis population and community in the region ([MacDougall 2006](#)). Historically, Métis individuals living in Île-à-la-Crosse participated in active living where they hunted, fished and gathered berries from the surrounding land and also planted vast vegetable gardens to supplement their food requirements ([Favel, Campbell et al. 2011](#)).

Location & Geography

Île-à-la-Crosse is located 520 km northwest of Saskatoon and is situated on the west side of the Île-à-la-Crosse Lake, on the southern peninsula. The closest larger centres are Meadow Lake (151 km) and Prince Albert (285 km) and many of the residents of Île-à-la-Crosse travel to these centres for grocery shopping, medical appointments, and to do business.



Location (population)	Distance
Prince Albert (42, 367)	285 km
Meadow Lake (5, 045)	151 km
North Battleford (17, 595)	377 km
Saskatoon (222, 189)	520 km
Beauval (756)	85 km
La Ronge (2, 304)	309 km

Table 1. Distance to travel from Île-à-la-Crosse to other nearby Saskatchewan communities (ref).

The number of Aboriginal adults aged 65 years and older is expected to more than double between 2001 and 2017

Demographic Overview

Overall Population

Île-à-la-Crosse has approximately 1,370 residents (Ministry of Health, 2012). The number of residents in Île-à-la-Crosse has decreased from 1,556 in 2006 (Ministry of Health, 2006). This decrease in growth differs from the overall Saskatchewan population which had an 8.7% increase between 2006 and 2012. The community's population density is 57.3 people per square kilometer (Statistics Canada, 2012b).



Age

Approximately 64% of the population in Île-à-la-Crosse are adults and seniors which is slightly lower than the provincial population (74%) (Ministry of Health, 2012). The median age in Île-à-la-Crosse is 27 years which is about 11 years lower than the provincial median age of 38.2 years.

Children. Children under the age of 15 years make up 26% of the population in Île-à-la-Crosse, representing a larger proportion than the population of Saskatchewan children age 0-14 (19%) (Ministry of Health, 2012).

Youth. Youth (age 15-19) represent 10% of the total community's population (Statistics Canada, 2012). This is slightly greater than the proportion of youth (7%) in the overall Saskatchewan population. When children and youth are combined, they account for approximately 36% of the total population in Île-à-la-Crosse (Ministry of Health, 2012).

Adults. Over one half (58%) of the community's population is comprised of individuals between the ages 20 to 64 years (Ministry of Health, 2012).

Seniors. Seniors (age 65 years and over) account for 6% of the community's total population (Ministry of Health, 2012) (Figure 1).

In 2011, the dependency ratio in the health region in which Île-à-la-Crosse is located (KYRHA) was 93% compared to 67% in Saskatchewan overall (Irvine, Quinn, & Stockdale, 2011). The dependency ratio is a crude measure of the percentage of the child, youth and senior population that is most likely to be socially or economically dependent on the working age population (aged 20 to 64). A higher dependency ratio may put additional demands on the health and other support services in the community and therefore may influence availability and accessibility of these services (Irvine, Quinn, & Stockdale, 2011).

Age Distribution of Île-à-la-Crosse, SK

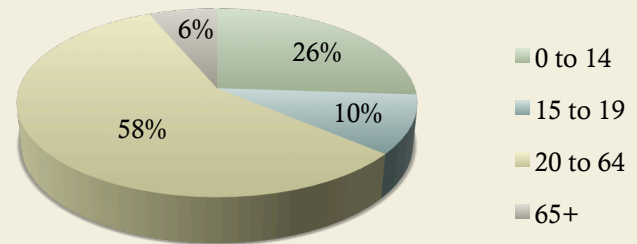
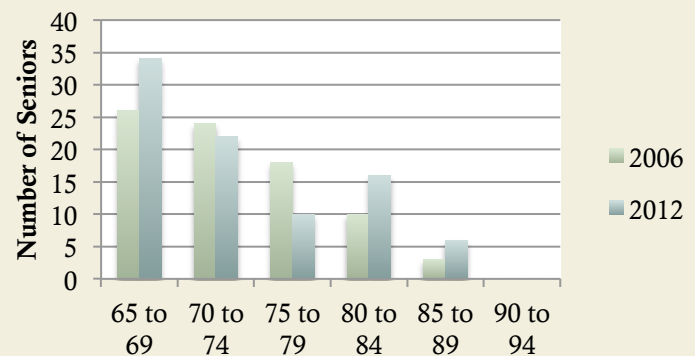


Figure 1.

Age Distribution of Seniors Living in Île-à-la-Crosse, SK (2006 vs 2012)



This is particularly important when considering that 51% of Aboriginal older adults experience three or more chronic health conditions (compared to 23% of the general Canadian population within the same age category). Northern and rural communities pose unique challenges to providing accessible, equitable, culture-based and relevant health care services.

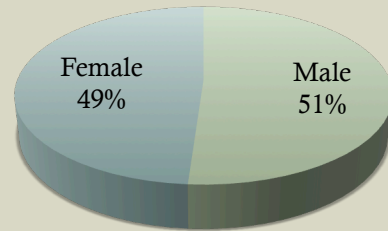
Gender

There are more men living in Île-à-la-Crosse compared to women (Statistics Canada, 2012b).

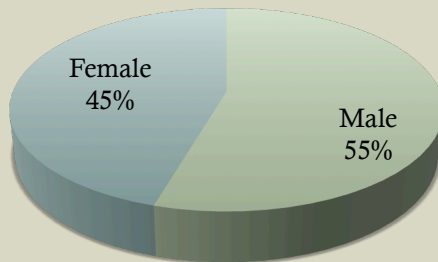
Interestingly, in contrast to other Saskatchewan communities, there is a higher proportion of senior men (55%) than women (45%) living in Île-à-la-Crosse.

In 2011, the average age of women in Île-à-la-Crosse was 28 years while that of men was 27 years, a difference of 1 year. In Saskatchewan, the age gap between women and men is closer to 2 years with women's average age being 39 years compared to 37 years among men (Statistics Canada, 2012b).

Île-à-la-Crosse Population based on Gender



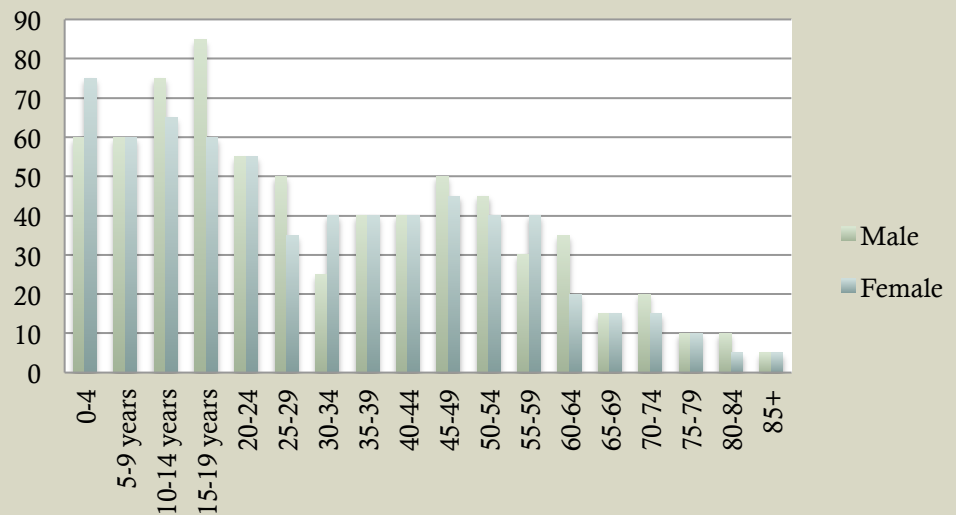
Île-à-la-Crosse Population Aged 65 years and older based on Gender



In Île-à-la-Crosse, there is a higher proportion of senior men compared to women

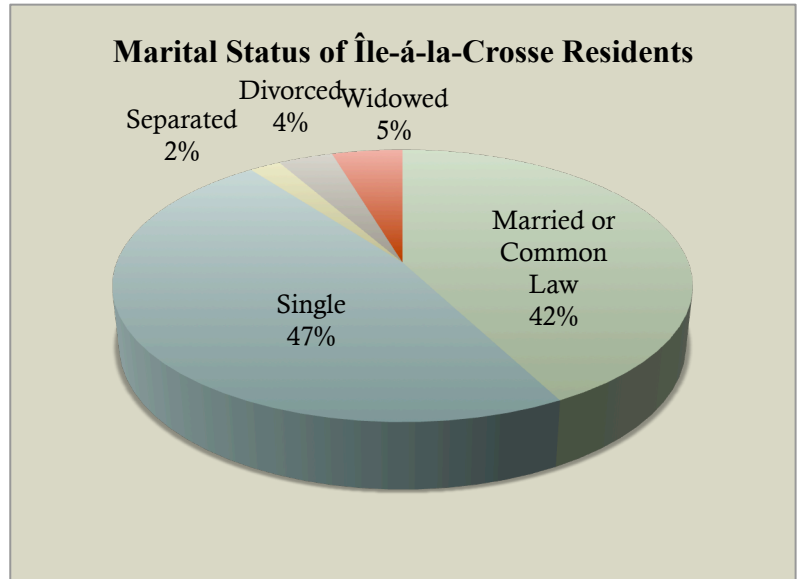
In Île-à-la-Crosse, the average age of women (28 yrs) is higher than that of men (27yrs)

Île-à-la-Crosse Population Distribution by Age and Gender



Marital Status

A large proportion (42%) of the population in Île-à-la-Crosse are married or living common law; a smaller percentage to the 58% of the overall Saskatchewan population who are married or living common law (Statistics Canada, 2012b). Those who are single represent 47% of the population compared to the provincial percentage of 28% (Statistics Canada, 2012b). Approximately 6% of Île-à-la-Crosse residents are separated or divorced and 5% are widowed. Of those who are widowed, 33% are male and 67% are female. The percentage of Île-à-la-Crosse residents who are widowed is similar to the overall Saskatchewan percentage (6%) (Statistics Canada, 2012b).



Housing & Transportation

Housing

Rented & Owned Housing. In 2006, 52% of the private dwellings in Île-à-la-Crosse were rented while 48% were owned (Statistics Canada, 2007).

Housing Types. In 2011, single detached homes made up the vast majority of housing in Île-à-la-Crosse representing approximately 75% of occupied private dwellings (Statistics Canada, 2012b). Île-à-la-Crosse residents were less likely to live in the following types of housing: semi-detached houses (14%), movable dwellings (5%), row houses (2%) and apartments (4%) (Statistics Canada, 2012b).

Housing Characteristics. A large proportion of housing (63%) in Île-à-la-Crosse was built prior to 1986 (Statistics Canada, 2007). In Île-à-la-Crosse, approximately 16% of the total occupied dwellings are in need of major repairs; a considerably higher percentage than the 10.5% of provincial homes in need of major repairs (Statistics Canada, 2007).

52% of private dwellings are rented

This is in contrast to what is observed among the general Saskatchewan population where 72% of homes are privately owned

16% of homes are in need of major repairs

In comparison to 10% of homes in Saskatchewan requiring major repairs



Transportation

Access to safe, affordable and practical transportation is integral in the lives of individuals living in Île-à-la-Crosse. As previously described, the closest larger urban centre to Île-à-la-Crosse is Meadow Lake (151km) that is accessible by road all year. Not all families living in the community of Île-à-la-Crosse have access to private or public transport. This may prevent them from having access to other health programs or services, or to affordable, high quality food options (Oosman, 2012).



Employment

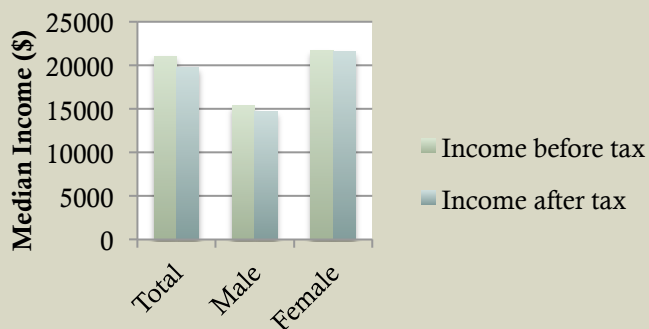
Income

In 2005, the median income for all Île-à-la-Crosse households was \$38,583 (Statistics Canada, 2007). This was considerably lower than the provincial median income for all households, which was \$46,705 (Statistics Canada, 2007).

In 2005, couple households without children had the largest median income in Île-à-la-Crosse at \$62,593 and couple households with children had the second largest median income at \$52,946 (Statistics Canada, 2007). One person households had the lowest median income in Île-à-la-Crosse at \$13,631 (Statistics Canada, 2007). Median income for couple households with children in Île-à-la-Crosse was considerably lower than the comparable provincial median income (\$76,494); alternatively, the median income for couple households without children in Île-à-la-Crosse was greater than the provincial median income (\$57,994) (Statistics Canada, 2007).

The median income for all persons over the age of 15 in Île-à-la-Crosse is less than the provincial median income (\$21,010 compared to \$23,755). There are also differences in the median incomes for women and men. Women living in Île-à-la-Crosse earned a median income of \$21,701 which is about 41% higher than the \$15,364 median income earned by men. In contrast, for Saskatchewan overall, the median income for men is \$29,589; approximately 49% higher than the \$19,873 median income for women (Statistics Canada, 2007).

Median Income of Persons Living in Île-à-la-Crosse (15 years and over)



Individuals living in Île-à-la-Crosse are more likely to be unemployed compared to those living in Saskatchewan in general (12% versus 5% respectively). Similarly, employment rates in Île-à-la-Crosse are 45% compared to 65% in Saskatchewan (Statistics Canada, 2007).

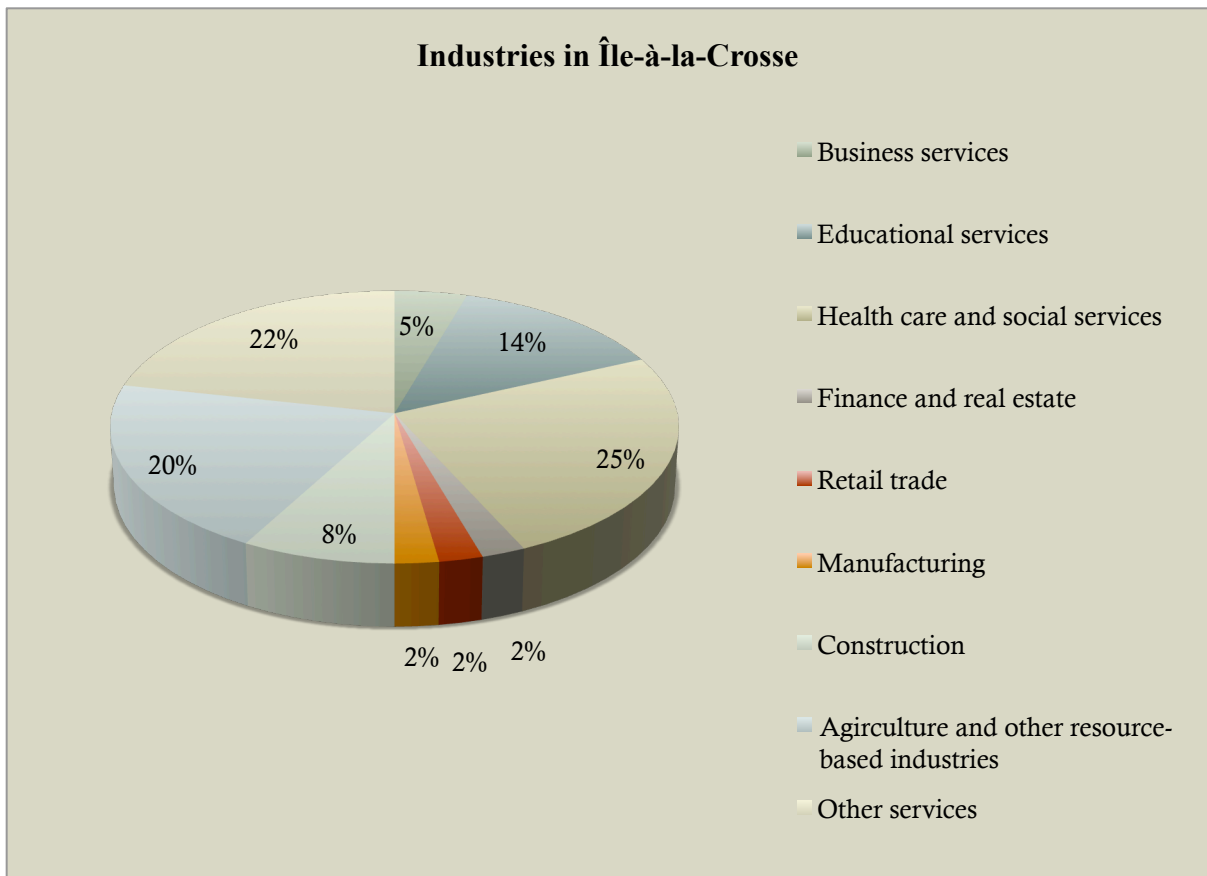
25% of the population of Île-à-la-Crosse are considered to be in the low income category

Unpaid Work

The proportion of Île-à-la-Crosse residents over the age of 15 who reported looking after children without pay was substantially more than the Saskatchewan percentage (62% compared to 41%). Those reporting unpaid care or assistance to seniors was also higher for Île-à-la-Crosse residents than for Saskatchewan residents overall (27% compared to 22%). Women represent over one-half of those in Île-à-la-Crosse and Saskatchewan overall who reported these unpaid caregiving responsibilities for seniors (54% compared to 58%)(Statistics Canada, 2007).

Industry

In 2006, approximately one-quarter (25%) of the Île-à-la-Crosse labour force 15 years and older worked in health care and social services. The next largest industry (21%) was agriculture and other resource-based industries (Statistics Canada, 2007). Another 22% of the Île-à-la-Crosse labour force was categorized as 'Other services' (Statistics Canada, 2007).



Occupations

The top three occupations employing individuals living in Île-à-la-Crosse are in (1) sales and services occupation (23%), (2) education, social sciences, government service, religion (19%), and (3) trades, transport and equipment operators (18%) (Statistics Canada, 2007).

Education

Educational Attainment

In 2006, approximately 51% of Île-à-la-Crosse residents 15 years and older had completed some level of education which is lower than the provincial percentage of 70% (Statistics Canada, 2007). Approximately 20% of Île-à-la-Crosse residents had completed high school or equivalent education, 18% had trades or apprenticeship education, and 6% had college or non-university diploma education (Statistics Canada, 2007). A smaller percentage of individuals had completed university level education: 3% had university education below a bachelor level and 3% had university level education at or above a bachelor level (Statistics Canada, 2007). Île-à-la-Crosse has a slightly lower percentage of those with high school education but a slightly higher percentage with trades and apprenticeship education than the provincial population (27% and 11% for Saskatchewan respectively).

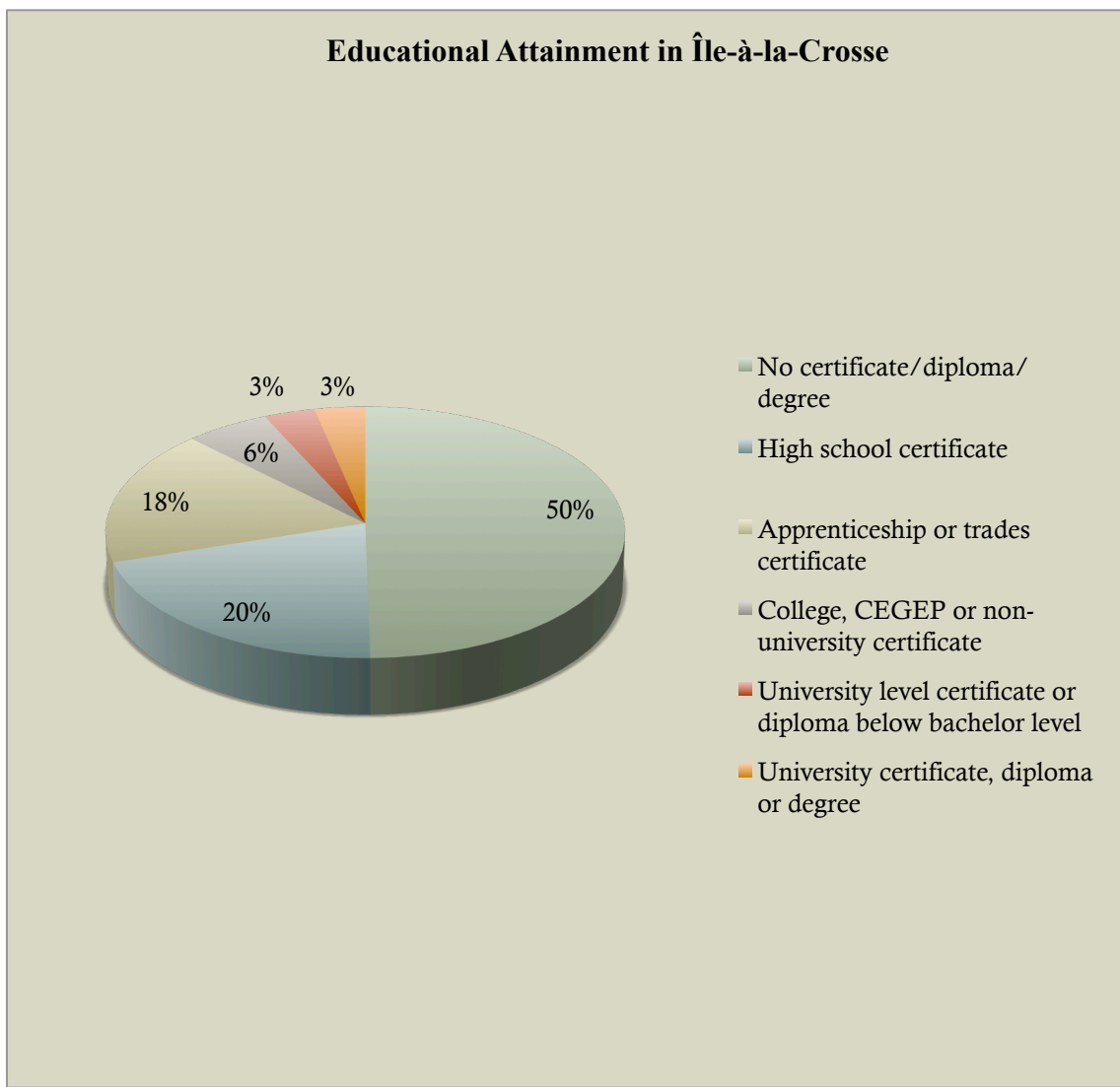
Approximately one-quarter of Île-à-la-Crosse residents between the ages of 35 and 64 had completed high school education (16%). Other educational levels included: apprenticeship, trade or diploma (26%), college certificate or non-university diploma (8%), and university certificate or degree (5%). This is in comparison to those individuals age 25 to 34 years where 36% had completed high school education, and 20% had completed apprenticeship or trades education (Statistics Canada, 2007).

Overall, there was a higher percentage of females than males who had completed some level of education (Statistics Canada, 2007). A larger number of females than males had completed high school education, and equivalent numbers of females and males completed a college certificate or non-university diploma, and university certificate of degree (Statistics Canada, 2007). Males slightly outnumbered females in apprenticeship or trades education and university or certificate below the bachelor level (Statistics Canada, 2007).

More females than males between the ages of 35 and 64 years had completed high school education, college certificate or non-university diploma, or university certificate or degree. An equal percentage of males and females age 25 to 34 years had completed trades and apprenticeship education (Statistics Canada, 2007).

Areas of Post-Secondary Education

In 2006, slightly less than one-third (31%) of Île-à-la-Crosse residents had completed post-secondary education; in comparison to the Saskatchewan proportion of 43% (Statistics Canada, 2007). Of those who had completed this level of education the major area of studies included: architecture and engineering (37%), personal, protective, and transportation services (17%), and health, recreation and fitness (15%). This was followed by areas of study in education (11%); business, management and administration (6%); social sciences and law (4%); visual and performing arts and communication (4%); physical sciences and technologies (4%); and mathematics, computer and information sciences (4%) (Statistics Canada, 2007).



Schools

Île-à-la-Crosse has an elementary school and secondary school, a Storefront program, and an Outdoor Education Learning Site, all part of the Île-à-la-Crosse School Division No. 112 (Île-à-la-Crosse School Division 112, 2012).

The Rossignol Elementary School (Pre-K to Grade 6) was designed by a famous Métis architect, Douglas Cardinal. The school offers all required areas of education along with Michif language, fiddle and dance programs (Village of Île-à-la-Crosse, 2012).

The Rossignol High School (Grade 7-12) is attached to a recently built state-of-the-art integrated facility which also includes a hospital, regional health services, a daycare, and Elders' care, among other organizations and agencies (Village of Île-à-la-Crosse, 2012).



An interesting and important aspect of both schools is that several Elders from the community are hired to act as cultural counselors and mentors for students attending both the elementary and high schools.



Healthcare

Keewatin Yatthé Regional Health Authority

Île-à-la-Crosse is part of the Keewatin Yatthé Regional Health Authority (KYRHA) which is located in northwestern Saskatchewan and encompasses approximately $\frac{1}{4}$ of the geographical area of the province (KYRHA, 2012). The KYRHA is one of the geographically largest health authorities in Saskatchewan and provides comprehensive health care services and delivery to approximately 11,000 individuals living in northern villages that are scattered throughout vast distances of rivers, lakes and forestland. Of the population living in the KYRHA, 80% are First Nations or Métis (Keewatin Yatthé Regional Health Authority, 2010).



The KYRHA is one of the geographically largest health authorities in Saskatchewan

Health Centres & Services

KYRHA has 2 *integrated* health centres, one located in Île-à-la-Crosse and another located in La Loche. These health centres provide a range of services including: inpatient care, emergency, acute care, X-ray and lab, physician health clinic, public health clinic, home care, long-term care, social detox inpatient, mental health and addictions, community outreach and education worker, dental therapist, community health development programs and physical therapy (in the Ile-a-la-Cross facility)(Keewatin Yatthé Regional Health Authority, 2010).

There are 3 *primary* care centres located in Buffalo Narrows, Beauval and Green Lake. Outreach and Education sites are also located in Cole Bay, Jans Bay, Patuanak, Turnor Lake, Michel Village and St. Georges Hill (Keewatin Yatthé Regional Health Authority, 2010).

Access to long-term care facilities for elderly people in northern Saskatchewan is limited. The integrated health centre in Île-à-la-Crosse houses a 17-bed long-term care wing and the next closest long term care facility is located in Meadow Lake, Saskatchewan which is a 3.5 hour drive from Île-à-la-Crosse (Krieg, Martz, McCallum, 2007). Due to these challenges, there has become an increased dependence on informal caregiving for older adults and elderly (Krieg, Martz, McCallum, 2007).

Seniors' Housing

There are two seniors' housing units in the community which provide independent living accommodations for older adults, Lakeview Manor and Sarah Riel Place. No formal meals or check-in services are provided at these housing units.

Leisure Time

Parks

Île-à-la-Crosse is situated on a peninsula surrounded by Lake Île-à-la-Crosse and therefore residents have access to a number of outdoor activities. In the summer, people swim, fish, canoe and boat on the lake and in the winter, community members ice fish, skate, ski and snowmobile on the frozen lake. Bush and trees surround the community where community members can be active and where some families continue to pick berries in the fall.



Recreation, Sports & Fitness

Recently, a pool was built in the community which provides a wealth of recreational activities for community members. There is a youth lifeguarding program and swimming lessons for children of all ages. The community also has a curling rink and a community centre that has a large open space that is used for community gatherings and youth programming. Many of these buildings are in need of major repair in order to remain operational.

Again, the lake is often cleared in the winter for skating and ice hockey, as well as for ice fishing and snowmobiling. Biathlon is another activity that has been increasing in popularity in the community, combining the sports of cross-country skiing and shooting.

Arts & Culture

There is a strong community focus on integrating Métis art and culture into schools and community events.

A Michif festival takes place in Île-à-la-Crosse once per year where the Michif language and cultural activities are supported and celebrated. The schools and student bodies take place in these celebrations, along with families, older adults and other community members where Michif jigging (traditional Métis dance), the Michif language and local Métis foods are experienced.

John Arcand, the “Master of Métis Fiddle”, visits the community once per month during the school year to teach young children the art of Métis-style fiddle playing.

The Gabriel Dumont Institute has a satellite office in Île-à-la-Crosse which also focuses on aspects of Métis-specific history, arts and culture.

A group of women, the “Kokums”, provide entertainment through skits and acting at community events.

The Friendship Centre Youth Centre also provides “Cultural connections for Aboriginal youth” programming that integrates recreation, leadership, cultural, social and wellness-related opportunities for Aboriginal youth (aged 14-24 years) living in the community.



Other cultural activities that occur in the community include sweat lodge ceremonies for specific male and female groups. For example, women are invited to women’s-only sweat ceremonies where health and wellness topics are incorporated into the learning and discussions. These ceremonies occur throughout the year and often accompany other community-organized



Lifestyle

Community Centres & Organizations

The Friendship Centre is the local community centre and is integral to overseeing many of the social programs organized in the community. The Friendship Centre organizes programming to support community members and families requesting help in many areas of health and wellness.

The Aboriginal Head Start program supports children under 5 years and their parents in cultural, social and recreational programming. This program is community-led and involves Elders on their advisory board. Traditional Parenting and Parent mentoring programs are organized and implemented through the Friendship Centre. Friendship Centre programming also includes an annual Elders camp and a Youth camp.

Inter-community organizations meet regularly to share what each program has been doing and to identify community-specific issues. Issues raised lead to the development of action items that are then implemented in the community.

The Integrated Services Centre in Île-à-la-Crosse, a joint health and education facility, houses an 11-bed hospital, a 17-bed long-term care wing, a family healing centre, an emergency department, radiology, labs department, and high school. The Centre provides community members access to meeting rooms, day care, public health and mental health services, adult education, library services, community recreation and space for community elders to gather and spiritual counselling.



Community Services

There are various community services available in Île-à-la-Crosse including R.C.M.P. services, Île-à-la-Crosse Housing Authority, municipal services, Sakitawak Economic Development Corporation, and Canada Postal services (Village of Île-à-la-Crosse, 2012).

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Appendices

Table 1a
Île-à-la-Crosse Population by Age Category
2006 & 2012

Age Category	2006	2012
0-14	473	357
15-19	168	138
20-64	834	787
65+	81	88
TOTAL	1,556	1,370

Source: Saskatchewan Ministry of Health (2012). *Covered population 2012*. Retrieved from <http://www.health.gov.sk.ca/covered-population-2012>; Saskatchewan Ministry of Health (2006). *Covered population 2006*. Retrieved from <http://www.health.gov.sk.ca/covered-population-2006>

Table 1b
Île-à-la-Crosse Population by Gender and Age Category
2006 & 2012

Age Category	2006		2012	
	Males	Females	Males	Females
0-14	265	208	180	177
15-19	87	81	74	64
20-64	435	399	420	367
65+	41	40	45	43
TOTAL	828	728	719	651

Source: Saskatchewan Ministry of Health (2012). *Covered population 2012*. Retrieved from <http://www.health.gov.sk.ca/covered-population-2012>; Saskatchewan Ministry of Health (2006). *Covered population 2006*. Retrieved from <http://www.health.gov.sk.ca/covered-population-2006>

Table 2a
Saskatchewan Population by Age Category
2006 & 2012

Age Category	2006	2012
0-14	192,365	207,098
15-19	77,716	72,803
20-64	585,490	653,810
65+	147,660	157,239
TOTAL	1,003,231	1,090,950

Source: Saskatchewan Ministry of Health (2012). *Covered population 2012*. Retrieved from <http://www.health.gov.sk.ca/covered-population-2012>; Saskatchewan Ministry of Health (2006). *Covered population 2006*. Retrieved from <http://www.health.gov.sk.ca/covered-population-2006>

Table 2b
Saskatchewan Population by Gender and Age Category
2006 & 2012

Age Category	2006		2012	
	Males	Females	Males	Females
0-14	98,332	94,033	105,712	101,386
15-19	39,849	37,867	37,331	35,472
20-64	294,852	290,638	331,671	322,139
65+	64,341	83,319	70,477	86,762
TOTAL	497,374	505,857	545,191	545,759

Source: Saskatchewan Ministry of Health (2012). *Covered population 2012*. Retrieved from <http://www.health.gov.sk.ca/covered-population-2012>; Saskatchewan Ministry of Health (2006). *Covered population 2006*. Retrieved from <http://www.health.gov.sk.ca/covered-population-2006>