



Native Women's
Association of Canada

L'Association des
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du Canada

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Healthy Aging Engagement Session Summary Report

The Native Women's Association of Canada (NWAC), in partnership with Dr. Jennifer Walker from Laurentian University, has requested access to the Canadian Longitudinal Study on Aging's (CLSA) Indigenous-identified data to develop a comprehensive, community-driven profile of healthy aging and health system use in Indigenous communities across Canada. To ensure this project is informed by the distinct needs and lived experiences of older Indigenous people, the research team organized a one-day engagement session on July 4, 2019 in Eel River Bar First Nation. In attendance were 12 Elders and four older Indigenous women, including First Nations, Inuit and Metis women with national representation. Attendees were asked to provide their input on the CLSA data and help determine how to best use the data to represent the health priorities of Indigenous people.





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Relevance

Participants questioned the CLSA's approach to health and wellness and how they quantified and measured it. Many participants felt the questions were not relevant and/or were missing key responses and/or indicators. For example, in the healthcare section, there was no reference to traditional medicine or traditional diets. In another section, there was a question that attempted to capture religion; participants wondered why spirituality wasn't included as a measure. They also wondered why residential schools/day schools were not accounted for in the education section. Furthermore, in the language section, Indigenous languages were not accounted for and respondents' main options were English and French. Participants felt that it was vital to provide Indigenous peoples with Indigenous language options as Indigenous languages are extremely diverse and vary greatly from community to community.

Some felt that the CLSA data was a perfect example of the colonization process where non-Indigenous people were creating measures that align with their beliefs and understanding of health and wellness to measure Indigenous peoples' health. They then used Western ideals, without consultation or application of Indigenous ways of knowing to assess Indigenous peoples' health and wellness. Consequently, participants felt that the results did not accurately capture Indigenous peoples' experience. One participant went as far as saying that the CLSA's approach should be used as an example of what **not** to do in the future.

“Our response shouldn't be to revise (Indigenize) a problematic survey”

Representation and sampling

Overall, participants expressed concern over the sampling strategy and questioned how well older Indigenous people were represented in the data. Participants recognized that on-reserve populations were not included in the CLSA. Despite this, they felt that the findings were not representative of the realities of older Indigenous peoples in Canada. One participant questioned whether those that move between living on and off reserve were included in the data. Others were concerned that new policies and funding allocation will be based on what they viewed as largely inaccurate data and conclusions. They stressed that NWAC and other National Indigenous Organizations (NIOs) have a unique ability and responsibility to ensure that the government is informed and aware of the perceived inaccuracy of the data. Participants viewed NIOs as “governments” whose input is heeded by the federal and provincial governments.

Participants were interested in seeing how the ‘Indigenous data’ differed between groups, specifically between First Nations/Inuit/Metis (FN/I/M). Participants highlighted the importance of taking a distinctions-based approach both between FN/I/M and within groups as well (i.e. on-reserve versus off-reserve, Six Nations versus Eel River Bar First Nation). One participant, for example, pointed out that employment opportunities and overall health outcomes vary greatly





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between on-reserve communities. She explained that Haudenosaunne communities tended to be a lot healthier compared to Miqmaq communities as the former were more likely to have greater access to services, supports and employment opportunities. It was explained that the Indigenous sample size was too small to break down by group.

“Generalizing is dangerous and misleading”

Retirement

Some participants did not seem surprised by the finding that concluded that Indigenous people were retiring earlier than their non-Indigenous counterparts. They suggested that this could be due to any number of reasons, including:

- Health conditions
- Lack of job opportunities
- Racism & ageism that may be preventing them from entering/staying in work force
- Type of employment; for example, many Indigenous people work in industries that require hard labour. This takes a toll on the body and may contribute to an individual's inability to work past the age of 55.

Others felt this finding wasn't reflective for many Indigenous women who seem to be working beyond the standard age of retirement (65 years of age). According to some participants, Indigenous women may work past the age of retirement due to a number of reasons, including:

- Need to maintain household as a single woman
- Raising grandkids and/or providing for adult children (multi-generational households)
- Pension is not enough to support them/other dependents
- Those that live on-reserve do not pay into Canada Pension Plan (CPP). Therefore, they are not eligible to receive this income after retirement. Without CPP, they are only eligible to receive Old Age Security (OAS) and Guaranteed Income Supplement (GIS). As a result, older Indigenous people who lived most of their life on-reserve, are more likely to fall below the \$20,000/year Low-income Cut-off (LICO) threshold shown in CLSA data.

CLSA Results

Participants felt that the majority of the conclusions drawn following CLSA data were erroneous, shocking and did not accurately reflect or capture Indigenous peoples' experiences. Some of the main points of contention included:

- % of Indigenous peoples who identify as Catholic
- 94% of those that took the survey were satisfied with their current home





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- 80% of Indigenous participants rated their social standing at a 5 or higher
- 93% of participants felt a strong connection to the local area
- 95% say people in local area would help them if they were in trouble
- 97% say people in local area are friendly

These results, had participants bewildered as they feel they are highly unlikely, given the prevalence of racism, poverty and homelessness. Given that survey respondents were Indigenous peoples who lived off-reserve, in urban settings, participants felt the results implied that racism in urban settings had been eradicated when this couldn't be further from the truth, given current events in Thunder bay and around the country. Participants questioned what criteria was used for measuring and defining these categories. They felt it was important to understand and recognize that Indigenous people would likely define/measure these things very differently as compared to their non-Indigenous counterparts.

“Has racism in urban settings been eradicated?”

Recommendations:

While the main purpose of the engagement session was to obtain Elders and older Indigenous peoples' feedback on the results of the CLSA data, participants felt comfortable concluding that the CLSA results were inaccurate, irrelevant and did not reflect the lived experience or realities of older Indigenous peoples in Canada. Participants preferred to dedicate the remainder of their time discussing issues and priorities around aging as well as next steps and what to better understand the health and sociodemographic profile of older Indigenous populations in Canada.

- Participants pointed out that there are a lot of Indigenous organizations and research teams that are doing good work and that elements from this work can be tailored and used for this project. Examples of some of the organizations that do good work include:
 - o Ontario Federation of Indigenous Friendship Centres (OFIFC)
 - o Carol Hopkins/Thunderbird Foundation
 - o Carrie Bourassa: Indigenous Community-based participatory research (CBPR) and methodologies
 - o ITK – Inuit Health Survey
- Participants stressed the importance of utilizing Indigenous Methodologies as Western approaches are not adequate nor relevant. They felt that future projects should take a completely different approach than what was done in the CLSA.
- Participants felt that researchers/universities were “mining information”, one participant stated, *“They shouldn't be collecting/holding data about us, it could do more harm than good”*. Participants agreed that research must be Indigenous-led and more specifically,





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Inuit research should be Inuit led, First Nations research should be First Nations led and Metis research should be Metis led.

- Participants felt Indigenous communities experienced “research fatigue” as a result of a history of harmful research. Communities do not receive results of research and are sick of filling out and editing surveys. The onus of editing and “indigenizing” problematic surveys often falls on indigenous communities. Instead, participants felt that surveys should be rewritten and restarted from scratch. They likened current methodologies to putting a square peg into a circle.
- Questions and themes on the CLSA need to be revised so that they reflect and account for the diversity of beliefs and realities that exist in various Indigenous communities.
- When reflecting on health, one participant mentioned that Mother Earth provides everything Indigenous peoples need for health, however, communities are disconnected from traditions and culture. Another felt that obtaining health and wellness required a mixture of technology, electricity, land and culture. Ultimately, participants agreed that the definition of health was not homogenous, required balance and is embedded in culture, land and Indigenous ways of knowing. That said, participants struggled to identify how this can be quantified and/or measured.
- Participants reflected on the fact that Elders are carrying a lot of epigenetic trauma. Therefore, epigenetics and the transmission of intergenerational trauma needs to be considered, quantified and measured. Participants felt that grandmothers, who are traditionally responsible for passing on Indigenous teachings, cultures and traditions, are unable to do so due to colonization. To ensure resiliency and a community’s ability to thrive, traditional ways need to be respected and young people need an opportunity to learn.
- Participants agreed that focus needs to be shifted to strength and healing. They considered how recovery can change the epigenetics of this generation so that they can be well and change the outlook for future generations. Participants concluded that healing stems from respecting the land and women, it comes from reincorporating traditional diets, exercises and ensuring food security. To achieve healing, systems need to return to bundles (N-S-E-W). Perhaps more importantly, it comes from reconciling identities, eradicating racism and instilling acceptance.
- Participants felt it important to discuss addictions and traumas as well. One participant stated “...*learn to accept people as they are*”. They agreed that it was important not to deny people opportunities to participate in ceremony due to a history of drug and/or alcohol use. They explained that having eligibility criteria to ceremony for certain people likely stems from colonial policies. One participant stressed the importance of providing help and care immediately for those that need it and that new ceremonies need to be





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created to help individuals and communities heal from abuse and/or addictions and/or colonialism.

- Participants felt that focusing on prevention was an important to achieve healthy aging, focusing on youth and stopping the processes that lead to chronic diseases and disabilities makes healthy aging feasible.
- Participants were curious about the short-term and long-term effects of leaving communities to access healthcare, supports and services, they felt that this needs to be studied and assessed. Regardless of those effects, participants agreed that supports and services geared towards older Indigenous peoples need to be culturally appropriate and closer to home so that older Indigenous peoples can age-in-place. Long term care (LTC) facilities should connect to culture and allow ceremonies and traditional diets so that the transition from home to LTC is seamless and less traumatic.
- Participants felt it important to acknowledge that being a traditional/spiritual Elder is determined by the skills and knowledge possessed by that individual regardless of their age. They were concerned about the trend where people were emerging as Elders and holding ceremonies without the appropriate skills, knowledge or connection to community. Therefore, to avoid this, some participants felt that there needs to be a vetting process and a protocol that needs to be followed in order to be determined as an Elder.
- Finally, participants discussed the Elders Advisory Circle. While they felt it was important for cultural exchange, they felt continuity was a challenge. Policies and terms needed to be developed to address internal violence and discrimination. They suggested a ceremony that provided an opportunity to welcome one another and exchange cultural knowledge and protocols.

