

Healthy Aging Report

Currently, the Indigenous aging population is growing at an unprecedented rate. Recent census statistics from 2011 find that 6% of Indigenous women are aged 65 and older, a rate that has grown by 46% since 2006, compared to an 11% growth of non-Indigenous women (1). While overall life expectancy has been steadily increasing over the past century in Canada, significant gaps exist within sectors of the Canadian Society. As shown in Figure 1, in 2017, the projected life expectancy for First Nations Peoples is 73 and 78 for males and females respectively; for Metis Peoples it is 74 and 80 and for Inuit it is 64 and 73 as compared to 80 and 84 for the overall Canadian population (2, 3). Indigenous populations, while unique and diverse, generally have lower life expectancies than their non-Indigenous counterparts. This disparity can be attributed to the unique cultural and historical context that led to systemic health inequities between Indigenous and non-Indigenous populations. Furthermore, there is a significant gap in the projected life expectancies between males and females with a 5, 6, 9-year gap amongst First Nations, Metis and Inuit males and females respectively. Therefore, there are more Indigenous women aged 65 and older than there are Indigenous men of the same age category. NWAC is committed to assessing the needs and priorities of our older generations, and the various health and social challenges Indigenous older women may face.

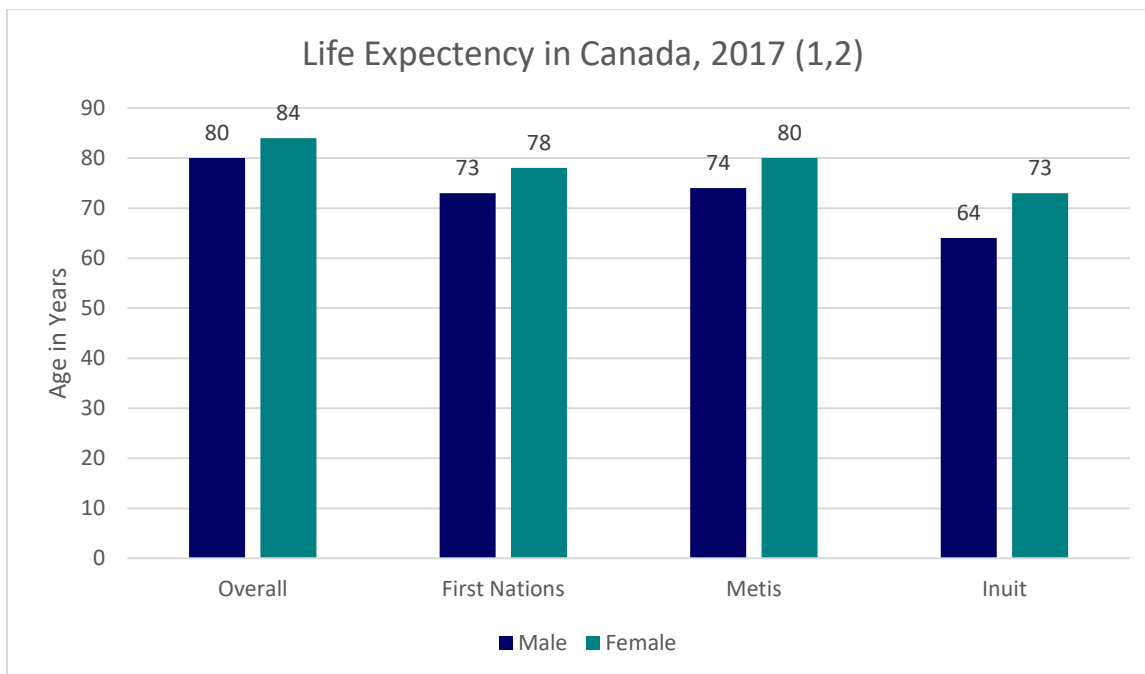


Figure 1

Colonial policies such as the Residential School system and the Sixties Scoop have disrupted Indigenous kinship systems, values, and cultures, resulting in traumas that have been passed down through generations. This history and ongoing inequities in the healthcare system have resulted in higher than average rates of age-related health challenges at younger ages than other populations (4). Co-occurring conditions at younger ages can substantially impact quality of life and the ability to age well in communities. At the same time, Indigenous populations in Canada

have less infrastructure for community-based supports and services for older people and their families. The existing research also indicates that there is a lack of culturally-safe community-based supports and services for older Indigenous peoples in Canada. Presently, most research conducted on aging takes an approach of focusing on issues and deficits, rather than addressing holistic perspectives on healthy aging. This has led to findings that are not seen as valid, useful, or culturally relevant by many Indigenous people and ultimately fails to address Indigenous perspectives of health and well-being. In addition, health data for First Nations, Inuit and Métis older adults is currently limited—more research needs to be conducted to determine the type of health concerns that affect this population, as well as their living conditions.

NWAC is dedicated to addressing the health gaps that exist amongst older Indigenous women, whether it be through research collaboration, direct engagement with Indigenous older adults, or providing direction in policy formation. Our current projects with a focus on the aging Indigenous population are outlined below.

COLLABORATION WITH DR. JENNIFER WALKER

Dr. Jennifer Walker is a health services researcher and epidemiologist. She has Indigenous (Haudenosaunee) family roots and is a member of the Six Nations of the Grand River. She has a PhD in Community Health Sciences (Epidemiology specialization) from the University of Calgary. She is a Canadian Research Chair in Indigenous Health and a Lead Scientist at the Institute for Clinical Evaluative Sciences (ICES). She is a member of Public Health Agency of Canada's Ministerial Advisory Committee on Dementia and is the Principal Applicant for the Canadian Consortium on Neurodegeneration and Aging's Team 18: Issues in Dementia Care for Indigenous Populations.

Dr. Walker's research program routinely uses large-scale population health data to inform community-driven research. Her work focuses on Indigenous use of Indigenous health and health services data across the life course, with a focus on older adults. She collaborates closely with Indigenous organizations and communities to address health information needs. Dr. Walker and NWAC have collaborated on several projects that look at aging within the Indigenous population that are outlined below.

CANADIAN LONGITUDINAL STUDY ON AGING COMMUNITY ENGAGEMENT SESSION

(CLSA: <https://www.clsa-elcv.ca>) is a large, national, long-term study of adult development and aging. There are currently more than 51,000 people between ages 45 and 85 who have participated in the baseline data collection. Data will be collected from participants every 3 years over at least 20 years. The ultimate aim of the CLSA is to find ways to improve the health and quality of life of Canadians by better understanding the processes and dimensions of aging. The CLSA will contribute to healthy aging and the maintenance of active, independent lifestyles for all Canadians.

Data are available for 21,000 60-minute phone interviews, 30,000 in-home face-to-face interviews, 30,000 physical assessments, 30,000 blood samples, 51,000 telephone interviews.

The CLSA asks all participants if they identify as First Nations, Inuit or Métis – and there are currently about 1800 people who have self-identified this way.

Analysing data from the Canadian Longitudinal Study on Aging (CLSA) in ways that respect Indigenous principles of data governance will enable Indigenous people to tell the story of aging in their communities including an overall health profile, access to care, and the impact of social and cultural factors on the experience of aging.

Therefore, the research team (including NWAC, academic researchers and Elders) submitted an application to obtain the CLSA data. In order to ensure that the analysis of the data is led and driven by the aging Indigenous population, NWAC hosted an engagement session with Dr. Walker's Research team, Elders and Indigenous older adults. The session was designed to identify health priorities within the aging Indigenous population and help determine research questions that NWAC and Dr. Walker could use to guide the analysis of CLSA data. A culturally-relevant gender-based analysis will be applied to the data to better understand how Indigenous women and men differ in their experiences with aging.

The most common themes that emerged included accessibility, social supports, culture and traditional medicine, pain management, trauma and addictions, aging in place, culturally safe care, intergenerational aging, discrimination, euthanasia, LGBTQ2S+ aging, and the need for constant learning. Consequently, the following research questions were developed:

1. What is the sociodemographic and health profile of the older Indigenous population in Canada?
2. What is the prevalence of multimorbidity and the characteristics of people with multimorbidity?
3. What informal and formal care do aging Indigenous people access and how does this relate to chronic conditions?
4. How are older Indigenous people promoting healthy aging through social interactions and cultural connection?
5. What is the relationship between psychological measures (such as mental health, post-traumatic stress disorder and satisfaction with life and psychological distress), and social factors (such as social networks, social support, participation, and culture) within the older Indigenous population?
6. What is the association between social networks/support and PTSD/Depression/Satisfaction with life for older Indigenous populations?
7. What is the prevalence of falls and associated injuries among Indigenous respondents?

SOCIAL SCIENCES AND HUMANITIES RESEARCH COUNCIL (SHHRC) GRANT

Recently, NWAC has received a grant from the Social Sciences and Humanities Research Council (SHHRC) to move forward in analyzing the CLSA data. The project will include establishing an Elder Advisory Circle that will assist in providing guidance and support throughout the research project. Further engagement sessions will be planned to support research into Indigenous knowledge systems and Indigenous science, as well as to ensure that Elders play an important role in analysis of the data. Incorporating both traditional and scientific knowledge in our analysis is crucial in ensuring we take a holistic approach to the research. Through our

analysis of the CLSA data, NWAC and Dr. Jennifer Walker will highlight gaps in this dataset on Indigenous populations, and translate our findings into actionable policy recommendations, and suggestions for future research.

References

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4. Wilson, K., Rosenberg, M.W., Abonyi, S., & Lovelace R. (2010). Aging and Health: An examination of differences between older Aboriginal and non-Aboriginal people. *Canadian Journal on Aging*, 29(3), 369-382.