

THE INDIGENOUS POPULATION AND AGING



Native Women's
Association of Canada

L'Association des
femmes autochtones
du Canada

The Aging Indigenous Population at a Glance

- The Indigenous aging population is increasing due to declining fertility and moderate improvement in life expectancy (1).
- Indigenous populations, while unique and diverse, generally have lower life expectancies than their non-indigenous counterparts. 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).
- More than half of the Indigenous senior population (aged 65 and older) are female (4).

What are the Unique Challenges that Indigenous Older Women Face?

- As Indigenous adults age, they are more likely to report fair/poor health and an activity limitation (5).
- Indigenous older women are also more likely to report multiple chronic conditions and disabilities that negatively affect their health or way of living (5).
- A larger proportion of Indigenous older adults live on low incomes and are subject to poor housing. They are more likely to be exposed to racism, language barriers and cultural differences when accessing health care (6).
- A higher proportion of Indigenous older adults do not have literacy skills in English or French, which serves as a barrier in their care in mainstream facilities as well as applying for Old Age Security (6).
- Exposure to elder abuse, which is defined as financial, emotional and/or physical neglect or abuse (6). Sharing is a core value and practice in many Indigenous cultures, but some family members may abuse this generosity, leading to significant financial abuse.
- Indigenous women of various ages tend to take on the informal caregiving role of their older family members (7). Although viewed as a rewarding and necessary role, research from other populations have described caregivers as more likely to experience fatigue, anxiety, depression and financial problems (8).

Health Conditions that Affect Older Indigenous Women

- Diabetes
- Arthritis
- Chronic Pain
- Stroke
- Heart Disease
- Dementia, such as Alzheimer's Disease
- Respiratory Diseases

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Where They Age Affects How They Age

Indigenous seniors are more likely to live in rural remote communities, which presents itself with unique benefits and challenges:

- closer to family, culture, language and the land, which is a source of comfort and mental well-being, however;
- many communities do not offer long-term care facilities. In fact, less than 1% of First Nation Reserves offer these facilities (6);
- home care and continuing care support is limited in many Indigenous communities, which means many seniors have to travel long distances or eventually move to receive the care that they need;
- A shift from traditional food to Westernized foods have led to poor nutritional status. Healthy foods—such as fresh fruits and vegetables—are often too expensive. Poor nutrition status contributes to chronic conditions, such as diabetes.

Policy and Research Gaps

- Although being a senior is usually defined as aged 65 or older, researchers suggest that because of the poorer health status and shorter life expectancy of the Indigenous population, senior status should be at a younger age (i.e. aged 55 and older).
- Further research must be conducted into the type and extent of health conditions that uniquely affect the life and well-being of older Indigenous women.
- Many assessment tools used for diagnosing certain conditions (i.e. dementia) are not culturally grounded nor are translated into Indigenous languages. This serves as a significant barrier to achieving accurate diagnosis and accessing treatment. More assessment tools need to be translated or created using culturally relevant imagery and information.
- The First Nations and Inuit Home and Community Care Program (FNIHCC) needs an increase in funding so that communities can continue to develop services with chronic and acute illnesses, a population that will continue to grow in the future.
- Implementing the use of telemedicine and videoconferencing can help to reduce medical travel, allowing older Indigenous women to stay at home with their community and culture.
- Policy-makers and researchers need to work with older Indigenous women in assessing their needs and identifying community-specific requirements to improve their quality of life.

References:

1. Indian and Northern Affairs Canada (INAC). (2008). *Aboriginal demography—population, household and family projection 2001-2006*. Ottawa, ON: INAC.
2. Statistics Canada. Life expectancy and other elements of the life table, Canada, provinces and territories. Available from: <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310014401>
3. Statistics Canada. Gap in life expectancy projected to decrease between Aboriginal people and the total Canadian population. 2015; Available from: <https://www150.statcan.gc.ca/n1/pub/89-645-x/2010001/life-expectancy-esperance-vie-eng.htm>
4. Statistics Canada (2008). First Nations, Métis and Inuit Women. Available from: <https://www150.statcan.gc.ca/n1/pub/89-503-x/2015001/article/14313-eng.htm>
5. 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.
6. Health Council of Canada (2013). *Canada's Most Vulnerable: Improving health care for First Nations, Inuit and Metis*.
7. Jacklin K, Pace JE, Warry W. Informal dementia caregiving among Indigenous communities in Ontario, Canada. *Care Manag J*. 2015 Jun 1;16(2):106-20.
8. Carstairs S, Keon J. Canada's aging population: seizing the opportunity. Ottawa: Special Senate Committee on Aging; 2009.