

# **Understanding Aging Experiences of Aboriginal Seniors: Looking Back to Plan Ahead**

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# Understanding Aging Experiences of Aboriginal Seniors

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# Introduction

- Estimates reveal a tripling of population of self identified Indian, Métis, or Inuit older than 65 between 1991 and 2016.
- Seniors comprise 4% of the rural population and 3% of the urban population of Aboriginal peoples as stated by the Canadian Centre for Justice, 2001 (cited in Dumont-Smith, 2002).
- Half of First Nations and Inuit Seniors experience some sort of disability.
- Paucity of research

# Methodology

- Both books and electronic resources were accessed including core government and non-government websites, databases and journals.
- Search strings were designed to illuminate the breadth of knowledge in the literature regarding the experiences of Aboriginal Seniors in accessing health services.
- Results were further refined and/or screened for relevancy.
- Relevant sources were thoroughly reviewed.

# Search Strings

- Aboriginal
- First Nations
- Indigenous
- Maori
- Indian
- American Indian
- Aborigine
- Health Care
- Health Access
- Palliative Care
- Elder Abuse
- Informal Care
- Senior
- Aged
- Elder
- Older
- Geriatrics
- Gerontology

# Databases

- Academic Search Premiere
- Medline
- PubMed
- Native Health Database
- Google™

# Websites

- National Indian & Inuit Community Health Representatives Organization (NIICHO)
- Canadian Health Network
- Health Canada
- Government of Ontario Seniors' Info
- Indian and Northern Affairs Canada (INAC)
- National Aboriginal Health Organization (NAHO)  
- including the *Journal of Aboriginal Health*

# Websites Continued

- Canadian Institute for Health Information (CIHI)
- Governments of Nunavut, British Columbia, Alberta, and Saskatchewan
- Native Women's Association of Canada



# Inuit and Isolated Persons' Access to Health

- Isolation
- Shortage of nurses and doctors
- Many nurses have permanent homes in the South
- High staff turnover
- “Turnover of personnel is a big, big problem. People don’t want to come to a new doctor; they will wait for months to see if that doctor stays in the north, sometimes wait two years.” (Archibald and Grey, 2000)

# Inuit and Isolated Persons' Access to Health

- Gap in research and service delivery regarding Inuit culture
- Knowledge translation does not happen
- Federal and provincial accountability seeks to identify broad indigenous macro-level indicators in measuring performance of 'centralized Indigenous consultation' (Smylie et al. 2006)
- The Inuit Tapiriit Kanatami evaluation states that "as long as the system depends on outside professionals, there will be a need for cultural orientation" of health care providers

# Language and Culture

- Seeking health care while using a second language is an accessibility issue (Archibald & Gray, 2000)
- In Saskatchewan over a third of those surveyed in the south, and most of the elderly in the north, prefer to speak a combination of English and an Aboriginal language or to speak totally in an Aboriginal language

# Language and Culture

- Language key to one's culture
- “86% of adults think that a return to traditional ways is a good idea for promoting community wellness. They are particularly keen on traditional approaches to healing, revival of traditional roles for men and women, renewal of native spiritually [sic] and traditional ceremonial activity”
- Inuit elders speak of the barriers imposed by Canadian laws and regulations
- Non-Insured Health Benefits

# Inuit Conceptions of Health

- Inuit perceptions of health and aging are different from their Western counterparts.
- Sound physical health and an ability to participate in activities participated in as youth not a major determinant of aging well
- Focus is on attitudes and how one deals with the aging process.
- Being able to engage in Inuit society as a teacher or adviser is particularly important to Inuit concepts of aging well.
- The Inuit view deteriorating health as being inevitable and therefore a natural part of life that must be dealt with like any other.

(Collings, 2001)

# Informal Care

- Unpaid work delivered by family and friends to aid in the physical, emotional or developmental care of others
- Women are the main care givers
- Children also act as care givers
- “Authentically Native and the main culturally appropriate way to fulfill the need for care” (Buchignani & Armstrong-Esther, 1999)
- Native culture includes a view of institutionalization as “profoundly limiting, restricting their ability to care for others” (Buchignani & Armstrong-Esther, 1999)

# Native Albertans and Informal Care

- Large family sizes, but range from complete solitude to multi-generational homes
- In comparison to non-Native homes, Albertan Natives' homes have:
  - Greater gender parity
  - Less people living in solitude
  - Fewer seniors living only with their partner
- However, the number of Native seniors living alone is increasing and a large number of them are not getting the informal care they require or none at all

# Native Albertans and Informal Care

- Buchignani & Armstrong-Esther (1999) actively engaged Native communities in a study of health using open ended questions
- Age group 50+ (average age, 63; n=858)
- Few seniors financially prepared for independent living
- Average non-native income up to 4X income of Native populations



# Native Albertans and Informal Care

- Majority of Native aged claimed their incomes do not match their needs
- Much of their housing is run-down and far too small
- Those seniors with the lowest incomes were reported as living with families with several adults or children
- Three times more likely to rank their health as 'fair' or 'less than fair' than other Albertans
- Psychological distress associated with poor health leads to difficulties in completing day-to-day tasks and participation in recreational activities

# American Indians and Informal Care

- Similar to Canadian population trends, American Indian seniors are growing rapidly
- American Indian seniors represent the largest proportion of seniors living in rural communities
- Rural American Indian populations are comprised of mainly old and mainly young persons with few adults

# American Solutions

- Improving American Indian Eldercare (IAIE)
  - Paraprofessional home-care training curriculum
  - Planning grants
  - Creation of a widely distributed newsletter on American Indian aging

# Topical Question?

- Should the current definition of senior set by the Government of Canada of 65 be reconsidered for Native populations?

# Accessing Formal Health Care Services

- Determined by where you live
- Despite poorer health, rural Aboriginal seniors access health services less
- Aboriginal Canadians access health services more often than non-Aboriginal Canadians (Thommasen, *et al.* 2006)
- Bella Coola Valley physicians engaged in behaviour that limited patient contact:
  - Filling prescriptions without seeing the patient
  - Over-the-phone conversations
  - Other time saving methods

# Accessing Formal Health Service

- First Nations perceptions of their ability to access health care services no different from the Canadian average
- Areas with multi-community transfer agreements tended to report better access to health services than areas without similar transfer agreements
- When compared to Aboriginal youth, seniors access physical examinations as well as tests for diabetes mellitus and eye exams at a significantly greater level

# Palliative Care

- “Aimed at relief of suffering and improving the quality of life for persons who are living with or dying from advanced illness or are bereaved. Palliative care is planned to meet not only physical needs but also the psychological, social, cultural, emotional and spiritual needs of each person and family”  
(Canadian Hospice Palliative Care Association)

# Palliative Care

For various reasons, Aboriginal palliative care needs are poorly understood and inappropriately addressed. Research on cultural and Aboriginal spiritual beliefs and practices are of particular importance as they are fundamental to care.

(Canadian Palliative Care Association, 1997)

- Increasingly, Aboriginal seniors are dying in hospitals and in palliative care facilities
- Palliative care creates new support networks that deemphasize the traditional family and community groups experienced by Aboriginal peoples in favour of Western-based specialized care professionals (Kaufert, 1999)



# Palliative Care: Aborigine Context

- Conflict between Western medicine and the traditional Pitjantjatjara methods of dying
- Pitjantjatjara tend to provide palliative care through matrilineal kin structures in their places of residence, rather than through and in formal hospice care
- Increase in the proportion of Aboriginals dying in palliative care hospices (Willis, 1999)
- Aboriginal Australians being transferred to urban hospitals for end-of-life care have bad experiences with feelings of fear and isolation not being unusual (Ramanathan & Dunn, 1998)

# Interpreters, Bioethics and Aboriginal Peoples

- Use and function of interpretation and translation in palliative care in an urban setting is complex
- Interpreters working with individual mono-lingual speakers often end up acting in roles of cultural mediation, patient advocacy, counseling, and health education
- The “importance of individual and community historical relationships or contemporary experiences of racism in residential schools, social welfare programs or the health care system” can not be over-stated

# Interpreters, Bioethics, and Aboriginal Peoples

- Very difficult to translate “biomedical explanations of diagnostic information into terms that could be understood by patients and their families...using language which would not be perceived as being culturally unacceptable by either the patient or the family” (Kaufert, 1999)
- “It is dangerous to ask cultural mediators to provide ‘cultural formulas’ characterizing the perspectives of individuals or to develop generalizations about more inclusive cultural or linguistic groups” (Kaufert, 1999)

# Interpreters, Bioethics, and Aboriginal Values

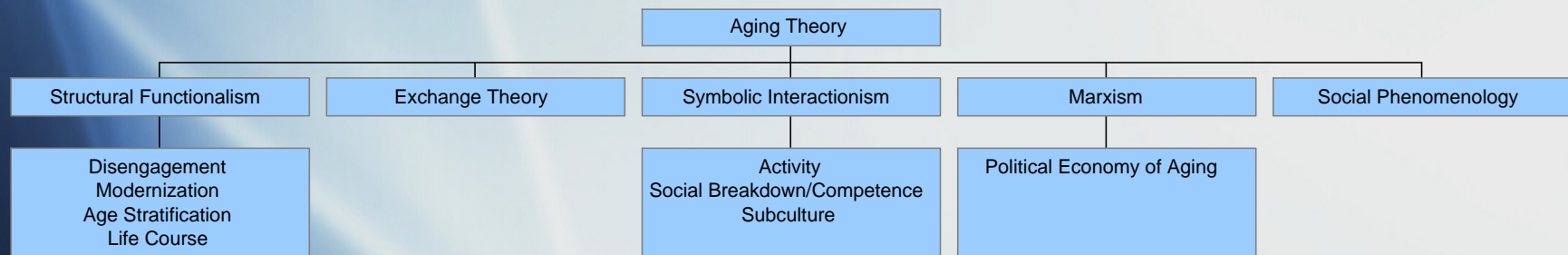
- Aboriginal values “emphasize holism, pluralism, autonomy, community- or family-based decision-making, and the maintenance of quality of life rather than the exclusive pursuit of a cure” and are complicated by Western medical, religious, and cultural values in treatment and palliative settings (Ellerby, McKenzie, McKay, Gariépy, & Kaufert, 2000).
- Aboriginal bioethics are “a process and not...the correct interpretation of a unified code” and are “frequently discounted by Western colonial culture” (Ellerby, et al., 2000).

# Interpreters, Bioethics, Aboriginal Values

**Essentials to approaching communication and care-giving  
with Aboriginal peoples (Ellerby, *et al.*, 2000)**

1. Respect for the individual
2. Conscious Communication
3. Interpreters
4. Family Involvement
5. Recognition of Alternative Approaches to truth-telling
6. Noninterference
7. Aboriginal Medicine

# Theory



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Questions?