


Perspectives of Front Line Staff on Health Issues and Community Service Needs for First Nations Seniors





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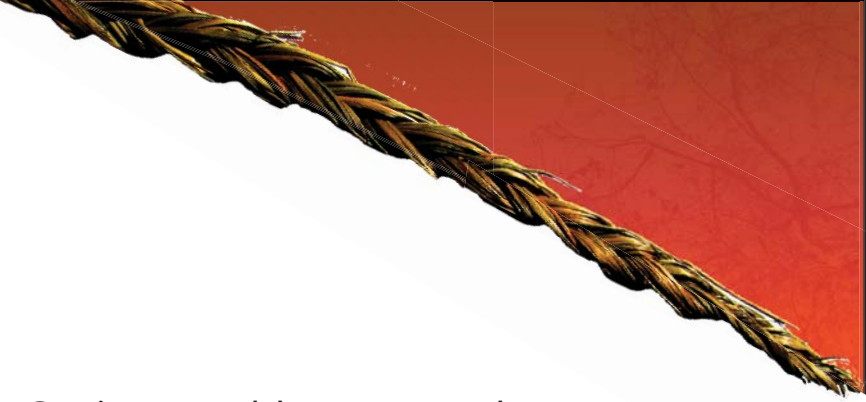
Under the Canadian Constitution Act, 1982, the term Aboriginal Peoples refers to First Nations, Inuit and Métis people living in Canada. However, common use of the term is not always inclusive of all three distinct people and much of the available research only focuses on particular segments of the Aboriginal population. NAHO makes every effort to ensure the term is used appropriately.



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First Nations Seniors Health Issues and Community Programs and Services

Summary

The health status of First Nations seniors is lower than that for non-First Nations seniors and is an issue of increasing importance as the number of elderly Canadians rises. In the year 2000, the life expectancy for First Nations men was about 69 years; about 7.5 years lower than the Canadian population. For First Nations women, life expectancy was about 77 years or about 5 years lower than for women in the Canadian population (Health Canada, 2005, p. 19). Many First Nations seniors deal with unresolved issues due to traumatic experiences as a result of colonization and the residential school experience and live without access to appropriate resources to maintain proper health.

The purpose of this report is to assist community health staff in the development of effective seniors' health programs by describing programs in operation in communities. This report identifies gaps in health programs and services for seniors and may assist policy makers by demonstrating areas in need of attention for funding and programs.

We conducted interviews with community health staff members in First Nations communities across Canada to examine seniors' health issues and the community programs and services that target seniors' health. We spoke to a variety of health care professionals including Health Directors, Home Care Nurses, and Community Health Nurses. We attempted to contact each First Nation community and were able to complete 181 interviews representing 210 First Nations communities across Canada.

The most commonly reported physical and mental health issues for seniors were:

- Diabetes (reported by 84% of respondents)
- Heart Disease (reported by 34%)
- Mental Health (reported by 26%)
- High Blood Pressure (reported by 23%)
- Arthritis (reported by 22%)
- Cancer (reported by 15%)
- Nutrition (reported by 15%)
- Chronic Illness (reported by 14%)
- Substance Abuse (reported by 13%)
- Mobility (reported by 10%)
- Respiratory Illness (reported by 9%)



The most commonly reported social, emotional, or spiritual health issues for seniors were:


- Elder Abuse (reported by 65%)
- Isolation (reported by 54%)
- Housing (inadequate or lack of long term care type of facility) (reported by 54%)
- Loss of culture (reported by 24%)
- Transportation (reported by 23%)
- Lack of services (reported by 20%)

Financial abuse was reported as the most common type of abuse, however; neglect, emotional, spiritual, physical, and sexual abuse were also reported by the health staff. Another type of abuse of older First Nation Persons, involving the abuse of seniors to obtain prescription medications, emerged as an issue. With this type of abuse, a family member abuses the senior to get that senior's supply of prescription drugs or forces the senior to get prescriptions filled multiple times. There is no description of this type of abuse by agencies addressing abuse.

Respondents reported that there are many different types of programs and services available for seniors on-reserve. These ranged from medical services to social and cultural activities, health promotion, and home support. Almost every community had the First Nations and Inuit Home and Community Care program. About 5% of respondents reported that there is a long term care home, nursing home, or assisted living home in the community and almost 7% said that their community has a seniors' centre, facility, or complex for seniors programs.

Respondents were asked to identify programs or services that are needed in the community to improve the overall health of seniors. A wide variety of answers were provided, however the programs and/or services reported the most often included:

- Housing (reported by 54%)
- Social programs (reported by 34%)
- Improved or expanded existing programs (reported by 20%)
- Seniors facility (reported by 16%)
- Specialized health care providers (reported by 14%)
- More programs for mental health (reported by 10%)
- Meals on wheels (reported by 8%)
- Programs to address abuse (reported by 7%)
- Physical activity/fitness program (reported by 6%)
- Better access to assistive devices (reported by 5%)
- Better/faster access to medications (reported by 4%)



A major health need reported by respondents was suitable and adequate housing for seniors, either upgrading homes to suit seniors' needs or establishing a long term care facility in the community. This was identified by over 50% of respondents. Long term care facilities in First Nations communities were reported to have the following benefits: breaking isolation, improving mental health issues, having seniors discuss health and community issues amongst themselves, and bringing community members to talks hosted by seniors. Additionally, these facilities would provide benefits for health service delivery since it is easier to provide services if many seniors are situated in one place, and it is easier to provide specialized care, as required by seniors living with disabilities.

Seniors contribute to the health of the community by providing teachings on history, language, and knowledge through the transfer of culture to younger generations. Seniors practice and provide information on traditional medicine and provide information on traditional lands and plants.

Many of the health issues we expected to be reported frequently, such as diabetes, housing, heart disease, and high blood pressure, were. However, less frequently discussed issues, such as elder abuse, were reported as often as or more often than common health issues. More awareness is needed about different types of abuse and their signs so that community members and health staff are able to detect it. Our findings show that elders are reluctant to bring up abuse or they may not know they are being abused.

More research is needed to determine the link between health issues for seniors and the available community programs and services. Programs need to be developed with input from the seniors so that the more effective programs can be developed with invested interest of the seniors. Future studies need to interview seniors themselves to determine their program and service needs and the barriers preventing them from participating in existing programs or using existing services.

Introduction

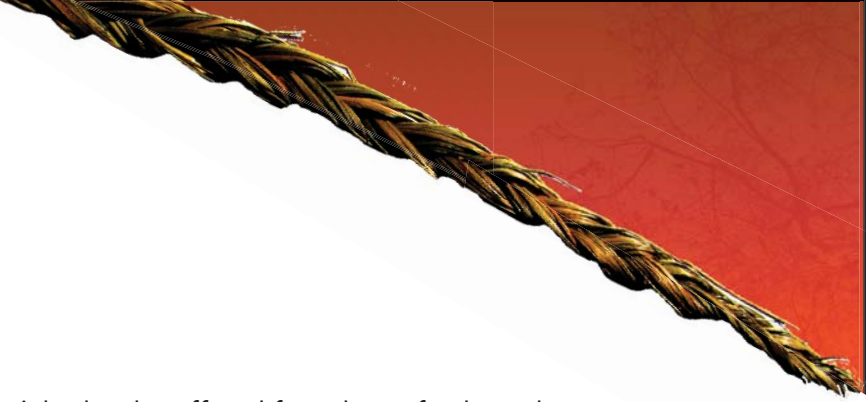
To understand the health of First Nations seniors, it is important to understand the impacts of colonization and the social determinants, such as housing, education, income, water supply, and health services. Traditionally in First Nation communities seniors were well respected and held in the highest esteem (Parrack & Joseph, 2007, p. 107). They had an important and central role in family life and provided assistance with the discipline of younger family members, spiritual guidance, and helped with the maintenance of cultural heritage (Reading & Elias, 1999, p. 37).



The health status of First Nations seniors is lower than that for other Canadian seniors. The health of seniors is an issue of increasing importance as the senior population in Canada grows. The proportion of seniors in First Nations communities is smaller than in other Canadian cultural groups; however their specific health needs need to be identified and addressed. Housing shortages, high rates of unemployment, and a lack of access to health services affect the life expectancy and quality of life for First Nations (Parrack & Joseph, 2007, p. 107). In the year 2000, the life expectancy for First Nations men was about 69 years which is about 7.5 years lower than the Canadian population. For First Nations women, life expectancy was about 77 years, or about 5 years lower than the Canadian population (Health Canada, 2005, p. 19). Only 32 First Nations communities have long term care facilities for elderly people, according to the Indian and Northern Affairs Canada (INAC). Therefore, in order to receive care, the elderly usually have to leave their reserve (Parrack & Joseph, 2007, p. 108). This has implications for mental health and wellness as seniors and their families decide whether to stay in their communities without adequate care or move to a residential care facility far from their family and community. Seniors receiving care in facilities far from their home communities may receive culturally inappropriate care, have language barriers, and suffer from isolation from family and friends and the loss of their social role within the community (Lafontaine, 2006).

It is important to distinguish between seniors and Elders in First Nations communities. An Elder is someone who is recognized by the community as having great wisdom and is respected by the community as an authority to provide advice relating to family and community matters (Reading & Elias, 1999, p. 37). The term Elder indicates respect, honour, and special status and is associated with the transmission of cultural knowledge, heritage, and language. An Elder is usually an older person, however, there is no age restriction and an Elder may be a young member of the community. For the purpose of this study, we defined seniors as individuals fifty-five years of age and older, regardless of their status in the community.

It is impossible to examine the health of First Nations seniors without considering the impacts of residential schools. The residential school system was introduced as a government policy after a report from 1879 documenting industrial schools in the United States (Aboriginal Healing Foundation (AHF), 2006, p. 1). These schools operated jointly by the government of Canada and churches, primarily Roman Catholic, Anglican, Methodist (now United Church of Canada), and Presbyterian. Among the respondents to the First Nations and Inuit Regional Health Survey, 39% of elders attended residential schools for an average of six years (Reading & Elias, 1999, p. 45). The aim of this school system was to "assimilate the Indian people in all respects with the other inhabitants of the dominion" (AHF, 2006, p. 1). Children were taken from their families and communities and raised in environments lacking nurturing, privacy, safety, role models, and personal liberty.



Children who attended residential schools suffered from loss of culture, language, and identity. The traditional way of life for these children was changed (Barton et al., 2005, p. 296). In some cases children became victims of abuse, including sexual and physical abuse. This policy left many young Aboriginal adults without the parenting skills for creating healthy families of their own (AHF, 2006, p. 1). The effects of residential schools have left impacts on survivors of the schools and subsequent generations and therefore have great significance for the health of First Nations seniors. The experience of residential schools has resulted in high rates of suicide among First Nations as well as higher rates of substance abuse, addictions, and family violence (Reading & Elias, 1999, p. 34). First Nations seniors deal with unresolved issues due to traumatic experiences sometimes without access to appropriate resources. The trauma of residential schools has had intergenerational effects and traumatic memories are being passed down through the generations (AHF, 2006, p. 2).

Little research has been done to determine the overall health needs and health issues affecting First Nations seniors (Reading & Elias, 1999, p. 36). We conducted interviews with community staff members in First Nations communities across Canada to examine seniors' health issues and the types of community programs and services that target seniors' health. This study will help inform the development of a senior's health strategy for the First Nations Centre (FNC), National Aboriginal Health Organization (NAHO). The FNC has created a Senior Advisory Committee who will provide input on senior's health issues and needs and who will assist in the development of future projects.

This report may assist community health staff in the development of effective seniors' health programs by describing programs in operation in other communities. This report will identify gaps in health programs and services for seniors and may assist policy makers by demonstrating areas in need of attention for funding and programs. We hope this document may expand the discussion on senior's health and bring attention to the specific health needs for First Nations seniors, an often overlooked population. Older First Nations adults have received little attention either in academic research or public policy forums (Rosenberg et al., 2009, p. 2)

The FNC would like to thank all of the health care professionals who took the time to answer our questions and we truly hope that this report reflects their views.



Methods

We created a short interview guide for health centre staff with questions on health issues for seniors, programs and services available for seniors within the community, and programs and services that are needed within the community. All of our questions were open-ended so that respondents could provide as much or as little information as they wished to or had time for.

We attempted to contact each First Nation in Canada using the directory from the First Nations Information Project (FNIP, <http://www.johnco.com/firstnation/>). We cross referenced this list with the Band Classification Manual from the Department of Indian and Northern Affairs Canada (INAC) to ensure that we had contact information for each community. We placed telephone calls to each band office and asked for the number to the health centre.

Results

We attempted to contact a health care provider or professional from 644 communities (all communities listed on the FNIP website). Of 644 communities, we received refusals from two (2) communities, and two (2) bands did not have a health centre or someone to provide services or programs to seniors from that First Nation community. We completed 181 interviews representing 210 communities. The remaining communities are not represented because we were not able to successfully contact or schedule an interview with community representatives.

We spoke to a variety of health care providers and professionals including Community Health Nurses, Home Care Nurses, Elder Coordinators, Home Makers, and Health Directors. The distribution of respondents according to region is displayed below.

Table 1: Number of Respondents per Region

| Region | Number of Completed Interviews | Number of Bands Represented by Interviews | Number of Bands (according to FNIP) | Percent of Bands per Region |
|------------------|--------------------------------|---|-------------------------------------|-----------------------------|
| Alberta | 26 | 31 | 105 | 29.5% |
| Atlantic | 7 | 7 | 33 | 21.2% |
| British Columbia | 32 | 34 | 165 | 20.6% |
| Manitoba | 17 | 23 | 61 | 37.7% |

| | | | | |
|--------------|-----|-----|-----|-------|
| North | 6 | 6 | 40 | 15.0% |
| Ontario | 39 | 47 | 130 | 36.2% |
| Quebec | 15 | 16 | 40 | 40.0% |
| Saskatchewan | 39 | 46 | 70 | 65.7% |
| TOTAL | 181 | 210 | 644 | 32.6% |

Not surprisingly, diabetes, heart disease, and housing were high on the list of health issues for seniors in the communities contacted. Other issues that were reported often were the lack of long term or palliative care facilities within the community, elder abuse, as well as loneliness, isolation, and boredom. The most common health issues for physical and mental health given by respondents are displayed in Figure 1 and the most common as non-medical health issues among seniors in First Nations communities are presented in Figure 2.

Mental health issues reported by health care providers included depression, anxiety, stress, dementia, and Alzheimers.

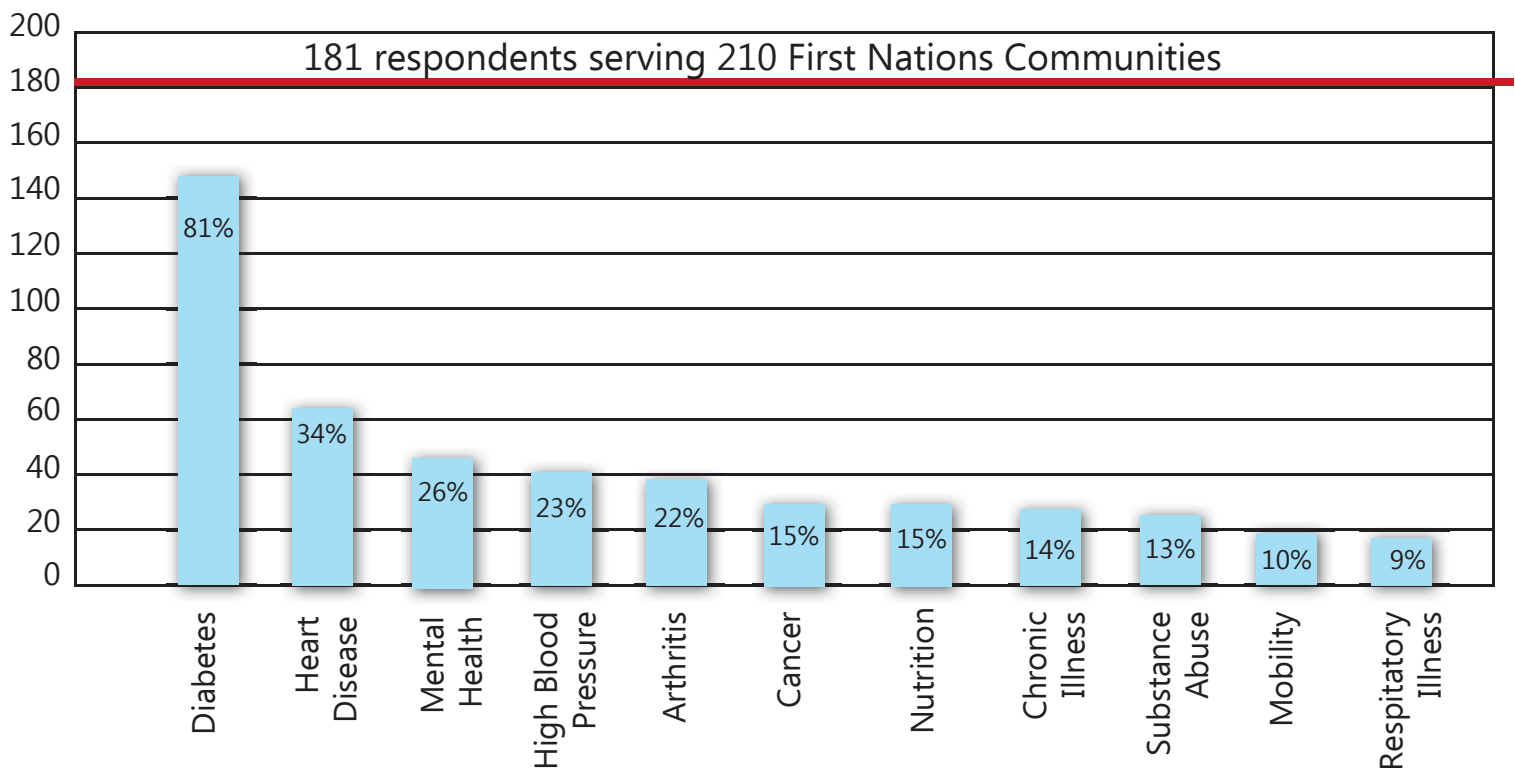


Figure 1: Reported Physical Health and Mental Health Issues Among Seniors in First Nations Communities

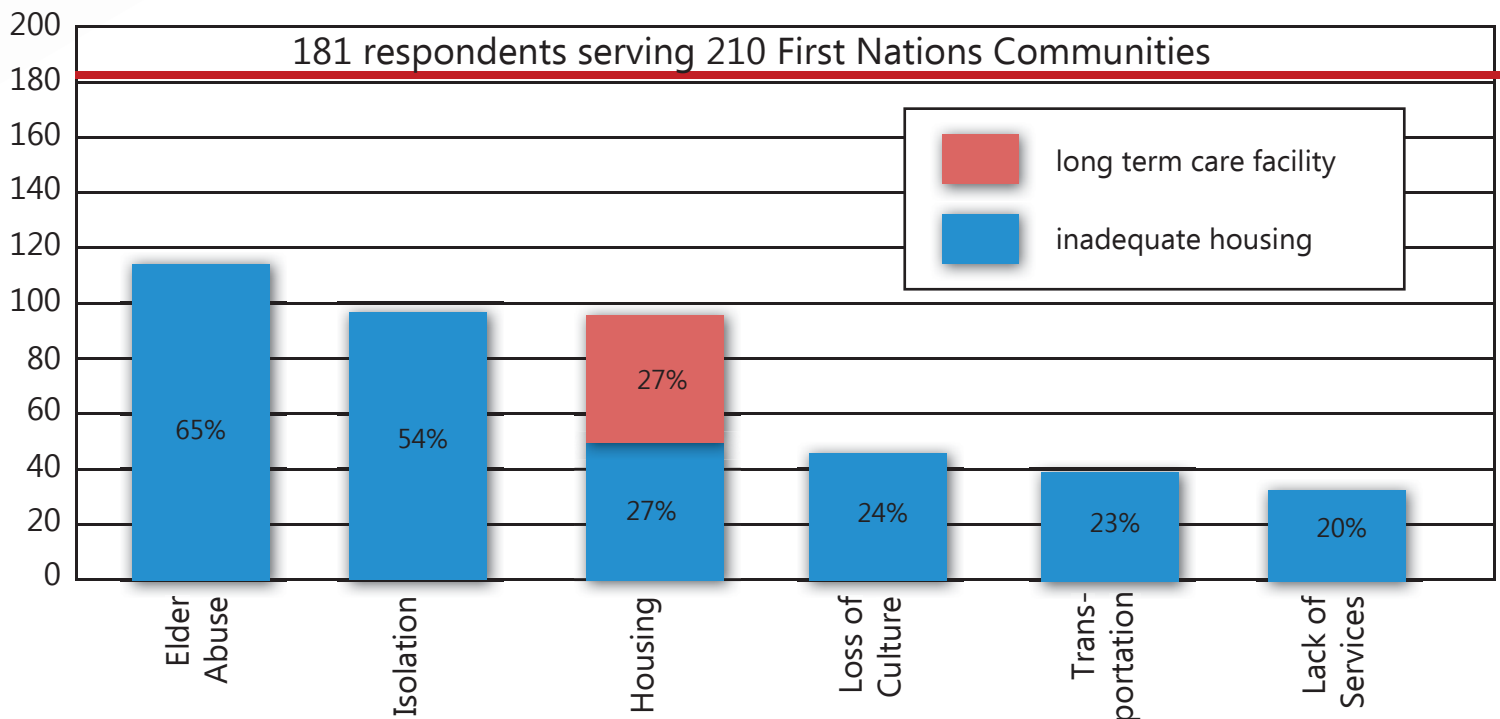


Figure 2: Reported Social, Emotional and Spiritual Issues Among Seniors in First Nations Communities

Inadequate housing refers to responses from health care providers including: housing in need of repair; housing that is inadequate for assisted living devices, such as wheelchairs; overcrowding; problems with mold, sewage, or draining; problems with pests (such as rats); substandard houses; or not enough houses.

Other health issues reported by respondents included alcohol and drug abuse, including prescription drug abuse or dependence. This was reported by about 13% of respondents. Additionally, lack of health services within the community or long wait times was reported by approximately 19% of respondents, and nutrition and cancer were both reported by 15.5% of respondents.

About 5% of respondents reported that there is a long term care home, nursing home, or assisted living home within the community. The type of facilities ranged from nursing homes to housing designated for indepen-

dent seniors. Almost 7% of respondents reported that their community has a senior centre, facility, or complex for non-residential seniors' programs, such as social activities. Respondents reported that these facilities are used as a clubhouse, meeting place, or drop in centre for seniors and some respondents reported that programs are offered through these facilities. In some communities that did not report having a senior's centre, respondents said that programs and activities for seniors are offered at the health centre, the sports centre, or in the school gym.

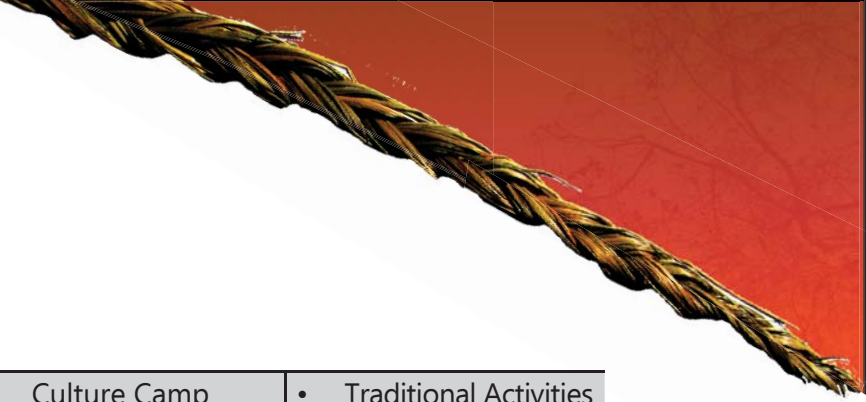
Reported programs and services available to seniors can be grouped into nine categories. The categories and available services are shown in table 2.

Table 2: Community Programs, Services and Medical Professionals Available to Seniors.

| Type of Program/Service | Responses | | |
|-------------------------|---|---|---|
| Residential | <ul style="list-style-type: none"> • Supportive housing program • Personal Care Home | <ul style="list-style-type: none"> • Assisted Living Unit • Long Term Care Home | <ul style="list-style-type: none"> • Nursing Home • Housing for independent living |
| Community | <ul style="list-style-type: none"> • Seniors Day Program • Elders Activity Group • Elders Centre/Seniors Centre • Elders Grocery Voucher System • Seniors Advocacy Committee | <ul style="list-style-type: none"> • Elders sit on Various Committees • Elder Women's Group • Elders Group (for social activities) • Community lunches (ie. for Christmas) • Social Activities | <ul style="list-style-type: none"> • Take seniors on trips (ie. community events, concerts, gatherings) • Elders Banquets (at Christmas, Mother's/Father's Day, etc.) |



| | | | |
|-------------------------------|--|---|---|
| Medical-Physical | <ul style="list-style-type: none"> • Diabetes Clinics, Diabetes worker • Foot care • Family Health Centre/Clinic • Home Care • Chronic Care • Long Term Care Coordinator | <ul style="list-style-type: none"> • Community Health Representatives • Pharmacist • Bathing Program • Aging at Home Program • Home Health Aide • Personal Support Worker • Flu Shot Clinic | <ul style="list-style-type: none"> • Physiotherapist • Occupational Therapist • Chronic Registry (ie. extra help for those with chronic conditions) • Lifeline • Medical care (doctor, nurse) |
| Mental Health | <ul style="list-style-type: none"> • Mental Health Worker • Residential School Worker • Drugs and Alcohol Worker • Healing Centre for Residential School Survivors | <ul style="list-style-type: none"> • Mental Health Counseling • Mental Health Programs • Suicide Counseling • Addictions Counseling | <ul style="list-style-type: none"> • Residential School Survivors Group/Support • Support Groups • Help-line |
| Health Promotion and Wellness | <ul style="list-style-type: none"> • Awareness • Workshops • Nutrition • Monthly Breakfast Program • Good Food Box • Dietician • "Seniors in the Kitchen" modeled after "kids in the kitchen" | <ul style="list-style-type: none"> • Fitness Program for Seniors • Fitness/exercise room • Safety from Abuse Program • Mall Walking/Walking Group • Diabetes Walk • Reiki • Aboriginal Diabetes Initiative • Health Promotion | <ul style="list-style-type: none"> • Adult Life Enrichment • Community Wellness Worker • Abuse Prevention • Wellness Clinic/Program • Health Staff act as liaison between senior and health providers, health authority, pharmacists, etc. |
| Home Support | <ul style="list-style-type: none"> • Meals on Wheels, Meal program • Personal Support Worker/Home Health Aide | <ul style="list-style-type: none"> • House Repairs • Home Maintenance Worker | <ul style="list-style-type: none"> • Home making (cleaning, laundry, cooking, etc.) |



| | | | |
|----------------|--|---|--|
| Traditional | <ul style="list-style-type: none"> • Teaching Language • Drumming • Cooking • Storytelling • Powwow • Feasts | <ul style="list-style-type: none"> • Culture Camp • Herbalist • Beading • Sweats • Holistic Healer • Sewing | <ul style="list-style-type: none"> • Traditional Activities • Traditional Healing (elders support each other) • Seasonal Activities (ie. gardening, fishing, berry picking) |
| Transportation | <ul style="list-style-type: none"> • Transportation for community events | <ul style="list-style-type: none"> • Escorts for medical appointments | <ul style="list-style-type: none"> • Medical Transportation |
| Communication | <ul style="list-style-type: none"> • Translation Service for Medical Appointments | <ul style="list-style-type: none"> • Translation for home care services | |

Many communities offer social activities for seniors. Some respondents gave a general answer that social activities are provided for seniors in the community. Other respondents provided examples of the different activities offered. The types of social activities varied but included:

- | | |
|--|-------------------------------------|
| o Sharing Circle | o Quilting |
| o Day trips | o Beading/Sewing |
| o Fishing | o Bingo |
| o Tea/Coffee | o Cards |
| o Scrapbooking | o Bocce Ball |
| o Picnics | o Visits |
| o Baking | o Visits with Children in Community |
| o Dance Class | o Crafts |
| o Cooking Classes | o Potlucks |
| o Seniors taken to watch Grandchildren in sporting events (ie. hockey games, Summer games) | o Drop in |
| o Elders gatherings including meals, games, group picture | o Lunch with Storytelling |
| o Campouts | o Elders Retreat |
| | o Shopping Trips |
| | o Elders lunches |

One respondent reported that a new elders program and elders council has been created to help to address emotional needs and make the seniors feel like part of the community. Other respondents stated that a problem with offering programs and services for seniors is that attendance rates are low. One respondent said that this is especially true for sensitive topics, such



as abuse or residential school support. A common statement by respondents was that seniors are reluctant to access services. One respondent reported that there is “cultural shyness” among the seniors and that seniors prefer that certain services, such as foot care and bathing, are provided by family members and not health centre staff.

We asked respondents to describe the programs and services needed in the community to improve the health of seniors. About 4% of respondents said they did not know how to answer this question and others had difficulty answering. Some respondents said that they would want to check with the seniors to hear what seniors want in terms of programs. About 5% of respondents said that no new programs are needed or said that the programs already available in the communities need to be better utilized by the seniors. One respondent said that no programs are needed because there are very few seniors within the community. In another community, the respondent mentioned that participation is good when a program starts but then declines, especially over the summer. This respondent said that programs for seniors are most needed in the winter. The following graph shows the programs and/or services reported by respondents as needed for seniors in the community.

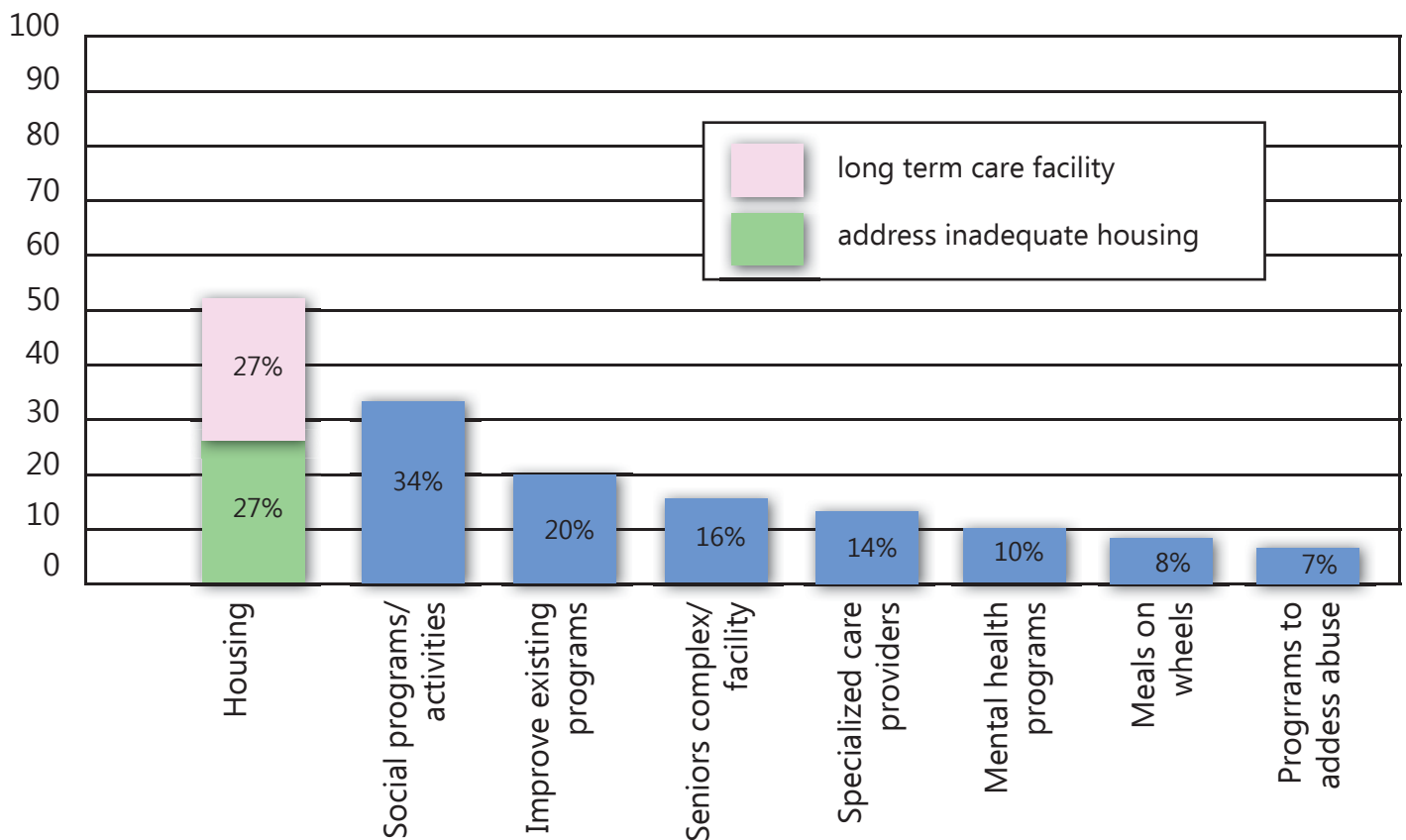
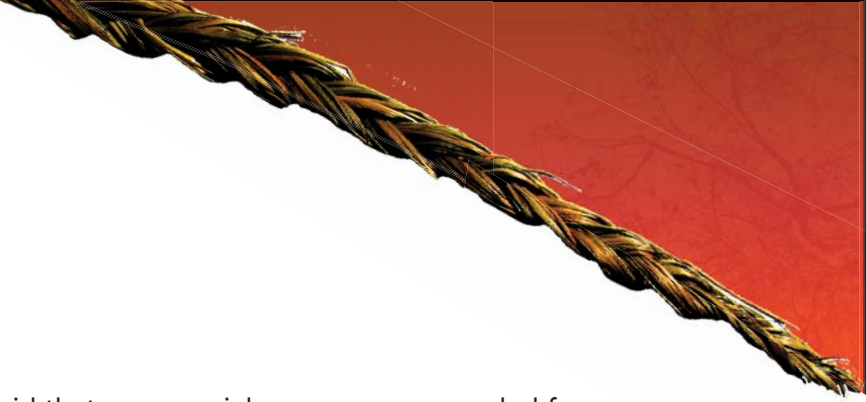


Figure 3: Programs and services needed for seniors for in First Nations communities



Almost 34% of respondents said that more social programs are needed for seniors. The ideas for programs given by respondents included weekly or daily drop-in activities, day programs, trips for elders, getting seniors together with youth, getting seniors together for cultural activities, social activities in the evenings, activities such as movies or meals, someone to visit seniors or a friendly visiting service, and social activities that incorporate exercise. Some respondents identified that these kinds of programs would address the isolation experienced by seniors. About 6% of respondents said that physical activity or a fitness program is needed for seniors. Some respondents mentioned that an elders coordinator or activity coordinator is needed to organize events and programs for seniors.

Many respondents reported that the lack of after-hours care for seniors is an issue. Most programs and services for seniors are only offered during business hours. Respondents stated that social activities are needed in the evenings and one respondent said that the lack of funding for in-home care is an issue since the health centre can only provide services between 8:30 am and 4:30 pm. Another respondent reported that staff who can work into the evening are needed so that elders can attend evening community events that their family will not take them to. This would also help the health centre to provide late evening checks on the seniors because the respondent believes that seniors should be checked on before bedtime.

One of the common responses was that if more funding was available or if there was specific funding for seniors health, more programs could be developed and implemented within the communities. Many respondents said that more programs are needed without specifying the type of program or the health issue to be addressed. About 20% of respondents said that improved or expanded existing programs are needed, such as more or expanded home care, improved access and coverage of medications, more events, more storytelling, and more meals on wheels.

Many respondents (16%) said that a senior's facility, complex, or centre is needed within the community to provide the physical space for seniors to gather. Some respondents reported that this type of space could be provided in a community centre that could serve the entire community. This type of facility could provide the space for scheduled health or community programs, such as educational workshops, physical exercise, meetings, or health fairs, and would also provide the space for a drop-in centre for seniors.

Thirteen respondents (8%) said that a meals on wheels program is needed in the community. Other programs that were identified as needed within communities



included more programs for mental health (10%) and specialized health care providers including physiotherapists, dieticians, dental hygienists, podiatrists, psychologists, and personal care aides (14%). Four respondents (2%) identified a need for legal services including power of attorney and wills. One of these respondents said that wills are an issue in the community because some seniors don't believe in wills which creates problems for families and can cause feuding when the senior dies. Another said that more education is needed in terms of power of attorney and one respondent said that planning for "when they go" is needed in terms of the senior's property.

About 4% of respondents said that seniors need better or faster access to medication, or better coverage for medications. Some respondents mentioned that items, such as meal replacement drinks, are prescribed by doctors for seniors, but not covered by non-insured health benefits (NIHB). The seniors have to purchase these drinks themselves. About 5% of respondents said that seniors need better access to assistive devices, such as walkers and wheelchairs, or that housing and transportation needs to be adapted to accommodate these types of devices. One respondent reported that a lot of these services are not covered by NIHB. Respondents stated that housing on-reserve is not designed for a senior who requires assistive devices, such as wheelchairs and walkers. Some respondents said that new houses designed for seniors with mobility issues need to be built.

One respondent stated that services, such as a nutritionist, are not accessed and that even if they are, it is hard to follow the advice of the nutritionist because the local store either doesn't have healthy foods or they are expensive. The respondent said that even though healthy eating is being encouraged, it doesn't work if people don't have access to the healthy options.

Respondents mentioned the need for seniors to connect with youth. One respondent mentioned that a big issue is the gap between the seniors and the children and youth in the community. Another respondent noted that there needs to be more intergenerational communication so that elders have the opportunity to meet with youth. This respondent said that a program to bring the elders into the schools for storytelling is needed. Another respondent said that having a place for elders and children to meet is the number one way to alleviate loneliness. One respondent said that someone needs to listen to the stories of elders and carry the community history.



Abuse of Older First Nation Adults


Almost 65% of respondents reported abuse of older First Nations Persons as a health issue in their community. The most commonly mentioned form of abuse was financial however; neglect, emotional, spiritual, physical, and sexual abuse were also reported. Another type of abuse, involving the abuse of seniors for their prescription medications emerged as an issue.

Respondents reported that elder abuse is subtle and is rarely reported by the seniors. Since the abusers are often a family member, health staff reported that it is difficult to get involved especially when the senior is reluctant to discuss abuse. One respondent stated that the elders prefer to deal with abuse themselves and don't allow the health centre staff to intervene. Respondents indicated that seniors are reluctant to bring up abuse and won't seek advice regarding abuse. Respondents stated that, in general, abuse is not dealt with within the communities, and abuse is not talked about or acknowledged.

Respondents reported that the children or grandchildren of the senior take the senior's pension, welfare money, or Common Experience Payment (CEP) that was given to survivors of the Residential School System. One respondent stated that family members know when the cheques are coming in and the elders are scared. In some cases family members are only there when the cheques come in. In many cases, the abusers are addicted to drugs or alcohol. Some respondents said that seniors are abused financially so that the young people have money to buy drugs. Another respondent said that she does not trust some of the family members, especially those addicted to drugs or alcohol, to take care of the seniors.

Some respondents provided examples of elder abuse from within their communities:

- o In one case a woman gave her house to her drug-addicted daughter. The daughter then kicked the mother out of the house.
- o One man living with cancer had to leave the home he shared with his son because of his son's drinking. The man was unable to get the rest he needed with his son in the home. It was too stressful.
- o Families don't want to take the senior to the doctor and when they finally take the senior it is too late.
- o The senior has a full fridge but the family takes all the food away.
- o Seniors have their medication and/or food taken from them.
- o Children or grandchildren live with seniors and pay for their own groceries or bills with the senior's pension.
- o Some grandchildren take the money right out of the senior's bank account but the health care worker stated that this is not viewed as abuse. However, at some point the senior is not able to support themselves.

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- o People take advantage of the seniors poor memory by borrowing money and not paying it back but telling the senior that they have.
 - o In one example a CEP recipient was murdered by his nephew for the money.

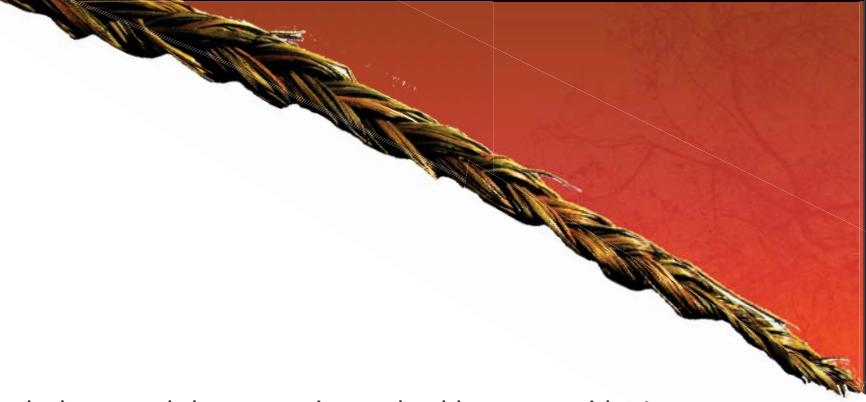
In some cases the CEP heightened the existing problem of elder financial abuse because of the large sum of money given at one time. In some communities, the health centre staff is updated on bank account activity from the financial institutions because of concerns of financial abuse, especially in relation to the CEP. Respondents indicated that they have heard from financial institutions that the money that was given to seniors in the CEP is all gone and that the bank accounts have been drained. Respondents reported that financial institutions provide this information because of the concerns about financial abuse. One respondent reported that the health centre has become the trustee on the accounts in an effort to monitor financial abuse. Respondents said that when these concerns arise they are reported to the RCMP and INAC. One respondent reported that seniors feel they have no control over their money. Another respondent indicated that there is a need for legislation regarding abuse of elders and that the communities and the seniors need more information regarding existing elder abuse agencies.

In most cases the CEP was used wisely but in some cases the large amount of money fuelled addictions, mainly to alcohol or gambling. Additionally, respondents stated that in some cases the CEP was stolen, usually by a person in a position of trust. Family members reportedly demanded that the CEP be given to them.

Another type of elder abuse, in which seniors are used to obtain prescription medication, was reported by about 4% of respondents. An example of this was reported as a family member convincing a senior to get a prescription for a pain-killer, and then having the prescription filled at numerous pharmacies. There is no description of this type of abuse in the literature or on web sites of agencies addressing senior abuse. Respondents stated that seniors are 'bothered' for their medications, their medications are stolen, or they sell their medications themselves. In some cases young people try to sell the drugs to seniors.

Although about 65% of respondents identified elder abuse as a problem, only 6% (11 out of 181 respondents) said that there is a specific program to deal with abuse within their community. Examples of these programs are:

- o A "learning to say no" program for abuse prevention;
- o A safety from abuse program;
- o Abuse awareness;
- o Training workshops for abuse (although the respondent did not

- 
- o specify who attends these workshops - seniors or health care providers);
 - o Workshops and sessions with elders on elder abuse; and
 - o A specific person on staff to deal with elder abuse.

One respondent said that a “good food box” is delivered to seniors because of the situation with elder abuse. The “good food box” is a way for the health staff in this community to support seniors by providing them with nutritious food. The respondent said that since the seniors are abused this is a way to ensure they are at least getting nutritious food. Another respondent said that there is a family violence counsellor, but this is an issue for seniors who are related to the counsellor.

Some respondents reported that whenever possible, staff members document the abuse and try to talk to the senior’s family members. The staff tries to report the abuse to the RCMP and INAC. One respondent reported that the staff member becomes the “bad guy” for reporting the abuse. Respondents reported that charges have been laid against the elder abuser in some cases but no further action has been taken. Respondents stated that, in general, seniors don’t allow the health centre staff to report abuse, whether it is financial or prescription drug abuse. If the abuse involves prescription medication, one respondent said that health centre staff deal with this abuse quickly when they hear about it.

Another respondent stated that money from other health programs is being used to address the issue of elder abuse. This respondent’s community is teaching children to look after their parents. In some cases the children are in their fifties or sixties, but they are being taught to not abuse the system (in regards to government funding) themselves or in relation to financial abuse of elders.

One community respondent reported that the health centre is providing the space for the Independent Assessment Process (IAP) hearings and that the health centre has established an agreement with the lawyers so that some of the money obtained from the settlements is set aside for healing.

Only about 7% of respondents said that programs to address elder abuse are needed. Respondents indicated that programs to teach children and young people about elder abuse are needed. Respondents said that there is a need for greater awareness about elder abuse within the community and that there needs to be a general acknowledgement of the types of abuse that affect elders. The seniors themselves need to be made aware of elder abuse because, as one respondent indicated, the senior may not view the actions of the young people as abuse and, in most cases of financial abuse, the elder feels that he or she doesn’t need the money and gives it to the grandchild. Some communities indicated that they are trying to educate seniors about abuse. One respondent said that abuse is often brought up at elders’ meetings as a way to develop a protocol for the best ways to deal with elder abuse, but the elders say that the issues brought up



are not abuse. This respondent said that another way to deal with abuse needs to be developed. One respondent said that she would like to bring in facilitators to address abuse but funding is an issue. This community has held a workshop called "let us feel safe to share our wisdom".

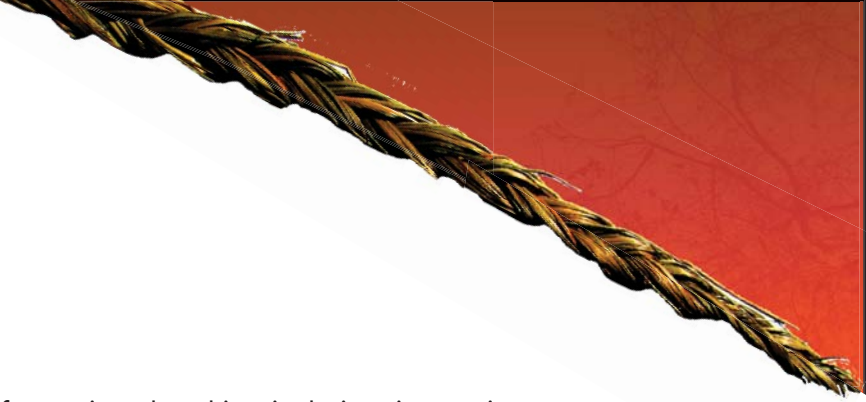
Another respondent mentioned that a long term care facility is needed because of the abuse that elders are experiencing within their homes. One respondent acknowledged that drug use is a big problem within the community and if this problem was addressed the related problems, such as elder abuse, could be reduced.

Suitable and Adequate Housing for Seniors

A major health need reported by respondents was suitable and adequate housing for seniors. This was identified by over one half of respondents. A residence for seniors, as well as inadequate or inappropriate housing were reported both as health issues and a service needs. The terms used to describe the seniors residence included "nursing home", "palliative care unit", "long term care facility", "elders lodge", "assisted living home", "retirement home", and "seniors home". Some respondents said that the facility would need to be called something other than "nursing home" as this term can be intimidating for seniors. Respondents said that the services provided in this residence would need to fall between services provided by basic home care and the services provided in a nursing home. The services that respondents would want to have provided by these facilities ranged from 24 hour care, palliative care, extended care, someone on call 24 hours a day, independent living units with care, cooking, and cleaning, or some combination of full time care and independent living units. Many respondents said that this type of residence would also need to include space for social activities, day programs, and entertainment.

Some respondents indicated that the creation of this type of facility is already being addressed within the community with one respondent indicating that the Chief and Council are trying to address the issue of long term care in their five year community plan. Respondents said that this type of facility is needed on-reserve because if seniors have to leave the community to be placed in a home they suffer from loneliness, isolation, despair, language barriers, cultural insensitivity, and seem to deteriorate faster. One community health care worker said that moving away from the community to a facility for long term care creates anxiety for seniors, especially those who are residential school survivors and are concerned about moving into the "white man's world." Some of the provincially-operated long term care facilities can be up to ten hours away from the community.

Long term care facilities in First Nations communities were often reported as



having the following benefits for seniors: breaking isolation, improving mental health issues, having seniors discuss health and community issues amongst themselves and bringing community members to talks hosted by seniors. They are also reported to have benefits for health service delivery since it is easier to provide services if many seniors are situated in one place, and it is easier to provide specialized care, as required by seniors living with disabilities.

If the family chooses not to send the elder to an offsite seniors' home, the family must look after the senior and respondents said that sometimes in these cases the seniors do not receive proper care. One respondent said that she would like to see the elders in a safe facility where the community knows that they are safe.

Other comments about this type of residence were that the facility needs to be low-cost or free for seniors. Health staff felt that there is "too much red tape" in the creation of a seniors' home and communities that already have a facility that could be used for such a residence are unable to proceed because of the process involved in getting the facility to comply with building standards. Communities that have the capacity to operate a seniors' residence cannot receive the support required by the provincial or federal governments.

Some communities have already consulted with health centre staff members who have agreed to work at the seniors' residence and one community has already had staff agree to take night shifts in order to provide 24 hour care. Respondents stated that a seniors' home would reduce stress on health care workers, since most of the seniors would be in the same place. This would require less travel time for the workers therefore allowing more time to be spent providing care. Additionally, most home care programs only operate within regular business hours and having a seniors home would allow for some services to be provided outside of regular business hours.

Respondents said that this type of residence could help alleviate some of the housing issues on-reserve since as seniors move into the seniors residence, houses would become less crowded or would become available for another family within the community.

Seniors' Contributions to the Health of the Community

Some respondents reported on how the seniors contribute to the overall health of the community. The most commonly reported way that elders help the community is by providing teachings on culture, history, language, and knowledge to the children. Elders transfer culture to the next generations. One respondent said that seniors provide leadership to children through events such as cam-



pouts. Another respondent reported that seniors are utilized for their array of cultural understanding and are needed for their knowledge and their guidance. Respondents said that seniors are called on for ceremonies and events as needed. Seniors practice and provide information on traditional medicine and provide information on traditional lands and plants. One respondent reported that elders help in the delivery of educational programs for youth and that the youth are eager to be involved.


One respondent reported that seniors pray for the community. This respondent said that the elders pray that the health centre brings good news and advocates for the elders. One respondent said that the health centre receives phone calls from other organizations requesting elders to come and speak. One respondent reported that elders are involved in all health planning and consultation. Another respondent said that elders speak in the school and sit on committees at the school board. Respondents reported that elders sit on many committees in the community.

Other respondents reported that active, healthy seniors are role models for the community. One respondent said seniors lead by example and promote their healthy lifestyles. These seniors are active, don't use alcohol, are involved in community health programs, and are well-respected by the community. One respondent stated that if elders are seen being active and taking care of themselves their positive example helps the community become healthier.

Some respondents reported that seniors are underutilized within the community and need to be called on more often. This respondent felt that involving the seniors more would contribute to reducing seniors' feelings of abandonment and could stop elder abuse. Another respondent said that if seniors were out more in the community they could contribute through storytelling, crafts, outings, and look after spiritual needs.

We concluded the interviews by asking the respondents if there was anything else they wanted to tell us about the health of seniors in their community or seniors health needs. Some of the respondents answered this question by providing us with information regarding the overall health of seniors while other respondents took this opportunity to tell us about the programs and services or approaches to seniors health that are working well within their community.

One respondent acknowledged that if it wasn't for the seniors no one else would be here and we need to make sure that they are well looked after. Another respondent reported that the seniors in the community are pretty healthy overall. This respondent went on to say that she is amazed at the health of the seniors and that most seniors are remaining active well into their sixties, seventies, eighties, and nineties. One respondent noted that there is an unusual phenomenon



within a particular community in which seniors have longer than average life expectancies. This respondent mentioned that she has noticed that there are seniors in the community living to be over 100 years old. The respondent mentioned that this could be related to the isolation of the community.

One respondent replied that health care for seniors in the community is improving and the community is taking better care of the elders. This respondent also noted that the reporting process is improving and the health staff is working towards continuing these improvements. Another respondent reported that the health centre is striving to be more inclusive and sensitive to the needs of seniors. In another community, the health centre is trying to use programs that are not limited by time (for example, one hour sessions) because the staff has noticed that these types of programs don't work as well. This health centre is striving to address the whole body including emotional aspects of health and is trying to act as the liaison between seniors, various health care providers, pharmacists, and the regional health authority. Yet another respondent said that the health centre tries to put the needs of seniors first.

Another respondent said that the health department, in collaboration with the band office, tries to take seniors on outings. In particular, this past summer they took grandparents, whose grandchildren were participating in the summer games, to watch the events. In another community the seniors were taken to the powwow and the interview respondent noted that going to the powwow really lifted the spirits of the seniors.

Discussion

Most respondents found it easy to identify the major physical health conditions for seniors within in the community. This is likely because we spoke to many health care providers. Some respondents required prompting to report social, emotional, or spiritual health concerns.

The following figure demonstrates that between 1996 and 2006, there has been an increase in the number of First Nations people working in health careers on-reserve. This is promising information since it gives an opportunity for more culturally appropriate interventions to be developed and implemented within the community.

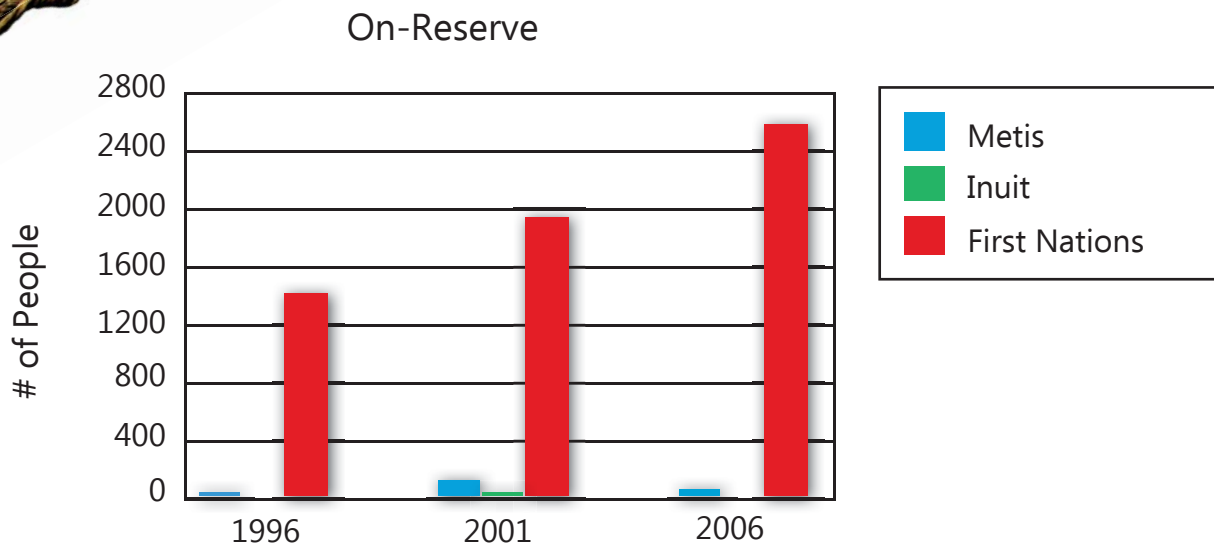
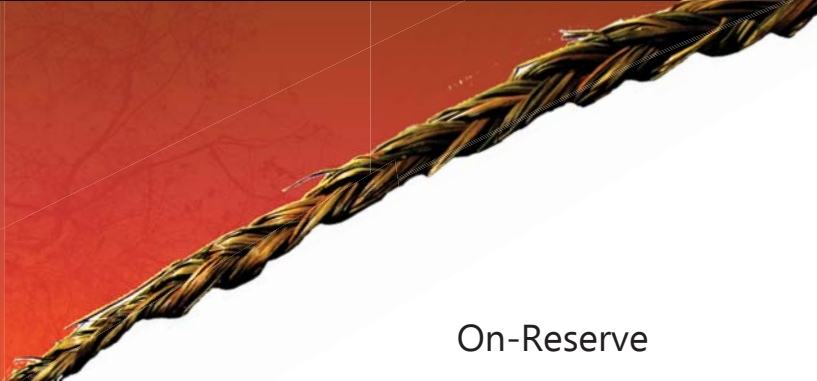



Figure 4: Census Statistics: Distribution of Aboriginal Canadians in health careers (Emily Lecompte, Aboriginal Health Human Resource Initiative, Health Canada)

Having a long term care home or other type of seniors' residence will reduce isolation. The seniors will be able to have more social gatherings, will live in close proximity to each other, will be more accessible to health care staff, and may be more accessible for family visits. This will help improve the mental and emotional health of seniors. Additionally, appropriate housing has the potential to prevent senior abuse by breaking isolation and providing for the institutional support for intervention. Other issues, such as mobility or transportation, will be alleviated since most seniors won't need to travel far for general health services or social gatherings. Another benefit is that when First Nations seniors live in long term care facilities that are close to the community they have longer life expectancies since they are not as isolated from family, friends, and community members.

Elder abuse was identified in our scan as a major health issue, however only 6% of respondents representing 210 communities said that there is a program or service delivered in the community that focuses on elder abuse. More awareness of the types of abuse and acknowledgement of elder abuse is needed to help reduce its prevalence. Many respondents reported that elder abuse is rarely reported and seniors are reluctant to discuss abuse with health care providers or health centre staff. For this reason, our finding that 65% of communities report elder abuse may be an underrepresentation simply because the issue may not have been discussed between seniors and respondents. Seniors may also be reluctant to discuss abuse since the alternative may be going to a long term care facility far away from their family and community. When the caregivers are addicted to drugs or alcohol, the senior is at risk for many types of abuse, including financial abuse, neglect, and physical abuse.



Almost every respondent was excited to learn that the report generated by the interviews would be sent back to the respondent. Many respondents indicated that they thought the report would be useful to them or interesting to read.

Limitations

We spoke to any health care provider within the community who could answer questions pertaining to senior's health. In some cases this was the Health Director, in other cases it was a home care nurse or elder coordinator. Our results are based on the reporting of the health care providers and therefore certain issues may be over or underreported based on the issues that are most familiar to the respondent. The respondents represent a range of positions therefore, some of the answers were focused more on health conditions and medical programs and services whereas some of the respondents were more focused on the social and emotional issues, programs, and services. For this reason our results may not be a true reflection of all programs and services offered within the community. The different positions of the respondents gave us the opportunity to get a broad understanding of a wide variety of programs and services for seniors. Additionally, this was a short telephone interview for which respondents were not prepared. There may be other programs or services that are available within the community that the respondent simply failed to mention. These results should not be taken as an exhaustive list of seniors' health issues and programming within First Nations communities but an overview of the main issues, programs and services available, and program and service needs. Additionally, in most cases, we spoke to a single representative from the community. Speaking to a variety of health care providers from the community may have given us a more comprehensive description of programs and services available. Additionally, we spoke only to health care providers on-reserve so our results do not give an indication of programs or services available to off-reserve or urban seniors.

There was an unequal distribution of responses by region with almost 66% of First Nations communities in Saskatchewan being interviewed but only 15% of communities in the North. This means that the health issues, and available and needed programs and services may be weighted more on the concerns of Saskatchewan and less on other regions for which we received fewer interviews.

When asked about the programs or services needed in the community to improve the health of seniors, some respondents said that if there was more funding or funding specific for seniors health, more programs would be created. These respondents usually did not describe how this additional funding would be



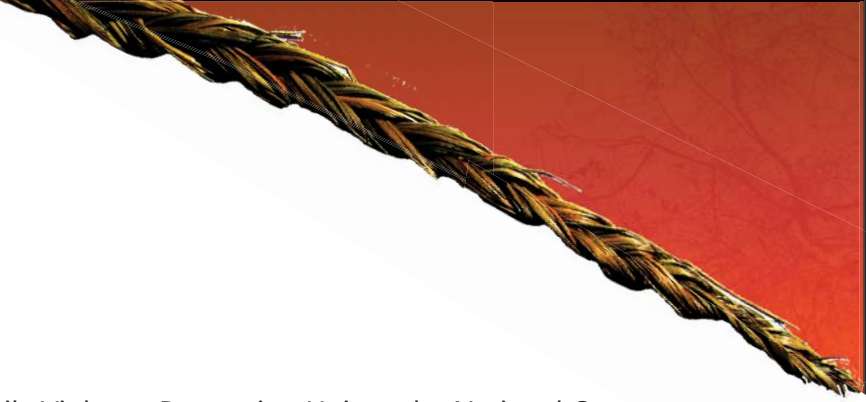
used for programming and therefore we are unable to determine the programs that would be created or improved if more funding was available. Additionally, some respondents said that they didn't know or were too new to their positions to answer this question. For this reason we did not rely heavily on the number of respondents for each program and instead have given a wide range of programs suggested by respondents.

In some cases, such as elder abuse, a small number of respondents reported that there is a program or service in the community to address the health issue. This does not necessarily mean that other communities are not addressing the issue, but the interventions may be informal in nature. Many respondents said that there are workshops or presentations or "elders' health days" that address a variety of topics. It is possible that these programs deal with issues such as elder abuse but the specifics of these programs were not reported. Abuse, for example, may also be addressed in one-to-one meetings between seniors and health care staff.

Conclusion

Many of the health issues we expected to be reported frequently, such as diabetes, housing issues, heart disease and high blood pressure, were. However, other less frequently discussed issues, such as elder abuse, were also reported as often as or more often than the common health issues for First Nations and seniors. Contrary to what most of the Canadian population believes about elder abuse, the most often reported type of elder abuse affecting First Nations seniors was financial abuse. According to a study, about 44% of Canadians believe that neglect is the most common form of elder abuse (Environics, 2008, p. 26). Most respondents said that physical abuse was rare. This is in contrast to most abuse awareness literature that reminds health care providers and other professionals to look for the signs of abuse such as bruising. The signs of financial abuse and neglect may be far less apparent. The Environics study and other research in Canada have not included First Nations seniors (Environics, 2008; Dumont-Smith, 2002, p. 4). More awareness is needed about different types of abuse and their signs so that community members and health staff may be able to detect it if the elder is reluctant to bring it up. Our findings show that the senior may not know they are being abused or may not think that what they are experiencing is abuse.

While there is no doubt that informal interventions by community health workers and others addressing senior abuse is effective, this manner of intervention does not lead to widespread education and knowledge about senior abuse nor does it result in widespread knowledge of "best practices". About 4% of respondents reported that another type of abuse is the abuse of seniors for prescription medications. This type of abuse is not included in the general types of abuse as



listed by Health Canada's Family Violence Prevention Unit or the National Center on Elder Abuse. This issue needs to be acknowledged and health centre staff, seniors, and the community need to be made aware of it. A better understanding of this issue is required.

Another issue frequently reported was the need for a seniors' residence. Many respondents listed the multiple benefits this type of facility would have for the community including alleviating issues with housing, isolation, mental health, staffing and staff stress, and may contribute to decreasing the prevalence of elder abuse.

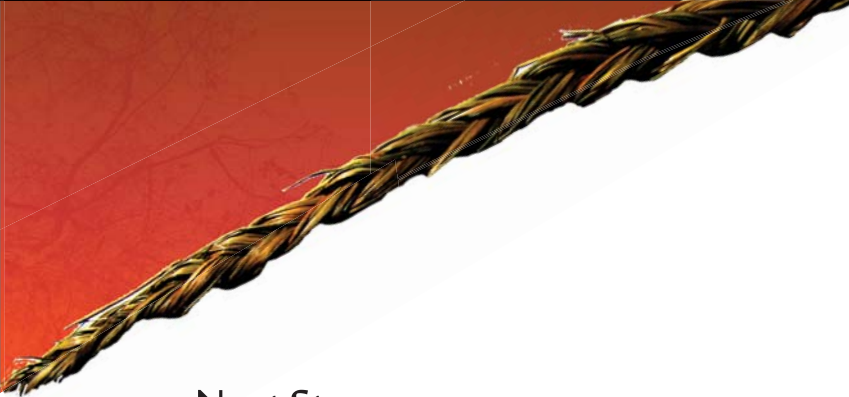
More research is needed to determine the link between health issues for First Nations seniors and the available community programs and services. Programs need to be developed with input from seniors so that the most effective programs can be developed with invested interest of the seniors for participating. This will ensure that funds spent on programming are used in the most beneficial way on programs or services that are important to seniors.

Recommendations

Future studies need to interview the seniors themselves to determine their program and service needs and the barriers preventing seniors from participating in existing programs or using existing services.

Our study indicates that more work is needed to increase awareness of the abuse of older First Nations adults among this group and within the community. This includes increasing the understanding of the seniors themselves about what is considered abuse and where and how to get help if they are being abused. The community needs to understand the types of abuse and how to recognize the signs of abuse. To prevent financial abuse, seniors need financial training workshops before they receive large payments, such as the CEP, so they are aware of how to handle the money and how to deal with family members or other people that might try to take advantage of them.

The respondents from our scan indicated that chronic health conditions and mobility issues are highly prevalent for seniors. It would be helpful to get a more complete picture on the types of chronic conditions including the types of cancer affecting First Nations seniors. Understanding these issues could indicate what assistive devices are most needed and which types of housing modifications would help seniors to remain in their homes.



Next Steps

The findings of this study will guide the FNC in the development of a second phase of a seniors' health strategy. The FNC has established a Senior Advisory Committee that will meet monthly to oversee and provide direction for all seniors health related projects.

From the data, the FNC concludes that in numerous First Nations communities, appropriate housing for seniors, whether it be a long term care facility, upgrading homes to suit the elderly, or seniors residence is needed. This finding is consistent with other major housing issues faced by First Nations communities across Canada. Further, appropriate housing could provide a means for First Nations seniors to reside in the community of their choice, and other benefits to seniors, their families, and communities. Some communities have had success in creating a long term care or independent living home for seniors on-reserve. In the next year, the FNC may explore the processes involved and the strategies used by successful communities so that we can share this information with communities in need of long term care facilities with capacity to operate one.

More community showcasing is needed so that communities with innovative and successful programs can share their work with other communities. The FNC may explore the best practices for programs directed at certain health issues, like senior abuse, so that these ideas can be shared with communities dealing with similar issues.

Additionally, more awareness is needed regarding the abuse of older First Nations adults. The FNC will explore ways to increase awareness of the types of senior abuse and has developed a list of tools and resources on this topic.



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