

# First nations essay

[Countries](#), [Canada](#)



## **Abstract**

This paper examines the challenges of addressing and combating elder care issues within a First Nations context. This paper suggests the issues regarding insufficient healthcare resources available in reserves where majority of citizens of First Nations community resides. It also sheds the light on the effect of colonialism and residential schools which contributed to psychological abuse that has impacted health of first nation elders and increased their level of vulnerability in Canadian society. Steps taken by government and private agencies for betterment of the community are also discussed.

## Introduction

Canada, a country, a piece of land or perhaps an emotion has been synonymous with the concept of multiculturalism. With respect to immigration, Canada ranks fifth in the world in terms of largest foreign-born population (1). About 6, 264, 800 people identify themselves as a member of a visible minority group. About 31% of them were born in Canada and rest of them were born outside the country and came to live in Canada as immigrants (2). It can be said that each new wave of immigrants throughout the Canadian history has added to Canada's ethnic and cultural composition. Over time patterns of immigration has changed. Historically, most immigrants came over from Western Europe. But, more recently the largest group of newcomers to Canada has been from Asia, middle east and Africa.

But before, Canada opened its gate to immigrants from over the world, Canada was home to aboriginal communities. These communities can be further divided into six major groups: Woodland First Nations, who lived on the eastern part of the country; Iroquoian First Nations, who thrived in the southern part of the country; Pacific Coast First Nations, who lived in the western part of the country and depended on salmon hunting for food; Plains First Nations, who inhabited on the grasslands of the prairies; First Nations of the Mackenzie and Yukon River Basins, who lived in the harsh environment and barren lands of the northern part of the country and Plateau First Nations whose territory ranged from deserts in the south to the mountainous regions in the north (3). Most first nations communities comprised of many independent groups, each with its own separate territory. These groups occupied North America for thousands of years. The first European settlers arrived in 11th Century and settled the first colony in L'Anse aux Meadows. Ever since, immigrants have started to come in Canada and like any other country they eventually became a sovereign country. Canada is a democratic country and have passed and implemented in the fields of defence, economy, healthcare etc for the betterment of its citizens. Sometimes, policies are widely criticized and sometimes considered revolutionary and progressive.

According to the 2016 Canadian Census, total population of Canada was 35 million (approx.) and out of which 5 million (approx.) was aged 65 years and older (2). Retirement age in Canada is 65 years. Therefore, there are 5 million people who are not part of the working population and thus quite possibly not contributing anything to the economy. Canadian government

provides healthcare various benefits to each citizen which allows citizens to pay almost nothing for a medical procedure as compared to our neighbours down south. It is quite correct to assume that 5 million people who are not part of the working population use majority of healthcare services in Canada. According to graph below, seniors would outnumber children in Canada by 2017. They are also expected to comprise quarter of Canadian population by 2036.

According to Canada's Three Year Fiscal Plan released in 2018, government is projected to spend CAD 345 million on healthcare services in three years (5). Government tries its best to use this money efficiently so that each citizen can benefit from all the healthcare services. According to latest pole conducted by HealthCare Now, 86. 2% of Canadians are happy with Canadian healthcare systems. But, still some people in first nations community does not share the same opinion.

### Health Challenges Facing Aboriginal Seniors

A number of studies indicate that Aboriginal seniors report a poorer health status than general senior population. In 2001, almost nine in ten Aboriginal Seniors were reported living with a chronic condition and seven in ten reported having disabilities. Furthermore, report released by Public Health Agency of Canada in 2003 showed that major chronic diseases such as diabetes, cancer etc. are significantly higher and growing in First Nations community (13). This is aided by the fact that another report releases in 2001 showed that Aboriginal seniors are more likely to report daily smoking and heavy drinking than general population.

In a report released by Public Health Agency of Canada in 2003, there contains strong evidence which points a direct correlation between health and social and economic status. The poor economic conditions of reserves are well documented. Aboriginal seniors have low median incomes than the general population and prevalence of low income is higher in the cohort (13). Please see the attached table for more information.

### Healthcare for Seniors in First Nation Reserves

According to Statistics Canada in 2011, there are more than 3000 Indian reserves in Canada. About 60% of registered Indians live on these reserves (6). There are minimal health care services in many reserves, particularly those that are rural, remote and in the North, with limited access to medical technology and supplies. Therefore, seniors have to travel for these services that could be offered in their communities. Traditionally, life span of a First Nations Elder could reach 105, but due to poor health care and influx of health risks such as heart disease and substance abuse, the average age has dropped by almost half to early 50s. Furthermore, since with high unemployment in these communities, many seniors don't have access to reliable mode of transportation. Additionally, many first nations elders believe these application process and transportation logistic pose as a barrier for them to receive timely and appropriate healthcare. There is a strong feeling of resentment towards federal government among the reserve's residents as they believe that government has not provided sufficient support to the community. Government providing no support to the community would be an exaggeration. Some healthcare services do exist in

the community; however, these services pose new challenges for the workers and people in the community. It has been reported that a significant proportion of healthcare professionals serving the community are not trained and experienced enough to handle complex medical needs of seniors. Due to continuously growing resentment attitude towards federal government and inability to navigate through complex health care systems, most first nations elders prefer to live at their home for as long as possible. This presents an alarming pressure on government to make some policy reforms to make healthcare accessible to these communities as over 44% of first nation adults over the age of 55 requires one or more home care services (7).

Due to increase in the number of aged people in the first nations community and the disproportionality high rates of chronic diseases, mental health issues and disability, it is predicted that demand for long term care will increase rapidly over the next decade. But, less than one percent of First Nation seniors have access to these facilities. Since federal government has restrictions on approval of any new facilities on reserves, facilities would be away from their community. Therefore, they have to be away from their loved ones for an extended period of time and that may lead to depression and decrease quality of life. There are stories circulating in first nations community telling about elders taken away from the reserve to large city's health care institution for treatment and was never seen again (7). For some seniors, who have lived through the terrible residential school era, these incidents reignite the same trauma and further contribute to towards the decision to not leave the reserve. According to the 2004 study conducted by the Government of Canada and First Nations concluded that an

overwhelming majority of Aboriginal seniors prefer to not leave the reserve away from family members for any reason. Therefore, many activists argue that extensive research should be done to create a culturally safe long-term facility.

### Sociological Issues Effecting Elder Care

In the study conducted by Canadian Journal on Aging in first nation communities in Northwestern Ontario in 2013, most elders have commented on the changes in the extended family system within their communities (12). Due to lack of economic opportunities in the community, many young people are forced to look for work outside the community which leads to elders being left to take care of themselves. Many elders feel due to this migration, traditional intergenerational family caregiving system is breaking down and thus ultimately leading to them being admitted to a long-term care facility. Many elders are left alone, and they get lonely. This decreases their quality of life and contributes towards sociological aging.

In the same study, some people who participated in the study also pointed out the disrespect towards elderly observed in their community.

### Psychological Issues Effecting Elder Care

Issue of family violence have received mainstream attention, but little is known about the abuse of seniors in particular. According to the report released by Ontario Advisory Council of Seniors in 1993, elder abuse is very common in Aboriginal communities both on and off reserve (8). Domestic elder abuse refers to maltreatment by a caregiver with whom a senior has a

trust relationship. Since, the idea of spirituality is very important to elders, this abuse is potentially far worse than mental, physical and sexual abuse (9). Most of the elders are dependent on caregivers at some point of their life as we see in the next section which details healthcare provided by government and non-for-profit organisations for the betterment of the community. A huge chunk of elders also suffers from psychological abuse which directly related to high cases of drug addiction, alcoholism and violence in First Nations community. Major cause for this abuse can be traced back to the trauma suffered by them through residential schools.

Lack of psychological support training that includes grief support and counselling, identification of depression and crisis management also contributes towards the declining psychological health among elders in the First Nations community. Other factors that falls under this same domain and worsens psychological health of elders are sense of disempowerment towards government and lack of culturally relevant safe care (12).

#### Bridging the gap between First Nation Community and Government

Quoting that there are significant gaps and challenges in the delivery of health care for First Nation seniors and government would be an understatement. However, on a positive note, communication between the community and government related to issues relating to unemployment, healthcare, culture have been increasing steadily in the past decade (7). There are numerous examples of innovative practises suggested by elders which have been implemented by the government or private agencies to improve the overall delivery of healthcare to elders. For example, in 2013,



Saint Elizabeth College started offering a certificate in First Nations Elder Care which provides student necessary clinical training and education about health topics related to elder care such as falls, medication, nutrition etc., in addition to culturally sensitive education about First Nations History and culture (7). Elders guided the cultural content through the development of the course. The course has received an enthusiastic response from the community representatives who appreciated the understanding the course provided to provide a safe environment along for the elders. It has been reported the goal of the course was to keep elders in the comfort of their home instead of moving them to a long-term care facility which is hated unanimously by elders as documented in previous section.

There is a major disconnect in the communication flow between seniors and hospital when they are discharged home from the hospital. No referrals were being made from hospital side to ensure follow up care. In most cases, support services in reserves were not aware of the hospitalization and thus increases the chances for the senior to end up back in the hospital or worse, a long-term care facility. A partnership was formed between North Shore Tribal Council (NSTC), Indian Friendship Centre, and the Metis Nation of Ontario to provide a collaborative and integrated care approach to build a client case centre management system (7). In every hospital, there are designated First Nation system navigators/ discharge planning nurses which works in coloration with hospital staff, client's family, NSTC community and Community Care Access Center to ensure that follow up appointments with health care providers are in place and kept. This program is funded by the provincial government.

## Government Contribution for Improving First Nations Elder Care

In 2013, government started First Nations and Inuit Home and Community Care program (FNIHCC). The aim of this program was to develop community care services that would help people suffering from chronic and acute illness and provide them the care they need in their own home or community (7). Services provided by this program may include nursing care, bathing, meal preparation etc. Overall the critical reception has been positive. However, there has been criticism for lack of evening and weekend coverage.

As opposed to FNIHCC which was critically well received, another federal program did not have the same fortune. The Non-Insured Health Benefits program (NIHB) was implemented to provide coverage for a range of medically necessary drugs, dental care, mental health counselling etc. However, many critics called out the program for being an underfunded and bureaucratic program cluttered with restrictions and hard to understand rules (7). Program was riddled with delays in medicine approval, supplies and medical travel. These delays were worsening the condition for enrolled seniors and was rather decreasing the quality of life. Program also received criticism for turning down a number of applications for NIHB benefits, leaving seniors; many of whom are among the poorest people in the country, without any way to get those essential medicines they required. The program was administered by Health Canada, however due to the criticism pointed towards them, program's responsibility was transferred to different organisation in provinces. For example, In BC, it was transferred to First Nations Health Authority.

Enough gerontological studies have not been conducted in this topic to gather enough evidence for government to implement policies for the betterment of this community (8). But, over the past decade government has taken notice of the issue and has created various organisations for bridging the gap between First Nation communities and government. For example, in 2010, Quebec allotted some budget to hire regional coordinators spread through the province with sole aim to encourage and grow regional and local partnerships between various communities and agency (10).

### Community Efforts to improve First Nations Elder Care

In Aboriginal culture, death is an important time for families and communities to gather, and for traditional practices. Therefore, end of life yields a different perspective from the Western model. It has been reported that a culturally appropriate model is being developed in Lakehead university to provide safe palliative care services to First Nations elders.

It has been a long-lasting concern in the First Nations community that health care system is a little complex for seniors and government should provide support to help them understand the system better. Programs such as Saanich First Nations Adult Care Society in BC have been working with regional hospitals to ensure that all the senior's concerns are communicated to institutions to prevent hospital readmission.

Furthermore, to ensure that elders admitted for long time care spend time with their family and loved ones, Siksika Health Services, a non-profit organisation based in Siksika Nation, Alberta works closely with local

hospitals by participating in weekly discharge planning rounds (11). They have also partnered with radiologists to provide ultrasound services on reserve, in addition to meal delivery, escorts for medical appointments outside the community, assistance with bathing and palliative/end-of-life care etc. Similarly, in northwestern Ontario, KO Telemedicine is an award winning First Nations operated and a non-for-profit organization affiliated with Ontario Telemedicine Network (OTN) serves 26 communities in Sioux Lookout Zone (12). Their use of information technology to link health care providers to patients has improved access to a range of health care services for residents. For example, nurses can install a camera in patient's home and provide instructions to personal care worker more effectively. They also use this technology to allow elders in long term care to talk to their family without getting out of the institution. Elder's response to this technology has been positive (7).

Earlier, we briefly touched upon a subject of elder abuse in first nations community. We discussed how the trauma of residential schools and insufficient health care adds to psychological, mental, physical and social abuse. Furthermore, elders are also financially abused by their own children and grandchildren. Since, it is very common in First Nations culture for a multigenerational family to live together under one roof, sometimes grandchildren and children expect seniors to take care of them, while they spend their financial assistance on alcohol and drugs. In Yukon, a Transitional Employment Program for youth was implemented in order to stop their dependence on social assistance, keep youth busy and put an end to financial abuse of seniors. Youth were assigned to an outreach worker and

together they come up with a case plan to identify goals and aspirations for education and experience. Collecting and cutting wood to heat their homes, repairing their houses etc. In exchange, they are paid \$15/hour (7). Seeing their grandchildren working for a living and not wasting their lives under the influence of alcohol and drugs also increases their quality of life.

## Conclusion

Two most important determinants of health for an individual is his social and economic standing in the world. First nation elders have the lowest median income than all the other groups in Canada and do not enjoy a powerful social standing in the society due to still suffering from the psychological trauma of residential schools. Therefore, their health is in pretty bad condition. Additionally, absence of family members and dependence on external care givers also reduce the quality of life. Delivery of health care services to reserves is far from perfect. But, there are several evidences that proves government is working on improving these conditions.