



## Background

### ***Improving health care for First Nations, Inuit and Métis seniors***

This report contains information about the pressing needs of First Nations, Inuit and Métis seniors. To research this report, the Health Council conducted interviews with senior officials from provincial, territorial and federal governments and from First Nations, Inuit and Métis organizations. The Council also hosted meetings in Vancouver, Winnipeg, Ottawa, Inuvik, Iqaluit, and Happy Valley-Goose Bay to learn what is being done to improve health care for Aboriginal seniors across Canada and where problems still exist. Many participants were health professionals and members of First Nations, Inuit, or Métis communities; some were seniors as well.

### **Demographics and health indicators of First Nations, Inuit and Métis seniors**

- First Nations, Inuit, and Métis seniors are among Canada's most vulnerable citizens. Their health needs are magnified by determinants of health such as poverty, poor housing, racism, language barriers and cultural differences.
  - Many seniors cannot afford to buy healthy foods (especially in the North, where food is extremely expensive) and struggle simply to have enough to eat.
  - There is a severe shortage of housing in many communities, particularly those that are remote or in the North, and what is available is often in poor condition. Poor living conditions, coupled with poor nutrition, put everyone in the home at higher risk for diseases such as tuberculosis. Poor housing conditions can also make it difficult or impossible to receive home care services.
  - Many seniors live in remote or isolated communities. The need to travel to obtain health care is a significant problem that is often physically, emotionally and financially challenging.
  - The lasting effects of colonization and residential schools—described as a form of post-traumatic stress disorder for individuals, communities, and cultures—have left many seniors socially isolated and with significant emotional and mental health concerns.
  - As a result of colonization and residential school experiences, as well as ongoing experiences with racism, many seniors do not trust mainstream institutions. Many seniors delay seeing a health care professional about their symptoms until they are seriously ill because they are afraid they will be sent away for care and never return.
  - A significant proportion of First Nations, Inuit and Métis seniors may not have literacy skills in English or French. As a result, seniors often do not fully understand information that health providers share with them about their health conditions.



### **Disparities between non-Aboriginal Canadian seniors and First Nations, Inuit and Métis seniors**

- Compared to non-Aboriginal Canadian seniors, a significantly larger proportion of First Nations, Inuit and Métis seniors live in poverty and in poor health with multiple chronic conditions and disabilities. A number of studies indicate that older Aboriginal people report poorer health status than the general senior population.<sup>1</sup>
- Since many First Nations, Inuit and Métis seniors don't have the same level of care in their communities as non-Aboriginal Canadians, their health conditions can become more severe, increasing the amount of care they need.
- First Nations, Inuit, and Métis seniors need more intensive support to navigate the health care system due to gaps in care, challenging determinants of health, a greater burden of physical and mental health conditions, and language and cultural barriers.

### **A complex environment for Aboriginal health care**

- The roles and responsibilities for the health care of Aboriginal seniors vary significantly across the country, based on agreements between the federal government, provincial/territorial governments and individual Aboriginal communities.
- Although there are some exceptions, there is typically little or no coordination and communication between health care services provided by the federal government, provincial/territorial governments, health authorities and Aboriginal communities.
- At the root of many of these problems is confusion and disagreement about the role of the federal government and the degree of their responsibility for the health of First Nations and Inuit people. The exclusion of First Nations people from some provincial programs available to all other provincial residents is also contentious.
- Métis people do not have access to federal programs available to First Nations and Inuit people, or to provincial programming that meets Métis-specific needs.

### **Positive changes**

- Many examples of positive changes in the care of Aboriginal seniors are taking place across the country. Many programs were started as a result of one person or organization questioning the status quo and reaching out to build partnerships, and by separating politics from service delivery to focus on building equal partnerships to resolve problems and improve access to care.
- It's well documented that when initiatives are developed, led and managed by First Nations, Inuit and Métis people, there is the greatest potential for success in improving the health of their people. BC First Nations Health Authority is a ground-breaking example of efforts to improve access with culturally competent care that is developed, led, and managed by and for First Nations people.

<sup>1</sup> Wilson, K., Rosenberg, M., Abonyi, S., & Lovelace, R. (2010). *Aging and Health: An examination of Differences between Older Aboriginal and Non-Aboriginal People*. Hamilton, ON: SEDAP Research Program.  
<http://socserv.mcmaster.ca/sedap/p/sedap279.pdf>