

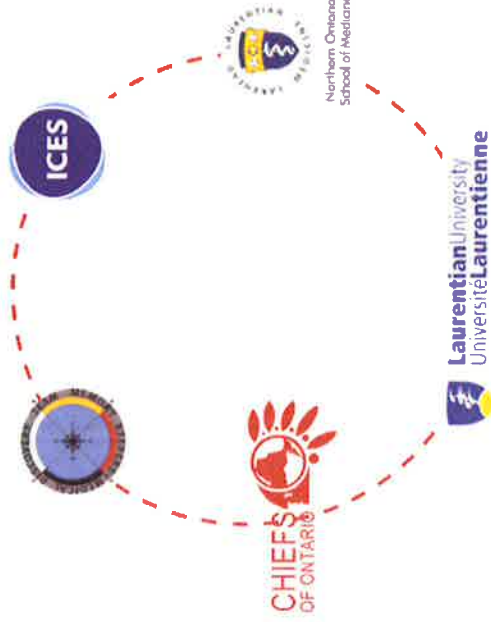
Ontario First Nations Aging Study

Presented by Graham McCreedy

Jennifer D Walker, PhD

First Nations Health Research Symposium

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Research Team

Kristen Jacklin, University of Minnesota Duluth (coPI) *Knowledge Circle:*

Carmen Jones, Chiefs of Ontario

Donna Loft, Chiefs of Ontario

Susan Bronskill, ICES

David Henry, Bond University

Melissa Andrew, Dalhousie University

Janet Smylie, Well Living House

Wayne Warry, University of Minnesota Duluth

Derek Debassige, Annie O'Brien

Research Staff:

Graham Mecredy, ICES/COO

Melissa Blind, University of Minn Duluth

Karen Pitawanakwat, CRaNHR

Morgan Slater, Queens University

Rosanne Sutherland, Chiefs of Ontario

Meghan Mills, Laurentian University



This is the first population-level profile of wellbeing of older First Nations adults in Ontario and their health care experiences.

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Funding ▾ Institutes ▾ Strategies ▾ Initiatives ▾ Collaboration ▾ Health research in action

Canada

Aging well from a First Nations perspective

Working with First Nations communities to focus on wellness

December 22, 2015

When we talk about our health sometimes it can feel like we're actually talking about the opposite. We list our ailments, our medications, our aches and pains. We reminisce about the things that we could do (and eat) when we were younger but have since had to abandon, and we catalogue our chronic conditions. Despite the importance of discussing health issues with a medical professional, it can often feel as though we're only talking about what's wrong—instead of what's going well. In fact, for a lot of First Nations seniors, the focus on chronic conditions and "health deficits" paints the wrong picture altogether.

"First Nations people particularly want to focus on positive health," explains Dr. Jennifer Walker of the Centre for Rural and Northern Health Research at Laurentian University. "They see wellness as a holistic thing. So, when you're asking about one specific condition, people don't want that one condition to be reflecting the state of their overall health."

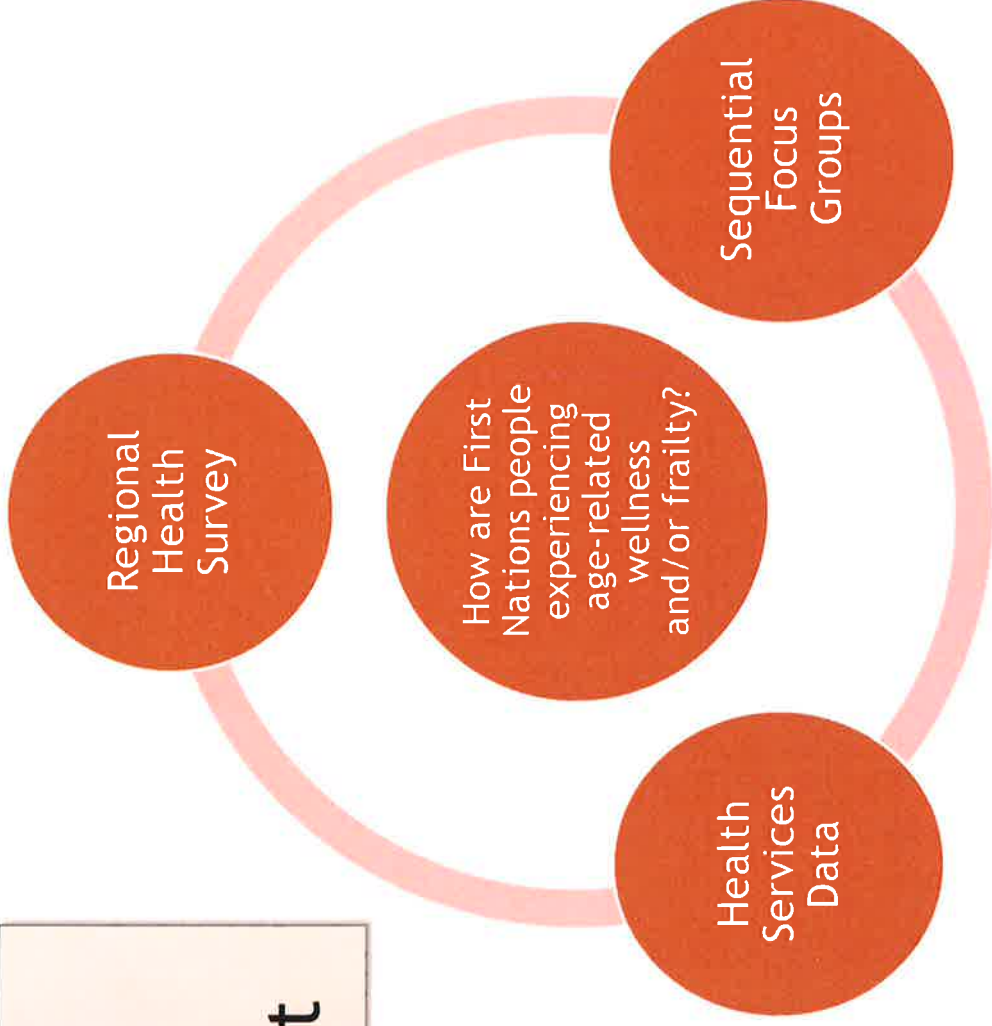
This focus on the negative may misrepresent how First Nations people feel about aging in their communities. When they see good health as a matter of resilience—or more specifically, as a balance in physical, mental and emotional wellbeing—the inability to report on health in their own terms can be a source of frustration or even contribute to distrust of those collecting the health data. At the same time, documenting the need for health and supportive services depends on an accurate understanding of the health status among First Nations seniors. To help remedy this situation, Dr. Walker is currently working with First Nations seniors in Ontario to understand aging well from their perspective. She and her team are also developing approaches to measuring "frailty" and "wellness" in culturally appropriate ways.



Dr. Jennifer Walker's research will benefit First Nations seniors living in Ontario, including her own grandmother (pictured here). Photo courtesy of Dr. Jennifer Walker.

<http://www.cihr-irsc.gc.ca/e/49566.html>

Bringing
together
knowledge
from different
places



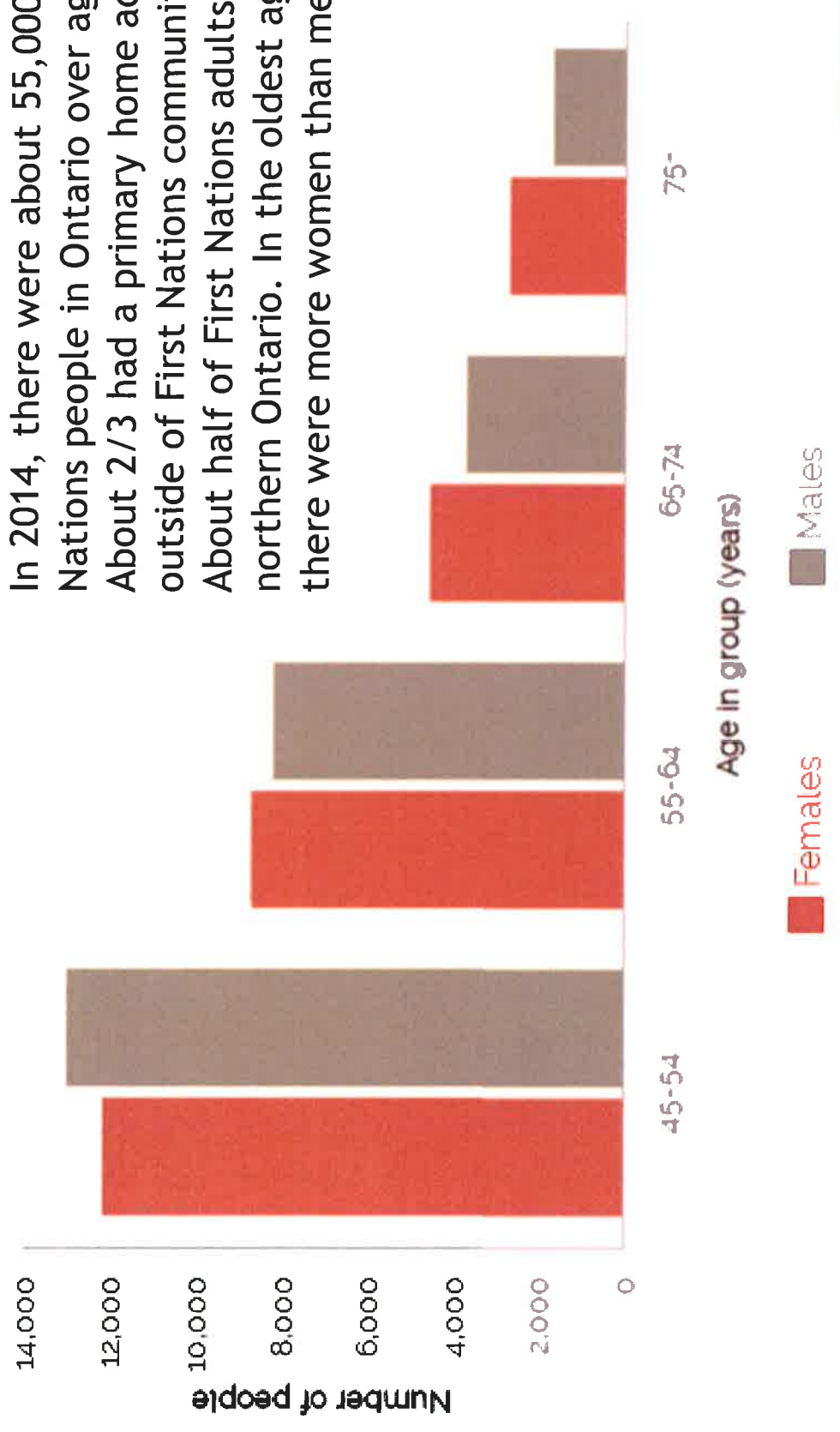
“Getting old is a good thing. I like it.”

Bill Antoine, Advisor on Manitoulin Island

***“I still drive my bicycle around.
Not as much though because I'm
getting older and slower. And I
still walk a lot. Oh, yes. Everyday
I'm outside.”***

Focus Group Participant from Manitoulin Island

In 2014, there were about 55,000 First Nations people in Ontario over age 45. About 2/3 had a primary home address outside of First Nations communities. About half of First Nations adults lived in northern Ontario. In the oldest age groups, there were more women than men.



Data Sources: ICES data holdings, including the federal Indian Register (2014) and the Ontario Registered Persons Database (2014)

Perspectives on Frailty

From Anishinaabe Perspectives:

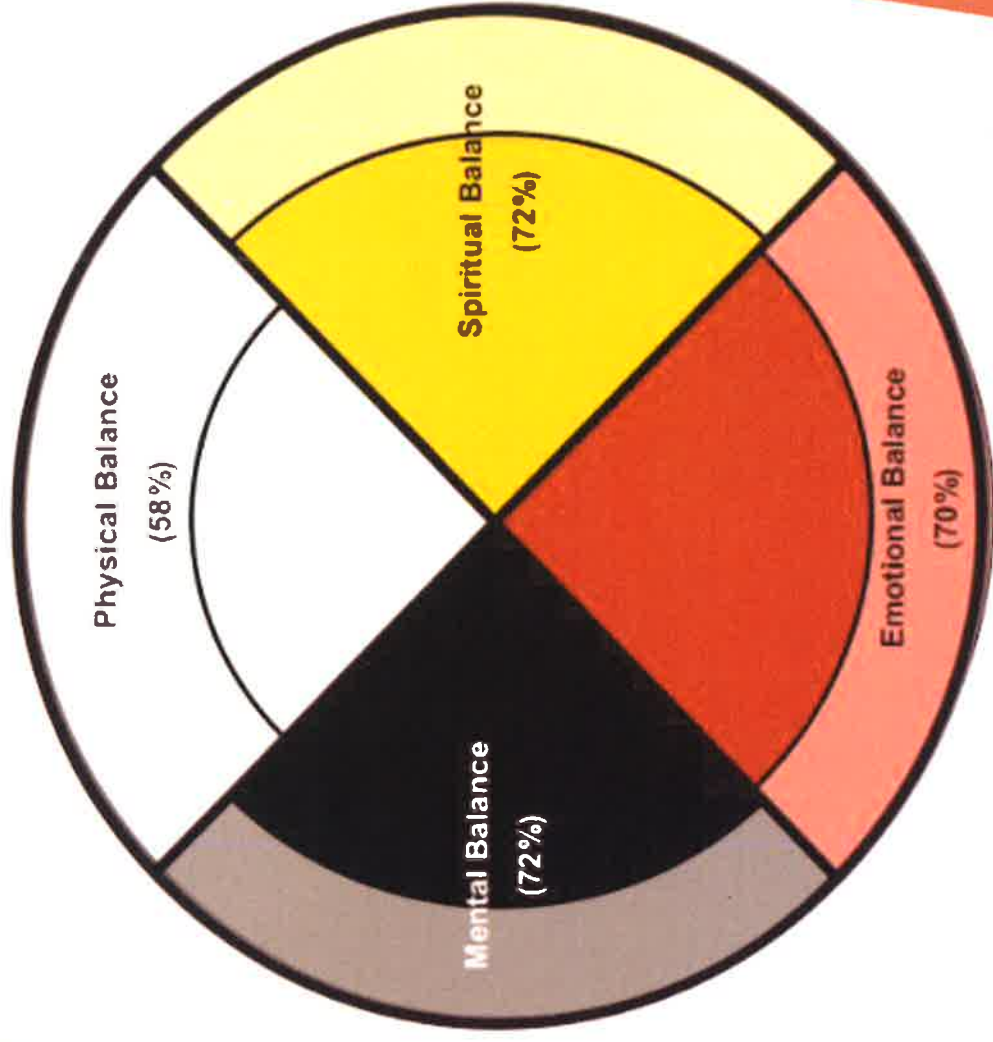
- “Energy” is an important part of aging well.
- Aging well is supported by connection with others and the environment around the person.
- Things that promote aging well: connection to culture, language, land and medicines; connection to youth, family, community

From Clinical Perspectives:

- Being free of health problems is the central part of aging well. An important way of describing the experience of aging is “frailty.”

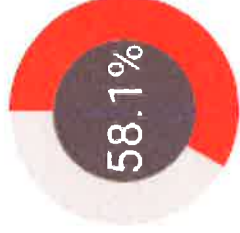
“If you’re going to be healthy you got to upgrade the mind [...] the holistic. The spiritual, physical, emotional, you know, all these tings. [...] If they don’t work together then you just don’t get well.”

Focus Group Participant



About half of older First Nations Adults are aging well and are not frail.

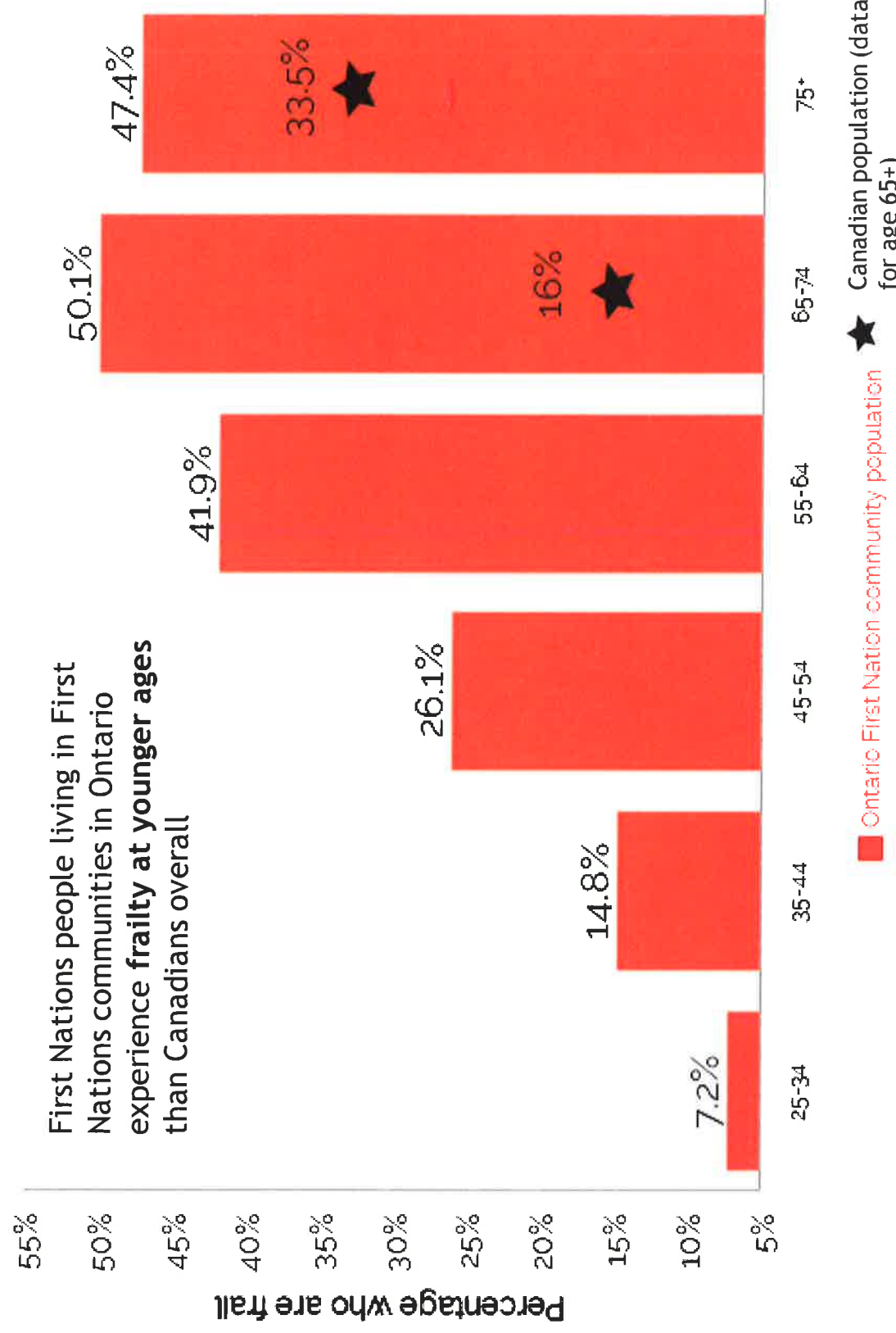
Self-perceived health	Change in health status	Body mass index	Participation and activity limitations
Speech	Emotional health	Pain	Vision
Hearing	Mobility	Cognition	Dexterity
Chronic conditions	Limited in activities of daily living	Fall-related injuries	Walking for exercise



Data Source: First Nations Regional Health Survey, Phase 2

“I know some friends, the [older they get] the more they’re so devastated [...]. But I think people need to enjoy - enjoy getting older. Then they’re going to grow older gracefully.”

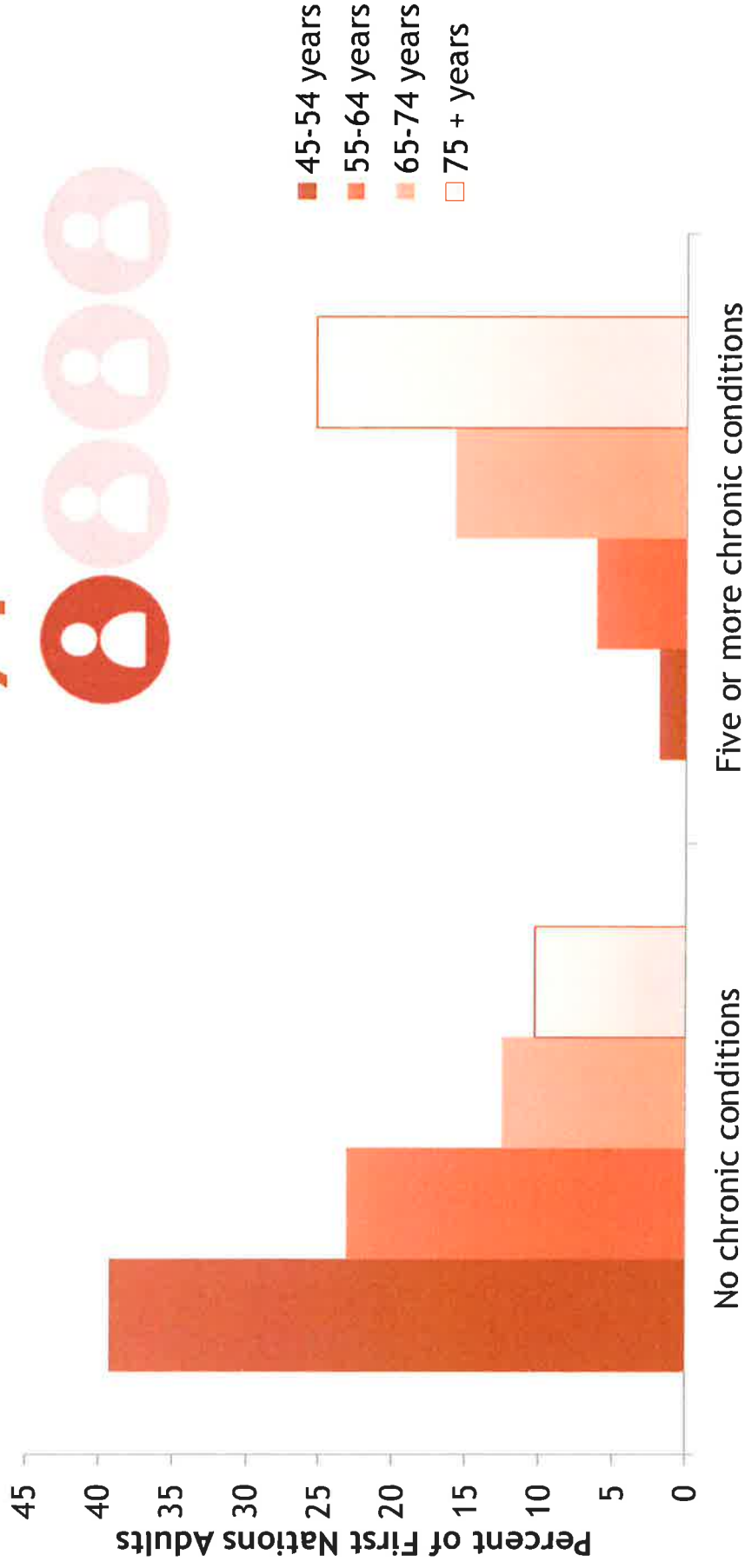
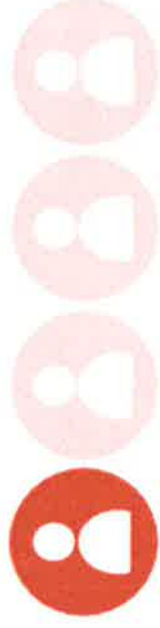
Focus Group Participant from Manitoulin Island



Data Sources: Ontario First Nations Regional Health Survey, Phase 2 (2008-2010), Canadian Community Health Survey (Hoover, et al. (2013))

Multi-morbidity

1/4 of First Nations adults 75+ have 5+ chronic conditions



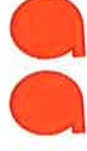
Data Source: ICES Data holdings including hospital, physician, emergency department, linked to Federal Indian Register.

Older First Nations people's greatest concern is for younger generations



Well, there's a scary part we're dealing with right now. We can talk about frailty and things like that. There's a lot of our young people dying and they're not frail but they're dying from something else.

Focus Group Participant

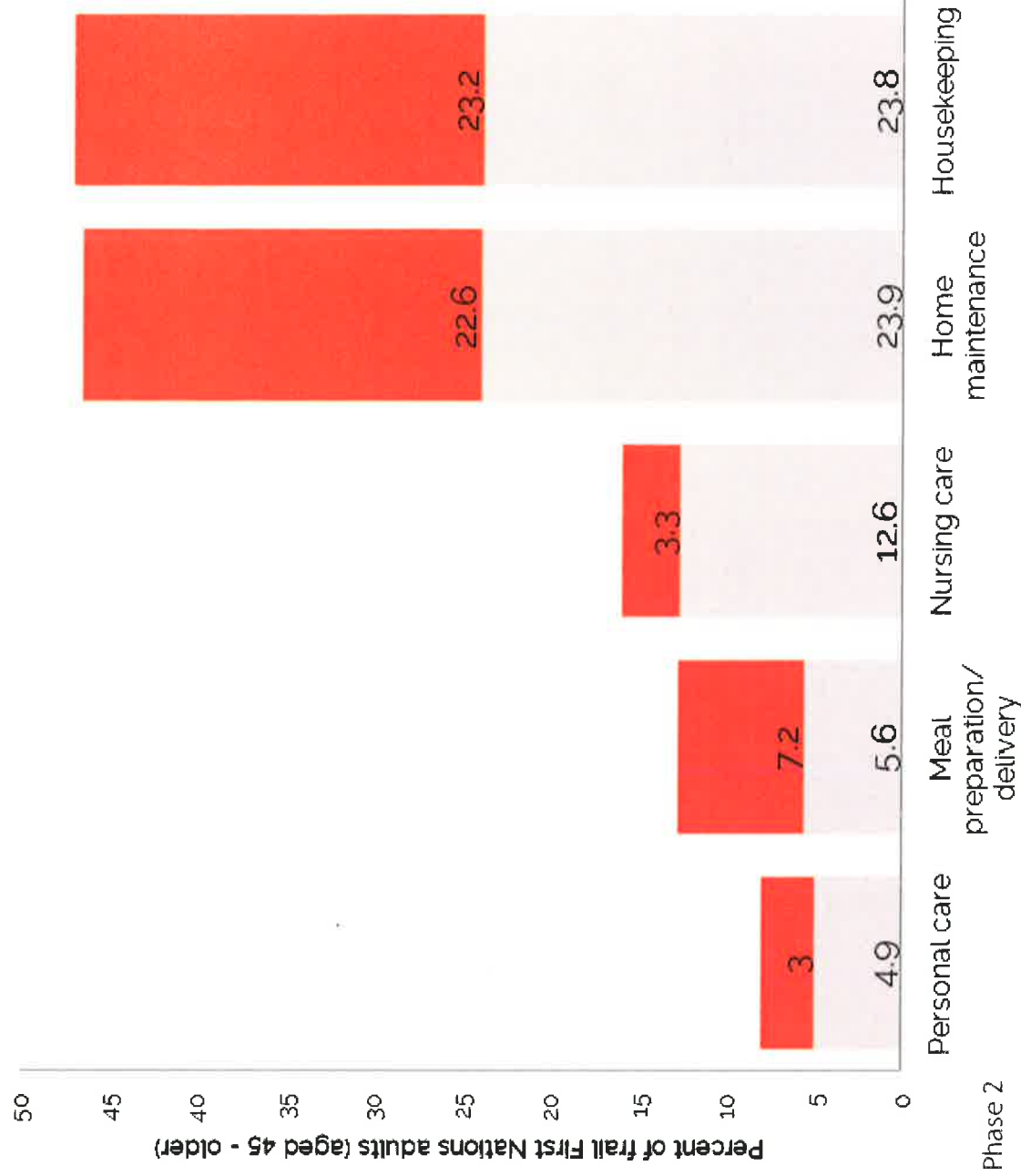


That's what a lot of our young ones are suffering, is from anxiety, and [...] I have a daughter that is suffering from anxiety, and there are times that we've taken her to the hospital and they told her that she's just [...] having an anxiety attack. [S]he's fighting this mental illness that's scared the hell out of me [...].

Focus Group Participant

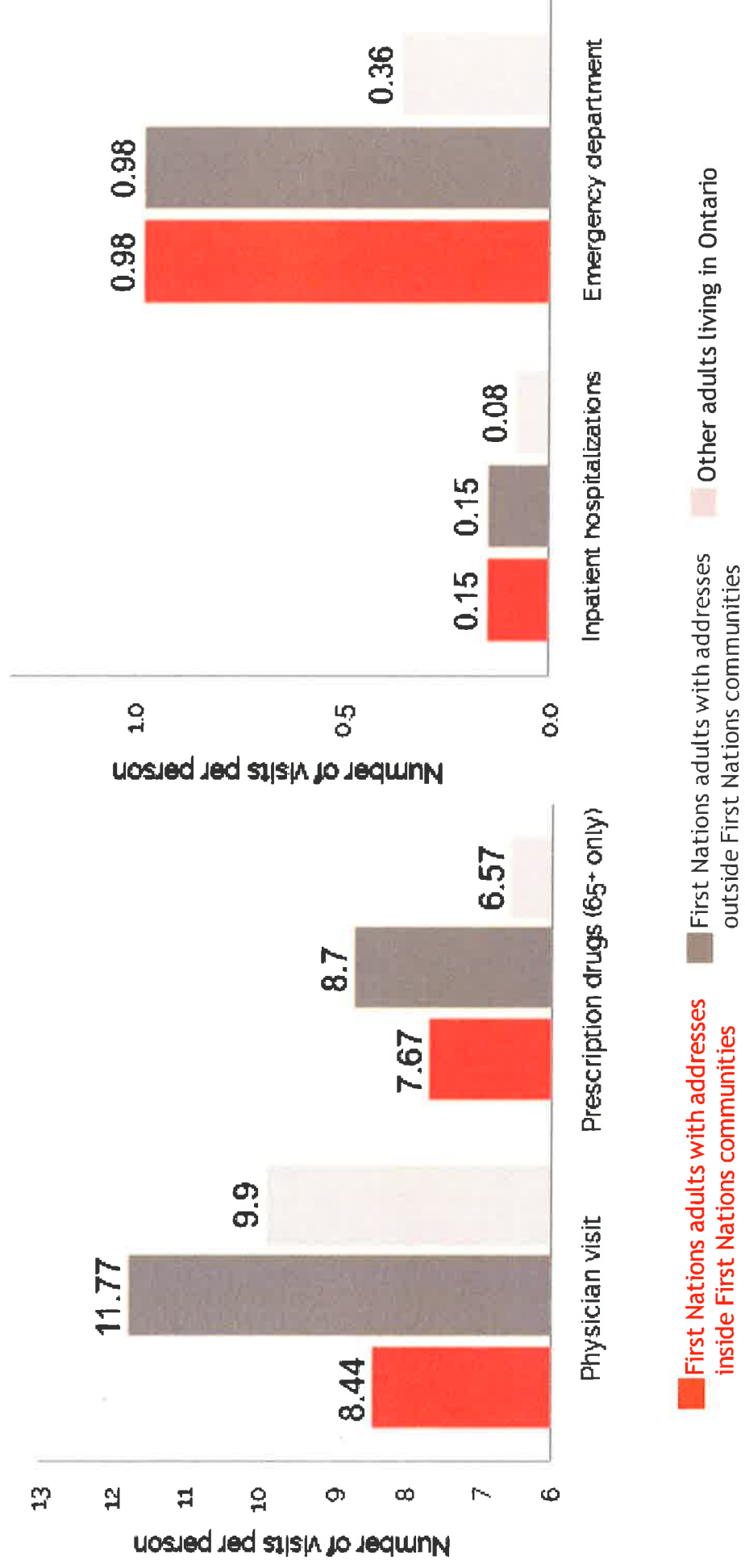


The highest needs that frail First Nations adults report are in support for home maintenance and housekeeping



Data Source: First Nations Regional Health Survey, Phase 2

First Nations adults have higher rates of health services use.



Data Source: ICES Data holdings including hospital, physician, emergency department, linked to Federal Indian Register.

Conclusions

- ▶ Need for First Nations-designed housing, social and health services that support First Nations people with multiple chronic conditions.
- ▶ Given the early age of onset for multiple chronic conditions, **focus on prevention** of chronic illness.
- ▶ Existing and future services and programs need to **integrate First Nations perspectives** on aging well that reflects concepts of resilience including:
 - ▶ maintaining and adapting roles, relationship to land and language, and relationships to family and community.

Next Steps

- ▶ More detailed workshop at Health Forum - Wednesday afternoon
- ▶ Produce a summary report
- ▶ Work with the Health Coordination Unit and our Knowledge Circle to create policy briefs on topics related to aging and aging well including housing, social and health services/programming
- ▶ Write academic manuscripts

Thank you
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Jennifer Walker
jenniferwalker@laurentian.ca