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## Aging in Indigenous Canada (chapter)

Sarah E. Nelson

*University of Nebraska at Omaha*, [snelson57@unomaha.edu](mailto:snelson57@unomaha.edu)

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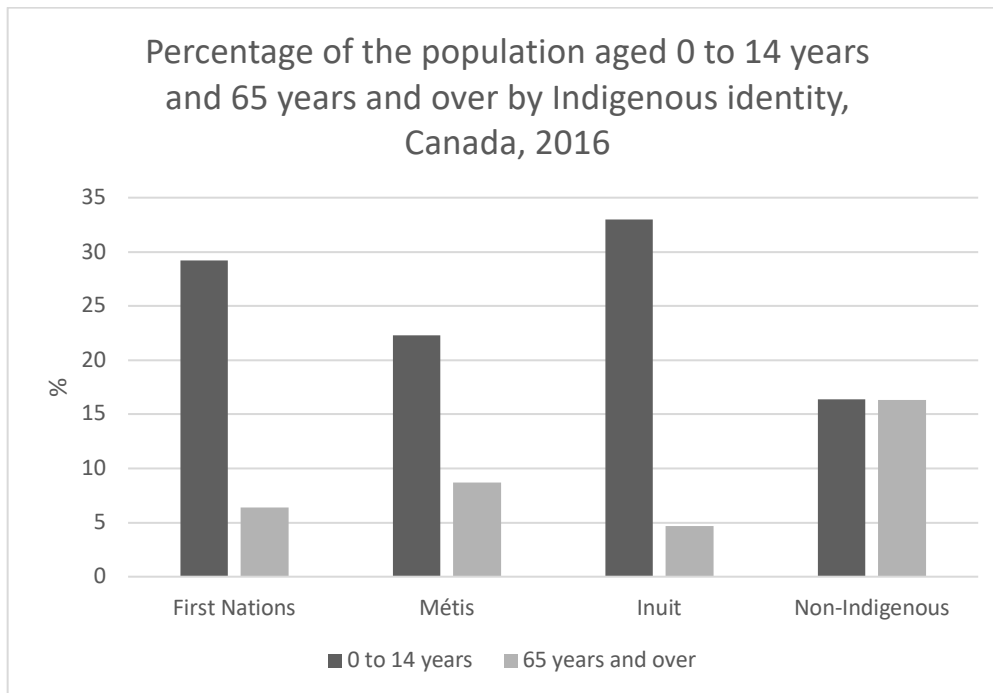
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Introduction - Aging in Indigenous Canada  
Sarah Nelson

Older Indigenous people are in a unique position within what is now Canada. With relationships to place that extend over millennia and shape the ways that communities are structured, as well as the ongoing challenges and oppressions of living within a colonial society that regulates much of everyday life and limits opportunities in many Indigenous communities, aging for Indigenous individuals has multiple layers of complexity that involve both opportunities and challenges, and that relate closely to the places in which people live.

“Indigenous peoples” is an umbrella term, used internationally to refer to the original peoples of a place. In Canada, “Indigenous peoples” include over 70 distinct language groups and hundreds of different nations (Statistics Canada 2017). In Canada, the *Constitution Act* recognizes three main Indigenous groups: First Nations, Métis, and Inuit (Government of Canada 1982), although each of these groups masks a huge amount of diversity, and Indigenous peoples generally prefer to be identified by nation – such as Cree; Mi’kmaq; or *Omàmìwinnini* – rather than as part of these larger groupings. The 2016 Census counted 1,673,785 Indigenous people in Canada, a number that grew by 42.5% since 2006, and Indigenous peoples now make up at least 4.9% of the overall population of Canada (Statistics Canada 2017).

While the Indigenous population in general is younger than non-Indigenous populations in Canada, the proportion of Indigenous people aged 65 years or older is also increasing more quickly than in other populations, rising from 4.8% in 2006 to 7.3% in 2016 (Wilson, Rosenberg, and Abonyi 2011; Wilson et al. 2010; Statistics Canada 2017) (see Figure 1). This is giving rise to scholarship on a number of issues for older and aging Indigenous people, including urbanization and relationships to land (Wilson and Cardwell 2012); health disparities and experiences of dementia and memory loss (Bourassa et al. this volume; Bourassa et al. 2015; Hulko et al. 2010; Lanting et al. 2011; Warren et al. 2015; Wilson et al. 2010); and the provision of services in culturally appropriate ways that also account for the different, sometimes challenging, geographies of Indigenous aging in Canada (Lewis, this volume; McDermott, this volume; Paul, this volume). These issues give rise to a number of challenges for Indigenous communities, but also to a number of opportunities for older Indigenous people and those working with them, going forward.



**Figure 1: Percentage of the population aged 14 and under and 65 and over by Indigenous identity (adapted from Statistics Canada 2017).**

### *Urbanization*

Indigenous people, like the rest of people in Canada, are experiencing growing rates of urbanization (see Figure 2). Just under 7% of the Indigenous population lived in urban areas in the 1950s; this has grown steadily and remained at over 50% of the population – which, overall, is growing – since 2006. In 1951, amendments were made to legislation that had since the 1920s severely restricted the movement of Indigenous peoples to cities. Since the removal of these legislative restrictions, urban Indigenous populations have grown more numerous again (Newhouse and Peters 2003; Peters 2004; Peters 2006). Recent scholarship has revealed that the numbers of Indigenous people counted by the Census as living in major cities may be dramatically underestimated. One study conducted in Toronto found that there may be as many as 55,000 people identifying as Indigenous living in the city – almost three times the Census estimate of 19,270 people (Rotondi et al. 2017). However, the numbers of Indigenous people living on reserves in rural areas have also been growing over a number of years, resulting in net growth in both rates of living on reserve and living in urban areas (Norris and Clatworthy 2003). This is due to the overall growth of Indigenous populations in Canada, and because more people feel safe and proud to identify as being of Indigenous identity or ancestry (Norris and Clatworthy 2003; Palmater 2011; Statistics Canada 2017).

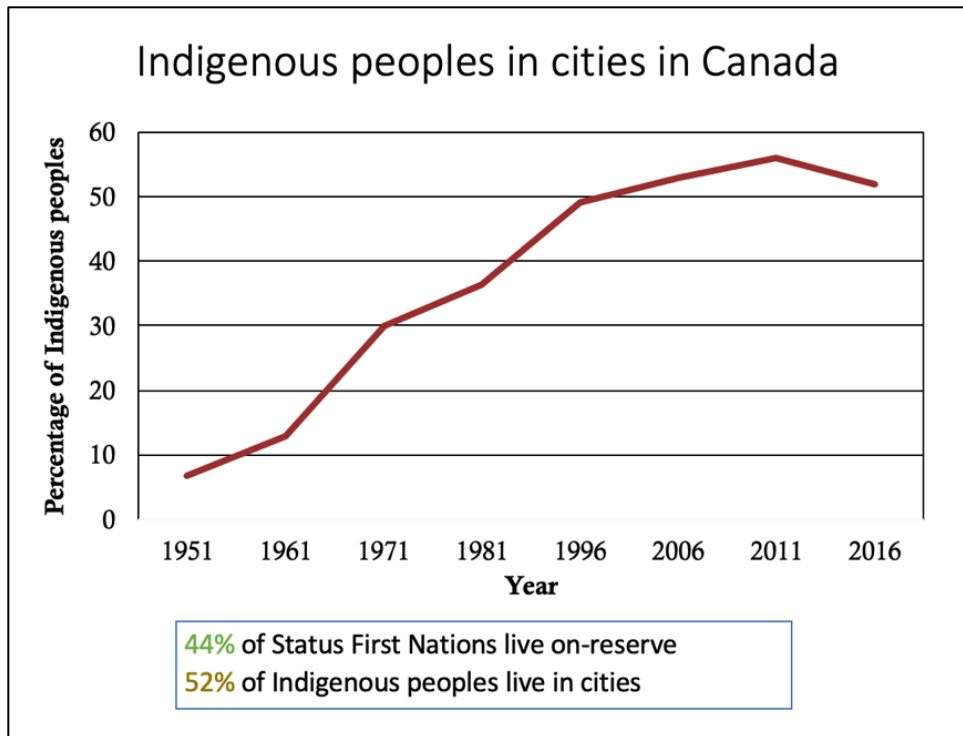


Figure 2: Indigenous peoples in cities in Canada (data from Statistics Canada 2017).

The relationships of Indigenous communities to land and place in Canada are complex, stemming from long histories of close relationships to land, but with communities having also been subject to a great deal of interference and dislocation since the first arrival of European settlers. Reserves, for example, are portions of land that are set aside for the use of a First Nation, with the land itself being held in trust for that First Nation by the Crown, under the federal *Indian Act* (Government of Canada 1985). There are a small number of urban reserves in Canada, but the majority are in rural or remote areas (Peters 2007). The *Indian Act* also gives the federal government self-invested power to define who is identified as a “status” First Nations person – that is, someone who is eligible for registration under the *Indian Act*, and therefore entitled to live on reserve and receive certain types of benefits and services (Government of Canada 1985). Status First Nations individuals currently make up less than 45 per cent of Indigenous peoples in Canada, leaving more than 55 per cent of Indigenous peoples without access to these services and benefits (Statistics Canada 2017). Federal services are further limited to only those individuals living on a reserve, with only a limited suite of benefits available to status First Nations people who leave a reserve to live elsewhere, for example in a city (Lavoie, Forget, and Browne 2010). This can lead to difficulties for older Indigenous people who move to urban areas, who may feel cut off from benefits and services previously available on-reserve. Health outcomes have been found to be worse for Indigenous people living in urban areas than for non-Indigenous people, pointing to a range of disparities in quality of life and the social determinants of health that impact Indigenous people’s health in cities differently than for non-Indigenous people (Wilson and Cardwell 2012). In addition, Indigenous people often feel excluded from federal, provincial, and municipal planning processes. In Chapter 20, Lewis contextualizes the expressed needs of older Métis community members for

transportation, home and community care, and access to health services and health services information in northern Ontario. Participants in Lewis' research highlight the need for Métis perspectives to be included in Age-Friendly Communities planning in Ontario, in order to address historical exclusions based on Indigenous and Métis identities.

### *Health disparities and provision of services*

Scholarship in Canada consistently links inequities in health outcomes such as rates of chronic disease, mental health problems, and life expectancy between Indigenous and non-Indigenous peoples to structural inequities stemming from colonialism (Wilson and Cardwell 2012; Wilson and Young 2008; National Collaborating Centre for Aboriginal Health 2012). For example, racism and underfunding in education lead many Indigenous people to leave the educational system early; this in turn leads to higher unemployment rates and higher levels of poverty, which can affect people later in life (Roos et al. 2014). Many older Indigenous community members are survivors of residential schools and as a result experience trauma-related health problems and difficulties functioning in everyday life (Truth and Reconciliation Commission of Canada, n.d.). As Paul points out in Chapter 21, these experiences lead to differing needs for older members of the Snuneymuxw First Nation that health care providers must take into account. Experiences of racism in health care services are, unfortunately, frequently reported by Indigenous community members, and lead many Indigenous individuals to expect substandard health care, or to avoid accessing services altogether (Browne et al. 2011; Evans, White, and Berg 2014; Allan and Smylie 2015). These types of problems can be exacerbated in rural communities, where, as for other older populations, Indigenous people have access to fewer services in the immediate area. Bourassa and colleagues, in Chapter 18, address the challenges of providing care for older Indigenous community members experiencing dementia, from the perspectives of family caregivers and health care providers. Through their community-based research with the File Hills Qu'Appelle Tribal Council, these researchers provide valuable insight into the services and supports needed to help caregivers in their work supporting Indigenous community members with dementia, in Indigenous rural settings.

### *Opportunities*

Along with the challenges related to growing older as Indigenous individuals in Canada, there are many ways in which the places we live support the health and well-being of older Indigenous adults. For one thing, older adults in Indigenous communities are often highly respected and actively involved in community life – those who hold community and Indigenous knowledge, healing practices, or ceremonies, often referred to by the title of Elder, are often respected and prominent members of Indigenous communities (Baskin and Davey 2015; Dobson and Schmidt 2015; Hoffman 2010). In addition, older community members who may not be referred to formally as Elders, still often actively contribute to the life and well-being of Indigenous communities through volunteer work, teaching, and a range of intergenerational activities (Rowe et al. 2019; Nelson and Rosenberg forthcoming). McDermott, in Chapter 19, highlights the importance of intergenerational activities and infrastructure in considerations of Indigenous aging. McDermott, in Chapter 19, and Paul, in Chapter 21, also both emphasize the

healing power of reconnecting with cultural practices, including ceremony, medicine, food, law, and governance, in improving the health and well-being of Indigenous older people. This type of reconnection can be especially important for older individuals who have attended residential schools, have been adopted out of Indigenous communities, or have experienced other forms of displacement that interfere with individual connections to community structures and knowledge. Reconnecting with one's community of origin can in itself be a form of healing (McDermott this volume; Paul this volume; Gone 2013). Reconnecting to Indigenous community practices also links to the growing literature (and practice) related to Indigenous community resurgence, whereby Indigenous communities in all parts of Canada, and the world, are revitalizing languages, governance structures, healing practices, and economic activities that have been disrupted or suppressed through the past centuries of colonialism (L. B. Simpson 2011, 2017; A. Simpson 2014; Corntassel et al. 2018).

Indigenous older people experience aging in Canada in unique ways that need to be taken into account in Age-Friendly Communities planning as well as in health and social planning and policy. Indigenous perspectives – including the full diversity of First Nations, Inuit, and Métis peoples – and voices are increasingly being heard, and Indigenous communities and nations are taking hold of their own revitalization. More needs to be done to support and enable this work to continue, but the possibilities for healthy and fulfilling aging within Indigenous communities and Indigenous places in Canada are many.

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