

ELDERHOOD



“We value and treasure them as the ones who provide the link to the past, to the traditions, to wisdom that guides us in how to deal with contemporary issues of living, including now.”

- Marianne Ignace, Skeetchestn First Nation¹

Elders are the keepers of First Nations wisdom, history, and knowledge.² As grandmothers, mothers and aunts, older First Nations women and Elders are the trusted supports for younger generations of First Nations women, and are essential sources of wisdom and advice about healthy ways of living.³ In many Nations, and particularly those that are historically matrilineal, older women hold leadership roles in their communities and hold important responsibilities around the intergenerational passage of cultural teachings. Elders also often take on broader guidance roles, making them pivotal to the health and wellness of First Nations communities more broadly.⁴

Elders are the foundation of First Nations families and communities – and having healthy Elders is crucial to the health and healing of First Nations communities. Fortunately, many older First Nations women and Elders living in BC are thriving and healthy. However, this generation has also been most directly affected by some of the most egregious experiences of colonialism such as residential schools, the Sixties’ Scoop, the reservation system, and Indian hospitals.⁵ Many older women have found themselves, as a result, on healing journeys associated with traumatic and difficult pasts.

Achieving the vision of healthy and thriving, self-determining Nations and communities entails supporting older First Nations women and Elders in their journeys to live long, happy and healthy lives as outlined in the teachings.⁶ It also involves honouring the final years and days of their journeys as they prepare to cross over to the Spirit World.⁷

This chapter provides a glimpse into the many ways that older First Nations women and Elders are living in wellness with connections to culture and community. It will also look at the systems in place to support women in their old age and Elder years and through the sacred end-of-life passage.

The majority of quantitative data in this chapter is from women who are 55 years and older, however, some data is from those who are 65+.

“Elder” is a sacred title that one earns from their community for their depth of knowledge and understanding of First Nations teachings, practices and ceremonies and through the harmony and balance of their actions. Elders possess wisdom gained through time and life experience, but the honour is not defined by age. All older adults have important roles within First Nations communities and hold vital knowledge and experiences of resilience. However, not all older adults are Elders.

HEALTHY, SELF-DETERMINING ELDERS & COMMUNITIES – ROOTS OF WELLNESS



First Nations have always understood health and wellness as being grounded in a person’s connections – their connections to language, the land, the culture, ceremony and the ancestors – and supported through their caring relationships with family, community and the environment. These roots of wellness are foundational to a woman’s health and identity at all phases of life. When strong, these connections provide a core of support and strength to Elders as they age through the final years of life – and prepare to transition from this world. This grounding is also vital to an Elder’s role in teaching, guiding and nurturing the roots of the children and grandchildren and community more broadly.

CONNECTIONS TO ANCESTORS, CULTURE, LANGUAGE AND CEREMONY

Many older First Nations women and Elders talk about the healing benefits of participating in ceremony, speaking their language, and taking part in cultural activities.⁹ For many, this connection also involves the passing on of their ancestral knowledge and teachings about healthy living, the land and cultural practices to younger generations,⁹ and reviving vital traditions – the potlatch, rites-of-passage ceremonies, parenting methods, traditional food and healing practices – within their communities.¹⁰

“My well-being and my grandchildren’s well-being – my future’s well-being – is dependent on the well-being of my roots, my land. Not just my memories of the roots, but my literal and continual connection to them; familial and territorial.”

- Gwen Philips, Ktunaxa First Nation⁸

As a consequence of the residential school system and the Sixties’ Scoop, many older First Nations women were cut off from their culture and language. With urbanization, some also left their home territories and were removed from opportunities for cultural learning. Many are therefore in the process of rekindling that connection as part of healing from their experiences.

PARTICIPATION IN CULTURAL EVENTS



79%

OF OLDER FIRST NATIONS WOMEN AT LEAST SOMETIMES TOOK PART IN THE CULTURAL EVENTS HAPPENING IN THEIR COMMUNITY

2015-17 | RHS

A Note about Gender Inclusivity –

This chapter is intended to honour and celebrate the strengths of *all* First Nations living in BC who identify as and/or express themselves as women, including cisgender females, trans women, non-binary people and those who identify as Two-Spirit/Indigiqueer.

The term “woman” is used in this chapter in recognition of the fact that this is a binary term that may not accurately reflect the gender and sexual identities of all those who are reflected in the experiences, data and stories discussed. Although there is currently very limited data available on the health and wellness of First Nations non-binary and transgender populations, these distinctions are important as a person’s gender identity can shape their experiences, their social determinants of health, and their access to services.

“We have been able to sustain the culture, the ceremony, the stories, the songs. It was the women who carried a lot of the knowledge and the song and the dances – sort of underground. And when the ban was removed, it was the women who carried forward to reteach it.”

- Pamela Wilson, Heiltsuk, Kitasoo Xai Xai and Haisla¹⁰

FIRST NATIONS LANGUAGE FLUENCY

Elders are the primary fluent speakers of First Nations languages in BC. In 2018, over half (51.9%) of the 4,132 fluent speakers were 65 years and older.¹¹ In some cases, as the last surviving fluent speakers, Elders are also vital to the teaching and preservation of First Nations languages.

86.9%

OF OLDER FIRST NATIONS KNEW AT LEAST A FEW WORDS OF THEIR NATION’S LANGUAGE



40%

OF THESE WERE FLUENT IN EITHER/BOTH SPEAKING AND/OR UNDERSTANDING

2015-17 | RHS



“Without our canoes, without our dances, without our songs, without our sweat lodges, without our longhouses, we’d be just common people like everyone else. We wouldn’t be Aboriginal, we wouldn’t be Stó:lō, we wouldn’t be Haida, we wouldn’t be Cree. Whatever that means to you. So, take what’s in your blood, take what’s in your heart, take the walk and the path that the ancestors led for you ‘cause they led it for you for a reason. They lead the way for you to follow.”

- Wendy Ritchie, Skowkale First Nation¹²

“Coming from a matriarchal background, I always introduce my grandmothers when I am making a speech. My brother taught me how to say a proper introduction in our language. By saying who my grandmothers are, I am letting everyone know who my family is, and who I am. More often than not, when I say this traditional opening people will speak to me afterwards saying they know my grandmothers. I let my grandmother know that I was practising my traditional opening, she phoned me and for a few hours she helped to teach me the proper pronunciations of our language. Our Elders are our Knowledge Keepers, our connection to our ancestors and traditions.”

- Anonymous

PROMISING PRACTICES

AS I REMEMBER IT TEACHINGS (ʔəms taʔaw) FROM THE **LIFE OF A TLA’AMIN ELDER** utilizes a mix of audio, videos, interactive maps, photography and animations to share and situate the stories, family history and teachings of Elder and Knowledge Keeper Elsie Paul from Tla’amin First Nation. Produced in collaboration with Davis McKenzie, Paige Raibmon and Harmony Johnson, the multimedia book offers a glimpse into the life of a Coast Salish woman and the history and lifeways of her people. Readers are invited to engage in an immersive experience, to learn about the Tla’amin language, listen to Elsie tell her stories, and watch short animations of legends and events.¹³

SHHWULMUHWQUN—LANGUAGE HOUSE, located in Cowichan Territory and established in 2018, is a thriving home for the Hul’q’umi’num’ Language and Culture Society, which provides programs and opportunities for Hul’q’umi’num’ learners of all ages. Students work alongside Elders such as stitum’at (Ruby Peters) at the Language House to create games, songs, poems, stories and plays. Elder stitum’at, who managed to retain her language despite being prevented from and punished for speaking it in residential school, is one of the founders of the program.¹⁴

CONNECTIONS TO LAND, WATER AND TERRITORY

The land, water and territories are integral sources of health and wellness for older First Nations women and Elders, as they are for many BC First Nations – and a foundation of First Nations identity, language, culture and knowledge. The teachings bring focus to the interrelationships between the health of land and waters and the health of individuals and communities. The stories also bring reminders of the sacred responsibility that First Nations peoples share as stewards and protectors of the land.

Many older women and Elders speak about how the dispossession, displacement and disconnection from the land has impacted their lives and well-being. In some cases, this disconnect has also impeded the intergenerational transmission of knowledge, language and culture. However, there is hunger among younger generations for the knowledge and stories that Elders hold – wisdom about the land, traditional foods and medicines, and ecological interrelationships – and there are a growing array of opportunities for Elders to engage with youth and share their knowledge.¹⁵

Women Elders play a vital role in passing on First Nations food knowledge and practices as well as an understanding of the relationship of food to health and well-being. They pass on the cultural perspectives that understand food as medicine, food as a teacher, and food as a relative.¹⁷ As communities see significant changes in the availability of food that has sustained them since time immemorial, women Elders have also been consistently part of a growing Indigenous food sovereignty movement aimed at reclaiming First Nations’ inherent rights and abilities to respond to the need for safe, healthy, culturally relevant Indigenous foods and make decisions over the amount and quality of food to hunt, fish, gather, grow and eat.¹⁸



“I know that without my land and my people, I am not alive. I am simply flesh waiting to die.”

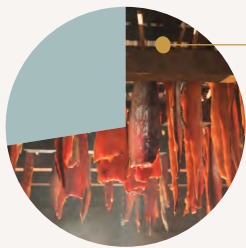
- Jeannette Armstrong, Okanagan¹⁶



“For me, [being out here for the cedar harvest] – it’s the most fulfilling thing and I feel connected to my grandmother who taught us so much. We were with her every day. It always makes me emotional when I talk about her and everything that she taught us. It’s the weirdest thing – it’s like I can feel her and it fills me up and I feel rich and I am thankful. I’m thankful that in this world, we still get to do what our people did for thousands of years. And the bark, sometimes when you touch it, it’s like you can feel that sap running and that energy. It’s the most amazing feeling. And I don’t like to share that with a lot of people and sometimes people think you’re crazy how you’re so connected to something but it’s a living being and it just saddens me sometimes about the amount of logging. And we understand that also, but on the other hand when we are teaching the children in our Nation and those little eight-year-old girls who are weaving and they just have that knack for it in them – it’s just in them – and I think, are there going to be trees left for them? Are we going to keep, people say practising our culture, but no, are we going to be able to keep doing our way of life that we’ve done forever? Will it all just be concrete? And are our resources going to be gone? What’s going to be left of our world for our children and for our grandchildren?”

- Jessica Silvey, Coast Salish and Portugese descent¹⁹

FIRST NATIONS FOODS



72.6%
OF OLDER FIRST NATIONS WOMEN ATE TRADITIONAL FOODS (NOT INCLUDING BANNOCK) “OFTEN” IN THE PAST YEAR

2015-17 | RHS

USE OF TRADITIONAL MEDICINE

Traditional medicines and healing practices, which utilize the medicinal quality of natural elements into various medicines, healing ceremonies and practices, are another important way women Elders connect with the land.

48.1%
OF OLDER FIRST NATIONS WOMEN REPORTED HAVING USED TRADITIONAL MEDICINE IN THE PAST YEAR



46.9%
OF OLDER FIRST NATIONS WOMEN REPORTED HAVING NO DIFFICULTIES ACCESSING TRADITIONAL MEDICINE

2015-17 | RHS

IMPORTANCE OF SPIRITUALITY



• **85%** of older First Nations women agreed that traditional spirituality was important to them, including:
• **55.5%** “strongly agreed” with that statement.

2015-17 | RHS

“More and more people are quite interested in their traditional medicines. It’s really part of my life. It’s also an inner healer for me, to be able to share what I’ve learned – and I’m teaching my granddaughter. I feel one with nature. It’s right in my element, because our people look after the land, the water, the trees, the animals – they’re all part of our culture. All I want to do is bring it back to our people.”

- Elder June Johnson, Um’agalís, We wai kai Nation, Cape Mudge Band²⁰

PROMISING PRACTICES

INDIGENOUS PLANT HEALING

Elder Barb Whyte (K’ómoks First Nation) and Elder June Johnson (Um’agalís, We wai kai Nation) share their knowledge on the gathering and use of First Nations medicines in this short video.

THE MEDICINE COLLECTIVE is a group of Indigenous Elders and Knowledge Keepers sharing traditional teachings to reconnect and restore relationships to lands and peoples. Since 2009, as part of this collaboration, the Medicine Collective members have guided the activities and direction of the Indigenous Health Garden, [xwçičesəm](#), at the University of BC Farm. They also provide workshops that introduce some Indigenous land-based ways of reconciling and decolonizing education. The focus of the Collective is on reclaiming plants and food as medicines and on providing opportunities for intergenerational reconnecting to the land.



CONNECTIONS TO COMMUNITY AND FAMILY

Many First Nations value balance and harmony in relationships with family, community, land, and the Spirit World.²¹ Being engaged in community life nurtures the spirit and contributes to the wellness of older women.²² The health of older First Nations women, including Elders, is also vital to the health and strength of their community and family.³

Older women, like women of all ages, are sustained through the relationships with their family and community. For those who are healing, the involvement of community is vital in their healing process. Family and community also provide crucial support to older adults as they come full circle in life and encounter the various physical and emotional challenges that come with age,²⁴ as they cope with the grief of losing friends and partners, and as they prepare for their own passage to the Spirit World.

“I’ve found that my family has been the most important to me. And that’s my immediate family, but also my extended family, the family that I’ve built up in the urban community. Because when you move to the urban community from the reserve, you don’t usually have family who lived there, you don’t have the support of the family, the extended family of the community that you have on the reserve. So, you’ve got to find that and make it for yourself.”

- Mary, Sharing Circle participant²⁷

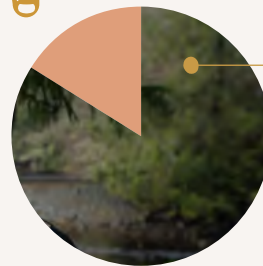
SENSE OF BELONGING



86.4%
OF OLDER FIRST NATIONS WOMEN REPORTED HAVING A STRONG SENSE OF BELONGING TO THEIR LOCAL COMMUNITY

2015/17 | RHS

FEELING SAFE



83.8%
OF OLDER FIRST NATIONS WOMEN INDICATED THAT THEY GENERALLY FELT “VERY” OR “REASONABLY” SAFE IN THEIR COMMUNITY



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The connections that some older adults have to family and community have been impacted by colonial policies that saw them, their parents and /or grandparents apprehended by child welfare or removed from their families through the Sixties’ Scoop, sent to residential schools and/or Indian hospitals. These experiences can affect a person’s capacity to express emotions as well as form and maintain healthy relationships. Such traumas have also inevitably been passed on and continue to impede the growth and development of the collective self of First Nations in many communities.²⁶

“Knowing my cultural teachings gives me a true sense of my identity and gives me the confidence to be a strong person. In my culture, the women are the backbone of the society. Our family structures are matrilineal since time immemorial. Prior to European influences when a woman married, her husband joined her family and left his own. Raiders from other Nations would come to steal the women folk so that they could build strength within their Nation. Women of my culture have always had to be very strong in order to assist their families.”

- Sulisulwut Bibiana Norris, Matsqui First Nation²⁵

“It’s our older people who guide and nurture us and where we’re going in life. The biggest lesson that I’ve learned with this [cedar weaving] work is to recognize my own emotional competence. Whether I’m having a good day or a bad day, it’s showed me how to move forward from those places with the goodness and with the struggles. It shows you your struggles when you’re working with your hands. It helps you have a better relationship with who you are so that you can move on – you carry on and things are possible. My great-grandmothers, I spent a lot of time with them as a baby and as a little girl – and a lot of the teachings that came from them are probably what guided me on the path that I’m on today – the teachings and the way that I was raised in my family have kind of guided me to follow that cultural part of who we are.”

- Maria Sampson, Coast Salish, raised in Tsartlip First Nation²⁸

SUPPORTIVE SYSTEMS

First Nations Elders offer regular reminders of the importance of being in balance and in connection with culture, the land, the ancestors and community. As it is at every age, women's health is shaped by having self-determination in relation to these roots of wellness. It is also impacted in important ways by the social systems that determine their everyday living conditions, safety and security.

The systems and protocols that BC First Nations have developed over generations to support their communities – systems for learning, housing, food, healing and justice – all suffered erosion from colonialism and continue to be impacted through structural racism. Important progress has been made in recent years to revive and reassert First Nations control of these various social determinants of health, but many older adults have complex, difficult and traumatic relationships with these systems stemming from generations of mistreatment, marginalization and abuse.

Systemic racism has created inequities in the health outcomes and life expectancies of older First Nations women. While many are thriving, for some, these barriers continue to undermine opportunities to live the final phases of their life journey in wellness.



This chapter offers a high-level look at wellness outcomes for older First Nations women in relationship to some of the systems that – through their policies and structures and through their underlying values and norms – determine the conditions of where older women live, work, play, learn, heal and pray.³⁰ It also highlights how cultural safety must be embedded in systems to overcome persistent barriers to the wellness of older First Nations women and Elders.

MAINSTREAM SYSTEMS AND THE ONGOING INTERGENERATIONAL LEGACY OF COLONIALISM

“We consider ourselves to be very rich, being protected by all of the natural resources: the mountains, the trees, and the water – and from what the Creator provides to us: the fish, the ones that fly, the four-legged and the ones that crawl. Our ancestors thrived on these riches. They had strong survival skills and lived a lifestyle that was strong spiritually and culturally. They had a sound value system and their systems were to pass that on to the next generations. This is who we are. This is something we need to carry on in order for us to stay living in a really good way. Like many other Indigenous communities, Sts’ailes suffered severely when colonization came upon us ... Our lives became meaningless, our confidence and our self-esteem were destroyed. Then fortunately, we were very resilient. The Great Creator ... did not allow our culture and our spirituality to be completely lost. In 1969, the Spirit began making its way back to Sts’ailes. And it began with the winter spiritual dancing. Now, we have four longhouses in our community and we have a mini longhouse that we use for teaching. We gather thousands of people during the winter dancing season and a lot of young people volunteer to be a spiritual dancer because it is a way for them to start anew. So it gives us a second chance in life: that strength and the foundation to carry on life in a whole better way. They are tired of the way they have been living and want to do something about it so that’s one of our ways that we have for them to get their spirit back and to have the strength be able to walk in a really good way.”

- Elder Virginia Peters (Siyamex), Sts’ailes First Nation³²

“Right now, as Indigenous people and as people of colour, we need our allies. It is those of you who are allies who are our backbone. And can use your influence and where you are in your life to make a a meaningful difference in the world – to say that racism and discrimination and violence against people of colour is not acceptable anymore – and that you aren’t going to accept it – and to speak up and be able to help wherever you can and support those people who are speaking out because we need to live in harmony as our ancestors and Elders told us. We need each other and that’s what’s going to help us in this world to make that meaningful change.”

- Elder Syexwáliya Ann Whonnock, Skwxwú7mesh Úxwumixw (Squamish Nation)³¹



RACISM AND DISCRIMINATION

Since contact, older First Nations women and Elders have shown resilience in living with and resisting racial discrimination.³³ Manifesting in multiple ways – as land appropriation, cultural genocide, marginalization, violence and oppression – racism and discrimination has impacted and continues to impact the everyday lives, health and wellness of older First Nations women. Processes such as the Truth and Reconciliation Commission (2015), the National Inquiry into MMIWG (2019), and the Addressing Racism Review (2020), have all brought attention to the fact that racism and discrimination, embedded within the systems, institutions, laws, policies and structures as well as interpersonal relationships³⁴ – are at the root of the persistent health inequities faced by First Nations women, their families and their communities. This work has also highlighted that First Nations women are impacted in distinct ways – and disproportionately – by various forms of racism, discrimination and misogyny.²⁹ Although the healing and transformation of these realities may be a slow process, the actions and recommendations of these various reports provide a path towards the types of systemic change, shifting in attitudes and rebuilding of trust that is necessary.

RACISM 🖐️



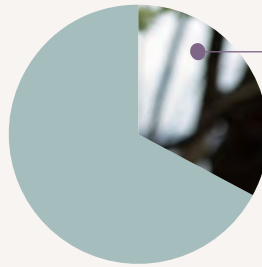
2015/17 | RHS

APPROXIMATELY

1/3

OF OLDER FIRST NATIONS WOMEN EXPERIENCED INSTANCES OF RACISM IN THE PAST YEAR

EXPERIENCES OF VERBAL/PHYSICAL AGGRESSION 🖐️



32.9%

OF OLDER FIRST NATIONS WOMEN REPORTED EXPERIENCING SOME FORM OF PHYSICAL AND/OR VERBAL ASSAULT IN THE PAST YEAR

2015/17 | RHS

ELDER ABUSE

In some instances, where, as a result of colonization and family disruptions, women have been removed from their culture and are therefore unable to mentor younger generations as is their role, the values and principles around honour, respect for others and respect for Elders may not be passed along.³⁵ In the absence of this vital guidance, older adults, who are often more vulnerable due to illness, disability or medical conditions, can become victims of abuse and neglect.³⁶

“Going back to the early teachings. Remember the words, respect, who am I, where do I come from? If we know all that, I don’t believe anybody could be violent when they know who they are, where they came from. Upholding our children from the time they’re born. All the ceremonies. I truly believe that those ceremonies that we put our children through, help them to be balanced and well in life and just guiding them in through that good path. The 10-month ceremony setting the path that the child will walk. I truly believe that if we start those again, there’ll be less violence in the world.”

- Dr. Evelyn, Voyager, Dzawada’enuxw First Nation³⁹

This recognition of the issue is a first step in the healing process of Elder abuse and other types of lateral violence and impacts of colonialism. Healing is also taking place through the revitalization of the teachings about acting in kindness, being honest and open and without judgement and through the revival of ceremony and ritual. As explained by Dr. Patricia Vickers (Ts’msyen and Heiltsuk First Nations), First Nations values of respect – respect for self, respect for those who have caused the harm, and respect for Elders – are the medicine and antidote for the harms of colonialism.³⁸

Identifying when an older person is being physically, emotionally, and/or financially abused or neglected can be challenging. As it is often the people older adults rely on or trust who are harming them, the abuse can also be extremely difficult for older adults to expose and address.³ Many communities have, as a result, worked in recent years to bring attention to the issue of Elder abuse.³⁷

“We can’t change history. All we can do is pull back and pull together all the things that were taken away. And it takes each and every person who is culturally, traditionally minded to do that, because there are generations to come. They are going to want to know: ‘What did you do to bring back the stuff?’ And I never want any of my descendants to say, ‘Great-granny, what did you do?’ I never want that to happen.”

- Mary Everson (Uma’galis), Kwakwaka’wakw, K’omoks and Tlingit, from the K’omoks First Nation⁴⁰



PROMISING PRACTICES

RE:ACT is a guide to prevent and respond to support First Nations community members and health and social service providers in their work to prevent and respond to situations of Elder abuse and neglect in a way that is culturally safe.

THE NATIONAL WAC'S GRANDMOTHER SPIRIT PROJECT was undertaken to raise awareness about issues of senior abuse, safety and well-being for senior Aboriginal women in Canada. The Project gathered Indigenous grandmothers from Nations across Canada to share what they knew or were taught about the care of seniors and grandmothers, what they felt impacted safety and well-being (including issues of senior abuse), what was happening or already existing in their communities that helped to address issues of safety and well-being, and what they felt was needed – their visions for moving forward. The project also partnered with the Native Youth Sexual Health Network to gather youth responses to the issue of keeping their Elders safe. The project has resulted in a [video](#), [series of posters](#) and a [resource booklet](#).⁴¹

EDUCATION SYSTEM

Women Elders and matriarchs hold a sacred role in the learning process of First Nations communities as teachers and Knowledge Keepers. Many women share how being engaged as teachers in the lives of their grandchildren and youth is a source of pride and honour.⁴² Participating in learning themselves also contributes to mental, emotional and spiritual and physical wellness.

Many older women hold painful memories in connection with the Western education system. For some, education and employment have meant being detached from family, community and cultural systems.⁴³ Elders and older adults commonly recount experiencing racist discrimination at school and remain understandably distrustful of the system. Survivors and intergenerational survivors of Indian residential school share how the back-to-school season in September and elements such as yellow school busses are emotionally triggering.⁴⁴

Notwithstanding these barriers, many Elders espouse the importance of learning in both traditional and Western ways of knowing⁴⁵ and the proportion of older First Nations women (55 to 64 years) with post-secondary degrees and certificates is now very close to that for non-Indigenous women. A growing proportion of First Nations women are pursuing post-secondary degrees and certificates in their later years. Many post-secondary institutions in BC have also developed Elder Programs in recent years that engage First Nations Elders to provide support, guidance and mentorship to students, staff and faculty.

“I never saw an Aboriginal teacher when I was growing up. I had no idea it was possible, and, in fact, I was told it was not possible. I began the program, and during my first extended practicum I realized I was a teacher. Now I’m living and teaching on my own territory, and I’m a role model for Aboriginal youth I’m grateful that things happened the way they did. Teaching is definitely a calling that I wasn’t even aware of. It was just a title ... I guess the residential school did its number. I’m a second-generation survivor. Because I am Aboriginal, because I have different conditions – I am trans, so, my cards were very limited. I had no clue how I was going to become who I am now. And I had no clue that I had the right to dream. All I wanted to do was live and survive, but this whole journey has made things accessible to me. I have come to terms with myself, my identity. I have stood up as a citizen who has a right to belong and owned my own destiny.”

- Saylesh Wesley (Stó:lō/Ts'msyan) is completing her PhD in Simon Fraser University's Gender, Sexuality and Women's Studies Department and teaches Indigenous education and learning support in a middle school in Chilliwack.^{46, 47}



EDUCATIONAL ATTAINMENT – STUDENT OUTCOMES

Proportion of women (55+) with an education certificate or post-secondary degree:

FIRST NATIONS WOMEN

64.6%

NON-INDIGENOUS WOMEN

81.1%

2016 | Census

9.6%

OF FEMALE INDIGENOUS STUDENTS WHO WERE ENROLLED IN BC POST-SECONDARY INSTITUTIONS WERE 50+ YEARS OF AGE

2017/18 | BC Ministry of Advanced Education



ECONOMIC SYSTEM

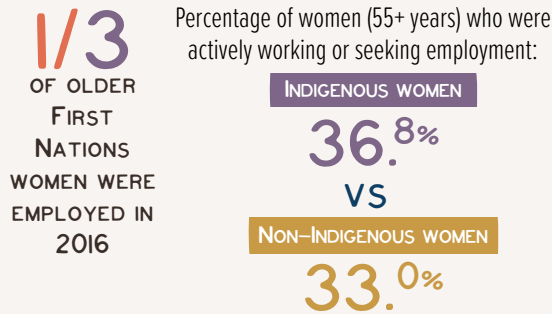
BC First Nations have well-developed systems and protocols developed over thousands of years to ensure that community members all contributed to the health and wellness of the collective. Pre-settlement, these included sophisticated processes for allocating and distributing resources that in many Nations were the responsibility of the matriarchs. While the economic systems vary by Nation, there is a shared focus on the well-being of the community as a whole and on the essential connection to land.

The values and sense of responsibility around caring for each other remains strong in BC First Nations. However, colonialism and the privileging of individualist Western perspectives and systemic biases have impacted First Nations' access to lands and resources, employment opportunities, and their level and security of income. As a result, First Nations women Elders and their communities face disproportionate barriers when it comes to meeting their material needs, and the needs of their families.

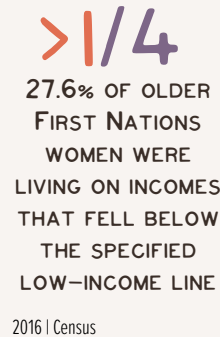
EMPLOYMENT

Many Elders are engaged in unpaid work, providing vital care and mentoring in their families and communities. Across Canada, there is also a growing trend of adults, particularly those living in rural areas, who are working at jobs into their old age.⁴⁸ This increase is linked to several factors. Some seniors remain employed by choice, others do so out of necessity.⁴⁸

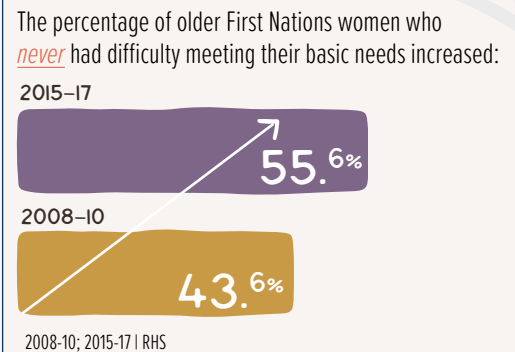
EMPLOYMENT



INCOME



MEETING BASIC NEEDS

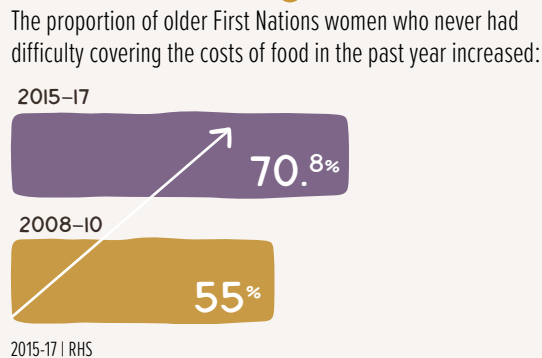


FOOD SYSTEM

For many BC First Nations older women and Elders, food is symbolic of their culture – central to their identity and how they connect with others and with the land. Women Elders also often hold vital knowledge about food and the food practices of the ancestors that supported safe and sustainable food systems for thousands of years. Prior to the introduction of Western food systems, this knowledge and understanding of the lands, waters, forests and rivers, protected BC First Nations from issues of food security.

People's relationships with food changed as a result of colonialism, the dislocation from territories, and residential school era, resulting in less healthy diets and a greater reliance on store-bought and processed foods. BC First Nations also face disproportionate barriers when it comes to accessing food that is affordable and nutritious. A growing number of BC First Nations are now looking to women Elders for their teachings and knowledge as they work to revive First Nations diets and food practices, revitalize the cultural rituals and perspectives around food, as well as re-establish control over their food security.

AFFORDING FOOD



FOOD SECURITY





ACCESS TO INTERNET


With the rise of online-based communications, services and supports, Internet connectivity has had increasing influence over various determinants of health, including a person’s access to health care, education and employment.⁴⁹ Particularly with the social distancing restrictions and service closures of the COVID-19 pandemic, the Internet has become an important avenue for accessing services and maintaining employment, social and cultural connections. During the pandemic, access to the Internet was also required for accessing many health services and this is likely to continue into the future.

While progress has been made in extending Internet connectivity more broadly since this data was collected in 2015-17, affordable, secure access to Internet remains a challenge in some rural and remote communities.⁵⁰ It is included here to acknowledge the growing importance of this topic and the potential of Internet connectivity to exacerbate inequities.

INTERNET



67.6%
OF OLDER
FIRST NATIONS
WOMEN HAD
AN INTERNET
CONNECTION
AT HOME IN
2015-17

WHILE AN IMPROVEMENT
FROM IN 2008-10
(40.2%)

1/3
REMAINED WITHOUT
AFFORDABLE, SECURE ACCESS
TO THE INTERNET IN 2015-17



2008-10; 2015-17 | RHS

HEALTH SYSTEM

Due to the increased vulnerability to illness and declining health that often comes with age, access to timely and appropriate health services is an especially essential component of maintaining wellness for many older First Nations women. Particularly important is access to primary care, which is the first level of health care in the health system – whether that be in a doctor’s office, or within a band-operated nursing station, community health centre, or hospital. Primary care services, which are provided by a wide range of health care workers, have been shown to be key in the management of chronic conditions.⁵¹ When provided effectively and equitably, they can help mitigate medical emergencies and the need for hospitalization.⁵² These services are also central in the planning and delivery of palliative care, when a woman is nearing the end of life.

BC First Nations communities face unique barriers in accessing primary care due to a variety of factors, including high turnover among health care professionals, poor integration between community prevention and clinical programs, and limited integration of First Nations medicines and healing practices.⁵³ They also

commonly encounter systemic racism when accessing health care services, either at the institutional level through the uneven, race-based distribution of health funding, resources and services and/or at an interpersonal level through the treatment of health care providers.^{33,29} Some older women recall experiences in connection with Indian hospitals, which existed in BC from the 1920s to the 1980s.⁵⁴ Survivors of residential schools also commonly share a reluctance to admit pain or suffering – as well as an extreme sense of vulnerability when having to expose their bodies for physical examinations.⁵⁵

“I don’t know why, I didn’t want anybody to look at my body. Because we were told not to show our bodies. Maybe it has to do with our upbringing and by the way we were taken out of our homes and told to be ashamed of our bodies. Like in [residential school] they used to tell us we’re just Indians, they called us worse names but I don’t want to repeat what they call us. That we’re forbidden to look at anybody, even the opposite sex, so you had a dislike for your body and your person, as a Native person. And I was scared. I was embarrassed.”

- First Nations woman, Carrier First Nation⁵⁵

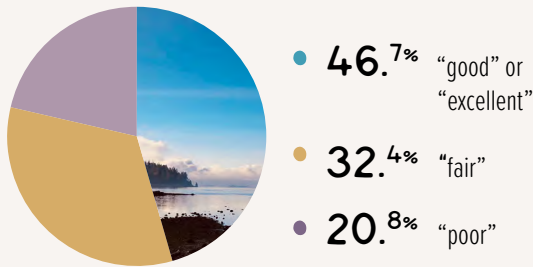


As individuals and within their families and communities, older First Nations women have responded to the mistreatment, marginalization, and exclusion with resilience and resourcefulness. Still, for many, these traumatic experiences have understandably undermined their trust in the system. These fears and traumas run through the children and grandchildren of survivors so as to be intergenerational. In some cases, experiences keep them from accessing health care altogether to avoid discriminatory treatment.

Embedding trauma-informed care and cultural safety and humility into all health care services, education and planning helps to create a safe and equitable health care environment where First Nations women and their families feel respected.

QUALITY OF AVAILABLE HEALTH SERVICES

Older First Nations women's ratings of health services in their community:



2015-17 | RHS

EMERGENCY DEPARTMENT UTILIZATION

Use of emergency services can provide insight into how effective the primary care system is in meeting the health needs of First Nations people.²⁹ Frequent visits to emergency departments and urgent care clinics can be an indication that people do not have access to services and the support they need in their community. Having access to the continuous care from a family physician or nurse practitioner and lab diagnostic services can help in preventing and detecting health issues before they become acute. They can also support someone in recovery.

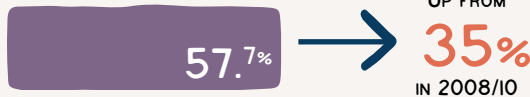
ACCESSING DENTAL CARE

Percentage of older First Nations women receiving dental care:

AT LEAST ONCE IN THE PAST TWO YEARS



IN THE PAST YEAR



2008-10; 2015-17 | RHS

"You go to a clinic, and they don't treat you as a human being. You're somebody who's wasting their valuable time that they could be spending on someone else more deserving of the health care system."

- Woman of the Oneida Nation, living in Victoria⁵⁶

"You would think that everyone would want their child to have a beautiful smile. It's not that we don't want that. It's that our learned fear stands in the way of us even understanding ourselves. I'm grateful to have a dentist who took the time and recognized that my fear was more than just a fear of needles. He took the time and asked why. And like my dad, I had to measure the same dentist and ask, 'Do I tell him? Do I trust him? Will he laugh at me? Will he make me feel small?' It is in that singular moment that the client is either going to seek out your help and trust you or they won't come back."

- Connie Paul, Tsarlip First Nation⁵⁷



REFLECTIVE OF THE BARRIERS THEY FACE IN ACCESSING PRIMARY CARE, OLDER FIRST NATIONS WOMEN (65+) WERE MORE LIKELY TO REQUIRE EMERGENCY HEALTH SERVICES THAN FIRST NATIONS MEN AND OTHER RESIDENTS

2017/18 | In Plain Sight (2020)

RECEIVING CULTURALLY SAFE CARE

INDIGENOUS WOMEN WERE *LESS LIKELY* THAN INDIGENOUS MEN AND NON-INDIGENOUS RESPONDENTS TO FEEL SAFE IN HEALTH CARE SETTINGS



INDIGENOUS WOMEN WERE *MORE LIKELY* THAN INDIGENOUS MEN AND NON-INDIGENOUS RESPONDENTS TO HAVE BEEN DISCRIMINATED AGAINST BY HEALTH CARE WORKERS ON THE BASIS OF THEIR ANCESTRY OR ORIGINS, THEIR AGE, THEIR SKIN COLOUR, AND THEIR APPEARANCE

2020 | In Plain Sight

HEALTHY BODIES, MINDS AND SPIRITS

Healthy and supported older First Nations women and Elders are central to achieving the vision of healthy, vibrant and self-determining First Nations women and communities both today and into the future. First Nations women Elders and matriarchs play a vital role in connecting First Nations people to one another, connecting them to the culture, the land and the ancestors. They are pivotal in solidifying the roots of wellness; however, in order to fulfill this sacred role, Elders need to be well themselves and communities need to support them in their wellness.

Some older First Nations women and Elders, particularly those who were removed from their families and communities, may have been disconnected from their culture or are struggling with traumas from their past. These traumas can manifest in various ways to impact a woman's physical, emotional, mental and spiritual wellness – and many older adults may find themselves on healing journeys. This healing is not only vital to their wellness but also necessary to mitigate the intergenerational perpetuation of their traumas.⁵⁸

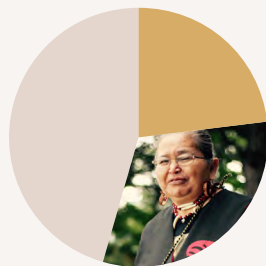


In some cases, the trauma and multi-generational trauma of colonialism continues to impede the self-determination and wellness of older First Nations women and Elders. However, many are thriving and living long and happy lives.

This chapter provides a glimpse into the data and lived experiences of older First Nations women as they relate to various and interrelated aspects of physical and sexual health, mental and emotional wellness. The aim is to facilitate a better understanding of those areas of wellness where older First Nations women are flourishing while also drawing attention to those areas where more support is necessary.

SELF-RATED HEALTH

Self-rated health by older First Nations Women:



- 23.2%
“excellent / very good”
- 31.4%
“good”

2015-17 | RHS

“It isn't that one is healed from intergenerational shame or that we are forever flawed. One day, good teachers come along and help our understanding to awaken to the need for acceptance, forgiveness and love – first for the self and then for others. They also help us to understand the need to be accountable and responsible for the perpetuation of intergenerational trauma. Learning to live outside of the box is an adventure, a quest, a freedom.”

- Dr. Patricia Vickers, Ts'msyen and Heiltsuk First Nations⁵⁸

“I connected with a grandmother – at a conference of all places. She saw me and she came up to me and we just stood there and hugged. Her grandchild, that she had raised, had just recently moved away. They had left the reserve and moved in to town to go to university – and she said that up until that point, she didn't know whether or not her grandchild would live that long. So in seeing me – seeing that I existed as a trans person and a leader in the community – meant that her grandchild too could exist. Connecting with the two of them also helped me to know that I was supported by Elders – to feel loved and supported by them.”

- Jean Baptiste, Wet'suwet'en Nation⁵⁹



HEALTHY BODIES

First Nations traditional lifestyles include daily activities associated with food gathering and preparation, dancing, storytelling and singing that keep women physically active and nourished by healthy diets well into their old age. These activities, many of which are done in the company of others, can also help to keep older women connected and engaged in their community.³

Physical activity contributes to women’s mental health as they age, helping to reduce stress while boosting confidence and self-esteem.³ Particularly when combined with a diet comprising nutrient-dense foods – many of which are traditional foods – physical activity can also reduce the risk of chronic diseases such as cardiovascular disease, cancer, obesity and diabetes,⁶⁰ as well as health issues such as dementia.^{61,62}

Many older First Nations women continue to stay active and well by engaging in cultural activities such as berry picking, hunting, tanning hides, canoeing, drumming and dancing. Low-intensity, low-cost activities such as moderate, regular walking and gardening are also simple and common ways to get out on the land and be physically active. However, some older women, especially those who live with physical disabilities and/or with mobility

“My secret to aging well is keeping active, and always keep learning new things, even at my age. I enjoy family time and cultural gatherings. It’s important to teach our children traditional practices. Watching what I eat – lots of fish, dried, canned, smoked, salted – and helping other Elders and our youth. I have always been involved in groups, women’s groups. Learning to make crafts, knitting, youth groups, committees and even politics. I was on Council too and am still involved today.”

- Woman Elder, Soowahlie First Nation⁵

challenges, face barriers to getting the exercise they need.

A large number of older First Nations women also continue to eat First Nations foods and practise the harvesting, preparation and preservation methods that for centuries provided BC First Nations with highly nutritious, complete and balanced diets. Some are returning to First Nations foods, many of which have medicinal properties, as a way of healing, regaining or maintaining a healthy weight, and/or preventing chronic conditions such as diabetes and heart disease. Women Elders also play a key role in passing along this vital knowledge to younger generations, many of whom are seeking to reintegrate First Nations foods into their diets.

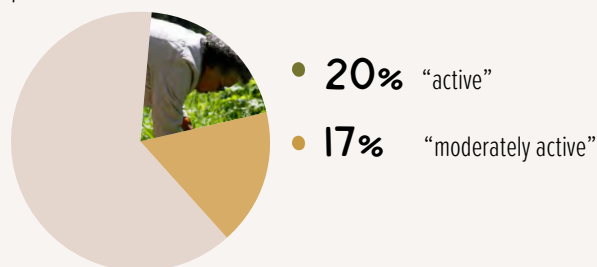
Despite the physical and spiritual benefits of healthy eating, some older First Nations women face challenges in this area due to emotional and spiritual baggage associated with food. For residential school survivors, in particular, many of whom experienced hunger and were deprived of access to nutritious and traditional foods, eating habits can be impacted by trauma and intergenerational trauma. In some cases, women still have limited access to the territories on which to harvest these traditional foods. In northern communities, man-made processed foods are also often cheaper and more easily accessible than fresh food from the land.

“My secret to aging well is in lifestyle choices. Eating well and staying active – abstaining from alcohol and cigarettes. I grew up eating locally grown vegetables and fruit, lots of salmon and seafood. We rarely ate beef. I juice regularly (mostly vegetables). Keeping mobile is very important. I enjoy swimming, gardening, and being with kids – it keeps you young.”

- ?apat Jane Jones, Tseshaht First Nation⁵

PHYSICAL ACTIVITY 🖐️

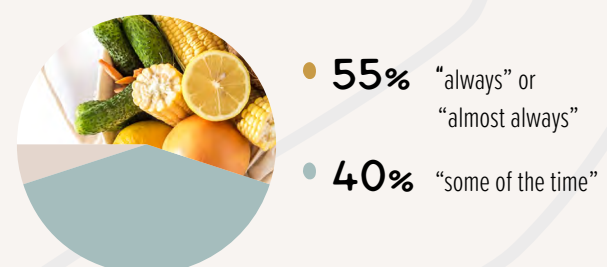
Self-reported levels of physical activity for First Nations women in the previous three months:



2015-17 | RHS

EATING NUTRITIOUS MEALS 🖐️

Percentage of older First Nations women who ate balanced and nutritious meals:



2015-17 | RHS



RESPECTING TOBACCO

Tobacco has been an integral element of many BC First Nations cultures for thousands of years, and many older First Nations women and Elders continue to use tobacco in its natural form for rituals, ceremony and healing practices.⁶³ Since settlement, commercial tobacco also became widely used for recreational purposes, with harmful impacts to women’s physical, mental and spiritual wellness.

“I must’ve quit about 15 years ago now, at that time I was smoking about a pack a day. It got too expensive to keep up, and my kids were bugging me to quit. Also my grandchildren kept me busy chasing them, and I didn’t have the breath to keep up. I was able to quit cold turkey just on will power, I don’t miss it at all, don’t miss having stinky clothes.”

- Yvonne Galligos, Tla’Amin Nation³

With increased awareness of the dangers of smoking and its links to various lung diseases, lung cancer, mouth cancer, heart disease, and cancers of the upper respiratory tract, rates of smoking have dropped significantly. When someone quits smoking, much of the damage caused by smoking can be reversed. However, due to the highly addictive properties of the nicotine contained in commercial cigarettes, it can be a very difficult habit to break, particularly for those who have been smoking for many years.

PREVENTION AND MANAGEMENT OF CHRONIC CONDITIONS AND DISEASE

BC First Nations have always known the benefits of healthy eating and staying active. However, the displacement from traditional territories and disruption of cultural practices caused a shift towards higher-fat, energy-dense diets, increased exposure to environmental toxins, and less physically active lifestyles. This in turn increased the risks of developing diseases such as cancer and chronic conditions such as heart disease, diabetes and osteoporosis.^{64,65} While populations worldwide are seeing an increased prevalence of chronic conditions, due to the historical and ongoing influence of colonialism on the structural determinants of health, rates of 17 chronic conditions are higher for BC First Nations compared to other BC residents.⁶⁶ There are gender inequities in how some chronic conditions, such as heart disease and diabetes, manifest in and affect women, as compared to men. First Nations women are also more likely than men to report having two or more chronic conditions, which means more complex health needs and more complicated clinical management.²⁹

HEART HEALTH

Heart health is shaped by a complexity of factors, including a woman’s living situation and relationships to family, community, the ancestors and the land. Just as First Nations teachings bring focus to the importance of maintaining a physical way of life that fosters a spiritual connection to the land, self and Creator, Western medicine has affirmed the linkages between heart disease and diet, levels of physical activity, elevated blood pressure (hypertension), excessive body weight and diabetes.⁶⁷

As a result, heart health is one area in which the transition to Western diets and lifestyles has been particularly detrimental to the health and longevity of First Nations women. While cardiovascular disease (CVD, heart disease and stroke) is a leading cause of death among all Canadians – Indigenous and non-Indigenous,^{68,69} due to inequities in a range of structural determinants of health, rates are higher for First Nations peoples than for Other Residents – and First Nations women in particular.

Research has shown several different risk factors, including the hormonal changes that occur during menopause or other sudden changes in estrogen levels.⁷⁰ Women are less likely than men to be diagnosed and more likely to pass away following a heart attack.⁹

NON-SMOKING RATES



68.8%

OF OLDER FIRST NATIONS WOMEN WERE NON-SMOKERS IN 2015-17, WHICH REMAINED RELATIVELY CONSTANT BETWEEN 2008-10 AND 2015-17

2008-10; 2015-17 IRHS

THE DEATH RATE FROM CORONARY HEART DISEASE (A TYPE OF CVD) FOR FIRST NATIONS WOMEN IS 53% HIGHER THAN FOR NON-FIRST NATIONS WOMEN⁷¹



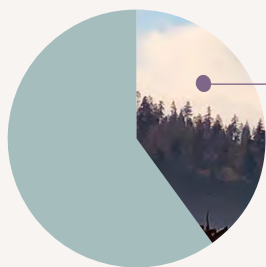
First Nations women are affected by unique risk factors that contribute to the risks associated with heart disease – including risks derived from the stress of past traumas, smoking commercial tobacco, caregiver roles, and the disruption of cultural practices, ceremonies and knowledge as it relates to self-care and preventative approaches to heart health.⁹

Women Elders have highlighted the importance of reviving culture and ceremony in healing and in reversing the trend of heart diseases. With up to 80% of heart diseases preventable through diet and lifestyle,⁷² the reintegration of First Nations foods and food practices is vital. Avoiding commercial tobacco products is also important.

DIABETES

The revitalization of First Nations foods and cultural practices is also central to how many older First Nations women in BC are preventing and managing type 2 diabetes, a chronic condition that involves the regulation of sugar in the body. Unlike type 1 diabetes, which occurs when the body becomes unable to produce sufficient quantities of insulin and for which there is no known prevention, the more common type 2 diabetes (when the body is unable to use insulin effectively to regulate blood sugar levels) can be largely prevented and managed through diet and exercise. Due to the impacts of colonialism on the socio-economic determinants of BC First Nations, cultural systems and access to care, First Nations communities – and women in particular – bear a disproportionate burden of diabetes and its complications, which can include heart disease, eye problems and blindness, and kidney disease.^{74,75}

BETWEEN 2004/05 AND 2015/16, THE PREVALENCE RATE OF DIABETES AMONG OLDER FIRST NATIONS WOMEN ROSE MORE SLOWLY THAN AMONG OTHER RESIDENTS (BOTH MALE AND FEMALE).



40.2%

the prevalence rate of Diabetes among First Nations women (80-84 years)

2015/16 | Chronic Disease Registries

HYPERTENSION

RATES OF HYPERTENSION (I.E., HIGH BLOOD PRESSURE)

WERE HIGHER AMONG FIRST NATIONS WOMEN (50+ YEARS)

THAN AMONG FIRST NATIONS MEN AND OTHER RESIDENT WOMEN

2015/16 | Chronic Disease Registries

“There is heart sickness from losing children and parents.”

“Diabetes is the grieving of the blood from losing our children.”

- Quotes from Lessons from Gatherings with Elders and Knowledge Holders⁹

The first known case of diabetes in Heiltsuk Nation was in 1970. It is not a coincidence that this was when a new diet was introduced into the Nation. This introduction of an unhealthy Western diet that was imposed on us took us away from eating our traditional foods, and our people went through a significant nutritional transition that has negatively impacted the overall health and well-being of our community. The Nation knows the health benefits associated with our traditional diet and has made efforts to address it. Our people were healthy before contact because of our traditional diets and we will continue to be healthy through our efforts to increase our consumption of traditional foods.”

- Carrie Easterbrook, Heiltsuk First Nation⁷³

“I remember my mom near the end had many effects from diabetes, and when the specialist told my mom and told me that my mom couldn’t eat the salmon anymore and had to really restrict her diet, I remember my mom really breaking down and crying – and she rarely cried. I said, ‘Maybe we could just not eat salmon all the time. Maybe we could just have a little bit of salmon.’ And I think that really helped her a lot. Because our traditional foods are just like medicine for us. And when we eat it, it is the whole comfort, it’s the whole spiritual connection that we have. So that’s what we did. We didn’t eat salmon all the time, but we ate a little bit of it.”

- Elder Roberta Price, Coast Salish – Snuneymuxw/Cowichan Tribes⁷⁶

CANCER

Many older First Nations women have had their lives touched by cancer in some way and have stories to share from their own experiences – past or present – managing the disease, and navigating treatment and recovery. Research has shown that the prevalence of most forms of cancer is lower among BC First Nations as compared to Other Residents, with important exceptions for women when it comes to colorectal cancer and cervical cancer where incident rates have been respectively 22% and 92% higher for First Nations women than for other women.⁷⁷ First Nations people have also been shown to be less likely to survive a cancer diagnosis.⁷⁸

Increasing awareness about important preventative measures, such as screening, as well as improving access to culturally safe and trauma-informed spaces for screening, are key components to addressing the disproportionate rates of cancer among First Nations women relative to Other Residents.

“I’ve combined my recovery after cancer with my own sobriety and spirituality. It’s all interconnected. In 2012, I was diagnosed with breast cancer, I was already sober two or more years. I was discovering my spirituality, connection to my Creator and connection to the land. I was working my AA program and I was also eating properly. The dietary piece was huge. I was eating more healthily, more fruits, vegetables, drinking a lot more water, and I was exercising.

“Looking back, alcohol, smoking, drugs plus lack of sleeping, probably did contribute to my cancer diagnosis. The emotional stress and the mental health pieces also. When I was in addiction, I was in constant chaos. And it comes out in the rest of your body at the same time.

“For my well-being, I started practising my Secwepemc culture more, like attending sweats, smudging, and praying. It was a really stressful time when I had cancer. Today I am healthy and I do not have cancer any longer. It’s been nine years now, and I’m still cancer-free.”

- Dawn Francois, Skwlax te Secwepemc, Secwepemc Nation (Breast Cancer Survivor)⁷⁹

PROMISING PRACTICES

THE INDIGENOUS CANCER STRATEGY, developed in collaboration between BC Cancer, First Nations Health Authority, Métis Nation British Columbia, and BC Association of Aboriginal Friendship Centres, provides a road map to improve the cancer journeys of Indigenous peoples in BC, touching on the key components of knowledge development and partnerships, screening, end-of-life, prevention, cultural safety and survivorship.⁷⁸

PAP TESTS

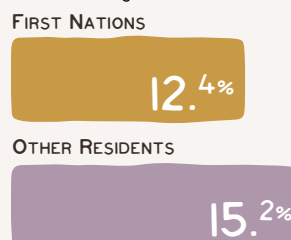
The rate of Pap tests for cervical cancer detection among adults aged 65+:

THE RATE OF
PAP TESTING AMONG
FIRST NATIONS (65+) WAS
~2/3
THAT OF
OTHER RESIDENTS (65+)

2017/18 | In Plain Sight (2020)

FIT TESTS

The rate of FIT tests, which screen for colorectal cancer among men and women aged 65+:



2017/18 | In Plain Sight (2020)

OTHER CHRONIC CONDITIONS

ALZHEIMER'S DISEASE AND OTHER FORMS OF DEMENTIA

A woman's mental wellness can be affected by memory loss and confusion during the senior years. At times, this change is part of the natural aging process, understood in some First Nations cultures as a "second childhood" and a time when one is "closer to the Creator."⁸⁰ In other instances, the confusion occurs in connection with a dementia condition such as Alzheimer's disease. As the risk factors for dementias such as diabetes, low socio-economic status and/or poverty, obesity and cardiovascular disease are disproportionately experienced by First Nations populations as a legacy of colonialism, the rate of dementia among First Nations Elders is an emerging issue of concern in some communities.⁸² This is compounded by the reality that BC First Nations face challenges and barriers to accessing services related to dementia assessment, diagnosis and care.⁸³

“In our First Nations culture, because dementia was never mentioned 50 years ago, this is all something new. It’s here now. Back then, when our Elders were getting old, people would just say, ‘They’re getting old, they’re tired ... they’ve just had their days.’ They never thought about dementia.”

- Marlene Tait, Haida/Gitksan⁸⁵

ALZHEIMER'S DISEASE

Prevalence rates of Alzheimer's disease and other forms of dementia among older adults (50+ years) – both First Nations and Other Residents – have risen over time:

OLDER FIRST NATIONS WOMEN | 2015/16



OLDER FIRST NATIONS WOMEN | 2004/05



2004/05; 2015/16 | Chronic Disease Registries

OSTEOARTHRITIS

Following a similar trend among all older adults, the rates of osteoarthritis among First Nations women (50+ years) increased steadily:

2015/16



2004/05



2004/05; 2015/16 | Chronic Disease Registries

RHEUMATOID ARTHRITIS

>2x
 RATES OF RHEUMATOID ARTHRITIS AMONG FIRST NATIONS WOMEN (50+ YEARS) WERE **MORE THAN TWICE** THOSE OF FIRST NATIONS MEN AND OTHER RESIDENTS

2015/16 | Chronic Disease Registries

ASTHMA

↑
 RATES OF ASTHMA AMONG FIRST NATIONS WOMEN (50+ YEARS) INCREASED STEADILY BETWEEN 2004/05 AND 2015/16 AS THEY DID AMONG FIRST NATIONS MEN AND OTHER RESIDENTS

2004/05; 2015/16 | Chronic Disease Registries

2x
 AS OF 2015/16, THE RATE OF ASTHMA AMONG FIRST NATIONS WOMEN (50+ YEARS) WAS HIGHER THAN FOR FIRST NATIONS MALES AND CLOSE TO DOUBLE THAT AMONG OTHER RESIDENT FEMALES

SEXUAL WELL-BEING AND REPRODUCTIVE JUSTICE

First Nations teachings provide information and guidance as women transition through the different phases of the reproductive journey. Ceremonies and cultural practices also help to facilitate connections – and ensure that individuals are supported by their mothers, aunts, sisters and grandmothers as they navigate the mental, emotional, spiritual and physical changes that occur with each stage.

Menopause most commonly takes place in a woman's older years and marks a significant transition. This period is considered to be a "window of opportunity" when changes in lifestyle, the eating of First Nations foods, and supportive treatments can be particularly impactful. The decreases in estrogen that occur with age can also at times cause mood shifts, heightened anxiety and depression.⁸⁴ However, just as with birth and menstruation, each person's menopausal transition and their capacity to maintain balance during this time is unique, shaped by their perceptions as well as the socio-political, historical, cultural and medical contexts in which they live. For many older First Nations women, their experiences of menopause have been impacted by the repression of sexual health teachings and/or sexual abuse that occurred in residential school and other colonial institutions.⁸⁵

As a result of this oppression, First Nations women describe a collective silence around issues related to female sexuality generally and menopause in particular.⁸⁶ Many indicate that they do not feel comfortable talking about their sexual and reproductive health, including experiences such as menopause.⁸⁷ This creates a barrier to First Nations women when it comes to accessing sexual health services. It is also an obstacle to accessing the information they need to protect themselves against sexually transmitted and blood-borne infections such as chlamydia, gonorrhoea, Hepatitis C, Human Immunodeficiency Virus (HIV), syphilis, and the Human Papilloma Virus (HPV).

SEXUALLY TRANSMITTED INFECTIONS (STIs)

57.2

THE RATE OF STIs AMONG FIRST NATIONS FEMALES (AGE 50+ YEARS)



WHICH WAS SUBSTANTIALLY LOWER THAN AMONG FIRST NATIONS MALES, BUT HIGHER THAN AMONG OTHER RESIDENT FEMALES OF THE SAME AGE

2012-14 | BCCDC



“I have been going through perimenopause for the last ... what feels like a really long time. The night sweats have been really awful. And the brain fog and the moodiness and some depression. I had a multitude of questions. Why is menopause so taboo? Why is nobody talking about this? Why don't we matter? Why are we pushed off to the side? Why is aging so difficult for women and not for men? Because my mom was a residential school survivor, her first language is Cree, we've never really talked about sexuality. We never really spoke about bodies and changes and periods and these things – we never had these discussions ... so experiencing the symptoms of menopause, I was feeling frustrated cause I had no one to talk to. Like my mom had gone through a hysterectomy, like a lot of Indigenous women – they basically cut everything out if they go to the doctors if they have an issue – and that impacts the changes [experienced with menopause]. So I went to the walk-in clinic. Can someone help me? I actually need to support. I don't know what's going on with my body.”

- Jules Koostachin, Attawapiskat First Nation, currently residing in Vancouver, who ended up bringing together some of her Indigenous sisters to share their experiences with menopause. Captured in this documentary of the gathering, *KaYaMenTa*, delves into Indigenous ideas of sexuality, aging, spirituality and healing around menopause.⁸⁸



“I know that everything happened to me for a reason. I love who I am now. I love the mother that I am, I love the grandmother that I am. I need to get my kids ready though. It just hit me the other day that I'm going to be 50 soon – I'm going to be an Elder. So, I'm focused now just working in my community and working with my kids to get them ready. When I first started doing this work, I focused mostly on women – empowering women and helping women to have a voice and to heal. Then I realized, ‘Hey, I have two sons – and two grandsons, another on the way!’ We need to work with our men too – and figure out how to help our men to heal.”

- Nicole LaRock, Yakwekwioose First Nations, Stó:lō Nation⁸⁸



MENTAL WELLNESS AND NURTURING THE SPIRIT

Mental wellness is about being balanced and connected to family, friends, community and the land.⁸⁹ As at all stages of life, older First Nations women’s ability to maintain physical and emotional balance is shaped by the cultural (both First Nations and Western) socio-economic, historical, political and medical contexts of their lives. It is enhanced by nurturing the spirit, which may include going to ceremony, going to church, or taking time for oneself – and by engaging with those aspects of life that make them smile, such as spending time in nature, taking part in cultural activities, and connecting with friends and family. Mental health relates to one’s ability to draw enjoyment from life – and is therefore closely impacted by a woman’s physical well-being – enhanced by eating well and being active, and impeded by the presence of chronic pain or some other physical health problem.

Although Elders have developed long-standing coping skills to manage their day-to-day stresses, they are just as prone as at other stages of life to suffering from the effects of intergenerational trauma, depression, anxiety, and problematic substance use.³ The physical, mental and spiritual changes that women experience as they approach and experience menopause can make them more vulnerable to emotional stresses such as depression and anxiety.⁹¹ Those who are more socially isolated because they live alone and/or have minimal contact with family and community, have health issues, low incomes, and/or are without access to transportation – are particularly susceptible to mental and emotional distress.⁹²

“You know, myself, even though I remember all those teachings, sometimes I start to backslide and I start to feel sorry for myself and think, ‘I’m getting old, I’m getting so old. I just can’t do this anymore. I can’t do that anymore.’ And that kind of gets you down. Kinda eats away at you. And if I allow that, I’m gonna sit here on my pity pot and think, ‘Nobody ever comes to visit me and nobody ever does this for me and nobody ever –’ and I tell myself, ‘Smarten up!’ And I have this book, it’s a daily meditation book. I will pick it up most every day, especially if I feel I need a boost, and I turn it to that page – ‘Oh, today is July the 15th, or July the 16th,’ turn to that page, and lo and behold! There’s always a message there that reminds me it’s okay. I’m not going to worry about tomorrow – it’s not here yet. I’m not going to worry about yesterday – that’s gone. I’m here for today. And that’s what’s really important. I’m here and my children, my grandchildren might just drop in, and that’s a gift. And a friend may phone me, and that’s a gift. So I have to take each gift for that day as it comes. And if it doesn’t come, I know it will be okay.”

- Elder Elsie Paul, Tla’amin Nation⁹⁰

SELF-RATED MENTAL HEALTH

Self-rating of older First Nations women state of mental health:



- 45.9% “very good / excellent”
- 35.9% “good”
- 17.5% “fair / poor”

2015-17 | RHS

SENSE OF BALANCE

Percentage of older First Nations women who felt they were in balance in all aspects of wellness:



- 57.9% “most / all of the time”
- 10% “some of the time”

2015-17 | RHS

LIFE STRESS

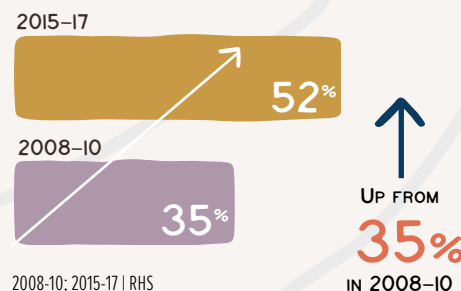
82.1%

THE MAJORITY OF OLDER FIRST NATIONS WOMEN REPORTED THAT THEIR DAILY LIVES WERE, AT WORST, “A BIT STRESSFUL”

2015-17 | RHS

DEPRESSION

Approximately half of older First Nations women reported *never feeling depressed* in the past month:




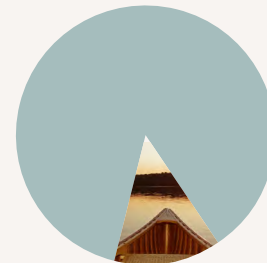
2008-10; 2015-17 | RHS

SUICIDES

Many BC First Nations, and particularly those who have a strong sense of the past and connection to culture, go decades without the tragic experience of losing a member to suicide. However, when such an event occurs – whether it is one’s own community or in another Nation – the loss is felt widely and deeply. The pain can be amplified in smaller, tight-knit First Nations communities.⁸⁹

Unfortunately, due to the ongoing intergenerational impacts of colonization, residential schools, the Sixties’ Scoop, child apprehension, land dispossession, racism, and attempted physical/cultural genocide, First Nations communities have been disproportionately impacted by suicides.⁸⁹ First Nations culture, teachings and practices are important for suicide prevention, intervention and healing,⁹³ and Elders are therefore playing a key role in many Nations’ efforts to prevent and respond to suicides. They are also central to the reclamation of self-determination, rebuilding the cultural continuity, and regaining access and control of ancestral lands, education, health services – all of which have been shown to be instrumental in reducing risk of suicide.⁹⁴

13.4% 
OF OLDER FIRST NATIONS
WOMEN LOST A FAMILY
MEMBER OR FRIEND TO
SUICIDE IN THE PAST YEAR



2015-17 | RHS

GETTING HELP WITH MENTAL AND EMOTIONAL HEALTH

The Elders remind us that “in traditional households, there is no shame in asking for help – only pride in the fact that a person has had the strength to ask.”⁹⁵ However, there is a perception in Western society that needing help is sign of weakness, and as a result, it is often very difficult for individuals to reach out when they need to.

REACHING OUT FOR SUPPORT



2015-17 | RHS

69.6%
OF OLDER FIRST
NATIONS WOMEN
REACHED OUT
TO SPEAK WITH
SOMEONE ABOUT
THEIR EMOTIONAL OR
MENTAL HEALTH IN
THE PAST YEAR



FIRST
NATIONS
WOMEN WERE
MORE LIKELY
THAN FIRST
NATIONS MEN
TO REACH
OUT FOR
SUPPORT

DEPRESSION

RATES OF OLDER FIRST
NATIONS ADULTS
(50+ YEARS)
RECEIVING MEDICAL
SERVICES FOR
DEPRESSION
REMAINED RELATIVELY
CONSISTENT BETWEEN
2004/05 AND 2015/16

2004/05; 2015/16 | Chronic Disease Registries

2015/16

2x 

THE RATE OF CARE
FOR DEPRESSION
AMONG OLDER
FIRST NATIONS
WOMEN WAS MORE
THAN DOUBLE THAT
OF OLDER FIRST
NATIONS MEN

USE OF ALCOHOL, SUBSTANCES AND GAMBLING

It is common for people who are hurting, experiencing trauma, or feeling like they don’t belong, to use alcohol and/or drugs to numb or cope with the pain. The majority of older First Nations women in BC do not drink and the proportion using drugs in 2015-17 was too small to be reportable by the RHS. Still, many are impacted by the use and intergenerational effects of substance use in their families and communities.

This relationship with alcohol, in particular, is a historical and largely negative one, as shaped by the prohibition of alcohol under the *Indian Act*, the trauma and disempowerment of residential schools and the Sixties’ Scoop, and the racist labelling of First Nations and other Indigenous peoples as helpless abusers of alcohol.⁹⁶ Seeing and experiencing how alcohol use can impact social, emotional, mental and spiritual wellness, many older First Nations people have evolved their relationship with alcohol over the course of their life. Some have opted not to drink or choose to use in moderation. Others use alcohol to help cope with longstanding pains and traumas, which unfortunately for some, can lead to addiction and/or physical health problems.

“Where there’s a lack of identity – who they are, where they come from – that’s one of the biggest concerns. Feeling like they don’t belong, or a disconnection. Rebuilding those connections, bringing back culture and traditions, helps guide people back and builds self-esteem. Culture is the biggest component of health and wellness. We need to empower our people and not break them down. They are someone’s child, sister, brother, aunt, uncle, niece or nephew. Connection is the correction for our people.”

- Kemaxa’las Milly Price, Da’naxda’xw/We Wai Kai/Wei Wai Kum First Nation⁹⁶



“I think the trauma that happened to our people many years ago is the basis of what happened in our own people not having that spark to carry on with our culture and traditions and the involvement of things that were so foreign to us: alcohol, drugs. Alcohol is a medication for trauma. It’s one of the many things that happened with the separation from culture and traditions. When you lose family members through results of using those things, you start to think about it not as just a tragedy, but a series of tragedies.”



- Mary Everson (Uma'galis), Kwakwaka'wakw, K'omoks and Tlingit, from the K'omoks First Nation⁴⁰

> 2/3

OF OLDER FIRST NATIONS WOMEN DID NOT DRINK ALCOHOL IN THE PAST YEAR

2002-03; 2008-10 and 2015-17 | RHS



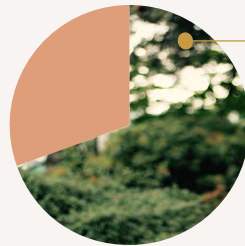
48.4%

OF THOSE WHO DID, DID SO ONCE A MONTH OR LESS

2015-17 | RHS

GAMBLING

While most who engage in gambling do so responsibly and “socially,” i.e., for recreation, gambling can also be used as an avenue for coping with trauma.⁹⁷ For some, the stimulation associated with betting can be addictive and impact negatively on their goals and responsibilities and relationships.



2015-17 | RHS

69.7%

OF OLDER FIRST NATIONS WOMEN GAMBLED IN THE PAST YEAR



84.4%

OF THOSE WHO DID GAMBLE NEVER BET MORE THAN THEY COULD AFFORD

92.8%

OF THOSE WHO DID GAMBLE DID NOT CAUSE THEMSELVES OR THEIR FAMILIES ANY FINANCIAL DIFFICULTIES

CONCLUSION

First Nations women Elders, matriarchs and grandmothers are precious in their families, communities and Nations. They have journeyed through all of the stages of the life cycle and are in the final phase of their physical journey on earth. They hold wisdom from their experiences, and in many cases, sacred knowledge about First Nations customs, language, ceremony, rites of passage, foods, and ways of life. The Elders and matriarchs provide a vital link to these traditions and bring forward the wisdom and teachings to guide First Nations families and communities with contemporary issues of today. As teachers and caregivers, they also play a vital role in ensuring this knowledge is kept alive and passed on to future generations.

The health and wellness of women Elders has been shaped by the paths of their lives, their connections and relationships, their environments, and the systems they must interact with to access their basic needs. The resilience of First Nations women has been integral to the continuance and strength of First Nations culture and community – and the well-being of First Nations matriarchs and grandmothers will always be essential to the vision of healthy, vibrant and self-determining First Nations families and communities.





REFERENCES

ELDER WELLNESS

- ¹Wyton, M. 2020. "When a Pandemic Threatens to Erase a Community's Memory." The Tyee. 13 April 2020. Available from: <https://thetyee.ca/News/2020/04/13/When-A-Pandemic-Threatens-To-Erase-A-Communitys-Memory/>.
- ²Currie S, Kaminski J. First Nations pedagogy for online [PowerPoint slides]. ICT Summit. 2008. Available from: http://firstnationspedagogy.ca/FN_Pedagogy2008.ppt.
- ³First Nations Health Authority. BC Elders' guide. West Vancouver, BC: First Nations Health Authority. Available from: https://www.fnha.ca/WellnessSite/WellnessDocuments/BC_EldersGuide.pdf.
- ⁴Diffey L, Fontaine L, Schultz ASH. Understanding First Nations women's heart health. Prince George, BC: National Collaborating Centre for Indigenous Health; 2019 Oct. Available from: <https://www.nccih.ca/docs/emerging/RPT-Womens-Heart-Health-Diffey-Fontaine-Schultz-EN.pdf>.
- ⁵First Nations Health Authority. Spirit. The Elders issue. West Vancouver, BC: First Nations Health Authority; 2014. Available from: https://www.fnha.ca/WellnessSite/SpiritMagazineSite/SpiritMagazine/Spirit_Winter2014.pdf.
- ⁶First Nations Health Authority. Remembering Indigenous teachings on world Elder abuse awareness day [Internet]. West Vancouver, BC: First Nations Health Authority; 2018 Jun 15. Available from: <https://www.fnha.ca/about/news-and-events/news/remembering-indigenous-teachings-on-world-elder-abuse-awareness-day>.
- ⁷First Nations Health Authority End of life doulas – guiding the journey to the spirit world [Internet]. West Vancouver, BC: First Nations Health Authority; 2019 Apr 26. Available from: <https://www.fnha.ca/about/news-and-events/news/end-of-life-doulas-guiding-the-journey-to-the-spirit-world>.
- ⁸First Nations Health Council. The social determinants of health from a First Nations perspective [video file]. 2019 Jul 16. Available from: <https://www.youtube.com/watch?v=aD-wYpDsooQ>.
- ⁹Conklin A, Lee R, Reading J, Humphries K. Promoting Indigenous women's heart health: lessons from gatherings with Elders and Knowledge-Holders. Vancouver, BC: University of British Columbia; 2019 Aug 30. Available from: <https://open.library.ubc.ca/cIRcle/collections/facultyresearchandpublications/52383/items/1.0380719>.
- ¹⁰River Voices. Haí-zaqy liác-i - Heiltsuk bighouse [video file]. 2018 Jul 03. Available from: <https://www.youtube.com/watch?v=jH8vxFxHGII>.
- ¹¹First Peoples' Cultural Council. Report on the status of B.C. First Nations languages. Brentwood Bay, BC: First Peoples' Cultural Council; 2018. Available from: <http://www.fpcc.ca/files/PDF/FPCC-LanguageReport-180716-WEB.pdf>.
- ¹²Stelkia K, Beck L, Manshadi A, Fisk AJ, Adams E, Browne AJ, et al. "Togetherness": exploring how connection to land, water, and territory influences health and wellness with First Nations Knowledge Keepers and youth in the Fraser Salish Region of British Columbia. *International Journal of Indigenous Health*. 2021;16(2).
- ¹³Raven Space. About this book [Internet]. Vancouver, BC: Raven Space. Available from: <http://publications.ravenspacepublishing.org/as-i-remember-it/about>.
- ¹⁴Paetkau J. Elders and great-grandchildren share the legacy of learning Hul'q'umi'num.' CBC News. 2019 Dec 16. Available from: <https://www.cbc.ca/news/indigenous/hul-q-umi-num-language-house-vancouver-island-1.5335986>.
- ¹⁵First Nations Health Council. #EldersSpeak Youth Responses. July 14, 2016. Video. <https://www.youtube.com/watch?v=F9tJ23fQv58>.
- ¹⁶Anderson K. A recognition of being. Toronto, ON: Canadian Scholars' Press; 2001.

- ¹⁷Rural Policy Learning Commons. Indigenous food sovereignty in Canada: policy paper 2019. Rural Policy Learning Commons; 2019. Available from: <http://rplc-capr.ca/wp-content/uploads/2019/02/Penner-Keваны-Longboat-2019-Indigenous-Food-Sovereignty-in-Canada-Policy-Brief.pdf>.
- ¹⁸First Nations Health Authority. Healthy food guidelines for First Nations communities. West Vancouver, BC: First Nations Health Authority; 2014. Available from: https://www.fnha.ca/WellnessSite/WellnessDocuments/Healthy_Food_Guidelines_for_First_Nations_Communities.pdf#search=diabetes%20elders%20active.
- ¹⁹Museum of Anthropology. Knowledge Keepers: cedar harvest [video file]. 2020 Jul 07. Available from: https://www.youtube.com/watch?v=A6KS4J8QyNQ&feature=emb_logo.
- ²⁰Island Health. Indigenous Plant Healing: Island Health Magazine. Video. <https://www.bing.com/videos/Video>. <https://www.bing.com/videos/search?q=First+nAtinos+elders+traditional+medicines&&view=detail&mid=ADDFa8DC14B3CC965ED8ADDFA8DC14B3CC965ED8&&FORM=VRD-GAR&ru=%2Fvideos%2Fsearch%3Fq%3DFirst%2BnAtinos%2Belders%2Btraditional%2Bmedicines%26FORM%3DHDRSC4>.
- ²¹Macklin C, Beaudoin E, Lu K, King M, King A. A synthesis: Indigenous wellness indicators Day.” Indigenous Wellness; 2015 Aug 17. Available from: <https://indigenouwellness.ca/wp-content/uploads/2018/08/IGIHM-Indigenous-Wellness-Indicators-Day-A-Synthesis.pdf>.
- ²²First Nations Health Authority. New guide supports the health of Aboriginal and First Nations Elders [Internet]. West Vancouver, BC: First Nations Health Authority; 2014 Jul 08. Available from: <https://www.fnha.ca/about/news-and-events/news/fnha-and-province-of-bc-announce-release-of-bc-elders-guide>.
- ²³First Nations Health Authority. Honesty about sexual abuse sparks dialogue about healing and unites attendees at FNHA’s first ever mental health and wellness summit [Internet]. West Vancouver, BC: First Nations Health Authority; 2018 Mar 01. Available from: <https://www.fnha.ca/about/news-and-events/news/honesty-about-sexual-abuse-sparks-dialogue-about-healing-and-unites-attendees-at-fnha-s-first-ever-mental-health-and-wellness-summit>.
- ²⁴InsideTRU. Remembering our way forward [video file]. 2013 Dec 18. Available from: https://www.youtube.com/watch?v=rTE1Z_oqvxl.
- ²⁵MacDonald. (2017). Maternal Identity in Family and Community: Mothers of the Stó:lō First Nation. In Neufeld H. & Cidro J. (Eds.), Indigenous Experiences of Pregnancy and Birth (pp. 163-175). BRADFORD, ONTARIO: Demeter Press. p.166.
- ²⁶First Nations Health Authority. Underneath the surface: reclaiming our core strengths [Internet]. West Vancouver, BC: First Nations Health Authority; 2018 Mar 01. Available from: <https://www.fnha.ca/about/news-and-events/news/underneath-the-surface-reclaiming-our-core-strengths>.
- ²⁷Schill, K., Terbasket, E., Thurston, W.E., Kurtz, D., Page, S., McLean, F., Jim, R., Oelke, N., (2019). Everything Is Related and It All Leads Up to My Mental Well-Being: A Qualitative Study of the Determinants of Mental Wellness Amongst Urban Indigenous Elders, in The British Journal of Social Work, Volume 49, Issue 4, June 2019, Pages 860–879. Available from: <https://academic.oup.com/bjsw/article-abstract/49/4/860/5477863>.
- ²⁸Independent Media Productions. Coast Salish cedar hat weaving [video file]. 2012 Dec 9. Available from: <https://www.youtube.com/watch?v=95rPwCDHOCE>.
- ²⁹Turpel-Lafond ME. In Plain Sight: Addressing Indigenous-specific racism and discrimination in B.C. health care. Victoria, BC: Addressing Racism Review; 2020 Nov. Available from: <https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Full-Report.pdf>.
- ³⁰Kent, A., Loppie, C., Carriere, J., MacDonald, M., Paulie, B. (2017). Xpey’ Relational Environments: an analytic framework for conceptualizing Indigenous health equity, in Health Promotion and Chronic Disease Prevention in Canada. Vol 37, No. 12. December 2017. Available from: <https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/health-promotion-chronic-disease-prevention-canada-research-policy-practice/vol-37-no-12-2017/ar-01-eng.pdf>.
- ³¹Syexwaliya Ann Whonnock. 2020. Message from FNHA Elder Advisor on Anti-Racism: “Stand and work together.” Video. <https://www.facebook.com/watch/182629491891136/287807015678237>.
- ³²First Nations Health Council. Leading with culture in First Nations community contexts [video file]. 2017 Nov 02. Available from: https://www.youtube.com/watch?v=N_LpTXiTqCl&feature=youtu.be.
- ³³Allan B, Smylie J. First peoples, second class treatment: the role of racism in the health and well-being of Indigenous peoples in Canada. Toronto, ON: The Wellesley Institute; 2015. Available from: <https://www.wellesleyinstitute.com/publications/first-peoples-second-class-treatment/>.

- ³⁴National Inquiry into Missing and Murdered Indigenous Women and Girls. Reclaiming power and place: Executive Summary of the Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls. Ottawa, ON: National Inquiry into Missing and Murdered Indigenous Women and Girls; 2019 Jun. Available from: https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Executive_Summary.pdf.
- ³⁵Vancouver Coastal Health. Chief Joseph - breaking the silence about Elder abuse [video file]. 2018 Mar 27. Available from: <https://www.youtube.com/watch?v=qitjeAj7CTc&feature=youtu.be>.
- ³⁶First Nations Health Authority. BC Elders' guide. West Vancouver, BC: First Nations Health Authority. Available from: <https://www.fnha.ca/WellnessSite/WellnessDocuments/React-Pamphlet.pdf>.
- ³⁷Vancouver Coastal Health. Re:act. Vancouver, BC: Vancouver Coastal Health. <http://www.vch.ca/Documents/ReAct-Manual.pdf>.
- ³⁸First Nations Health Authority. Colonization as a curse [Internet]. West Vancouver, BC: First Nations Health Authority. Available from: <https://www.fnha.ca/wellness/sharing-our-stories/colonization-as-a-curse>.
- ³⁹Potlatch 67-67. Potlatch 67-67: an interview with Dr. Evelyn Voyageur [video file]. 2018 Jul 18. Available from: https://www.youtube.com/watch?v=3IH6_j2ROC8&feature=emb_logo.
- ⁴⁰Potlatch 67-67. Potlatch 67-67: an interview with Mary Everson [video file]. 2018 Jul 18. Available from: https://www.youtube.com/watch?v=84gUfhRKMnl&feature=emb_rel_pause.
- ⁴¹http://nativeyouthsexualhealth.com/63230_10150117765862652_15477717651_7409383_1883338_n.jpg.
- ⁴²Fournier, A. (2020). School on the land: Indigenous teachings get kids outside the classroom. CBC. Internet: August 31, 2020. <https://www.cbc.ca/news/canada/school-on-the-land-indigenous-teachings-get-kids-outside-the-classroom-1.5705328>.
- ⁴³Milne E. "I have the worst fear of teachers": moments of inclusion and exclusion in family/school relationships among Indigenous families in Southern Ontario. *Can Rev Sociol*. 2016 Aug;53(3):270-89.
- ⁴⁴First Nations Health Authority. Back to school time can bring back painful memories [Internet]. West Vancouver, BC: First Nations Health Authority; 2016 Sep 07. Available from: <https://www.fnha.ca/wellness/sharing-our-stories/back-to-school-time-can-bring-back-painful-memories>.
- ⁴⁵ANP Circle. Elders and traditional teachings [video file]. 2017 Sep 14. Available from: https://www.youtube.com/watch?v=QSm9-X_1C6g.
- ⁴⁶BC Teachers' Foundation. Saylesh Wesley: an educator, a story teller, a strong caring voice. 2019 Nov 26. Available from: <https://www.youtube.com/watch?v=1d0IDkQ11Dg>.
- ⁴⁷Kimbley J. Saylesh Wesley: Aboriginal, trans, and still here. *Teacher Magazine of the BC Teachers' Federation*. November-December 2019. Available from: <https://www.bctf.ca/publications/NewsmagArticle.aspx?id=55375>.
- ⁴⁸Statistics Canada. Census in brief: working seniors in Canada [Internet]. Ottawa, ON: Statistics Canada; 2017 Nov 29. Available from: <https://www12.statcan.gc.ca/census-recensement/2016/as-sa/98-200-x/2016027/98-200-x2016027-eng.cfm>.
- ⁴⁹Natalie C. Benda, Tiffany C. Veinot, Cynthia J. Sieck, Jessica S. Ancker, "Broadband Internet Access Is a Social Determinant of Health!," *American Journal of Public Health* 110, no. 8 (August 1, 2020):pp. 1123-1125.
- ⁵⁰Province of BC. Connectivity in BC. <https://www2.gov.bc.ca/gov/content/governments/connectivity-in-bc#:~:text=Connectivity%20in%20B.C.%20Connectivity%20is%20critical%20for%20British,healthcare%2C%20education%2C%20culture%2C%20public%20safety%20and%20economic%20activity>.
- ⁵¹Canadian Institute for Health Information. Continuity of care with family medicine physicians: why it matters. Ottawa, ON: Canadian Institute for Health Information; 2015 [cited 2019 Oct 21]. Available from: https://secure.cihi.ca/free_products/UPC_ReportFINAL_EN.pdf.
- ⁵²First Nations Health Authority. First Nations health status & health services utilization. Summary of key findings 2008/09 –2014/15. West Vancouver, BC: First Nations Health Authority; 2018 [cited 2019 Oct 21]. Available from: <https://www.fnha.ca/WellnessSite/WellnessDocuments/FNHA-First-Nations-Health-Status-and-Health-Services-Utilization.pdf>.
- ⁵³Public Health Agency of Canada. Diabetes in Canada: Facts and figures from a public health perspective. <https://www.canada.ca/en/public-health/services/chronic-diseases/reports-publications/diabetes/diabetes-canada-facts-figures-a-public-health-perspective.html>.

- ⁵⁴Lux MK. *Separate beds: a history of Indian hospitals in Canada, 1920s-1980s*. Toronto, ON: University of Toronto Press; 2016.
- ⁵⁵Browne AH, Fiske J-A, Thomas G. *First Nations women's encounters with mainstream health care services & systems*. Vancouver, BC: British Columbia Centre of Excellence for Women's Health; 2000. Available from: http://bcccewh.bc.ca/wp-content/uploads/2012/05/2000_First-Nations-Women-Encounters-with-Mainstream-Health-Care-.pdf.
- ⁵⁶McCue D. Racism against Aboriginal people in health-care system 'pervasive': study. CBC News. 2015 Feb 04. Available from: <https://www.cbc.ca/news/indigenous/racism-against-aboriginal-people-in-health-care-system-pervasive-study-1.2942644>.
- ⁵⁷First Nations Health Authority. Watch: "my dad's unbelievable story, untold by him" [Internet]. West Vancouver, BC: First Nations Health Authority; 2018 Apr 13. Available from: <https://www.fnha.ca/about/news-and-events/news/watch-my-dads-unbelievable-story-untold-by-him>.
- ⁵⁸First Nations Health Authority. Intergenerational healing [Internet]. West Vancouver, BC: First Nations Health Authority; 2016 Jun 01. Available from: <https://www.fnha.ca/about/news-and-events/news/intergenerational-healing>.
- ⁵⁹Personal Communication. Jean Baptiste. February 25, 2021.
- ⁶⁰Warburton DE, Nicol CW, Bredin SS. Health benefits of physical activity: the evidence. *CMAJ*. 2006 Mar 14;174(6):801-9.
- ⁶¹Yaffe K, Barnes D, Nevitt M, et al. A prospective study of physical activity and cognitive decline in elderly women: women who walk. *Arch Intern Med*. 2001;161:1703–1708.
- ⁶²McTiernan A, Friedenreich CM, Katzmarzyk PT, Powell KE, Macko R, Buchner D, et al. Physical activity in cancer prevention and survival: a systematic review. *Med Sci Sports Exerc*. 2019 Jun;51(6):1252-1261.
- ⁶³First Nations Health Authority. Respecting tobacco [Internet]. West Vancouver, BC: First Nations Health Authority; 2014. Available from: <https://www.fnha.ca/wellness/wellness-and-the-first-nations-health-authority/wellness-streams/respecting-tobacco>.
- ⁶⁴Earle L. *Traditional Aboriginal diets and health*. Prince George, BC: National Collaborating Centre for Indigenous Health; 2013. Available from: <https://www.ccsa-nccah.ca/docs/emerging/FS-TraditionalDietsHealth-Earle-EN.pdf>.
- ⁶⁵Philibert, A., Fillion, M., Mergler, D. Mercury exposure and premature mortality in the Grassy Narrows First Nation community: a retrospective longitudinal study, in *The Lancet* 4:4. E141-E148. April 01, 2020. [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(20\)30057-7/fulltext#seccestitle10](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(20)30057-7/fulltext#seccestitle10).
- ⁶⁶First Nations Health Authority. *First Nations health status & health services utilization. Summary of key findings | 2008/09 – 2014/15*. West Vancouver, BC: First Nations Health Authority. Available from: <https://www.fnha.ca/WellnessSite/WellnessDocuments/FNHA-First-Nations-Health-Status-and-Health-Services-Utilization.pdf#search=osteoarthritis>.
- ⁶⁷Government of British Columbia. *Cardiovascular disease - primary prevention* [Internet]. Victoria, BC: Government of British Columbia; 2014 Dec 15. Available from: <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines/cardiovascular-disease#risk-assessment>.
- ⁶⁸Government of Canada. *Report from the Canadian chronic disease surveillance system: heart disease in Canada, 2018* [Internet]. Ottawa, ON: Government of Canada; 2018 May. Available from: <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/report-heart-disease-Canada-2018.html>.
- ⁶⁹FNHA; PHO. 2021. *Population Health and Wellness Agenda*.
- ⁷⁰Barrett-Connor E. Menopause, atherosclerosis and coronary artery disease. *Curr Opin Pharmacol*. 2013;13:186–191.
- ⁷¹Tjepkema M, Wilkins R, Goedhuis N, Pennock J. Cardiovascular disease mortality among First Nations people in Canada, 1991–2001. *Chronic Dis Inj Can*. 2012;32:200–207.
- ⁷²Stampfer MJ, Hu FB, Manson JE, Rimm EB, Willett WC. Primary prevention of coronary heart disease in women through diet and lifestyle. *N Engl J Med*. 2000;343:16-22.
- ⁷³Gill I. "What do we need to be well?" a First Nation Provides its own answer. *The Tyee*. 2020 Jun 10. Available from: <https://thetyee.ca/News/2020/06/10/What-First-Nation-Needs-To-Be-Well/>.

- ⁷⁴Halseth, R. (2019). The prevalence of Type 2 diabetes among First Nations and considerations for prevention. Prince George, BC: National Collaborating Centre for Aboriginal Health.
- ⁷⁵Harris, S.B., Bhattacharyya, O., Dyck, R., Naqshbandi Hayward, M., & Toth, E.L. (2013). Type 2 diabetes in Aboriginal peoples. *Canadian Journal of Diabetes*, 37, S191-S196.
- ⁷⁶LivingMyCulture.ca. Traditional foods are medicine [Internet]. Winnipeg, MB: Canadian Virtual Hospice. Available from: <https://livingmyculture.ca/culture/first-nations/traditional-foods-are-medicine/>.
- ⁷⁷McGahan, C.E., Linn, K., Guno, P. et al. Cancer in First Nations people living in British Columbia, Canada: an analysis of incidence and survival from 1993 to 2010. *Cancer Causes Control* 28, 1105–1116 (2017). <https://doi.org/10.1007/s10552-017-0950-7>.
- ⁷⁸FNHA News Release. Strategy for improving Indigenous cancer health outcomes launched in BC. Dec 12, 2017 <https://www.fnha.ca/about/news-and-events/news/strategy-for-improving-indigenous-cancer-health-outcomes-launched-in-bc>.
- ⁷⁹First Nations Health Authority. Living with cancer: everyone deserves support. West Vancouver, BC: First Nations Health Authority. Available from: <https://www.fnha.ca/WellnessSite/WellnessDocuments/Living-With-Cancer.pdf>.
- ⁸⁰Sharlene Webkamigad, S., Warry, W., Blind, M., and Jacklin, J. (2020). “An Approach to Improve Dementia Health Literacy in Indigenous Communities,” in *J Cross Cult Gerontol*. 2020; 35(1): 69–83.
- ⁸¹Jacklin KM, Walker JD, Shawande M. The emergence of dementia as a health concern among First Nations populations in Alberta, Canada. *Can J Public Health*. 2013 Jan;104(1):e39-44.
- ⁸²First Nations Health Authority. Gitksan way of knowing about dementia [Internet]. West Vancouver, BC: First Nations Health Authority; 2020 Jan 15. Available from: <https://www.fnha.ca/about/news-and-events/news/gitksan-way-of-knowing-about-dementia>.
- ⁸³Halseth R. Overcoming barriers to culturally safe and appropriate dementia care services and supports for Indigenous peoples in Canada. Prince George, BC. NCCAH.: National Collaborating Centre for Indigenous Health; 2018 Oct. Available from: https://www.nccih.ca/495/Overcoming_barriers_to_culturally_safe_and_appropriate_dementia_care_services_and_supports_for_Indigenous_peoples_in_Canada.nccih?id=243.
- ⁸⁴First Nations Health Authority. Menopause: part of our journey of physical, mental and spiritual health. West Vancouver, BC: First Nations Health Authority. Available from: <https://www.fnha.ca/WellnessSite/WellnessDocuments/FNHA-Menopause-Part-of-our-journey-of-physical-mental-and-spiritual-health.pdf#search=menopause>.
- ⁸⁵CBC Docs. A sisterhood of Indigenous women gathers to rant, laugh and share menopause stories | KaYaMenTa [video file]. 2020 Jun 26. Available from: <https://www.youtube.com/watch?v=ilb3fd9jGkY>.
- ⁸⁶Loppie, C. Mi'kmaq Women's Vision of Mid-life Change,' in *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health* 3(2) https://journalindigenuswell-being.com/media/2018/10/3_Loppie.pdf.
- ⁸⁷Madden S, St Pierre-Hansen N, Kelly L, Cromarty H, Linkewich B, Payne L. First Nations women's knowledge of menopause: experiences and perspectives. *Can Fam Physician*. 2010 Sep;56(9):e331-e337.
- ⁸⁸Menopause: a sisterhood of Indigenous women gather to rant, laugh and share stories | KaYaMenTa. CBC Docs. 2020 June 26. Available from: <https://www.youtube.com/watch?app=desktop&v=ilb3fd9jGkY>.
- ⁸⁹Health Canada. First Nations mental wellness continuum framework: summary report. Ottawa, ON: Health Canada; 2015. Available from: https://thunderbirdpf.org/wp-content/uploads/2015/01/24-14-1273-FN-Mental-Wellness-Framework-EN05_Low.pdf.
- ⁹⁰Paul E., McKenzie D, Raibmon P, Johnson H. As I remember it [Internet]. Vancouver, BC: Raven Space, University of British Columbia Press. Available from: <http://publications.ravenspacepublishing.org/as-i-remember-it/index>.
- ⁹¹Maki, P.M., Kornstein, S.G., Joffe, H., Bromberger, J.T. Freeman, E.W., Athappilly, G., Bobo, W.V., Rubin, L. H., Koleva, H.K., Cohen, L.S., Soares, C.N. (2018). Guidelines for the evaluation and treatment of perimenopausal depression: summary and recommendations. In *Menopause: The Journal of The North American Menopause Society*. Vol. 25, No. 10, pp. 1069-1085.
- ⁹²Government of Canada. Report on the social isolation of seniors [Internet]. Ottawa, ON: Government of Canada. Available from: <https://www.canada.ca/en/national-seniors-council/programs/publications-reports/2014/social-isolation-seniors/page05.html#h2.2>.

⁹³FNHA. 2020. 'Hope, Help and Healing.' A Planning Toolkit for First Nations and Aboriginal Communities to Prevent and Respond to Suicide. Available from: <https://www.fnha.ca/WellnessSite/WellnessDocuments/FNHA-Hope-Help-and-Healing.pdf#search=hope%20and%20healing>.

⁹⁴Chandler MJ, Lalonde C. Cultural continuity as a hedge against suicide in Canada's First Nations. *Transcult Psychiatry*. 1998;35(2):191-219.

⁹⁵Á:ylexw tel Th'á:lá – Calling of the Heart [Internet]. Available from: <https://www.callingoftheheart.ca/>.

⁹⁶FNHA. Sober(er) for October: Everyone's Included in the Circle. October 23, 2019. <https://www.fnha.ca/about/news-and-events/news/soberer-for-october-everyones-included-in-the-circle>.

⁹⁷Dion J, Collin-Vézina D, De La Sablonnière M, Philippe-Labbé M, Giffard T. An exploration of the connection between child sexual abuse and gambling in Aboriginal communities. *International Journal Mental Health and Addiction*. 2010;8:174–189.

⁹⁸Personal Communication. Nicole LaRock. March 20, 2021. [search?q=First+nAtinos+elders+traditional+medicines&&view=detail&mid=ADDF8DC-14B3CC965ED8ADDF8DC14B3CC965ED8&&FORM=VRD GAR&ru=%2Fvideos%2Fsearch%3Fq%3DFirst%2BnAtinos%2Belders%2Btraditional%2Bmedicines%26FORM%3DHDRSC4](https://www.fnha.ca/search?q=First+nAtinos+elders+traditional+medicines&&view=detail&mid=ADDF8DC-14B3CC965ED8ADDF8DC14B3CC965ED8&&FORM=VRD GAR&ru=%2Fvideos%2Fsearch%3Fq%3DFirst%2BnAtinos%2Belders%2Btraditional%2Bmedicines%26FORM%3DHDRSC4).