

First Nations and Inuit Older Adults and Aging Well in Ottawa, Canada

By

Lauren Alexandra Brooks-Cleator

Bachelor of Science with Specialization in Human Kinetics, University of Ottawa, 2012

Master of Arts in Human Kinetics, University of Ottawa, 2014

Supervisor: Dr. Audrey Giles

Committee Member: Dr. Alexandre Dumas

Committee Member: Dr. Willow Scobie

Internal Committee Member: Dr. Nicholas Ng-A-Fook

External Committee Member: Dr. Jennifer Hewson

DISSERTATION

Submitted to the Faculty of Graduate and Postdoctoral Studies
in partial fulfillment of the requirements for the degree of
PhD in Human Kinetics

School of Human Kinetics

University of Ottawa

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Table of Contents

Abstract.....	iii
Dedication.....	v
Acknowledgements.....	vi
List of Tables and Figures	ix
Chapter 1: Introduction	1
Literature Review.....	9
Theoretical Framework.....	23
Methodology.....	32
Sampling.....	41
Methods.....	43
Data Analysis.....	49
Dissertation Format.....	52
Chapter 2: Missing Voices in Aging Well Frameworks: A Postcolonial Analysis.....	71
Chapter 3: Defining and Negotiating Aging Well in an Urban Canadian Community: Perspectives from Community-Dwelling First Nations and Inuit Older Adults.....	97
Chapter 4: Community-Level Factors that Contribute to First Nations and Inuit Older Adults Feeling Supported to Age Well in a Canadian City	135
Chapter 5: A Postcolonial Discourse Analysis of Community Stakeholders' Perspectives on Supporting Urban Indigenous Older Adults to Age Well in Ottawa, Canada	175
Chapter 6: Conclusions.....	205
Appendices.....	239

Abstract

Urban First Nations and Inuit older adults are aging in a Western-centric sociopolitical environment that is experiencing significant social change due to population aging and urbanization. Consequently, urban communities are facing increasing pressures to respond to the needs of the growing older adult population. As a result of these pressures, older adults are urged to “age well” to reduce their “burden” on society; however, older adults do not all define aging well in the same way and they do not all have the same opportunities to age well. Through my research, I aimed to address a gap in the academic literature concerning urban-dwelling First Nations and Inuit older adults and aging well. Ultimately, my goal was to identify how First Nations and Inuit older adults living in Ottawa could be supported to age well in ways that reflect their urban Indigenous identities, cultural perspectives, and life course. My specific research questions are four-fold: 1) Are Indigenous older adults marginalized through dominant aging well frameworks?; 2) how do community-dwelling First Nations and Inuit older adults (aged 55 years and over) living in Ottawa, Canada, define and negotiate aging well in an urban environment?; 3) what community-level factors contribute to First Nations and Inuit older adults (aged 55 years and over) feeling supported to age well in the city of Ottawa?; and 4) how do community stakeholders in Ottawa produce understandings of supporting urban Indigenous older adults to age well? Informed by a postcolonial theoretical framework, I conducted this research using a community-based participatory research (CBPR) methodology in Ottawa, Ontario, Canada, in partnerships with the Odawa Native Friendship Centre and Tungasuvvingat Inuit. To address my research questions, I conducted semi-structured interviews with nine First Nations older adults, focus groups with 23 Inuit older adults, and photovoice with two First Nations older

adults. Additionally, I conducted 13 semi-structured interviews with community stakeholders (i.e., decision-makers and service providers).

My doctoral research makes novel contributions to the fields of kinesiology and gerontology by expanding postcolonial theory to issues related to aging research with urban Indigenous older adults; contributing to the emerging literature that brings diverse perspectives into conversations on aging well; challenging assumptions related to urban Indigenous populations and aging well; illustrating the tensions within aging well initiatives that intended to be available for all older adults; and revealing the tensions within efforts to address reconciliation with Indigenous older adults.

Dedication

I dedicate my dissertation to all of my grandparents: Joan and Lorne Berggren, and Ruth and Jerry Brooks. They showed me that aging well is about loving deeply; enjoying life; being kind, compassionate, and respectful; supporting those you care about; and encouraging those around you. I thank them for sharing these life lessons with me. While I can't share my dissertation with them in person, I hope it makes them proud.

Acknowledgements

I always thought that writing acknowledgements would be easy, but was I ever wrong! Trying to put into words my sincerity and immense appreciation for and gratitude to everyone who has supported me throughout my PhD is a difficult task, but here is my attempt:

I have been incredibly fortunate to have had a number of individuals and organizations who have helped me transform my ideas into reality.

- To my supervisor, Dr. Audrey Giles, thank you for being an amazing and incredibly loyal supervisor, mentor, and friend. You have helped me gain confidence in my skills as a researcher, teacher, and mentor to other students; encouraged me to go outside my comfort zone – and looking back on all those situations, I am so grateful I did; supported my ideas and goals, both big and small; been incredibly understanding and empathetic during some really difficult times – you seemed to know exactly when I needed you to be a PhD supervisor or when I needed you to be a friend; and been a role model for compassion, loyalty, hard work, and standing up for what you believe in. Thank you also to Dr. Sarah Giles. As Audrey's twin sister, you have been a big support throughout my PhD. Your passion for making the world a more just, safe, and kind place is inspiring. And thank you, Tundra, Tilly, and Echo for all the snuggles and for being such good furry friends. Audrey, I am so thankful you agreed to take on a 3rd year student as a volunteer research assistant over 8 years ago. I never expected that to lead to where I am today, but I am so glad it did!
- Thank you as well to Team Giles. As a long-time member of Team Giles, I have met many of you over the years and each of you has had an influence on me as a researcher. You are an incredibly intelligent, kind, and respectful group of students and researchers. I am so glad that I have had a chance to work with so many of you and I hope can continue to work with you for years to come (in APA format, of course!).
- Thank you to my academic friends outside of uOttawa for helping me find my fit within the research world, offering me different perspectives on my research, sharing your grad school and research experiences with me, and being the best and most fun conference buddies I could ask for!
- I am very grateful to Dr. Alex Dumas and Dr. Willow Scobie. Thank you for agreeing to be on my PhD committee and dedicating your time to help me throughout the entire process of my PhD. I appreciate your constructive feedback and encouragement and for challenging me to consider different approaches and extend my thinking to new and complex areas of research. Thank you also to my internal examiner, Dr. Nicholas Ng-A-Fook, and my external examiner, Dr. Jennifer Hewson, for committing time to review and provide feedback on my dissertation.
- This research could not have been accomplished without the commitment of the participants who took part in my research. Thank you to the Odawa Native Friendship Centre and Tungasuvvingat Inuit for being welcoming and supportive community

partners. Thank you to my community advisory committee members for guiding this work, answering my questions, and connecting me with the Indigenous community in Ottawa. Thank you especially to Martha Flaherty for all of the time you have dedicated and the contributions you have made to this research. To the First Nations and Inuit older adult participants, I thank you so much for welcoming me in to your lives; asking me tough questions; participating in different aspects of the research; teaching me about your cultures; letting me make mistakes and learn from them; and sharing your knowledge, hopes, fears, and stories with me. To the community stakeholder participants, thank you for taking time out of your busy work days to meet with me; being open to answering difficult questions; and sharing your knowledge and perspectives with me.

- I am also grateful to the organizations that funded my PhD studies and made it possible for me to conduct and present my research: Canadian Institutes of Health Research Doctoral Award, Travel Awards (3), and Michael Smith Foreign Study Supplement; Ontario Graduate Scholarship; University of Ottawa Monsignor Joseph-Aurèle Plourde Scholarship, Mobility Scholarship, Excellence Scholarship, PhD Admissions Scholarship, and Faculty of Health Science Conference Travel Grant; GSAED; Gerontological Society of America Travel Award; and Canadian Association on Gerontology Student Travel Grant (4).

I am very lucky to have friends and family that not only support me in what I do, but encourage me, help me grow, and provide me with excellent examples of how to love, work hard, and enjoy and appreciate life.

- To my friends and family members, especially my in-laws, Nan, John, and Craig, your words of encouragement have meant the world to me. You may not have always understood the intricate details of my research or why I was doing something that kept me (still!) in school, but your support and willingness to listen (and even read abstracts of papers!) made it that much easier for me to do what I was doing. Throughout this process, it has been easy to become consumed in my work and so I also thank you for giving me a chance to take breaks, have fun, and step away from my research and come back to it energized and refreshed.
- Mom and Dad, thank you for showing me the value in education and supporting me in pursuing my own education. You have both encouraged me and shown me the importance of doing good in the community, which has helped me to look at the bigger picture of my work and to be a more compassionate researcher. I am so fortunate to have parents that care about and want to understand and learn about my research. Mom, your physical and mental strength in the face of adversity and challenging times has shown me how to get through the difficult parts of my PhD. If I can turn out to be half as determined and tough as you, I will be lucky. Thank you also for the countless hours you have spent chatting with me on the phone over the course of my PhD. Whether we were chatting about important things or chatting about really nothing at all, you have been an immense source of comfort and love. Dad, thank you for frequently lending an ear when I needed to vent, bounce around ideas, or be reassured I was doing the right thing. You care so

much about the ones you love and have/continue to work so hard in your career, education, and volunteer work, which has guided me in the work that I do.

- Leah, I am so fortunate to have such an intelligent, loyal, and loving big sister. To both you and Dennis, thank you for being interested in what I do, encouraging me to keep going, and offering advice and support. Thank you (and Maury) for helping me to learn to not take things so seriously and for the countless hours of fun times spent together (even the golf!).
- Grace Lauren, you are a constant light in my life. You have provided me with so much joy and laughter in the last 2 years of my PhD. Being your auntie is one of the greatest gifts I have received.
- Finally, Scott and Ivy, you are the source of an infinite amount of love, laughter, and happiness in my life. Ivy, the cutest cat ever (in my biased opinion), thank you for being such good company while writing up my dissertation. Scott, I am pretty sure you could have a PhD in patience and encouragement at this point. You have listened to my doubts and insecurities throughout the course of my PhD and have helped me to transform them into confidence and ways of moving forward. Thank you for showing me my worth and encouraging me to see it; celebrating all my successes, both big and small; and encouraging and being a part of my hopes and dreams.

List of Tables and Figures

Chapter 3:

Figure 1: Source of social support for participant. 117

Figure 2: Walking in participant's neighbourhood. 118

Chapter 4:

Table 1: Comparison of age-friendly community domains and City of Ottawa Older Adult Plan domains 140

Figure 1: Entrance in participant's home 155

Figure 2: Balcony of participant's home 156

Figure 3: Crosswalk in participant's neighbourhood 157

Figure 4: Accessible business 158

Chapter 5:

Table 1: Research participant characteristics 187

Chapter 1: Introduction

With the globally increasing population of older adults, and the increasingly urban population, cities are facing increased pressure to respond to these population trends (Rémillard-Boilard, 2018). In 2017, 13% of the global population was 60 years of age and older, representing 962 million people (United Nations [UN], 2017). By 2050, this population is projected to be 2.1 billion (UN, 2017). Two main reasons for this global change include increases in life expectancy (i.e., increasing longevity, so more people are reaching advanced ages) and declining fertility rates (UN, 2017). Related to urbanization, over half of the world's population is now living in cities, with this projected to grow to 68% by 2050, an increase from 30% in 1950 (UN, 2018). This trend is largely due to an overall global population increase, but also a shift in people moving to or remaining in cities (UN, 2018).

With 82% of the population living in an urban community, North America is the most urbanized region of the world (UN, 2018). In Canada, over 80% of the population lives in an urban community, and this number expected to grow to over 87% by 2050 (UN, 2018). When looking at specific populations in Canada, we can see other striking trends. The number of Indigenous peoples living in urban communities increased by 59.7% from 2006 to 2016 (Statistics Canada, 2017). The number of Indigenous peoples aged 65 years of age and older more than doubled from 2001 to 2011; and it is expected to continue to increase, particularly in urban areas (O'Donnell, Wendt, & the National Association of Friendship Centres, 2017). In Ottawa alone, this population is expected to grow by 415% between 2011 and 2031 (City of Ottawa, 2011). Notably, Ottawa also has the largest Inuit population of any city outside Inuit Nunangat¹ (Statistics Canada, 2017).

Together, these two demographics shifts, population aging and urbanization, have had significant impacts on cities, including how best they can respond to the needs of different

cohorts, particularly those in later stages of life (Buffel et al., 2018b). Indeed, widening economic inequalities in cities, a change in traditional support systems, and financial pressures on different levels of government, have put a strain on cities in terms of developing support for various groups, including older adults (Buffel et al., 2018b). Furthermore, as Phillipson (2012) argued, “economic recession, linked with global economic and social change, has created the basis for new forms of exclusion” (p. 28), to which older adults are particularly vulnerable. As a result of these strains and pressures, older adults are urged to “age well” and in place (i.e., independently in their community) to reduce their “burden” on society (Katz, 2005; Polivka & Longino, 2004). However, for a variety of reasons, which I address in the research included in this dissertation, “the places in which older people experience ageing have often proved to be hostile and challenging environments” (Buffel et al., 2018b, p. 4), thus making aging well especially challenging for particular groups of older adults, such as Indigenous peoples in urban settings.

Consequently, there have been increasing calls for research that 1) analyzes and challenges assumptions about aging well and the policies and initiatives that seek to foster aging well for older adults (Buffel et al., 2018b; Rémillard-Boilard, 2018); 2) considers the role of culture in understandings of aging well (Buffel, Handler, & Phillipson, 2018a; Kolb, 2014; Lamb, 2014); 3) examines the ways in which inequalities, stemming from the micro- and macro-environments, differentially affect older adults’ opportunities for aging well (Buffel et al., 2018a; Katz & Calasanti, 2015); and 4) identifies how older adults resist the structural forces that create inequalities (Thomése, Buffel, & Phillipson, 2018). Furthermore, these calls have highlighted the necessity of including older adults themselves in this research (Buffel et al., 2018a; Hopkins, Kwachka, Lardon, & Mohatt, 2007; Martinson & Berridge, 2015; Thomése et al., 2018). Thus, in

my doctoral research, I sought to address all of these calls, particularly in relation to the experiences of urban-dwelling First Nations and Inuit older adults.

Of note, I use the term “aging well” throughout my dissertation and, more specifically, I frequently refer to “dominant Western understandings of aging well.” By the latter, I am referring to the dominant concepts that inform policy and practice in Western (and settler) societies in relation to older adult populations: successful aging and active aging, which both emphasize “independence; activity/productivity; the avoidance or denial of decline and mortality; and the individual self as project” (Lamb, 2014, p. 42). Rowe and Kahn (1987, 1997) proposed a definition of successful aging that included 1) the low probability of disease and disease-related disability, 2) high cognitive and physical functional capacity, and 3) active engagement with life. Successful aging Active aging, as defined by the International Longevity Centre-Brazil (2015), includes four pillars: health, lifelong learning, participation, and security, which all contribute to one’s ability to actively age.

I do not wish to homogenize Western populations, however, so I acknowledge and understand that Western populations are diverse and thus have diverse understandings of aging well. Additionally, I am aware that any normative framework is incomplete; however, I utilize active and successful aging for two reasons. First, successful aging is a dominant construct in social gerontology in Western societies (see, for example, *The Gerontologist’s* (2015) special issue on successful aging), as it aligns with neoliberal ideological concerns about aging population costs (Martinson & Berridge, 2015), which are the impetus for the development of age friendly communities. Second, active aging is what informs age friendly communities, which is one of the most popular global policy responses to support aging well in urban communities (World Health Organization [WHO], 2007). Given their popularity in research, policy, and

practice that is driven by the intent to support all older adults to age well in Western societies, active and successful aging are what I used in reference to “dominant Western understandings of aging well” throughout my doctoral research.

Some scholars have described the ethnocentric and prescriptive quality of the terminology related to old age (van Dyk, 2016; Zimmermann, 2016), including concepts such as aging well, successful aging, active aging, etc. Indeed, the vocabulary and criteria related to these concepts, such as activity, productivity, and success, are based on the standards of Western society (van Dyk, 2016; Zimmermann, 2016). Consequently, by using the term aging well in my research, I realize that I risk further normalizing Western concepts that have historically excluded Indigenous peoples; however, I use this term in my research for two reasons. First, I engaged in discussions with those on my community advisory committee about terminology and what concept or word would be the best to use related to the research and understanding experiences of being able to age in a supportive way. The community advisory committee members agreed that aging well would be an appropriate term to use because they felt participants would be able to understand it, and that it would be more straightforward than using other the terms, such as successful or active aging. Second, my intent was to undertake research that critiques, but can also inform, current policies that are developed to support various populations of older adults. I was hesitant to completely avoid using the language of these policies because I was concerned that the results would then be disregarded or deemed as irrelevant by policymakers. Indeed, sometimes one must take-up the term that one seeks to critique in order to critique it (Hutcheon, 1989). Even with these understandings, however, I am still cognizant of the potential drawbacks of using the term aging well. Nevertheless, I believe

that the strengths of critically engaging with the term outweigh the drawbacks of not using it at all.

Through my research, I aimed to address a gap in the academic literature concerning urban-dwelling First Nations and Inuit older adults and aging well. Ultimately, my goal was to identify how First Nations and Inuit older adults living in Ottawa could be supported to age well in ways that reflect their urban Indigenous identities, cultural perspectives, and life course. My specific research questions are four-fold: 1) Are Indigenous older adults marginalized through dominant aging well frameworks?; 2) how do community-dwelling First Nations and Inuit older adults (aged 55 years and over) living in Ottawa, Canada, define and negotiate aging well in an urban environment?; 3) what community-level factors contribute to First Nations and Inuit older adults (aged 55 years and over) feeling supported to age well in the city of Ottawa?; and 4) how do community stakeholders in Ottawa produce understandings of supporting urban Indigenous older adults to age well? Of note for my dissertation is that while there are many Métis older adults living in Ottawa and I made efforts to engage them in this research, participants identified as either First Nations or Inuk², and thus I did not have Métis participants.

Notably, while older adults are typically considered to be 65 years and older, researchers and policymakers have argued that given the lower life expectancies of Indigenous populations (74 years) in Canada in comparison to the non-Indigenous population (81 years), as well as the socioeconomic and health inequalities that Indigenous peoples experience, it is more appropriate to consider Indigenous older adults as being 55 years or older for research, social policy, and public programs (Statistics Canada, 2018e; Wilson, Rosenberg, Abonyi, & Lovelace, 2010). Indigenous older adults are much more likely to be in poor health and may even age faster than non-Indigenous older adults due to social and health inequalities (Beatty & Weber-Beeds, 2012)

that stem from colonialism (Czyzewski, 2011). Beatty and Weber-Beeds (2012) argued that these inequalities should, therefore, be considered in research, policy, and practice related to Indigenous older adults. As such, 55 years of age or older was the age cut-off that I used so that I could draw attention to the inequalities that Indigenous older adults experience. Some may consider the inclusion of 55 years of age and older as problematic and would make it impossible to compare and contrast different groups of older adults. I argue, however, that the need to conduct research with Indigenous older adults starting at age 55 years given that they age faster than non-Indigenous older adults in Canada warrants comparison. Clearly, Indigenous and non-Indigenous older adults experience gerontological issues differently (Beatty & Weber-Beeds, 2012); however, they are treated the same in policy and practice that use a universal age criterion for older adults (e.g., 65 years of age and older). By using 55 years of age and older in my doctoral research, I disrupt this universal approach and draw attention to the need to understand the realities of Indigenous older adults' lives that shape their aging experiences.

Informed by a postcolonial theoretical framework, I conducted this research using a community-based participatory research (CBPR) methodology in Ottawa, Ontario, Canada, in partnerships with the Odawa Native Friendship Centre and Tungasuvvingat Inuit (TI). Odawa is a non-profit organization serving the Indigenous community in Ottawa by offering cultural, social, recreational, health, and justice programs. TI is a non-profit organization serving the Inuit community in Ottawa by offering social and cultural programs. Prior to beginning my doctoral research, I volunteered for over one year with programs for Indigenous older adults in Ottawa and continued to volunteer once my research began. Throughout the research process, I was fortunate to work with a community advisory committee whose members helped guide my research. It consisted of five Indigenous representatives: two from each organization and one

community member. I provide more details about the community advisory committee in the Methodology section.

My doctoral research had three main phases. In the first phase, the results of which are presented in chapter two, I used a postcolonial lens to critically examine current concepts that inform aging well. In the second phase, I conducted interviews and focus groups with First Nations and Inuit older adults in Ottawa to identify what they felt were the components of aging well; these results are presented in chapter three. I also used the interview and focus group data to identify the community-level factors that First Nations and Inuit older adults in this study felt supported them to age well. I then compared these findings with an Ottawa-specific initiative intended to support all older adults in Ottawa to age well. The results of this research are presented in chapter four. Finally, in the third phase, I conducted interviews with decision-makers and service providers from both Indigenous and non-Indigenous organizations in Ottawa to examine their understandings of supporting Indigenous older adults to age well, the results of which are found in chapter five. These papers make novel contributions to the fields of kinesiology and gerontology by expanding postcolonial theory to issues related to aging research with urban Indigenous older adults; contributing to the emerging literature that brings diverse perspectives into conversations on aging well; challenging assumptions related to urban Indigenous populations and aging well; illustrating the tensions within aging well initiatives that are intended to be available for all older adults; and revealing the tensions within efforts to address reconciliation with Indigenous older adults. Notably, my intent with this research was to understand aging well with First Nations and Inuit older adults in Ottawa. Thus, I discuss the contributions and implications of my research in relation to my research findings with participants in Ottawa, which may not be generalizable to populations outside of Ottawa.

This introductory chapter is organized into two main sections. To begin, I provide an overview of the areas of literature that pertain to my research: aging well, inequalities throughout the life course, and the politics and discourses affecting urban Indigenous older adults. Next, I discuss the epistemology and theoretical framework that guided my research and provide an overview of my methodology, methods, and analysis.

Literature Review

Below, I describe the global and national response to population aging, the critiques of the emphasis placed on aging well within Western society. Following this, I discuss how health and social inequalities manifest throughout the life course. Next, I describe the existing demographic information related to Indigenous older adults in Ottawa, the inequalities that they experience, and the politics and discourses surrounding them by living in an urban community. Finally, I provide an overview of the existing research related to Indigenous populations and aging well to demonstrate how my research builds upon the current literature, but also makes novel contributions to it.

Aging Well: The Response to Population Aging

With the growing older adult population has come a “flourishing of scientific research and public discourse on how to age well” (Lamb, 2014, p. 41). Indeed, as Katz (2005) identified, critical thought in social gerontology has been marginalized by funding for aging research that is biomedically-driven and fueled by the anti-aging agenda that perpetuates discourses of “age-defying” practices through lifestyle and attitude. Research that caters to anti-aging discourses is much more popular than research that critiques and questions the encouragement of “responsible” senior citizens who care for themselves (Katz, 2005). We can see this through increased gerontological research on successful and active aging; in the number of self-help

books about how to make the most of retirement, successfully age, and stay young in later life; and in media reports about reducing the physical effects of aging, the importance of being independent, and remaining active in older age. What these all have in common is the desire and apparent need to take personal responsibility for one's own health and wellbeing in order to reduce the "burden," whether it is on a loved one, family, friends, community, or government, that is brought on by aging (Katz & Calasanti, 2015; Lamb, 2014; Polivka & Longino, 2004).

Another way in which we can see the dramatic response to the aging population is through the proliferation of initiatives at the global, national, regional, and local levels that attempt to encourage aging well. The development of age-friendly communities (WHO, 2007) has become a popular public policy response to address the aging population (Buffel et al., 2018b) with over 500 cities and communities, spread across 37 countries, joining the age-friendly movement between 2010 and 2017 (Rémillard-Boilard, 2018). The WHO's (2007) purpose of developing the age-friendly communities framework was to support countries, regions, and cities in developing initiatives to encourage their older adult populations to actively age (i.e., age well). Age-friendly communities include factors related to the physical environment (i.e., outdoor spaces and buildings, transportation, and housing), the social environment (i.e., social participation, respect and social inclusion, and civic participation and employment), communication and information, and community support and health services (WHO, 2007). These factors all interact to create communities that "better support older citizens in making choices that enhance their health and well-being and allow them to participate in their communities, contributing their skills, knowledge and experience" (Public Health Agency of Canada, 2007, p. 6). The WHO's (2007) framework advocated for attention and resources to be given to these areas to facilitate aging well.

Canada has been a leader in developing age-friendly cities and many studies have addressed the use of this framework. Most research related to age-friendly communities in Canada has addressed the challenges associated with their development of these and have indicated that bottom-up, collaborative, multilevel (i.e., municipal, provincial, federal, public, private, non-profit) and multisectoral approaches lead to the most successful development of age-friendly communities (Garon, Paris, Beaulieu, Veil, & Laliberté, 2014; Menec, Novek, Veselyuk, & McArthur, 2014; Plouffe & Kalache, 2011). While a significant body of research has been conducted in Canada using the age-friendly communities framework, limited research has critically analyzed the assumptions inherent in age-friendly communities, nor how well they are actually meeting the needs of marginalized groups of older adults who face significant social and health inequalities, such as Indigenous older adults. Age-friendly communities are built on the idea that older adults should have opportunities to age well (WHO, 2007). It is thus important to discuss the concepts that inform aging well.

Dominant concepts that inform aging well. Aging well is an umbrella term used to describe the pursuit of lifelong health and activity (Lamb, 2014), which often includes both successful aging and active aging. Prior to the development of Rowe and Kahn's (1987) widely known definition of successful aging, researchers typically understood aging as a time of deterioration and disease and viewed age-related cognitive and physical changes as normal. Rowe and Kahn (1987, 1997) proposed a definition of successful aging that included three interrelated concepts: 1) the low probability of disease and disease-related disability, 2) high cognitive and physical functional capacity, and 3) active engagement with life. This definition of successful aging represented a paradigm shift in that it suggested that many of the effects of aging were actually due to the effects of disease and risk of disease, rather than aging itself

(Pruchno, Wilson-Genderson, & Cartwright, 2010). Active aging is another concept related to aging well. The WHO (2002) released *Active Ageing: A Policy Framework* to emphasize the importance of a life course perspective, not solely focusing on later life issues, and to focus more on overall wellbeing, not just physical and cognitive health. The International Longevity Centre-Brazil (2015) identified four pillars of active aging: health, lifelong learning, participation, and security, which all contribute to one's ability to actively age. What both of these concepts ignore, however, is that active, and successful, aging occur "in the context of increasingly unequal and unstable societies" (Buffel et al., 2018), which affects how "well" one ages.

Critiques of aging well. Not everyone has equal opportunities to age well, which is perhaps one of the most highly contested aspects of the concept (Katz & Calasanti, 2015). There are numerous other critiques of aging well, which are important to understand in relation to my research. Neoliberal ideals of personal responsibility to age well divides older adults into those who can fully provide for themselves and those who cannot (Polivka & Longino, 2004). As Katz and Calasanti (2015) argued, "individualist culture shapes Rowe and Kahn's formulation about successful aging, which not only emphasizes successes and failures, but also individual responsibility for same" (p. 28). The "burden" of the aging population is attributed to those who require extra support and cannot provide for themselves. Those who have the means and capabilities to successfully or actively age are not viewed as a problem, which creates further inequality as they are the ones upon whom neoliberal social policies are based (Polivka & Longino, 2004).

Aging well also neglects to attend to the social and cultural factors that influence aging experiences and meaning, which are tied to inequality. Aging occurs in the context of one's culture and beliefs around older age and also in how society defines old age (Kolb, 2014). As

Cruikshank (2009) discussed, aging is not defined by the physical changes one experiences, but rather the meanings that society gives to those changes, which can differ between cultures. In Western culture, these age-related changes are viewed as unwanted, negative, and burdensome - needing to be prevented or fixed through focusing on active or successful aging, which has been fueled by the anti-aging industry so prevalent in Western nations (Katz, 2005). How well one ages is tied to what society defines as aging well and these views shape both policy and practice. If older adults from diverse non-Western cultures have views on aging that differ from those that are based on Western cultures, then policies and programs informed by dominant Western understandings of aging well will not adequately meet their needs and continue to perpetuate the inequalities experienced by marginalized groups. Evidently, there are several important critiques of aging well; however, few researchers have critiqued aging well from a postcolonial perspective. Those that have used it have applied it in a broad, theoretical way to critique how older adults are perceived in Western society. They have not used it to expose and critique how dominant understandings of aging well and related initiatives may further reinforce inequalities and inequities experienced for specific groups of older adults who experience marginalization resulting from colonization, such as First Nations and Inuit older adults in Canada.

Inequalities, Inequities, and Indigenous Older Adults' Life Course

Health inequalities are differences in health status or distribution of health determinants that are unavoidable due to biological variations or lack of resources (WHO, 2008). Health inequities are systematic health inequalities that are avoidable and are unjust due to external circumstances that are beyond the control of an individual or group and the uneven distribution of resources (WHO, 2008). Many inequalities that marginalized groups experience are

attributable to inequities in available resources, opportunities, and just circumstances (WHO, 2008).

One of the most longstanding and critical health problems affecting Western society is that those who are richer and more privileged have much better health and live longer lives in comparison to those who are poorer and less privileged (Marmot, Ryff, Bumpass, Shipley, & Marks, 1997; Phelan, Link, & Tehranifar, 2010). Socioeconomic status (SES) has a strong link to health due to the availability of resources, such as knowledge, money, power, prestige, and beneficial social connections, to individuals and groups of people who use them to avoid risks and adopt protective strategies in diverse circumstances; within the system of social stratification, those who are ranked higher on the SES ladder have greater access to these resources (Phelan et al., 2010). Social stratification determines one's access to resources and opportunities, creating advantages for those who are highly ranked (Therborn, 2013). This is an important concept to discuss in relation to aging given that health and social inequities accumulate over the life course and affect how well people age (Ferraro & Shippee, 2009), especially marginalized groups, such as Indigenous peoples in Canada.

Systemic colonial institutional and political racisms experienced by Indigenous communities. Policies and practices linked to the history of colonization, and also ongoing colonialism, have subjected and continue to subject Indigenous peoples to racism and discrimination at the individual, community, institutional, and policy levels (Alfred & Corntassel, 2005), such as through the Indian Act, residential schools, health care and justice systems, and the media, which have directly and indirectly contributed to the health inequalities that they experience (Czyzewski, 2011; Loppie, Reading, & de Leeuw, 2014). For example, throughout the 1900s, many Indigenous women in Canada became subject to coerced

sterilization through both enacted legislation (e.g., Alberta and British Columbia) and in areas with no legislation (e.g., Ontario and Northern Canada) (State, 2012). While there was no direct legislation to sanction the sterilization of Indigenous women,

through its refusal to condemn the practice, by its enactment of policies and legislation affecting other aspects of Aboriginal life making sterilizations more likely, and through its financial support to provinces, it did allow for these sterilizations to be carried out more affectively...[thus, another] of many policies employed to separate Aboriginal peoples from their lands and resources while reducing the numbers of those to whom the federal government has obligations. (Stote, 2012, p. 141)

Indigenous older adults are especially affected due to their direct experiences with these discriminatory, colonial practices. The Canadian government has made attempts to address these discriminatory practices, such as through the creation of the Truth and Reconciliation Commission (TRC), which began in 2008 and sought to reveal the truths about, and the widespread impact of, residential schools on Indigenous peoples (TRC, 2015). Since its completion and the announcement of the resulting 94 Calls to Action, all levels of government, non-government organizations, and Canadians in general have been given the responsibility to attend to the concerns raised through the TRC (TRC, 2015).

Additionally, and specifically related to the Inuit population in Canada, on March 8, 2019, Prime Minister Justin Trudeau delivered an apology on behalf of the Government of Canada to Inuit for the management of the tuberculosis epidemic in the 1940's-1960's (Government of Canada, 2019). During the 1940s-1960s, and in response to the tuberculosis crisis affecting Inuit prior, during, and after World War II, Inuit who had active tuberculosis were sent to sanitoriums in southern Canada where few health practitioners spoke their language

or understood their culture (Møller, 2010). They were separated from their families and communities who had no knowledge of their location, condition, or health status, with many not even knowing if, when, or where they had died while in the sanitoriums (Møller, 2010), which - prior to the apology, had never been acknowledged as an act of colonialism by the federal government. Part of the recent apology included the launch of Nanilavut Initiative, which seeks to locate those who went missing during the tuberculosis epidemic and provide financial support for the creation of graves and plaques with the intent to bring closure to families and communities (Government of Canada, 2019). This is a relatively new, but ongoing effort by the federal government in collaboration with Inuit partners (Government of Canada, 2019). Along with this initiative was a recommitment of funds to address the tuberculosis crisis that continues to exist in Inuit Nunangat, where tuberculosis rates for Inuit are 300 times higher than the non-Indigenous population in Canada (Government of Canada, 2019).

Despite these efforts, the racial discrimination faced by many generations of Indigenous peoples in Canada continues to affect their overall health and well-being (Loppie et al., 2014). At the structural level, systemic racism and discrimination can also lead to institutions that harm and perpetuate racism and colonialism against Indigenous peoples, such as schools, health care, justice systems, etc. (Loppie et al., 2014), and in the case of my research, institutions that seek to promote aging well. Inequalities must be addressed by critiquing and challenging the causes of inequities, such as colonialism, that (re)produce them. Thus, in my research I critically examined how inequities are (re)produced in aging well initiatives for two groups that faces many inequalities: First Nations and Inuit older adults in Ottawa.

Indigenous Older Adults in Ottawa

Similar to the non-Indigenous older adult population in Canada, the number of Indigenous older adults is continuing to grow; however, there is a dearth of research regarding Indigenous older adults in urban communities (O'Donnell et al., 2017). The 2016 Canadian Census data provided some socio-economic data about Indigenous older adults; however, Morris (2016) argued that standard Census data collection methods can be flawed for urban Indigenous populations, particularly Inuit. Despite these challenges, they remain a useful starting point to help to understand some population characteristics and to identify knowledge gaps. According to the 2016 Canadian Census, in Ottawa, Indigenous peoples make up just under 2% of the total population of individuals 55 years of age and over (Statistics Canada, 2018a). Of this, 2%, 45.3% identify as First Nations, 45.6% as Métis, and 2.4% as Inuk (Statistics Canada, 2018a). While this is a relatively small percentage of the older adult population, population projections show that the Indigenous older adult population in Ottawa is expected to grow by 415% between 2011 and 2031, while the entire population of those aged 65+ in Ottawa is only expected to grow by 115% in this time (City of Ottawa, 2011).

There are limited data for Indigenous older adults in Ottawa; however, the prevalence of low income in the Indigenous population³ 55-64 years of age and 65 years and over is 14.9% and 13.1%, respectively, whereas these numbers are lower at 10.2% and 9.3%, respectively, for the non-Indigenous population (Statistics Canada, 2018c). Census data have also indicated that 5.2% of Indigenous older adults 55 years and over in Ottawa have knowledge of an Indigenous language, whereas 3.2% speak an Indigenous language at home (Statistics Canada, 2018d). Nationally for Indigenous populations, these statistics are 19.5% and 15.8%, respectively (Statistics Canada, 2018d). For education, 18.9% of Indigenous older adults in Ottawa have less than a high school diploma, 25.8% have a secondary school diploma, 9.1% have an

apprenticeship or trades certificate or diploma, and 46.1% have completed college or university, while these numbers are 13.9%, 25.0%, 5.8%, and 55.3%, respectively, for non-Indigenous older adults (Statistics Canada, 2018b).

The above data highlight high population growth projections, inequalities between Indigenous and non-Indigenous older adults, and the increasing importance of understanding and addressing the needs of Indigenous older adults living in urban communities. While these quantitative data are useful, they miss a large part of the picture of what aging well means to Indigenous peoples in an urban context and what influences their opportunities for aging well. The political and social environment in which Indigenous older adults in Ottawa live is much different than it was even 10 years ago. There is increasing recognition of the need for all levels of government, non-government organizations, and community members to respond to the growing older adult population. For example, Canada now has a Minister of Seniors, who is dedicated to working with the provinces and territories to support older adults (Craggs, 2018); there are pan-Canadian collective impact efforts to use grassroots approaches to reduce the social isolation of older adults (Employment and Social Development Canada, 2017); and the City of Ottawa is now undergoing consultations and planning for its third Older Adult Plan to contribute to the WHO's Age Friendly Communities strategy. The impacts of residential schools and other attempts of cultural genocide on Indigenous peoples in Canada are also now being recognized and attempts are being made to seek reconciliation for these actions (TRC, 2015). The ability for First Nations and Inuit older adults in Ottawa to define what aging well means to them provides an important point from which future aging well policies and practices in the city of Ottawa can be crafted to better meet these older adults' self-identified needs.

Urban Indigenous Politics and Discourses

As Rémillard-Boilard (2018) identified, urbanization is one of the significant global trends driving social change. We know that the urban Indigenous older adult and non-older adult populations are continuing to grow in Ottawa, but research and anecdotes have indicated that these numbers, particularly for Inuit populations, are likely much higher than reported in urban centres (e.g., Ottawa) (Laucius, 2017; Pfeffer, 2017; Smylie & Firestone, 2017). Peters (2011) noted that the increase for First Nations populations in urban centres is partially due to factors such as fertility, mortality, and migration, but largely it is a result of changing legislation “allowing for the reinstatement of First Nations people who had lost their legal status as Registered Indians” (p. 95). Additionally, she identified how more individuals who previously did not identify as Indigenous are now doing so, something which is occurring mainly in urban areas (Peters, 2011). Circumstances do differ, however, between First Nations and Inuit peoples living in urban communities. Morris (2016) argued that “to lump them [Inuit] in with other groups hides the disparity between Inuit and other Indigenous groups, and Inuit and other Canadians” (p. 4). Specifically, for Inuit, urbanization has mainly been due to difficult living in conditions in the North, the hopes of better economic and educational opportunities and health care in the South,⁴ less expensive housing, and following family members (Morris, 2016).

There are many discursive and political nuances related to the areas in which Indigenous peoples live. Dominant colonial discourses maintain a strong association between “authentic” Indigenous identity and non-urban spaces, insinuating that Indigenous identities can only exist outside of the urban environment (Maddison, 2013), as urban settings are considered to be “settler places” (Wilson & Peters, 2005). In addition to these discourses, historically, there have been direct mechanisms by which Indigenous peoples have been excluded from urban spaces; this is particularly problematic given that most cities are located on sites traditionally used by

Indigenous peoples (Peters & Anderson, 2013). For example, First Nations peoples have been subjected to relocation of reserves when cities become too close; changed reserve boundaries away from potential new or expanding city boundaries; illegal surrenders of reserve lands near city boundaries, resulting in loss of Indian status or their relocation to other reserves; and the pass system, which mandated that they had to receive permission to leave their reserve (Peters & Anderson, 2013; Wilson & Peters, 2005). Undoubtedly, Indigenous peoples in Canada have experienced conceptual *and* physical removal from urban spaces (Morris, 2016; Peters & Anderson, 2013; Wilson & Peters, 2005).

Another way in which politics affect the lives of urban Indigenous peoples is through complexity of public policy for urban Indigenous populations and the trend of federal policy-making in which federal responsibility is only for those residing on-reserve (Peters, 2011) or within their land claim settlement region (Bonesteel, 2006). Simply, First Nations peoples who move off-reserve or Inuit who move outside of their land claim settlement region, such as urban First Nations and Inuit older adults, are ineligible for many federal programs and services, which results in further marginalization (Bonesteel, 2006; Snyder, Wilson, & Whitford, 2015). The federal government pushed many responsibilities to provincial and municipal governments; however, they have been reluctant to develop policies that adequately support urban Indigenous populations (DeVerteuil & Wilson, 2010; Snyder et al., 2015). Municipal policy thus comes up against a legacy of federal policy that inadequately supports Indigenous peoples in urban communities. We can, therefore, see how urban communities may be “hostile and challenging environments” (Buffel et al., 2018b, p. 4) in which First Nations and Inuit older adults age. Of particular importance for First Nations and Inuit older adults living in urban communities is how these communities support them to age well.

Indigenous Older Adults and Aging Well Research

Few researchers have explored the meanings of aging well with Indigenous older adults. Consequently, in this section I draw upon research from both Canada and the United States to situate my doctoral research. Notably, while there are many shared experiences among Indigenous peoples in Canada and the United States, we cannot assume that meanings of aging well can be applied universally, as it is important recognize the diversity within and between Indigenous populations. Thus, I discuss this research with the caveat that more context-specific research on this topic is needed to understand the nuances of aging well for diverse groups of Indigenous older adults.

In Canada and the United States, aging well research has typically occurred with Indigenous older adults living in rural and remote communities (Collings, 2011; Hopkins et al., 2007; Lewis, 2011; Pace, 2013), with only a few studies occurring in urban communities (Baskin & Davey, 2015; Ginn & Kulig, 2015). Additionally, in Canada, no research has addressed aging well from the perspective of Inuit older adults living in urban communities in southern Canada. Existing research related to Indigenous older adults and aging well has been exploratory in nature and has found that aging well means having good friendships (Baskin & Davey, 2015); being involved in and contributing to the community (Baskin & Davey, 2015; Ginn & Kulig, 2015; Lewis 2014); managing physical health and transmitting wisdom and knowledge (Collings, 2001; Ginn & Kulig, 2015; Lewis, 2011); participating in subsistence activities and caring for others (Hopkins et al., 2007); engaging in spiritual practices (Lewis, 2011); and being in good physical, mental, emotional, and spiritual health (Ginn & Kulig, 2015). These studies provided comparisons of Indigenous older adults' understandings of aging well with dominant Western understandings of aging well, producing a binary of Western *or* Indigenous

perspectives. By reducing understandings to an either/or, researchers may be missing the nuances in how Indigenous older adults come to define and access opportunities for aging well, and also how relations of power operate to inform these decisions and opportunities. Research that analyzes and challenges assumptions within understandings of aging well and explore how older adults resist the forces that create and maintain inequalities is thus important for identifying and creating more equitable opportunities for aging well. As such, my research adds the vitally necessary perspectives and experiences of the growing First Nations and Inuit male and female older adult population living in a southern Canada urban community to the aging well literature.

Epistemology

For my doctoral research, I used a social constructionist epistemology. Researchers who use a social constructionist epistemology believe that individuals and groups of people construct meanings of their experiences based on their interactions with others (Crotty, 1998). An assumption within social constructionism is that “humans engage with their world and make sense of it based on their historical and social perspective” (Creswell, 2003, p. 9). Through this research, I sought to understand how First Nations and Inuit older adults constructed their understandings of aging well.

Meanings are created through social, historical, and cultural norms; they are “not simply imprinted on individuals” (Creswell, 2003, p. 8), nor are they objective and value-free. Through their own experiences and backgrounds, researchers interpret the meanings that others have about the world (Crotty, 1998). An important consideration in my research was that both the research participants and I brought our own biases, understandings, values, and ways of knowing to the research. As such, we jointly created knowledge that was a product of our interactions and relationships within the context of the research (Carter & Little, 2007).

As someone who conducted research within a social constructionist epistemology, it is important to critically reflect on my positionality throughout the research. As a non-Indigenous, Western, heterosexual, young adult, white, middle-class woman who is pursuing a doctorate, I am in a relatively privileged position. As such, it was unlikely that I would share many experiences and histories with the First Nations and Inuit older adults who participated in my research. Additionally, my experiences of working and volunteering with programs and initiatives aimed at improving the health and wellbeing of older adults influenced how I approached this research and led me to recognize the failure of many aging well initiatives to include Indigenous older adults and their perspectives.

Given that my understanding of the world is constructed based on my positionality and the culture and context in which I live, the knowledge shared in my dissertation, though stemming largely from information gathered with First Nations and Inuit older adults, has still been filtered through my lens as a Western academic. As I discuss below, however, I believe that the employment of a postcolonial theoretical framework and a CBPR methodology encouraged me to be reflexive of my positionality and lens through which I produce knowledge, decentre my position of “expert” as the researcher, and engage in critical social research.

Theoretical Framework

My doctoral research was informed by a postcolonial theoretical framework, specifically as it relates to studies in aging and with urban Indigenous populations. Below, I discuss how postcolonial theory informed my research and articulate how (very few) scholars have used postcolonial theory in aging studies. I then discuss the strengths and weaknesses of using this theoretical framework for my research and how I addressed the weaknesses through the way in which I positioned my role as a researcher within my work.

Postcolonial Theory

Indigenous older adults in Canada have experienced many social changes as a result of colonialism (Wilson et al., 2010). While Indigenous older adults have displayed remarkable resiliency throughout their lifetimes, colonialism continues to influence their lives and has been identified as one of the most significant determinants of health for this population (Czyzewski, 2011; Loppie Reading & Wein, 2009). Due to the historical significance of colonialism and how it is ongoing and continues to shape Indigenous peoples' lives today, a postcolonial theoretical approach was most appropriate for my doctoral research.

A postcolonial theoretical approach has a primary focus on acknowledging and privileging the voices of those who were formerly colonized and on exposing the colonial discourses that have been produced about these groups of people (McEwan, 2009). Postcolonial work presumes that there was something particularly unique with colonialism; it was not just another form of oppression or injustice. Modernity theorists suggested that colonialism was an accidental product of modernity that resulted in an inequitable division of new technology, economy, and science (Young, 2001). This was a limited understanding of colonialism that disregarded the fact that colonialism symbolically began over five hundred years ago and has had a global effect where, through Western imperial domination and exploitation of Indigenous peoples, many societies with different histories were fused in order to follow the same general economic path, resulting in the marginalization of many Indigenous populations, but still under control of the British empire (Young, 2001); however, in Canada and other nations, such as the United States, Australia, and New Zealand, colonization occurred, and continues to occur, in a different way through settler colonialism (Veracini, 2010). Thus, Canada is a settler nation.

Settler colonialism is a mode of colonial action that is dependent on the acquisition and control of land through the means of migration and settlement for the purpose of conquest (Veracini, 2010). Settler colonialism is also more heavily driven from within the settler nation, not by the empire that initiated colonization (Veracini, 2010). Furthermore, whereas in colonialism the dominant feature was exploitation of Indigenous peoples, the dominant feature of settler colonialism was and is the replacement of Indigenous peoples with, primarily, white settlers (Alfred & Corntassel, 2005; Wolfe, 1999). Fundamentally, settler colonialism is driven by settlers' desire for land and the dispensability of Indigenous peoples through policies and practices that lead to their erasure (Veracini, 2010). As Wolfe (1999) described, "settler colonies were (are) premised on the elimination of native societies. The split tensing reflects a determinate feature of settler colonization. The colonizers come to stay – invasion is a structure not an event" (p. 2). Thus, above in my literature review, I articulated the structural ways in which colonialism has continued for Indigenous peoples and is not an event in the past.

Despite colonialism occurring differently in settler nations, the assumptions within and goals of postcolonial theory were still applicable for my research as I understood Canada as a settler colonial nation (Alfred & Corntassel, 2005), which helped me to use postcolonial theory to understand how Indigenous older adults' aging well opportunities are shaped by colonialism, but also how aging well initiatives may (re)produce colonialism. A postcolonial theoretical framework works to reconsider the histories of the colonized, connecting the present-day material and social conditions of colonized peoples with the injustices of colonization of the past and present (McEwan, 2009). It is concerned with "the active transformation of the present out of the clutches of the past" (Young, 2001, p. 4). In my doctoral research, I not only utilized

postcolonial theory to understand the historical aspect of colonization, but it also allowed me to understand the ways in which colonialism is ongoing for Indigenous peoples in Canada.

McEwan (2009) identified four main strategies that are central to a postcolonial theoretical approach: Destabilizing dominant Western discourses; challenging the production of these discourses; critiquing the implication of time and space in Western discourses; and recovering and privileging the voices, knowledge, and histories of the marginalized and dominated populations. Central to postcolonialism is understanding and revealing how Western knowledge has been used to form cultural representations of dominated populations that have been used to further marginalize them. These strategies are similar to what Young (2001) discussed as the three political projects of postcolonialism. Young (2001) described these as first, to investigate the role of European history, culture, and knowledge in colonization and its continuing aftermath, and its role in reconstructing dominant European/western discourses. Second, to identify the means and causes of further colonial marginalization and exploitation, and “[to analyze] their epistemological and psychological effects” (Young, 2001, p. 69), which helps postcolonial scholars to understand whose knowledge is privileged and who is in positions of power. Third, to develop “new forms of cultural and political production that operate outside” (Young, 2001, p. 69) of Western dominance through the privileging of marginalized groups’ knowledge, which enables resistance to and transformation of injustices faced by marginalized peoples. The political goals of postcolonialism are what I used to guide the postcolonial approach I employed in my doctoral research.

Postcolonial Theory and Aging Studies

Examining the intersections between postcolonial theory and aging studies is an emerging field of study (Kunow, 2016; van Dyk, 2016; van Dyk & Kupper, 2016; Zimmermann,

2016); however, few researchers have actually adopted a postcolonial theoretical approach to critical research in aging studies (Katz, 2005; van Dyk, 2016; Zimmerman, 2016). Postcolonial theory aligns well with critical gerontology as they can both be employed to critique social structures that contribute to inequities faced by certain populations, attend to issues of power, and are grounded in social action (Bengston, Putney, & Johnson, 2005; McEwan, 2009).

Postcolonial perspectives uniquely have particular relevance to aging studies in relation to age and ethnicity, age and race, and, especially, aging and both historical and ongoing experiences of colonization. Specifically, van Dyk and Kupper (2016) noted that a postcolonial theoretical lens can “help to prevent scholars of Aging Studies from universalizing patterns of old age and aging that are formative for Western and highly industrialized countries and are therefore inevitably permeated by histories of colonization” (p. 81). Indeed, ethnocentrism can be seen in the vocabulary and criteria related to aging, such as activity, productivity, and success, which are based on the standards of Western society with little room for representation from other cultures (van Dyk, 2016; Zimmermann, 2016).

Zimmermann (2016) identified how scholars from postcolonialism studies and those from aging studies recognize that “racism, sexism and ageism are based on the same essentialist regulating principle” (p. 93) that reduces relations of individuals and groups to binaries. “Thus it is ultimately a deterministic binarism that leads to individuals and groups – and indeed entire cultures and cultural regions (as in ‘the West and the rest’) – being despised, excluded, regarded as an unsettling and threatening Other” (Zimmermann, 2016, p. 93). As such, using a postcolonial lens with aging studies involves understanding the “old” as the “other.” Similar to how Indigenous peoples in Canada have historically been viewed as the “other” in comparison to those from Western society, older adults’ value and worth are viewed against how much they

deviate from the “universal” norms that are characteristic of youth and midlife: youthfulness, health, and strength (van Dyk, 2016). This essentialist view normalizes ageist or racist behaviour that leads to the exclusion of individuals and groups (Zimmermann, 2016) and affirms those of midlife as superior (van Dyk, 2016).

Essentialist binaries (e.g., old/not old), however, are problematic in that they reduce relations of power between groups to being very one-sided (Zimmermann, 2016) and do not account for the discontinuities and instability of dominant positioning (van Dyk, 2016). There is, thus, a need for these relations of power to be more critically analyzed in gerontological research. Therefore, Zimmermann (2016) argued that alongside this critical analysis of viewing the old as the “other,” and the mechanisms by which this occurs, there are also questions about how “others” can speak for themselves and be recognized for their differences in non-hegemonic ways. Zimmermann (2016) discussed how accomplishing this and challenging hegemonic views takes an approach from both the inside (i.e., those deemed as “others”) and the outside (i.e., those against whom the “other” is judged), but that the way in which it is done depends on each situation, context, and position of exclusion.

I took Zimmermann’s (2016) approach in my research, first in a position as the outsider, where I had the responsibility to critically analyze the views that exclude those who are “others,” challenge my understandings of the populations and concepts I engaged with in this research and move away from both the mainstream definitions of aging well and the binaries associated with Indigenous older adults having *either* Western *or* non-Western views on aging. Second, I took this approach through the use of a CBPR methodology, where First Nations and Inuit older adults identified their own understandings of aging well. van Dyk (2016) argued that essentialist binaries are problematic because within them, even what is considered to be the universal is

unstable and constantly being challenged. The author noted that the mere existence of the anti-aging industry that claims to halt or delay aging demonstrates the power that old age has over midlife (van Dyk, 2016). As such, these relations of power are open to being renegotiated, which is what I highlighted in my research by examining alternative definitions, negotiations, and experiences of aging.

As it related to my research, postcolonial theory was a particularly relevant theoretical framework to use to understand First Nations and Inuit older adults' experiences and definitions of aging in an urban community given their past and ongoing experiences of colonialism and aging within a society that privileges Western conceptions of aging well. Furthermore, postcolonial theorists' emphasis on critiquing and challenging dominant Western discourses and practices that marginalize groups of people who have experienced colonization made it a particularly fitting choice. My research further expanded the body of literature related to the intersections of postcolonial theory and aging studies and contributed important empirical research to this field.

Strengths and Weaknesses

There are many strengths in using a postcolonial framework. It is very interdisciplinary in nature; it addresses the historical and present contexts of colonialism (Loomba, 2005); it privileges the knowledge and experiences of the colonized (Young, 2001); it encourages the critique of systems that continue to reinforce colonialism; and it challenges Western academics to reflect on their own colonial frameworks of interpretation and to understand how their knowledge, research, and conclusions are shaped by colonial systems (Browne, Smye, & Varcoe, 2005).

Postcolonial theory has also faced criticism, particularly as scholars have suggested that it may focus too heavily on the colonial past that influences historic and present-day circumstances and renders invisible the contemporary, ongoing colonialism that Indigenous peoples in Canada face (Rowe & Tuck, 2017). When it is true to its anti-racist origins, Lawrence and Dua (2005) argued that postcolonial theory, and other anti-racist theories, fail to make Indigenous presence and colonization foundational, as they often describe colonialism as existing in the past with no mention of nations that have not been decolonized. They asserted that as a result of this,

Aboriginal peoples are relegated to a mythic past, whereby their contemporary existence and struggles for decolonization are erased from view and thus denied legitimacy.

Moreover, [authors using postcolonial theory] fail to explore how the ongoing colonization of Aboriginal peoples shapes contemporary modes of 'race' and racism in settler nations....rather, the relationship between colonialism and the articulation of 'race' is limited to the ways in which the colonial past is rearticulated in the present. (Lawrence & Dua, 2005, p. 128)

Thus, by not making visible the contemporary project of colonialism in settler nations, researchers using postcolonial theory may perpetuate the settler colonial project by relegating colonialism to the past, which assumes it is over (Alfred & Corntassel, 2005; Lawrence & Dua, 2005; Rowe & Tuck, 2017). Guided by the work of researchers addressing settler colonialism, I used postcolonial theory with the recognition that colonialism is not in the past, but an ongoing process against Indigenous peoples in Canada, a settler nation (Browne et al., 2005).

Critics of postcolonialism have also argued that postcolonial theorists simply reinforce dominant Western ideals, the same ideals they are attempting to evaluate, since they are working within Western institutions (Rattansi, 1997; Spivak, 1990). In rebuttal, Young (2001) pointed out

that postcolonial Western scholars do not necessarily reinforce Western ideals because “the difference is less a matter of geography than where individuals locate themselves as speaking from, epistemologically, culturally and politically, who they are speaking to, and how they define their own enunciative space” (p. 62). To address this criticism in my research, I used a CBPR research methodology, which, when paired with a postcolonial theoretical framework, encourages reflexivity (Darroch & Giles, 2014). This strategy “acknowledges existing power dynamics prior to the initiation of research and encourages the constant questioning and re-evaluating of the ways in which a more equitable balance of power can be achieved” (Darroch & Giles, 2014, p. 30).

In reflecting on my positionality as a non-Indigenous researcher working with Indigenous organizations and First Nations and Inuit older adults, I began my research by feeling out of place and approached my research from a place of apology for not being an insider, not being an older adult, not being an Indigenous person, and for benefitting from a settler colonial society that had so negatively affected the participants in the research. In reflecting upon the objective of my research, the strategies of those employing a postcolonial approach, and engaging in reflective discussions with my Indigenous and non-Indigenous peers and friends, I came to understand how Western academics in settler nations can be settler allies (Snow, 2018) with people who have experienced settler colonialism’s violence. I thus endeavoured to approach the research from a place of fostering dialogue, trust, partnership, and action that leads to positive change for the participants in this research. Importantly, I intended to not speak *for* the First Nations and Inuit older adults in my research, but to have their voices included in conversations related to aging well, something that was made possible through the use of CBPR.

As Darroch and Giles (2014) showed, there are many ways in which CBPR is a logical choice for research that is guided by a postcolonial theoretical perspective. Given that researchers who use postcolonial theory examine relations of power and experiences of marginalization, postcolonial theorists using CBPR are attentive to issues of power within research relationships (Darroch & Giles, 2014), which is important given the past problematic and colonial tendencies of non-Indigenous researchers conducting research with Indigenous communities (Smith, 2012). A postcolonial theoretical perspective within CBPR research “asserts that researchers and community members have equally valuable contributions to make to the research. By displacing the researcher from the central position [of power], there can be a more equitable power relationship” (Darroch & Giles, 2014, p. 30). Furthermore, as Minkler (2004) described, CBPR is built on the ethical principles of self-determination, equity, and the belief that communities of people are in the best position to identify and act upon their strengths and areas of need. Thus, with goals of critiquing structural inequities resulting from colonialism and privileging the perspectives of those who have been marginalized through colonialism (Browne et al., 2005; Young, 2001), CBPR is a research methodology that helps researchers act upon these goals.

Methodology

To adequately better understand aging well from the perspectives of First Nations and Inuit older adults, it was important for me to recognize the social and environmental circumstances in which this population experiences aging and the community-based context in which aging occurs; CBPR allowed me to do this for this for the research in papers two, three, and four, given its collaborative and participant-led approach (Wallerstein & Duran, 2006). Within a CBPR framework, the research is directed by the community instead of solely by the

researcher. Further, the goal of those who employ CBPR is research that results in action, social transformation, and positive change (Baum, MacDougall, & Smith, 2006; Darroch & Giles, 2014; Wallerstein & Duran, 2006). Additionally, this methodology encourages researchers to be critically reflexive of their work and the research process. In this section, I begin by providing an overview of CBPR. Following this, I discuss the strengths and weaknesses of using this research approach. Finally, I describe how I engaged in CBPR for my research.

Overview of CBPR

CBPR is an especially useful approach for addressing marginalized groups' health disparities (Holkup, Tripp-Reimer, Salois, & Weinert, 2004; McHugh, Kingsley, & Coppola, 2013; Schinke, McGannon, Watson, & Busanich, 2013). Its use has grown in response to the recognition that research, programs, and policies driven by outside "experts" are failing to adequately address the needs of, particularly marginalized, groups (Israel, Schulz, Parker, & Becker, 1998). A CBPR approach invites participants to share their voices where they traditionally have had limited input, which was particularly important for my research with First Nations and Inuit older adults given their history with colonialism and disrespectful research/researchers (Smith, 2012). There are eight key principles of CBPR: (1) Recognize that community is a unit of identity; (2) build on the strengths and resources in the community to address community concerns; (3) ensure collaboration and control in all phases of the research; (4) gather and use knowledge to inform action that mutually benefits all partners; (5) emphasize co-learning, empowerment, and sharing of knowledge and skills for all partners; (6) use an iterative process throughout all phases of the research; (7) address health from holistic and social determinants perspectives; and (8) disseminate findings to all partners and the community to inform action and ensures community ownership of findings (Israel et al., 1998). These

principles align with the Tri-Council Policy Statement on Research Involving the First Nations, Inuit and Métis Peoples of Canada that guides researchers on their engagement with Indigenous communities (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada, 2014).

Strengths and Weaknesses of CBPR

There are numerous strengths in using CBPR for research with First Nations and Inuit older adults: its focus on cultural sensitivity, inclusion, empowerment, respect, and privileging marginalized groups' knowledge made CBPR a fitting methodology to use for research with this population (Dickson & Green, 2001; Ginn & Kulig, 2015), especially as it aligned with the key aspects of postcolonial theory (Darroch & Giles, 2014). Additionally, several authors have discussed how CBPR can help to optimize the relevance and appropriateness of research, definitions, programs, and policies by building the research around the participants' perspectives (Baum et al., 2006; Wallerstein & Duran, 2006).

While CBPR is a promising approach to use for research with marginalized older adult populations, it is not without its weaknesses. These challenges mainly centre on the often token involvement of Indigenous peoples (Smith, 2012) and older adults (Doyle & Timonen, 2010), power issues that are common in research (Minkler, 2004; Wallerstein & Duran, 2006), and challenges with ensuring community member and research participant involvement (Minkler, 2004). Related to the critiques of token involvement and power issues, it was important for me to develop trust and participate in respectful dialogue with the participants to decrease the risk that I would misrepresent their knowledge and/or reinforce colonial and ageist research tendencies (Lambe & Swamp, 2002). Researchers have recommended that a way to address this critique of

CBPR is to engage a community advisory committee of community members throughout the research process (Black, Dobbs, & Young, 2012; Blair & Minkler, 2009), including – in the case of this research, people such as partnership organization staff members and Indigenous older adults. The creation of a community advisory committee can help to ensure that the research addresses the community's interests, not just the researcher's, and is appropriate and respectful. Authors have noted that the principles of CBPR exist along a continuum and projects may only be able to achieve a few of the principles and still be classified as CBPR (Doyle & Timonen, 2010; Patton, 2002). Below I describe how I engaged in CBPR for my research.

CBPR in my Research

For my doctoral research, my use of CBPR was guided by the literature on doing research with Indigenous communities as a non-Indigenous researcher, (Kovach, 2009; Smith, 2012; Snow, 2018), as well as by specific ethical guidelines and protocols developed for conducting research with Indigenous communities, including Inuit Tapiriit Kanatami's (2018) "National Inuit Strategy on Research;" Ontario Federation of Indigenous Friendship Centres' (2016) "Utility, Self-Voicing, Access, Inter-relationality (USAI) Research Framework;" and the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, specifically chapter nine: "Research Involving the First Nations, Inuit and Métis Peoples of Canada" (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada, 2014).

In addition to the reflexive practice I engaged in as described above, respect, responsibility, and reciprocity guided my research. Furthermore, relationality, throughout and beyond the research, has been integral in every aspect of my doctoral research. In this research, respect meant fostering mutual respect with the organizations and participants and conducting

research in a respectful way based on the guidance of the community I was working with (Kovach, 2009). It also meant respecting the participants' knowledge and contributions and understanding that participants' stories were their own to tell or withhold, or withdraw (i.e., I did not own their stories) (Snow, 2018). Responsibility meant that I had a responsibility as a researcher, especially as a non-Indigenous researcher, to reflect on the power dynamics throughout the entire research process (Darroch & Giles, 2014; Smith, 2012) and to conduct the research based on the guidance of the community. Similar to respect, responsibility also meant having the responsibility to seek participants' consent and permission to share their stories and experiences (Kovach, 2009). Reciprocity meant that I ensured that the research benefited the organizations and the participants, but to me it also meant being open and making sure that they knew I was also benefitting from the research since it was related to achieving my doctorate. Finally, relationality meant being accountable to the relationships that I was building and would continue to build with both the organizations and the participants and it also meant returning (Kovach, 2009). As Snow (2018) explained, returning includes "returning to the individuals involved for continued dialogue at the entry level, returning the research to the community, and returning to the community for conversation and ongoing relationship building" (p. 9). Below I describe in more detail how these four components were actualized throughout my doctoral research. I do not describe them separately, as they are all connected and interrelated, but I describe the iterative process of my doctoral research that included all four of these components.

There are multiple organizations in Ottawa that serve the health, social, and cultural needs of First Nations, Inuit, and Métis peoples specifically; however, not all organizations have programs specifically for Indigenous older adults. To build relationships with First Nations and Inuit older adults and others from the Indigenous community in Ottawa and improve my own

knowledge of Indigenous organizations in Ottawa, in early 2016, I began volunteering with Indigenous older adults at a number of organizations that provide programming for this population. After volunteering for one year with Indigenous older adults and for a few years on committees dedicated to supporting all older adults in Ottawa to age well, both of which helped me to formulate some research ideas, I felt that I had the responsibility to give back to the community I with which I was volunteering. As Kovach (2009) explained, as a researcher I could do this by doing and sharing research “so that it can assist others” (p. 11). I also felt that I had a responsibility as a settler ally (Snow, 2018) to use my position to conduct research that critiques and takes against ongoing colonialism towards Indigenous peoples in Canada, but that also aligns with their strengths and needs.

Therefore, I approached three Indigenous organizations in Ottawa that offer programming for older adults about the possibility of working together on a research project to learn about their First Nations and Inuit older adult participants’ perspectives on aging well. Two of these organizations, the Odawa Native Friendship Centre and Tungasuvvingat Inuit (TI), were enthusiastic about working together and felt that research related to aging well would be of great benefit to the organizations and to the First Nations and Inuit older adult populations they support. Representatives from both organizations indicated that this was an understudied area of research, but highly warranted. Both organizations offer a range of programming for First Nations and Inuit older adults, including home support; transportation to medical appointments; and social activities with health workshops, meals, crafts, outings, games, celebrations, and cultural activities.

Not wanting to impose my specific research questions or research process on the organizations that I was working with, as has historically the case by many non-Indigenous

researchers (Kovach, 2009; Smith, 2012), and also being aware of the power dynamics as a non-Indigenous researcher working with Indigenous organizations (Darroch & Giles, 2014), I worked with Odawa and TI to develop a community advisory committee, which was particularly important as my thesis committee consisted of non-Indigenous (but very respectful and dedicated) researchers (Snow, 2018). Prior to beginning the research, two Indigenous members from each organization, including one female older adult from one of the organizations, acted as community advisors and provided input into the overall research and research questions.

I learned from my community advisors that both organizations and community members wanted to better understand what aging well meant to First Nations and Inuit older adults in Ottawa and how they, and the broader Ottawa community, could better support them to do this. My responsibility then was to work with my community advisory committee to conduct the research, which would benefit the organizations and the community, in a relevant and respectful way. For example, the community advisors shared the importance of beginning conversations with the First Nations and Inuit participants by sharing who I was and my background, including where I am from and my personal and professional experience to “offer enough identity markers to situate me” (Kovach, 2009, p. 9), and providing space for the participants to do the same. I also made sure that participants understood that they owned their data and could access it or withdraw it at any time throughout the research process, as their knowledge and experiences were their own to share, keep, and manage (Snow, 2018).

The community advisors also provided me with advice and suggestions on engaging First Nations and Inuit older adult participants in the research, helped with participant recruitment, and facilitated opportunities for me to develop relationships with the First Nations and Inuit older adults in their programs prior to conducting any research. To give another example, at Odawa I

volunteered with and attended the Life Long Care program and at TI I attended the Elders' Tea program. As a non-Indigenous person with previous experience doing research with Indigenous populations, but with few connections with members of the Ottawa First Nations and Inuit older adult community, Odawa and TI gave me an opportunity to begin building relationships with First Nations and Inuit older adult participants in a space that was accessible, supportive, and comfortable for them. They also provided me with the opportunity to ask questions, learn about community events in Ottawa that I could attend or participate in (e.g., pow wows, gatherings, community forums, conferences, etc.) and use as points of reference for guiding aspects of my research.

Community advisors from TI shared with me the importance of being able to speak Inuktitut, so I worked with an interpreter who was also an Inuk older adult: Martha Flaherty. She became an invaluable resource, my fifth community advisory committee member, and provided me with feedback on the research and assisted with data collection with Inuit older adults. She also accompanied me each time I volunteered with programs offered by TI, which helped me to better engage with the older adults. She also invited me to attend community events and facilitated connections with other Inuit older adults in Ottawa outside of TI. The community advisory committee members also provided guidance and assistance on meeting other First Nations and Inuit older adults and building relationships with the participants. They guided me on who to speak with, where to hold the interviews and focus groups, how to conduct them in a respectful way, and how best to use the results of the research to benefit the First Nations and Inuit older adult populations in Ottawa.

Additionally, to ensure reciprocity throughout the research with both the First Nations and Inuit older adult participants and Odawa and TI, I had multiple discussions with them to

determine how the research process and research findings could directly benefit them in addition to the publications and reports being shared with decision-makers in Ottawa. Related to the research process, some examples of how I fostered reciprocity with the participants included providing transportation to a few participants who would otherwise have not been able to attend programs when we were doing data collection for the research; cooking a meal and sharing it with the participants during some aspects of the data collection; providing participants with multiple bus tickets so they could participate in data collection; and providing participants with an honourarium to show respect and appreciation for their willingness to share their knowledge and experiences with me.

For the research findings, they suggested that they would like me to present or facilitate a presentation for them on services, programs, and supports for all older adults in Ottawa, with a resource to go along with it that they could keep, and share the results with Indigenous organizations, the City of Ottawa, and organizations specific to older adults. At the time of submission of my dissertation, I am in the process of connecting with relevant stakeholders and planning the presentation and resource. With input from the participants, I created reports and/or presentations for the City of Ottawa to inform its Older Adult Plan 2019-2022, the United Way Ottawa's Successful Aging Strategic Council to share the results of my research and provide recommendations on how the Council can implement them in its work, and Ottawa Public Health to inform its aging well strategy. I will also share the results with other key stakeholders, such as the Ottawa Community Support Coalition, the Council on Aging, and others as they are identified by the participants and community advisory committee members. I also have, and will continue to return. I have already focused on returning the research to the community by sharing it with Odawa and TI and community members and am continuing to return to engage in

discussion with the participants, TI, and Odawa about future research and how best to put the results of this research into action, but also to return to visit and nurture our relationships.

Sampling

To address my research questions, I needed to identify several different groups of participants: First Nations older adults, Inuit older adults, and community stakeholders. My inclusion criteria for the First Nations and Inuit older adults included 1) being aged 55 years and older, 2) self-identifying as a First Nations or Inuk person, 3) community-dwelling, and 4) living in Ottawa. For the community stakeholders the inclusion criteria included 1) health and social service providers who work with Indigenous older adults in Ottawa, or 2) decision-makers involved in developing health and well-being initiatives for older adults and/or Indigenous peoples in Ottawa.

I engaged in a purposeful sampling strategy for my research. Purposeful sampling involves intentionally selecting participants who can best address the research questions (Creswell & Poth, 2018; Marshall, 1996). This strategy is based on acknowledging the expertise of participants, which they gained through skill development, education, and/or lived experience (Marshall, 1996). More specifically, I wanted to engage a range of First Nations and Inuit older adults and community stakeholders in the research, so I used maximum variation sampling, which is where I initially established criteria to differentiate participants and then selected participants that reflected differences on the criteria (Creswell & Poth, 2018). I did this because “when a researcher maximizes differences at the beginning of the study, it increases the likelihood that the findings will reflect differences or different perspectives” (Creswell & Poth, 2018, p. 158). As I recruited participants, they were keen to suggest other participants for me to include given their fit with the inclusion criteria and the knowledge that they could contribute,

thus, in addition to purposeful sampling, a snowball sampling strategy (Creswell & Poth, 2018) also contributed to participant recruitment.

There were important differences between the older adult participants, including such as participants' sex (e.g., 11 Indigenous older adult men, 23 women), length of time in Ottawa (e.g., recently moved or had been living in Ottawa for many years), reason for moving to Ottawa (e.g., education, job, relationship, leaving a situation of abuse, seeking health care, etc.), health status (living with certain health conditions or not), and living situation (e.g., living alone, with children and/or grandchildren, or with a spouse). Similarly, the community stakeholders reflected a diverse range of perspectives as they differed on the size (e.g., serving the entire Ottawa community or serving a targeted population in Ottawa) and specific organization they worked for, the level in which they worked (e.g., managers, directors, or service providers), their knowledge and experience in working with Indigenous peoples and/or older adults (e.g., significant experience due to working at an Indigenous organization; some experience, but not the primary target population of their work; or very little experience). Seeking diversity of participants in my research allowed me to gain a variety of perspectives on aging well during my data collection.

Participant Characteristics

In total, I had 45 participants take part in my doctoral research: 32 Indigenous older adults and 13 community stakeholders. For the older adult participants, 11 of the participants were male, while 21 were female. Nine participants identified as First Nations, while 23 identified as Inuit. Participants ranged in age from 55 to 79 years old. All participants were born and grew up outside of Ottawa (including on-reserve, off-reserve, and in rural and remote northern communities) and moved to Ottawa later in life. For the community stakeholder

participants, six were decision-makers (2 men, 4 women) and seven were service providers (1 man, 6 women). Decision-makers' roles ranged from directors, managers, and officers in health and social service organizations who provide programs and services, to those who are involved in planning and developing initiatives for older adults in Ottawa. All decision-makers were from non-Indigenous organizations because during the recruitment process, community advisory committee members indicated that service providers from Indigenous organizations would be more relevant for me to interview for this research. Service providers' roles included physicians, social workers, community health nurses, and program coordinators from health and social service organizations in Ottawa. Four worked for Indigenous organizations and three worked for non-Indigenous organizations.

Methods

With my community advisory committee's input, I identified semi-structured interviews, focus groups, and photovoice as being the most appropriate data collection methods to address the research questions. More specifically, the Inuit older adults indicated that they wanted to participate in focus groups, while the First Nations older adults wanted to participate in individual interviews. Therefore, I held three focus groups, ranging from 45 minutes to two hours, with a total of 23 Inuit older adults. Some participants wanted to sit in on more than one focus group to hear their peers' perspectives, so in keeping with the principles of CBPR, I did not discourage them from doing so. As such, the three focus groups had seven, 10, and 14 participants. Additionally, I held eight interviews, ranging from 20 minutes to 90 minutes, with the nine First Nations older adults (two of the participants preferred to have the interview conducted together). In keeping with the participant-driven tenet of a CBPR approach, I followed the participants' preferences. Two First Nations older adults participated in photovoice.

Data collection with the First Nations and Inuit older adults took place at Odawa from April 2017 to May 2018 and at TI from October 2017 to May 2018. Most of this data collection took place at Odawa's and TI's headquarters; however, some were held outside of the sites to accommodate participants' schedules and those who did not live close to the sites. For example, at the request of the participants, some interviews were held in coffee shops, malls, or in the common area of participants' residence buildings, and one of the focus groups was held at a church that many of the Inuit older adults attended on a regular basis. Additionally, I used semi-structured interviews with the community stakeholders, which took place from May 2017 to April 2018. This data collection took place either at their place of work or in a public setting, such as a park or coffee shop. As mentioned, all participants received a \$50 honourarium for their participation in the research. Community stakeholders who used their time of work to participate in the research did not receive an honourarium as required by the University of Ottawa's Research Ethics Board. With participants' consent, all interviews and focus groups were audio-recorded and transcribed verbatim. Below, I provide an overview of each method, my justification for using each one, and the strengths and weaknesses.

Semi-Structured Interviews

Semi-structured interviews are open-ended and general, but focus on addressing the research problem under study (Creswell & Poth, 2018). Brinkmann (2018) described how semi-structured interviews make better use of "knowledge-producing potentials of dialogues" (p. 579) as they allow "much more leeway for following up on whatever angles are deemed important by the interviewee...[and] the interview has a greater say in focusing the conversation on issues that he or she deems important in relation to the research project" (p. 579). As such, for the semi-structured interviews (and the focus groups) I used two interview guides, one for the First

Nations and Inuit older adults and one for the community stakeholders. They were developed based on feedback from my community advisory committee. The guides included open-ended questions that allowed me to understand First Nations and Inuit older adults' meanings and experiences with aging well and also the ways in which community stakeholders produced their understandings of supporting Indigenous older adults to age well (see Appendices A and B).

There are many strengths in using interviews for qualitative research. An important aspect of the interview is that it is a conversation between the researcher and the participant, where they are jointly constructing knowledge, emphasizing the significance of the researcher's role in an interview (Brinkmann, 2018; Smith & Sparkes, 2016) and showing its alignment with a social constructionist epistemology (Crotty, 1998). Interviews can help us to

come to 'know' people's experiences and meanings, [and] interviewing can provide detailed and complex insight into people's decisions, values, motivations, beliefs, perceptions, motivations, feelings and emotions...and can illuminate the ways in which societies and cultures shape personal experience, meaning, decisions, values, motivations, and so on. (Smith & Sparkes, 2016, p. 108)

Interviews are frequently used within qualitative research as they provide an opportunity to understand the participant's perspective and experiences, and the meaning that they attribute to these (Brinkmann, 2018; Cresswell & Poth, 2018).

Brinkmann (2018) outlined some of the challenges in using interviews, which relate to efficiency, calculability, and predictability. Interviews have evolved in qualitative research and are now so common that they have become known as a fast and easy way to collect data (Brinkmann, 2018). The issue with this is that qualitative research demands time and patience to understand and know participants (Brinkmann, 2018). Often in qualitative research designs,

researchers identify the specific number of participants (e.g., I will interview 20 Indigenous older adults: five First Nations women, five First Nations men, five Inuit women, and five Inuit men), which ignores the “emergent and imaginative processes of qualitative research” (Brinkmann, 2018, p. 590). This leads into the next challenge, predictability, which Brinkmann (2018) argued is the result of the interview process becoming standardized, evidenced by the proliferation of technical and “how to” guides to interviewing. Thus, in qualitative research it is important that the interview process is allowed to be iterative and unpredictable and that data collection and analysis emerge together (Smith & Sparkes, 2016). In my research, each interview informed the next, which allowed me to refine and adjust my interview guide, within the context of the initial versions.

Focus Groups

Focus groups are typically semi-structured in nature and involve the participation of multiple people at one time (Smith & Sparkes, 2016). From a social constructionist epistemology, the researchers usually take a more participatory, passive, and nondirective approach, where participants produce meanings and experiences in relation to the group and the conversation (Kamberelis, Dimitriadis, & Welker, 2018). Researchers have recommended utilizing focus groups within preexisting networks of participants, as this facilitates collegiality, solidarity-building, and comfort among participants (Barbour, 2010; Kamberelis et al., 2018). Smith and Sparkes (2016) noted that focus groups typically have four to ten participants and that at least three focus groups should be part of a study. In my research, the three focus groups in my research ranged from seven to 14 participants and the participants were part of preexisting networks through their involvement at TI and/or their connections in the Inuit community in Ottawa.

Focus groups have many strengths related to efficiency, flexibility, group support (Fontana & Frey, 2007), and allow the researcher to observe the “critical interactional dynamics that constitute much of social practice and collective meaning making” (Kamberelis & Dimitriadis, 2005, p. 902); however, it was important for me to also consider the challenges that are specific to using focus groups, including confidentiality and group dynamics (Fontana & Frey, 2005). As recommended by Barbour (2010), at the outset of each focus group I emphasized to participants the importance of maintaining confidentiality of what other participants shared; however, I explained that there was a risk that a participant could share information outside of the focus group; this was also included in the consent form that each participated had to review and sign. Another challenge I anticipated was managing group dynamics. Inevitably, in a group discussion there are always people more outgoing and outspoken than others, but again, at the beginning of the focus groups, I emphasized to participants the importance of giving everyone a chance to share their perspective. I also made sure to be attentive to nonverbal cues of participants, as this gave me an opportunity to engage quieter participants, which was a particularly important aspect of the focus groups with Inuit participants.

Photovoice

Talk is not the only way to understand experiences and meaning (Smith & Sparkes, 2016). Based on discussions with the community advisory committee, I also used photovoice in my research. Lienberg (2018) described three main aspects of photovoice: making photographs, exploration of meaning, and dissemination to promote social change. It is a method that is often used with CBPR as a way to foster social change and has been used in CBPR research projects with Indigenous communities (Castleden, Garvin, & Huu-ay-aht First Nation, 2008; Patrick, Budach, & Muckpaloo, 2013). Given its participatory and engaging qualities, photovoice is clearly

grounded in CBPR approaches and aligns well with research informed by postcolonial theory (Liebenberg, 2018); however, there have been growing concerns about this method for it being a “quick-and-easy” way to engage participants, without researchers pausing to critically reflect on its use (Lienberg, 2018). One concern relates to the limited discussion on how the photos are used in knowledge translation and the subsequent lack of inclusion in this discussion in published reports (Lienberg, 2018).

I discussed the use of photovoice with the First Nations and Inuit older adult participants. They agreed that photos would be a valuable tool for illustrating aging well, but also the inequalities that limit opportunities for aging well; however, only two participants chose to take part due to the time commitments of taking photos over a period of time and then participating in an additional interview. Nevertheless, these participants participated in photovoice and engaged in discussions about their interpretations of the photos, which have been important parts of my data collection and analysis. While two is a small number of participants to include in my research, I included these data because of my responsibility in using a CBPR methodology and to attend to the ethical dimensions of this research with First Nations and Inuit older adults, both of which included respecting the participants’ valuable contributions and knowledge that they chose to share with me in this research. Furthermore, photovoice proved to be an insightful way to supplement the interview and focus group data, which Creswell and Poth (2018) argued is a common use of visual data collection methods in qualitative research. The participants’ photos also proved to be useful for showing readers and audience members the participants’ perspectives, rather than only sharing them through words. To address Lienberg’s (2018) concern about the use of photos in knowledge translation, I made sure, and will continue to make

sure, that the participants' photos and resulting interpretations were/are included in published reports, where possible.

Data Analysis

There are many different ways to analyze data in qualitative research. Creswell and Poth (2018) described how data analysis does not just involve simple approaches for analyzing the texts and images; the process involves organizing, initial reviewing, coding, interpreting, and representing the data. These steps are interconnected and related to the analysis and representation process (Creswell & Poth, 2018). Two approaches guided my data analysis: thematic analysis and discourse analysis. Below, for each form of analysis, I provide a brief overview, discuss my justification for its use, and outline the steps involved in using it to analyze data. To organize, manage, and store the data, I uploaded the transcripts from the interviews and focus groups and the photos from photovoice to a qualitative data management and analysis software, NVivo.

Thematic Analysis

Thematic analysis is one of the most common and foundational forms of analysis in qualitative research, especially within health research (Green & Thorogood, 2004). Thematic analysis is used to identify, analyze, and report patterns in the data and involves the researcher to be an active participant in the process and selection of themes (Braun & Clarke, 2006; Braun, Clarke, & Weate, 2016). There are six steps involved in thematic analysis: familiarizing yourself with your data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report (Braun & Clarke, 2006). Braun et al. (2016) argued that themes are not simply waiting in the data to be discovered: "your analysis is produced

through the intersection of your theoretical assumptions, disciplinary knowledge, research skills and experience, and the content of the data themselves” (p. 196).

Thematic analysis has been used in other research grounded in postcolonial theoretical assumptions, particularly research related to Indigenous populations (e.g., Browne et al., 2011; Denison, Varcoe, & Browne, 2014; Rand, 2016). As such, it was a very useful approach for me to use to better understand First Nations and Inuit older adults’ perspectives and definitions of aging well through a postcolonial theoretical lens. Specifically, I used thematic analysis to answer research questions two and three. In addition to being an appropriate form of analysis to address my research questions, it was also a useful method to use with a CBPR methodology, as it is an accessible technique for those new to qualitative data analysis. While I conducted the initial data analysis, I met with the First Nations and Inuit older adult participants to refine and the themes, their descriptions, and relevant examples from the data. During these meetings, we talked about the data collection process and what was shared, and I provided them with copies of the initial themes and explained how I came up with these themes. We discussed whether or not the themes reflected what was shared during data collection and, if not, how they could be refined to better reflect this. Overall, the participants were very pleased with the initial themes and the analysis with them resulted in clarification and further refinement of the themes.

Critical Discourse Analysis

Researchers using discourse analysis “want to know what structures, strategies or other properties of text, talk, verbal interaction or communicative events play a role in these modes of reproduction” (van Dijk, 1993, p. 250). Critical discourse analysis allows researchers to understand sociocultural and power issues and examine the impacts of taken-for-granted discourses on people’s identities and lives, which creates space for acts of resistance and social

change (McGannon, 2016). Given its emphasis on criticality, it was an especially appropriate form of analysis to use given that I used postcolonial theory for my theoretical framework, which seeks to deconstruct and critique dominant Western discourses that marginalize colonized peoples (Young, 2001).

Willig (2008) outlined the six stages of discourse analysis. The first stage involves identifying how the discursive object is constructed in the text (Willig, 2008). The second stage “aims to locate the various discursive constructions of the object within wider discourses” (Willig, 2008, p. 175). The third stage concerns the action orientation of the text and allows researchers to analyze what the constructions of the discursive object achieve within text (Willig, 2008). The fourth stage involves positionings and how discourses construct subjects and “make available positions within networks of meanings which speakers can take up” (Willig, 2008, p. 176). The fifth stage is concerned with analyzing how discursive constructions, and the subject positions within them, legitimate certain forms of action (Willig, 2008). Finally, the sixth stage involves analyzing how a participant’s experience is shaped by the discursive constructions that they use (Willig, 2008). McGannon (2016) described how “discourses that frame identities, experiences and behaviours are powerfully connected to institutions and the taken-for-granted norms, ideologies and practices they circulate” (p. 241). Thus, in addition to its alignment with postcolonial theory, it was an appropriate form of analysis to address research question four, which critically examined how community stakeholders produce their understandings of supporting Indigenous older adults to age well.

Ethics

My doctoral research was approved by the University of Ottawa’s Research Ethics Board. It was approved on January 20, 2017 and renewed on January 20, 2018 under reference

number H11-16-09 (see Appendix C). Along with ethics board approval, I complied with the ethical dimensions of conducting research with Indigenous communities, as described above in my methodology section.

Dissertation Format

My dissertation is divided into six chapters. In chapters two through five, I present four publishable papers related to each of my research questions. In chapter two, I show how within dominant aging well frameworks there is little space to recognize other forms of “expert” knowledge, and how historical circumstances related to colonialism may shape Indigenous older adults’ experiences with, understandings of, and ability to successfully or actively age. This paper will be published as a book chapter in Apostolova and Lanoix’s (in press) *Ageing in an Ageing Society: Critical Reflections*. In chapter three, I demonstrate how First Nations and Inuit older adults, through their definitions of and negotiations with aging well, both resist *and* reinforce dominant Western understandings of aging well. This paper is under review. In chapter four, I argue that First Nations and Inuit older adults will not be supported to age well in an urban community if aging well initiatives do not account for inequalities in the physical and social environments that are related to colonialism. This paper has been published in the *Journal of Aging Studies*. In chapter five, I illustrate the complexities and tensions that decision-makers and service providers face in supporting Indigenous older adults to age well, particularly within a sociopolitical environment informed by reconciliation and a sociodemographic trend of an aging population. This paper has been accepted by *The International Indigenous Policy Journal*. Finally, in chapter six, I present my overarching conclusions from my doctoral research.

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Footnotes

¹ Inuit Nunangat refers to the four regions of Inuit homeland in Canada: Nunatsiavut (Northern Labrador), Nunavik (Northern Quebec), Nunavut, and the Inuvialuit region (Northwest Territories) (Statistics Canada, 2018).

² Inuk is used when referring to a singular Inuit person.

³ I was unable to provide income statistics specific to First Nations, Inuit, and Métis older adults, as the census data were unavailable.

⁴ Many Inuit can only access certain health care services in southern cities in Canada. For example, Inuit residing in Nunavut must travel to Ottawa to receive cancer treatment (Lenihan, 2018).

Chapter 2: Missing Voices in Aging Well Frameworks: A Postcolonial Analysis

An earlier version of this paper is in press and will be published as:

Brooks-Cleator, L., & Giles, A. (in press). Missing voices in ageing well frameworks: A postcolonial critique. In I. Apostolova & M. Lanoix (Eds.), *Ageing in an Ageing Society: Critical Reflections*. Sheffield, United Kingdom: Equinox.

Abstract

In this paper, I conduct a postcolonial analysis of the frameworks that describe aging well (i.e., successful and active aging) in order to ascertain whose knowledge is privileged and, consequently, who has the opportunity to age well. A postcolonial theoretical lens encourages researchers to analyze the history and legacy of colonialism and to examine how the impacts of colonialism continue to include and exclude certain groups. I show that Western knowledge of aging is privileged in dominant aging well frameworks and that groups who continue to be influenced by colonialism, such as Indigenous older adults in Canada, have limited opportunities to age well. Indeed, these dominant frameworks are missing non-Western perspectives of aging, particularly those of Indigenous older adults. To address some of the limitations of current aging well frameworks, I provide recommendations and considerations for developing a culturally safe aging well framework to help to ensure that Indigenous older adults have equitable opportunities for being well in older age.

The Indigenous population in Canada¹ is much younger than the non-Indigenous population. Despite the young age of this population, however, the number of Indigenous older adults is rapidly growing. Between 2001 and 2011 the population of Indigenous older adults (aged 65 years and over) in Canada doubled: older adults comprised 4% of the Indigenous population in 2001 and grew to 6% in 2011 (O'Donnell, Wendt, & the National Association of Friendship Centres, 2017). Additionally, the population of Indigenous older adults now comprises over 2% of the total older adult population in Canada (Statistics Canada, 2018). While this may seem to be a small number, it is becoming increasingly important for researchers, decision-makers, service providers, and community members to work together to support Indigenous older adults as they age. Despite the increasing number of Indigenous older adults, Beatty and Berdahl (2011) noted, "Aboriginal seniors are among the most neglected societal class...[and are in] more challenging and dependent situations at an age when they should expect to be well treated and taken care of properly by both their families and governments" (p. 1). Indeed, authors have noted that there is a dearth of research concerning the Indigenous older adult population (Beatty & Berdahl, 2011; Wilson, Rosenberg, Abonyi, & Lovelace, 2010), especially research that shares Indigenous older adults' perspectives (Lewis, 2014; Pace & Grenier 2016).

Indigenous older adults face numerous health and social issues and represent one of the most marginalized groups in Canada. The Health Council of Canada (HCC) (2013) identified that despite the diversity of Indigenous older adults in Canada, members of this group share many similar health and social concerns resulting from colonization and colonial acts, such as residential schools and the Sixties Scoop: food insecurity, poor housing, elder abuse, outmigration of young adults (for older adults living in rural communities), and low literacy

skills. Research has also demonstrated that many Indigenous older adults do not trust the mainstream healthcare system due to systemic racism and discrimination against Indigenous peoples (HCC, 2013). These health and social factors influence Indigenous older adults' "health status, quality of life, ability to fulfill their traditional roles, and life expectancies" (Baskin & Davey, 2015, p. 48). Despite these challenges, however, many researchers and Indigenous older adults themselves have acknowledged, partially in response to the deficit-based understandings of health, this population's significant resiliency and the meaningful roles that they hold in their communities (Browne, Mokuau, & Braun, 2009; Ginn & Kulig, 2015; HCC, 2013; Hopkins, Kwachka, Ladron, & Mohatt, 2007; Lewis, 2014).

The experiences of Indigenous older adults with aging and being well in older age ought to be recognized as being worthy of considerable attention from researchers, service providers, policy-makers, and community members alike, not only because of the health and social inequities that they face, but because they bring another perspective to aging well research – a perspective that is often missed. In addition to this, it is crucial that we recognize and address Indigenous older adults' histories with colonialism, as these histories have shaped their life course. This is especially important because aging research is typically embedded in a Western, Eurocentric perspective (Hopkins et al., 2007; Lewis, 2011) that does not privilege non-Western perspectives on aging, such as those of Indigenous older adults (Lewis, 2011). Very few researchers have addressed aging well for this population (Pace & Grenier, 2016). While some have demonstrated the differences between Rowe and Kahn's (1987) model of successful aging and Indigenous perspectives on aging (Lewis, 2011; Pace & Grenier, 2016), the multiple frameworks for aging well have not been analyzed using a postcolonial lens, which privileges the voices of those who have been colonized and examines historical and ongoing processes of

colonialism. Consequently, in this paper, in order to address my research question, “are Indigenous older adults marginalized through dominant aging well frameworks?”, I conduct a postcolonial analysis of the frameworks that describe aging well in order to demonstrate if and how Western knowledge of aging and health is privileged in the dominant aging well frameworks that inform research, policy, and practice in Canada (a settler nation). While these frameworks leave out the voices of many groups, a postcolonial analysis allows researchers to examine how aging well frameworks specifically miss the voices of those who have been negatively affected by the ongoing impacts of colonialism, such as Indigenous older adults in Canada, and how these frameworks may perpetuate inequities resulting from colonialism, which limits their opportunities for being well in older age.

I begin by outlining the postcolonial theoretical lens that I apply throughout this paper. I then provide a brief overview of the multiple frameworks for aging well, with an emphasis on active aging and successful aging. Following this, I conduct a postcolonial analysis of aging well frameworks by 1) exploring the historical context in which the current cohort of Indigenous older adults has aged, 2) identifying whose knowledge is privileged in aging well frameworks, and 3) examining who has the opportunity to age well. I then discuss how disparities within current aging well frameworks can be addressed through the inclusion of Indigenous older adults’ perspectives on aging and the development of a culturally safe aging well framework. Importantly, as a researcher I recognize my position as a settler Canadian. While I cannot speak for Indigenous older adults and their experiences, I hope that this postcolonial analysis demonstrates the importance of including their voices in future research, especially that related to aging well.

Postcolonial Analysis

A postcolonial analysis encourages researchers to use a postcolonial theoretical lens to analyze the history and legacy of colonialism and to critically examine the structural inequities linked to the historical effects and ongoing acts of colonization, all of which is particularly relevant for this paper given the past and present role of colonialism in Canada and its impact on Indigenous older adults' lives (Browne, Smye, & Varcoe, 2005; Reimer Kirkham & Anderson, 2002). Importantly, the “post” in postcolonialism does not refer to the fact that we have moved past a point where legacies of colonialism are still intact, but rather it refers to the “emergent, new configurations of inequities [that] are exerting their distinctive effects” (Browne et al., 2005, p. 20), such as the health and social inequities that are faced by Indigenous older adults. As such, postcolonial theory combines the knowledge systems of those who have endured colonialism with a political critique of their lived experiences (Young, 2001). Concerning Indigenous peoples in Canada, specifically, a postcolonial lens enables researchers to examine the unequal power relations that currently exist between Indigenous and non-Indigenous peoples and to recognize and critique the socio-historico-political structures that influence Indigenous peoples' health and social conditions (Browne et al., 2005). Researchers conducting postcolonial critiques and analyses seek to understand the historical context of colonialism and how these past circumstances have shaped – and continue to shape – present day conditions (Young, 2001).

Common Frameworks for Aging Well

There are many concepts that are commonly used in aging well literature and policies, such as successful and active aging. These concepts focus on “the need for self-discipline, which stresses individual responsibility to ‘age well’ and moderate the burden of welfare risk” (Angus & Reeve, 2006, p. 145). Aging well frameworks are premised upon the role of individual agency and lifestyle, with limited focus on the role of the social determinants of health (Katz &

Calasanti, 2014). Angus and Reeve (2006) argued that if aging well policies and programs continue to ignore the social and cultural structures in which older adults live their lives, these policies and programs will be unsuccessful because they only address a small portion of the aging experience. These concepts identify what it means to “age well” and guide the development of community initiatives that support older adults to do so, e.g., the World Health Organization’s (WHO) Age-Friendly Communities framework (International Longevity Centre-Brazil, 2015). Katz and Calasanti (2014) discussed how aging well frameworks have “been churned into theoretical paradigms, health measurements, retirement lifestyles, policy agendas, and antiaging ideals” (p. 1). Indeed, while there are multiple concepts with which to describe the process of aging well, active and successful aging have become the dominant frameworks that are employed to describe “good” aging and to address older adults’ health and social needs.

Successful Aging

Prior to the development of Rowe and Kahn’s widely (1987) known definition of successful aging, researchers typically understood aging as a time of deterioration and disease during which age-related cognitive and physical changes were normal. Rowe and Kahn (1987) proposed a definition of successful aging that included 1) the low probability of disease and disease-related disability, 2) high cognitive and physical functional capacity, and 3) active engagement with life, in which all three components are interrelated. This definition of successful aging represented a paradigm shift in that it suggested that many of the effects of aging were actually due to the effects of disease and the risk of disease (Pruchno, Wilson-Genderson, & Cartwright, 2010); however, by focusing so strongly on individual choice and lifestyle for achieving success and health in advanced age, they moved aging further away from the social determinants of health (Katz & Calasanti, 2014). There has been significant new

research that develops further measurements of successful aging. For example, functional ability or disability have become the most common aspects of measuring successful aging, which typically involve self-reports of activities of daily living, instrumental activities of daily living, or functional abilities (Pruchno et al., 2010).

Since Rowe and Kahn's (1987) original definition of successful aging, "social gerontologists have grappled with the ways in which successful aging has and has not captured the personal, social, economic, and political contexts of aging" (Martinson & Berridge, 2015, p. 59). In their systematic review of the critiques of successful aging, Martinson and Berridge (2015) found that the main concerns with successful aging as a concept included 1) the need to include missing criteria, such as subjective criteria, spirituality, leisure activity, etc.; 2) the lack of perspectives from older adults, particularly from diverse cultural perspectives; 3) the individualized, neoliberal, biomedical view of aging; and 4) the unrealistic portrayal of old age.

Active Aging

Active aging and healthy aging are closely associated in that "active ageing should incorporate and mutually support healthy ageing and healthy life expectancy" (Walker & Maltby, 2012, p. S123). Active aging emphasizes the importance of a life course perspective and does not solely focus on later life issues; it is a concept that is relevant to all stages of life (Walker, 2002; Walker & Maltby, 2012). The "active" part of active aging does not merely relate to being physically active; it involves being active in many aspects of life. Active aging is built on the concepts of successful and productive aging and emphasizes the strong link between activity and health, and it identifies the importance of healthy aging (Walker, 2002). It is a concept that addresses older people's participation and inclusion in society as full citizens with an emphasis placed on quality of life and physical and mental well-being (Walker, 2002). In

2002 the WHO released *Active Ageing: A Policy Framework* in order to address the growth of the older adult population and to help guide action plans that promote healthy and active aging. The framework was later built upon by the International Longevity Centre Brazil (ILC-Brazil) in 2015. At the policy level, it addresses how social institutions are to support and enable people to take opportunities throughout their lives that contribute to their well-being in later life (ILC-Brazil, 2015). Active aging is “the process of optimizing opportunities for health, lifelong learning, participation and security in order to enhance the quality of life as people age” (ILC-Brazil, 2015, p. 39).

Active aging is a multidimensional approach that understands aging as being influenced by the individual, the community, and society (Bowling, 2008; Walker & Maltby, 2012) and as something that is the responsibility of both individuals and society (Walker, 2006). Active aging proponents argue that older people are active participants in society and focus on the diversity of older adults’ contributions, not just their economic productivity (Walker & Maltby, 2012). In contrast to the early understandings of successful aging, active aging researchers take less of a biomedical approach to aging. Instead, they focus on enhancing the quality of life without reducing the concept of aging well to simply avoiding disease and decline and maintaining independence. To further build upon the successful and active aging discussions, and to strengthen the many critiques of the aging well discourses in Western societies, this postcolonial analysis offers a viewpoint of the personal, social, economic, and political contexts of aging that place Indigenous peoples’ experiences at the centre of analysis.

Postcolonial Analysis of Aging Well Frameworks

While both active and successful ageing have been continuously critiqued and refined, by understanding the historical context of Indigenous older adults’ lives and further analyzing

concepts of ageing well using a postcolonial theoretical lens, we can demonstrate that Western knowledge of aging is privileged in the dominant ageing well frameworks and that, as a result, groups who continue to be influenced by colonialism, such as Indigenous older adults in Canada, have limited opportunities to age well. Furthermore, all normative frameworks, including successful and active aging, are likely to be incomplete. A postcolonial analysis of aging well frameworks, however, allows for an understanding of how the distinct experiences of Indigenous older adults in settler societies (i.e., as historically and presently being subjected to colonial policies and practices), in comparison to non-Indigenous older adults, are not reflected in these frameworks and how these frameworks may in fact perpetuate inequities that stem from colonialism.

Historical Context

With any study that focuses on participants' experiences and perspectives, it is important to consider the historical contexts that have influenced their lives. When examining a certain age group, researchers need to realize that the experiences of one cohort are not the same as previous cohorts and will not be the same as subsequent cohorts; each cohort deals with specific events and transitions over time, which can impact its members' health and wellbeing later in life. The current cohorts of Indigenous older adults have had many significant life experiences which are related to the impacts of colonialism, which is both a past and ongoing project. They are "survivors who have experienced much loss, in the face of threats to the health and longevity of Indigenous people" (Waugh & Mackenzie, 2011, p. 30). It is important to examine both the historical and current circumstances that have informed Indigenous older adults' current health and social circumstances.

In examining current aging well frameworks, it becomes apparent that there is no recognition of how historical or ongoing circumstances related to colonialism may shape Indigenous older adults' experiences with, understandings of, and ability for successful or active aging. The historical relationship that Indigenous older adults in Canada have had, and continue to have, with colonial and racist policies and practices, such as the Indian Act, residential schools, the Sixties Scoop, ongoing settler colonial projects, and others, cannot be ignored since it has shaped this population's experiences with aging and health (Reading & Wein, 2009). Many members of the current generation of Indigenous older adults are survivors of these hideous colonial acts. For example, Baskin and Davey (2015), in their study with 12 female Indigenous Elders and older adults in Toronto, showed how their participants' experiences with aging could not be understood without addressing their experiences of residential schools. Thus, Indigenous older adults' perspectives on aging well and the health and social disparities that they face as they age cannot be understood without considering how colonial acts have contributed to alienation, depression, substance abuse, and loss of language and culture for many individuals and families (HCC, 2013; Reading & Wein, 2009; Truth and Reconciliation Commission of Canada [TRC], 2015).

Whose Knowledge is Privileged?

Bowling and Dieppe (2005) argued that aging well frameworks incorporate elements of both the biological and scientific models of aging, and that they are aligned and legitimized through a close association with a scientific model, which is very highly privileged in Western/Eurocentric societies (Estes & Binney, 1989). In Western cultures, the aging well discourse is mainly conducted at the biological level which privileges disease-free, active older individuals, and which does not fit with cultures that privilege other, non-biological ways of

being well in older age, especially those ways related to the social and community context.

Within aging well frameworks, scientists are depicted as the experts on aging who can claim knowledge about old age (Parker, Khatri, Cook, & Pant, 2014; Vincent, 2006).

In Indigenous cultures, there are other experts who hold and share knowledge on living well. An Elder is chosen by community members and is “a cultural and spiritual guide and who has insights, understandings, and communication abilities to transmit the wisdom of previous generations” (Baskin & Davey, 2015, p. 47). Their perspectives on aging are also important, as they play pivotal roles in the health and wellbeing of their communities (Collings, 2011; Ginn & Kulig, 2015; Lewis, 2014; Waugh & Mackenzie, 2011). For example, Ginn and Kulig’s (2015) research focused on First Nations grandmothers’ definitions of health and ideas on health promotion, because studies have demonstrated the importance of Indigenous grandmothers’ leadership in their communities due to their strength, resiliency, and wisdom. They noted that Indigenous grandmothers “possess traditional knowledge, know their communities and families, and are well positioned to work collaboratively to negotiate change” (Ginn & Kulig, 2015, p. 12). Thus, they are invaluable resources for strengthening their communities, sharing cultural traditions, and promoting health and wellbeing. The expertise of Elders, however, is not recognized and their knowledge of being well in older age is absent from Western aging well frameworks.

The reliance on scientific expertise increases the power of a Western-dominated knowledge system, which encourages neoliberal, individualistic values to influence lay people’s beliefs and policymakers’ decisions. The knowledge system in which aging well frameworks are built is the same one in which the colonial socio-historico-political structures originate, and which continue to impact Indigenous peoples’ lives. Through analyzing the dominant knowledge

of aging well, we can clearly recognize that missing from these frameworks are non-Western, Indigenous perspectives of aging; ignoring these perspectives perpetuates colonial attitudes.

Additionally, research has demonstrated that much of what we know about aging well comes from researchers who have studied those who have reached advanced ages (Pruchno et al., 2010). While it is important to consider aging well from the perspectives of older adults, notably, such a perspective overlooks segments of the population with lower than average Canadian life expectancy. For example, life expectancy for the total Canadian population is 80 for men and 84 for women (WHO, 2016), while for Inuit men and women it would be 64 and 73, respectively (Statistics Canada, 2015). Métis and First Nations populations also have lower than average life expectancy: 73-74 years for men and 78-80 years for women (Statistics Canada, 2015). Thus, members of Indigenous populations in Canada are less likely to reach advanced age and, as such, to be represented in aging well research.

Who has the Opportunity to Age Well?

The focus of successful and active aging on “autonomy and productivity as the route to a fulfilling old age smacks of a form of cultural imperialism which may have limited validity” (Estes, Biggs, & Phillipson, 2003, p. 73). Aging well frameworks privilege dominant Western understandings of aging as a linear process and limit aging well to those who have not experienced the ongoing impacts of colonialism. Here, I show how current aging well frameworks, such as the successful and active aging frameworks discussed previously, are often in contrast to the holistic views on aging that are held by many Indigenous older adults, which can further marginalize this population and limit their opportunities for aging well. In addition to viewing aging as a cyclical, rather than linear, process (Baskin & Davey, 2015), Indigenous views on aging have been identified as being inclusive of mental health, emotional wellbeing,

and physical health, but also community engagement and spirituality (Collings, 2001; Ginn & Kulig, 2015; Hopkins et al., 2007; Lewis, 2011; Lewis, 2014; Pace & Grenier, 2016; Waugh & Mackenzie, 2011). The effects of colonialism, however, have created an environment where Indigenous older adults frequently face a health care system that does not privilege their holistic views of aging and health, thus resulting in a system that cannot adequately address the health disparities that Indigenous peoples face (de Leeuw, Lindsay, & Greenwood, 2015).

Researchers have shown that Indigenous older adults define staying healthy throughout the aging process as multidimensional, that is, as a balance between physical, mental, emotional, and spiritual health (Ginn & Kulig, 2015; Pace & Grenier, 2016; Waugh & Mackenzie, 2011). Interestingly, Ginn and Kulig (2015) found in their participatory action research study with seven First Nations grandmothers (aged 48 to 80 years) in a small city in Alberta, Canada, that physical health was not defined in accordance with the dominant Western view of avoiding loss, decline, chronic disease, and disability. Instead, the grandmothers noted that physical health included role-modelling for their families and communities on how to be healthy, educating community members and non-Indigenous health care providers in order to bridge gaps between cultures, and living off-reserve, for this provided access to increased health and opportunities to be present for their grandchildren (Ginn & Kulig, 2015). For these grandmothers, mental health included 1) knowing who could be trusted and who could not; 2) problem solving; 3) enjoying life through humour by letting go of negative influences, and 4) building on past experiences in order to learn how to be grateful and develop self-confidence (Ginn & Kulig, 2015). Emotional health included resilience and surviving the trauma of residential schools, staying positive, constructively addressing racism through their experiences with it, and educating others about cultural differences (Ginn & Kulig, 2015). Finally, spiritual health included having faith and praying,

using knowledge gained from their own Indigenous, as well as Western cultures, and following their dreams and intuitions (Ginn & Kulig, 2015).

While aging well frameworks, such as active and successful aging, prioritize quality of life and physical and mental well-being (Rowe & Kahn, 1987; Walker, 2002), Ginn and Kulig's (2015) work demonstrates how some aspects of aging well are not represented in Western aging well frameworks, such as role-modelling, resilience, and spirituality to list a few. Not considering these other important factors of aging well can limit the extent to which Indigenous older adults receive the culturally safe (Ramsden, 1993) care and support that they need. Culturally safe care occurs when Indigenous peoples feel empowered and in charge of decisions concerning their health, and when their present-day realities are considered within the historical context of colonization (Brascoupé & Waters, 2009).

Studies outside of Canada have shown that not only is individual health important for Indigenous older adults to be well in older age, but so too is the health of their families and communities. In contrast, the dominant Western frameworks of aging well solely emphasize individual health and independence (Pace & Grenier, 2016; Waugh & Mackenzie, 2011). Here, I provide an example of how aging well for Indigenous older adults focuses on more than just individual health and independence. In his study in rural Alaska with 25 Alaskan Native Elders aged 61 to 93, Lewis (2014) found that avoiding having to relocate away from their families and remaining in their own homes were key factors in successful aging. Additionally, the participants in his study noted that successful aging also involved having a reciprocal relationship with their families, wherein they are supportive of each other, and wherein the older adults teach and lead future generations and share their knowledge and wisdom (Lewis, 2014).

Again, in contrast to Western frameworks of aging well, successful aging for Indigenous older adults is also related to community support through inclusion. For example, in a study from Sydney, Australia, with Indigenous Australians aged 45 and above, many participants discussed that community engagement allowed them to connect with other community members and with their culture, and reduced their sense of social isolation (Waugh & Mackenzie, 2011). They also mentioned the importance of being able to share their knowledge and pass on cultural traditions to both their families and the community, as it provided them with feelings of importance and worthiness (Waugh & Mackenzie, 2011). It is clear that the reciprocal nature of family relationships and community support is important for Indigenous older adults. Considering the historical and present-day marginalization that Indigenous older adults have faced, and their resilience in light of it, it is especially important for researchers to embrace Indigenous older adults' perspectives.

Creating Culturally Safe Approaches to Aging Well

Research on aging well has typically focused on non-Indigenous populations. While some researchers have addressed aging from the perspectives of Indigenous older adults, research that privileges marginalized groups' experiences and perspectives on aging remains rather limited. Increased research *with* Indigenous older adults can help to create more culturally relevant and culturally safe approaches to aging well. Since cultural safety is becoming an increasingly popular way to address the health and social inequities faced by Indigenous peoples (Brascoupe & Waters, 2009), this is an area of research that is particularly important. Additionally, privileging their perspectives and respecting the role and knowledge of Elders can contribute to resisting colonialism by deconstructing the ways in which dominant knowledge systems inform and privilege "expert" Western knowledge in aging well frameworks. As such,

conducting research into understanding Indigenous older adults' perspectives on aging well is relevant and important for addressing health inequities in Indigenous communities that have resulted from the effects of colonialism. Hopkins et al. (2007) argued that diverse cultural approaches to aging and health are needed because cultural beliefs influence life choices, and knowledge of these beliefs is "essential in forming health policy and health promotion programs to meet the growing needs of aging minority populations" (p. 43).

In light of this, researchers should consider more inclusive and empowering research methodologies, such as community-based participatory research (Dickson & Green, 2001; Holkup, Salois, Tripp-Reimer, & Weinert, 2004; Israel, Schulz, Parker, & Becker, 1998; Wallerstein & Duran, 2006). This methodology privileges participants' knowledge and involves collaboration and shared ownership of the research, which aligns with the key aspects of postcolonialism. For example, Lewis (2011) used a community-based participatory research approach to understand successful aging with Indigenous older adults in Bristol Bay, Alaska. Research privileging older Indigenous peoples' perspectives would give researchers and practitioners "the contextual knowledge for developing interventions and health care programs" (Lewis, 2011, p. 547). While Indigenous older adults have been engaged in health research (Krieg and Martz 2008) and there is significant literature on the importance of the inclusion of Indigenous peoples in health research (Anderson, 2008; Maar et al., 2009; Monchalin, Lesperance, & Logie, 2016; Zehbe, Maar, Nahwegahbow, Berst, & Pintar, 2012; Ziabakhsh, Pederson, Prodan-Bhalla, Middagh, & Jinkerson-Brass, 2016), Indigenous older adults' engagement is limited in the field of gerontology and in aging-specific research, especially research that addresses aging well frameworks, such as active and successful aging (except for the few studies that I have highlighted in this paper).

Conclusion

Colonialism has had many long-lasting impacts on, and also continues to play a role in, the lives of Indigenous older adults, including many social and health inequities; however, despite the marginalization that this population has faced, Indigenous older adults have demonstrated remarkable strength and resilience. To ensure that community initiatives that support older adults' efforts to age well address the particular needs of Indigenous older adults, their perspectives need to be considered within aging well frameworks, such as successful and active aging (Hopkins et al., 2007; Lewis, 2011). To demonstrate this need for privileging Indigenous older adults' knowledge, I provided a postcolonial analysis of current aging well frameworks, including successful and active aging, which have become the dominant frameworks to describe "good" aging in order to address older adults' health and social needs. I have shown how Indigenous perspectives on aging are seldom a part of the overall discussions on aging well, particularly due to the Western-dominated knowledge system that informs prevalent ideas of aging well and the representation of Indigenous perspectives in aging well frameworks. Additionally, I have demonstrated how, by not addressing aging well from a social determinants of health perspective that includes colonialism, opportunities for aging well are limited for Indigenous peoples. It is of vital importance to consider Indigenous older adults' histories and current realities, for understanding aging from their perspectives is "necessary if we are to understand the ways in which culture shapes the experiences of aging" (Lewis, 2011, p. 542).

While there is some applicability of current dominant Western understandings of aging well to Indigenous perspectives of aging, there are numerous other factors that are excluded from these frameworks, such as emotional wellbeing, mental health, spiritual health, family support,

and social and community engagement (Ginn & Kulig, 2015). As such, there is a pressing need to conduct further research with Indigenous older adults to understand how they define aging well, their historical context of aging, how these perspectives are shared within the Indigenous older adult population, and to accept alternative understandings of aging well. With increasing calls to achieve reconciliation between Indigenous peoples and the rest of Canada and create meaningful and respectful relationships (TRC, 2015), we cannot miss the voices of Indigenous older adults in discussions about our aging society and what it means to reach “good” old age.

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Footnotes

¹ This paper is focused on Indigenous populations in Canada. Notably, I understand that Indigenous peoples globally, and nationally, are diverse and have different values, beliefs, cultures, etc. and I do not want to homogenize their experiences. Due to the limited amount of research related to Indigenous perspectives on ageing, however, I included some research on this topic from Australia and the United States. I felt that such inclusion is appropriate because of the shared past and present experiences of colonialism between Indigenous peoples in Canada, Australia, and the United States. As such, unless otherwise stated, when discussing Indigenous older adults in this paper I am referring to the Canadian context.

Chapter 3: Defining and Negotiating Aging Well in an Urban Canadian Community:
Perspectives from Community-Dwelling First Nations and Inuit Older Adults

Abstract

In this paper, I explore aging from the perspectives of First Nations and Inuit older adults living in an urban community, including how they resist and/or reinforce dominant Western understandings of aging well. I used a postcolonial theoretical lens and a community-based participatory research methodology to guide this research. Nine First Nations and 23 Inuit older adults took part in focus groups, semi-structured interviews, and photovoice. The results demonstrate that through their definitions of and negotiations of aging well in an urban environment, the First Nations and Inuit older adult participants both resisted, by defining aging well in ways divergent from dominant Western understandings, and reinforced, by taking-up some Western ideals, dominant understandings of aging well. The findings illustrate that 1) dominant Western understandings of aging well should not be the taken-for-granted definition used in policies and programs related to aging well, and 2) Ottawa urban First Nations and Inuit older adults' perspectives on and ability to age well are not simple and static, but are negotiated within a complex sociopolitical environment. Consequently, by understanding First Nations and Inuit older adults' definitions and negotiations of their ability to age well in an urban environment, such as Ottawa, more effective solutions can be employed to ensure First Nations and Inuit older adults have meaningful opportunities for aging well.

The older adult population in Canada is growing at a high rate and, as a result, older adults are encouraged to age well and maintain their health and wellness in order to reduce the “burden” of population aging. In the gerontological literature, aging well typically refers to active or successful aging, with successful aging emphasizing the avoidance of disease and disability, the maintenance of cognitive function, and engagement in social life (Rowe & Kahn, 1987), and active aging “combin[ing] the core element of productive ageing with a strong emphasis on quality of life and mental and physical well-being” (Walker, 2002, p. 124). Lamb (2014) asserted, however, that these dominant aging well understandings illustrate many North Americans’ fixation on independence, activity/productivity, avoidance and denial of decline and mortality, and the individual self as something to be improved. Additionally, she argued that there is a “dearth of critical scrutiny of culture and ideology in the successful aging discourse” (Lamb, 2014, p. 42); therefore, it is important to critique taken-for-granted Western assumptions of aging well. As a result, the need for a two-step process emerges. The first step that is required is the identify what aging well means to a more diverse range of people. The second requires scholars to better understand the ways in which these individuals are able to negotiate their ability to age well within a Western-centric sociopolitical environment.

In North America, researchers have worked towards addressing the dearth in critical research on aging well by conducting research with Indigenous older adults¹ in mainly rural and remote communities. They have found that Indigenous older adults in North American understand aging well as not just being in good physical health, but also having a connection to their culture, having an interdependent and reciprocal relationship with members of the community in which they live, sharing knowledge with others, having good emotional and mental health, and having adequate social support, which differs from the dominant Western

understandings discussed above (Baskin & Davey, 2015; Collings, 2001; Ginn & Kulig, 2015; Hopkins, Kwachka, Ladron, & Mohatt, 2007; Lewis, 2011; Lewis, 2014; Pace & Grenier, 2016). While these studies are numerous, they have tended to be exploratory in nature and have sought to identify the components of aging well for Indigenous older adults in comparison to dominant Western understandings of aging well and most have not included Indigenous peoples who live in urban environments.

While it is important to explore the perspectives of Indigenous older adults on aging well, little attention has been paid to how Indigenous older adults resist and/or reinforce dominant Western understandings of aging well through definitions of aging well and how they are able to negotiate their ability to age well. This is particularly relevant for urban Indigenous older adults, as authors have described the challenges urban Indigenous peoples face in negotiating their identities in an urban community in which their Indigeneity is challenged by dominant colonial discourses that produce them as “inauthentic” (Anderson, 2013; Maddison, 2013; Morris, 2016; Peters, 2011). By not recognizing that urban Indigenous older adults may both resist *and* reinforce dominant Western understandings of aging well, researchers and policy-makers risk simplifying urban Indigenous older adults’ understandings of aging well to a binary of being *either* “authentically” Indigenous (Maddison, 2013) *or* Western. Thus, the ways in which Indigenous older adults resist and/or reinforce dominant Western understandings of aging well, and the ways in which they are able to negotiate this in an urban environment, may not be reflected in policies and programs that are developed to support them to age well, resulting in inadequate support.

Consequently, the purpose of this study is to use a postcolonial theoretical lens to explore aging from the perspectives of First Nations and Inuit older adults living in an urban community,

including how they resist and/or reinforce dominant Western understandings of aging well. Specifically, it addresses the question, “how do community-dwelling First Nations and Inuit older adults (aged 55² years and over) living in Ottawa, Canada, define and negotiate aging well in an urban environment?” Together with two Indigenous organizations, I undertook a community-based participatory research (CBPR) approach to address this research question. Nine First Nations and 23 Inuit³ older adults took part in focus groups, semi-structured interviews, and photovoice. With the research participants, I then analyzed the resulting data using thematic analysis.

Both the First Nations and Inuit participants defined aging well as having a connection to their Indigenous culture(s), good emotional and mental health, appropriate housing, good physical health, and a sense of purpose. It was more common for the female participants to describe in detail the connection between emotional and mental health and aging well and for the male participants to describe a sense of purpose as part of aging well, especially as it related to being on the land. The Inuit older adult participants also identified financial security as an important part of aging well, while the First Nations participants were less likely. Further examination of the results demonstrates that through their definitions of and negotiations with aging well in an urban environment, First Nations and Inuit older adults both resisted, by defining aging well in ways divergent from dominant Western understandings, and reinforced, by taking-up some Western ideals, dominant understandings of aging well. The findings illustrate that 1) dominant Western understandings of aging well should not be the taken-for-granted definition used in policies and programs related to aging well, and 2) urban First Nations and Inuit older adults’ perspectives on and ability to age well are not simple and static, but are negotiated within a complex sociopolitical environment. Consequently, by understanding First

Nations and Inuit older adults' definitions and negotiations of their ability to age well in an urban environment, more effective solutions can be employed to ensure First Nations and Inuit older adults have meaningful opportunities for aging well.

Literature Review

Aging is not a homogeneous, linear experience; it is experienced differently within and between cultures, genders, nations, and classes, which is in contrast to dominant Western understandings of aging and "old" age (Cruikshank, 2009; Katz, 2005; Kolb, 2014). There are many factors that shape the aging experience and the ability of older adults to age well, including the political and economic climate (Cruikshank, 2009); the society in which one lives; changing demographic realities; biological, psychological, spiritual, and social changes; and cohort differences (Jackson & Chapleski, 2000; Kolb, 2014). Within current Western definitions of aging well and the dominant discourses of "old" age, these factors are seldom taken into account.

Dominant Western perspectives of aging well are comprised of several key concepts, including successful aging (Rowe & Kahn, 1987) and active aging (International Longevity Centre-Brazil [ILC-Brazil], 2015). Rowe and Kahn's (1987, 1997) proposed a definition of successful aging that included three interrelated concepts: 1) the low probability of disease and disease-related disability, 2) high cognitive and physical functional capacity, and 3) active engagement with life. Active aging, as defined by the ILC-Brazil (2015), includes four pillars: health, lifelong learning, participation, and security. These all contribute to one's ability to actively age; however, these pillars are influenced by one's socioeconomic status, access to health and social services, behaviour and lifestyle, physical and social environments, gender, and culture (ILC-Brazil, 2015). Active and successful aging both continue to be areas of much research, debate, and critique among social gerontologists (Martinson & Berridge, 2015).

Critiques of Western Aging Well Concepts

Western ideals of successful and active aging have been critiqued for being too simplistic. As such, they are remiss in attending to inequality (Katz & Calasanti, 2015), neoliberalism (Polivka & Longino, 2004; Lamb, 2014), and individualism (Katz & Calasanti, 2015; Lamb, 2014) and their relatedness, and the role of social and cultural factors that influence aging experiences and meanings (Cruikshank, 2009; Lamb, 2014). Successful and active aging are terms that have replaced the negative “doom and gloom” of aging by describing the potential to be independent, healthy, and actively engaged with increasing age; however, this replacement has occurred at the same time as the growth of the dominant discourse of the burden of the aging demographic (i.e., “the grey tsunami”) (Katz, 2005). In the wake of a neoliberal political agenda, these two significant shifts have interacted to increase the perception of one’s personal responsibility to age well because aging well will reduce the burden of the aging population on society and the economy and is attainable if one makes the “right” choices (Katz, 2005; Polivka & Longino, 2004). Consequently, “North American [i.e., Western] discourses on successful aging are flourishing in a particular cultural-historical, political-economic context” (Lamb, 2014, p. 43); indeed, this is the same context in which Indigenous older adults find themselves aging. As Cruikshank (2009) argued, successful aging in particular implies that aging depends on individual efforts, which masks the substantial differences in aging experiences created by inequalities related to ethnicity, culture, class, and gender. Authors have contended, therefore, that, “aging research has to theorize lifestyle, choice, health, and successful aging beyond personal choice because lifestyles are configured by differential opportunities and relations of social inequality” (Katz & Calasanti, 2015, p. 28).

Successful and active aging scholarship seldom sufficiently account for culture and ideology, so “perspectives from outside North America...can help to illuminate the cultural and ideological elements of successful aging models...and lead toward potentially new and better understandings, social arrangements and policies” (Lamb, 2014, p. 42). I argue that perspectives from the original inhabitants of what is now known as North America (for this research specifically, Canada, a settler colonial nation⁴) are also crucial for illuminating these aspects of aging, as Indigenous peoples face significant social and health inequalities in comparison to non-Indigenous peoples, and may have unique cultural understandings of aging well.

Indigenous Older Adults’ Life Course

Taking a life course perspective, the aging experience of the current generation of Indigenous older adults in Canada has been shaped by numerous social changes resulting from colonization, including the Indian Act, residential schools, forced relocation, the Sixties Scoop, missing and murdered Indigenous women and girls, health care and justice systems, workplaces, the media (Loppie, Reading, & de Leeuw, 2014), and the Truth and Reconciliation Commission of Canada⁵ (TRC) (2015). Racial discrimination and ongoing colonialism have resulted in many disparities in the distribution of resources and opportunities, which in turn have affected the overall health and well-being of many generations of Indigenous peoples, including poorer health outcomes, lower education levels, higher rates of poverty, poorer housing conditions, etc., in comparison to the non-Indigenous population (Loppie et al., 2014). While Indigenous peoples have displayed remarkable resiliency throughout their lifetimes, colonialism continues to influence their lives and has been identified as one of the most significant determinants of health for this population (Czyzewski, 2011; Reading & Wein, 2009).

Additionally, authors have argued that particularly in settler colonial nations, colonial acts have resulted in Indigenous peoples' identities being classified and controlled by colonizers (Alfred & Corntassel, 2005; Maddison, 2013). Indeed, Maddison (2013) asserted that there is “a relentless pressure on Aboriginal people to simultaneously defend their ‘authenticity’ *and* assimilate into the ‘mainstream’ of society” (p. 299). Thus, not only has colonialism contributed to the health and social inequalities that Indigenous older adults face in comparison to non-Indigenous older adults, it has also led to structural and cultural violence related to their identities as Indigenous peoples. As I describe below, this is especially true for urban Indigenous peoples. All of these distinct factors that Indigenous peoples experience in comparison to non-Indigenous peoples must be taken into account when seeking to understand Indigenous older adults' meanings and negotiations of aging well, as they have influenced the complex relations of power and inequality that have affected their experiences of aging throughout their life course.

Urban Indigenous Populations in Canada

Authors have noted the distinct factors that urban Indigenous peoples face in comparison to Indigenous peoples living in rural and remote communities (Anderson, 2013; Jackson & Chapleski, 2000; Morris, 2016; Peters, 2011). In comparison to living in an Indigenous rural and remote community where engaging in cultural activities is often a way of life, most community members share the same culture, and care for the aging population is done in multigenerational homes, such engagement in an urban community is more challenging. Additionally, dominant discourses suggest that “authentic” Indigenous peoples live mainly in remote communities and that those living in urban communities are somehow “less Indigenous,” which in turn marginalizes urban Indigenous peoples and can inappropriately inform policy and funding decisions (Anderson, 2013; Maddison, 2013). Further, colonial discourses insinuate that

Indigenous peoples living in urban spaces are living in “non-Indigenous” spaces (i.e., not on a reserve or in a northern remote community) and, therefore, they should assimilate into Western culture and not “be Indigenous” (Anderson, 2013). Anderson (2013) contended, however, that new Indigenous identities in urban spaces, shaped by negotiations of history, culture, and power, “paradoxically offer a form of commonality of difference in the face of these centuries-long projects of dislocation [due to colonialism], but they also offer the possibility of envisioning new boundaries and homelands over time and space” (p. 49). Furthermore, he contended that urban Indigenous peoples construct their identities within the context of their urban environment, while also being informed by their “old locales” (i.e., Indigenous homelands) (Anderson, 2013). Thus, urban-dwelling Indigenous peoples’ identities are not fixed and tied to rural, remote, reserve, or northern locations; they are redefined and re-negotiated within historical and present contexts.

Nevertheless, it can be challenging for First Nations and Inuit to negotiate their identities in cities when a) their cultures are so connected to the land, and b) there is so much heterogeneity in urban Indigenous populations that there are fewer opportunities to share in distinct Indigenous languages and cultural practices (Anderson, 2013; Morris, 2016; Peters, 2011). Jackson and Chapleski (2000) identified how there can be emotional and social challenges for Indigenous older adults living in urban communities, whether it is from relocating to an urban community and/or the pressures of living in an urban environment. Other challenges related to urbanization include isolation, being away from family, increased financial pressures, lack of housing, policies and programs that lack Indigenous input and, thus, inadequately meet the needs of urban Indigenous peoples (Morris, 2016; Peters, 2011).

Even with these challenges, many Indigenous peoples in urban communities do have cultural ties and important ways to celebrate and maintain their Indigenous identities. Jackson

and Chapleski (2000) described how Anishinaabeg older adults living in an urban environment, despite sharing in some norms of the dominant Western society, “enact[ed] their Indian identity in subtle, rather than overt, ways, they [were] most certainly not ‘assimilated’” (p. 250). For Inuit, consuming country foods, travelling to their home communities, transferring Inuit languages and cultural practices, are ways in which they have been able to maintain their Indigenous identities (Morris, 2016). Peters (2011) highlighted how Indigenous peoples consciously reconstruct their traditional identities in urban spaces, which are supported by “being with members of the urban Aboriginal community; the values of caring, family, food, and daily acts of sharing; traditional teachings, ceremonies and elders; languages; and cultural events” (p. 93). Maddison (2013) argued that, especially for urban-dwelling Indigenous peoples, negotiating and constructing their Indigenous identity has been an act of resistance against colonialism. This is particularly true, she asserted, because “as urban Indigenous populations grew, there emerged a ‘coalescence’ of Aboriginal people from a range of cultural groups...offer[ing] locales and opportunities for the formation of alternative ideas and strategies for resistance” (Maddison, 2013, p. 294). While existing studies have focused on urban Indigenous peoples’ identities, little is known about how Indigenous *older adults* resist colonialism through negotiating and constructing their identities in urban settings and how this negotiation is reflected in their understandings of aging well.

While there are similarities in the challenges and opportunities for urban Indigenous populations to age well, it would be problematic to adopt a pan-Indigenous approach in creating a definition of aging well, as this could perpetuate colonialism by assuming a homogenous Indigenous population. As such, in this research, I highlight, when apparent, gender differences and differences between Inuit and First Nations older adults in my research results to show their unique realities of aging well in the same urban community. To guide my analysis of what it

means to age well and how the First Nations and Inuit older adult participants negotiate this in Ottawa, I used a postcolonial theoretical lens.

Theoretical Framework

A postcolonial theoretical lens encourages researchers to critique the history, legacy, and ongoing structure of colonialism and to examine how the impacts of colonialism continue to include non-Indigenous peoples, particularly white settlers, and exclude Indigenous peoples (Browne, Smye, & Varcoe, 2005; Veracini, 2010). What distinguishes a postcolonial theoretical lens from other critical theories is that it specifically addresses how race has been used as a socially constructed category throughout colonization to deem certain groups inferior, and it brings attention to the structural inequities linked to the effects of colonization (Browne et al., 2005). This is not to say the intersection of gender, class, sexuality, disability, etc. are not considered by researchers using postcolonial theory, but postcolonial scholars position experiences of colonization, from the perspectives of the *colonized* rather than the *colonizers*, at the centre of their analysis. As such, postcolonial theory privileges marginalized groups' (e.g., First Nations and Inuit older adults') knowledge and experiences (Loomba, 2005). It combines the knowledge systems of those who have endured colonialism with a political critique of their lived experiences that have been informed by colonialism (Young, 2001). Postcolonial theory helps researchers to understand how colonization in particular creates inequalities and, specifically with research related to aging, it can help us to understand how these inequalities shape the aging experience of First Nations and Inuit older adults and their ability to negotiate opportunities for aging well, particularly in urban environments.

Postcolonial theory is also relevant for understanding negotiations of power related to urban Indigenous identity. As Peters and Anderson (2013) argued, "contemporary urbanization

[for Indigenous peoples] occurred in the context of their historic removal from urban settlements” (p. 24). Thus, within urban spaces, settler colonial practices have, and continue to, define Indigenous peoples as “out of place.” Postcolonial theory, however, helps researchers to analyze how Indigenous peoples both resist and reinforce these practices. Accordingly, given its relevance to understanding how Indigenous peoples exercise power within the context of colonial and urban structures and also its attention to inequalities resulting from colonialism, postcolonial theory was very applicable for this research examining aging well with First Nations and Inuit older adults in Ottawa, Canada.

Importantly, as a non-Indigenous, white, female, young adult, I have not shared many of the same experiences and histories as the First Nations and Inuit older adults in this research. The employment of a postcolonial theoretical approach and a participatory methodology encouraged me to be reflexive of my position, decentre my position of “expert” as the researcher, and value the meaningful inclusion of Indigenous participants in the research process.

Methodology, Methods, and Analysis

This community-based participatory research (CBPR) study received ethics approval from the University of Ottawa’s Research Ethics Board. CBPR is a collaborative and participant-led approach to research (Wallerstein & Duran, 2006) that can result in action, social transformation, and positive change (Baum, MacDougall, & Smith, 2006; Darroch & Giles, 2014; Wallerstein & Duran, 2006). Its applicability to creating culturally safe approaches to aging well (Brooks-Cleator & Giles, in press; Lewis, 2011) also aligned well with the goals of my research. To follow the tenets of CBPR, I began the research process by engaging with Indigenous organizations in Ottawa. For this research, as a non-Indigenous researcher conducting research with Indigenous peoples, my use of CBPR was also guided Indigenous

understandings of relationality, respect, responsibility, and reciprocity (Kovach, 2009; Smith, 2012; Snow, 2018). It was also guided by specific ethical guidelines and protocols developed for conducting research with Indigenous communities, including Inuit Tapiriit Kanatami's (2018) "National Inuit Strategy on Research;" Ontario Federation of Indigenous Friendship Centres' (2016) "Utility, Self-Voicing, Access, Inter-relationality (USAI) Research Framework;" and the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, specifically chapter nine: "Research Involving the First Nations, Inuit and Métis Peoples of Canada" (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada, 2014).

Site of Data Collection

After volunteering for one year with programs for older adults at Indigenous organizations in Ottawa, I approached three Indigenous organizations in Ottawa with older adult programming about the possibility of working together on the research. Two of these organizations, the Odawa Native Friendship Centre and Tungasuvvingat Inuit (TI), were enthusiastic about working together with the intent that this research would help to inform their own work and amplify voices that are not often heard in Ottawa; representatives from both organizations indicated that this was an underrepresented area of research, but highly warranted. Data collection took place at Odawa from April 2017 to May 2018 and at TI from October 2017 to May 2018. To ensure that this research would be mutually beneficial, while doing this research, I volunteered for both organizations (e.g., set-up and take down for programs, assisted staff during programs, etc.) when they were interested in additional support. I also agreed to co-develop reports and recommendations specific to each organization, which are in the process of being developed with the participants' input and recommendations. Once these reports are

finalized, the organizations will review them, provide further feedback, and use it for whatever purpose they choose.

Prior to beginning any research, two Indigenous members of each organization, including one female older adult from one of the organizations, were community advisory committee members and provided input into the research questions, methods, and future knowledge mobilization efforts. They felt the research was relevant and the process respectful. Those from TI shared with me the importance of being able to speak Inuktitut, so I worked with an interpreter who was also an Inuk older adult. She became an invaluable resource and an additional community advisory committee member, for a total of five community advisors, who provided me with feedback on the research and assisted with data collection with Inuit older adults. She also accompanied me each time I volunteered with programs offered by TI, which helped me to better engage with the older adults. The community advisory committee members also provided guidance and assistance on meeting other First Nations and Inuit older adults and helping me to build relationships with the participants. They guided me on who to speak with, where to hold the interviews and focus groups, how to conduct them in a respectful way, and how best to use the results of the research to benefit the First Nations and Inuit older adult population in Ottawa.

Participant Selection Criteria

For the purpose of this study, inclusion criteria included being aged 55 years and older, self-identifying as an Indigenous person, community-dwelling, and living in Ottawa. I recruited participants using a purposive sampling approach by actively seeking participants from seniors' programs at both sites. I supplemented this with snowball sampling (Marshall, 1996) by asking participants if they knew of anyone else who fit the criteria and might be interested in

participating. This technique proved to be very useful in recruiting Inuit older adults, as the Inuktitut interpreter I worked with was well connected in the community. All participants received a \$50 honourarium and bus fare for their participation in the research, and an additional \$50 honourarium for their participation in the analysis sessions.

Participant Characteristics

A diverse group of 32 community-dwelling Indigenous older adults who live in Ottawa participated in the study. Eleven of the participants were male, while 21 were female. Nine participants identified as First Nations, while 23 identified as Inuit. Participants ranged in age from 55 to 79 years old. All participants were born and grew up outside of Ottawa (including on-reserve, off-reserve, and in rural and remote northern communities) and moved to Ottawa later in life.

Data Collection

In keeping with a CBPR approach, after discussions with participants at all sites, I used focus groups, semi-structured interviews (Fontana & Frey, 2007), and photovoice (Castleden, Garvin, & HUU-ay-aht First Nation, 2008) for methods of data collection. The Inuit older adults indicated that they wanted to participate in focus groups, while the First Nations older adults wanted to participate in individual interviews. I held three focus groups, ranging from 45 minutes to two hours, with a total of 23 Inuit older adults. Some participants wanted to sit in on more than one focus group to hear their peers' perspectives, so in keeping with the principles of CBPR, I did not discourage them from doing so. As such, the three focus groups had seven, 10, and 14 participants. Additionally, I held eight interviews, ranging from 20 minutes to 90 minutes, with the nine First Nations older adults (two of the participants preferred to have the interview conducted together).

After suggesting to both the First Nations and Inuit participants the potential of using photovoice as a method of data collection, many participants indicated that photos would be a good way to represent aging well, but few undertook it due to the time commitment; however, two First Nations older adults volunteered to take part in it as they saw the value in having images included in the research. For photovoice, participants were asked to take photos of what it means to age well and not age well in their home and community. They were each asked to select the photos that best represented what it means to age well and not age well. They then participated in an interview to discuss the photos. The semi-structured interview and focus group guides included similar questions, such as “how do Elders stay well as they get older?,” “how would you describe aging well or aging in a good way?,” “what helps you to age well?,” “what prevents you from aging well?,” “what does it look like when an Elder is staying well/not staying well as they get older?,” “how has aging affected your physical, spiritual, mental, and emotional health?,” and what would you want to share with youth about aging well?” Based on the participants’ language requirements, the interviews and focus groups were conducted either in English only or English with the Inuktitut interpreter. All focus groups and interviews were audio-recorded (with participants’ consent) and transcribed verbatim.

Analysis

I uploaded all of the data, including interview transcripts and 14 photos, to the qualitative data analysis software NVivo and analyzed the data using Braun and Clark’s (2006) six-step approach to thematic analysis. I familiarized myself with the data (e.g., I listened to each recording, read through each transcript, and viewed the photos along with the corresponding photovoice interview transcripts prior to coding), generated initial codes (e.g., some of the initial codes included being positive, country food, exercise, social connection, and teaching), searched

for themes, reviewed themes, defined and named themes, and produced the report. I conducted the initial round of analysis, which was guided by the research questions and theoretical framework (Green & Thorogood, 2004).

To align with the principles of CBPR, once I analyzed the data and identified potential themes, I then went back to each of the organizations for further analysis with the First Nations and Inuit older adult participants. After reviewing the themes, their meanings, and relevant quotes and pictures, all participants indicated that they were generally very pleased with the results and felt that they accurately portrayed their perspectives on aging well. The feedback from participants mainly consisted of elaborating on the meanings of certain themes (e.g., including safe neighbourhoods as part of housing) and indicating the level of importance of certain themes.

Results

Six themes emerged related to the definition and negotiation of aging well for the participants. Notably, while there were many similar results between the First Nations and Inuit older adults, there were some differences, which are highlighted below. For the majority of the participants, aging well meant having five things: 1) a connection to their Indigenous culture(s), 2) good emotional and mental health, 3) appropriate housing, 4) good physical health, and 5) a sense of purpose. The Inuit older adults also highlighted a sixth theme: financial security contributes to aging well.

Connection to Indigenous Culture(s)

For both First Nations and Inuit older adults, having a connection to their Indigenous culture(s) was an important element of aging well. They discussed this as being able to consume traditional or country foods, being proud of their First Nations or Inuk identity, and having

knowledge of or learning their Indigenous language. During the focus groups, two Inuit women engaged in conversation about aging well and being Inuk: One said, “me, as an Inuk woman, I have to know my language. I have to be Inuk in order to be happy” and the other replied “yeah – know your identity.” A First Nations female shared a similar view when she stated, “[it’s] great to be able to come here [Indigenous-specific organization] or any Aboriginal association and be able to speak your own language – that’s really important.” When I asked about the significance of her Indigenous language and culture as she was aging, another participant described how, “yes [it is important for aging well]. Yes, it is. In fact, I was taking Ojibwe lessons” (First Nations female). This theme also included attending cultural events and gatherings. A First Nations female described how, “[going to] different ceremonies and things like that, that’s kind of part of me now.” One Inuk male highlighted the importance of having access to culturally relevant country food: “Being a good Elder, [we] have to have country food.”

Emotional and Mental Health

Aging well also meant having good emotional and mental health to prevent potential social isolation and/or declining mental health, which participants perceived as being due to aging. While the male participants did mention emotional and mental health as part of aging well, the female participants were more likely to discuss in greater detail the connection between emotional and mental health and aging well. One participant described how as she was aging, she wanted to maintain her mental health: “Your mental capacity is not what it used to be. I try to keep mine up because I have a computer and I have an iPad, so I play a lot of the games to keep my mind” (First Nations female). Another participant identified the negative impact that social isolation can have on emotional and mental health and how it is important to prevent it: “I think getting out is very important because if you stay in, especially by yourself, you could get very

depressed” (First Nations female). An Inuk female shared similar views when she described how “part of the aging well for me would be talk to elderly people or talk to anyone who I am comfortable to. What my life is. If I’m stressed out. It’s almost like depressing if you’re alone all the time.” First Nations and Inuit older adults shared that aging well in terms of emotional and mental health meant not focusing on age. As one participant shared, “Well, myself, I don’t feel myself aging. I feel like my mind is still young – I think young. I used to think that old people were old when they... [laughs] you know, they were born old, but now that I’m one of them, that’s not it at all” (First Nations female).

Aging well also meant having formal or informal social support through spirituality, family and friends, and other older adults. For example, when asked about how she maintains her emotional and mental health, an Inuk female shared the importance of having informal social support by attending gatherings in the community: “I like the feast. Because we always share our childhood memories and we always ended up telling funny stories and our mind gets away from everything, what had happened last night, yesterday. It clears our minds” (Inuk female). Others talked about more formal support. In describing to me and the other focus group participants the importance of good mental health on aging well, one Inuk female shared, “I attended as much as possible to healing sessions...I had a lot of personal problems from school and abuse. Going through all these programs, it helped me to get up. I’m involved now. I’m okay.” Another participant shared a photo (Figure 1) of an organization that offers programming specifically for Indigenous older adults.



Figure 1: Source of social support for participant.

He explained how this formal social support was important for aging well: “This is a good thing that people have accessibility to these programs” (First Nations male).

Housing

For both First Nations and Inuit older adults, having safe, secure, and affordable living environment that is responsive to their needs meant that they were aging well; this was one of the most common themes and one that the participants highly valued: “It's much better if you have your own space, your own personal home. That way you can mentally go on with life. Everyday life” (Inuk female). One First Nations woman identified the importance of affordable housing for seniors: “I think the cost of living too is very hard because the rents are not suitable for seniors unless you started off with lots of money.” Another participant identified how living in close proximity (i.e., having buildings specifically for Indigenous older adults to live in) to other Indigenous older adults was important for aging well: “More housing – affordable housing –

‘cause like I said, they [Indigenous older adults] only have 2 buildings. They can go in other subsidized housing, but they like to be around people like from their own reserves or other Aboriginal people” (First Nations female). When I asked another participant, after she had mentioned Indigenous older adults prefer to live with other Indigenous people, why it was important, she stated, “I guess because of their culture and coming from growing up on the reserve – a lot of them grew up in the bush, so that’s where all of their learning came from” (First Nations female). Housing not only included the specific space they lived in, but also the surrounding neighbourhood. One First Nations male Photovoice participant indicated this by taking numerous photos of a neighbourhood where parts of it were unsafe, especially for older adults, and discussing the importance of having a safe neighbourhood for aging well. He explained how in Figure 2, this dog was always loose and seemed aggressive, making it unsafe and uncomfortable for those walking in the neighbourhood.



Figure 2: Walking in participant’s neighbourhood.

Physical Health

Most participants also discussed how aging well means having good physical health, more specifically, maintaining physical health and being independent. As one participant shared during a focus group,

There are some Elders I've seen here in Ottawa, all walks of life Elders, all by themselves, not just Inuit. It's all walks of life. I see this person on the bus. I watched them. I see them. Oh my God, I hope to be like them when I get older...Because they're on their own. They're doing everything on their own. (Inuk female)

Independence was a common theme among many of the participants. Being able to focus on maintaining physical health or preventing physical health decline were described as ways to maintain or achieve independence: “Being a jogger, I feel good as an elder because I jog and I walk a lot and I eat well” (Inuk female). One First Nations woman discussed how despite some health setbacks, she tried to focus on living a healthy lifestyle to help her age well: “I think I’ve been very successful. Health wise, I’ve had a lot of ups and downs, but I try to remain as healthy as I can being a diabetic and everything. I still look after myself.” Inuit older adults did not discuss the potential physical health declines that often come with aging, while a few of the First Nations older adults did. As one First Nations woman described, “your muscles, you lose a lot of muscle as you grow older. Same with your bones.”

Sense of Purpose

Having a sense of purpose, which could take many different forms, also emerged as a prevalent component of aging well. Most commonly, a sense of purpose included being able to participate in activities that are meaningful; being able to teach and share knowledge with others, including with youth; and giving back to the community. For the male participants, there

appeared to be a more significant connection between a sense of purpose – particularly being able to participate in activities that are meaningful – and aging well in comparison to the female participants. This was especially true for meaningful activities on the land. One Inuk male participant described how not participating in activities that are meaningful to him negatively affected his well-being in later life: “Right now, my heart is touched and broken because my favourite time is hunting and that's how I lived and enjoyed. I can't practice that anymore [by living in the South]. It hurts.”

Participants shared that having a sense of purpose made them feel valued and useful and gave them a way to contribute. For example, throughout the interviews and focus groups many of the participants told me how they were going “home” (i.e., back to their home community) for a few weeks to visit family and/or go out on the land, or that they were going to spend the weekend at their camp outside of Ottawa. Additionally, some of the participants shared how they were helping out and taking Indigenous youth out on the land outside of Ottawa. Additionally, one Inuk woman described to me and the others in a focus group how living well in later life meant having a responsibility to pass on knowledge and skills to future generations, which is an important role to have. Having that role helped her to know that she could still contribute and be useful. One First Nations man shared a similar view on the importance of teaching others:

“That's a part of what active aging means, also getting out there and teaching the kids.”

Financial Security

The Inuit older adult participants emphasized that aging well also meant being financially secure, as without out financial security, there were many external stressors that would affect someone's ability to age well, especially living in an urban environment. Many participants identified that financial security was much more important in an urban environment than the

small communities where most of them lived growing up. One participant highlighted this when she said, “We have to learn to budget [in an urban community] because it's not an Inuit way” (Inuk woman). Another participant agreed and responded,

Most of my life I was living in, my home town is [community], very small community, small town like 8-900 people. Everybody knows everybody. And everybody helps everybody. Like in the city, living in the city, so different. When you don't have money, you cannot go anywhere. (Inuk woman)

For the participants, financial security included having access to affordable services and food, but that living in an urban environment restricted their financial security. One Inuk man participant highlighted the importance of this when he shared,

And everything is very expensive [in the city]. They're not really available to you. The only way is by working, that way you can make your own good money to survive. It's very, very difficult when you are no longer working. It's very lonely. It's very difficult to move on.

The six themes, having a connection to their Indigenous culture(s), good emotional and mental health, appropriate housing, good physical health, a sense of purpose, and financial security, demonstrate how aging well has both intrinsic and extrinsic, and also physical, emotional, and social meanings for the urban Indigenous older adult participants in this study.

Discussion

The results indicate that the urban-dwelling First Nations and Inuit older adult participants in this study engaged in complex negotiations within the sociopolitical environment of a southern, largely Euro-centric, urban setting in their efforts to age well. As a result, they resisted and reinforced Western, colonial understandings of aging well. Dominant Western

understandings of aging well focus on independence, activity/productivity, avoidance and denial of decline and mortality, and the individual self as something to be improved (Lamb, 2014). In comparison, the urban First Nations and Inuit older adults in this study defined aging well as having 1) a connection to their Indigenous culture(s), 2) good emotional and mental health, 3) appropriate housing, 4) good physical health, 5) a sense of purpose, and 6) financial security. These results, when analyzed through a postcolonial framework, illustrate the complex ways in which First Nations and Inuit older adults in Ottawa define and negotiate their ability to age well in an urban, Western-centric, sociopolitical environment.

The First Nations and Inuit older adult participants' definition of aging well located aging well as, to some degree, being one's individual responsibility. The focus on aging well as being an individual responsibility reflects what Lamb (2014) has described as a tenet of Western approaches to aging well: It is older adults' moral and political obligation. Furthermore, the ways in which participants reinforced dominant Western understandings of aging well is particularly evident in their discussions of independence. Being physically and mentally active enough to maintain their independence and prevent decline were key parts of the participants' definition of aging well and are also important aspects of aging well from a Western perspective (Katz & Calasanti, 2015). Additionally, participants shared how they did not think about their older age or their decline.

It is not surprising that the urban First Nation and Inuit older adult participants in this study took up some of the ideals of dominant Western understandings of aging well, such as the importance of independence and aspects of denying old age, especially for those removed from their systems of support (i.e., participants who relocated to Ottawa for health, financial, education, or other reasons and had little social support upon arrival). As Anderson (2013)

explained, urban Indigenous peoples' identities are constructed "given the materials and resources available in the contexts within which we [urban Indigenous peoples] live" (p. 49). The First Nations and Inuit older adult participants in this study aged in the same sociopolitical environment that produced dominant Western understandings of aging well.

Ranzijn (2010) argued that though aging well is presented as the responsible approach to take throughout the life course, the ability to age well is facilitated by access to resources. Indeed, largely resulting from inequalities related to colonialism, First Nations and Inuit older adults may not be in as advantageous positions as non-Indigenous older adults to negotiate their ability to age well in an urban environment. For some Indigenous peoples living in urban communities, finding appropriate and safe housing can be a challenge due to lack of employment (Morris, 2016) or discrimination in their search for housing (Peters & Lafond, 2013), which both stem from colonialism (Reading & Wein, 2009). For example, the participants who lived in unsafe neighbourhoods or in financially insecure situations had reduced access to resources that would have enabled them to more successfully negotiate their ability to age well. As Figure 2 showed, even walking in the neighbourhood can be difficult if it is unsafe or inaccessible. Additionally, particularly for the Inuit older adult participants, the high cost and limited availability of country food in Ottawa also posed difficulties for making healthy choices to eat well and thus age well. Accessing such food is much easier in their home communities in the North, but such communities may not have access to other necessary resources, like healthcare. This demonstrates how the ability to negotiate one's ability to age well is somewhat restricted for First Nations and Inuit older adults in Ottawa.

We can further see ways in which negotiating their ability to age well was restricted for First Nations and Inuit older adults who identified that a connection to Indigenous culture was

part of aging well. For those for whom maintaining their connection to culture through language was important, it is crucial to note that this connection and its maintenance are not just a matter of individual choice to speak or not speak an Indigenous language. Residential schools and other colonial practices have contributed to significant loss of language and culture for many Indigenous peoples by punishing those who spoke their Indigenous languages and took part in cultural practices, creating an environment where residential school survivors could not or were afraid to pass on their teachings (TRC, 2015). Thus, First Nations and Inuit older adults' negotiations with aging well are affected by processes linked to colonialism, especially in an urban environment where there is limited access to on-the-land activities and increasing heterogeneity among the Indigenous population. Despite these challenges, however, the participants negotiated their ability to age well by taking part and playing integral roles in cultural events, such as gatherings, powwows, and community feasts and, for those who could, making traditional First Nations and Inuit art, speaking Inuktitut, Cree, and other Indigenous languages with each other, thus resisting the ways in which colonialism and urbanization could potentially diminish their cultural ties and thus ability to age well.

For participants in this research, the transmission of traditional knowledge, particularly through teaching youth cultural activities and their language, was a large part of their definition of aging well and resistant to dominant Western understandings of aging well; however, it was evident that living in a southern Canadian urban community, in comparison to a rural and remote community, limited their ability to negotiate this part of their definition of aging well. The Inuit older adults, for example, discussed how they could not pass on teachings while living in the South in the same way they could by living in the North due to the different environments and land. Despite this, however, the participants were able to negotiate this part of their definition of

aging well by taking up their traditional roles as seniors and Elders in many ways. They did this by teaching languages, taking youth to camps to be out on the land, travelling back to their home communities to visit family and engaging in cultural practices, taking up responsibilities with Indigenous organizations in Ottawa, and sharing the traditional knowledge that they learned from their Elders with youth. These are all central to the participants' definition of aging well.

Through creating opportunities to age well, defined in their own way, they are in fact negotiating their ability to age well as urban Indigenous peoples within a colonial context (Morris, 2016; Peters, 2011), which is, as Maddison (2013) argued, an act of resistance.

Despite limitations – largely informed by colonialism, to their opportunities to age well, the urban-dwelling First Nations and Inuit older adults in this research negotiated the current context in which live to create opportunities for aging well in ways that were meaningful to them (i.e., speaking Indigenous languages having good mental, emotional, and physical health; having a connection to culture; a sense of purpose through intergenerational teaching; etc.). By doing so, they were also resisting colonial practices that challenge their ability to practice their culture and that create inequalities in an urban context. By both resisting and reinforcing dominant Western understandings of aging well, we can see how urban First Nations and Inuit older adults' understandings of aging well are not *either* “authentic” Indigenous *or* Western; their understandings of aging well are in flux. They engage in aging well practices informed by their Indigenous identities, but within their current sociopolitical environment of a southern, largely Euro-centric, urban setting.

Conclusion

The results I have presented make an important contribution to understanding how urban-dwelling First Nations and Inuit older adults in Ottawa define and negotiate aging well.

Interesting questions that emerged from this research present important opportunities for future research, including to what extent might these findings be generalizable outside of Ottawa (e.g., how do Indigenous older adults in other urban communities define and negotiate aging well)? Additionally, while the significance of one's sexuality did not come up in discussions with the older adults in this research, discussions on aging well with Indigenous older adults of diverse sexualities would be an important consideration for future research. Finally, as the older adults in this research were also community-dwelling and relatively engaged in social activities, it will be important for future researchers to explore the meanings of aging well for Indigenous older adults living in long-term care or other health care facilities or those who are more socially isolated. Despite these limitations, this research demonstrates that through their definitions of aging well, urban First Nations and Inuit older adults in a southern, urban Canadian community both resist and reinforce dominant Western understandings of aging well. Further, by negotiating their ability to age well based on their definitions, they continue to be affected by, but also resist, colonialism.

The results thus suggest that on the one hand, policies and programs aimed at supporting First Nations and Inuit older adults in Ottawa to age well should not be developed with a colonially classified "authentic" urban Indigenous older adult in mind. On the other hand, a *lack* of specific policies and programs for urban First Nations and Inuit older adults should not be justified under the guise that they are "less Indigenous." Policies and programs related to aging well should thus be created with an understanding of how culture influences one's definition of aging well and how what might be assumed as aging well from a Western perspective may not be the same from the perspective of urban First Nations and Inuit older adults; and 3). There may be similarities, but there may also be differences, leading to different types of opportunities for

aging well. The negotiations of their aging well practices should not be seen as fixed where they can only engage with seemingly Indigenous understandings of aging well *or* seemingly mainstream understandings of aging well. In an urban environment, the negotiations of their aging well practices do, and should be able to, fluctuate without it being seen as problematic and their aging practices being perceived as “less Indigenous.” By largely failing to consider this, policies and programs that subscribe to dominant Western understandings of aging well risk perpetuating colonialism by producing unequal opportunities that better position non-Indigenous older adults for aging well in comparison to First Nations and Inuit older adults. Colonialism continues to affect older adults’ negotiations of their ability to age well; thus, policies, programs, and practices that are informed by Western meanings of aging well potentially fail to meet the needs of a segment of the population that is unintentionally, or intentionally, ignored in their creation, but are significantly affected by their outcomes.

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Footnotes

¹ When referring specifically to research and findings related to particular groups of Indigenous peoples, I use the appropriate term (e.g., First Nations or Inuit). When more specific identities were not identified in the existing literature, I use the term Indigenous.

² While older adults are typically considered to be 65 years and older, researchers and policymakers have argued that given the younger age structure of the Indigenous population, it is more appropriate to use 55 years and older to refer to the Indigenous older adult population (Wilson, Rosenberg, Abonyi, & Lovelace, 2010).

³ While there are many Métis older adults living in Ottawa and efforts were made to engage them in this research, participants identified as either First Nations or Inuk, and thus I did not have Métis participants.

⁴ Settler colonial nations are those with a permanent settler presence (e.g., Canada, Australia, New Zealand, and the United States) as opposed to the “extractive colonies of South Asia, South America and much of Africa” (Maddison, 2013, p. 288).

⁵ The Truth and Reconciliation Commission (TRC) began in Canada in 2008 as a result of the Indian Residential Schools Settlement Agreement. The goals were to document and reveal the truths about the history, harms, and ongoing impacts of residential schools, from the perspectives of Survivors and their families, and to guide a process of healing and building new relationships between Indigenous peoples and non-Indigenous peoples, churches, and governments. The TRC concluded its work in 2015 with 94 Calls to Action aimed at federal, provincial, and municipal governments; churches; non-government organizations; and Canadians in general to address the legacy of residential schools in Indigenous populations in Canada (TRC, 2015).

Chapter 4: Community-Level Factors that Contribute to First Nations and Inuit Older Adults
Feeling Supported to Age Well in a Canadian City

An earlier version of this paper was published as:

Brooks-Cleator, L., Giles, A. R., & Flaherty, M. (2019). Community-level factors that contribute to First Nations and Inuit older adults feeling supported to age well in an urban Canadian community. *Journal of Aging Studies*, 48, 50-59. doi:10.1016/j.aging.2019.01.001

Abstract

Despite the proliferation of age-friendly cities in Canada that are intended to support older adults to age well, there are still many inequalities between groups of older adults, particularly, and of concern for this paper, between Indigenous older adults, who experience colonialism's ongoing impacts, and non-Indigenous older adults. A better understanding of factors that inform these inequalities will help in the development of policies and programs that better support Indigenous older adults to age well and, thus, will contribute to ameliorating the inequalities that they face. Using a community-based participatory research approach, informed by a postcolonial theoretical lens, in this paper I address the question, "what community-level factors contribute to Indigenous older adults feeling supported to age well in the city of Ottawa?" I specifically examined this question in relation to the age-friendly communities framework, which guides the City of Ottawa's Older Adult Plan. Thematic analysis of semi-structured interviews, focus groups, and photovoice with 32 First Nations and Inuit older adults revealed that the participants felt both supported and unsupported to age well. More specifically, there were two main areas in which they felt they could be better supported to age well: the social environment and physical environment. The results demonstrate that despite there being similarities in the areas that the participants felt they needed support and the areas on which the Older Adult Plan focuses, if the domains of aging well initiatives do not better account for the impacts of colonialism, it is unlikely that they will be effective in supporting Indigenous older adults' health and well-being.

Since the mid-1970s, public policies in Western societies related to older adults' well-being have been under significant scrutiny, particularly in the wake of the rapidly growing older adult population, which is often viewed as a - mainly economic - burden on Western societies (Phillipson, 2005). This has created a trend towards self-responsibility for health and well-being in later life (Kolb, 2014; Polivka & Longino, 2004). While this trend toward individualization gives older adults more agency in their later years, this agency is contingent upon one's resources, family and social support, and health (Kolb, 2014), factors that are not distributed equally amongst older adults. In response to this trend, many advocates, including the World Health Organization (WHO), the United Nations, researchers, and older adults themselves, have called for various levels of government, along with non-government organizations, to create more effective policy responses to the significant increase in the older adult population. As such, there are many international, national, regional, and local government and non-government organizations developing initiatives to support older adults to age well (Kolb, 2014). Aging well commonly means successful or active aging. Successful aging is the avoidance of disease and disability, the maintenance of cognitive function, and engagement in social life (Rowe & Kahn, 1987), while active aging refers to "combin[ing] the core element of productive ageing with a strong emphasis on quality of life and mental and physical well-being" (Walker, 2002, p. 124). As such, aging well can be understood as having good physical and mental health and being social engaged as one reaches their later years of life.

The WHO's (2007) age-friendly communities framework, which consists of eight domains related to the physical and social environments, informs policy and program planning and development for older adults in numerous cities in Canada (Government of Canada, 2016), including Ottawa through the city's Older Adult Plan (City of Ottawa, 2015). Age-friendly

communities are those which seek to enhance quality of life for people as they age by fostering accessibility and inclusion of older adults (WHO, 2007). Despite the proliferation of age-friendly cities in Canada that are intended to support older adults to age well, there are still many inequalities between groups of older adults, particularly, and of concern for this paper, between Indigenous and non-Indigenous older adults (O'Donnell, Wendt, & the National Association of Friendship Centres, 2017). As such, it is unclear whether Indigenous older adults in urban environments feel supported through community initiatives to age well and how they could be better supported to age well in urban environments. A better understanding of this will help in the development of policies and programs that better support Indigenous older adults to age well in their later stages of life and, thus, will help contribute to ameliorating the inequalities that they face.

Using a community-based participatory research approach (CBPR), informed by a postcolonial theoretical lens, in this paper I addressed the question, “what community-level factors contribute to Indigenous older adults (aged 55 years and over) feeling supported to age well in the city of Ottawa?” I specifically examined this question in relation to the age-friendly communities framework (WHO, 2007) that guides the City of Ottawa’s (2015) Older Adult Plan. Importantly, I conducted this research with those aged 55 years and over because researchers and policymakers have argued that given the younger age structure of the Indigenous population, it is more appropriate to use 55 years and older to refer to the Indigenous older adult population (Wilson, Rosenberg, Abonyi, & Lovelace, 2010). Importantly, though there are many Métis older adults living in Ottawa (Statistics Canada, 2018b) and I made concerted efforts to engage them in this research, participants identified as either First Nations or Inuk; thus, I did not have Métis participants. Thematic analysis of semi-structured interviews, focus groups, and

photovoice with 32 First Nations and Inuit older adults revealed that there were two main areas that contributed to the participants feeling supported to age well: the social environment and physical environment. There were three subthemes within the social environment theme: responsive health and community support services, respect and recognition, and communication and information. Within the physical environment theme there were four subthemes: transportation, housing, accessibility, and gathering space. The results demonstrate that despite there being similarities in the areas that the participants felt they needed support and the areas on which the Older Adult Plan (City of Ottawa, 2015) focuses, gaps remain in the participants actually feeling supported because the underlying issue that informs these gaps remains unaddressed: colonialism.

Literature Review

Age-friendly communities are built on the premise that the physical and social environment in which older adults live has an impact on their health and well-being (Lui, Everingham, Warburton, Cuthill, & Bartlett, 2009). Phillipson (2004) argued that the physical environment, particularly in an urban context, can pose physical and institutional barriers for older adults. For example, crime, fear of certain neighbourhoods, pedestrian hazards, risks of entering certain areas at certain times, and decreases in low-income housing can be detrimental to older adults' health and well-being (Phillipson, 2004). Where people live also matters for aging well, as neighbourhoods play a larger role in older adults' quality of life and well-being than they do for younger adults (Buffel et al., 2012). The social environment, through interpersonal relationships, social connectedness, civic engagement, and social constructions of aging and older adults, also impacts older adults' quality of life (Buffel et al., 2012). In the following sections, I highlight key national and local aging well initiatives and how they

influence the physical and social environment of older adults. I also illustrate how despite the existence of these initiatives, inequalities still exist between groups of older adults, specifically between Indigenous and non-Indigenous older adults living in Canadian cities, which demonstrates the necessity of research that examines which factors in an urban community contribute to Indigenous older adults' feelings of being supported to age well.

Aging Well Initiatives

A significant aging well initiative that targets the physical and social environments in which older adults live is the WHO's (2007) age-friendly communities framework that enhances older adults' quality of life. At the policy level, age-friendliness addresses how social institutions can support people to take opportunities throughout their life that contribute to their well-being in later life (International Longevity Centre-Brazil, 2015). It is facilitated through the development of age-friendly cities, which has become the dominant framework that informs policy and programming that affects older adults in developed nations (Plouffe & Kalache, 2011). Indeed, Canada is one of the leading countries with age-friendly communities through the Pan-Canadian Age-Friendly Communities Initiative (Government of Canada, 2016).

According to the WHO (2007), age-friendly cities recognize the diversity of capacities and resources among older adults, anticipate and adapt to age-related needs, respect the lifestyles of older adults, protect the most vulnerable older adults, and encourage the inclusion of older adults in all aspects of community life. Age-friendly cities include eight domains (see Table 1).

Table 1	
<i>Comparison of age-friendly community domains (WHO, 2007) and City of Ottawa (2015) Older Adult Plan domains.</i>	
<u>WHO Age-Friendly Community Domains</u>	<u>Older Adult Plan Domains</u>
Outdoor spaces and buildings	Outdoor spaces and City buildings
Transportation	Transportation and mobility
Housing	Housing

Social participation	Social, recreational, and cultural participation
Respect and social inclusion	Respect and social inclusion
Civic participation and employment	Civic participation and volunteering
Communication and information	Communication and information
Community support and health services	Community supports and health services

These eight domains all interact to create communities that “better support older citizens in making choices that enhance their health and well-being and allow them to participate in their communities, contributing their skills, knowledge and experience” (Public Health Agency of Canada, 2007, p. 6), which emphasizes the personal responsibility of older adults to age well. The City of Ottawa (2015) adapted the WHO’s (2007) age-friendly communities framework to create its Older Adult Plan (City of Ottawa, 2015).

The Older Adult Plan (City of Ottawa, 2015) addresses the aspects of eight age-friendly community domains that can be acted upon by the municipal government (see Table 1). The eight age-friendly domains were slightly modified for the Older Adult Plan (City of Ottawa, 2015), but remain quite similar to those of the WHO’s (2007). The goal of the Older Adult Plan is a community that values, empowers, and supports older adults and their quality of life (City of Ottawa, 2015). The 2015-2018 Older Adult Plan included 51 tangible and intangible actions to address the needs of older adults in Ottawa (City of Ottawa, 2015). Some examples of the actions include installing accessibility features in City facilities that are frequented by older adults, promoting discounted and no fare public transit options to older adults, increasing the number of affordable supportive housing units for older adults, integrating appropriate communication tactics for older adults into communication plans, developing a falls prevention program for older adults with different fitness levels, promoting volunteering opportunities for older adults, providing free dental care to low-income older adults, and sensitizing City staff about older adult issues (City of Ottawa, 2015). The 2019-2022 plan is currently in development with community consultations, including those with Indigenous older adults, throughout Ottawa. Consulting with

community members is important for the development of future aging well initiatives; however, this should also be done alongside a critical examination of whether these initiatives have an unintended effect of pushing disadvantaged populations, such as Indigenous older adults, further to the margins by not addressing the underlying issues that contribute to the inequalities that they experience.

While the population of Indigenous older adults is relatively small in Ottawa, the population aged 65 years and over has grown significantly from 470 in 2006 (City of Ottawa, 2011) to 1645 in 2016 over (Statistics Canada, 2018b); a 250% increase. If the Indigenous population of those aged 55-64 years is included, the current number rises to a total of 4555 (2065 First Nations, 110 Inuit, and 2075 Métis) Indigenous older adults in Ottawa (Statistics Canada, 2018b). Ottawa also has largest Inuit population of any city in southern Canada (Statistics Canada, 2018a), with numerous authors indicating that it is likely much higher than reported (Laucius, 2017; Pfeffer, 2017; Smylie & Firestone, 2017). Given the municipal interest in supporting older adults to age well and its diverse and growing Indigenous older adult population, Ottawa thus serves as an interesting case for examining what elements contribute to creating a supportive community for urban Indigenous older adults to age well.

Indigenous Older Adults Living in Urban Communities

While the number of Indigenous older adults in urban communities has increased in the last decade, this population continues to face many inequalities in comparison to its non-Indigenous counterparts. As there are relatively few statistics related to Indigenous older adults in specific Canadian cities, in the following I present national urban statistics, unless otherwise noted. Related to income, in Ottawa 14.9% (55-64 years) and 13.1% (65 years and over) of Indigenous older adults live in a low-income situation in comparison to 10.2% and 9.3%,

respectively, of non-Indigenous older adults; Indigenous older adult women are most likely to live in low-income situations (Statistics Canada, 2018d). Nationally, slightly more urban Indigenous older adults have a paid job (13.2%) in comparison to non-Indigenous older adults (11.5%), and the number of Indigenous older adults with paid jobs doubled from 2001 to 2011 (O'Donnell et al., 2017). This does not mean, however, that Indigenous older adults have now have higher incomes; it is likely that a greater percentage are working into their later years in order to be more financially secure. Additionally, 9% of Indigenous older adults reported low or very low food security in comparison to 2% of non-Indigenous older adults, which can significantly impact overall health and well-being (O'Donnell et al., 2017). In comparison to younger Indigenous peoples (2%), more Indigenous older adults (8%) report having no one to turn to for support in times of need (O'Donnell et al., 2017). Related to physical health, 88% of Indigenous older adults reported having at least one chronic condition with high blood pressure and arthritis being the most common (O'Donnell et al., 2017), which is slightly higher than the non-Indigenous older adult population (Sanmartin, 2015).

In discussing inequalities between Indigenous and non-Indigenous populations, I would be remiss to not mention the impact of colonialism on the health and well-being of Indigenous peoples living in urban communities. Racial discrimination, which positions Indigenous populations as inferior to non-Indigenous, white populations, is the driving force of various colonial policies and practices in Canada, such as the Indian Act, residential schools, forced relocation, the Sixties Scoop, missing and murdered Indigenous women and girls, health care and justice systems, workplaces, the media (Loppie, Reading, & de Leeuw, 2014). These policies and practices, all built on the basis of Western superiority and Indigenous inferiority, have resulted in many disparities in the distribution of resources and opportunities, which in turn have affected

the overall health and well-being of many generations of Indigenous peoples (Loppie et al., 2014). The historical and current influence of colonialism has resulted in and continues to result in alienation, depression, substance abuse, and loss of language and culture negatively affecting Indigenous peoples, families, and communities (Health Council of Canada 2013; Truth and Reconciliation Commission of Canada, 2015). While numerous other scholars have discussed the implications of colonialism on Indigenous peoples' health (Czyzewski, 2011; Loppie et al., 2014; Reading & Wien, 2009; Richmond & Ross, 2009; Senese & Wilson, 2013), what is missing is an understanding of whether/how colonialism interacts with factors that urban Indigenous older adults identify as being related to aging well in an urban setting. Certainly, this demonstrates the relevance of using postcolonial theory for this research. This is important because little research has examined why Indigenous older adults in cities continue to face health and social inequalities despite the public policies and community-wide initiatives that are intended to support aging well.

Theoretical Framework

Given the complexity of colonial politics, policies, and practices that contribute to the inequalities that Indigenous populations face, postcolonial theory is an effective theoretical framework for analyzing initiatives related to urban Indigenous peoples' health and well-being (Smye & Browne, 2002). It allows researchers to consider the histories of those who have experienced colonialism and to connect their present-day material and social conditions with the injustices of colonization of both the past and the present (McEwan, 2009) and ongoing acts that perpetrate colonialism. Postcolonial theory reveals that health and social inequalities are not just the result of culture, lifestyle, and behaviour; they are "manifestations of the complex interplays of historical, socioeconomic and political conditions" (Browne & Smye, 2002, p. 29).

Some authors have also begun to examine the intersections between postcolonial theory and aging studies (Kunow, 2016; van Dyk, 2016; van Dyk & Kupper, 2016; Zimmermann, 2016). For example, van Dyk and Kupper (2016) noted that a postcolonial theoretical lens can “help to prevent scholars of Aging Studies from universalizing patterns of old age and aging that are formative for Western and highly industrialized countries and are therefore inevitably permeated by histories of colonization” (p. 81). Zimmermann (2016) argued that scholars from postcolonialism studies and those from aging studies all recognized that “racism, sexism and ageism are based on the same essentialist regulating principle” (p. 93) that reduces relations of individuals and groups to binaries. “Thus it is ultimately a deterministic binarism that leads to individuals and groups – and indeed entire cultures and cultural regions (as in ‘the West and the rest’) – being despised, excluded, regarded as an unsettling and threatening Other” (Zimmermann, 2016, p. 93). As such, using a postcolonial lens in aging studies involves understanding the “old” as the “other,” which is similar to how Indigenous peoples in Canada have historically been viewed as the “other” in comparison to non-Indigenous, white populations.

Consequently, postcolonial theory is a particularly relevant theoretical framework to use in my research that seeks to understand Indigenous older adults’ experiences and definitions of aging in an urban community given their past and ongoing experiences of colonialism and aging within a settler colonial society that privileges Western conception of aging well. Furthermore, postcolonial theorists’ emphasis on critiquing and challenging dominant Western discourses and practices that marginalize groups of people who have experienced colonization make it a particularly fitting choice for my research. Additionally, it allowed me to uncover how community initiatives that are intended to support aging well, such as the Older Adult Plan (City

of Ottawa, 2015) guided by the age-friendly communities framework (WHO, 2007), may be ineffective in supporting Indigenous older adults to age well if the inequalities that Indigenous older adults face in comparison to non-Indigenous older adults are not considered within the context of colonialism.

Methodology, Methods, and Analysis

To conduct this research, I used a CBPR approach, which emphasizes research that is *with*, not *on*, participants (Wallerstein & Duran, 2006). Furthermore, as a non-Indigenous researcher conducting research with Indigenous peoples, my use of CBPR was also guided by Indigenous understandings of relationality, respect, responsibility, and reciprocity (Kovach, 2009; Smith, 2012; Snow, 2018). It was also guided by specific ethical guidelines and protocols developed for conducting research with Indigenous communities, including Inuit Tapiriit Kanatami's (2018) "National Inuit Strategy on Research;" Ontario Federation of Indigenous Friendship Centres' (2016) "Utility, Self-Voicing, Access, Inter-relationality (USAI) Research Framework;" and the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, specifically chapter nine: "Research Involving the First Nations, Inuit and Métis Peoples of Canada" (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada, 2014).

For CBPR approaches, research is conducted in collaboration with the community, instead of solely by the researcher (Baum, MacDougall, & Smith, 2006; Wallerstein & Duran, 2006). I was very fortunate to conduct this research in partnership with two Indigenous organizations in Ottawa that provide programs specifically for Indigenous older adults: Odawa Native Friendship Centre (Odawa) and Tungasuvvingat Inuit (TI). Five Indigenous community

advisory committee members (two Inuit representatives from TI [one male, one female], one Inuk female older adult, and two female First Nations representatives from Odawa [including one older adult]), worked with me to co-create and refine the research questions, research process, interview questions, and analysis to ensure that the research was relevant, respectful, and beneficial to their communities within Ottawa. One of the community advisory committee members also provided interpretation for the Inuit participants. She became invaluable to the research by assisting with data collection, data analysis, and participant recruitment. To further ensure that the research would be useful to both organizations, we agreed that I would create a plain language report based on the research that would be shared with other Indigenous organizations, the City of Ottawa, and organizations specific to older adults. At the time of writing this paper, I have shared the report with the City of Ottawa to inform its Older Adult Plan 2019-2022, the Odawa Native Friendship Centre, and TI. I also plan to share the results the Ottawa Community Support Coalition, the United Way Ottawa's Successful Aging Strategic Council, and the Council on Aging.

Participant Selection Criteria

Engaging in this research with Odawa and TI provided me with an opportunity to use purposive sampling to reach First Nations and Inuit older adults, as most of the organizations' older adult program participants fit the participant selection criteria. The criteria included self-identifying as an Indigenous person, living in Ottawa, community-dwelling, and being aged 55 years and over. In addition to purposive sampling, I used snowball sampling (Marshall, 1996) for further participant recruitment. This was a particularly useful approach as the interpreter, an Inuk older adult female, not only provided Inuktitut-English interpretation and translation throughout the research, but also was able to connect me with many Inuit older adults in Ottawa. Each

participant received a \$50 honourarium and bus fare for their participation in the data collection and an additional \$50 honourarium for their participation in the analysis sessions. Additionally, I agreed with the participants that a beneficial way for me to give back to them for their time and contributions would be to create a resource and/or deliver a presentation to the participants about the programs and services for older adults in Ottawa; this is currently in development.

Participant Characteristics

I was fortunate to conduct this research with 32 community-dwelling Indigenous older adults, including 23 who identified as Inuit (eight males, 15 females) and nine who identified as First Nations (three males, six females), and who ranged in age from 55 to 79 years old. The imbalance of female and male participants reflects the higher population of Indigenous women aged 55 years and over in comparison to Indigenous men aged 55 years and over (Statistics Canada, 2018a) and that older women are more likely than older men to participate in social activities (Gilmour, 2012), which is where I recruited the majority of the participants from for this research. I found that while both the First Nations and Inuit participants were eager to participate, the Inuit participants were keener on participating as a group and on seeking out and encouraging their friends to participate in the research in comparison to the First Nations participants, which contributed to the greater number of Inuit participants. All of the participants currently live in Ottawa, but they were born and grew up outside of Ottawa on-reserve, off-reserve, or in a remote northern community.

Methods

As a result of discussions with the community advisory committee members and potential participants, I used semi-structured interviews, focus groups (Fontana & Frey, 2007), and photovoice (Castleden, Garvin, & Huu-ay-aht First Nation, 2008) as data gathering techniques.

The Inuit older adults identified that they would prefer focus groups, whereas the First Nations older adults were more interested in participating in interviews. As such, with the Inuit older adults I held three focus groups, which were conducted in English with an Inuktitut interpreter, ranging from 45 minutes to two hours in duration. I held two of these at TI and the third at a church that is attended by several of the Inuit older adult participants. Some participants wanted to sit in on more than one focus group to hear their peers' perspectives; in keeping with the principles of CBPR, I did not discourage them from doing so. As such, the three focus groups had seven, 10, and 14 participants with a total of 23 unique participants. Additionally, with nine First Nations older adults, I held eight interviews (two of the participants preferred to have the interview conducted together), conducted in English, ranging from 20 minutes to 90 minutes in length. At the request of the participants, the interviews mainly took place at Odawa, with a few occurring at coffee shops, malls, or in the common areas of residents' buildings.

All focus groups and interviews were audio recorded with participants' consent. The questions for the two methods were very similar. They included questions such as, "what helps you to age well?", "what are the barriers to aging well and how could they be addressed?", "what role do you think your community plays in whether or not you grow older in a positive and healthy way?", and "how does Ottawa as a community support you to age well?" For photovoice, I discussed this method with both groups of participants; however, despite the community advisory committee's enthusiasm for this method, only two First Nations older adults indicated that they wanted to take part in it. I asked them to take photos of what they felt supported them or prevented them from aging well in the community. I then met with each of them separately for interviews, which were audio-recorded with their consent, to discuss their photos. All interviews and focus groups were transcribed verbatim. For the interview

participants, I returned all individual transcripts to participants for their review. All changes that they requested were minor. For the focus group participants, they all discussed that rather than reviewing the entire focus group transcript from their session, they preferred that I discuss the initial results with them for further analysis and the potential quotes to be used in publications. In keeping with a CBPR approach, this is what I did.

Analysis

We uploaded the interview and focus group transcripts and photos to NVivo, which is qualitative data analysis software. My initial data analysis was guided by my research question and theoretical approach. For this, I used thematic analysis, specifically Braun and Clarke's (2006) approach. I followed their six steps, which included familiarizing ourselves with the data, generating initial codes (e.g., some of these included health and community support services, location, lack of information, housing, accessibility, safety, support for Inuit, place, and resource), searching for themes, reviewing themes, and defining and naming the themes, and producing the final report. After conducting this initial analysis of the data, I took the results, including the themes, their definitions, and relevant quotes and photos, back to the participants for further analysis to listen to their feedback and determine more ways that this research could benefit them. The participants agreed with all of the themes I had identified in the initial analysis, but suggested what they wanted me to highlight and clarify in the results. Their input is reflected in the results that appear below.

Results

Both Inuit and First Nations older adults believed that the community does play a role in supporting older adults to age well. Two main themes emerged from the thematic analysis of what community-level factors contribute to Indigenous older adults feeling supported to age well

in an urban environment: the social and physical environments. While the participants identified that there are existing aspects of the social and physical environments in which they feel supported to age well, such as some of the features of health and community support services offered by Indigenous organizations and some changes in the physical environment related to accessibility, they also shared that there was room for improvement and ways they could be better supported to age well in all areas. Importantly, there were differences between some findings for the First Nations and Inuit older adults. As I understand the harms of homogenizing Indigenous older adults in Ottawa and not reflecting the diversity between and within Indigenous groups, I highlight, where apparent, the differences in results between the First Nations and Inuit participants.

Social Environment

Within the social environment theme there were three subthemes: responsive health and community support services, respect and recognition, and communication and information. In comparison to the First Nations older adult participants, the Inuit older adults were more likely to identify the importance of communication and information.

Health and community support services. Both the First Nations and Inuit older adults shared that one of the ways they could be better supported to age well was to have responsive health and community support services, related both to services that are specifically for the Indigenous population and those for the general Ottawa population. By this they meant services that support them as individuals and as a group, meaning services that respond to the growing older adult population, but without forgetting the unique needs of the Indigenous older adults, such as having services available in Indigenous languages. Some participants discussed how they did feel supported to age well through health and community support services, specifically

through Indigenous organizations. Participants discussed how they felt more supported to age well when service providers seemed to care about them as individuals, which seemed more likely to occur with Indigenous-specific organizations. As one participant described when discussing an Indigenous-centred organization,

well for this program...they [Indigenous older adults] get a phone call every week to see how they are doing. I asked once what they [Indigenous older adults] thought of that and they said they really appreciate that little – it's only a few minutes, but it's the fact that somebody is calling to see how they are doing. (First Nations female)

At the group level, in discussions about how the Inuit older adult population is growing in Ottawa and the support they would need from health and community support services in the future, one Inuk female stated, “the providers for aging people, like for us... the Inuit community, to help the Elders, they are going to have to have training for skills in social work or care, so they can look after us in the future.” Another participant described how, “it is frustrating to hear about the lack of services for Inuit, especially with the growing population and that we're getting older.” The participants also indicated that health and community support services for older adults, not just those specifically for the Indigenous population, would be more relevant and responsive if they were available for individuals aged 55 years and older, not just for the 65 years and older population that they currently mainly serve.

Respect and recognition. Being more respected and recognized by the local government, the community as a whole, and local organizations for their role in the community as older adults and as Indigenous older adults were identified as ways that could better support the participants to age well. Participants described how not being respected as older adults contributed to them feeling unsupported. One participant shared that while she was in an elevator

in her apartment building, a younger woman told her that there were too many “old people” in the building and that it wasn’t a nursing home. As the participant stated, “that’s ageism” (First Nations female). Respect not only for older adults, but also for Indigenous older adults, and the Indigenous population in Ottawa as a whole, was something the participants felt was very important in aging well. The Inuit older adults in particular noted this. One participant described the exclusion that Inuit sometimes feel in Ottawa: “I lived in the South for a long time and I’m still hoping, I’m talking about white people, that at least they can talk to you in the street. They just ignore you” (Inuk female). In discussions about how they could be better recognized and supported in their role as Elders in the Inuit community, participants described the importance of “need[ing] good advocacy for [the needs of] Elders” (Inuk female).

Communication and information. The Inuit older adults felt that they could be better supported to age well if they were more aware of services, benefits, and programs available to all older adults in Ottawa and also those available specifically to Inuit older adults. They felt that they did not have much knowledge on these topics, but by knowing what is available and how to access it, they felt this would support them to age well. As one participant shared, “I didn’t know there was available help. I didn’t know. All kinds of things I didn’t know. I don’t know what else is here that Qallunaat [white] elders get” (Inuk female). Other participants shared that even if the information is available, they cannot always access it if they did not understand English or French or if it is online and they did not have a computer. For example, one Inuk female explained that a challenge was “sometimes lack of communication. A lot of us don’t have computers even though there might be some activities that might be available around the city.” Almost all Inuit participants indicated that they wanted to know more about what is available in the city for older adults to support them in aging well.

Physical Environment

Within the physical environment theme there were four subthemes: transportation, housing, accessibility, and gathering space. In comparison to the Inuit older adults, the First Nations older adults felt that accessibility and housing that specifically addresses the needs of Indigenous older adults were the components of a supportive community for aging well. The Inuit older adults on the other hand, and particularly the female Inuit participants, more frequently discussed the importance of a gathering space in comparison to the First Nations participants.

Transportation. Many participants argued that they could be better supported to age well if they had improved access to safe, accessible, flexible, and affordable transportation in the city. Some participants had their own transportation, but many relied on public transit, car rides from friends and/or family, or walking. As one participant stated, “within the community, being able to get to the [Indigenous] centres is one of the biggest things [for being supported to age well], in a safe way” (First Nations male). Another stated, “in general, there are various activities that they can go to, but if they can’t get there that doesn’t help” (First Nations female). Participants also discussed how they were very grateful to have public transportation services, such as ParaTranspo (the City of Ottawa’s public transit for people with disabilities), but that they could sometimes be very difficult to navigate and could be unreliable, which limited their freedom and ability to get around the city. Another participant shared how, “now, I do have the ParaTranspo, but I can’t get them whenever I want” (First Nations female). Participants also discussed the challenges of navigating public transit (not just ParaTranspo) and that when trying to access centres specifically for Indigenous peoples, it was challenging for them if 1) they were located far from neighbourhoods where many Indigenous older adults live; and 2) the

organizations did not offer transportation services, which some Indigenous organizations do and others do not, due to funding limitations. An Inuk female identified how, “we need transportation badly. If it wasn’t her [describing another participant] partner, she wouldn’t know where to go, how to get around. It’s because of him she’s here. Like us. We need transportation. We used to have one [transportation to attend social programming for Inuit older adults]. I don’t know what happened.”

Housing. The First Nations older adults, specifically, discussed how they would be better supported to age well if they were better aware of and had more access to housing options for older adults, including those that are affordable, safe, secure, and supportive of their needs as they age. One First Nations male demonstrated this through his photos. Many of his photos (see Figures 1 and 2) were of his home and showed the unsafe and unsecure conditions he experienced and went unaddressed by the landlord. He felt that the stress he experienced as a result of these conditions did not support him in aging well.



Figure 1: Entrance in participant’s home – In this building, the participant explained how the exit door was frequently open and that the mailboxes were often broken and unsecure.



Figure 2: Balcony of participant's home – The participant explained how his balcony railing had been broken for a long time and, despite multiple calls to his landlord, it was still not fixed and posed a significant safety hazard.

The First Nations older adults, specifically the female participants, also expressed their desire to have more housing specifically for Indigenous older adults beyond the limited amount that is currently available in the city. They felt that living together with those with whom they were comfortable and could share their culture(s) and meals of traditional foods would better contribute to them aging well. As one participant shared, “you know, being able to pray with people, eat, stuff like that, it all means so much, you know? But coming back to that building again, if we [Indigenous older adults] were all together in one spot, you'd have all of the above – [it would] make it better” (First Nations female).

Accessibility. The First Nations older adults also felt that accessibility played a significant role in their ability to age well. This was particularly the case for the participants who identified as having a disability(ies). Participants discussed how they were supported to age well through the positive changes the City of Ottawa had made to some aspects of the physical environment in relation to accessibility, but that there was much more work to be done. As one

participant shared, there have been “proposals to the City to have benches added here and there so you could walk [and have places to rest]. I see them up all over the place now” (First Nations female). However, another First Nations female illustrated through her photos that as someone with a disability, there were still many challenges related to the physical environment that limited her feelings of being in a safe and accessible environment (see Figure 3).



Figure 3: Crosswalk in participant’s neighbourhood – The participant explained that this crosswalk, right outside her building, had been in this state for a long time. Due her disability, it made it very difficult for her to cross the street in a timely manner for fear of falling.



Figure 4: Accessible business – The participant explained that she really appreciated when businesses made an effort to be accessible, such as through having ramps or automatic doors, and that it was much more supportive for her.

The participant also highlighted though that when the physical environment was accessible, this greatly improved her feelings of being supported to age well in the community (see Figure 4).

Gathering space. Inuit female participants in particular felt that being supported to age well also meant having a place in a convenient location for Inuit older adults to gather. This theme related to having a space specifically for Inuit older adults to go on a regular basis to participate in activities they want to do, to gather and socialize, or to host community feasts in a location close to where many Inuit live. An Inuk female summed this up when she stated, “what we really need is a centre where we can meet, do our traditional things.” One participant was hopeful that they would soon be getting a space like this “where people can teach drumming, throat singing, sewing, things like that...that’s what we are sort of looking for” (Inuk female). The participants noted that while there was an organization that had programs for Inuit older

adults, it was quite far away from where the majority of them lived,¹ and it was hard to access. This was evident when one participant said, “it’s time to serve the purpose [of supporting Inuit] in the right place in the right location. Not far away” (Inuk female).

Discussion

Taken together, the two main themes illustrate how the social and physical environments do and do not support First Nations and Inuit older adults to age well. There are ways that the community supports them to age well, such as through health and community supports for Indigenous peoples (i.e., organizations specifically for Indigenous peoples) and improvements in accessibility; however, there is also a lack of support for First Nations and Inuit older adults that hinders their ability to age well, such as housing, information, transportation, respect and recognition for Indigenous older adults, and further programs and supports specifically for First Nations and Inuit older adults both within Indigenous-specific organizations and organizations that cater to the general older adult population. Additionally, many of the domains of the Older Adult Plan (City of Ottawa, 2015), which, again, is informed by the age-friendly communities framework (WHO, 2007), are in fact similar to what the participants feel is important in a community that supports aging well. Examined through a postcolonial lens, however, Indigenous older adults will continue to feel unsupported to age well if their experiences with colonialism are not recognized and addressed, as I illustrate below.

It is uncommon for there to be distinctions between cultural groups in aging well initiatives, which limits their effectiveness in addressing the unique needs of racialized groups of older adults or groups with higher percentages living in low-income situations (Lehning, Smith, & Kim, 2017), such as older Indigenous adults in urban environments. The participants in this research identified the importance of being respected and recognized for their identities as older

adults and as First Nations or Inuit. Aging well initiatives, such as the Older Adult Plan, address fostering respect and social inclusion for older adults as a whole, as this is one of their central domains (City of Ottawa, 2015; WHO, 2007). For Indigenous older adults to feel respected and recognized in the community, however, a one-size-fits-all approach to aging well initiatives is insufficient, as they have distinct Indigenous identities that shape their experiences (Morris, 2016). Furthermore, there is significant diversity within and between urban Indigenous cultures, which needs to be acknowledged and addressed in aging well initiatives for Indigenous older adults to be supported to age well. For example, related to the language diversity of the Indigenous older adults in this research, the majority of the Inuit participants spoke English, but some only spoke Inuktitut. In contrast, all of the First Nations participants spoke English; however, some of them were also fluent in or had some understanding of their First Nations language. This could have implications for how the participants access health and community support services, transportation, and communication and information.

Failing to recognize the heterogeneity of the older adult population, and more specifically the Indigenous older adult population, and assuming a one-size-fits-all approach is most appropriate in Ottawa further reinforces colonial attitudes that naturalize Western culture and pan-Indigenous approaches (Peters, 2011). Importantly, the results indicate that there are both similarities and differences in what First Nations and Inuit older adults feel they need in order to be supported to age well, particularly as they relate to communication and information, accessibility, housing, and gathering space. Without understanding these nuances and by taking a one-size-fits-all approach, age-friendly initiatives potentially miss supporting those who need the most support. As a result, Indigenous older adults will continue to feel unsupported in urban

communities if aspects of their Indigenous and older adult identities are not respected and recognized.

In addition to being respected and recognized as Indigenous older adults, participants identified that feeling supported to age well also means having responsive health and community support that reflects their needs. Responsive health and community support can be achieved through ensuring culturally safe (Ramsden, 1993) services and programs. It was evident in the results that participants were more supported to age well through Indigenous-specific services and programs, which likely reflects the culturally safe aspect of Indigenous-centred organizations, such as TI and Odawa, where Indigenous languages, cultures, and histories are respected and recognized. While the Older Adult Plan (City of Ottawa, 2015) does have a domain focused on community supports and health services, Indigenous peoples' experiences with these types of services are historically rooted in colonialism with limited access to services that account for culture and language (Reading & Wein, 2009). This is particularly the case for urban Indigenous peoples where they are ineligible for many federal programs and services that are only accessible on-reserve or within land claim settlement regions (Bonesteel, 2006; Peters, 2011). Experiences with racism and discrimination within health and community support services are also not uncommon for Indigenous peoples, which causes them to lose trust in and deters them from utilizing these services (Loppie et al., 2014). Aging well initiatives do not take this aspect of colonialism into account, even though it significantly affects how supported Indigenous older adults feel to age well. To avoid perpetuating colonialism, and racist and discriminatory practices, aging well initiatives can be developed through a lens of cultural safety (Ramsden, 1993) that focuses on the empowerment of Indigenous older adults in decisions related to their health and well-being, service providers' reflections on their own biases towards

Indigenous older adults, and the consideration of Indigenous older adults' histories with colonization and how this continues to impact their lives.

The participants in this research identified aspects of the physical environment did not support them in aging well. They wanted more housing specifically for Indigenous populations that was safe and accessible, accessible space, and space to gather to participate in cultural activities located in Ottawa neighbourhoods with high density of Indigenous peoples. These supports are similar to what the Older Adult Plan (City of Ottawa, 2015) focuses on, but considering the role of colonialism, in a settler society, the findings demonstrate how Indigenous peoples have, and continue to experience, the processes of dispossession and displacement of urban space (Blomley, 2004). According to Blomley (2004), dispossession refers to the specific process through which settlers acquired land from Indigenous peoples and displacement refers to the ongoing “conceptual removal of aboriginal people from the city, and the concomitant “emplacement” of white settlers” (p. 109). The age-friendly communities framework (WHO, 2007) that informs the Older Adult Plan (City of Ottawa, 2015) includes domains related to spaces/buildings and housing; however, they do not take into account how colonialism shapes the experiences of space in an urban environment for Indigenous older adults. Not having access to physical space to live or to gather and celebrate Indigenous cultural practices demonstrates how colonial practices, such as displacement, continue to be perpetuated in aging well initiatives.

Additionally, as I identified earlier, Indigenous older adults are more likely to live in low-income situations in comparison to non-Indigenous older adults, which Reading and Wein (2009) discussed as being caused by “colonization, colonialism, systemic racism and discrimination, [where] Aboriginal peoples have been denied access to the resources and conditions necessary to maximize SES [socioeconomic status]” (p. 13). Low-income can lead to

poor housing and limited access to transportation (Reading & Wein, 2009). With Indigenous older adults being more likely to live in low-income situations as a result of colonialism, it is likely that they will not be supported through current housing and transportation domains of the Older Adult Plan (City of Ottawa, 2015) that has been developed in a city where older adults have relatively high incomes in comparison to other cities in Canada.² While aging well initiatives do not address these aspect of colonialism, Indigenous older adults' lived experiences of needing housing, transportation, accessibility, and gathering space in an urban environment demonstrate how colonialism still contributes to inequalities they experience and how without acknowledge this in aging well initiatives, such as the Older Adult Plan (City of Ottawa, 2015), Indigenous older adults will not feel supported to age well.

Potential solutions for municipal governments who have initiatives based on the age-friendly communities framework (WHO, 2007) to better support Indigenous older adults to age well, such as the City of Ottawa's (2015) Older Adult Plan, include the following: 1) specifically engage First Nations, Inuit, and Métis groups in discussions around age-friendly communities to better understand the unique needs of each community and to recognize the diversity between groups of Indigenous peoples; 2) encourage and mandate cultural safety training for staff in government-supported services, particularly as they relate to health and social services, which would improve the respect and recognition of Indigenous older adults; 3) through discussions with First Nations, Inuit, and Métis older adults in Ottawa, translate relevant government documents and resources into Indigenous languages that are most commonly spoken and read in Ottawa, which would improve communication and access to information for Indigenous older adults; and 4) improve the transparency and accessibility of city spaces, and acknowledge the

Indigenous land on which they exist, so Indigenous older adults can gather for social activities to supplement the activities that are offered by Indigenous-centred organizations.

Limitations

Given the heterogeneity within and between Indigenous populations in Canada and globally, the results of this research cannot be generalized; however, they provide an example of how aging well initiatives, specifically those informed by the age-friendly communities framework (WHO, 2007) and which are in place in many countries at the national, regional, and local levels, can contribute to the health and well-being of Indigenous older adults. Additionally, I did not conduct this research with Indigenous older adults who live in long-term care facilities, nor with Métis older adults in Ottawa. As such, it would be important to understand how they could be supported to age well in an urban community, given that they may have different experiences and needs. Future research in this area would make an important contribute to the literature in understanding more diverse experiences of aging well.

Conclusion

Aging well is not solely achieved through public policies targeted at older adults; however, these public policies inform aging well initiatives (e.g., the Older Adult Plan [City of Ottawa, 2015]), which significantly impact the resources allocated to support the health and well-being of older adults and shape how services and programs are delivered. National and city-specific data demonstrate that there are numerous inequalities between groups of older adults, despite there being initiatives in place throughout Canada that support older adults in their later years. Indigenous older adults are one of the groups that face higher rates of inequalities related to health and income. Thus, in this research, it was important to understand whether they felt

supported to age well in an urban community and how they could be better supported to age well in a city that has an aging well initiative in place and is currently planning for the next one.

This research demonstrates that the domains of the Older Adult Plan (City of Ottawa, 2015), which are based on the age-friendly communities framework (WHO, 2007) are similar to the aspects of the physical and social environment in which First Nations and Inuit older adults in Ottawa felt they needed support; however, despite these similarities, the results indicate that there are certain areas where the participants did not feel supported to age well, such as housing, transportation, accessibility, gathering space, health and community support services, respect and recognition, and communication and information. Using a postcolonial theoretical lens, this research further illustrates, if the domains of aging well initiatives, such as those of the Older Adult Plan (City of Ottawa, 2015), do not better account for the impacts of colonization, it is unlikely that they will be effective in supporting Indigenous older adults' health and well-being.

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Footnotes

¹ Inuit older adults live throughout Ottawa; however, the participants are referring to one main neighbourhood in Ottawa where many Inuit residents live.

² When comparing with Canadian cities that have large Indigenous populations (i.e., Winnipeg, Edmonton, Vancouver, and Toronto), older adults living in Ottawa have the highest median incomes (Statistics Canada, 2018c).

Chapter 5: A Postcolonial Discourse Analysis of Community Stakeholders' Perspectives on
Supporting Urban Indigenous Older Adults to Age Well in Ottawa, Canada

An earlier version of this paper was accepted as:

Brooks-Cleator, L. & Giles, A. R. (accepted). A postcolonial discourse analysis of community stakeholders' perspectives on supporting urban Indigenous older adults to age well in Ottawa, Canada. Submitted to *The International Indigenous Policy Journal*.

Abstract

In this paper, I conduct a discourse analysis, informed by postcolonial theory, of semi-structured interviews with six decision-makers (e.g., managers and directors of health and social services organizations) and seven service providers (e.g., program coordinators and social workers) from Indigenous and non-Indigenous health and social service organizations in Ottawa, Canada, to examine how they produce understandings of supporting urban Indigenous older adults to age well. The participants produced three main discourses: 1) non-Indigenous organizations have a responsibility to support Indigenous older adults; 2) culturally specific programs and services are important for supporting Indigenous older adults to age well; and 3) it is difficult for community stakeholders to support Indigenous older adults to age well because this population is hard to reach. The results demonstrate the complexities and tensions that community stakeholders face in supporting Indigenous older adults to age well within a sociopolitical environment informed by reconciliation and a sociodemographic trend of an aging population.

The urban Indigenous older adult population in Canada continues to grow (O'Donnell, Wendt, & the National Association of Friendship Centres, 2017); however, there is a lack of understanding of how non-Indigenous health and social services and Indigenous-specific organizations are responding to and addressing the growth of this population (DeVerteuil & Wilson, 2010). Historically, support for urban Indigenous peoples has been provided by Indigenous-specific organizations, such as Friendship Centres (Ouart & Saskatoon Indian and Métis Friendship Centre [SIMFC], 2013). In the current sociopolitical environment in Canada, the impacts of colonialism are beginning to be recognized by multiple levels of government and society as whole. As a result, there is an increasing demand for non-Indigenous organizations to make efforts towards reconciliation with Indigenous peoples, including providing services to Indigenous populations (Truth and Reconciliation Commission [TRC], 2015b). At the same time, Indigenous and non-Indigenous health and social service organization are facing increasing pressures to respond to the growing demographic of older adults (Buffel & Phillipson, 2018). Consequently, understandings of support for Indigenous older adults to age well are constructed alongside these two societal shifts in Canada.

In this research, aging well related to active aging (Walker, 2002) and successful aging (Rowe & Kahn, 1987), which are the dominant concepts that inform policy and practice in Western societies and encourage older adults to take responsibility for their good physical and mental health and social engagement as they reach their later years of life. Thus, in this paper, when discussing aging well, I am referring to dominant Western understandings of aging well that stem from the same neoliberal political environment (Polivka & Longino, 2004) in which decision-makers and service providers work. Since decision-makers and service providers who work for these organizations play key roles in supporting Indigenous older adults as they age

(Davy et al., 2015), it is important to understand how they produce and utilize discourses related to community support for urban Indigenous peoples to age well. Therefore, in this research, I conducted a discourse analysis, informed by postcolonial theory, of semi-structured interviews with six decision-makers (e.g., managers and directors of health and social services organizations) and seven service providers (e.g., program coordinators and social workers) from Indigenous and non-Indigenous health and social service organizations in Ottawa, Canada, to examine how they produce understandings of supporting urban Indigenous older adults to age well.

The participants produced three main discourses: 1) non-Indigenous organizations have a responsibility to support Indigenous older adults; 2) culturally specific programs and services are important for supporting Indigenous older adults to age well; and 3) it is difficult for community stakeholders to support Indigenous older adults to age well because this population is hard to reach. The results demonstrate the complexities and tensions that community stakeholders face in supporting Indigenous older adults to age well within a sociopolitical environment informed by reconciliation and a sociodemographic trend of an aging population.

Literature Review

In Canada, the federal government has made recent efforts to address colonial and unequal relationships with Indigenous peoples living in what is now known as Canada. The Truth and Reconciliation Commission (TRC) began in Canada in 2008 as a result of the Indian Residential Schools Settlement Agreement (TRC, 2015b). The TRC's goals were to document and reveal the truths about the history, harms, and ongoing impacts of residential schools, from the perspectives of Survivors and their families, and to guide a process of healing and building new relationships between Indigenous peoples and non-Indigenous peoples, churches, and

governments. The TRC concluded its work in 2015 with 94 Calls to Action aimed at federal, provincial, and municipal governments; churches; non-government organizations; and Canadians in general to address the legacy of residential schools (TRC, 2015a). These events produced discourses of reconciliation and responsibility that position non-Indigenous peoples who take up these discourses as supportive and historically conscious members of society (Gebhard, 2017). Organizations that have been historically responsible for policies, services, and programs to support health and well-being of the general Canadian population (e.g., municipalities, local non-profits, community resource centres, hospitals, etc.) are now being encouraged to reflect on how they can better support Indigenous peoples (TRC, 2015a), which has consequences on how Indigenous older adults are supported to age well.

Indigenous older adults do not age in isolation; they are influenced by the community in which they live and the support that they receive in their community (Brooks-Cleator, Giles, & Flaherty, 2019). The supports and services that Indigenous older adults receive in urban communities are influenced by community stakeholders, including decision-makers and service providers from both Indigenous and non-Indigenous organizations. Thus, it is important to examine their role in supporting older adults to age well and also how organizations respond to and address the needs of urban Indigenous populations.

Community Stakeholders and Support for Older Adults

Numerous researchers have highlighted the significant role service providers and other community stakeholders play in facilitating aging well initiatives and support for older adults (Garon, Paris, Beaulieu, Veil, & Laliberté, 2014; Hewson, Kwan, Shaw, & Lai, 2018). Given that there is wide a range of factors, such as housing, health services, transportation, social support, etc., that contribute to supporting older adults to age well, Lui, Everingham, Warburton,

Cuthill, and Bartlett (2009) argued that there is a need for broad-based collaboration among multiple community stakeholders from a variety of sectors to facilitate this support. Successful aging well initiatives, such as age-friendly community initiatives, have been shown to be comprised of “a core group of individuals rooted in the community – mainly stakeholders from the municipal apparatus, political representation, and public and community organizations” (Garon et al., 2014, p. 79). It is also not just researchers and policy makers who have identified the importance of collaboration. Hewson et al. (2018) found that service providers also noted the importance of collaboration among various organizations to support current and future older adults to age well.

Collaboration efforts should be led by local governments, as they are in a unique position to create supportive environments for older adults and have long been involved in planning and managing initiatives across a variety of sectors (Lui et al., 2009). An important aspect of community-level planning to support older adults, in addition to learning from older adults themselves (Brooks-Cleator et al., 2019), is identifying how service providers come to recognize and understand the needs of current and future older adults, and service providers’ readiness to address these needs (Hewson et al., 2018). Despite their significant role in developing health and well-being initiatives for older adults, there is a lack of understanding of how community service providers and decision-makers understand their role in supporting older adults to age well, specifically as it relates to Indigenous older adults in urban communities.

Indigenous-Specific Organizations in Urban Communities

In 1950s and 1960s, when the urban Indigenous population in Canada was much smaller than it is now, there were few services for Indigenous peoples in urban communities. Consequently, Indigenous peoples advocated for organizations to be created with services that

were specifically tailored to their needs, and thus were Indigenous-specific (Ouart & SIMFC, 2013). Services and programs specifically tailored to meet the needs of urban Indigenous peoples are often funded by federal, provincial, and/or municipal governments, but are delivered by Indigenous-specific non-profit organizations (Hanselmann, 2003).

There are numerous benefits that these organizations bring to urban Indigenous community members, such as embracing Indigenous cultural values and traditions, employing Indigenous urban community members, and providing safe and supportive spaces for the urban Indigenous community (Ouart & SIMFC, 2013). They can also help to mitigate family, culture, and language disruptions when Indigenous peoples relocate to an urban community (Morris, 2016). These organizations play significant, and often leading, roles in developing Indigenous communities in urban areas, resisting discourses that suggest the lack of Indigeneity of urban Indigenous peoples (Anderson, 2013; Giles, Rynne, Hayhurst, & Rossi, in press), empowering urban Indigenous community members, and responding to the often forgotten needs of urban Indigenous community members who are ineligible for many programs and services that are only available on-reserve or within land claim settlement regions (Ouart & SIMFC, 2013).

Newhouse (2003) argued that urban Indigenous organizations are discursively produced as manifestations of Indigenous peoples' inherent stewardship of programs and services and as being "closer, more responsive to, and accountable to, Aboriginal communities" (p. 249) than non-Indigenous organizations; however, these organizations should not be solely responsible for supporting urban Indigenous peoples, especially with the continued growth of the urban Indigenous population. Further, urban Indigenous peoples should not be limited to only seeking support from Indigenous organizations, as they should be able to choose whether they seek support from Indigenous, non-Indigenous, or a combination of both organizations. Increasingly,

non-Indigenous organizations are being called upon to seek ways to provide safe, supportive, accessible, and appropriate care and service to Indigenous peoples (cf., TRC, 2015b). Limited research has explored how services, both Indigenous-specific and non-Indigenous, in urban communities are responding to this call, particularly from the perspectives of service providers and decision-makers within these organizations.

Non-Indigenous Organizations and Support for Indigenous Peoples in Urban Communities

While it is important for non-Indigenous organizations to support urban Indigenous community members, historically and presently, Indigenous peoples have faced significant barriers to accessing health and social services from non-Indigenous organizations. Historically, federal and provincial governments viewed non-Indigenous organizations as ways to assimilate urban Indigenous peoples into the Canadian (Euro-centric) mainstream (Ouart & SIMFC, 2013). This was particularly the case as dominant colonial discourses have suggested and currently suggest that Indigenous peoples, and their cultures and traditions, were and are out of place within urban spaces and within non-Indigenous health and social service organizations (Peters & Anderson, 2013).

In addition to these harmful colonial discourses that legitimize a lack of support specifically for urban Indigenous peoples, DeVerteuil and Wilson (2010) also noted that there is often “a deep reluctance, indifference and lack of explicit accommodation/creation of Aboriginal spaces across most services” (p. 499). As such, this population continues to face barriers in accessing support from the non-Indigenous health and social services sector, including those related to poverty, social exclusion, and discrimination (Place, 2012). Place (2012) noted that the biggest barriers Indigenous peoples face to accessing non-Indigenous-specific services is the lack support that recognizes the historical and ongoing impacts of colonialism and the harms it has

caused for Indigenous peoples. This type of care and support is typically facilitated by the engagement of Indigenous community members in service and program planning and delivery and often results in more effective and relevant service for Indigenous peoples (DeVerteuil & Wilson, 2010).

Non-Indigenous organizations, however, have historically been unable, or unwilling, to engage in and co-produce services with Indigenous peoples in response to the growing urban Indigenous population (DeVerteuil & Wilson, 2010; Snyder, Wilson, & Whitford, 2015), resulting in Indigenous peoples lacking trust in non-Indigenous service providers and decision-makers and lacking interest in accessing these services (Ouart & SIMFC, 2013). The result is that these non-Indigenous services typically normalize white, settler discourses of health and well-being and exclude Indigenous approaches (DeVerteuil & Wilson, 2010). Indeed, researchers have shown that Indigenous peoples living in urban communities are well supported by Indigenous-specific organizations (Morris, 2016; Ouart & SIMFC, 2013), but still face challenges in being supported by non-Indigenous organizations in ways that are respectful and reflective of their cultures. Research has also demonstrated, however, that non-Indigenous health and social services can also play a large role in supporting older adults to age well (Garon et al., 2014; Hewson et al., 2018; Lui et al., 2009). Thus, it is important to understand if – in light of shifting demographics and discourses pertaining to reconciliation – service providers and decision-makers from both non-Indigenous and Indigenous-specific organizations support Indigenous older adults to age well and, if so, how.

Theoretical Framework

My research was informed by a postcolonial theoretical framework. Key strategies of postcolonial theory include 1) identifying and deconstructing discourses that potentially

perpetuate, or resist, colonialism (McEwan, 2009; Young, 2001); and 2) examining “the nature of colonized subjectivity and the various forms of cultural and political resistance” (Reimer Kirkham & Anderson, 2002, p. 3). MacDonald, Abbott, and Jenkins (2012) described how “postcolonial theorists seek to disrupt linear and hierarchical views of power...and look for the multidirectionality of power” (p. 41). Within postcolonial theory, therefore, power is not viewed as something that is solely exercised by the colonizer over the colonized; it is in constant flux and negotiation through acts of resistance and dominance (Bhabha, 1994). As Hayhurst (2009) stated, “social relations and process of power are constituted through frameworks of knowledge and ‘discursive practices’” (p. 209). Thus, analyzed through a postcolonial theoretical lens, the discursive practices of the colonizer and the colonized can reinforce and resist colonial practices.

The institutions from which urban Indigenous older adults receive support, particularly non-Indigenous organizations, are deeply rooted in colonial practices (Loppie, Reading, & de Leeuw, 2014; Reading & Wein, 2009), and Indigenous organizations have also been influenced by colonialism (Hanselmann, 2003). Within all of these organizations, decision-makers and service providers are the ones who influence what and how services, programs, and supports are delivered and made available to Indigenous older adults. As such, postcolonial theory allowed me to grasp how community stakeholders take up and use certain discourses to exercise power and reinforce or resist colonialism within the current sociopolitical environment in which they work (Darroch & Giles, 2016). As a result, I was able to identify the tensions, sites of struggle, and power relations portrayed by community stakeholders in their understandings of supporting Indigenous older adults to age well. Ultimately, this allowed me to better understand how power is exercised by decision-makers and service providers from non-Indigenous and Indigenous

health and social service organizations to justify support given to Indigenous older adults to age well through an analysis of the discursive (re)production of this support.

Methodology

For this research, I used a community-based participatory research (CBPR) approach. I have volunteered with older adult programs at Indigenous organizations in Ottawa for over two years. Consequently, I was able to build relationships with Indigenous community partners, which led to me conducting this research with two Indigenous organizations in Ottawa: Tungasuvvingat Inuit and the Odawa Native Friendship Centre. To adhere to the principles of CBPR, I worked with a community advisory committee whose members played pivotal roles in shaping the research questions, methodology, methods, and future knowledge mobilization efforts. The community advisory committee consisted of five Indigenous community members, including two Inuit representatives from Tungasuvvingat Inuit, one Inuk community member, and two First Nations representatives from the Odawa Native Friendship Centre (including one older adult representative).

Methods

The community advisory committee identified semi-structured interviews as the most effective method of data collection. I recruited participants for the semi-structured interviews from a variety of sectors, and from Indigenous and non-Indigenous organizations, which reflected literature that recommends broad-based collaboration among multiple community stakeholders from a variety of sectors to support older adults to age well (Garon et al., 2014; Hewson et al., 2018; Lui et al., 2009). To do this, I used a maximum variation form of purposeful sampling, which “aims at capturing and describing the central themes or principal outcomes that cut across a great deal of participant or program variation” (Patton, 1990, p. 172). Given that

supporting Indigenous older adults to age well involves a variety of stakeholders, this proved to be the most effective sampling strategy for my research question. As such, the broad inclusion criteria included 1) health and social service providers who work with Indigenous older adults in Ottawa, or 2) decision-makers involved in developing health and well-being initiatives for older adults and/or Indigenous peoples in Ottawa. I also supplemented participant recruitment with snowball sampling (Marshall, 1996), as community stakeholders helped me to identifying other potential research participants.

This research received ethics approval from the University of Ottawa's Research Ethics Board. I conducted 13 in-person semi-structured interviews with research participants (see Table 1 for the breakdown of participants). Each participant provided informed consent to take part in the research. I assigned all participants a pseudonym so as not to identify the organizations that they represent. To begin the interviews, we discussed how "aging well" was being used in the research, as I used it throughout my research to mean dominant Western understandings of aging well. The interview questions included questions about the role of the community in supporting Indigenous older adults to age well, their perspectives on aging well, what they felt were the barriers and supports for Indigenous older adults to age well in Ottawa, the challenges the organizations faced in supporting Indigenous older adults, and how organizations that are focused on older adults and health and well-being could better include and support Indigenous older adults. I conducted the interviews in Ottawa at participants' workplaces or in public locations (e.g., coffee shops, parks). The interviews ranged from 40 minutes to one hour in length. With the participants' consent, I audio-recorded all interviews; I then transcribed all interviews verbatim. All participants had the opportunity to review their transcripts. Only one participant requested changes: small clarifications and corrections to her transcript. All

transcripts were uploaded to NVivo, a qualitative data analysis software, for data management and analysis.

Participant Characteristics

In total, 13 community stakeholders (3 men, 10 women) participated in this research (see Table 1 for participant characteristics). Decision-makers' roles, with non-Indigenous organizations, ranged from directors, managers, and officers in health and social service organizations who provide programs and services, to those who are involved in planning and developing initiatives for older adults in Ottawa. Service providers' roles, with both Indigenous and non-Indigenous organizations, included physicians, social workers, community health nurses, and program coordinators from health and social service organizations in Ottawa. Notably, none of the participants were decision-makers from Indigenous organizations. The reason is that during the recruitment process, community advisors indicated that service providers from Indigenous organizations would be more relevant for me to interview for this research.

<i>Research Participant Characteristics</i>			
<u>Participant</u>	<u>Type of Position</u>	<u>Position</u>	<u>Type of Organization</u>
Sandra	Decision-maker	Manager	Non-Indigenous
Beth	Decision-maker	Director	Non-Indigenous
Lisa	Decision-maker	Officer	Non-Indigenous
Michael	Decision-maker	Director	Non-Indigenous
Paul	Decision-maker	Director	Non-Indigenous
Elizabeth	Decision-maker	Manager	Non-Indigenous
Patricia	Service provider	Program coordinator	Indigenous
Cynthia	Service provider	Program coordinator	Indigenous
Marc	Service provider	Program coordinator	Indigenous
Melanie	Service provider	Community health nurse	Non-Indigenous

Ruth	Service provider	Social worker	Non-Indigenous
Christine	Service provider	Social worker	Non-Indigenous
Sara	Service provider	Physician	Indigenous

Analysis

To identify how community stakeholders' produce understandings of supporting Indigenous older adults to age well, I analyzed the interview transcripts using critical discourse analysis, which is "concerned with the role of discourse in wider social process of legitimation and power" (Willig, 2008, p. 172). Researchers using critical discourse analysis seek to gain "more insight into the crucial role of discourse in the reproduction of dominance and inequality...[through] an account of intricate relationships between text, talk, social, cognition, power, society and culture" (van Dijk, 1993, p. 253). Critical discourse analysis helps researchers to understand how discourses aid in legitimating existing social and institutional structures, while at the same time, these structures also validate certain discursive constructions (Willig, 2008). As such, this form of analysis was particularly fitting given my use of a postcolonial theoretical lens to guide my research. It allowed me to understand how discourses related to supporting Indigenous older adults to age well are used to reinforce, and resist, colonial structures, but also how colonial structures validate the discourses being produced.

To begin, I coded the transcripts systematically and identified key codes within the data: reconciliation, culturally specific services, collaboration, and isolated older adults. I then used Willig's (2008) approach to critical discourse analysis to further analyze the data. In the first stage, I re-listened to all the audio recordings and re-read the transcripts to familiarize myself with the data and to understand how support for Indigenous older adults was constructed in the transcripts. For the second stage, I located these discursive constructions within the wider discourses identified in my literature review (e.g., how is responsibility constructed in relation to

the wider discursive production of reconciliation in Canada). In the third stage, I examined what these discourses achieved related to support for Indigenous older adults to age well (e.g., how culturally specific programs was used to determine who could provide support for Indigenous older adults to age well). Next, for the fourth stage, I analyzed the subject positions resulting from how certain discourses were taken up by the participants (i.e., what was the resulting subject position of participants from both Indigenous and non-Indigenous organizations related to the responsibility discourse), while in the fifth stage, I analyzed participants' actions and their ability to exercise power in relation to support for Indigenous older adults (e.g., how participants from both Indigenous and non-Indigenous organizations exercised their power within a historically, and present day, colonial society). Finally, in the sixth stage, I examined the connections between the discursive constructions and the implications for subjective experience based on subject positions.

Results and Discussion

The results of the critical discourse analysis show that there are three main discourses related to community stakeholders' (i.e., decision-makers and service providers from Indigenous and non-Indigenous health and social service organizations in Ottawa) perspectives on supporting urban Indigenous older adults in Ottawa to age well: 1) non-Indigenous organizations have a responsibility to support Indigenous older adults; 2) culturally specific programs and services are important for supporting Indigenous older adults to age well; and 3) it is difficult for community stakeholders to support Indigenous older adults to age well because this population is hard to reach. These discourses demonstrate the complexities and tensions that organizations, both Indigenous and non-Indigenous, face when trying to support Indigenous older adults to age well, particularly in the context of the discursive production of the need for reconciliation by the

Canadian government, historical and present-day colonial relations of power, and in an environment in which there are competing interests and competition for access to resources.

Below, I further analyze each of these discourses, their implications, the resulting subject positions, and how they are produced differently depending on the participants' type of organization (i.e., Indigenous or non-Indigenous) and position (i.e., decision-maker or service provider), where applicable.

Non-Indigenous Organizations have a Responsibility to Support Indigenous Older Adults

The first discourse that emerged from my analysis was that non-Indigenous organizations in the health and social services sector have a responsibility to support Indigenous older adults to age well. Decision-makers were most likely to draw upon this discourse; however, it was also evident in interviews with service providers from Indigenous and non-Indigenous organizations.

Participants asserted that this responsibility was due to colonialism's historical and ongoing impacts on Indigenous peoples and the pressure from different levels of government for non-Indigenous organizations to comply with discourses of reconciliation. This is evident in the following example when Paul, a decision-maker at a non-Indigenous organization, described the need to address some of the Truth and Reconciliation Commission (TRC, 2015) Calls to Action:

“[based on the TRC,] we have a duty as an organization to meet some of the special opportunities that we have to better service this group [Indigenous peoples].”

Michael, a decision-maker at a non-Indigenous organization, discussed the pressure that organizations face in addressing reconciliation:

I know when we were going through the vision, mission, and value statements [of the board], there was a value statement built in, one specifically around truth and

reconciliation, so that...kind of held almost our feet to the fire in terms of ensuring that that's being integrated into our initiatives, deliverables as we move forward.

Beyond addressing calls for action from the TRC, participants also identified that this responsibility to support Indigenous older adults also comes out of the need for respect for Indigenous peoples in Canada, which they have not always received. In considering why non-Indigenous organizations need to support Indigenous older adults to age well, Beth, a decision-maker at a non-Indigenous organization, stated, "well, their life matters, and if we're serious [about supporting Indigenous peoples], they are founding the nation. They're founding people."

Some participants, particularly service providers, identified the complexities of having a responsibility to support Indigenous older adults to age well. Marc, a service provider at an Indigenous organization, stated how, given the history of colonial institutions and practices that created some Indigenous peoples' "dependency" on non-Indigenous organizations, support should not just be tokenistic and with little meaning; it should be from a place of empowerment and respect that moves away from colonial relations of power:

I think [to support Indigenous older adults to age well] we need to avoid continuing the wardship of people and doing it merely from a place of handout but rather to empower communities...[Indigenous communities] do need help financially, morally, and ethically, probably, from the stance of the governments, to, in truth, recognize the damage that has been done and to move forward in reconciliatory ways. However, the community needs to be empowered. The community needs to support [the empowerment of Indigenous communities], as a whole. When I say "the community," I mean not just Indigenous folks, but the whole community.

Christine, a service provider at a non-Indigenous organization, illustrated how even though there is a responsibility for non-Indigenous organizations to support Indigenous older adults, there are limitations on being able to actually fulfill this responsibility when the focus is more on funding to advance reconciliation efforts rather than on ways to actually put it into action:

I think especially after everything happened with reconciliation and all of that, I think more focus could have been made on "how do we best support [Indigenous peoples] now?" rather than saying "sorry. We'll apologize and give some money" ...when the government started giving money [to us], it was "okay now what happens? We don't have things set up to support [Indigenous peoples] now we've got some money in hand. What's going to happen next?" And I think that's where, as a community, we sort of dropped the ball.

Through taking up a discourse of responsibility, the staff from non-Indigenous organizations produce the need to better respond to and address the needs of Indigenous older adults; however, the results revealed the pressures that staff at non-Indigenous organizations face to comply with discourses of responsibility due to reconciliation when trying to support Indigenous older adults to age well. On the one hand, multiple levels of government have created an expectation, and even provided funding, for non-Indigenous organizations to address reconciliation and the ongoing impacts of colonialism. Particularly in the accounts from decision-makers, the necessity of the responsibility to support Indigenous older adults was discursively produced through the language they used about directly responding to the TRC's (2015a) Calls to Action. By responding to this call, staff at non-Indigenous organizations are then positioned as helpers and conscious supporters of reconciliation (Gebhard, 2017).

On the other hand, there is a risk that reproducing discourses of having a responsibility to support Indigenous older adults to age well as a result of colonialism can operate as a “check box” for non-Indigenous organizations to fulfill their mandates and receive funding. As indicated by some participants, non-Indigenous organizations have little guidance or accountability to actually fulfil this responsibility of supporting Indigenous older adults to age well, despite being the organizations to receive the additional resources to address it. One of the aims of reconciliation is the empowerment of Indigenous peoples (TRC, 2015b). As a result of the discursive production of responsibility and the subjective positioning of those from non-Indigenous organizations as helpers and conscious supporters, power is being exercised by the non-Indigenous organizations. They are the ones to determine how this responsibility is actualized and what reconciliation is for the non-Indigenous organization, which reifies colonialism. By using resources differently and being accountable to advance reconciliation efforts – including working in partnership with Indigenous organizations – non-Indigenous organizations could be better positioned to advance efforts towards reconciliation and create meaningful change. This could also lead to a more balanced power dynamic in which Indigenous peoples and those from non-Indigenous organizations can make decisions together.

The discourse that non-Indigenous organizations have a responsibility to support Indigenous older adults to age well is not without its complexities and tensions. Without critically reflecting upon how non-Indigenous organizations have historically not supported nor respectfully engaged with urban Indigenous older adults, there is a risk that these organizations could perpetuate colonial tendencies of tokenism, dependency, and superficial engagement, which then deny Indigenous communities of their rights to self-determination (Peters, 2011).

Culturally Specific Programs and Services are Important

Beyond recognizing that non-Indigenous organizations have a responsibility to support Indigenous older adults, a prominent discourse produced by the participants was that culturally specific programs and services are important for supporting Indigenous older adults to age well. Multiple service providers from Indigenous organizations noted the importance of having culturally specific programs and services. As Cynthia reported, these types of programs and services are particularly effective in supporting Indigenous older adults to age well because “you’re still around the same culture. You’re still around that familiar-ness.” Patricia stated that Indigenous older adults “learn extra stuff about their culture that they might not have been brought up with. Art might bring back something - a lost memory...now they get to learn through cultural programs [through Indigenous organizations].” Participants from Indigenous organizations exercised power through affirming their subject position as experts in offering culturally specific services and programs (Ouart & SIMFC, 2013) and thus justified their existence and necessity in the community to support Indigenous older adults to age well.

Participants from non-Indigenous organizations also took up the discourse that culturally specific programs and services are important for supporting Indigenous older adults through culture and identity, thus resisting the dominant colonial discourse that suggests urban Indigenous people are “less Indigenous” (Anderson, 2013; Giles et al., in press) and thus do not require Indigenous-specific supports. As Lisa, a decision-maker, indicated,

I think more has to be done to really look at what are the fundamental supports that seniors are going to need across diverse communities [including Indigenous communities] and do something about it. That supportive housing, that aging in place or that aging in a supportive, culturally appropriate environment has to be something we start talking about [to support Indigenous older adults to age well].

Paul described how, “I think it’s those types of steps [offering culturally appropriate services] that allow us to build the foundation to then be able to better serve [Indigenous] people.” It is interesting that non-Indigenous organizations reproduced the discourse of the importance of culturally specific services and programs to support Indigenous older adults to age well when Indigenous cultural practices and traditions within urban non-Indigenous spaces have been historically marginalized (Peters, 2011). It may be possible that participants utilized this discourse as a way to appear more favourable during the interview given the topic of my research. It seems, however, that when this discourse is examined in relation to the first discourse about responsibility, the importance placed on culturally specific services and programs here by staff from non-Indigenous organizations may in fact reflect a shift in that there is increased recognition of the harms caused by colonialism and the importance of Indigenous cultures on Indigenous older adults’ well-being. It is likely that is particularly in response to federal government initiatives and the TRC.

Despite the discursive production of the importance of providing culturally appropriate services and programs, however, the majority of the participants from non-Indigenous organizations appeared reluctant to offer these types of services, which leads to an interesting power dynamic between them and those that offer these services and programs (i.e., Indigenous organizations). By drawing on this discourse, participants from non-Indigenous organizations positioned Indigenous organizations as “experts” in supporting Indigenous older adults to age well and themselves as “non-experts,” thus actively deflecting their responsibility to provide culturally specific programs and services and depending upon Indigenous organizations to do so. As Christine described, Indigenous organizations “sort of become the link to the [Indigenous] community, so it’s a primary referral centre for us in terms of ‘okay, you know this population

better than we do and how can you help?” Lisa stated that “because [Indigenous organization] is there to address the health needs, then there isn’t maybe necessarily a need for us to include an initiative in [our organization’s work] at this time.” Through positioning Indigenous organizations as experts and themselves as non-experts, community stakeholders at non-Indigenous organizations have the ability to exercise power in a way that enables them to choose whether they offer culturally relevant services and programs to support Indigenous older adults to age well or to deflect this responsibility to Indigenous organizations that are already under-resourced (Hanselmann, 2003).

While Indigenous organizations may be more likely to have a better understanding of the Indigenous community they serve and thus possess greater expertise, the reluctance of non-Indigenous organizations to offer culturally specific programs and services results in Indigenous organizations being more and more pressed to support their community members and more dependent on government resources to be able to provide this support. There are numerous benefits that Indigenous organizations can provide to Indigenous community members (Morris, 2016; Quart & SIMFC, 2013); however, reinforcing the discourse that culturally specific programs and services must be offered by only Indigenous organizations, without non-Indigenous organizations meaningfully engaging Indigenous peoples in their organizations and thus offering such services, results in Indigenous peoples being limited in the places they can go to access culturally specific services and programs. Indeed, the responsibility for addressing the marginalized needs of urban Indigenous peoples (Peters & Anderson, 2013) should also not fall only on Indigenous organizations. Positioning staff at Indigenous organizations as experts in offering culturally specific services presents an opportunity for non-Indigenous organizations to draw on their expertise and work in collaboration to support Indigenous older adults to age well.

The tensions within this collaboration, however, would need to be addressed. Given the expertise of Indigenous organizations in providing culturally specific services and programs, it would make sense for non-Indigenous organizations to engage them in a partnership role in relation to service design and delivery. It would be important that this not turn into token involvement of Indigenous organizations and a “check box” that non-Indigenous organizations have engaged with them and, therefore, the non-Indigenous organizations are sufficiently providing culturally specific services and programs. Furthermore, there would need to be recognition of the increased demands that this partnership would place on the Indigenous organizations who would be offering their knowledge and expertise, while also continuing to offer their own services and programs. It would thus be important for organizations to reflect on the ways in which a meaningful and mutually beneficial relationship could be created between Indigenous and non-Indigenous organizations to address the potential power imbalance that may emerge and perpetuate colonial tendencies where non-Indigenous organizations are the ones in control.

Indigenous Older Adults are Hard to Reach

The third discourse I identified was that it is difficult for community stakeholders to support Indigenous older adults to age well because they are hard to reach. This discourse was taken up by service providers and decision-makers from both Indigenous and non-Indigenous organizations. For the decision-makers, this discourse was produced through the language they used about reaching Indigenous older adults to engage them in the planning and development of programs and services, which subjectively positioned the Indigenous older adults as “challenging cases.” As Sandra described, “the big challenge is just to find [older adults who are marginalized]...to engage with the really marginalized groups. They won't come to you, so you have to go to them, especially if there is a language barrier or issues with transportation or they

don't have the means.” Similarly, Lisa identified that, “the challenge is engaging those groups that aren't part of the mainstream networks that we work with [such as Indigenous older adults].” Michael described how, “when there's planning, there's townhall sessions and so forth...they're [Indigenous older adults] also underrepresented at those discussions.”

For service providers, this discourse was produced through the language they used about reaching Indigenous older adults to being able to offer support and services and which also subjectively positioned them as “challenging cases.” As Ruth indicated, “I think one of the biggest roles that we're missing is finding those [Indigenous] seniors who are isolated and in their homes and in their apartments and don't really know what to do or how to access the help.” Service providers from Indigenous organizations shared similar concerns. As Patricia argued, “unfortunately, there are many people in the city who don't know about our [Indigenous organization] and don't know about their culture and don't know if they fit [in with the services we provide].”

It is not surprising that Indigenous older adults may be hard to reach for non-Indigenous organizations. Indigenous older adults, and particularly the current cohort, have directly experienced significant loss, trauma, and discrimination as a result of the colonial policies and practices that inform Western institutions (Loppie et al., 2014). Consequently, Indigenous older adults may be resisting colonial institutions by making themselves unreachable to non-Indigenous organizations. On the other hand, however, it may not be their choice as to whether or not they can be reached. Indigenous older adults have aged in an environment where they are marginalized and have lower levels of access to information and fewer resources available (Brooks-Cleator & Giles, in press) to access consultations, community townhalls, and services, which can lead to isolation and fewer opportunities to age well (Ranzijn, 2010). It is paradoxical

that Indigenous older adults who have been historically intentionally excluded from being offered support by Western society and institutions (Brooks-Cleator & Giles, in press) are now being viewed as difficult to reach and subjectively positioned as challenging cases by the very same type of institutions. Without understanding these complexities, discourses that produce Indigenous older adults as being hard to reach, and thus being unwilling beneficiaries of non-Indigenous organizations' support for aging well, result in them being blamed for their own exclusion, with little critical reflection as to why this may be the case.

As illustrated by the participants from the Indigenous organizations, even though Indigenous organizations are viewed as being fully connected to the Indigenous community (Morris, 2016), inequalities related to access to information and resources still permeate the community and marginalize Indigenous older adults who may be most in need of support for aging well. As such, these organizations may need to do more to reach this population; however, they are limited in their ability to do this as there is significant competition for resources between Indigenous organizations and between non-Indigenous and Indigenous organization to support urban Indigenous peoples (Morris, 2016). It may also be, however, that some Indigenous older adults simply are exercising power by choosing not to access services at Indigenous organizations. As such, it cannot be assumed that all Indigenous older adults want to access services at Indigenous organizations and, thus, non-Indigenous organizations should still make efforts to ensure they too can support them to age well.

Conclusion

Stemming from this research, a potential opportunity for future research would be to understand how decision-makers and service providers could support Indigenous older adults to age well based on Indigenous understandings of aging well, not through the use of dominant

Western understandings of aging well. Additionally, given that I did not interview decision-makers from Indigenous organizations, it would be important to include their perspectives in future research, as they may have a different perspective than service providers who are more focused on program delivery than program and policy development.

Despite these limitations and the resulting opportunities for future research, this research makes an important contribution to understanding community stakeholders' perspectives on supporting urban Indigenous older adults to age well; however, as recommended by my community advisory committee, I did not interview decision-makers from Indigenous organizations. As such, it would be important for future researchers to include their perspectives given that they have a role in shaping initiatives that support Indigenous older adults to age well. Despite this limitation, however, my research demonstrates the complexities and tensions that community stakeholders from Indigenous and non-Indigenous organizations face in supporting Indigenous older adults to age well within a sociopolitical environment informed by reconciliation and a sociodemographic trend of an aging population. Despite these complexities and tensions, efforts to support Indigenous older adults to age well require accountability to create organizational change related to reconciliation, meaningful collaboration between Indigenous and non-Indigenous organizations, and critical reflection on who accesses and/or receives support to age well and why this may be the case. As such, community stakeholders in the health and social services sector from Indigenous and non-Indigenous organizations play a role, both large and small, in supporting Indigenous older adults to age well and it is important to consider their perspectives as important contributions to aging well research. As the urban Indigenous older adult population continues to grow, it will become increasingly important to understand how organizations respond to and support this population to age well.

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Chapter 6: Conclusions

The purpose of my doctoral research was to examine First Nations and Inuit older adults' negotiations with aging well and the factors that contribute to their ability to do so in an urban environment. Ultimately, my goal was to identify how First Nations and Inuit older adults living in Ottawa can be supported to age well through research, policy, and practice, and in ways that reflect their urban Indigenous identities, cultural perspectives, and life courses. To achieve my research goal, I addressed four questions in my doctoral research: 1) are Indigenous older adults marginalized through dominant aging well frameworks?; 2) how do community-dwelling First Nations and Inuit older adults (aged 55 years and over) living in Ottawa, Canada, define and negotiate aging well in an urban environment?; 3) what community-level factors contribute to First Nations and Inuit older adults (aged 55 years and over) feeling supported to age well in the city of Ottawa?; and 4) how do community stakeholders in Ottawa produce understandings of supporting urban Indigenous older adults to age well?

Importantly, my dissertation research responded to calls for researchers to 1) analyze and challenge assumptions within notions of aging well and the policies and initiatives that seek to foster aging well for older adults (Buffel, Handler, & Phillipson, 2018b; Rémillard-Boilard, 2018); 2) consider the role of culture in understandings of aging well (Buffel, Handler, & Phillipson, 2018a; Kolb, 2014; Lamb, 2014); 3) examine the ways in which inequalities, stemming from the micro- and macro-environments, differentially affect older adults' opportunities for aging well (Buffel et al., 2018a; Katz & Calasanti, 2015); and 4) explore how older adults resist the structural forces that create inequalities (Thomése, Buffel, & Phillipson, 2018).

In this conclusion, I summarize each of the four papers in my dissertation and provide an interpretation of the findings from each. Following this, I examine the dissertation as a whole

and identify broad implications of my research, including its contributions to the academic literature. Subsequently, I discuss the limitations of my research, followed by research, policy, and, finally, practice recommendations resulting from my research. Notably, my intent with this research was to understanding aging well with First Nations and Inuit older adults in Ottawa. Thus, I discuss the conclusions and implications of my research in relation to my research findings with participants in Ottawa, which may not be generalizable to populations outside of Ottawa.

Summary of Papers

To identify how First Nations and Inuit older adults in Ottawa can be supported to age well through research, policy, and practice, below, I provide an overview and interpretation of the results of each paper from my dissertation.

Paper One

In paper one, I used a postcolonial theoretical lens to examine the dominant frameworks used to describe aging well (i.e., successful and active aging) to answer research question 1: are Indigenous older adults marginalized through dominant aging well frameworks? This paper focused on the conceptual and theoretical factors that contribute to Indigenous older adults' negotiations with aging well. I illustrated how within dominant aging well frameworks there is no space to recognize how historical and ongoing circumstances related to colonialism may shape Indigenous older adults' experiences with, understandings of, and ability for successful or active aging. I also demonstrated that Western knowledge of aging well, held by scientific "experts," is privileged in the dominant aging well frameworks. Consequently, the expertise of other knowledge holders, such as Indigenous Elders, is not recognized, and their knowledge of being well in older age is absent from dominant aging well frameworks. In this paper, I argued

that by continuing to use aging well frameworks that privilege Western knowledge and ignore the impacts of colonialism, Indigenous older adults will continue to be marginalized and their opportunities for aging well will be limited. I suggested that including Indigenous older adults' perspectives on aging well and developing a culturally safe aging well framework could contribute to addressing the shortcomings of current aging well frameworks. This paper adds to the literature that critiques Western concepts related to aging well, such as active and successful aging, but from a postcolonial perspective. It also advances the use of postcolonial theory within research related to aging, particularly as it pertains to Indigenous older adults.

Paper Two

In paper two, I used a postcolonial theoretical lens and a community-based participatory research (CBPR) methodology to explore First Nations and Inuit older adults' definitions of and negotiations with aging well in Ottawa, an urban environment. Most research related to Indigenous older adults and aging well has been exploratory in nature and has focused on comparisons to dominant Western understandings, rather than providing critical examinations of culture and ideology within understandings of aging well (Lamb, 2014). In this paper, I demonstrated how First Nations and Inuit older adults both resist *and* reinforce dominant Western understandings of aging well through the creation of their own definition that includes having a connection to their Indigenous culture(s), good emotional and mental health, appropriate housing, good physical health, a sense of purpose, and for the Inuit participants, financial security. Therefore, in this paper I argued that through their negotiations with aging well, the participants resist and are subject to inequalities related to ongoing colonialism. Further, I contended that urban First Nations and Inuit older adults' perspectives on aging well in Ottawa are not simple and static, but are in fact the result of complex negotiations of with colonialism in

urban spaces. This paper contributes an empirical study that illustrates how culture and the sociopolitical environment in which one lives influence understandings of aging well, which need to be considered within policies and initiatives that are informed by an address aging well.

Paper Three

Building off of paper two, I continued to critically examine aging well, but this time at the local level. In paper three, I analyzed the community-level factors that contribute to First Nations and Inuit older adults feeling supported to age well and then compared this to an existing local aging well initiative in Ottawa (i.e., the City of Ottawa's Older Adult Plan) that is informed by the age-friendly communities framework (WHO, 2007), which is the main global movement around supporting older adults to age well. Given the many inequalities that continue to exist in urban communities for Indigenous older adults in comparison to non-Indigenous older adults (O'Donnell, Wendt, & the National Association of Friendship Centres, 2017), this paper was particularly important for identifying whether First Nations and Inuit older adults in an urban environment, such as Ottawa, feel supported through community initiatives to age well. The results showed some similarities between their perspectives of feeling supported to age well and main targets of the Older Adult Plan. I argued, however, that while there may be similarities, First Nations and Inuit older adults will continue to not be fully supported to age well if aging well initiatives, such as the Older Adult Plan, do not account for inequalities in the physical and social environments that are related to past and ongoing colonialism. This paper responds to increasing calls in the aging literature for an understanding of how aging well initiatives do or do not respond to inequalities experienced by particular groups of older adults (Buffel et al., 2018a).

Paper Four

In paper four, I moved away from the perspectives of First Nations and Inuit older adults to those of decision-makers and service providers, given their important roles in developing and implementing aging well policies and initiatives (Garon, Paris, Beaulieu, Veil, & Laliberté, 2014; Hewson, Kwan, Shaw, & Lai, 2018). Using discourse analysis informed by a postcolonial theoretical perspective, I address research question 4: how do community stakeholders in Ottawa produce understandings of supporting urban Indigenous older adults to age well? By engaging stakeholders from Indigenous and non-Indigenous health and social service organizations in Ottawa, I was able to critically examine what influences support for aging well at the program, service, and policy, levels. The findings identified three discourses produced by the participants in relation to supporting Indigenous older adults to age well in Ottawa: 1) non-Indigenous organizations have a responsibility to support Indigenous older adults; 2) culturally specific programs and services are important for supporting Indigenous older adults to age well; and 3) it is difficult for community stakeholders to support Indigenous older adults to age well because this population is hard to reach. In this paper, I argued that these discourses reveal the complexities and tensions that decision-makers and service providers face in supporting Indigenous older adults to age well in Ottawa, particularly within a sociopolitical environment informed by reconciliation and a sociodemographic trend of an aging population. I further argued that as a result of these findings, supporting Indigenous older adults to age well in Ottawa requires accountability, meaningful collaboration among different sectors, and critical reflection on who receives, or does not receive, support and why.

Research Implications

In the following sections, I examine the implications of my doctoral research. Specifically, I discuss the theoretical implications of my research and explain the ways in which

my research contributes to the emerging aging well literature that brings diverse perspectives into conversations on aging well; challenges assumptions related to urban Indigenous populations and aging well; illustrates the tensions within aging well initiatives intended to be for all older adults; and reveals the tensions within efforts to address reconciliation with Indigenous peoples. In making these contributions to the academic literature, I also make evident the ways in which my research contributes to the calls identified in the first section of this chapter.

Theoretical Implications

Postcolonial theory has been widely used in research related to urban Indigenous populations in Canada (Browne et al., 2011; Darroch & Giles, 2016; Denison, 2012; Tang & Browne, 2008; Van Herk, Smith, & Tedford Gold, 2012), and it has begun to be sparsely used in research related to aging (Kunow, 2016; van Dyk, 2016; Zimmermann, 2016); seldom, though, has it been used in research related to both topics together. Thus, there are two main theoretical implications of my research: 1) the expansion of postcolonial theory to issues related to aging research and 2) the demonstration of the unique contributions of examining aging well from a postcolonial theoretical perspective.

Several researchers have argued that postcolonial theory has been relatively absent from aging research, especially research related to aging well (Katz, 2005; van Dyk, 2016; Zimmerman, 2016). As Katz (2005) explained, historically, critical theories, including postcolonial theory “that were revitalizing other academic traditions seemed to have bypassed the topic of aging” (p. 11), which has largely continued to this day. Some authors have begun to use postcolonial theory in research related to aging. Specifically, they have used it to examine how populations of older adults are discriminated against on the basis of age in similar ways to which groups who have been colonized have been discriminated against on the basis of race,

such as through othering (van Dyk, 2016), subalternity (Kunow, 2016), and alienation and alterity (Zimmermann, 2016). These authors have produced literature that has tended to be more theoretical in nature, rather than empirical studies. They have also missed using postcolonial theory to examine the ways in which age and colonialism intersect in aging well frameworks and initiatives for groups of older adults. In my research, I used postcolonial theory to expose the ways in which aging well frameworks and initiatives, dominated by Western knowledge, can perpetuate ongoing colonialism and create further inequalities for First Nations and Inuit older adults who live in Ottawa. Furthermore, my research contributes to illustrating the ways in which First Nations and Inuit older adults exercise power through their definitions and negotiations with aging well in an urban environment, where they are often subjected to colonial discourses insinuating they are “less Indigenous” by living in a city (Anderson, 2013; Maddison, 2013).

Through my research, I also expanded the political project of postcolonial theory to the much needed areas of research related to aging well. Young (2001) described the political goals of postcolonialism as first, to investigate the role of European history, culture, and knowledge in colonization and its continuing aftermath, and its role in reconstructing dominant European/western discourses. Second, to identify the means and causes of further colonial marginalization and exploitation, and “[to analyze] their epistemological and psychological effects” (Young, 2001, p. 69), which helps postcolonial scholars to understand whose knowledge is privileged and how power is exercised. Third, to develop “new forms of cultural and political production that operate outside” (Young, 2001, p. 69) of Western dominance through the privileging of marginalized groups’ knowledge, which enables resistance to and transformation of injustices faced by marginalized peoples. These political goals are similar to the calls from researchers in aging that I responded to in my research. Thus, my research demonstrates the

ways in which postcolonial theory can contribute to necessary critical research in gerontology. Furthermore, it contributes to the advancement of postcolonial theory by integrating it into research on aging well with urban First Nations and Inuit older adults and demonstrating its applicability for attending to issues of power within Western-driven aging well frameworks and initiatives.

Emerging Aging Well Literature that Reflects Diverse Perspectives

According to Martinson and Berridge (2015), a common thread among critiques of aging well is the missing voices in aging well research and frameworks (i.e., successful and active aging), including those of older adults in general and those of older adults from non-Western cultures in particular. Beyond aging well conceptual frameworks that inform aging well initiatives, Kelley, Dannefer, and Al Masarweh (2018) argued that in the emerging literature there is need for researchers to examine how macro-level factors influence the development and impacts of these initiatives, such as age-friendly communities, and, subsequently, how these factors cause “certain groups of people [to be] simply ‘unseen’ in policy, research, or institutional practices” (p. 56), which limits their success and effectiveness. It is evident that there is a need for more research that reflects the perspectives of diverse groups of older adults and that also critically examines the causes and consequences of their absence from aging well initiatives.

My research contributes to addressing this research gap by bringing First Nations and Inuit older adults’ voices into conversations related to aging well. Specifically, I did this through a CBPR study informed by postcolonial theory, which allowed me to conduct research in a way that decentred my position as the “expert” and privileged the voices of the participants (Browne, Smye, & Varcoe, 2005; Zimmermann, 2016). Using postcolonial theory helped me to not just

understand what voices are missing from dominant aging well concepts, but why and how colonialism contributes to the missing voices of Indigenous older adults in these concepts. Furthermore, my research illustrated the ways in which a macro-level factor such as colonialism, impacts how community stakeholders understand supporting First Nations and Inuit older adults to age well. The findings also demonstrated how colonialism affects the opportunities that First Nations and Inuit older adults have to negotiate their abilities and opportunities to age well, and also how it limits the effectiveness of existing aging well initiatives.

Additionally, by conducting research with First Nations and Inuit older adults, I added their definitions of aging well to the growing body of literature that is starting to include the diverse perspectives of older adults. Rather than just adding to the “dizzying array of missing components” (Martinson & Berridge, 2015, p. 61) from aging well concepts, however, my research demonstrates how definitions and negotiations of aging well fluctuate and are not necessarily culturally-specific. The participants in my research took up both seemingly Western and Indigenous understandings of aging well, thereby adding the perspective that culturally diverse older adults may not conceptualize aging well in one particular and different way from the Western society in which they live, but do so in a way that reflects both their current and historical needs.

As I discuss in paper two, the participants in my research resisted and reinforced dominant Western understandings of aging well, which is not surprising given that they have aged in the same sociopolitical environment that produced Western aging well understandings. As previously discussed, however, their abilities to age well in this environment in a way that reflects their definitions are often influenced by macro-level factors not experienced, or experienced differently, by non-Indigenous older adults. Thus, my research contributes to the

emerging aging well literature that reflects diverse perspectives, including the vitally necessary perspectives of urban First Nations and Inuit older adults' experiences and definitions of aging well. My research is particularly unique in this contribution in that the culturally diverse population I conducted this research with did not migrate to a Western country. They are the original inhabitants of the land in which they live, but which was subjected to colonization and thus forcibly changed into a settler colonial nation that privileged Euro-centric, Western values (Reading, 2015).

Challenging Assumptions

A significant contribution of my doctoral research is that it challenges assumptions related to both aging well and urban Indigenous peoples' identities; as the urban Indigenous older adult population continues to grow (O'Donnell, Wendt, & the National Association of Friendship Centres, 2017) in a society experiencing increasing urbanization and population aging (Rémillard-Boilard, 2018), this is particularly important. On the one hand, there is an increasing push for older adults to take personal responsibility for aging well, particularly due to the "burden" of population aging (Katz & Calasanti, 2015; Polivka & Longino, 2004). This is supplemented by a growing public discourse that assumes aging well means remaining active, productive, and independent (Lamb, 2014) and the concomitant proliferation of initiatives with the intent to facilitate aging well (Rémillard-Boilard, 2018). Aging well, from a Western perspective, is grounded in the assumption that older adults want to remain ageless and avoid the inevitable decline that comes with advanced age (Lamb, 2014). It is then assumed by policy-makers and other decision-makers that by implementing aging well initiatives, such as age-friendly communities that include physical and social environment supports, older adults will be able to age well. At the same time, dominant colonial discourses assume that urban Indigenous

peoples are “less Indigenous” by living in a city and that their “authentic” Indigenous identity can only exist outside of urban spaces (Anderson, 2013; Maddison, 2013).

In my research, we can see two main ways in which I challenged assumptions related to aging well and urban Indigenous peoples’ practices. First, in their definitions of aging well, we can see how for the participants, aging well does not *only* mean remaining independent, it also means having a connection to culture, good emotional and mental health, appropriate housing, good physical health, a sense of purpose (not to improve the self, but to ensure cultural continuity and support future generations of Indigenous peoples), and financial security, some of these which are relatively absent from current understandings of aging well. Through these understandings, we can also see the ways in which the participants challenged the colonial discourses that assume urban Indigenous peoples engage in practices that are *either* “authentic” Indigenous *or* Western. The First Nations and Inuit older adults in this study did neither one nor the other; through their definitions of and practices related to aging, they in fact engaged in both, demonstrating their resistance to these colonial assumptions.

Second, as Indigenous peoples who have a history with colonialism, the participants challenged the assumption that current aging well initiatives provide opportunities for all older adults to age well. By identifying the ways in which a current aging well initiative in Ottawa, the Older Adult Plan (City of Ottawa, 2015), does not support them to age well, my research revealed how colonialism still continues to contribute to the inequalities that First Nations and Inuit older adults face, which limits their opportunities to age well. Therefore, current aging well initiatives that take a one-size-fits-all approach may not in fact support all older adults to age well if they do not take into account the sociopolitical context of colonialism.

Challenging these assumptions, which are grounded in Western and colonial discourses, is an important part of conducting research through a postcolonial theoretical lens, which focuses on not only understanding how power can be used to reproduce inequalities but also how revealing and challenging assumptions is a way to resist and defy these forces that create inequalities (Young, 2001). By challenging taken-for-granted understandings related to definitions and opportunities for aging well and urban Indigenous peoples' practices, my research also contributed to resisting the dominant knowledge systems that perpetuate inequalities for First Nations and Inuit older adults.

Tensions in Aging Well Initiatives

In Canada, most research conducted related to aging well initiatives, such as age-friendly communities, has focused on the practical challenges and processes for developing and implementing these initiatives (Garon et al., 2014; Menec, Novek, Veselyuk, & McArthur, 2014; Plouffe & Kalache, 2011). As such, a significant contribution of my research is a postcolonial examination of how a global movement to support aging well (i.e., age-friendly communities) has been implemented in a Canadian city; interestingly, by doing this research, I revealed the tensions inherent in initiatives that are intended to support older adults to age well.

At the concept-level, my research identified the ways in which the concepts that inform aging well (i.e., successful and active aging) limit opportunities for Indigenous older adults to age well given that they are grounded in Western knowledge systems. They also do not take into account the historical and colonial context in which Indigenous older adults in Canada have aged, which has created many inequalities between them and non-Indigenous older adults. Both of these findings are important for understanding how aging well initiatives can support First Nations and Inuit older adults to negotiate their ability to age well in an urban setting. There is

thus a tension in that aging well initiatives are developed from concepts that privilege those who subscribe to dominant Western understandings of aging well, rather than from the perspectives and context groups who experience marginalization, such as First Nations and Inuit older adults, who may be most in need of initiatives to support them in aging well.

In seeking to address this limitation and building upon these findings, I conducted research with First Nations and Inuit older adults in Ottawa to understand aging well from their perspectives. As I discussed in paper three, the community-level factors that the participants felt would support them to age well in an urban community were quite similar to those of the Older Adult Plan. Additionally, as I showed in paper two, some aspects of their definition of aging well were quite similar to dominant Western understandings of aging well, which inform aging initiatives like the Older Adult Plan. My research, however, showed that despite these similarities, this did not lead to aging well initiatives adequately supporting First Nations and Inuit older adults in their later stages of life. This illustrated that the colonial relations of power that affect First Nations and Inuit older adults' abilities to negotiate aging well are seldom considered in the development of aging well initiatives, therefore limiting First Nations and Inuit older adults' ability to age well in an urban environment.

Their ability to age well, however, was also limited in that aging well initiatives do not account for differences in definitions of aging well. The participants defined aging well in ways that also resist dominant Western understandings and are not reflected in aging well initiatives. It is likely then that measurements of aging well and evaluations of such initiatives will not include these different definitions. This may potentially disadvantage those whose definitions of aging well differ from seemingly dominant Western understandings because policies and programs informed by the resulting data will likely not reflect non-dominant Western understandings of

aging well and will be inadequate in supporting all older adults. Furthermore, for older adults who are not engaging in aging well practices that fit with dominant Western understandings of aging well, they may not be considered to be aging well, even if they are doing so, but based on non-dominant Western understandings. Thus, another tension was revealed: if aging well initiatives seek to encourage older adults to be active, productive, independent, and work on the “self,” then those who do not define it in this way will never be considered to be “aging well.”

These tensions mean that despite being intended to support all older adults, aging well initiatives do not have the mechanisms to address the underlying relations of power that cause inequalities between and among older adults, especially for those in settler colonial nations who continue to experience the impacts of colonialism. While I believe it is important to have initiatives that are intended to support older adults, it is important for researchers, policy-makers, community leaders, etc. to recognize that these initiatives are not value-free or acultural, and therefore may have unintended impacts and consequences; by illuminating the tensions within aging well initiatives, my research made this visible.

Tensions Related to Reconciliation

My research also made contributions to the academic literature by revealing some of the tensions related to reconciliation with Indigenous peoples in Canada, specifically with urban First Nations and Inuit older adults. In the findings, particularly in paper four, it was evident that reconciliation is of concern community stakeholders in that they – especially those from non-Indigenous organizations, felt a responsibility to take up the political project of reconciliation and, consequently, they emphasized the need for culturally-specific services and programs. We can see in practice, however, that it is not as simple as implementing policies and allocating funding. Part of the political project of reconciliation involves reflecting and acting on the ways

in which colonialism is perpetuated in existing policies, services, programs, and initiatives (Truth and Reconciliation Commission of Canada [TRC], 2015), such as aging well initiatives that are intended to support all older adults to age well. It cannot be achieved if those developing these initiatives, even if they have intentions to contribute to reconciliation efforts in Canada, fail to consider the ways in which colonialism affects the factors that contribute to opportunities for First Nations and Inuit older adults to age well.

Furthermore, reconciliation is also not as simple as implementing culturally-specific services and programs. I have shown this in two ways. First, if community stakeholders from non-Indigenous organizations assume that culturally-specific services and programs are the most appropriate for supporting Indigenous older adults to age well, this allows them to choose whether to offer these types of services and programs or deflect the responsibility to Indigenous organizations who community stakeholders from non-Indigenous organizations positioned as “experts” in this area. This creates a power imbalance between non-Indigenous organizations and Indigenous organizations because non-Indigenous organizations are the ones who can choose whether they offer culturally specific services and programs or not. If they choose not to, this responsibility falls upon Indigenous organizations, which are already under-resourced (Hanselmann, 2003). This power imbalance hinders efforts towards reconciliation that seek to improve relations between non-Indigenous and Indigenous organizations to better support Indigenous peoples. Second, if community stakeholders understand supporting Indigenous older adults to age well as being dependent on offering exclusively culturally-specific services and programs, they may miss the mark in efforts towards reconciliation by reinforcing colonial discourses that assume Indigenous older adults only engage with specifically Indigenous aging well beliefs and practices. Rather, I have shown that First Nations and Inuit older adults engage

with both Indigenous and dominant Western understandings of aging well and choose the elements that are available to them and meet their needs. This demonstrates the importance of bringing Indigenous older adults' voices into conversations related to aging well to understand how they define aging well and what factors contribute to their ability to negotiate aging well in an urban context.

Limitations

In discussing the impacts of my doctoral research, it is important to also reflect on the limitations of my work. Specifically, the limitations include my use of the concept of aging well in my research; participant representation; and limited analysis of the individual factors that influence experiences of aging well. I also discuss the tensions associated with conducting research from a non-Indigenous worldview.

Concept of Aging Well

As I addressed in my introductory chapter, my use of the term “aging well” throughout my dissertation had the potential to be somewhat problematic. Authors have argued that concepts that are used to describe experiences with old age, such as aging well, can be ethnocentric and prescriptive in that they idealize activity, productivity, success, and independence (van Dyk, 2016; Zimmermann, 2016). Given that aging well and other similar concepts, such as successful and active aging, are the dominant concepts used to inform policy and practice when it comes to supporting older adults' wellbeing, I nevertheless felt it was important to take up the term aging well in my research, but in a way that was cognizant of critiques of this term. Indeed, in my research I sought to problematize aging well as a concept, thus challenging and decentring Westernized notions of aging well. Furthermore, those on my community advisory committee felt that it was a relevant and appropriate term to use in my research. It is still a limitation of my

research, nonetheless, as my use of it could risk further normalization of a Western-grounded term. In my section on Recommendations, I discuss how future research could address this limitation.

Age Inclusion Criteria

The age criteria for participants in this study were those aged 55 years and older, which is in contrast to most research that uses at least 65 years of age and older for research with older adults. Given these differential age criteria, a potential limitation of my research is that it may limit the comparisons that can be made between groups of older adults and their experiences and perspectives. Some may consider the use of 55 years of age and older as problematic and would make it impossible to compare and contrast this with groups of older adults who are 65 years and older, given the generational and biological differences of older adults of these ages. It is true that there would be generational differences; however, biologically, researchers have argued that due to the health and social inequities that Indigenous older adults face as a result of colonialism, they actually age faster than non-Indigenous older adults (Beatty & Weber-Beeds, 2012), which points to the need for the inclusion of 55 years and older and also allows for some comparison, even if they may face generational differences. By using 55 years of age and older in my doctoral research, I disrupt the universal age criterion approach that has typically been used within aging research, policy, and practice and draw attention to the need to understand the realities of Indigenous older adults' lives that shape their aging experiences; however, I understand that by doing so may also limit the extent to which the results from this research can be compared to other research focused on aging well with older adults.

Participant Representation

The next limitation is related to those whose voices were not represented in my research. First, my research did not include urban Métis older adults, who make up just under half of the Indigenous older adult population in Ottawa (Statistics Canada, 2018a). Despite attempts to reach out to Métis organizations, I was unsuccessful in engaging Métis older adults in my research. Consequently, while I do not know the extent to which there would be similarities and differences in their perspectives on aging well, the empirical findings of my research are only applicable to First Nations and Inuit older adults in Ottawa. Other Indigenous older adults who were not part of my research were those who chose not to be or could not be engaged in the Indigenous community in Ottawa through Indigenous organizations. This included those who are more socially isolated and unable to attend social programs, Indigenous older adults who choose not to frequent Indigenous organizations, and those who are living in long-term care facilities. Given that I recruited First Nations and Inuit older adult participants from the older adult programs at Odawa and TI, it is not surprising that my research did not include Indigenous older adults from the aforementioned groups. As a result, my dissertation does not include the perspectives of some individuals who could have made valuable contributions to this research.

Beyond the older adult participants in my research, there were also community stakeholder perspectives that were not represented. Specifically, this included decision-makers from Indigenous organizations. In discussions with community advisory committee members, some of whom included decision-makers from Indigenous organizations, there was a shared feeling that the service providers at the Indigenous organizations would be the most appropriate stakeholders to include in my research. It was felt that since they worked most closely with the Indigenous older adults, they would be better able to comment on supporting them to age well. As a result, given that decision-makers have a different type of experience in understanding

support for Indigenous older adults to age well in comparison to service providers, by not including decision-makers from Indigenous organizations, I may have missed a perspective that could have helped to inform my findings.

Limited Analysis of Individual Factors

A methodological limitation of my research is that I was mainly concerned with critically examining the macro-level factors (i.e., colonialism, sociopolitical environment, urbanization of Indigenous populations, and growing older adult demographic) that restricted, and were resisted by, First Nations and Inuit older adults' experiences with aging well. As such, my research did not include an analysis of the factors that contributed to specific individual participant definitions of and negotiations with aging well, such as a participant's socioeconomic status, sexuality, (dis)ability, health status, caregiver status, etc. As Kelley et al. (2018) argued, however, much research related to aging well has focused on these factors. Therefore, an important and needed part of research related to aging well is a critical examination of the macro-level factors that create inequalities in opportunities to age well (Buffel et al., 2018a; Kelley et al., 2018), which was the focus of my research.

My Position as a Non-Indigenous Researcher

It is important to address the impacts of the fact that I, a non-Indigenous, young adult researcher, conducted this research. This is not necessarily a limitation per se, but a tension within my research, nonetheless. First, as a non-Indigenous, young adult researcher, I was positioned on the outside of the cultures of many of the participants in my research, especially the First Nations and Inuit older adult participants. There was thus a risk that I may have missed certain cultural nuances or meanings in participants' accounts; however, one way I attempted to overcome this limitation is that I worked closely with an Inuk community member, Martha

Flaherty, throughout the research with the Inuit older adults and included the older adult participants in the analysis, so I was able to make sure my results aligned with their perspectives and meanings. As a result of being on the outside, there is also a risk that participants were not as comfortable and open with me in comparison to if I was an Indigenous and/or older adult researcher. Again, however, I attempted to overcome this limitation by being involved in the community through volunteering, becoming a familiar face at the older adult programs at Odawa and TI, getting to know the potential participants and vice versa, and thus building trust and rapport with them. Through the use of a postcolonial theoretical framework in my research and a CBPR methodology guided Indigenous understandings of relationality, respect, responsibility, and reciprocity (Kovach, 2009; Smith, 2012; Snow, 2018), I was able to not necessarily ameliorate, but reflect upon the tensions in my research stemming from my position as a non-Indigenous young adult researcher.

Recommendations

The benefit of discussing the weaknesses of one's research is that it provides an opportunity to reflect on opportunities for future research. Additionally, the results of my research have led me to establish numerous recommendations for supporting urban Indigenous older adults to age well. As such, below I first describe my recommendations for future research, followed by the policy and practical recommendations stemming from my research.

Future Research

As noted above, a limitation of my research was that I used the term "aging well" throughout my dissertation. From a postcolonial perspective, I critiqued whose knowledge is privileged in dominant Western understandings of aging well and problematized its use. An important area of future research, however, would be to further critically analyze how policies

and initiatives aimed at older adults, and informed by Western concepts, use language that (un)intentionally includes or excludes certain groups. As such, a discourse analysis of aging well policies, at multiple levels (i.e., federal, provincial/territorial, and local) would provide further understanding of how certain groups of older adults are excluded or made to be invisible in aging well policies and initiatives.

Furthermore, future research that would contribute to addressing support for urban Indigenous older adults to age well should include Indigenous peoples in the research who are not yet older adults – and to conduct this research using inclusive, participatory approaches. This could serve two purposes. First, it would be useful to understand the ways in which future generations of older adults define aging well. Given that aging is a lifelong process and inequalities and experiences accumulate over the life course and effect people's experiences in later life (Ferraro & Shippee, 2009), an understanding of their perspectives would aid in supporting Indigenous peoples to be better able to negotiate aging well when they reach old age. Second, other researchers and I have identified the significant role that families, friends, and communities play in Indigenous older adults' abilities to age well (Baskin & Davey, 2015; Lewis, 2011). As such, it would be beneficial to include them in future research related to Indigenous older adults and aging well. Their perspectives would be useful to further understand their role in supporting Indigenous older adults to age well, but also to understand the reciprocal nature of community support. That is, how do urban Indigenous older adults contribute to the wellbeing of their family, friends, and community? Given that the participants in my research defined aging well as including having a sense of purpose by contributing to their community and passing down traditional knowledge, this would be particularly relevant and useful research

to conduct to better understand the aging experience of urban Indigenous older adults and what it means to be an older adult in their communities.

Additionally, my research focused on community-level factors, as whole, that support urban First Nations and Inuit older adults to age well, rather than focusing on the factors individually. As such, further research into each of these factors (i.e., aspects of the social and physical environments) would be important to understand how they factors contribute to Indigenous older adults' ability to age well and how in relation to these factors urban Indigenous older adults could "gain access, networks and/or a voice, in order to gain more control over the decisions that shape communities" (Buffel et al., 2018a, p. 280). For example, the participants identified that safe and supportive housing was an important factor that contributes to them feeling supported to age well in an urban community. Future research could examine what this type of housing looks like, why housing is so important, how it could be addressed in policy and practice, and how urban Indigenous older adults can build capacity to establish housing that they are in control of and that is reflective of their needs. This type of research would reveal how urban Indigenous older adults can negotiate their ability to age well in an environment that reflects their definitions of aging well.

Policy

The results of my research have also led me to identify policy recommendations related to Indigenous older adults and aging well. First, in my research I defined First Nations and Inuit older adults as being aged 55 years and over, which is in contrast to the 65 years and older definition that is typically considered to be the norm in Canada. I made this decision because researchers and policymakers have argued that given the lower life expectancies of Indigenous populations (74 years) in comparison to the non-Indigenous population (81 years) and the

socioeconomic and health inequalities that Indigenous peoples experience, it is more appropriate to consider Indigenous older adults as 55 years or older for research, social policy, and public programs (Statistics Canada, 2018b; Wilson, Rosenberg, Abonyi, & Lovelace, 2010). As such, my first recommendation is that policies that include age requirements for older adults should be adjusted to reflect the more typical older adult profile of Indigenous older adults, that is, they should start at age 55 years old. For example, there are certain organizations in Ottawa that serve all older adults in the city, but the older adults must be 65 or older. They could adjust their policies to 1) ensure that people have the option to self-identify as an Indigenous person and feel safe if they choose to do so, and 2) if they self-identify they can access services for older adults starting at the age of 55 years old. This would provide more opportunities for Indigenous older adults to access services and supports at a time when they are likely to need them.

The second policy recommendation stemming from my research is that policies and initiatives related to aging well (e.g., age-friendly communities) should be linked with policies and initiatives related to the TRC. As Buffel et al. (2018a) argued, “AFCC [age-friendly cities and communities] initiatives must also be linked with broader campaigns...this will ensure that age-friendly activity is viewed as an essential element of work to improve the lives of older people” (p. 275). The principles of the TRC should be integrated into existing aging well policies and initiatives; however, more research is needed concerning how such integration would actually occur in practice, as it was beyond the scope of my research to address this. Nevertheless, this would likely help the issue of colonialism to be better understood and reflected in aging well policies and initiatives and would, therefore, result in policies that better support Indigenous older adults to age well.

Third, I illustrated in my research how, resulting largely from colonialism, First Nations and Inuit older adults face inequalities in negotiating their ability to age well; however, I have also shown that they resist colonialism and engage in aging practices that facilitate their ability to age well. Furthermore, I demonstrated that First Nations and Inuit older adults take up both seemingly Western and Indigenous understandings of aging well. As such, it is important for aging well policies to respond to diverse interpretations of what aging well might mean to different groups, and different members within these groups. Evidently, it is also important for aging well policies to be shaped “around the needs of particular groups with contrasting...life-course experiences” (Buffel et al., 2018a, p. 279). My research also highlighted the need for aging well policies that take into account and reflect the historical and current contexts in which First Nations and Inuit older adults live to adequately support their wellbeing in later life. That is, they must account for colonialism and also the current sociopolitical contexts of urbanization, reconciliation, and an aging demographic. This begins by including them in decision-making, as I discuss below.

Practical

There are a number of practical recommendations related to Indigenous older adults and aging well that stem from my research. My first and foremost recommendation is that aging well policy and initiative development, implementation, and evaluation should include the perspectives of those who the policies and/or initiatives are intended to serve. Put simply, Indigenous older adults need to be included in making decisions that affect them. As my research illustrated, decision-makers and service providers, especially from non-Indigenous organizations, reported having a difficult time reaching Indigenous older adults. If they truly want to support all older adults to age well, they need to reflect and act upon the reasons as to why this might be the

case, such as issues related to trust, accessibility, safety, comfort, etc. They should also consider less conventional means of encouraging Indigenous older adults to participate and contribute in policy and initiative discussions. For example, participants in this research discussed their challenges related to transportation around the city and the financial strains they experience by living in a city. To reduce this barrier to participation, community stakeholders could provide round-trip bus fare and compensation for the participants. The participants also discussed how social engagement through community gatherings and feasts were a way they felt supported. Another suggestion to increase participation, therefore, is that community stakeholders could co-host a community gathering or feast with an Indigenous organization.

Building upon this, another recommendation is that it would be wise for non-Indigenous organizations who want to support Indigenous older adults to meaningfully collaborate and develop relationships with Indigenous organizations. I present this recommendation with caution, however, because as I discussed in my research, Indigenous organizations are already under-resourced and have been taken advantage of to advance the agendas of non-Indigenous organizations without reciprocal benefits. It is therefore important to identify ways in which the organizations can benefit and be accountable to each other.

A final suggestion is that organizations that mainly serve Indigenous populations should try to offer spatially targeted services and programs that are in close proximity to where the majority of Indigenous peoples live. This recommendation could also be applicable to non-Indigenous organizations seeking to offer Indigenous-specific services and programs. The participants in this research identified the importance and value in being able to attend Indigenous organizations for various programs and services. It was a community-level factor that they felt supported them to age well; however, they noted that it was particularly challenging for

them to receive these services when the organizations were located outside of their neighbourhood. It was doubly challenging for those facing financial and/or transportation barriers. I was made aware of the extent of this when I organized a focus group at a church in a neighbourhood in Ottawa where many Inuit older adults live; the participants were very pleased with the location and were able to bring friends with them who lived in the area, but could not attend the other focus groups I had held outside of this neighbourhood. It would still be important for organizations to offer support to Indigenous older adults living throughout Ottawa, as offering only spatial initiatives can lead to negative consequences (Peters, 2011). As Peters (2011) suggested, a combination of spatial and aspatial services and programs would likely be most appropriate for supporting urban Indigenous older adults. Of course, not all Indigenous older adults live in the same neighbourhood, but research indicates that there are certain neighbourhoods in Ottawa with higher percentages of Indigenous peoples (Ottawa Neighbourhood Study, 2019). Therefore, these practical recommendations reflect the importance of understanding and building relationships with the groups with whom organizations want to work and support.

Concluding Thoughts

Particularly as a non-Indigenous person conducting this research, I started out by questioning the role that I had in doing this work that focused on aging well from the perspectives of First Nations and Inuit older adults. When I heard from multiple participants that they were grateful I was doing this research because “no one ever asks us,” it stuck with me. If no one ever asks First Nations and Inuit older adults about aging well, how will they have meaningful opportunities to age well? How will community initiatives adequately support them to age well? How will efforts towards reconciliation be successful if a portion of the population

is missed? And how will inequities related to colonialism cease? In my work and research experience, I have heard countless times that supporting Indigenous older adults is just “not something that has been identified as a priority;” “it is hard to engage the Indigenous community in Ottawa;” or “the Indigenous older adult population is so small in Ottawa.” Rather than use these as justifications for not meaningfully engaging the Indigenous older adult community in Ottawa in discussions of aging well, I have learned through my research that these are the very reasons to ask Indigenous older adults about aging well.

Each day we get closer to reaching our later stage of life. As I have observed family members, friends, and acquaintances reach this stage, there have been similarities, but also many differences in how they have wanted this stage to transpire. We cannot predict what our older age will be, but as it unfolds, we should all be able to negotiate our ability to age well in a community that supports us based on how we define aging well, not based on a definition that potentially perpetuates inequalities for certain groups. We cannot assume that what is desired by or works for one person or one group will work the same for others.

This is not to say that it is a simple and tension-free process for communities to be supportive in this way, or that supporting Indigenous older adults to age well should come at the expense of supporting other groups of older adults. I believe, however, that to create truly age-friendly communities, research, policy, and practice need to start with supporting those who are the most marginalized first. Thus, in my doctoral research I hope that by bringing First Nations and Inuit older adults’ perspectives into conversations related to aging well and putting forward recommendations for research, policy, and practice, I have made a case for supporting them to age well that reflects their urban Indigenous identities, cultural perspectives, and life courses.

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Appendix A: Interview and Focus Group Guide for First Nations and Inuit Older Adults

- 1) How long have you lived in Ottawa? What brought you to Ottawa?
- 2) How would you describe aging well?
- 3) What supports you in aging well?
- 4) What prevents you from aging well?
 - a. What would help to improve this?
- 5) What does it look like when an Elder is aging well?
- 6) What does it look like when an Elder is not aging well?
- 7) Do you think living in an urban community has an influence on how well an Elder ages in comparison to a smaller community? How so?
- 8) How can the community of Ottawa help Elders to age well?
- 9) What services are good to help you age well?
- 10) What services could be improved to help you age well?
 - a. (As requested by TI for the Inuit participants): How does TI help you to age well in terms of the services that they offer?
 - b. Are they responsive to your needs?
- 11) How has your life changed as you've gotten older?
- 12) What would you want to share with youth about aging well?
- 13) Is there anything else you'd like to add about aging well?

Appendix B: Interview Guide for Community Stakeholders

- 1) What is your involvement in addressing the health and well-being of seniors or Indigenous peoples in Ottawa?
 - a. What does your organization do that is specific to Indigenous older adults?
- 2) What do you think it means to age well?
- 3) Do you think living in an urban community influences how well someone ages?
- 4) What role do you think the community plays in whether or not someone ages well?
- 5) Do you think Indigenous older adults in Ottawa are aging well?
- 6) What do you think are the barriers and enablers for Indigenous older adults in Ottawa to age well? How do you think the barriers could be addressed?
 - a. Do you think there are any barriers or enablers that are specific to Indigenous older adults in comparison to non-Indigenous older adults?
- 7) In your involvement, what is your perspective on the inclusivity of Indigenous older adults in community initiatives intended to support all older adults' health and wellbeing in Ottawa?
 - a. Is there a potential to engage and involve Indigenous seniors more in the planning?
How so?
- 8) What are some of the challenges your organization faces in addressing the needs of Indigenous older adults?
 - a. How do you think these challenges could be addressed?
- 9) Is there anything else you'd like to add about supporting Indigenous older adults to age well?

Appendix C: Ethics

File Number: H11-16-09

Date (mm/dd/yyyy): 01/20/2017



Université d'Ottawa **University of Ottawa**
 Bureau d'éthique et d'intégrité de la recherche Office of Research Ethics and Integrity

Certificate of Ethics Approval

Health Sciences and Science REB

Principal Investigator / Supervisor / Co-investigator(s) / Student(s)

<u>First Name</u>	<u>Last Name</u>	<u>Affiliation</u>	<u>Role</u>
Audrey	Giles	Health Sciences / Human Kinetics	Supervisor
Lauren	Brooks-Cleator	Health Sciences / Human Kinetics	Student Researcher

File Number: H11-16-09

Type of Project: PhD Thesis

Title: Creating a culturally safe age-friendly and active aging framework with urban Aboriginal seniors in Ottawa, Canada

Approval Date (mm/dd/yyyy)

01/20/2017

Expiry Date (mm/dd/yyyy)

01/19/2018

Special Conditions / Comments:

N/A

File Number: H11-16-09

Date (mm/dd/yyyy): 12/19/2017



Université d'Ottawa **University of Ottawa**
 Bureau d'éthique et d'intégrité de la recherche Office of Research Ethics and Integrity

Ethics Approval Notice
Health Sciences and Science REB

Principal Investigator / Supervisor / Co-investigator(s) / Student(s)

<u>First Name</u>	<u>Last Name</u>	<u>Affiliation</u>	<u>Role</u>
Audrey	Giles	Health Sciences / Human Kinetics	Supervisor
Lauren	Brooks-Cleator	Health Sciences / Human Kinetics	Student Researcher

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01/20/2018	01/19/2019	Renewalk

Special Conditions / Comments:
N/A

Appendix D: Contributions

Lauren Brooks-Cleator developed, designed, and undertook this dissertation, its theorization, analysis, and writing. Dr. Audrey Giles supported all aspects of the dissertation's development, theorization and analysis, and provided assistance and input into writing and reviewing the final product. For the research presented in papers two and three, Martha Flaherty supported the participant recruitment, data collection, and data analysis, and provided input into writing and reviewing the final products. Papers one and four have been/will be published with Brooks-Cleator as first author and Giles as second. Papers two and three have been/will be published with Brooks-Cleator as first author, Giles as second, and Flaherty as third.