







Wuskiwy-tan! (Let's Move!): Aging Well in a Northern Saskatchewan (Canada) Métis Community

"Our Culture and Traditions are Important to Aging Well"

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Indigenous* Seniors – Optimizing Health

- Aboriginal peoples in Canada are on average much younger than the Canadian population overall, with a significant proportion under the age of 25 [1-3].
- Although younger, Aboriginal populations experience greater health disparities that develop at an earlier age [4-5]
- Statistics Canada data reveal that Aboriginal people in Canada are aging faster than the overall Canadian population [1-3].
- The Health Council of Canada recently referred to Aboriginal seniors as among Canada's most vulnerable citizens [6].
- Little is currently known about what is needed to nurture optimal health and wellbeing among Métis youth that will optimize a healthy aging trajectory in the older adult years.

Health of Indigenous Youth & Seniors are Poorer Than non-Indigenous Counterparts

Health status and determinants of health comparing Indigenous and non-Indigenous populations revealed important disparities [5]:

- There are approximately 2 x as many Indigenous seniors reporting 3 or more chronic conditions, aged 55+ years, than non-Indigenous seniors
- Métis people are more likely to self-report fair/poor health status than First Nations people [6]
- Among Métis children aged 6-14 years, 42% had one or more chronic condition, and 18% had at least 1 activity limitation [7].
- Aboriginal people living in a rural area are more likely to report fair/poor health than those living in an urban area [6].

Colonization is an Important **Determinant of Indigenous* Population** Health

- The residential school system attempted to assimilate Indigenous children-starkly stated as "taking Indian out of the child"-by severing the relationship between children and their parents and grandparents, limiting children's exposure to their Indigenous language and culture.
- Corporal punishment, chronic malnutrition, & other forms of abuse were widespread [8].
- The intergenerational health impacts include high levels of both chronic (T2DM, CVD) and infectious (HIV, Hep C, TB) disease, as well as addictions, mental illness, and suicide from youth to old age.

Truth & Reconciliation – Intergenerational Healing and Health

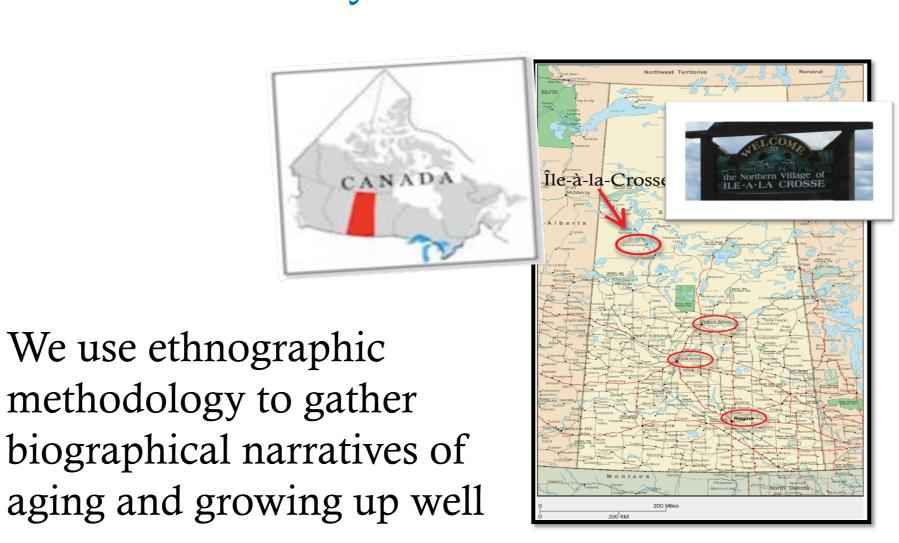
- From 2009-2015 the **Truth and Reconciliation Commission (TRC) of** Canada documented the stories of survivors, communities, and others affected by residential schools.
- The **94 Calls to Action** [9] that resulted, and which bid all Canadians to participate, are clear about the importance of creating and maintaining opportunities for re-establishing the connection of Indigenous children and youth to their languages, cultures, and histories. Elders are those connections.
- National data indicate that Aboriginal seniors are more likely than non-Aboriginal seniors to be the primary caregivers for their grandchildren [5] and are influential role models to younger generations [10].
- The close relationship between grandparents and grandchildren underscores that the wellbeing of both groups is closely connected.

There is a critical need for research on experiences and aspirations of Indigenous aging that will inform programs and policies to support seniors to age well in their homes -many of which are youthful Indigenous rural communities - because:

- 1. Indigenous seniors are a growing population with inequitable outcomes compared to the Canadian senior population overall, and;
- 2. Indigenous Elders are vital to community healing from the impacts of colonization.
- 3. Well-being of Indigenous Elders & Youth is closely connected.

Our research program on healthy aging in a rural Saskatchewan Métis community is framed through two connected projects that consider aging well across the lifecourse:

- Wuskiwiy-tan! (Let's Move) is focused on seniors
- Tan-Nigahniwhak! (They Will Be Leaders) is focused on youth.



Project Results

- Métis seniors want to stay in their community to remain connected to children & youth
- Community healing from impacts of colonization is central to this aspiration
- Seniors & youth identified specific skills, stories, knowledge, and language vital to share between generations to support health

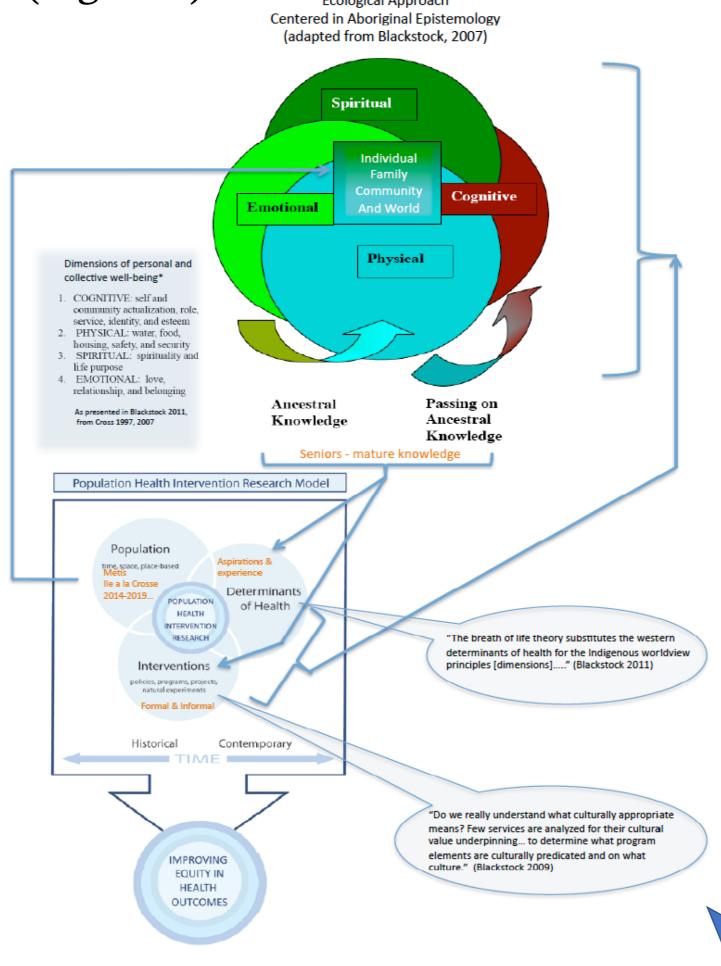
"This project is not about creating new knowledge in the community -it's always been there -it's creating the space to bring it forward -people are using this project to go back to their cultural practices -to bring it into the open -it's visible. It's valued in a new way. This is important in the context of colonization."





"For the youth to be proud of who they are... not just physical health, but connection with the Elders because of the continued connection to Métis history and the knowledge that gets passed down..."

Our research begins from Indigenous scholar Dr. Cindy Blackstock's Breath of Life Theory (BOL), and is further framed through her ecological model [11]. Our western population health intervention research focus is integrated into these foundations and is informed by them. (Figure 1)



Breath of Life Theory [12,13] is grounded in the view that peoples are trustees of essential knowledge, and the values and spirits embedded within, on what it is to be human and to belong to a group. This knowledge is passed on by those who came before. This relational approach is premised on the view that knowledge reaches maturity at the end of life, when it is time to fulfill the two most important functions of a lifetime: (1) passing knowledge to children; and (2) mentoring the middle aged as they transition to the next generation of Elders. Well being results from a balance of intersecting cognitive, spiritual, emotional, and physical dimensions achieved through the application of ancestral knowledge and the passing on of that knowledge.

The **project logo** designed by community youth, poignantly captures symbolically and textually the significance of their Elders to them, encapsulating their answer to the title question in this poster.

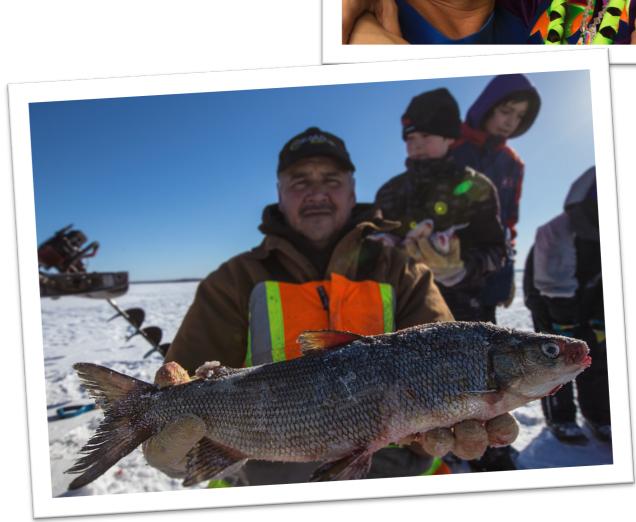


Beginning with the branch wreath, it represents the cycle of life. Starting out at birth (that is why the leaves haven't grown yet) and as maturity builds so do the leaves. At then end comes death but leaves continue as we continue in the afterlife.

In the middle are pictures of plants of the "Indian" medicine. Each one representing one of the four colors in the medicine wheel. White-Physical (Sage), Yellow-Emotional (Sweet Grass), Red-Mental (Tobacco) and Black-Spiritual (Cedar). Most of these medicines are used in "smudging" and "sweats" while tobacco is given as an offering to our Elders.

The feathers and string are used to make it look like a dream catcher. The infinity sign and Métis sash represent who we are as Métis.

Logo and Description By Cyril Laliberte and Stacey Caisse, and community youth



Conclusions

SASKATCHEWAN

Our findings can inform strategies to support life course oriented and intergenerational aspirations for aging well among Métis, with relevance to other peoples globally.

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Projects described in this poster are funded by the Canadian

Institutes of Health Research FRN136971 (Wuskiwiy-tan!) and the Saskatchewan Health Research Foundation #3463 (Tah-Nigahniwak!)

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*We use the term Indigenous to refer to the first inhabitants of what is now Canada in a global context that links peoples in similar circumstances of colonization. Where it appears in the text the term Aboriginal refers to a formal recognition of Indigenous people in Canada in the Constitution Act of 1982, as members of three groups: First Nations, Métis,

and Inuit. Terms used in a discussion of cited work reflect those used in source material.