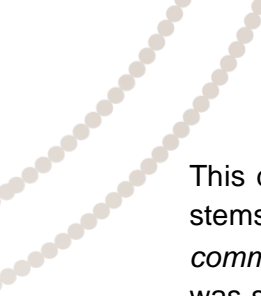


ELEMENTS FOR REFLECTION

*Active, Independent
Elders: The Heart of
First Nations Culture
and Wellness*



FIRST NATIONS OF QUEBEC
AND LABRADOR **HEALTH**
AND SOCIAL SERVICES
COMMISSION



This document was prepared as part of the development of the 2024–2029 action plan, which stems from the Quebec government policy entitled *Viellir et vivre ensemble, chez soi, dans sa communauté, au Québec* [Aging and living together at home, in one's community, in Quebec]. It was submitted to the Secrétariat aux aînés of the Ministère de la Santé et des Services sociaux on April 14, 2023.

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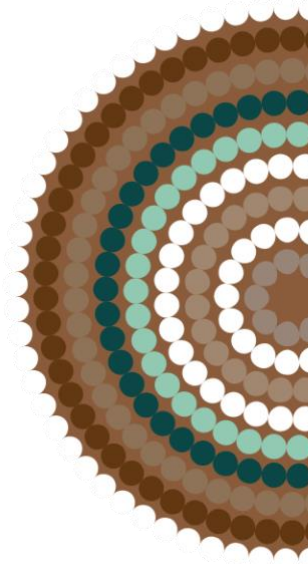
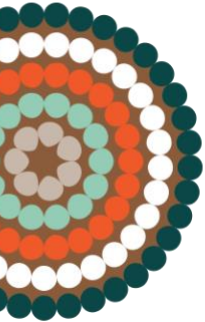
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ABOUT THE FNQLHSSC

The First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) is a non-profit organization created in 1994 by the Chiefs of the Assembly of First Nations Quebec-Labrador (AFNQL). It is responsible for supporting the efforts of First Nations in Quebec¹ to plan and deliver culturally appropriate and preventive health and social services programs. The FNQLHSSC's mission is to support Quebec First Nations in achieving their health, wellness, culture and self-determination goals. Its work is primarily centred on governance, early childhood, health, social services, social development, research and information resources.



¹ With the exception of communities covered by agreements, i.e., the Cree and Inuit signatories of the *James Bay and Northern Quebec Agreement* of 1975 and the Naskapi signatories of the *Northeastern Quebec Agreement* of 1978.



INTRODUCTION

The FNQLHSSC would like to thank the Ministère de la Famille and the Ministère de la Santé et des Services sociaux (MSSS) for inviting us once again to collaborate in identifying the priorities for action to drive the development of the *Vieillir et vivre ensemble (PA-VVE) 2024-2029* (aging and living together 2024–2029) action plan.

Given the significant disparities between the health and social services received by First Nations and non-First Nations people in Quebec and the rest of Canada, the FNQLHSSC is very concerned about the living conditions of First Nations elders and the advancement of knowledge and practices in the field of aging. Over the past few years, the FNQLHSSC has consulted with First Nations on multiple occasions to shed light on the needs of elders and the challenges they face. Based on these consultations, recommendations have been developed to improve the quality of life and wellness of elders and people with decreasing independence. These recommendations can be found in [Toward a continuum of long-term person-centred care and services](#) (2022) and the [Framework Policy on Continuing Care for Persons with Decreasing Independence in Quebec First Nations](#) (2022).

In 2019, the AFNQL and the governments of Quebec and Canada signed a tripartite memorandum of understanding on the health and social services governance process, in which “The parties commit to identify obstacles and possible solutions to facilitate fair and equitable access for the First Nations in Quebec [...]”

This report lists the key elements to be considered for improving access to health and social services for First Nations people, and in particular for elders—one of the most vulnerable segments of society in Canada. The main recommendations are grouped in list form, while elements for reflection are proposed for each major focus and theme. All measures involving First Nations must receive First Nations approval before appearing in any future action plan.



SUMMARY OF RECOMMENDATIONS

1. Acknowledge the realities of First Nations in government legislation, policies, and programs and adapt eligibility and accountability criteria to suit these realities.
2. Strengthen collaboration and communication between First Nations governments and provincial and federal governments with a view to providing better in-home support for elders, regardless of where they live.
3. Include First Nations communities and organizations as partners in developing strategies for adapting to an aging population.
4. Adapt resources and training dedicated to First Nations elders in partnership with communities and organizations representing them.
5. Support initiatives that provide housing, social support, and in-home assistance (e.g., home care providers), as well as culturally appropriate palliative and end-of-life care.
6. Support the integration of First Nations cultural practices in programs and services provided by Quebec's health and social services network (HSSN).
7. Ensure that First Nations have access to ongoing training, tools, and measures from the Quebec government, particularly in the areas of informal caregiving and employability, in French, English, and First Nations languages as required.
8. Continue to acknowledge the unique contribution that elders make to society in terms of promoting and transferring First Nations knowledge.
9. Consult First Nations informal caregivers about what they need to feel valued and appreciated, as well as about potential solutions to be implemented.
10. Increase the number of residential facilities for all types of care to avoid uprooting elders and to allow them to remain in their communities and near their families for as long as possible.
11. Expand access to services and documents in English and First Nations languages at all HSSN facilities.



ELEMENTS FOR REFLECTION

1. Employment and Income

MORE SUPPORT FOR FIRST NATIONS ELDERS AND THEIR INFORMAL CAREGIVERS

Employability and job retention are major issues for First Nations. Almost half (48.5%) of the adult First Nations population is unemployed, and this proportion is higher in remote areas and among elders.² Elders are heavily affected by poverty, regardless of their employment status. According to the First Nations Regional Health Survey (RHS),³ 58% of people aged 75 to 84 and 85% of those aged 85 and over live in households with incomes of less than \$20,000. For many First Nations elders, lack of employment and low income are often compounded by other socioeconomic factors, such as a lack of education and difficulties finding housing. It is therefore important to ensure that First Nations have access to measures that promote employability and job retention of experienced workers.

First Nations informal caregivers face even more challenges, particularly as they try to balance work and family life. According to a 2006 FNQLHSSC report, a third of informal caregivers also have one or more dependent children.⁴ Two thirds of informal caregivers are under the age of 55 and gainfully employed. It should be noted that helping family members is important to First Nations and, as a result, it is very common for people to offer support to a loved one in a spirit of solidarity, and without necessarily self-identifying as informal caregivers. To better support these informal caregivers, it is essential that workplaces be made more aware of the importance of their role and that First Nations be given access to ongoing training, tools, and measures related to caregiving from the Quebec government.

TRAINED FIRST NATIONS HEALTH AND SOCIAL SERVICES WORKERS

Well-trained workers are essential to the provision of comprehensive, high-quality continuing care; however, the health and social services sectors continue to face human resource challenges in multiple areas (e.g., access to training, skills development,

² FNQLHSSC (2017). *Quebec First Nations Regional Early Childhood, Education and Employment Survey*. Wendake.

³ FNQLHSSC (2015). *Quebec First Nations Regional Health Survey*.

⁴ FNQLHSSC (2006). *Assessing Continuing Care Requirements in First Nations and Inuit Communities*. Wendake.



recruitment, and retention). The following are some possible solutions to address these challenges:

- Better inform First Nations health and social services workers of HSSN training opportunities.
- Allow First Nations to adapt training and tools.
- Provide more content in English.
- Decrease the timeframe involved in obtaining access to the province's digital learning platform.

2. Social Life and Community Involvement

RECOGNIZING THE CONTRIBUTIONS MADE BY FIRST NATIONS ELDERS TO SOCIETY

To acknowledge the contributions of First Nations elders to society, it is essential to recognize the importance of their traditional medicinal and cultural knowledge and to encourage its transmission. The role that elders play in shaping collective identity is undeniable. Biological, psychological, social, and spiritual aspects should be taken into account as they are protective factors for First Nations populations.

First Nations create various initiatives, such as seniors residences and elder councils. One of our recommendations is to increase collaboration with the HSSN to implement more programs developed with the cultures and identities of First Nations elders in mind.

FUNDING THAT MEETS FIRST NATIONS NEEDS

Funding for in-home support services for First Nations in Quebec comes primarily from two programs created by Indigenous Services Canada (ISC). The first is the First Nations and Inuit Home and Community Care program, which provides funding for essential services such as nursing care, personal care, needs assessment, case management, in-home respite care, and equipment loans. The other is the Assisted Living Program, which provides non-medical social support to people with decreasing independence by funding in-home care, adult foster care, and institutional care.

Unfortunately, there is a lack of funding to promote the involvement and social life of First Nations elders. ISC-funded services do little to help elders with no major health concerns, and, as a result, the notable lack of community-based activities significantly increases their risk of isolation.

At the provincial level, it is difficult to find resources that have been adapted to the needs of First Nations. Since First Nations communities are not considered municipalities or



organizations, they have difficulty obtaining adequate funding under programs such as *Municipalités amies des aînés* and *Québec ami des aînés*. Reporting and administrative requirements do not align well with First Nations realities, funding models, and cultures. Additionally, some activities espoused by First Nations, such as sweat lodges and traditional community planning are automatically rejected because they do not meet eligibility criteria.

First Nations must be involved in establishing eligibility and accountability criteria so that funding can best address the current and future wellness needs of elders. To be equitable, resources should be allocated based on the services available in each First Nations community and should consider the realities of small and/or isolated communities.

3. Promoting Healthy Aging and Living

ELIMINATING JURISDICTIONAL ISSUES IN THE CONTINUUM OF CARE

In addition to funding that is often ill suited to their realities, First Nations have to deal with numerous jurisdictional issues between the provincial and federal governments.

In First Nations communities, health and social services are provided by a variety of external organizations, making it extremely challenging to implement a comprehensive continuum of care. Most programs, initiatives and services available locally are provided by the federal government, but others are administered by provincial bodies.⁵ The existence of multiple procedures and decision-making mechanisms undermines the effectiveness of many programs, leading to services that are poorly integrated or adapted. This, in turn, increases the disparities in services to First Nations and non-First Nations populations in Quebec.

The primary difficulties faced by informal caregivers are a lack of funding and problems of a social nature. Many measures implemented by the province are not accessible to informal caregivers who live in First Nations communities for a variety of reasons; for example, First Nations do not have access to some non-refundable tax credits, the eligibility criteria do not include First Nations (e.g., because of their place of residence

⁵ FNQLHSSC (2007). *Blueprint Quebec First Nations Health and Social Services 2007–2017*. Wendake.



and the absence of a valid certificate of compliance issued by the MSSS) or there may be jurisdictional issues.

4. Services and Support for Elders to Remain at Home

IMPROVING COMMUNICATION BETWEEN FIRST NATIONS AND THE HSSN

When it comes to providing in-home support services in First Nations communities, the primary challenges are population aging, increasing prevalence of chronic disease, loss of independence, and a lack of specialized services.

Outside First Nations communities, the challenges are different. First, communication between First Nations and the HSSN is not optimal. Second, the province does not have an adequate understanding of the services available in First Nations communities. Inadequate sharing of information between First Nations and the HSSN has serious consequences, including delays in service provision, gaps in services along the continuum of care, and duplicated assessments of functional autonomy by professionals.⁶ Greater collaboration between the HSSN and First Nations is essential for maintaining the continuity of communication mechanisms and reaching agreements for service provision.

TELEHEALTH AND ACCESS TO SECOND-LINE CARE

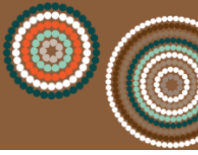
A major challenge for First Nations is the recurrent shortage of health and social services workers. Vacancies and high staff turnover rates are consequences of the lack of sufficiently qualified human resources among First Nations. These factors undoubtedly impact the quality of health care and social services provided to the population.⁷

Telehealth is one option that allows First Nations to access the services to which they are entitled. Better access to second-line care (e.g., geriatrics, psychogeriatrics, intensive functional rehabilitation) is also part of the solution, provided that it is harmonized with in-home and external services provided by the HSSN.

THE IMPORTANCE OF PALLIATIVE AND END-OF-LIFE CARE

⁶ FNQLHSSC (2013). *Portrait of First Nations in Quebec Living With Disability or Having Special Needs*. Wendake.

⁷ FNQLHSSC (2006). *Assessing Continuing Care Requirements in First Nations and Inuit Communities*. Wendake.



Given the importance of family, the role of elders, and the holistic approach to health among First Nations, services and resources should make it possible for elders to safely remain and participate in their communities for as long as they wish.

Due to a lack of funding, palliative and end-of-life care are underdeveloped among First Nations. To improve the provision of these services, it is essential to hire more workers, obtain the collaboration of the HSSN and develop staff skills and abilities. This should be done using tools developed by First Nations, which are also available in English.

5. Adaptable and Affordable Housing

FIRST NATIONS HOUSING PARTNERSHIPS AND SUPPLY

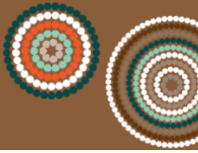
Housing risk factors include overcrowding, homes and buildings in need of major repairs, a lack of running water, and unsanitary conditions. In First Nations communities, the percentage of people who live in households that fall below the Canada Mortgage and Housing Corporation standard is more than ten times higher than in households outside First Nations communities.

Diversifying the housing supply and partnerships between First Nations and municipal housing resources are two possible solutions. Any partnerships should consider the realities and right to self-determination of First Nations and ensure that elders have multiple options for residential facilities so that they can choose the one that best meets their needs.

ACCESSIBLE AND CULTURALLY APPROPRIATE CARE FOR ALL

People with accessibility issues face even greater challenges in First Nations communities in obtaining in-home services and care. This is a consequence of the limitations of federal and provincial programs; for example, there is no provincial funding available for making adaptations in homes, and the federal government reimburses the cost of some items but not others (e.g., removable access bars but not ramps).

Some elders refuse to be transferred to HSSN residences as they worry about being relocated far from their loved ones, receiving services that do not reflect their values or cultures, and being unable to communicate due to language barriers. Others decide to



remain in their communities as long as possible, even if services provided locally do not meet their needs, and their health and safety are compromised.⁸

To ensure a continuum of services, First Nations elders need access to care, regardless of the type of facility attended and the level of care required in the communities (e.g., intermediate resources, assisted living, long-term care centres).

If this is not feasible in all communities, it is also essential to support initiatives created by and for First Nations (e.g., urban convalescent homes). At the same time, it is important for First Nations and the HSSN to work together to offer culturally appropriate services, such as housing, social support and in-home assistance (e.g., home care providers).

6. Mobility and Transport

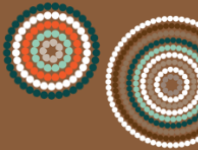
IMPROVING TRANSPORT IN THE COMMUNITIES TO PROMOTE PARTICIPATION IN COMMUNITY LIFE

In addition to promoting greater social harmony, elders ensure the cultural survival of nations. Most communities host various social activities centred around shared meals, while others organize outings, projects or trips to the forest. However, due to some obstacles such as the lack of local transportation, poorly adapted transportation or facilities, or the lack of accompanying adults, some elders cannot participate in these activities. To increase elders participation in community life, particularly those with physical limitations, adapted equipment and necessary resources must be provided.

SOLUTIONS TO REDUCE MEDICAL TRANSPORT

There are significant geographic disparities between First Nations, and elders in remote communities have specific mobility needs. Measures that account for the realities of each community should be put in place to ensure equitable access across the province. Telehealth and videoconferencing may be good options for reducing medical transport and allowing elders to remain in their communities.

⁸ FNQLHSSC (2006). *Assessing Continuing Care Requirements in First Nations and Inuit Communities*. Wendake.



7. Ageism and Recognizing the Diversity of Elders

SERVICES THAT ARE BETTER ADAPTED TO THE NEEDS OF FIRST NATIONS ELDERS

The majority of First Nations elders with decreasing independence have to turn to the HSSN for support due to difficulties in obtaining services in their own communities (e.g., poor coordination between different resources, lack of personnel). Unfortunately, the services offered by the HSSN are rarely adapted to First Nations cultures. Additionally, elders using these services often end up far away from families and loved ones, lose access to traditional foods and cultural activities, and no longer play the role they once had within their communities. In order to integrate cultural practices and provide traditional First Nations foods in HSSN residential facilities, the Ministère de l'Agriculture, des Pêcheries et de l'Alimentation will have to modify the relevant regulations.

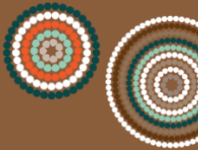
Services are generally provided in French and sometimes in English (depending on each facility's resources). Often, neither of these languages is the mother tongue or the language used most frequently by First Nations elders.

Information sharing between the HSSN and health centres or nursing stations in First Nations is not always adequate, which impacts continuity of care and quality of services.

KEY SOLUTION: ACTIVE FIRST NATIONS PARTICIPATION

To establish and maintain a true continuum of services that benefits First Nations, efforts must be made to ensure that First Nations are actively involved in establishing service corridors and liaison mechanisms.

First Nations must play an active role in the development of programs and policies for continuing care and related activities (e.g., training and development for First Nations workers, respite and support services for informal caregivers). Particular attention must be given to the unique cultural, linguistic, and geographic contexts of First Nations, and their right to autonomy must be respected.



8. Communication and Accessibility of Information

BETTER PROTECTION OF FIRST NATIONS LANGUAGE RIGHTS

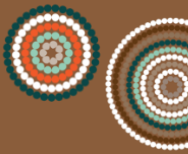
In terms of communication, the main challenge lies in the fact that French is the primary language of service provision, training, tools, and documents. The MSSS should commit to respecting First Nations languages so that First Nations individuals can receive services comparable to those of other Quebec residents.

First Nations must have the power to adapt government promotion and awareness campaigns aimed at elders, and the MSSS must systematically translate these campaigns into English.

PARTICIPATION OF FIRST NATIONS ELDERS IN SOCIETY AND ADVOCACY

To ensure the participation of First Nations elders in society, they must be included in provincial, regional and local forums so they would be able to contribute to developing initiatives that consider their needs, realities and cultures, particularly in the provision of services in Quebec.

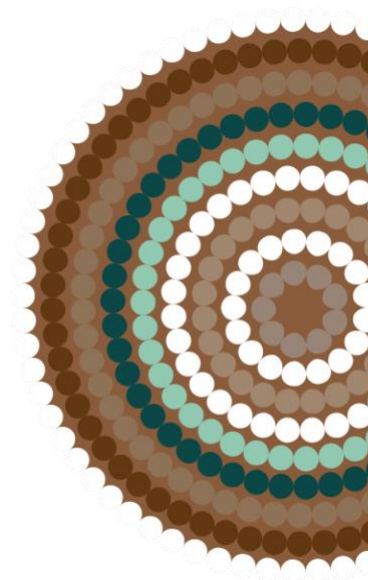
Among other proposed actions, establishing rights advocacy bodies would enable First Nations elders to access advice and support services, while fostering the transmission of cultures and traditions.



CONCLUSION

Building on the 2017 brief [*Active Aging in the Quebec First Nations: Everyone's a Winner!*](#), this document paints a portrait of the social, economic, and health circumstances and needs of First Nations elders in Quebec. It highlights that there are numerous jurisdictional issues and a lack of human resources and funding, and program eligibility rules that are not appropriate for the First Nations context. These barriers are the direct result of a poor understanding of the cultural realities of First Nations.

To ensure the current and future wellness of First Nations elders, we must promote a better understanding of First Nations, as well as greater cooperation between First Nations and the Quebec government.



VISION

First Nations individuals, families and communities are healthy, have equitable access to quality care and services, and are self-determining and culturally empowered.

MISSION

To accompany Quebec First Nations in achieving their health, wellness, culture and self-determination goals.



FIRST NATIONS OF QUEBEC
AND LABRADOR HEALTH
AND SOCIAL SERVICES
COMMISSION