

ELDERHOOD



This chapter on Elderhood provides detailed charts to illustrate the findings presented in the corresponding chapter of the report, *Sacred and Strong: Upholding our Matriarchal Roles*.¹ The chapter focuses on the health and wellness of older First Nations women and Elders. It considers how older First Nations women and Elders live in wellness, connected to culture and community, and the various systems that support women into Elderhood and through the sacred end-of-life passage. Please refer to the main report—[*Sacred and Strong: Upholding our Matriarchal Roles*](#)—for further interpretation of the data presented here.

Elders are the keepers of First Nations wisdom, history, and knowledge.² As grandmothers, mothers, and aunties, older First Nations women and Elders are the trusted supports for younger generations of First Nations women, and are essential sources of wisdom and advice about healthy ways of living.³ Achieving the vision of healthy and thriving, self-determining Nations and communities supports older First Nations women and Elders in their journeys to live long, happy, and healthy lives as outlined in the teachings.⁴ It also involves honouring the final years and days of their journeys as they prepare to cross over to the Spirit World.

- Adapted from *Sacred and Strong: Upholding our Matriarchal Roles* (p.92)

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

- *Sacred and Strong: Upholding our Matriarchal Roles* (p.92)



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

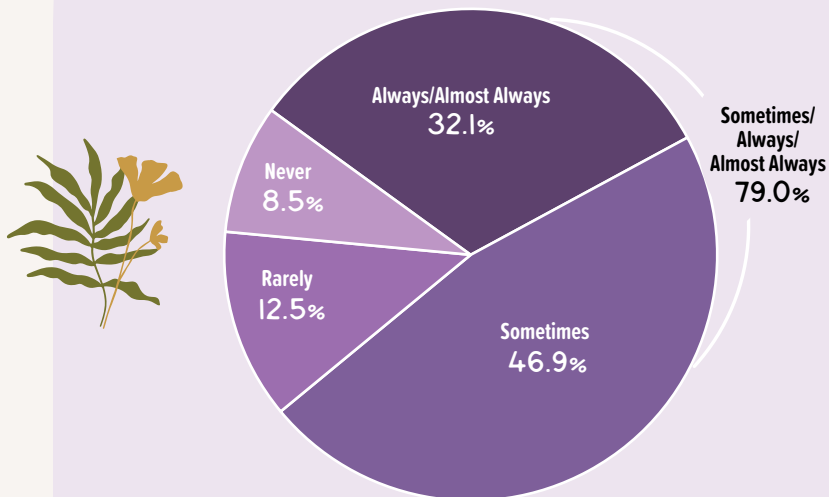


The foundational roots of health and wellness for older First Nations women and Elders are the connections and relationships they forge with land, culture, ceremony, and ancestors. These roots help them to transition into their final stage of life while continuing to thrive as vibrant, self-determining individuals and role models for their community.

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PARTICIPATION IN CULTURAL EVENTS

FIG 5.1 REPORTED PARTICIPATION IN CULTURAL EVENTS IN THEIR LOCAL COMMUNITY, FIRST NATIONS WOMEN, AGE 55 AND OLDER, BY DEGREE OF PARTICIPATION, BC, 2015–17



Cultural events are a way for older First Nations women to rekindle their connection with the community, pass on knowledge and traditions, and heal from past traumas.⁵ From Regional Health Survey Phase 3 (RHS3; 2015–17), 79.0% of First Nations women age 55 and older sometimes, always, or almost always took part in the cultural events happening in their community, as compared to 12.5% who rarely took part, and 8.5% who never took part in cultural events.

Notes: Data reflect responses from First Nations women living on reserve in BC, age 55 and older. “Female” reflects how respondents identified themselves when completing the survey. Non-binary options were not provided.
Source: Regional Health Survey, Phase 3 (2015–17). Prepared by FNHA, 2020.

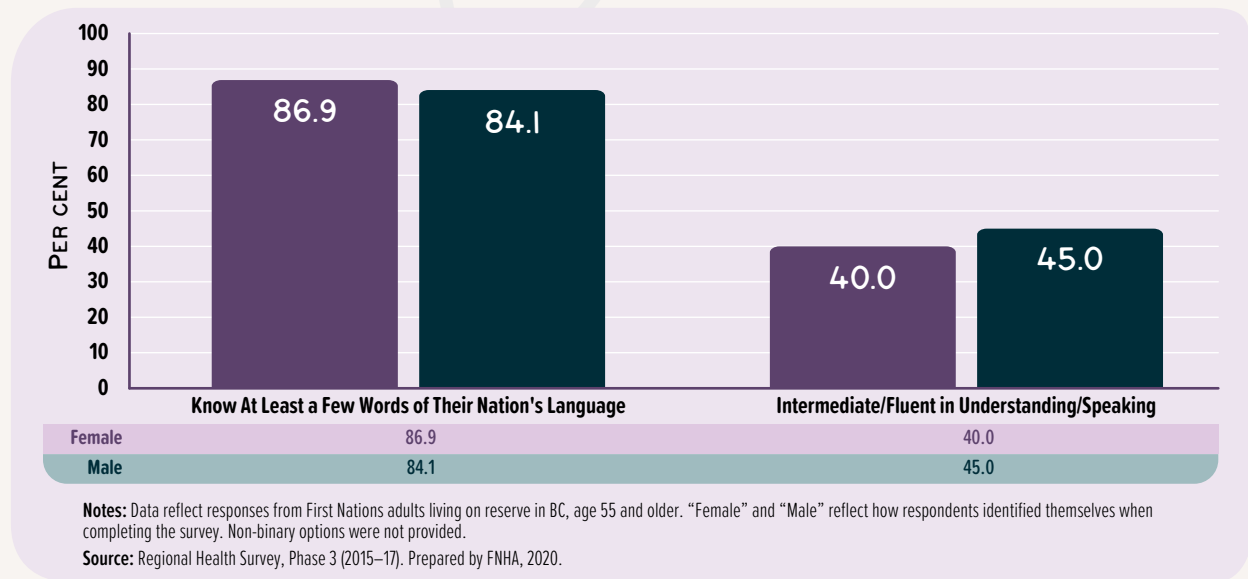




FIRST NATIONS LANGUAGE FLUENCY

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FIG 5.2 PERCENTAGE OF FIRST NATIONS ADULTS WHO REPORTED KNOWING AT LEAST A FEW WORDS OF THEIR NATION'S LANGUAGE, AND PERCENTAGE AMONG THEM WHO WERE FLUENT IN SPEAKING AND UNDERSTANDING, AGE 55 AND OLDER, BY SEX, BC, 2015–17

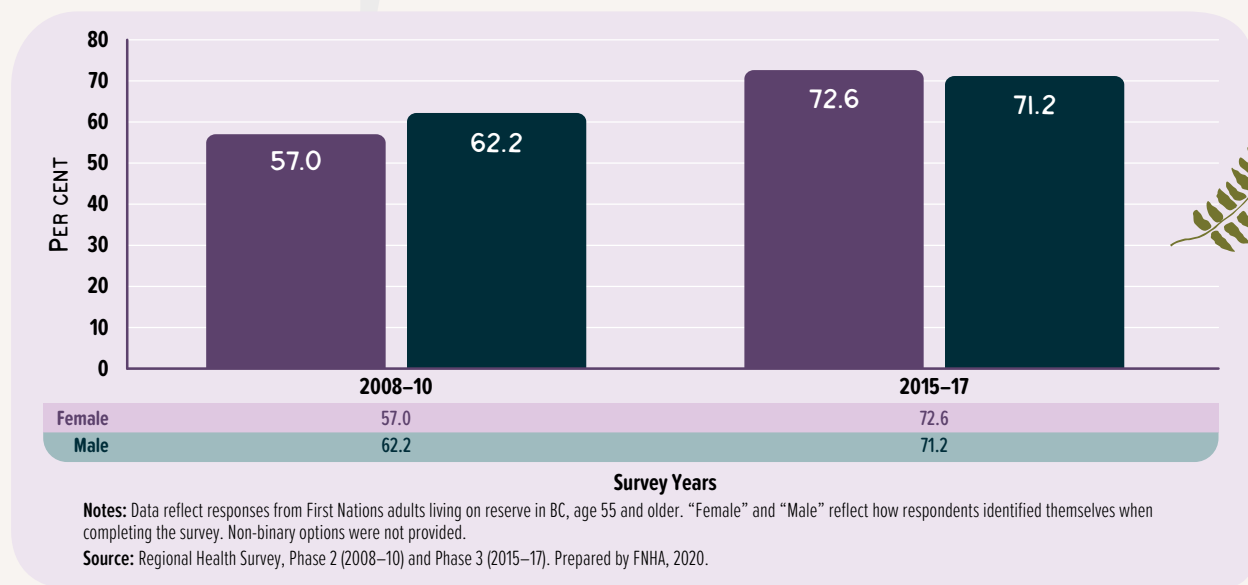


Older First Nations women are the primary speakers of First Nations languages. As holders of this knowledge, older First Nations women are pivotal in preserving and passing on traditional languages to their communities.⁶ Results from RHS3 (2015–17) showed that 86.9% of First Nations women age 55 and older knew at least a few words of their Nation's language, and 40.0% of those women were intermediate or fluent in speaking *and* understanding their Nation's language.

FIRST NATIONS FOODS

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FIG 5.3 PERCENTAGE OF FIRST NATIONS ADULTS WHO REPORTED EATING TRADITIONAL FOODS (NOT INCLUDING BANNOCK) "OFTEN" IN THE PAST YEAR, AGE 55 AND OLDER, BY SEX, BC, 2008–10 AND 2015–17

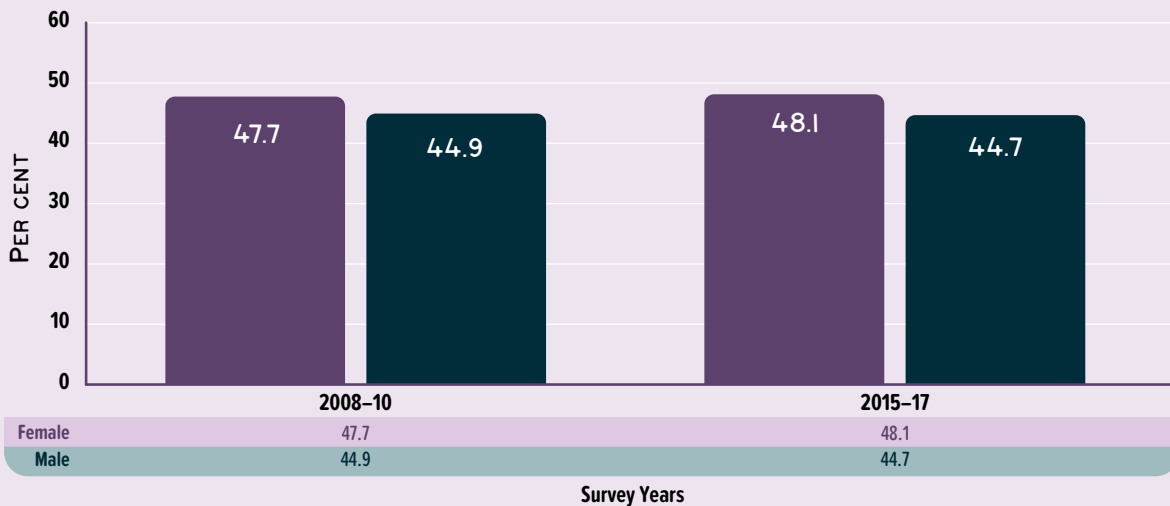


Older First Nations women often teach younger generations the cultural significance of food as a medicine, teacher, and relative. They also advocate for healthy Indigenous food for younger generations.⁷ From RHS2 (2008–10) to RHS3 (2015–17), the proportion of First Nations women age 55 and older who reported eating traditional foods often in the past year increased from 57.0% to 72.6%, showing an overall increase of 15.6 percentage points.

USE OF TRADITIONAL MEDICINE

p.95

FIG 5.4 PERCENTAGE OF FIRST NATIONS ADULTS WHO REPORTED HAVING USED TRADITIONAL MEDICINE IN THE PAST YEAR, AGE 55 AND OLDER, BY SEX, BC, 2008–10 AND 2015–17



Notes: Data reflect responses from First Nations adults living on reserve in BC, age 55 and older. “Female” and “Male” reflect how respondents identified themselves when completing the survey. Non-binary options were not provided.

Source: Regional Health Survey, Phase 2 (2008–10) and Phase 3 (2015–17). Prepared by FNHA, 2020.

Traditional medicine is used by older First Nations women to maintain wellness, promote healing, and feel connected to the land, culture, and ancestors. From RHS2 (2008–10) to RHS3 (2015–17), the proportion of First Nations women age 55 and older reporting having used traditional medicines in the past year remained the same (47.7% in 2008–10 and 48.1% in 2015–17).

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FIG 5.5 PERCENTAGE OF FIRST NATIONS ADULTS WHO REPORTED HAVING NO DIFFICULTIES ACCESSING TRADITIONAL MEDICINE IN THE PAST YEAR, AGE 55 AND OLDER, BY SEX, BC, 2008–10 AND 2015–17



Notes: Data reflect responses from First Nations adults living on reserve in BC, age 55 and older. “Female” and “Male” reflect how respondents identified themselves when completing the survey. Non-binary options were not provided.

Source: Regional Health Survey, Phase 2 (2008–10) and Phase 3 (2015–17). Prepared by FNHA, 2020.

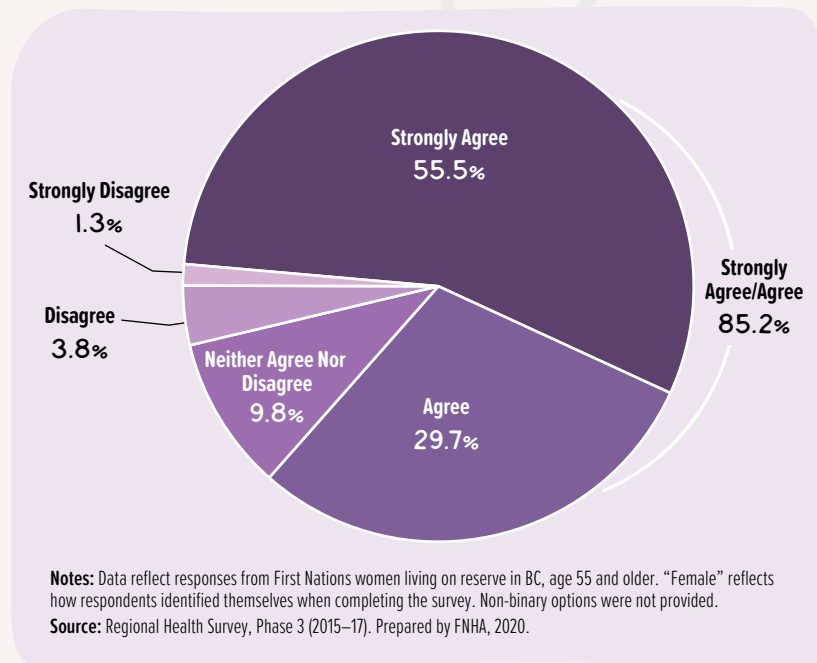
From RHS3 (2015–17), 46.9% of First Nations women age 55 and older reported having no difficulties accessing traditional medicine in the past year. This value had decreased from 63.0% as reported in RHS2 (2008–10).



IMPORTANCE OF SPIRITUALITY

p.95

FIG 5.6 REPORTED IMPORTANCE OF TRADITIONAL SPIRITUALITY AMONG FIRST NATIONS WOMEN, AGE 55 AND OLDER, BY LEVEL OF AGREEMENT, BC, 2015–17



Traditional spiritual practices provide older First Nations women with the strength and foundation to deal with past traumas as well as the ongoing intergenerational legacy of colonialism.⁸ The majority (85.2%) of First Nations women age 55 and older reported “agreeing” or “strongly agreeing” with the statement “traditional spirituality is important to me.” Only 5.1% “disagreed” or “strongly disagreed” with the statement.



SENSE OF BELONGING

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FIG 5.7 PERCENTAGE OF FIRST NATIONS ADULTS WHO REPORTED HAVING A STRONG SENSE OF BELONGING TO THEIR LOCAL COMMUNITY, AGE 55 AND OLDER, BY SEX, BC, 2015–17



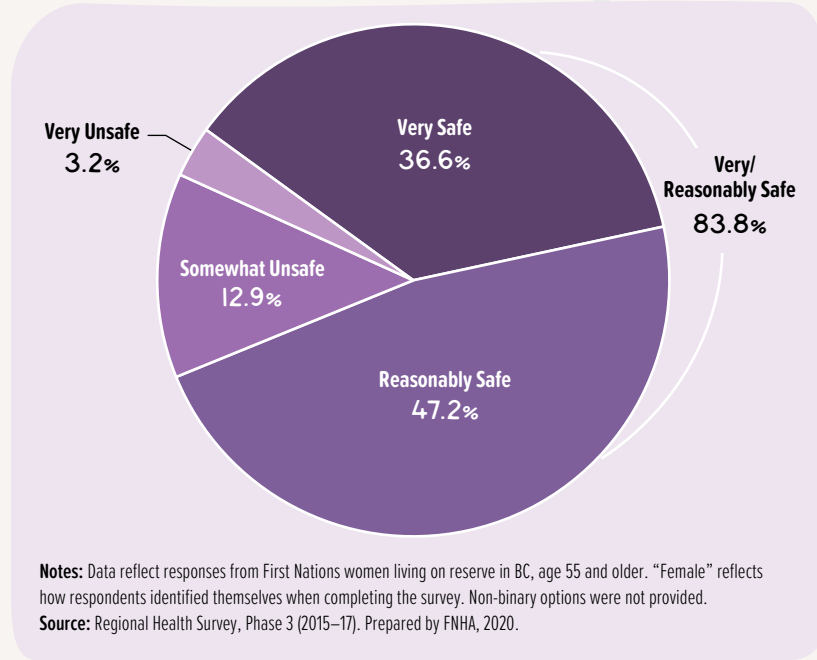
Community support and connections provide older First Nations women with the strength and resilience to deal with the unknown during their next stage of life.⁹ From RHS3 (2015–17), 86.4% of First Nations women age 55 and older reported having a strong sense of belonging to their local community.



FEELING SAFE

p.96

FIG 5.8 REPORTED FEELINGS OF SAFETY IN THEIR COMMUNITY AMONG FIRST NATIONS WOMEN, AGE 55 AND OLDER, BY DEGREE, BC, 2015–17



Older First Nations women’s perceptions of personal safety are closely tied to their connections with community. Historical traumas may still have an impact on the ways in which older First Nations women feel connected to their community.¹⁰ However, RHS3 (2015–17) results showed that 83.8% of First Nations women age 55 and older reported feeling either “very safe” or “reasonably safe” in their communities. Only 3.2% reported feeling “very unsafe.”



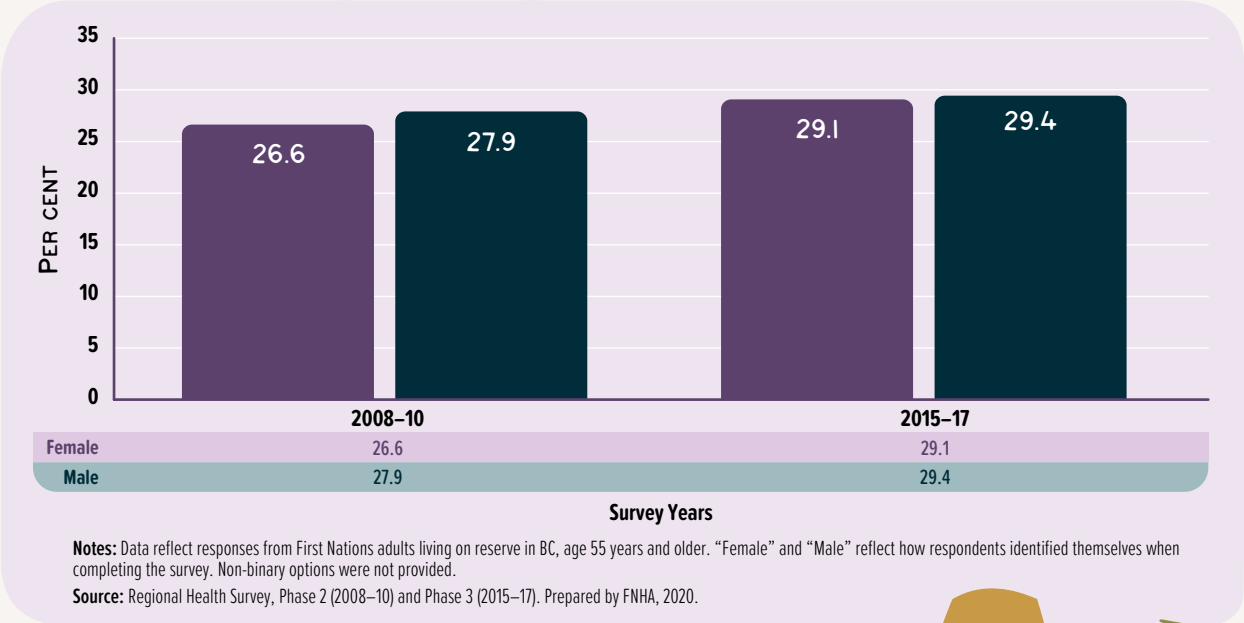
SUPPORTIVE SYSTEMS

The systems and protocols that BC First Nations have developed over generations to support their communities were negatively impacted by colonialism and continue to be undermined by structural racism. Manifesting in multiple ways—as land appropriation, cultural genocide, marginalization, violence and oppression—racism and discrimination have negatively impacted, and continue to negatively impact, the health and wellness of older First Nations women and Elders.¹¹ Yet, older First Nations women and Elders are strong and resilient pillars in the community and remain steadfast in pushing past these barriers to spend their final phases of life focusing on their wellness and celebrating their culture and traditions.

RACISM

p.98

FIG 5.9 PERCENTAGE OF FIRST NATIONS ADULTS WHO REPORTED HAVING PERSONALLY EXPERIENCED INSTANCES OF RACISM IN THE PAST YEAR, AGE 55 AND OLDER, BY SEX, BC, 2008–10 AND 2015–17



From RHS3 (2015–17), 29.1% of First Nations women age 55 and older reported personally experiencing instances of racism in the past year. This is an increase from 26.6% in RHS2 (2008–10). Since contact, older First Nations women have shown resilience in living with and resisting racial discrimination by relying on their culture, land, and community.

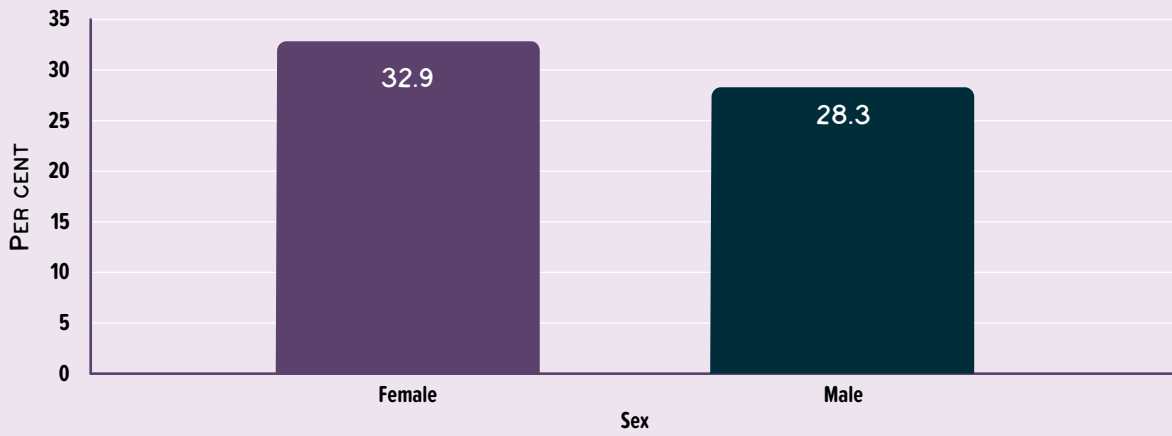




EXPERIENCES OF VERBAL OR PHYSICAL AGGRESSION

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FIG 5.10 PERCENTAGE OF FIRST NATIONS ADULTS WHO REPORTED HAVING EXPERIENCED PHYSICAL OR VERBAL AGGRESSION TOWARDS THEM IN THE PAST YEAR, AGE 55 AND OLDER, BY SEX, BC, 2015–17



Notes: Data reflect responses from First Nations adults living on reserve in BC, age 55 and older. “Female” and “Male” reflect how respondents identified themselves when completing the survey. Non-binary options were not provided.

Source: Regional Health Survey, Phase 3 (2015–17). Prepared by FNHA, 2020.



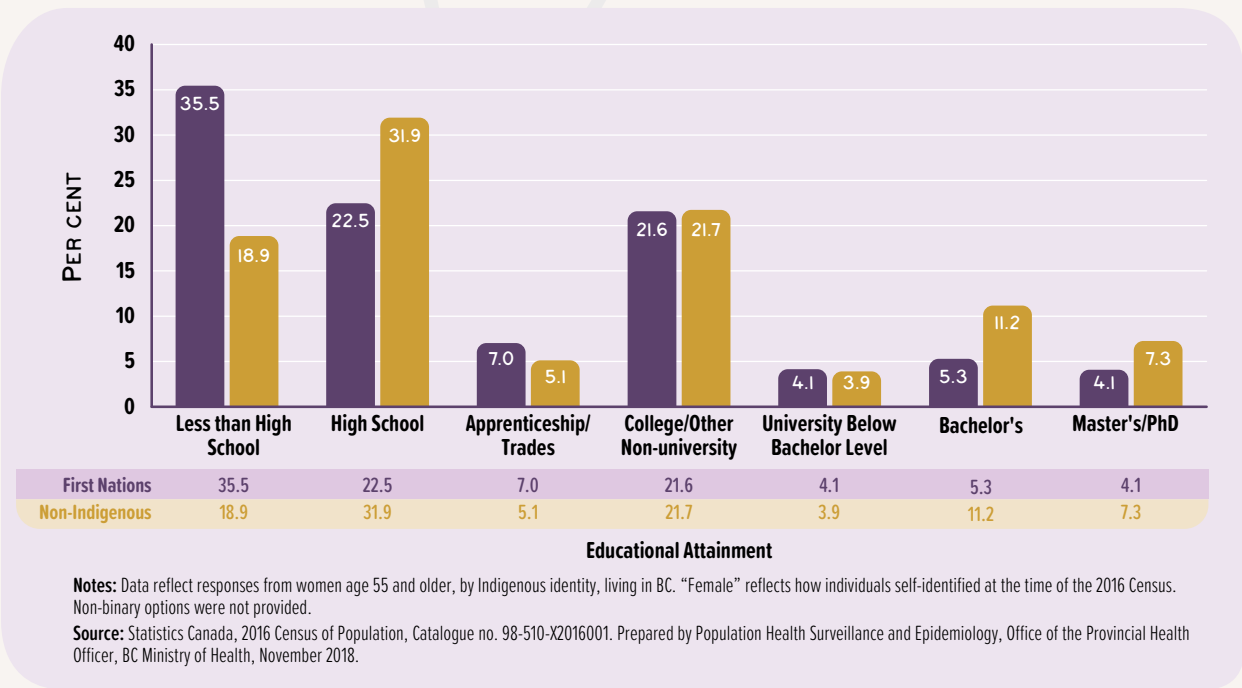
RHS3 (2015–17) data indicated that 32.9% of First Nations women age 55 and older reported some form of physical or verbal aggression towards them in the past year.



EDUCATIONAL ATTAINMENT – STUDENT OUTCOMES

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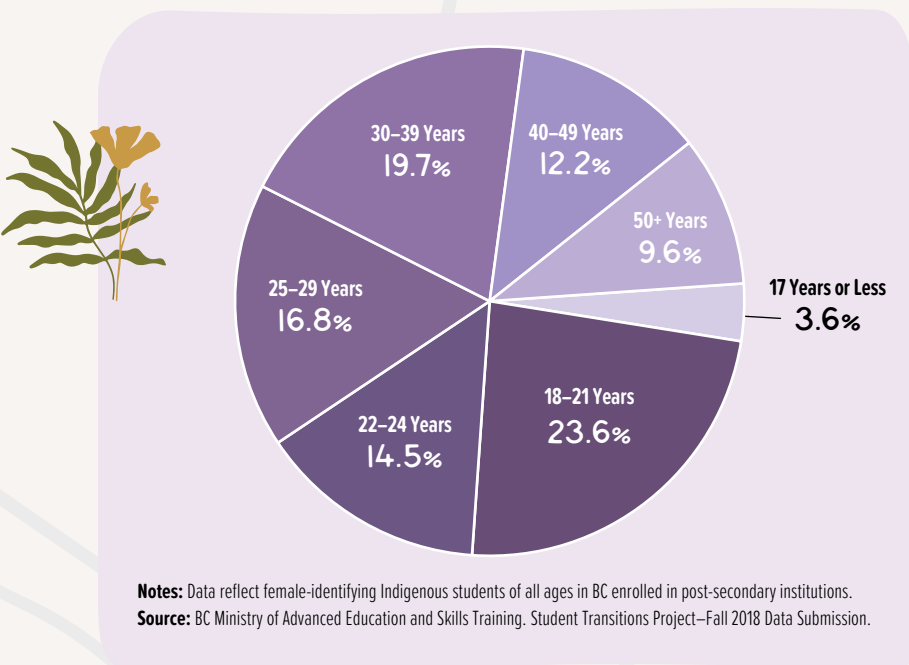
FIG 5.11 PERCENTAGE EDUCATIONAL ATTAINMENT AMONG FIRST NATIONS AND NON-INDIGENOUS WOMEN, AGE 55 AND OLDER, BC, 2016



In 2016, Statistics Canada reported that First Nations women age 55 and older were as likely or more likely than non-Indigenous respondents to have completed education in trades and apprenticeships, college and other non-university courses, and some university below the bachelor level. Non-Indigenous respondents reported higher attainment in high school diplomas, undergraduate, and graduate degrees.

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FIG 5.12 FEMALE INDIGENOUS STUDENTS ENROLLED IN POST-SECONDARY INSTITUTIONS, BY AGE GROUP, BC, 2017/18



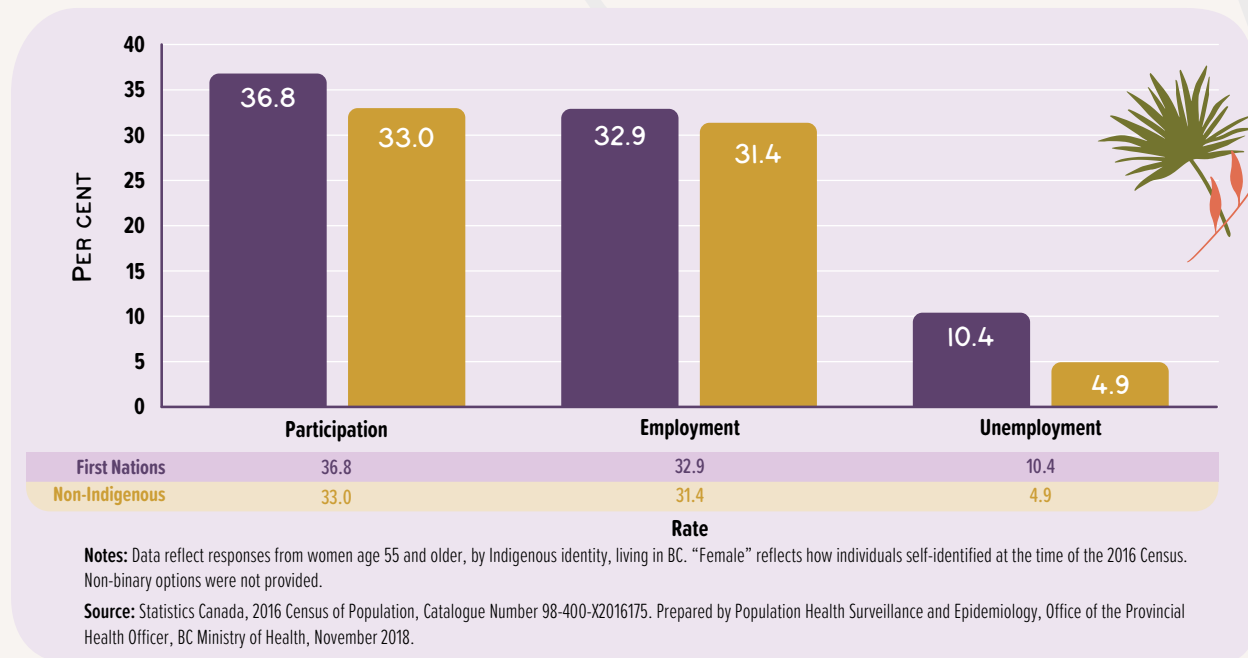
Older First Nations women value learning both Western and traditional ways of knowing. Lifelong learning among First Nations women contributes to their mental, emotional, and physical wellness; similarly, education and the ability to participate in learning are strongly associated with First Nations health and wellness.^{12,13,14} From 2017/18, the BC Ministry of Advanced Education and Skills Training reported that 9.6% of female Indigenous students enrolled in post-secondary institutions in BC were age 50 and older.



EMPLOYMENT

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FIG 5.13 PERCENTAGE OF LABOUR FORCE PARTICIPATION, EMPLOYMENT, AND UNEMPLOYMENT AMONG FIRST NATIONS AND NON-INDIGENOUS WOMEN, AGE 55 AND OLDER, BC, 2016

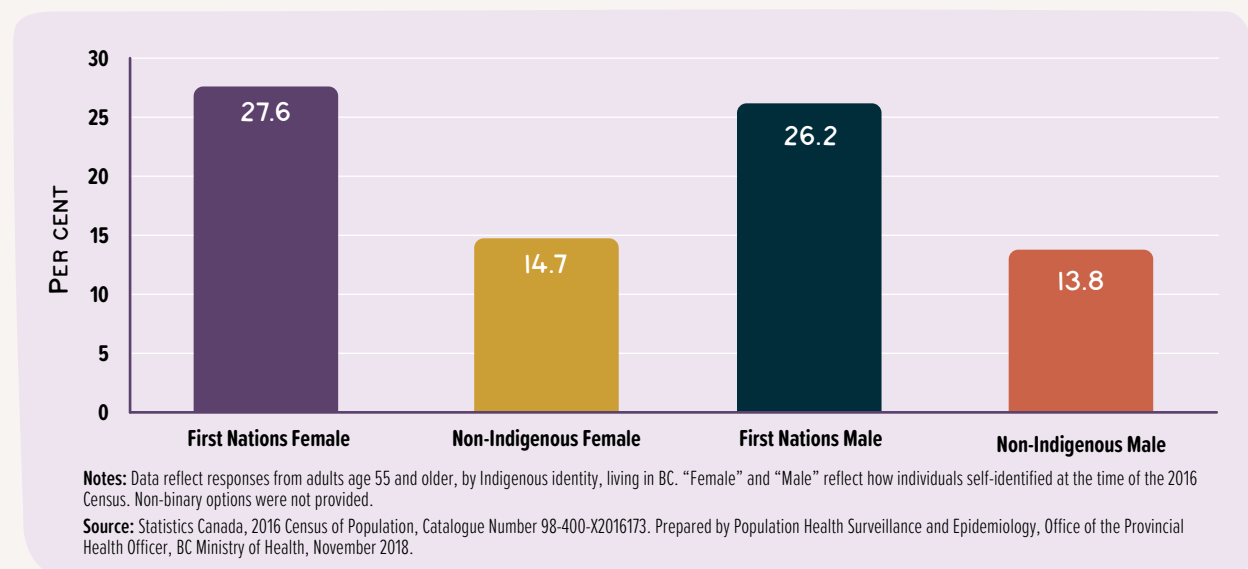


In 2016, Statistics Canada reported that among Indigenous women age 55 and older, 36.8% were participating in the labour force, 32.9% were employed, and 10.4% were unemployed. Individuals are considered to be participating in the labour force if they are employed or unemployed and looking for work.¹⁵ In each employment category, the proportion of Indigenous women age 55 and older was higher than non-Indigenous women of the same age.

INCOME

p.100

FIG 5.14 PERCENTAGE OF FIRST NATIONS AND NON-INDIGENOUS ADULTS LIVING ON INCOMES THAT FELL BELOW THE SPECIFIED LOW-INCOME LINE, AGE 55 AND OLDER, BY SEX, BC, 2016



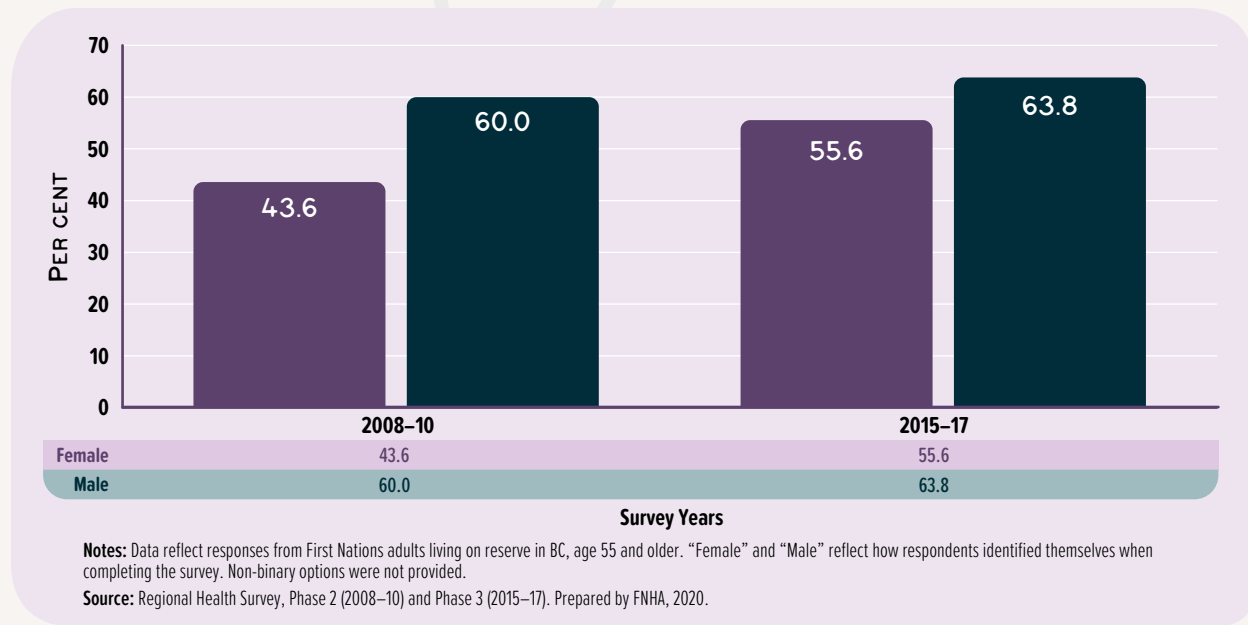
In their 2016 Census responses, 27.6% of First Nations women age 55 and older reported living on incomes below the specified low-income line, a higher percentage than First Nations men, non-Indigenous men, and non-Indigenous women of the same age.



MEETING BASIC NEEDS

p.100

FIG 5.15 PERCENTAGE OF FIRST NATIONS ADULTS WHO REPORTED THAT THEY NEVER HAD DIFFICULTY MEETING THEIR BASIC NEEDS IN THE PAST YEAR, AGE 55 AND OLDER, BY SEX, BC, 2008-10 AND 2015-17



The percentage of First Nations women age 55 and older who reported never having difficulty meeting their basic needs in the past year increased from 43.6% to 55.6% between RHS2 (2008-10) and RHS3 (2015-17). Older First Nations women face disproportionate barriers to meeting their basic needs as a result of colonialism. However, they remain strong and resilient and continue to find opportunities for employment to support themselves.

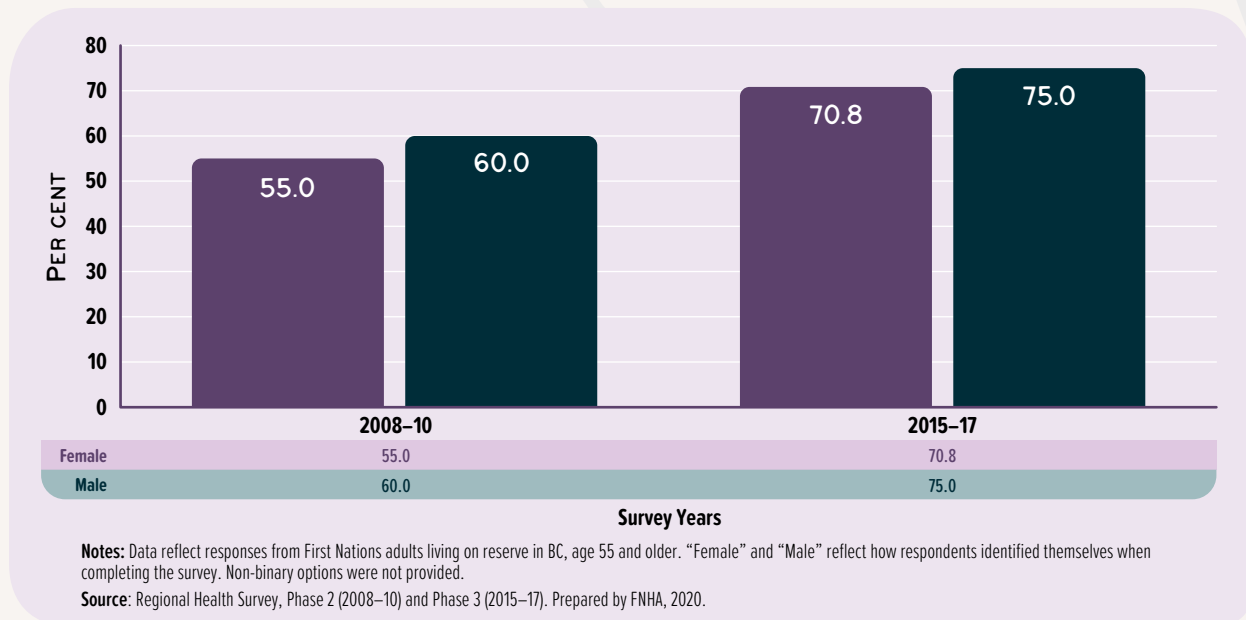




AFFORDING FOOD

p.100

FIG 5.16 PERCENTAGE OF FIRST NATIONS ADULTS WHO NEVER HAD DIFFICULTY COVERING THE COSTS OF FOOD IN THE PAST YEAR, AGE 55 AND OLDER, BY SEX, BC, 2008–10 AND 2015–17



The percentage of First Nations women age 55 and older who reported never having difficulty covering the costs of food in the past year increased from 55.0% to 70.8% between RHS2 (2008–10) and RHS3 (2015–17). A growing number of BC First Nations are now looking to Elder women for their teachings and knowledge as they work to revive First Nations diets and food practices, revitalize the cultural rituals and perspectives around food, and re-establish control over their food security.¹





FOOD SECURITY

p.100

FIG 5.17 PERCENTAGE OF FIRST NATIONS ADULTS WHO REPORTED BEING FOOD INSECURE IN THE PAST YEAR, AGE 55 AND OLDER, BY SEX, BC, 2008-10 AND 2015-17



The percentage of First Nations women age 55 and older who reported being food insecure in the past year increased from 43.0% to 50.4% between RHS2 (2008-10) and RHS3 (2015-17). Older First Nations women are leaders and advocates in the Indigenous food sovereignty movement. They are responsible for passing on the intergenerational knowledge of traditional foods and practices (e.g., harvesting, hunting) to support younger generations in reclaiming and revitalizing these important elements of cultural connectedness and well-being.¹⁶

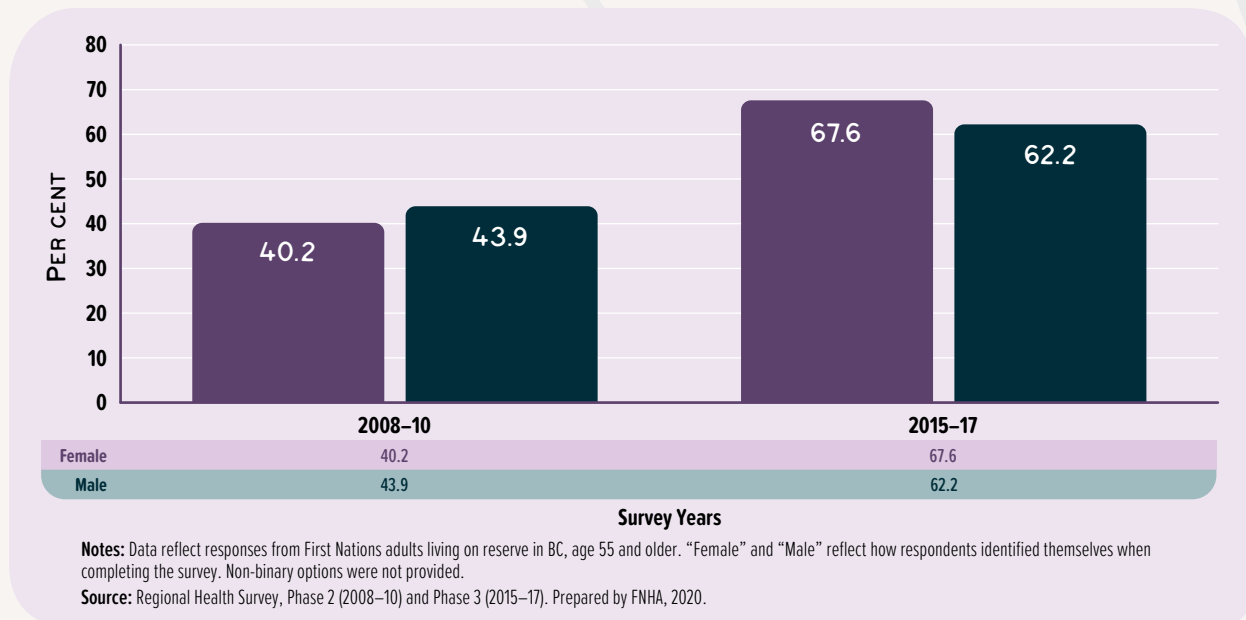




ACCESS TO INTERNET

p.101

FIG 5.18 PERCENTAGE OF FIRST NATIONS ADULTS WHO REPORTED HAVING A CONNECTION TO THE INTERNET IN THE PAST YEAR, AGE 55 AND OLDER, BY SEX, BC, 2008–10 AND 2015–17



Internet connectivity impacts various determinants of health, including an individual’s access to health care, education, and employment.¹⁷ The percentage of First Nations women age 55 and older who reported having an Internet connection in the past year increased from 40.2% to 67.6% between RHS2 (2008–10) and RHS3 (2015–17). However, affordable, secure access to the Internet has not been made available to all First Nations communities.¹⁸

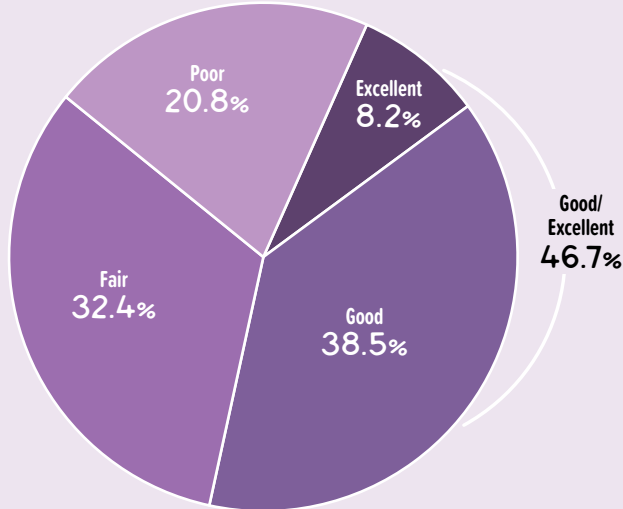




QUALITY OF AVAILABLE HEALTH SERVICES

p.102

FIG 5.19 SELF-REPORTED RATINGS OF THE HEALTH CARE SERVICES IN THEIR COMMUNITY, FIRST NATIONS WOMEN, AGE 55 AND OLDER, BC, 2015-17



Notes: Data reflect responses from First Nations women living on reserve in BC, age 55 and older. “Female” reflects how respondents identified themselves when completing the survey. Non-binary options were not provided.

Source: Regional Health Survey, Phase 3 (2015-17). Prepared by FNHA, 2020.

Access to timely and appropriate health services, specifically primary care, is critical for older First Nations women to maintain their health and well-being.¹⁹ RHS3 (2015-17) showed that 46.7% of First Nations women age 55 and older rated the quality of available health care services in their community as “good” or “excellent.”

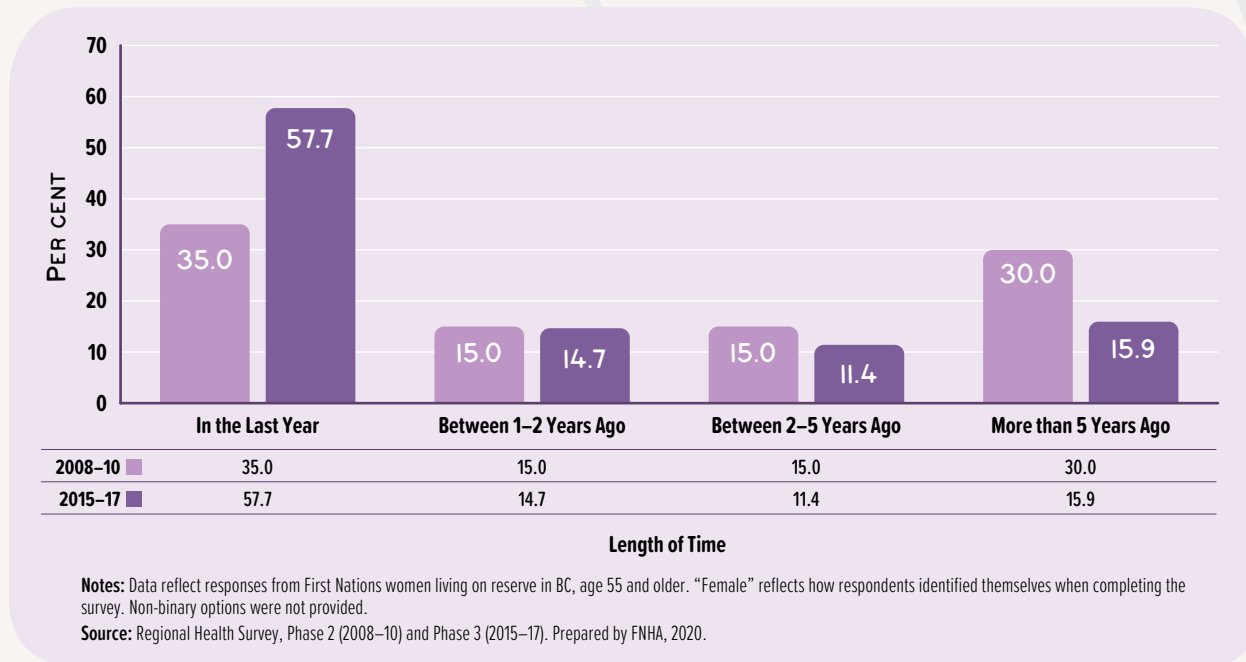




ACCESSING DENTAL CARE

p.102

FIG 5.20 PERCENTAGE OF FIRST NATIONS WOMEN WHO REPORTED HAVING RECEIVED DENTAL CARE, AGE 55 AND OLDER, BY LENGTH OF TIME SINCE CARE RECEIVED, BC, 2008–10 AND 2015–17



Some older First Nations women may face barriers in accessing dental services due to needing to travel to access these services, as well as fears of—or re-traumatization resulting from—negative health care experiences or trauma experienced in residential schools and other colonial systems.²⁰ The proportion of First Nations women age 55 and older who reported receiving dental care in the last year increased from 35.0% to 57.7% between RHS2 (2008–10) and RHS3 (2015–17). In RHS3 (2015–17), 72.4% of First Nations women age 55 and older reported receiving dental care at least once in the last two years (57.7% in the last year and 14.7% between one and two years ago). Passing on positive experiences in accessing dental care builds community resilience, strength, and healing.



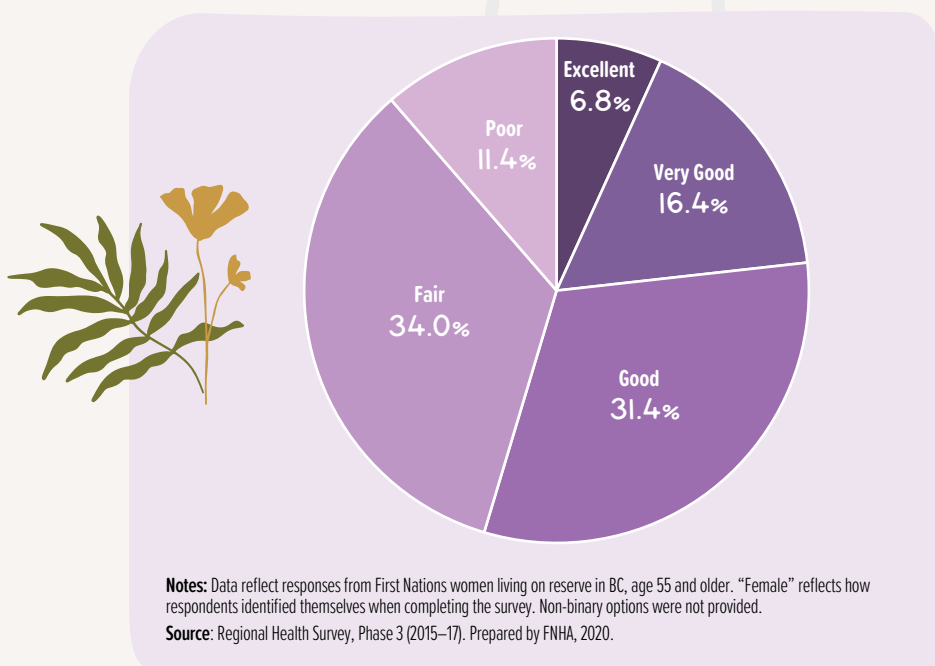
HEALTHY BODIES, MINDS AND SPIRITS

The systemic barriers created by colonialism, in addition to the longstanding impacts of intergenerational trauma, are the root causes of chronic disease and health inequities among older First Nations women and Elders.²¹ Older First Nations women and Elders are on a journey of healing. They lean on their community to help support them in their wellness and re-centre themselves to the land, culture, and their ancestors.^{22,23}

SELF-RATED HEALTH

p.103

FIG 5.21 SELF-RATED GENERAL HEALTH OF FIRST NATIONS WOMEN, AGE 55 AND OLDER, BY QUALITY LEVEL, BC, 2015-17

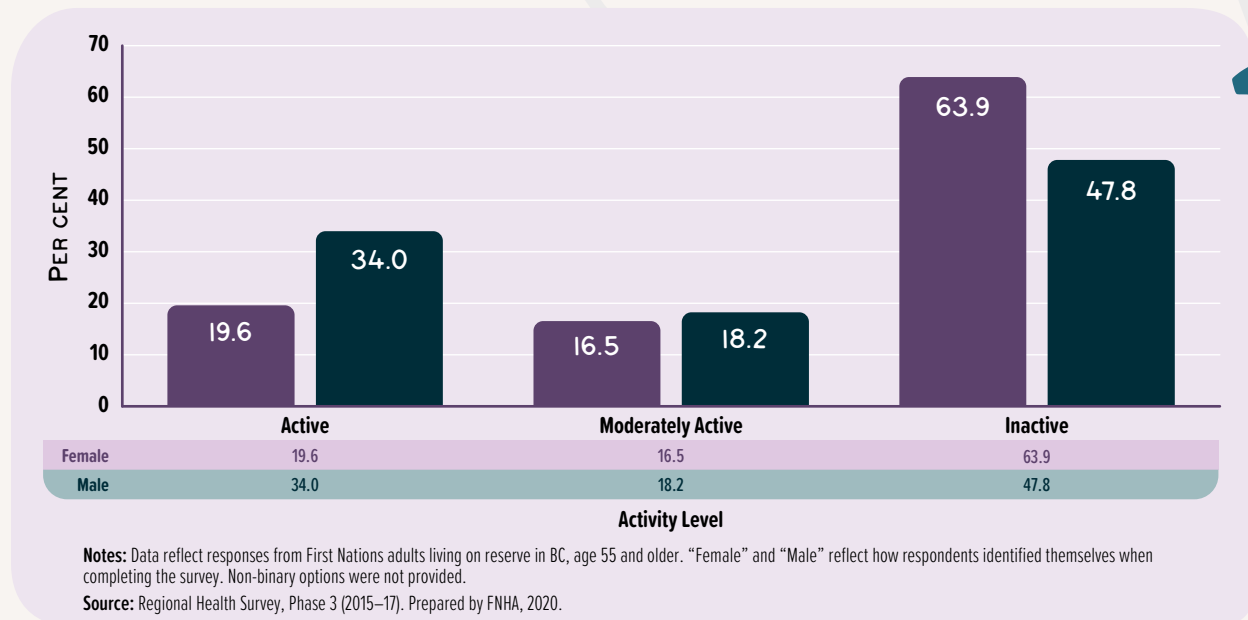


Older First Nations women are on a healing journey to address the trauma and intergenerational trauma that have affected their physical, mental, emotional, and spiritual health and wellness.⁹ From RHS3 (2015–17), 23.2% of First Nations women age 55 and older reported that their general health was either “excellent” or “very good,” and nearly a third reported that their general health was “good” (31.4%).

PHYSICAL ACTIVITY

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FIG 5.22 PERCENTAGE SELF-REPORTED PHYSICAL ACTIVITY OF FIRST NATIONS ADULTS, AGE 55 AND OLDER, BY SEX AND ACTIVITY LEVEL, BC, 2015-17

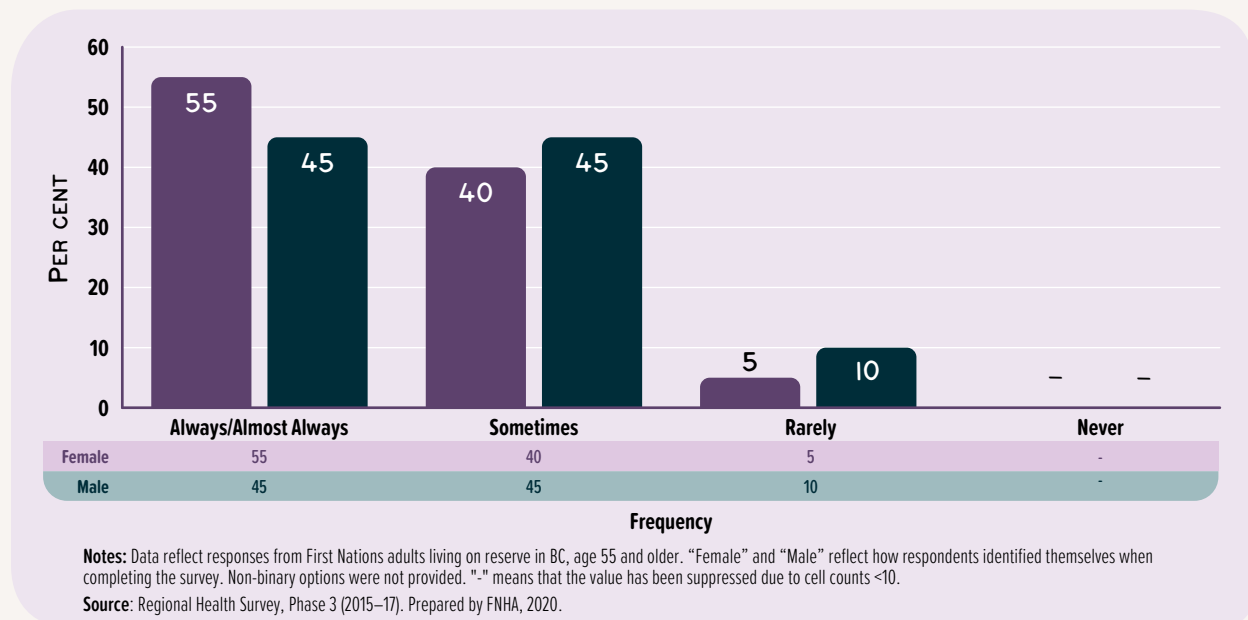


Many older First Nations women continue to stay physically active by participating in cultural activities; however, mobility or physical disabilities may impair their ability to do so.³ RHS3 (2015–17) data showed that 19.6% of First Nations women age 55 and older reported being “active” and 16.5% reported being “moderately active” in the past three months.

EATING NUTRITIOUS MEALS

p.104

FIG 5.23 PERCENTAGE OF FIRST NATIONS ADULTS WHO REPORTED EATING NUTRITIOUS, BALANCED MEALS IN THE PAST YEAR, AGE 55 AND OLDER, BY SEX AND FREQUENCY, BC, 2015-17

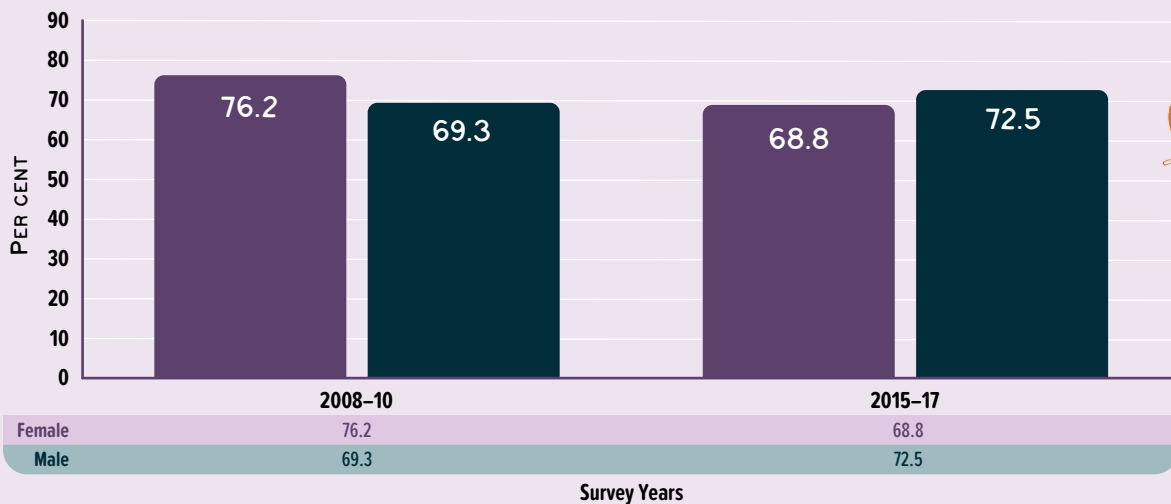


Many older First Nations women continue to eat traditional foods, which have provided women with healthy, balanced diets for centuries.³ RHS3 (2015–17) data showed that 55% of First Nations women age 55 and older reported “always or almost always” eating nutritious, balanced meals, while 40% reported eating nutritious, balanced meals “sometimes.”

NON-SMOKING RATES

p.105

FIG 5.24 PERCENTAGE OF FIRST NATIONS ADULTS WHO WERE NON-SMOKERS, AGE 55 AND OLDER, BY SEX, BC, 2008-10 AND 2015-17



Notes: Data reflect responses from First Nations adults living on reserve in BC, aged 55 years and older. "Female" and "Male" reflect how respondents identified themselves when completing the survey. Non-binary options were not provided.

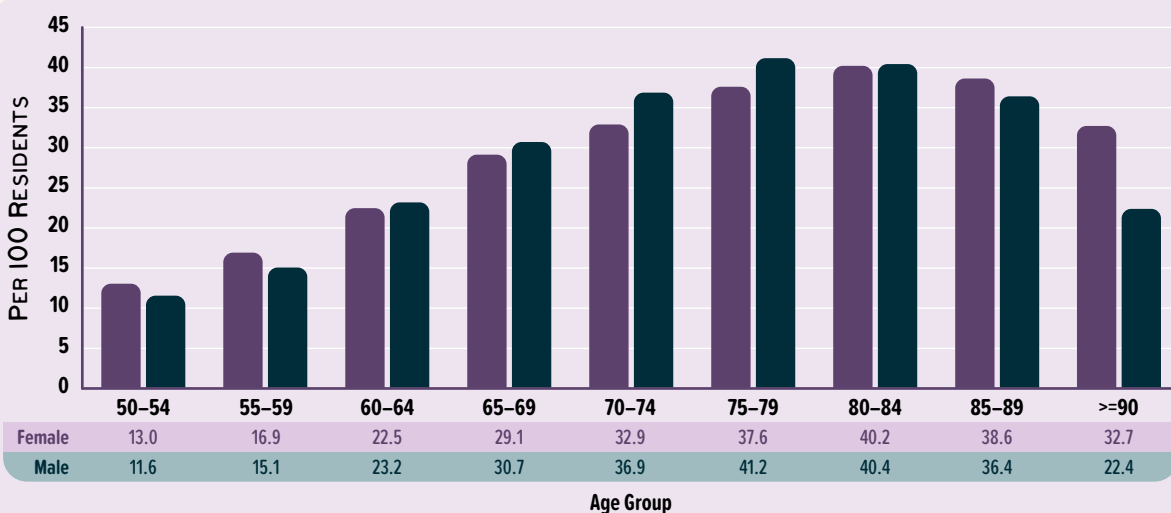
Source: Regional Health Survey, Phase 2 (2008-10) and Phase 3 (2015-17). Prepared by FNHA, 2020.

The proportion of First Nations women age 55 and older who reported being non-smokers decreased 7.4 percentage points, from 76.2% to 68.8%, between RHS2 (2008-10) and RHS3 (2015-17).

DIABETES

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FIG 5.25 AGE-SPECIFIC PREVALENCE OF DIABETES, STATUS FIRST NATIONS, AGE 50 AND OLDER, BY SEX AND AGE GROUP, BC, 2004/05 TO 2015/16



Notes: Data are for Status First Nations age 50 and older. "Female" and "Male" reflect the source data available at the time of data collection, and may not reflect a person's lived experience or preferred gender identity.

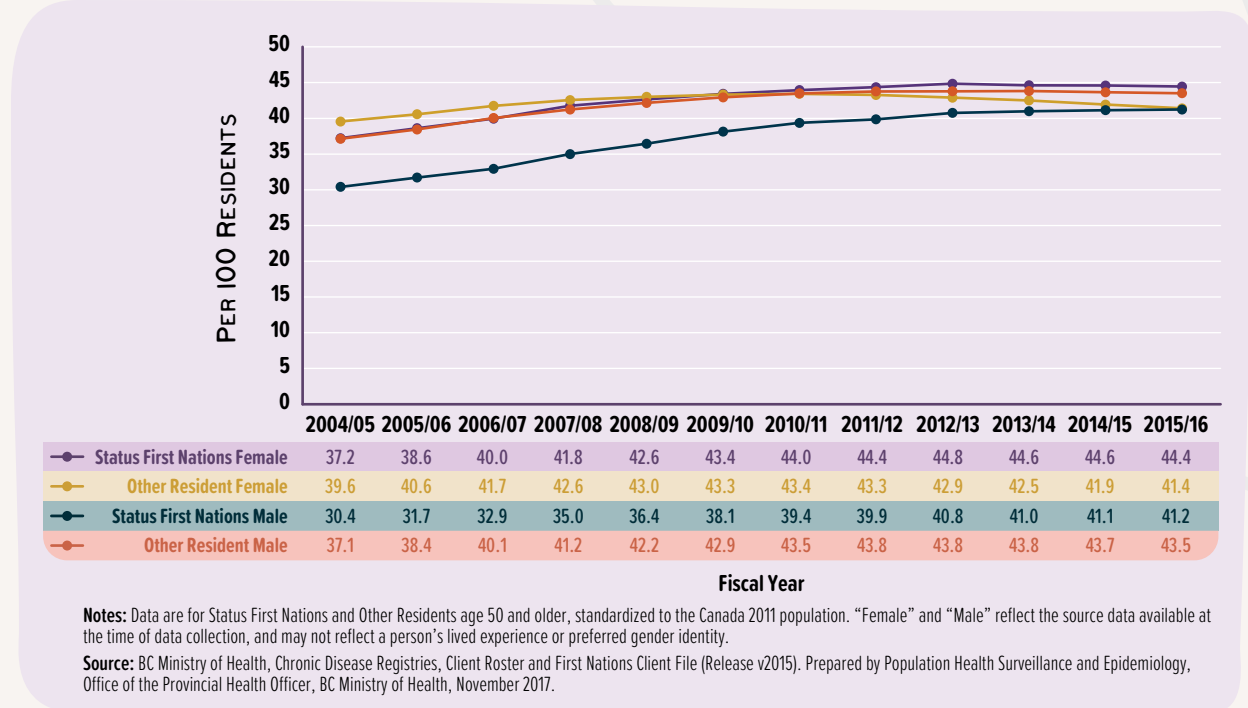
Source: BC Ministry of Health, Chronic Disease Registries, Client Roster and First Nations Client File (Release v2015). Prepared by Population Health Surveillance and Epidemiology, Office of the Provincial Health Officer, BC Ministry of Health, December 2018.

The age-specific prevalence of diabetes among Status First Nations women over the age of 50 is highest among women age 80-84 (40.2%), followed by 85-89 (38.6%), and 75-79 (37.6%). It is lowest among the younger age groups. A similar trend is seen among older Status First Nations men.

HYPERTENSION

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FIG 5.26 AGE-STANDARDIZED PREVALENCE OF HYPERTENSION, STATUS FIRST NATIONS AND OTHER RESIDENTS, AGE 50 AND OLDER, BY SEX, BC, 2004/05 TO 2015/16



The age-standardized prevalence of hypertension was highest among Other Resident women age 50 and older from 2004/05–2008/09. Subsequent years show prevalence of hypertension was consistently higher among Status First Nations women age 50 and older.



ALZHEIMER'S DISEASE

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FIG 5.27 AGE-STANDARDIZED PREVALENCE OF ALZHEIMER'S DISEASE AND OTHER DEMENTIA, STATUS FIRST NATIONS AND OTHER RESIDENTS, AGE 50 AND OLDER, BY SEX, BC, 2004/05 TO 2015/16



Older First Nations women are more likely to have risk factors for Alzheimer's disease (e.g., diabetes, low socioeconomic status, poverty, obesity, cardiovascular disease) due to the impacts of colonialism.²⁴ From 2004/05 to 2015/16, the age-standardized prevalence of Alzheimer's disease and other forms of dementia steadily increased for all groups. Among Status First Nations women age 50 and older, the prevalence increased from 2.12% (2004/05) to 3.18% (2015/16).



OSTEOARTHRITIS

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FIG 5.28 AGE-STANDARDIZED PREVALENCE OF OSTEOARTHRITIS, STATUS FIRST NATIONS AND OTHER RESIDENTS, AGE 50 AND OLDER, BY SEX, BC, 2004/05 TO 2015/16



Notes: Data are for Status First Nations and Other Residents age 50 and older, standardized to the Canada 2011 population. “Female” and “Male” reflect the source data available at the time of data collection, and may not reflect a person’s lived experience or preferred gender identity.

Source: BC Ministry of Health, Chronic Disease Registries, Client Roster and First Nations Client File (Release v2015). Prepared by Population Health Surveillance and Epidemiology, Office of the Provincial Health Officer, BC Ministry of Health, February 2019.

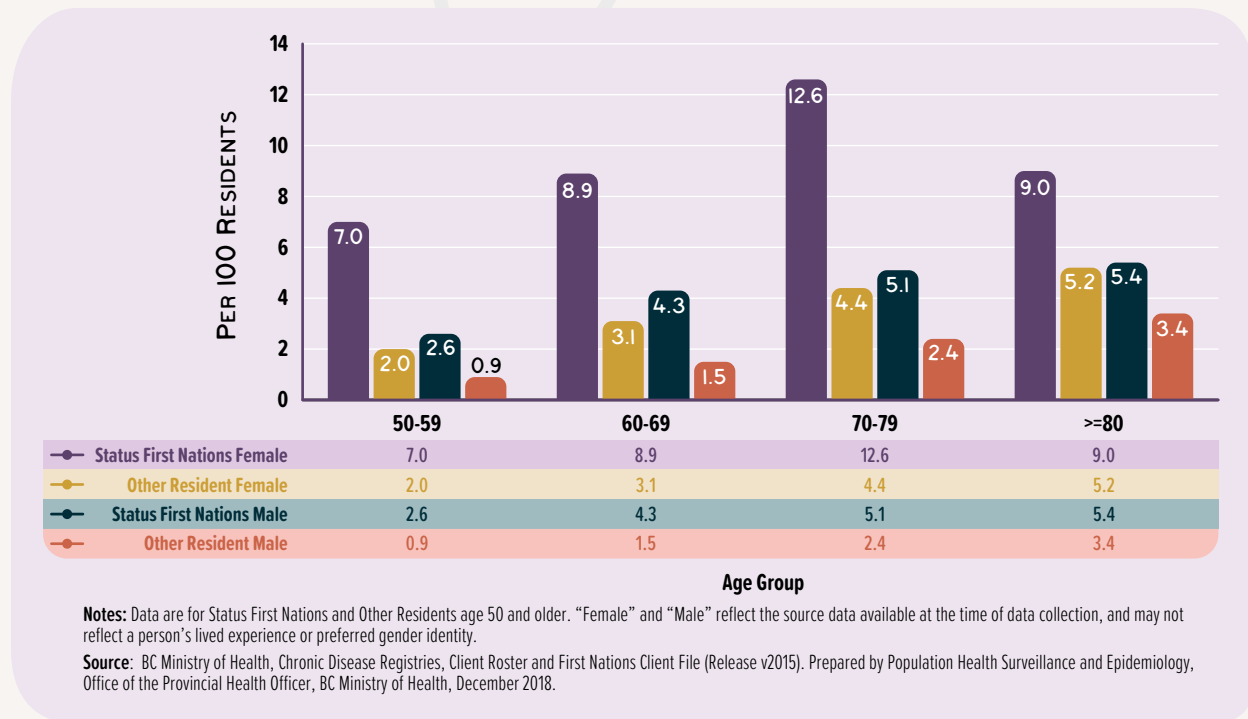


From 2004/05 to 2015/16, the age-standardized prevalence of osteoarthritis among Status First Nations women age 50 and older remained consistently higher than all other groups (e.g., older Other Resident women).

RHEUMATOID ARTHRITIS

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FIG 5.29 AGE-SPECIFIC PREVALENCE OF RHEUMATOID ARTHRITIS, STATUS FIRST NATIONS AND OTHER RESIDENTS, AGE 50 AND OLDER, BY SEX AND AGE GROUP, BC, 2015/16



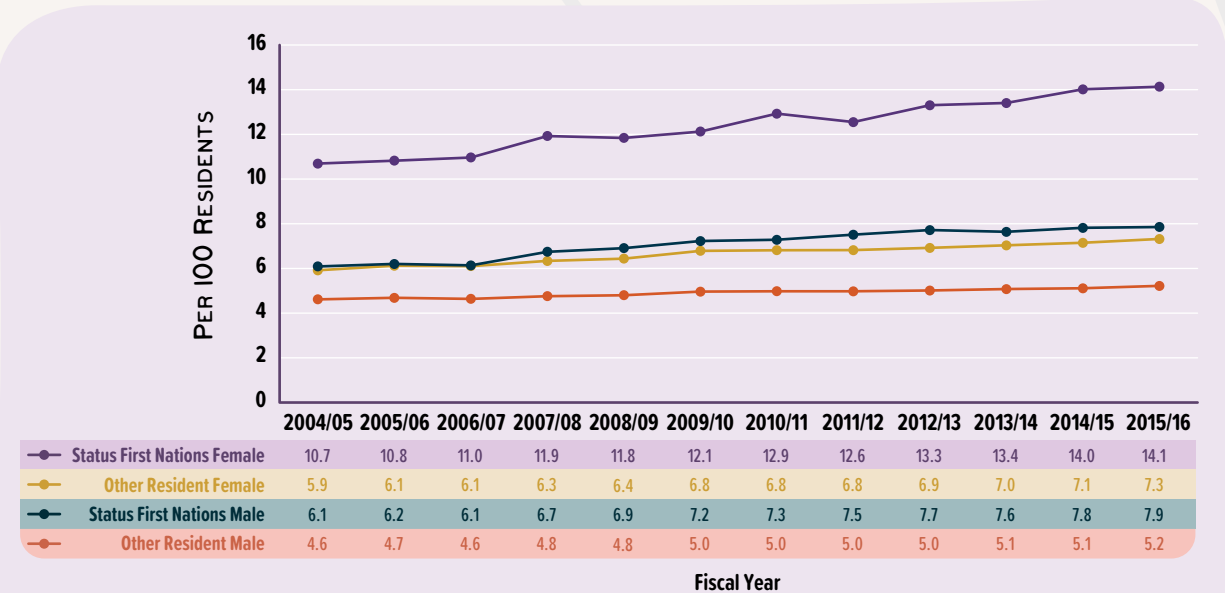
The age-specific prevalence of rheumatoid arthritis is consistently higher among Status First Nations women age 50 and older in each age group, as compared to the other groups. The highest prevalence is seen among Status First Nations women age 70–79 (12.6%).



ASTHMA

p.108

FIG 5.30 AGE-STANDARDIZED PREVALENCE OF ASTHMA, STATUS FIRST NATIONS AND OTHER RESIDENTS, AGE 50 AND OLDER, BY SEX, BC, 2004/05 TO 2015/16



Notes: These are cases of Status First Nations and Other Residents age 50 and older receiving asthma care during the fiscal year (newly diagnosed cases and previously diagnosed cases receiving continuing asthma care), standardized to the Canada 2011 population. "Female" and "Male" reflect the source data available at the time of data collection, and may not reflect a person's lived experience or preferred gender identity.

Sources: BC Ministry of Health, Chronic Disease Registries, Client Roster and First Nations Client File (Release v2015). Prepared by Population Health Surveillance and Epidemiology, Office of the Provincial Health Officer, BC Ministry of Health, January 2019.



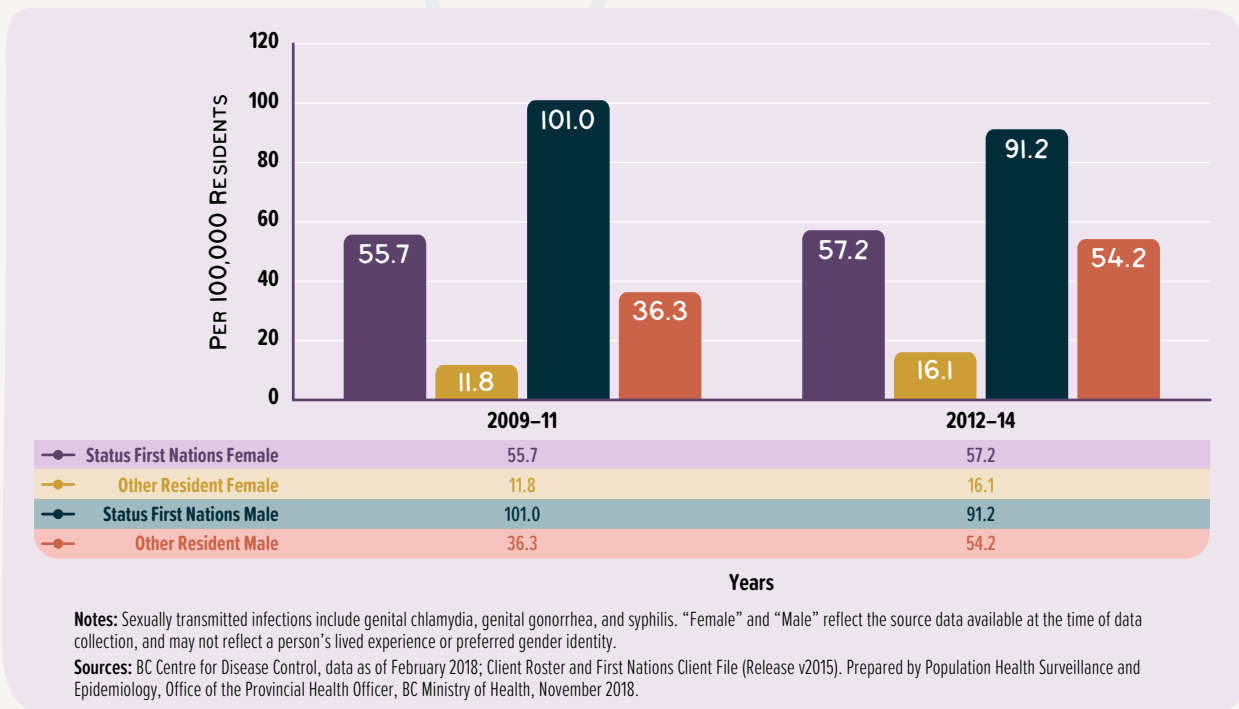
The age-standardized prevalence of asthma was consistently higher among Status First Nations women age 50 and older than other groups from 2004–05 to 2015–16. In 2015–16, the prevalence for Status First Nations women age 50 and older was twice that of Other Resident women.



SEXUALLY TRANSMITTED INFECTIONS

p.108

FIG 5.31 CRUDE RATE OF SEXUALLY TRANSMITTED INFECTIONS, STATUS FIRST NATIONS AND OTHER RESIDENTS, AGE 50 AND OLDER, BY SEX, BC, 2009–11 AND 2012–14



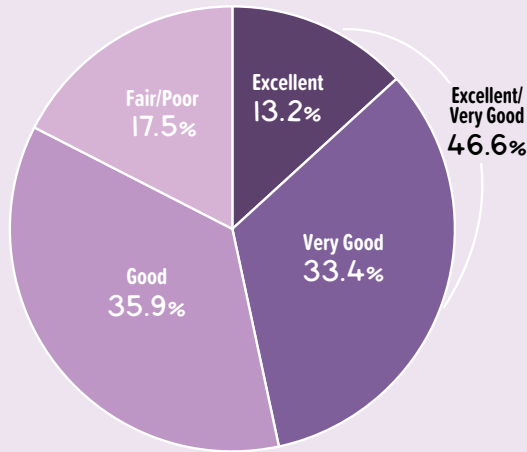
First Nations women describe a collective silence around issues related to female sexuality due to the repression of sexual health teaching and sexual abuse that occurred in residential schools and other colonial institutions.^{25,26} Many indicate that they do not feel comfortable talking about their sexual and reproductive health, which creates a barrier for First Nations women when it comes to accessing sexual health and preventative services.²⁷

In 2012–14, the crude rate of sexually transmitted infections among Status First Nations women age 50 and older was 57.2 per 100,000, higher than Other Resident women and Other Resident men. Status First Nations men age 50 and older had the highest rate at 91.2 per 100,000.

SELF-RATED MENTAL HEALTH

p.110

FIG 5.32 SELF-RATED MENTAL HEALTH OF FIRST NATIONS WOMEN, AGE 55 AND OLDER, BY QUALITY LEVEL, BC, 2015-17



Notes: Data reflect responses from First Nations women living on reserve in BC, age 55 and older. “Female” reflects how respondents identified themselves when completing the survey. Non-binary options were not provided.

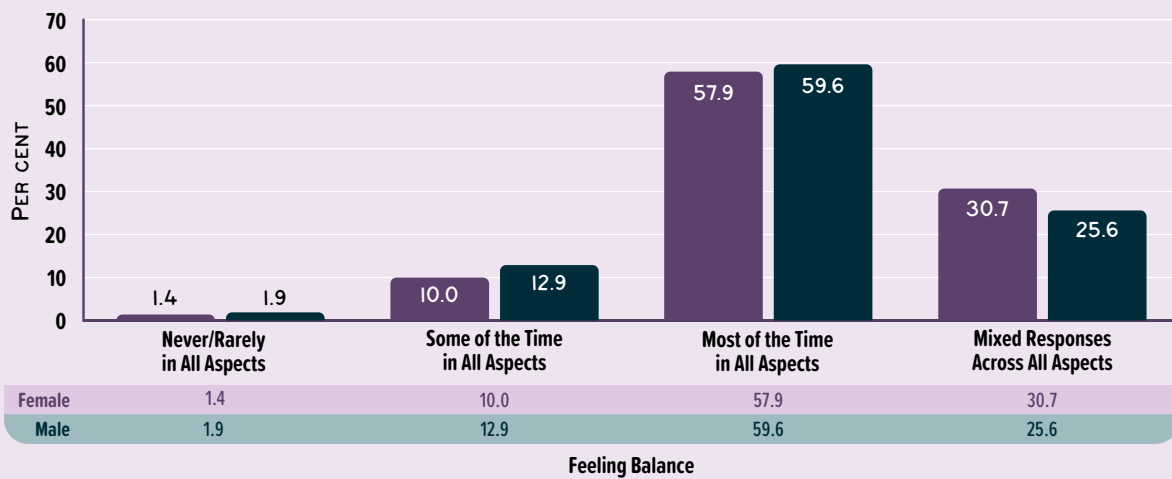
Source: Regional Health Survey, Phase 3 (2015–17). Prepared by FNHA, 2020.

The mental health of older First Nations women is tightly interwoven with their spiritual, physical, and emotional health. Having close connections and relationships with the community impacts the mental health of older First Nations women.²⁸ RHS3 (2015–17) data showed that 46.6% of First Nations women age 55 and older reported “excellent” or “very good” mental health.

SENSE OF BALANCE

p.110

FIG 5.33 PERCENTAGE SELF-RATED BALANCE IN WELLNESS ASPECTS OF LIFE (PHYSICAL, MENTAL, SPIRITUAL, AND EMOTIONAL) AMONG FIRST NATIONS ADULTS, AGE 55 AND OLDER, BY SEX AND FREQUENCY OF FEELINGS OF BALANCE, BC, 2015-17



Notes: Data reflect First Nations adults living on reserve in BC, age 55 and older. “Female” and “Male” reflect how respondents identified themselves when completing the survey. Non-binary options were not provided.

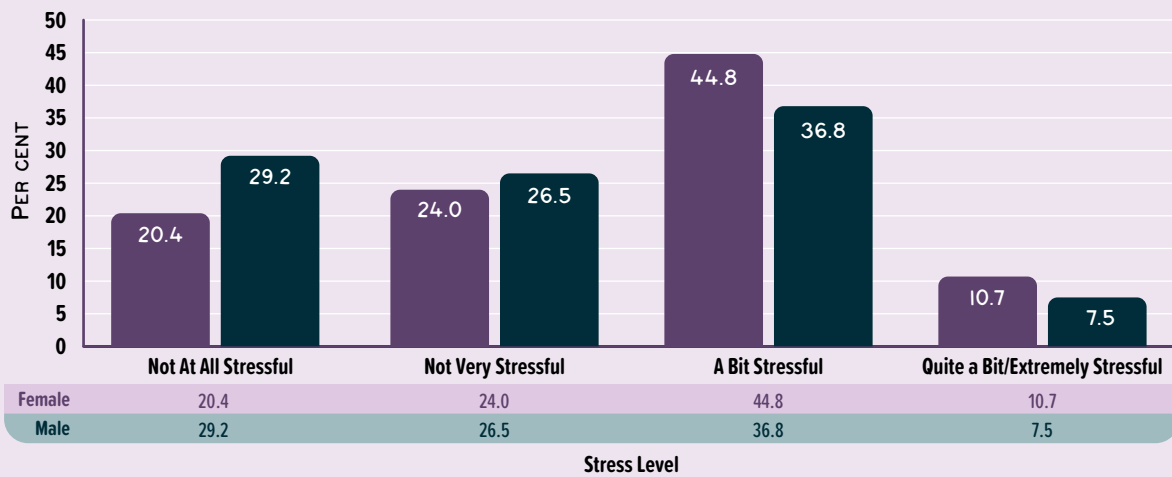
Source: Regional Health Survey, Phase 3 (2015–17). Prepared by FNHA, 2020.

Older First Nations women’s wellness is supported by their connections to the land, community, and culture.²⁹ RHS3 (2015–17) data showed that 57.9% of First Nations women age 55 and older felt a sense of balance most of the time across all aspects of wellness, while only 10.0% reported feeling balanced some of the time.

LIFE STRESS

p.110

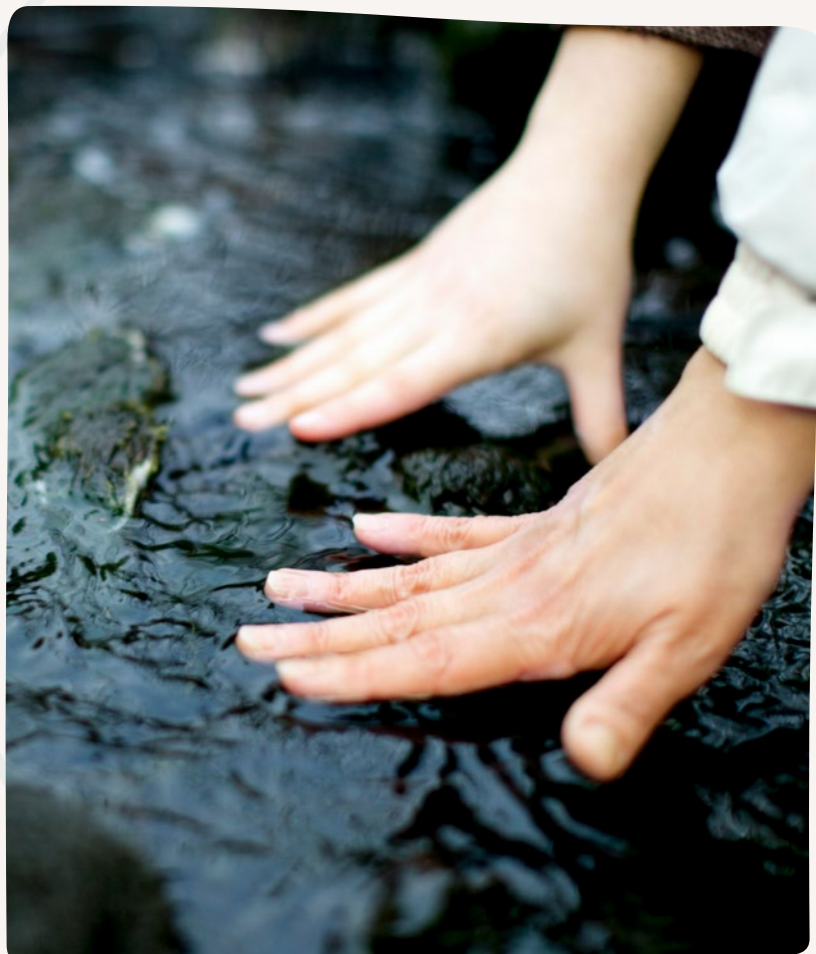
FIG 5.34 PERCENTAGE REPORTED STRESS LEVEL OF MOST DAYS IN LIFE AMONG FIRST NATIONS ADULTS, AGE 55 AND OLDER, BY SEX, BC, 2015–17



Notes: Data reflect First Nations adults living on reserve in BC, age 55 and older. “Female” and “Male” reflect how respondents identified themselves when completing the survey. Non-binary options were not provided.

Source: Regional Health Survey, Phase 3 (2015–17). Prepared by FNHA, 2020.

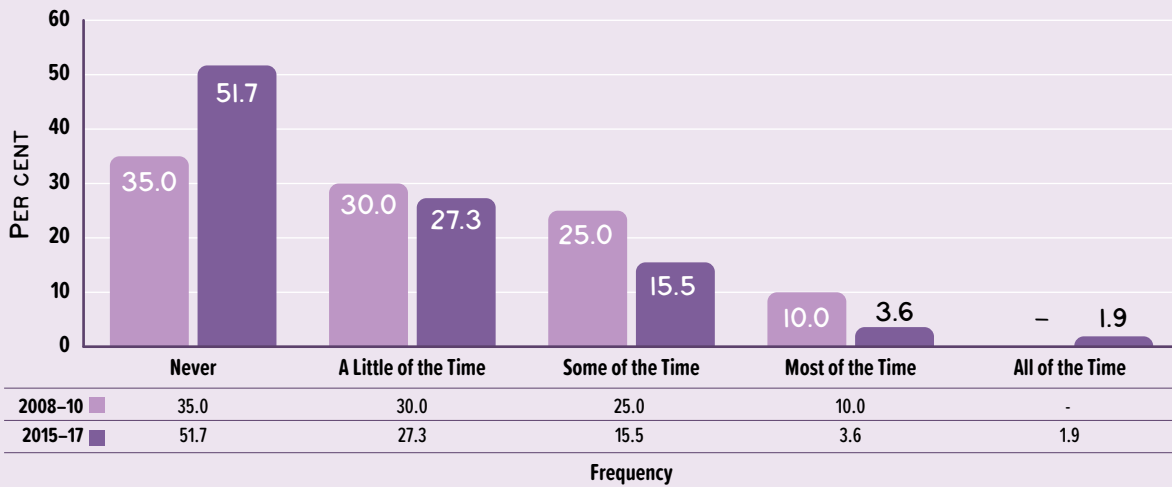
Older First Nations women have developed healthy coping strategies for dealing with daily sources of stress by staying connected to their families, community, land, and culture.³ RHS3 (2015–17) data showed that 89.2% of First Nations women age 55 and older reported that most days ranged from “not at all stressful” to “a bit stressful,” with only 10.7% reporting that most days were “quite a bit/extremely stressful.”



DEPRESSION

p.110

FIG 5.35 PERCENTAGE REPORTED FEELINGS OF DEPRESSION IN THE PAST MONTH AMONG FIRST NATIONS WOMEN, AGE 55 AND OLDER, BY FREQUENCY, BC, 2008–10 AND 2015–17

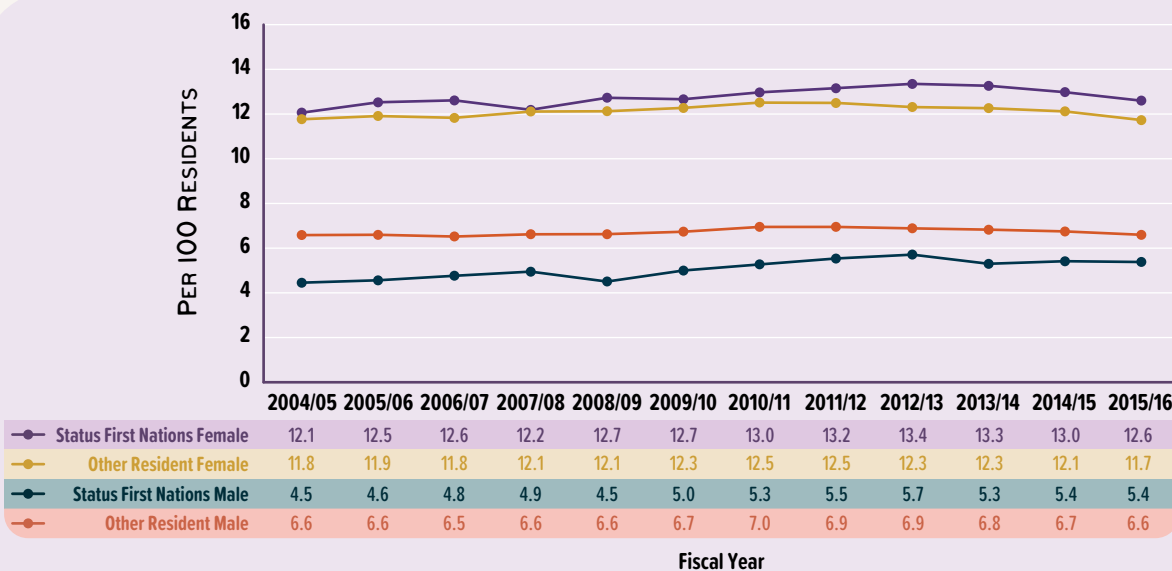


Notes: Data reflect responses from First Nations women living on reserve in BC, age 55 and older. “Female” reflects how respondents identified themselves when completing the survey. Non-binary options were not provided. “-” means that the value has been suppressed due to co-efficient of variation>0.333.
Source: Regional Health Survey, Phase 2 (2008–10) and Phase 3 (2015–17). Prepared by FNHA, 2020.

The proportion of First Nations women age 55 and older who reported never feeling depressed in the past month increased 16.7 percentage points, from 35.0% to 51.7% between RHS2 (2008–10) and RHS3 (2015–17).

p.111

FIG 5.36 AGE-STANDARDIZED PREVALENCE OF DEPRESSION AMONG STATUS FIRST NATIONS AND OTHER RESIDENTS, AGE 50 AND OLDER, BY SEX, BC, 2004/05 TO 2015/16



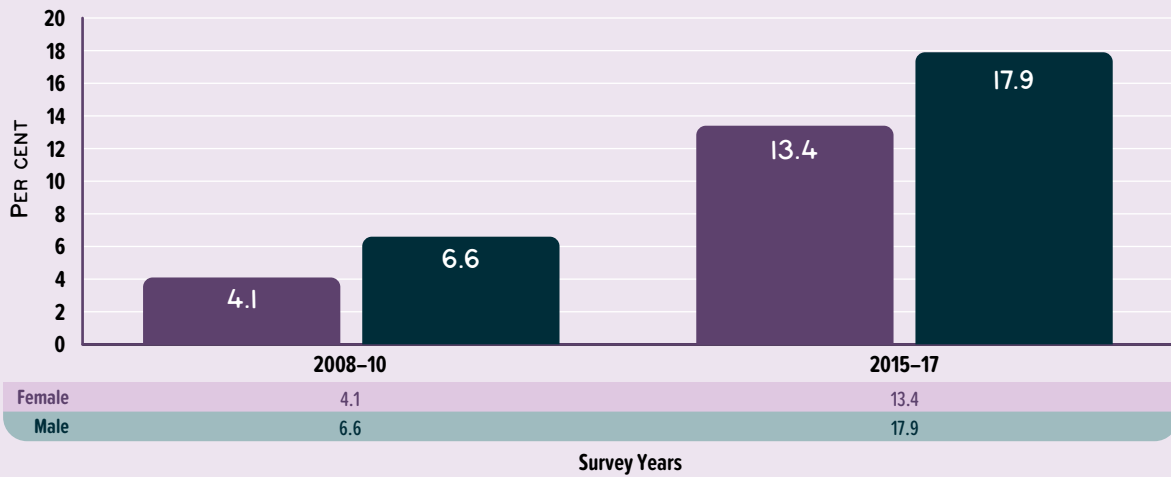
Notes: These data are for Status First Nations and Other Residents age 50 and older receiving depression care (newly diagnosed cases and previously diagnosed cases receiving continuing depression care), during the fiscal year standardized to the Canada 2011 population. “Female” and “Male” reflect the source data available at the time of data collection, and may not reflect a person’s lived experience or preferred gender identity.
Sources: BC Ministry of Health, Chronic Disease Registries, Client Roster and First Nations Client File (Release v2015). Prepared by Population Health Surveillance and Epidemiology, Office of the Provincial Health Officer, BC Ministry of Health, December 2018.

Older First Nations women’s mental health is impacted by intergenerational trauma, the legacy of colonialism, and the hormonal changes faced by older women as they approach menopause.³⁰ The age-standardized prevalence of depression among Status First Nations women age 50 and older who are receiving medical services has remained consistent from 2004/05 to 2015/16.

DEATHS BY SUICIDE

p.111

FIG 5.37 PERCENTAGE OF FIRST NATIONS ADULTS WHO REPORTED THAT THEY HAD LOST A FAMILY MEMBER OR FRIEND TO SUICIDE IN THE PAST YEAR, AGE 55 AND OLDER, BY SEX, BC, 2008–10 AND 2015–17



Notes: Data reflect First Nations adults living on reserve in BC, age 55 and older. “Female” and “Male” reflect how respondents identified themselves when completing the survey. Non-binary options were not provided.

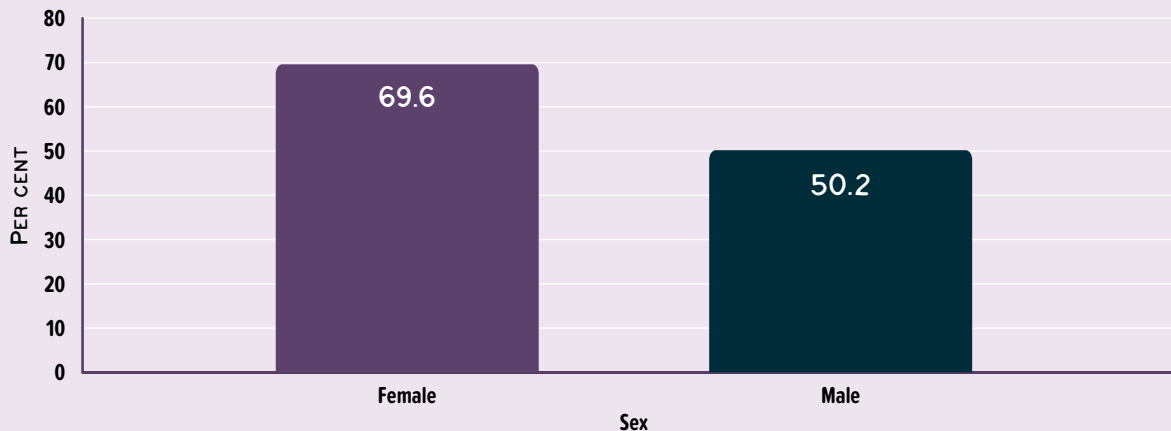
Source: Regional Health Survey, Phase 2 (2008–10) and Phase 3 (2015–17). Prepared by FNHA, 2020.

The ongoing legacy of colonialism has resulted in First Nations communities having disproportionate rates of death by suicide compared to non-First Nations communities.²⁸ RHS3 (2015–17) data showed that 13.4% of First Nations women age 55 and older reported having lost a family member or friend to suicide in the past year.

REACHING OUT FOR SUPPORT

p.111

FIG 5.38 PERCENTAGE OF FIRST NATIONS ADULTS WHO REPORTED THAT THEY SPOKE TO SOMEONE ABOUT THEIR EMOTIONAL OR MENTAL HEALTH IN THE PAST YEAR, AGE 55 AND OLDER, BY SEX, BC, 2015–17



Notes: Data reflect First Nations adults living on reserve in BC, age 55 and older. “Female” and “Male” reflect how respondents identified themselves when completing the survey. Non-binary options were not provided.

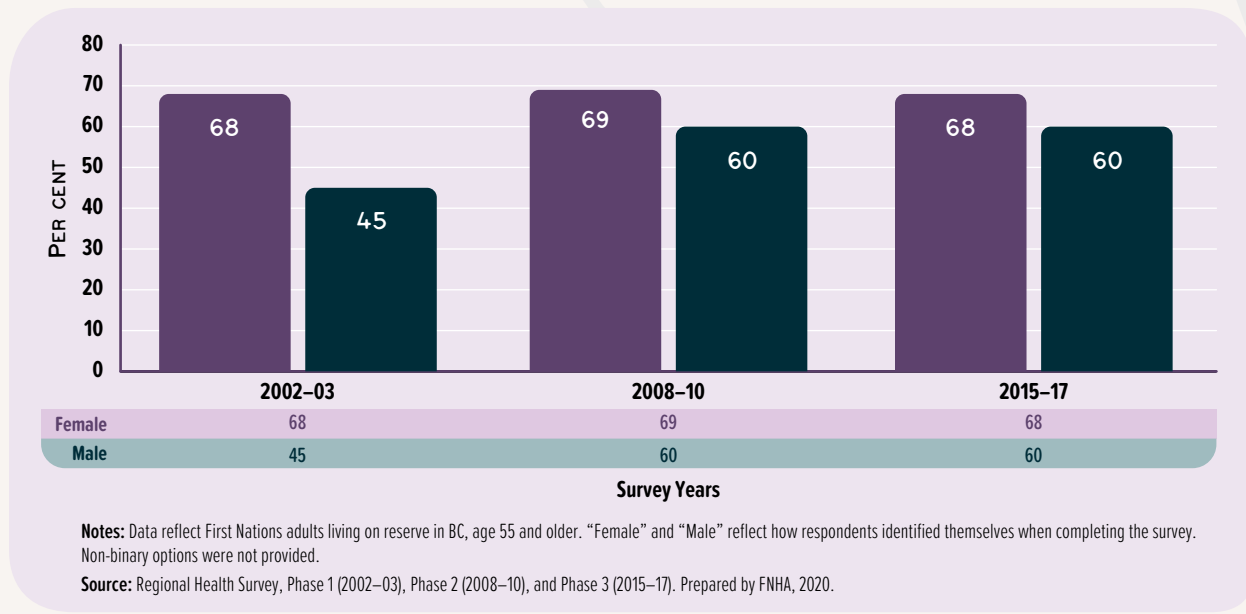
Source: Regional Health Survey, Phase 3 (2015–17). Prepared by FNHA, 2020.

It is traditional for older First Nations women to reach out to their community when they need emotional support and when they are struggling with their mental health.³¹ RHS3 (2015–17) data showed that 69.6% of First Nations women age 55 and older reported speaking to someone about their emotional or mental health in the past year compared to only 50.2% of First Nations men age 55 and older.

ALCOHOL USE

p.112

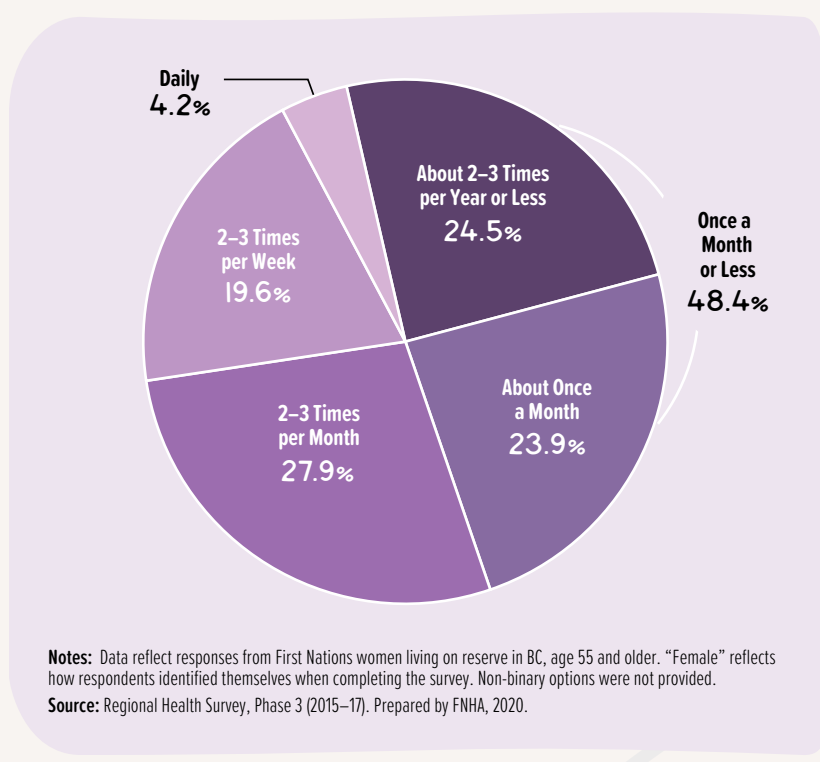
FIG 5.39 PERCENTAGE OF FIRST NATIONS ADULTS WHO DID NOT DRINK ALCOHOL IN THE PAST YEAR, AGE 55 AND OLDER, BY SEX, BC, 2002–03, 2008–10, AND 2015–17



Older First Nations women have a diversity of relationships to alcohol, and many have lived experience witnessing the impacts of alcohol use on social, emotional, mental, and spiritual wellness of individuals, families and communities.³² The proportion of First Nations women age 55 and older who reported not drinking alcohol in the past year has remained constant throughout all three phases of the RHS: 68% (2002–03), 69% (2008–10), and 68% (2015–17).

p.112

FIG 5.40 FIRST NATIONS WOMEN WHO REPORTED DRINKING ALCOHOL IN THE PAST YEAR, AGE 55 AND OLDER, BY FREQUENCY, BC, 2015–17

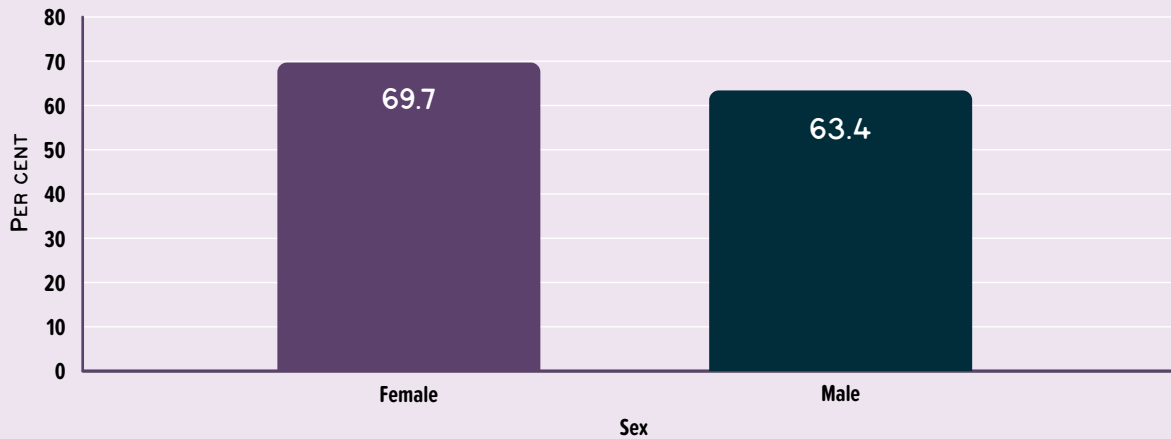


RHS3 (2015–17) data showed that 48.4% of First Nations women age 55 and older reported very infrequent drinking, either “about two to three times a year” or “about once a month.” The smallest proportion (4.2%) reported drinking alcohol daily. Some older First Nations women use alcohol as one way to ease the pain and suffering of longstanding traumas including gendered discrimination under the *Indian Act*, discrimination in child welfare leading to disproportionate child apprehensions that resulted in many First Nations women losing their children and breaking apart families, attempted genocides of residential schools and the Sixties Scoop, and pervasive anti-Indigenous racism that disproportionately impacts Indigenous women.^{32,33}

GAMBLING

p.112

FIG 5.41 PERCENTAGE OF FIRST NATIONS ADULTS WHO REPORTED GAMBLING IN THE PAST YEAR, AGE 55 AND OLDER, BY SEX, BC, 2015–17



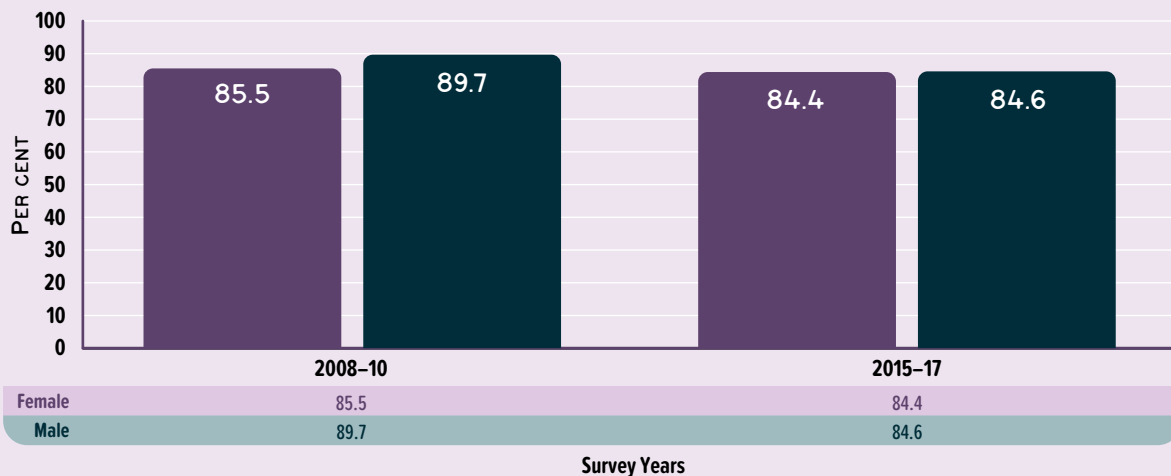
Notes: Data reflect First Nations adults living on reserve in BC, age 55 and older. “Female” and “Male” reflect how respondents identified themselves when completing the survey. Non-binary options were not provided.

Source: Regional Health Survey, Phase 3 (2015–17). Prepared by FNHA, 2020.

RHS3 (2015–17) data showed that 69.7% of First Nations women age 55 and older reported gambling in the past year. Gambling is considered a social activity that is done recreationally by older First Nations women; however, it can be addictive, and, for some, it may negatively affect their wellness.³⁴

p.112

FIG 5.42 PERCENTAGE OF FIRST NATIONS ADULTS WHO NEVER BET MORE THAN THEY COULD AFFORD TO LOSE, AMONG THOSE WHO REPORTED GAMBLING IN THE PAST YEAR, AGE 55 AND OLDER, BY SEX, BC, 2008–10 AND 2015–17

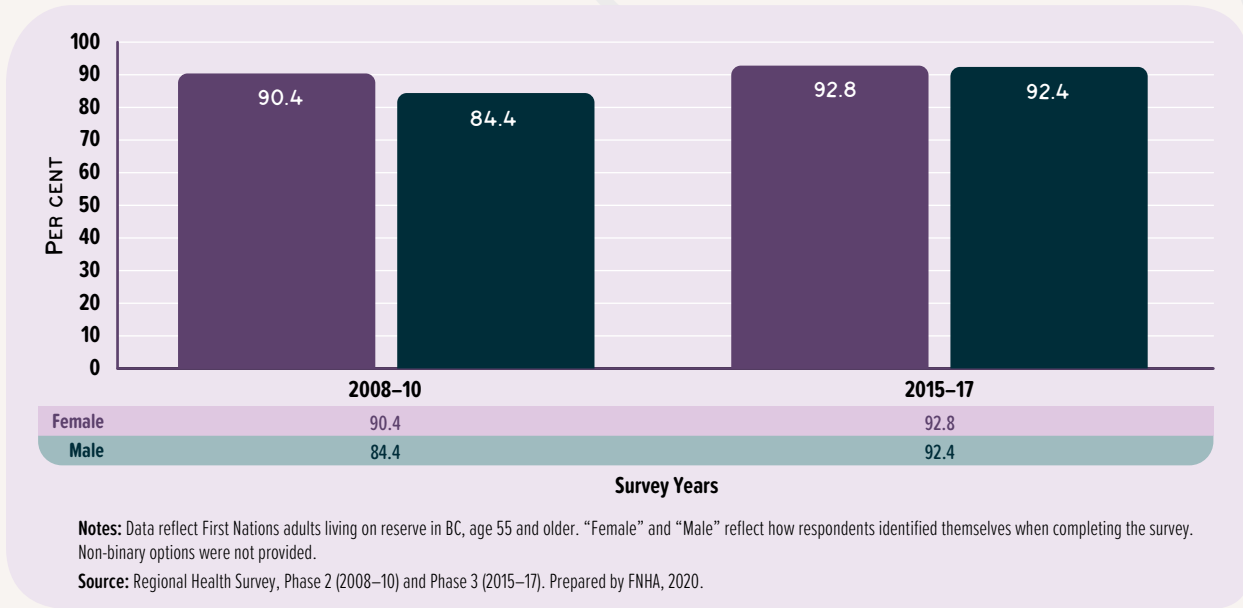


Notes: Data reflect First Nations adults living on reserve in BC, age 55 and older. “Female” and “Male” reflect how respondents identified themselves when completing the survey. Non-binary options were not provided.

Source: Regional Health Survey, Phase 2 (2008–10) and Phase 3 (2015–17). Prepared by FNHA, 2020.

RHS3 (2015–17) data showed that among First Nations women age 55 and older who reported gambling in the past year, the vast majority (84.4%) never bet more than they could afford to lose.

FIG 5.43 PERCENTAGE OF FIRST NATIONS ADULTS WHO DID NOT CAUSE THEMSELVES OR THEIR FAMILIES ANY FINANCIAL DIFFICULTIES, AMONG THOSE WHO REPORTED GAMBLING IN THE PAST YEAR, AGE 55 AND OLDER, BY SEX, BC, 2008-10 AND 2015-17

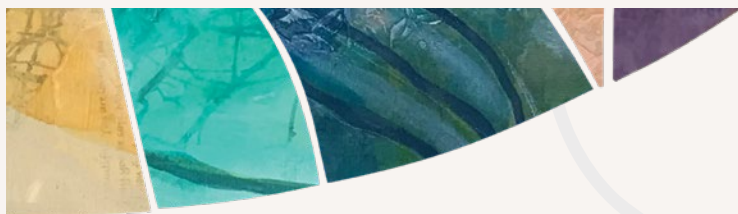


“Where there’s a lack of identity – who they are, where they come from – that’s one of the biggest concerns. Feeling like they don’t belong, or a disconnection. Rebuilding those connections, bringing back culture and traditions, helps guide people back and builds self-esteem. Culture is the biggest component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

- Kemaxa’las Milly Price, Da’naxda’xw/We Wai Kai/Wei Wai Kum First Nation
 - Sacred and Strong: Upholding our Matriarchal Roles (p.111)

RHS3 (2015-17) data showed that among First Nations women age 55 and older who reported gambling in the past year, 92.8% reported that their gambling did not cause themselves or their families any financial difficulties.





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