Community-level factors that contribute to First Nations and Inuit older adults feeling supported to age well in a Canadian city

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A B S T R A C T

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 we 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?" We 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. 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 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.

Introduction

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, 2004). This has created a trend towards self-responsibility for health and well-being in later life (Kolb, 2014; Polivka & Longino, 2004). While this trend towards 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 among 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

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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 we 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?" We 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, we 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 we made concerted efforts to engage them in this research, participants identified as either First Nations or Inuk; thus, we 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.

Of note, we use the term "aging well" within this research. Some scholars have described the ethnocentric and prescriptive quality of the terminology related to old age (van Dyk, 2016; Zimmermann, 2016), including with 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 this paper, we risk further normalizing Western concepts that have historically excluded Indigenous peoples. We continue to use this term in our research, however, for two reasons. First, we engaged in discussions with those on our 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. Advisory committee members agreed that aging well would be appropriate because they felt participants would be able to understand it, and that it would be less misleading than using the terms successful or active aging. Second, our intent was to undertake research that critiques, but can also inform, current policies that are developed to support various populations of older adults. We were hesitant to completely avoid using the language of these policies

because we were concerned that our results would then be disregarded or deemed as irrelevant by policymakers. Even with these understandings, however, we still recognize the potential drawbacks of using this term and believe it is important to critically reflect on its use in our research. An important area of future research, therefore, would be to further critically analyze how policies and initiatives aimed at older adults, and informed by Western concepts, use various means, such as language, to (un)intentionally include or exclude certain groups.

Background

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, we highlight key national and local aging well initiatives and how they influence the physical and social environment of older adults. We 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).

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

Table 1
Comparison of age-friendly community domains (WHO, 2007) and City of Ottawa (2015) Older Adult Plan domains.

WHO age-friendly community domains	Older Adult Plan domains
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

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 we 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, we 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 & Wein, 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 the past (McEwan, 2009) and ongoing acts that perpetuate 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, socio-economic 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 patters 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 our 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 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 our research. Additionally, it allowed us 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, we used a CBPR approach, which emphasizes research that is *with*, not *on*, participants (Wallerstein & Duran, 2006). For CBPR approaches, research is conducted in collaboration with the community, instead of solely by the researcher (Baum, MacDougall, & Smith, 2006; Wallerstein & Duran, 2006). We were 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 advisors (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 us 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 advisors also provided interpretation for the Inuit participants. She became invaluable to the research by assisting with data collection, data analysis, and participant recruitment, and is a co-author on this paper. To further ensure that the research would be useful to both organizations, we agreed that we would create a plain language report based on the research that would be shared the results with other Indigenous organizations, the City of Ottawa, and organizations specific to older adults. At the time of writing this manuscript, we have shared the report with the City of Ottawa to inform its OAP 2019–2022. We 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 us 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, we 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 the first two authors 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, we agreed with the participants that a beneficial way for us 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 we recruited the majority of the participants from for this research. We 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 advisors and potential participants, we used semi-structured interviews, focus groups (Fontana & Frey, 2005), 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 we held three focus groups, which were conducted in English with an Inuktitut interpreter, ranging from 45 min to two hours in duration. We 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, we 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, we held eight interviews (two of the participants preferred to have the interview conducted together), conducted in English, ranging from 20 min to 90 min 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 your grow older in a positive and healthy way?", and "how does Ottawa as a community support you to age well?" For photovoice, we discussed this

method with both groups of participants; however, despite the advisory group's enthusiasm for this method, only two First Nations older adults indicated that they wanted to take part in it. We asked them to take photos of what they felt supported them or prevented them from aging well in the community. We 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, we 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 we 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 we did.

Analysis

We uploaded the interview and focus group transcripts and photos to NVivo, which is qualitative data analysis software. Our initial data analysis was guided by our research question and theoretical approach. For this, we used thematic analysis, specifically Braun and Clarke's (2006) approach. We 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, we 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 we had identified in the initial analysis, but suggested what they wanted us 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 we understand the harms of homogenizing Indigenous older adults in Ottawa and not reflecting the diversity between and within Indigenous groups, we 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 seniors 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 seniors 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 Figs. 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.

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

Fig. 1. In this building, the participant explained how the exit door was frequently open and that the mailboxes were often broken and unsecure.

Fig. 2. 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.

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 Fig. 3).

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 Fig. 4).

Gathering space

Inuit female participants in particular felt that being supported to

Fig. 3. 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.

Fig. 4. 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.

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

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

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 we 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 we 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, we 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.

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[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).

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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Author contributions

All authors have made a substantial contribution to the conception and design, or data collection and analysis, and the drafting or revising of the article.

Declarations of interest

None.

Ethical standards

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