


“Wiinaadmowing etchi piitzijig enda’aat” Helping Elders where they live: Developing an Indigenous community-based participatory action research study.

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What are the perceptions of First Nations older adults aged 55 and over who are experiencing aging, mild cognitive impairment, and/or early stages of dementia and their caregivers regarding community-level supports regarding aging well in the community?

Background <p>First Nation adults aged 50 and older make up about twenty percent of the population living in First Nation communities nationally (First Nations Information Governance Centre, 2018). Increasing age, a non-modifiable risk factor for Alzheimer disease and related dementias, will contribute to a 4.6 times increase in the number of First Nation peoples on-reserve being treated for dementia, rising from 539 in 2006 to 2,474 in 2031 (Walker & Jacklin, 2019).</p> <p>Many Indigenous groups across North America have a strong preference to age and die at home in their own communities for as long as they are able to (Browne et al., 2014; Habjan, Prince, & Kelly, 2012; Lewis, 2014; Nadin, Crow, Prince, & Kelley, 2018; Ward, Cope, & Elmont, 2017); and in the last decade, policy makers across Canada have encouraged older adults to age at home so they will have the ability to live in their own communities for as long as possible (Lilly, Robinson, Holtzman, & Bottorff, 2012; The Chief of Public Health Officer, 2010).</p> <p>In 2010, a top research priority for Canadians affected by dementia was to determine what enables the creation of dementia-friendly communities (James Lind Alliance, 2018). A dementia-friendly community is often confused with the concept of age-friendly communities; however, the work in this area can be inter-linked since the dementia friendly community model is a natural extension of the age-friendly initiative (Alzheimer Society of Canada, 2019). Canadian rural and remote older adults have been included in the development of “Age-friendly rural and remote communities: A guide”; supported by federal, provincial and territorial ministers (Federal/Provincial/Territorial Ministers Responsible for Seniors, 2006) (See Figure 1).</p>	<p>Although these guidelines contain potentially reasonable solutions, there has been acknowledgement that First Nation communities may yield additional needs (Figure 1). Using an ecological lens, age-and-dementia friendly initiatives consider all levels of environment such as the individual, community, organization, and policy levels (Winterton, 2016).</p> <p>8 themes from the ‘Age-friendly rural and remote communities: A guide’ (Federal/Provincial/Territorial Ministers Responsible for Seniors, 2006)</p> <ul style="list-style-type: none">-Outdoor spaces and buildings-Transportation-Housing-Respect and social inclusion-Social participation-Communication and information-Civic participation and employment opportunities,-Community support and health services	Indigenous Theoretical Framework <p>Using an Anishinabek ontological and epistemological lens, this Indigenous community-based participatory action research project will have ethical conduct reflective of Anishinabek worldviews (L. McGregor, 2018; McGuire-Adams, 2020; Noojmowin Teg Health Centre, 2003) (See Figure 2).</p> <p>What do Elders believe is required to age in place?</p> <ul style="list-style-type: none">-Reciprocity (Lewis, 2014)-Sharing and spending time between families and with extended family members (Brewer II & Dennis, 2017)-Meaningful role in family and community (Lewis, 2014)-Access to food from the land (Lewis, 2014)-Harvest seasonal wild food (Brewer II & Dennis, 2017)-Have a spiritual connection to the food (Brewer II & Dennis, 2017)-Being on the land (Brewer II & Dennis, 2017)-Connection to local culture (Brewer II & Dennis, 2017)-Communicate in their language (Brewer II & Dennis, 2017)-Having an adequate income (Browne et al., 2014)-Having accessible health and support services (Browne et al., 2017)-Having accessible and affordable housing (Browne et al., 2017)-Homestead location close to basic needs (Brewer II & Dennis, 2017)	
	<p>Figure 1. Similarities and differences of age-and-dementia friendly communities found in literature review</p> <p>This research seeks to explore the questions:</p> <p>What are the perceptions of First Nations older adults aged 55 and over who are experiencing aging, mild cognitive impairment, and/or early stages of dementia and their caregivers regarding community-level supports regarding aging well in the community?</p> <p>What is an age-and-dementia friendly community model from the perspective of Anishinabek people in Atikameksheng Anishnawbek, Ontario?</p>	<p>Methods</p> <ol style="list-style-type: none">1) Systematic review of the literature2) Development of an Indigenous community-based participatory action research project3) Co-creation of an Anishinabek model for age-and-dementia friendly community through knowledge translation and exchange with First Nation communities of the Anishinabek Nation	Results <p>The Atikameksheng Anishnawbek community will be involved in all phases of the project. Consultation between the lead researcher and a community leader, the Health and Community Wellness Director, has been important prior to engaging with community members as co-researchers. Following approval from the Chief and Council of Atikameksheng Anishnawbek, a community-level health committee composed of health care providers, community leaders and elders will be advising the research partners during the research project. The lead researcher has met with this group to further develop the research question based on an understanding of the background of community needs. The group has approved the outline of the proposed design and are open and eager to engage in activities that assist with knowledge dissemination, translation and exchange. The next step is to finalize and submit an application to the Laurentian University Research Ethics Board.</p>

We would like to acknowledge our sponsors/contributors to this project:

For a list of references please email swebkamigad@laurentian.ca

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Background

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Many Indigenous groups across North America have a strong preference to age and die at home in their own communities for as long as they are able to (Browne et al., 2014; Habjan, Prince, & Kelly, 2012; Lewis, 2014; Nadin, Crow, Prince, & Kelley, 2018; Ward, Cope, & Elmont, 2017); and in the last decade, policy makers across Canada have encouraged older adults to age at home so they will have the ability to live in their own communities for as long as possible (Lilly, Robinson, Holtzman, & Bottorff, 2012; The Chief of Public Health Officer, 2010).

In 2010, a top research priority for Canadians affected by dementia was to determine what enables the creation of dementia-friendly communities (James Lind Alliance, 2018). A dementia-friendly community is often confused with the concept of age-friendly communities; however, the work in this area can be inter-linked since the dementia friendly community model is a natural extension of the age-friendly initiative (Alzheimer Society of Canada, 2019). Canadian rural and remote older adults have been included in the development of “Age-friendly rural and remote communities: A guide”; supported by federal, provincial and territorial ministers (Federal/Provincial/Territorial Ministers Responsible for Seniors, 2006) (See Figure 1).

Although these guidelines contain potentially reasonable solutions, there has been acknowledgement that First Nation communities may yield additional needs (Figure 1). Using an ecological lens, age-and-dementia friendly initiatives consider all levels of environment such as the individual, community, organization, and policy levels (Winterton, 2016).

Indigenous Theoretical Framework

Using an Anishinabek ontological and epistemological lens, this Indigenous community-based participatory action research project will have ethical conduct reflective of Anishinabek worldviews (L. McGregor, 2018; McGuire-Adams, 2020; Noojmowin Teg Health Centre, 2003) (See Figure 2).

8 themes from the ‘Age-friendly rural and remote communities: A guide’ (Federal/Provincial/Territorial Ministers Responsible for Seniors, 2006)	What do Elders believe is required to age in place?
-Outdoor spaces and buildings	-Reciprocity (Lewis, 2014)
-Transportation	-Sharing and spending time between families and with extended family members (Brewer II & Dennis, 2017)
-Housing	-Meaningful role in family and community (Lewis, 2014)
-Respect and social inclusion	-Access to food from the land (Lewis, 2014)
-Social participation	-Harvest seasonal wild food (Brewer II & Dennis, 2017)
-Communication and information	-Have a spiritual connection to the food (Brewer II & Dennis, 2017)
-Civic participation and employment opportunities,	-Being on the land (Brewer II & Dennis, 2017)
-Community support and health services	-Connection to local culture (Brewer II & Dennis, 2017)
	-Communicate in their language (Brewer II & Dennis, 2017)
	-Having an adequate income (Browne et al., 2014)
	-Having accessible health and support services (Browne et al., 2017)
	-Having accessible and affordable housing (Browne et al., 2017)
	-Homestead location close to basic needs (Brewer II & Dennis., 2017)

Figure 1. Similarities and differences of age-and-dementia friendly communities found in literature review



Figure 2. Seven Grandfather Teachings

This research seeks to explore the questions:

What are the perceptions of First Nations older adults aged 55 and over who are experiencing aging, mild cognitive impairment, and/or early stages of dementia and their caregivers regarding community-level supports regarding aging well in the community?

What is an age-and-dementia friendly community model from the perspective of Anishinabek people in Atikameksheng Anishnawbek, Ontario?

Methods

- 1) Systematic review of the literature
- 2) Development of an Indigenous community-based participatory action research project
- 3) Co-creation of an Anishinabek model for age-and-dementia friendly community through knowledge translation and exchange with First Nation communities of the Anishinabek Nation

Results

The Atikameksheng Anishnawbek community will be involved in all phases of the project. Consultation between the lead researcher and a community leader, the Health and Community Wellness Director, has been important prior to engaging with community members as co-researchers. Following approval from the Chief and Council of Atikameksheng Anishinawbek, a community-level health committee composed of health care providers, community leaders and elders will be advising the research partners during the research project. The lead researcher has met with this group to further develop the research question based on an understanding of the background of community needs. The group has approved the outline of the proposed design and are open and eager to engage in activities that assist with knowledge dissemination, translation and exchange. The next step is to finalize and submit an application to the Laurentian University Research Ethics Board.

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