

Kticihtwinoticik: The Wise Ones

Urban Aboriginal Seniors Integrated Framework for Programs & Services

APRIL 2017

New Brunswick Aboriginal Peoples Council
320 St. Mary's Street
Fredericton, New Brunswick
Canada E3A 2S4

Kticihtwinoticik: Project: The Wise Ones

Urban Aboriginal Seniors Integrated Framework for Services

April 2017

This report was prepared for the New Brunswick Aboriginal Peoples Council by Mary C. Milliken, PhD (www.mcmilliken.ca).

Acknowledgements

The New Brunswick Aboriginal Peoples Council would like to thank the Local Presidents, Secretaries, Membership Clerks, Elders, Seniors and stakeholders who participated in the data collection and in the February 24, 2016 conference at the Delta in Fredericton.

NBAPC would like to thank the author Mary Milliken. We also thank the Urban Partnerships Program 2015-2016, administered by Indigenous and Northern Affairs Canada as part of the Government of Canada's Urban Aboriginal Strategy.

The opinions expressed in this document are those of the New Brunswick Aboriginal Peoples Council.

New Brunswick Aboriginal Peoples Council
320 St. Mary's Street
Fredericton, NB
E3A 2S4
Nbapc.org

April 2017
Copyright © New Brunswick Aboriginal Peoples Council.

Contents

Executive Summary 4
1 The Wise Ones 6
1.1 Project description and methodology 6
2 Population Profile 7
2.1 Introduction 7
2.2 Identity, age and language 7
2.3 Projections 8
2.4 Location and households 9
2.5 Housing and housing conditions 10
2.6 Education 11
2.7 Employment 12
2.8 Income 12
2.9 Health 12
3 Housing and support services in New Brunswick 14
3.1 Introduction 14
3.2 Information sources 14
3.3 Housing 15
Policy 15
Programs and providers 15
3.4 Communication and leisure 16
3.5 Financial and legal 17
3.6 Health 17
Emergency services 18
Drugs and supplies 18
3.7 Homecare 18
3.8 Long term and special care 19
4 Aboriginal Seniors and Elders who live off-reserve in New Brunswick 21
4.1 Introduction 21
4.2 Policy 21
4.3 Access to information 23
4.4 Housing 25
4.5 Health 27

Gathering places, social activities and culture 29
4.6 Home care 30
4.7 Long term care 31
Care providers 32
4.8 Financial and legal 33
4.9 Transportation 34
5 Innovative housing and support services for Seniors 35
5.1 Introduction 35
5.2 Information and resource centres 35
5.3 Housing 35
Design 35
Affordability 36
Programs and models 36
5.4 Support services 37
Community development 37
Health 38
Transportation 39
6 Integrated Frameworks of Care 40
6.1 Introduction 40
6.2 What is an integrated model of care? 40
6.3 Support for integrated care 41
6.4 Integrated care systems 42
Community models 42
Community Care Access Centres 42
Coproduction 42
Population Health model 42
7 Summary 44
Appendices 45
Appendix 1-Households 45
Appendix 2-Core Housing Need 46
Appendix 3-Recommendations 47
4.2 Policy 47
4.3 Access to information 48

4.4 Housing 49
4.5 Health 50
4.6 Home care 51
4.7 Long term care 51
4.7 Financial and legal 52
4.8 Transportation 52
Resources 53

Executive Summary

Aboriginal Seniors who live off-reserve in New Brunswick make up the fastest growing sector of the population in the province, and their needs are the least understood. The New Brunswick Aboriginal Peoples Council (NBAPC) initiated "The Wise Ones" project to examine and design an integrated services plan to address those needs. This report provides a starting point. The design of any integrated plan that accurately reflects Aboriginal contexts, and supports the physical, spiritual, emotional, mental and psychological needs of Aboriginal Seniors, would require a collaborative development process and a broad range of contributors. The NBAPC would also need a clear mandate from its members, significantly expanded capacity, and permanent, stable funding to engage in such a project.

Aboriginal Seniors and Elders told us the programs that are in place do not address their needs. "One-size-fits all" strategies and programs that are designed to be "generic" fail at being inclusive when they do not incorporate elements that make people feel involved. They do not reflect Aboriginal culture, nor are they flexible enough to meet the diverse needs of these Seniors. To understand the myriad problems faced by Aboriginal Seniors and Elders who live off-reserve, policy makers need to understand the root causes. There is a marked lack of coherent data and analysis about this group, because different levels of government use different variables, or the data is simply not collected.

More Aboriginal Seniors and Elders live off-reserve than on-reserve, and at least half of that population live in rural areas. The majority own their houses, but those houses are more likely to be inadequate, crowded, or in need of significant repair. Aboriginal Seniors and Elders who live off-reserve are more likely to suffer from ill health due to one or more chronic conditions, they have a lower life-expectancy than the national average, but they face significant challenges accessing home care services.

Many Aboriginal Seniors and Elders told us that with a bit of help, and the right information, they could maintain their independence and stay in their homes. More importantly, they want to stay in their homes. If they are going to help, Aboriginal organizations need to have autonomy and design their own solutions. This requires a new relationship with government. Governments need to develop more facilities that allow people to age-in-place both on-reserve[1] and off-reserve. Aboriginal organizations and Seniors from both locations, as well as their caregivers, need to be part of the process. The success of these facilities depends on understanding that the needs of Aboriginal Seniors are different on- and off-reserve, that aging is a phase in the continuum of life, and that the life experience of Seniors has value to the community at large. Developing age-friendly communities requires political will and long-term resource commitment.

Health programs need to be more person-centred, inclusive, and better designed to accommodate the needs and wishes of Aboriginal Seniors. Seniors need better, more affordable access to programs that help them maintain their health, and assistance

navigating the health system. Programs that provide Seniors with transportation and involve the youth could be set up within communities and share local resources.

Many Seniors and Elders are living on very limited income that may be stretched further because they are hosting other family members.[2] Increasing the annual income of Aboriginal Seniors and Elders, eliminating or adjusting financial testing so it takes the costs of survival into account, and lowering the minimum age requirement from 65 to 55 years, would help these Seniors access the services they need. Across-the-board subsidies for goods and services that older people need would benefit all Seniors in the province.

The Seniors and Elders who participated in this research told us that they want action on the Daniels decision (2016), which declared that the Federal Government has a fiduciary obligation to Aboriginal people whether they live on a reserve or not. They also recommended an expansive role for the NBAPC, both as their representative at the table in negotiation with the Federal, Provincial and Municipal Governments, and as a program and service provider. The Federal Government must acknowledge, accept, and act on the full range of responsibilities it owes to Aboriginal people who do not live on reserves, the Provincial Government must institute a policy of equal service to this population, and all levels of government must begin negotiating with the NBAPC in good faith.

1 The Wise Ones

1.1 Project description and methodology

This is the final report of *Kticihtwinoticik* ("The Wise Ones") project initiated by the New Brunswick Aboriginal Peoples Council (NBAPC) to examine and design an integrated services plan for Aboriginal Seniors and Elders who live off-reserve in New Brunswick. The research was funded from September 2016 to March 2017 with a grant from the Urban Partnerships Program 2015-2016, which was administered by Indigenous and Northern Affairs Canada (INAC) as part of the Government of Canada's Urban Aboriginal Strategy. This report, with its unconventional reference format and the recommendations from Aboriginal Seniors and Elders who live off-reserve, is set up as a resource to support a broad range of contributors in a collaborative process to design an integrated service plan.

This report provides a partial social profile of Aboriginal Seniors who are at least 55 years old and live off-reserve in New Brunswick. It then lists housing and support services for Seniors. The next section contains data supplied by Aboriginal Seniors and Elders across the province about the gaps, issues and challenges in those services, as well as their recommendations for improvement. The remaining sections in the report are a survey of innovative practices in Senior care around the world, different approaches to integrated care system models, and some conclusions.

The data for the social profile, the listing of programs and services, the innovative practices and the integrated framework design came from websites and print materials produced by government departments, agencies, research groups, academics, programs, services and businesses. The gaps, issues, challenges and recommendations were collected during four individual interviews and nine discussion groups with between eight to ten Aboriginal Seniors and Elders in the seven NBAPC zones, as well as the conference.

The groups and interviews were organized by NBAPC Local Presidents or Membership Clerks, the NBAPC Communications Officer Deanna Price, or the author. 79 Aboriginal Seniors and Elders[1] participated. As will happen in any group discussion, there were some people who spoke often, some who spoke seldom, and some who did not speak at all. In one location, most of the conversation was conducted in French and was verbally translated on the spot. The discussions and interviews were audio-recorded, with the consent of the participants, and the recordings were transcribed for analysis. All participants received an honorarium. The results of these interviews and discussion groups were presented to stakeholders, Aboriginal Seniors, Elders, and NBAPC staff at a conference on the morning of Friday February 24, 2017. In the afternoon, the mixed group worked together to develop recommendations that have been grouped and compressed with those that came from the discussion groups and interviews.

[1] There were two exceptions in one discussion group where one participant was not a member of the NBAPC but was there to support a spouse who was a member, and one participant who was not yet 55.

2 Population Profile

2.1 Introduction

This section provides a partial profile of Aboriginal Seniors who live off-reserve in New Brunswick. The profile describes the identities, ages and languages of Aboriginal Seniors and where they live; their housing conditions; their education, employment and income levels; and their degrees of health. Occasionally, national, regional, provincial, Métis or Inuit data are used for context or comparison.

The profile can only be partial because data from secondary and tertiary sources was often inconsistent or scarce, and there were issues with quality and currency. Different sources used different definitions or parameters, and research that was specific to New Brunswick was limited because sources often aggregate data from the four Atlantic provinces. There is a significant gap due to the discontinuation of the long-form census, and this project will be complete before data on Aboriginal peoples will be ready for release in October 2017.[3] It was not always possible to find data of sufficient quality[4] collected since 2006, but data that is over ten years old does not provide an accurate portrait of today's population.

2.2 Identity, age and language

The research consulted for this profile uses a range of terminology and a variety of characteristics when describing the different groups that make up the Indigenous population in Canada. Métis and Inuit people are usually measured as distinct groups. The Aboriginal population is variously described as North American Indian; First Nation, status or registered Indian; self-identified First Nation, non-status or unregistered Indian.

The Daniels v. Canada 2016 Supreme Court Case[5] ("Daniels ruling") declared that the same Aboriginal and treaty rights in Section 35 of The Constitution Act, 1982 for registered Indians and other Aboriginal populations extend to Non-Status Indians and Métis peoples. The Federal Government has a fiduciary responsibility to Non-Status Indians and Métis people. It also confirms that both Provincial and Federal Governments have a duty to consult and negotiate with Non-Status Indians, Métis, and their representative organizations. The Supreme Court decision holds that the term "Aboriginal" encompasses all Aboriginal peoples, regardless of whether they are registered.[5] This research uses the term "Aboriginal" for its inclusiveness, and in accordance with the practices of the New Brunswick Aboriginal Peoples Council (NBAPC), which is a representative organization for Aboriginal people who live off-reserve in New Brunswick.[6]

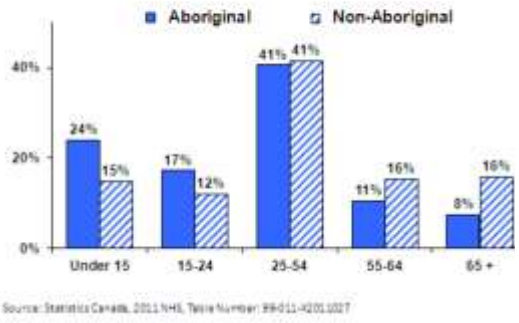
As of November 30, 2015, there was a total of 63,104 registered Aboriginal people in the four provinces of the Atlantic Region. Of that number, 23,689 lived on-reserve and 39,415 lived off-reserve.[7] Between 1996 to 2006, the Aboriginal population grew by 20.1% in Canada, which was six times the rate of growth for the non-Aboriginal population. In the 2006 Census, 1,168,300 people, or 3.8% of the Canadian population, reported Aboriginal identity. By 2011, the number had gone up by 41% or 1,400,685 people, to about 4.3% of

the national total.[8] Within that population, 60.8% identified as First Nation Indian only, 0.8% reported more than one Aboriginal identity, and the rest identified as Inuit, Métis or another First Nation. Possible reasons for the increase include a higher birth rate and an increase in self-reported identification.[9]

In the same period, the rate of growth was higher in Atlantic Canada than anywhere else in the country.[10] In 2012, the Aboriginal Peoples Survey reported 22,620 people – about 2% of the national Aboriginal population and 3% of the total provincial population – lived in New Brunswick.[11] Of that number 16,120 identified as First Nations, 4,850 as Métis and 485 as Inuit. The remaining 1,165 self-reported as having other or multiple Aboriginal identities. Almost all the First Nations, Métis, and Inuit who lived off-reserve reported a single identity.[11]

The median age of people living off-reserve was older than people living on-reserve[11] but in every province and territory, the Aboriginal population is younger than the non-Aboriginal population. In 2011, only about 6% of the Aboriginal population was made up of adults aged 65 and older. This was less than half the proportion in the non-Aboriginal population (14.2%).[8]

Figure 2: Age Distribution of the Aboriginal and Non-Aboriginal Populations, Atlantic Canada 2011



Source: Service Canada. (January 2014). Client Segment Profile. Aboriginal Peoples Atlantic Canada. Page 7

New Brunswick figures were not available, but nationally, 20% of individuals aged 45 and older reported holding to a Traditional Aboriginal Spirituality.[12] Most Aboriginal people in New Brunswick are of Mi'kmaq, Wolastoqiyik and Passamaquoddy ancestry. The most commonly spoken Aboriginal languages are Mi'kmaq and Wolastoqiyik.[11] In many cases, the Aboriginal language is not the mother tongue, but instead has been acquired as a second or third language. The ability to conduct conversation in an Aboriginal language is more common among people who live on-reserve (37%) than among those who live off-reserve (4%). About 65% of people aged 6 and up who live off-reserve consider speaking and understanding an Aboriginal language to be important.[11]

2.3 Projections

In all scenarios considered by Statistics Canada, by 2036 the Aboriginal population is expected to reach between 1,965,000 and 2,633,000, or 4.6 to 6.1 per cent of the national population. The growth rate averages between 1.1% and 2.3% more than the annual increase for the rest of the population (0.9%). By 2036, projections show that Registered Indians will still be the largest group, numbering between 1,088,000 and 1,196,000 people. Non-status Indians are expected to reach between 245,000 and 489,000. The Métis could end up numbering anywhere from 531,000 to 835,000, and Inuit from 86,000 to 95,000.

There is no breakdown of data that identifies Aboriginal Seniors who live off-reserve, so these data are here to provide context. Aboriginal Seniors are 55 and older while non-Aboriginal Seniors are 65 and older.[13] Of the 756,780 people who live in New Brunswick, 147,929 or 19.5% of the population are Seniors, and 61,390 of those people are 75 years and older. Across New Brunswick, about 61.4% (70,120) of the population are Seniors who live with their spouse, and 15.5% of New Brunswick Seniors provide unpaid care to others.[14]

The New Brunswick Council on Aging[14] recently urged the New Brunswick Government to develop a strategy for aging. The reason for concern is that since 1997, there has been a net increase of 50 Seniors per year moving into the province, at the same time as 1,250 youth (aged 15 to 24) were leaving.[14] Projections suggest that in roughly 20 years, the population of Seniors will have doubled,[15] which puts New Brunswick in a vulnerable position. By 2032, the general population of New Brunswick is expected to peak at approximately 766,200 persons. After 2032, the combination of a declining birth rate and an aging population will mean that the number and proportion of working age (18 to 64 years) people in the province will decline.[16] By 2038, 31.3% of the population will be Seniors.[14]

The expectation is that from 2011 to 2036, the number of people who report at least one Indigenous identity will continue to grow at a rate that is faster than the rest of the population.[9] Data sources did not provide specifics for Aboriginal Seniors who live off-reserve, but the average age of Aboriginal people in the province will likely to continue to be younger than the rest of the population. The median age is expected to rise from roughly five to seven years by 2036 because of an increase in life expectancy. By comparison, the median age of the non-Aboriginal population is expected to rise four years during the same period, but more slowly.

2.4 Location and households

Of the Aboriginal people living in the Atlantic region in 2011, about 25% were in New Brunswick, 38% in Newfoundland, 36% in Nova Scotia, and a bit over two per cent on Prince Edward Island.[10] In Atlantic Canada, over half (55%) of Aboriginal people and less than half (40%) of non-Aboriginal people lived in rural areas. Sixty-three per cent of Aboriginal Seniors and 46% of non-Aboriginal Seniors reported living in rural locations. Of the 11,400 Aboriginal households in New Brunswick in 2011, 2,885 were on-reserve, 2,820 were located off-reserve in municipalities, and 5,695 were in rural areas.[17]

New Brunswick had the highest proportion (27%) in the region of Aboriginal Seniors living on-reserve, but that number has been in decline.[2] By 2011, the fastest growing segment of Canadian society was Aboriginal people living off-reserve[18] in urban areas.[19] In the Atlantic region, the proportion of Aboriginal people living in urban areas rose from 36% in 2006 to

[2] A contributing factor may be that the definition of Reserve changed in the National Household Survey questionnaire between 2006 and 2011.

45% in 2011.[10] At the end of 2014, of the approximate 15,249 Aboriginal people in New Brunswick, 9,366 (61.4 %) lived on-reserve and 5,883 (38.6 %) lived off-reserve.[20]

Table 1: Area of Residence of Aboriginal Population, Atlantic Canada, 2011

Aboriginal population	Atlantic		NL		PEI		NS		NB	
Population	94,495		35,800		2,230		33,845		22,620	
Urban	42,325	44.8%	10,145	28.0%	1,010	45.0%	19,465	57.0%	11,705	52.0%
Rural	52,170	55.2%	25,655	72.0%	1,220	55.0%	14,380	43.0%	10,915	48.0%
On reserve*	19,690	21.0%	2,970	8.0%	440	20.0%	8,955	26.0%	7,325	30.0%

Source: Statistics Canada, 2011 NHS, Table Numbers: 99-011-X2011028 & 99-011-X2011027. *Note, some reserves are located in urban locations while others are located in rural areas. As such, the on-reserve population are already counted in the urban/rural estimates

Source: Service Canada. (January 2014). Client Segment Profile. Aboriginal Peoples. Atlantic Canada. http://www.edsc-esdc.gc.ca/img/edsc-esdc/jobbank/CSPs/ATL/201401Aboriginal/abor_march2014.pdf p. 6

New Brunswick numbers were not available, but one national characteristic that was described as commonplace by the research participants was that it is quite common for Aboriginal Seniors to live in the same household as their grandchildren.[12] In 2011, 11% of Aboriginal people aged 45 and older reported grandparents living in the same household as their grandchildren. Those 600,000 grandparents represented 4% of the overall population aged 45 and older. Aboriginal grandparents were more likely than any other group in Canada to be living in skip-generation households[3] with additional financial responsibilities.

2.5 Housing and housing conditions

The home ownership rate in New Brunswick was slightly higher than the national average, but it has had the same growth rate as the rest of the country over the past 40 years. The rate of home ownership in Canada rose from 60.3% in 1971 to 69% per cent in 2011, and in New Brunswick, from 69.4% to 75.7% in the same period.[21] In New Brunswick, 79% of all Seniors owned their home and 26.5% lived alone. The rate of Seniors in New Brunswick that lived in rural areas was 47.42%, or more than double the national average (20.05%).[14] In 2011, non-Status Indian households had lower average household incomes and homeownership rates than non-Aboriginal households. There were almost the same number of Aboriginal households off-reserve as on-reserve in New Brunswick, but the rate of ownership was almost three times as high off-reserve (Appendix 1). About half of off-reserve Status Indian households owned their homes.

In a 2010 study, Atlantic Canadian Seniors said they wanted to stay in their homes and communities until they died. Many lived in rural areas, in homes that needed repair, and the quality of their housing was affected by their degree of health. Many spent a disproportionate amount of their income on housing, did not know about services they

[3] A 'skip-generation' household is one where the middle generation is absent.

were eligible for, and lacked both social supports and outlets. Few would entertain the thought of living elsewhere, but most who did wanted Seniors-only housing.[22]

National statistics from 1999 to 2011 did not distinguish between age groups, but did show that housing conditions for off-reserve Status Indian households improved,[23] slightly.[24] Aboriginal people were still more likely than non-Aboriginal people to experience overcrowding and inadequate housing,[8] particularly in rural areas.[25] However, the number of Aboriginal people living in overcrowded housing was slightly lower in the Atlantic region than in other parts of Canada.[10] In New Brunswick, over 15% of Aboriginal people were living in unacceptable housing and were unable to access acceptable housing. Although the study did not identify age,[26] we may surmise that Seniors made up at least a proportion of the 2.9 % who were living in crowded homes and 19.9% who were living in a home that needed significant repair.

The most common reason people experience core housing need is the lack of affordable housing. In 2011, Aboriginal households were twice as likely as non-Aboriginal households to experience core housing need. Status Indian households had almost twice the rate of core housing need when living off-reserve.[24] Those in rural areas were more likely to be in core housing need, living in a lower standard of housing that needed bigger repairs than their non-Aboriginal counterparts[27] (See Appendix 2).

CMHC identified four major factors that shape the housing circumstances of low-income households, all of which are relevant to Aboriginal Seniors living in New Brunswick.[25] The first is the economic health of the community and how its relationship to the surrounding region affects incomes and employment opportunities. The second is how far the community is from a larger urban centre where there are more services and employment opportunities. The size of the population in a community has an impact on the housing market, its ability to create new housing, and the construction sector. Finally, rural communities have a limited range of housing options and rarely offer enough affordable, quality housing alternatives. Rural locations also have fewer services than urban centres, so lower income households have fewer resources to draw on. In New Brunswick, the housing market has been more focused on renovation than new housing[28] and smaller centres face significant challenges developing new housing projects that could accommodate the needs of low income Seniors. There is uneven growth across the province with some locations, like the areas around Fredericton and Moncton, experiencing relatively strong development numbers, and other areas—including other urban centres—in decline.

2.6 Education

Nationally and regionally, Aboriginal people have lower levels of education than non-Aboriginal people.[8] At about 46%, the percentage of Seniors in New Brunswick with some post-secondary education was about 3% lower than the national average. In the Atlantic region, 13.3% of non-Aboriginal and 6.3% of Aboriginal Seniors had university qualifications, while 42% of non-Aboriginal and 55% of Aboriginal people aged 65 and above had no certificates, diplomas or degrees.

On average, 34% of Seniors in the province, and about 30% of Seniors across the country had less than a high school education.[14] Data collected for Aboriginal people aged 18 to 64 showed that the percentages of people attaining certificates, diplomas, degrees or certification in the trades differed depending on whether they lived on- or off-reserve, in urban, or in rural locations. However, this data does not break down to provide insight into the educational accomplishments of people who are 55 and older.

2.7 Employment

The Council on Aging reported that nearly 20% of New Brunswick Seniors are employed, and that the average employment income is $18,435.[14] Nationally, and regionally in 2011, Aboriginal Seniors had higher rates of unemployment and lower levels of income than non-Aboriginal Seniors, but Aboriginal Seniors who lived off-reserve had an employment rate (35%) that was comparable to non-Aboriginal Seniors. These Seniors also had a lower unemployment rate (9.6%) than Aboriginal Seniors who lived on-reserve (15.6%). On average, Aboriginal women had higher rates of unemployment and lower levels of income than Aboriginal men,[29] but Aboriginal women who lived off-reserve and completed high school had rates of employment that were almost equal to men. More Aboriginal women than men who lived off-reserve had completed post-secondary studies, and the majority had plans for more education.[30]

2.8 Income

Higher levels of education are linked to higher levels of income.[31] Between 1995 and 2015, the cost of living in New Brunswick rose about 44%, which was slightly less than the national average (44.5%).[14] Income levels from 2014 showed that New Brunswick Seniors' average total income ($31,664) was roughly $7,000 per year lower than the provincial ($38,586) and national levels ($38,940).[14] The Canada Without Poverty organization reported that in 2012, Aboriginal people in New Brunswick lived in seven of the ten poorest postal code areas in the country, and that 34% of the population lived on income below the poverty line.

2.9 Health

In many Aboriginal communities, health is more than just the absence of illness. A state of good health is seen as achieving balance between the mental, physical, emotional and spiritual aspects of the person and ill health is the result of imbalance. Good health is maintained through cultural activities. Individual and community wellness are closely linked, and the connection between the individual and the community contributes to good or ill health.[32] External factors, like income, education, and living conditions, play a significant role in the health of individuals. In the case of Canada's Aboriginal peoples, those effects are frequently negative.[33] Social determinants have an impact on all aspects of physical, mental, emotional and spiritual health, but can also act as barriers to accessing the supports and services that would mitigate negative impacts.[34]

While public health data collection for Aboriginal people who live on-reserve has improved somewhat, there are still significant gaps, particularly for Aboriginal people who live off-reserve.[34] It is not possible to make comparisons between the health of on- and off-reserve populations because Statistics Canada does not collect health data on-reserve.[35] Health characteristics can only be inferred when adults are defined as 25-64 and Seniors as 65 plus.

When compared to national norms, Canada's Aboriginal, Inuit and Métis peoples consistently experience unequal and insufficient access to services and resources. The 2007 to 2010 Canadian Community Health Survey found that Aboriginal people who lived off-reserve had poorer health than non-Aboriginal people across the country.[36] In 2012, 49% of the Aboriginal population aged 12 and older, and 53% of people who lived off-reserve, rated their health as less than very good.[11] Life expectancy averaged five years below the national average for Aboriginal women (78-80) and six years below for men (73-74).[37]

Nationally, over half (56%) of Aboriginal people aged 12 and older reported having one or more chronic conditions as compared to 48% of non-Aboriginal people. In New Brunswick, the rates were about 60% for the non-Aboriginal population and 59% of Aboriginal people who lived off-reserve.[11] In research from 2014, 39% of all New Brunswick Seniors had three or more chronic health conditions, 35.8% had a disability that affected their daily living, and over 3,000 people who were living in private households suffered from some form of dementia. The average number of Seniors who were overweight or obese in New Brunswick was about 63%, or 4% higher than the national average.[14] Rates for obesity and diabetes for Aboriginal people aged 45 and older (19%) were higher than for their non-Aboriginal counterparts (11%).[38]

KEY DETERMINANTS OF HEALTH

- Income and Social Status
- Social Support Networks
- Education and Literacy
- Employment/Working Conditions
- Social Environments
- Physical Environments
- Personal Health Practices and Coping Skills
- Healthy Child Development
- Biology and Genetic Endowment
- Health Services
- Gender
- Culture

Source: Public Health Agency of Canada.

Of the Aboriginal adults aged 18 and older who lived off-reserve in New Brunswick, 62% reported that they had excellent or very good mental health. Other research suggested that Aboriginal Seniors across Canada may be at a higher risk of social isolation than non-Aboriginal Seniors, particularly if they are forced to move away from their communities to urban centres for healthcare or other services. They may also be more likely to experience loneliness and limited social interaction due to language barriers, literacy issues, discrimination, and socio-economic disadvantage. When Aboriginal Seniors live in rural or remote areas, as they often do in New Brunswick, they may feel like they do not belong to a community.[39]

3 Housing and support services in New Brunswick

3.1 Introduction

This section lists publicly available housing and support services for Seniors found through online searches, print materials, from stakeholder interviews, and from participants in the interviews and discussion groups. It starts with information sources, then lists housing and other supports. In interviews with providers, services were often described as "generic" meaning that they were equally available to any Senior in the province. Any services or programs designed specifically for Aboriginal Seniors are identified.

3.2 Information sources

Directories of services for Seniors are issued by the Federal and Provincial Governments, municipalities and organizations. Some are more comprehensive than others, and the level of quality is variable. Many are online, some are only in print, and some websites offer the option to download and/or print. Some sites do not contain information, but act as portals to direct anyone searching for information toward other sites.

Government of Canada programs and services for Seniors (aged 50 and above) usually have their own toll free number, but if there is a main number (1-800-622-6232) that Seniors can call if they need help navigating the different services. The Government of Canada web site[40] has links to information pages and videos about caregiving, how to age-in-place, resources about age-friendly workplaces, and financial planning. The Federal Government also posts information for Aboriginal people on the FaceBook page "GovCan - Indigenous Peoples." There are a series of links for health information on the Public Health Agency of Canada web site.[41] A Federal Government web site called Benefits Finder[42] is designed to help people find provincial and federal programs and services. INAC provides links to different health services and social programs for Aboriginal people of all ages.[43]

The province has a toll-free number (1-855-550-0552) for Seniors to get information on government programs and services operating from 8:30 am to 4:30 pm, Monday to Friday. Seniors, their families and caregivers can call for information in both English and French about federal and provincial programs and services. The Seniors' Guide to Services and Programs[44] can be downloaded, and contains contact information, instructions, and brief descriptions of provincial and private sector services and programs across the province. The Department of Social Development provides links to a variety programs and services including financial assistance, health-related information, residential services, long-term care options, and protection programs.[45] Social Development has regional sub-offices with a Senior Resource Centre in cities throughout the province. In some locations, they offer clinics and workshop for Seniors, their families and caregivers.[46] The New Brunswick Government Services for Seniors web page[47] has links for programs and services such as hunting licenses, tourist properties etc.

Other levels of government and organizations also provide information in different formats. Cities like Moncton,[48] Fredericton,[49] and Saint John[50] post activities and services for Seniors

on their municipal websites. Charitable organizations, like the Moncton-based Seniors Information Centre, produce materials and online directories.[51] The Human Development Council prints a pamphlet with phone numbers for various services across the province. The Family Navigator is a national website that helps military families find services, including elder care, near bases across Canada.[52] The Miykiwan Toolkit is a web-site[53] provided by the Congress of Aboriginal Peoples that lists resources and information about family violence for Aboriginal families who live off-reserve.

3.3 Housing

Policy

In March of 2016, the Federal Government increased investment in housing by $2.3 billion over two years, $200 million of which was designated for affordable housing for Seniors. There was a commitment "…to consult with provinces and territories, indigenous and other communities, and key stakeholders to develop a National Housing Strategy."[54] The National Housing Strategy is scheduled to be released in 2017, but at the time if writing, it is unknown whether there will be new resources for Aboriginal Seniors who live off-reserve.

Programs and providers

The Canadian Mortgage and Housing Corporation (CMHC) is a federal Crown corporation that conducts research[55] and produces resources on a range of topics such as rental[56] and cooperative housing,[57] home ownership,[58] and home safety.[4] CMHC also runs programs that are specifically designed for Seniors and Aboriginal people. These are the Home Adaptations for Seniors' Independence Program to help homeowners and landlords adapt housing so low-income Seniors can stay there longer. The Residential Rehabilitation Assistance Program is a financial aid program for eligible homeowners and landlords to improve accessibility for low-income people with disabilities.[59] The Emergency Repair Program helps low-income people in rural and remote areas cover the expense of emergency repairs.

CMHC works with the private, public and non-profit sectors to operate the Affordable Housing Centre.[60] It offers Proposal Development Funding and Seed Funding[61] to get projects started and the Direct Lending Program[62] for federally assisted social housing projects. CMHC supports Habitat for Humanity efforts to make their ownership model available to more Aboriginal people.[63] The Off-Reserve Aboriginal Home Ownership Program[64] is a joint initiative between CMHC, the Federal Off-Reserve Aboriginal Housing Trust and Provincial Governments to help Aboriginal people buy homes.

CMHC and the New Brunswick Department of Social Development offer various programs and tax credits to clients of Social Development.[65] Eligible clients access funds to finish home construction, improve safety, or do needed renovation or repairs. Social

[4] Canada Mortgage and Housing Corporation safety guides such as *Maintaining Seniors' Independence Through Home Adaptations: A Self-Assessment Guide*, *About Your House - Preventing Falls on Stairs*, the *Safe Living Guide*, and *12 Steps to Stair Safety* can be ordered at 1 800 O-Canada (1 800 622-6232).

Development also operates emergency shelters. Other programs help clients buy a home, access affordable housing, or cover heating costs. Eligible Seniors aged 65 plus can apply to the Provincial Government to defer the annual increase in property tax on their primary residence.[66] The Rural and Native Basic Shelter Rental Program[67] helps eligible clients find suitable, affordable and adequate housing in small rural communities.

Many participants were familiar with programs offered by Skigin-Elnoog Housing Corporation, a department of the NBAPC. Skigin is the only Aboriginal housing authority in the province for people who live off-reserve and receives roughly equal amounts of funding from the Federal and Provincial Governments. The mandate of Skigin is to provide housing for young families, but units have been made available to Seniors occasionally. Skigin's programs are offered to Aboriginal people 18 and over with an annual income below $55,000. Skigin is currently serving about 350 clients, and roughly 10% are Seniors.

Skigin operates a home-ownership program, builds rental housing units and apartments, and conducts property management for the Province of New Brunswick. There is a long waiting list for Skigin rental units. It also has programs for residential rehabilitation, emergency repair, ownership loans, and home adaption for Seniors. The emergency repair program is the most popular.[68] People apply for funds and Skigin sends the tradespeople to assess and perform emergency electrical, plumbing, structural or septic repairs.

3.4 Communication and leisure

The federally funded "New Horizons for Seniors" program promotes Seniors mentoring other Seniors, supports social participation and inclusion, and funds new and existing community programs or projects that are designed for Seniors. Different organizations can apply for funding to support projects that are either inspired or led by Seniors.[69] In December 2016, broadband online access was declared a basic service by the Canadian Radio-television and Telecommunications Commission.[70] Compared to other parts of the country, New Brunswick has good internet service,[71] but rates are high when compared internationally.[72] The New Brunswick Government provided some respite through the "Connected for Success" program when it partnered with Rogers Communications to provide low cost internet access to 19,000 families who were clients of Social Development and lived in public housing.[73]

The New Brunswick library system makes resources available across the province through their web site. Library buildings are usually wheelchair accessible as are the computer stations, and materials are available in alternative formats. DVDs, eBooks and audiobooks are available and library materials are delivered by mail at no cost.[74] There is a Talking Book Service for people who have print or perceptual disabilities.[75] Libraries have multilingual signage in every location and they are building their collections to have Aboriginal language materials in every location. Some libraries have partnerships with reserves, do Aboriginal programming like story-time, or invite Elders to get involved.

3.5 Financial and legal

The Government of Canada Old Age Security (OAS) pension is available to Seniors aged 65 plus. If they are low-income, Seniors may qualify for an additional Guaranteed Income Supplement (GIS). Seniors between the ages 60 and 64 may be eligible for an Allowance, or an Allowance for the Survivor. The Canada Pension Plan (CPP) is available at age 60 to Canadians who have contributed during their working years. It comes with disability, survivor, death benefit for spouse, benefits for children, and separation or divorce benefits. New Brunswick offers an annual Low-Income Seniors' Benefit of $400. Eligible applicants must be residents, 60 plus, and receiving some form of the Federal Old Age Security.[76]

The Public Legal Education and Information Service of New Brunswick (PLEIS-NB) is a charity that offers bilingual educational products and services about the law. Booklets about wills, estate planning, managing financial and personal affairs, health law and going to a Nursing Home can be ordered.[77] The Financial and Consumer Services Commission[78] is a provincial Crown Corporation that regulates securities, credit unions, pensions, insurance and co-operatives as well as trust and loan companies. It enforces a range of consumer legislation and offers information on topics like proactive estate planning and how to prevent financial abuse. The NBAPC has produced a handbook about how to avoid financial abuse, designed specifically for Aboriginal Seniors who live off-reserve.

3.6 Health

Health coverage for Aboriginal, Métis and Inuit people is a federal responsibility. The Strategic Plan for First Nations and Inuit Health[79] issued by Health Canada (2012) extended the Non-Insured Health Benefits program to Status Indians who lived off-reserve, and eligible Inuit. The program provides a range of medically necessary goods and services that supplement benefits provided by private or provincial and territorial programs. For Seniors with disabilities, the Division of Aging and Seniors at the Public Health Agency of Canada provides information and educational resources online in a range of formats.[80] Eligible veterans, civilians who were in a theatre of war, members of the regular or reserve Canadian Forces or the RCMP can access comprehensive care through Veterans Affairs (VAC). The VAC program provides a continuum of care, from information and financial assistance, to equipment and prosthetics, to lawn and home care services, to long-term care, burial costs, and care of the surviving spouse.

Primary health care services are provided by Horizon Health and Vitalité Health Networks. The latter is building cultural competency within the organization through a program where First Nations educators are training 30% of staff in all departments over the next two or three years. Vitalité is also developing a job description for a primary care access coordinator, specifically for Aboriginal communities in two regions. This person will look at the needs of the Aboriginal population and help tailor services appropriately.

Regional Health Authority offices offer information, mental health and addiction services, treatment, rehabilitation, health promotion, prevention and maintenance programs for all

ages. In Fredericton, there is a team that goes to Seniors' homes to deliver services, and Seniors set the pace of these meetings.[81] The team has developed expertise and culturally-appropriate competency through its work on the reserve with the Wolastoqiyik community.

Emergency services

The first page of the BellAliant telephone book lists a series of emergency telephone numbers. 911 is a country-wide telephone number that connects the caller to a central switchboard to request ambulance, fire, poison and police services in the area. 811 is the number for Tele-care, a bilingual, free, and confidential service where callers can speak to registered nurses and receive non-urgent health advice. The numbers for non-emergency calls to the police, as well as those for reporting power outages, environmental, natural gas, air, or marine emergencies, are on the same page.

Drugs and supplies

The provincial Wellness campaign[82] promotes staying active, provides health and community building information, and suggests local food resources. Seniors who receive the GIS or earn below a certain income qualify for drug coverage by the New Brunswick Prescription Drug Program.

Non-governmental organizations, like the Blue Cross prescription drug program, charge for their services. The Seniors plan (65 plus) will cover up to 80%, or more for a higher premium, of various services but will not cover existing conditions.[83] The Canadian Diabetes Association provides some financial assistance programs[84] for uninsured goods and services like prescriptions, diabetes supplies, assistive devices, vision and eyeglasses, dental services, foot care and medical travel. The Canadian Red Cross Health Equipment Loan Program (HELP) offers short-term, free loans of health and mobility equipment.[85]

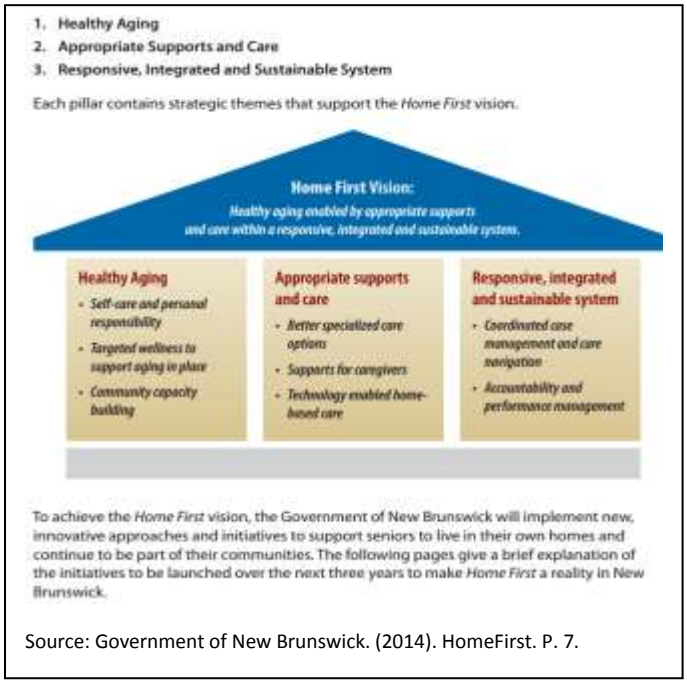
3.7 Homecare

Health Canada introduced the First Nations and Inuit Home and Community Care Program (FNIHCC) in 1999 to supply home care and support services in First Nations and Inuit communities. Aboriginal people who live off-reserve and have a status card are also eligible.[86,87] Retirees can access services without income tests or direct fees from Veterans Affairs Canada, Canadian Forces Health Services, or the Royal Canadian Mounted Police.[88]

Of all New Brunswick Seniors, approximately 4,700 receive home support services.[14] The provincial healthcare plan covers many professional, and some personal, care services but there are income tests and direct fees for other personal and community supports.[88] The home care industry is not regulated, but it is monitored by Social Development.[89] Social Development designs programs, sets minimum standards for services and their delivery, and then contracts private companies through its regional offices to deliver the programming. Services are only supposed to complement help that people get from informal sources. The provincial Extra-Mural Program (EMP) coordinates service providers for in-home care to people of all ages, 24 hours a day, seven days a week. EMP is an

alternative to hospital or nursing home admission. It provides rehabilitation and oxygen services, long, short-term and palliative care, and helps people who have recently been discharged from the hospital.

The Government of New Brunswick launched a three-year initiative in 2014 called "Home First" to promote Seniors (65 plus) remaining independent and in their homes.[90] The strategy was based on the understanding that it was better for the health of the person, and more cost-effective for government, when people stay independent and at home, rather than in hospital or nursing homes. The project objectives were to promote health and wellness, provide necessary services, support family members, avoid lengthy hospital stays and prevent inappropriate transfers to long-term residential care. The strategy involved the Departments of Social Development, Health, and Healthy and Inclusive Communities, as well as the Horizon and Vitalité health authorities. The program offered home safety assessments, and increased funding for caregiver training, recruitment and retention strategies. It also involved setting up a new and improved neighbourhood-based model of care for home support, to coordinate the work load more effectively.[91]



Source: Government of New Brunswick. (2014). HomeFirst. P. 7.

The Canadian Red Cross provides homemaking and personal support services for Seniors who are recovering from illness or injury. Services include Personal Care, Home Management, Respite and Companion Care.[92] Red Cross Senior services coordinates a network of volunteers that provide friendly visiting, telephone reassurance and transportation services.[93] There are private companies in the home care market as well, like Link Advantage,[94] which sells a personal medical pendant that notifies a message centre if the wearer needs emergency services.

3.8 Long term and special care

Long term and special care are the responsibility of Provincial and Territorial Governments.[95] The eligibility of a senior for long term care is assessed for how much functional support they need, and whether they can get that care already.[96] There is a standardized assessment of individuals administered by either Social Development, the Extra-Mural Program, or Mental Health personnel to identify the services and degree of assistance that a client needs. There are no age restrictions, and placement is the result of need. Clients who require long-term care are generally responsible for the cost of the services they receive, and how much they pay is based on their net income. Government

provides some assistance for low-income clients.[97] Alternate Level Care patients are people who have been discharged from hospital and are waiting for a placement in a nursing home within a 100-km radius of their homes. There are long waiting lists for nursing home beds across the province, except in certain small, isolated communities.

Approximately 5,570 of all New Brunswick Seniors live in nursing homes, and about 4,500 live in residential facilities other than a nursing homes.[14] There are 65 French and English-language nursing homes in the province with close to 4500 beds, all are private and all but three (Shannex) are non-profit. The homes are funded by the Provincial Government, which sets an amount of what each resident will 'cost' and then does a financial assessment to find out how much of that expense the client can cover. The province pays the balance. There is no funding designated specifically for Aboriginal Seniors.

Forty-two English and seven French nursing homes in all but one of the seven districts responded to a brief survey for this research project. They ranged from small to large, hosting from 1-10 to over 50 clients. 17 of the English language and one of the French language homes had Aboriginal, First Nations, Inuit or Métis clients. 18 of the English homes had employees on staff who identified as Aboriginal, First Nations, Inuit or Métis. Nine of 40 English homes and two of six French homes offered services tailored to Aboriginal clients. Three of the homes commented that they adjusted their approaches to the needs of specific clients, and that they take a holistic approach to care. One home provides drum circles and a smudging ceremony. Two other homes either collaborate or have collaborated with local reserves to set up activities. One home consults with an Aboriginal member of their community committee. A home that provides level 3 care[5] does not distinguish between clients. One French nursing home indicated that it receives funding specifically to serve the needs of the Aboriginal client in their care, which suggests that the client has a status card.

There are two Associations for Special Care Homes in the province, one French and one English. After an assessment, anyone in the province who has long-term disabilities may qualify for aids that expand their natural support networks, and may qualify to live in a special care home. There are no age restrictions, clients can come from anywhere in the province, and can have any degree or type of mental and physical needs. These homes provide a full range of service, from bathing to changing dressings, recreational activities, and transportation to appointments. The funding for each client comes from their disability pension and Social Development. These homes rarely host Aboriginal clients.

[5] Level 3 care is for clients who have a stable but ongoing physical or mental health condition, or a functional limitation that requires 24-hour assistance and often, medical care.

4 Aboriginal Seniors and Elders who live off-reserve in New Brunswick

4.1 Introduction

This section presents the gaps, challenges, issues and recommendations that Aboriginal Seniors and Elders provided during the interviews, the discussion groups, and at the February 2017 conference. For a complete list, see Appendix 3. These obstacles prevent Seniors maintaining good health, accessing appropriate supports, and avoiding more costly forms of care[6]. It is the author's hope that the voices of these Aboriginal Seniors and Elders were not lost in the process of grouping and condensing their recommendations.

4.2 Policy

The previous section listed a range of services that are intended to be accessible to all Seniors in the province. When asked if there were housing or support services available that met their needs, the overwhelming response from the Aboriginal Seniors and Elders was "No" and as a result, they relied on their families. The consensus was that none of the available programs and services meet the needs of this population *as Aboriginal people*. The participants were aware of many of these services, and in some cases, used them. However, many of the participants were unable to access the federal programs because they did not have a status card.

> *… the question they ask us—…"to be able to have this benefit we have to live on the reserve or we have to deliver on the reserve. Do you have an address on the reserve?" Well, no, we don't live on the reserve. So we can't get nothing. We can't have that.*
>
> *They've got programs, but it's for people living on-reserve, not outside.*

How "generic" policies and programs are developed is part of the problem. The process employs a "top-down" rather than a "ground-up" approach and is seldom truly collaborative. Government employees and/or appointees generate plans, models or frameworks and then incorporate elements from feedback provided by organizations and interested communities. However, by the time feedback is invited, the plan is usually confined within a set of parameters that do not reflect the values or needs of Aboriginal Seniors and Elders. "Generic" is not representative, and the protocols used after implementation to maintain that status make the programs inflexible, chilling any opportunity for customization.

> *There's nothing in that system that's designed specifically to address aboriginal cultural needs. It's a program of general applicability, there's no aboriginal flavor to the stew …*

Aboriginal Seniors and Elders who live off-reserve are widely acknowledged to be among the most vulnerable populations in the country, but they are frequently omitted in policy and program design. For example, at a series of roundtables hosted by the National Seniors

[6] The three pillars of the New Brunswick *Home First* strategy.

Council in 2008, participants identified challenges that low-income Seniors faced in the areas of health, income, housing, transportation, awareness and delivery of services and benefits.[98] The Council mentioned in the final report that Aboriginal Seniors are among the most vulnerable members of the population, but opted to keep recommendations to government "general." In 2010, the Atlantic Seniors Housing Research Alliance (ASHRA) looked at areas of concern for Seniors in the region, but only consulted Aboriginal Seniors who lived on-reserve. Annual provincial reports about vulnerable groups in New Brunswick do not include Aboriginal people.[99] The provincially appointed New Brunswick Council on Aging conducted a review of health care. Its research found that the system focused too much on illness and not enough on prevention, and identified inefficiencies, duplication, and significant gaps in the continuum of care for Seniors. The Council's mandate was to develop an ageing strategy that incorporated the full spectrum of stakeholders: Seniors, their families, government, service providers, communities, researchers etc., and yet, Aboriginal Seniors who live off-reserve were not represented on the Council. [14]

The consequences of the "generic" policy design approach are very real and detrimental in the lives of Aboriginal Seniors. One obstacle, for example, is that the Aboriginal population is younger than the rest of the population. The health sector accepts Aboriginal Seniors at age 55, but most programs for Seniors are only available to people aged 60, or 65 and older. Other challenges are the result of Provincial and Federal Governments failing to coordinate housing and health responsibilities, and problematic funding formulas.

RECOMMENDATION: The biggest challenge facing Aboriginal people who live off-reserve is that no level of government will work with them in good faith. The Daniels ruling (2016) declares that the federal government has a fiduciary obligation to Aboriginal people, whether-or-not they live on a reserve. Any discussion about access to service must be based on Rights. The federal government gives money to the provinces, and both levels of government need to start living up to their responsibilities.

RECOMMENDATION: Extend the same level of service to Aboriginal Seniors who live off-reserve as those who live on-reserve receive. All Aboriginal clients can use services regardless of where they are from. Government should provide services to Aboriginal people based on where they actually live rather than where their reserve is.

RECOMMENDATION: There's a wide variety of people, and they respond better when they are receiving culturally appropriate care. We have heard enough about assimilation. We want to hear about maintaining our identity.

RECOMMENDATION: Mandate Federal, Provincial, Reserves (Chiefs) and off-reserve Aboriginal representatives to sit at a table together to find a solution to who will oversee Aboriginal Seniors care.

RECOMMENDATION: The federal government should withhold transfer payments to the provincial government until it institutes a policy that on-reserve and off-reserve Aboriginal people are to be treated equally.

RECOMMENDATION: Aboriginal politicians have to be very clear when they request programming. A portion of funds that the federal government supplies to the provincial government needs to be earmarked for Aboriginal people who live off-reserve. It would be best if programs funded by federal government were delivered by Aboriginal organizations. The NBAPC is recognized as the governing body for everyone that does not live on the reserve and the government should give them the same amount and same benefits as on reserve.

RECOMMENDATION: Consultation, consultation, consultation! Continue to engage Aboriginal and non-Aboriginal Seniors. We need to come together and listen. Explore through consultation and research how to improve free-flow and exchange of on-reserve resources to off-reserve Seniors, namely by including and holding all levels of government accountable. Aboriginal people need to work with both levels of government to produce a clear, articulate approach on how to address health, mental health, housing needs etc. Form an advisory committee that brings together Seniors, provincial and federal entities to consult about how we to ensure elderly people off-reserve will be cared for. All levels of governments, organizations, Seniors and caregivers (e.g. social workers, income assistance worker, housing staff and families) need to work together and take a proactive approach to ensure that Aboriginal Seniors have access to the services and programs that are their right.

RECOMMENDATION: Whatever framework gets developed, make sure it is not complicated or difficult for people to navigate. Implement KPIs and review annually. Perhaps the use of a model of Integrated Service Deliver (ISD) for delivery of Seniors Care. This would be based on the Provinces ISD model used in schools proving “wraparound” services in a “timely” manner.

RECOMMENDATION: Create an advocacy group, or Aboriginal Ombudsman position who helps Aboriginal Seniors and Elders access existing services, with an appeal process for what is refused. The advocate and staff would have to clearly understand the culture.

RECOMMENDATION: In one of the discussion groups, it was evident that at least a third of the participants had never applied for status. The NBAPC could run a program to help Aboriginal Seniors apply for status cards. Successful applicants could then apply to access to existing services.

4.3 Access to information

When trying to access services, Aboriginal, Inuit and Métis Seniors face a complex set of challenges that are rooted in the colonial history of Canada.[95] Policies and institutions, such as the Residential school system, were designed to force assimilation. Seniors may not know

they are entitled to services, or may distrust the institutions that deliver them. They may lack the necessary documentation, language, or literacy skills to negotiate the bureaucracy.

Even when people qualify, they often experience hardship obtaining the services or funding they are entitled to. Dental and glasses may be paid for by government when a senior has a status card, but there are often delays. Many Seniors are not aware of their entitlements for medication and the process of finding out can be complicated. Participants said it was difficult to find out which medications were covered, and sometimes they would not know until they got a bill at the Pharmacy.

Seniors explained how it was hard to get clear information, and they were not always able to find out who they should talk to. In some cases, they got the wrong information; in others, they received information they didn't understand. Sometimes there were language barriers, and they did not always understand the speaker on the other end of the phone. A specific example was when some Francophone Seniors called the Halifax INAC office and no one spoke enough French to make the conversation meaningful.

> Translation: *What they're saying is to have someone in each* [NBAPC] *local, a rep for Seniors. And let's say if they would need something, they would go to that rep. And then that rep could go to our main office and say "These Seniors need this …"*

Providing information and resources only online is problematic, since literacy levels in the province of New Brunswick are lower than the national average, and online research may not be a viable or preferred mode for Seniors. The information can also be confusing. There are several web sites that contain a version of the same information in different formats. During the six months of this project, web addresses changed. Sites for programs and services were not always current, some had broken links or inaccurate information

RECOMMENDATION: Information about health-related services needs to be tailored to people with low literacy levels, and distributed more widely. Service providers cannot rely on electronic communication to get information to Seniors, and paper communication must be designed appropriately. Applications processes can be deterrent. Personal contact is the preferred and most effective approach.

RECOMMENDATION: There are literacy issues that can make accessing resources and housing, health support etc. application processes difficult. Simplifying the application processes for accessing funds and resources would require that government and non-profits work together. Meet with energy efficiency team at NBPower to customize and simplify the process for accessing efficiency funding for Seniors.

RECOMMENDATION: NBAPC Seniors advocate, a staff member at the Fredericton office and/or in each of the Locals who will assess needs and match people up with resources and services. Create a single point of contact for each zone of NBAPC for members and non-members. Create a toll-free number and central hub where people can access information

about services and programs from all departments and on all subjects: cultural, service providers, abuse, etc. Part of the concept here is to maintain the Aboriginal concepts of living, making sure that these are integrated into the solution, and match people with the services they need to address biological, psychological, social, emotional, economic, and spiritual needs. If there is something developed, criteria can't be too strict, no strings attached.

RECOMMENDATION: Community-based organizations may be the best positioned to identify at-risk Seniors. Explore incorporating Aboriginal Seniors programming through the established Friendship Centres; i.e. Aboriginal Seniors navigators to help Seniors navigate the 'system', offer Seniors drop-in, recreation and social programming. Expand the capacity of the local Friendship Centre, "Under One Sky" to serve the needs of Aboriginal Seniors and Elders. Set up Seniors Centres around the province, with resources, where people can go for information, community activities, referrals to services and programs etc. E.g. 800 churches closing in NB, use these buildings.

4.4 Housing

In this study, most Aboriginal Seniors and Elders owned their homes. A few Seniors reported living in apartments, but in some places, there was no alternative to home ownership due to the shortage of appropriate or affordable rental properties. The overwhelming response from Seniors was that they wanted to stay in their own homes or apartments until they died, but needed some financial help to do so. There was discussion about the costs of heating and snow removal, the need for windows and doors with better seals and new roofs. The costs of maintenance, upgrading for increased energy efficiency, or renovating for accessibility was beyond the means of a fixed income.

Many people knew of programs for renovation, repair and increasing energy efficiency available through Social Development. One senior explained that people on social assistance, or if their income tested low enough, could qualify for renovation funds or for a cord or two of wood in the winter. However, most said these funds were not available to them, were difficult to apply for, and had too many conditions.

Some Seniors mentioned the renovation fund that Skigin Elnoog administers. One person described a successful application where a relative had obtained funding, but more people spoke of their applications not having been successful. One woman applied for an energy efficiency grant because the windows in her house were draughty. During assessment, she and her husband were told that they would have to remove their home-built patio and replace the refrigerator. The "all-or-nothing" approach of this granting agency meant there was no increased efficiency in the end. The loss of a much-used recreational space and the cost of a new appliance were too much, so they did not get any new windows.

In another example, a woman applied for a grant to replace one window and was told she would have to replace the roof as well. The family could access two partial grants to cover the window and the roof, but as she explained: "…by the time you finish and the list they

gave you and everything you had to do, it was going to cost you three times more than what it would to just go get the windows and get the windows replaced." In this situation, there were too many requirements attached to the grant.

Many participants explained that they did not want to have to move away from their communities, family and friends. In one case, a woman explained that she had lived in Fredericton for over thirty years. She was worried that she would only be able to access subsidized housing and support services by moving away from her grown family, back to a reserve where she has not lived for over thirty years. Other participants described the situation where older people they knew had been forced to sell their homes in rural areas and move to cities so they would be closer to medical facilities. Seniors on fixed incomes have few alternatives as housing market prices and rents rise, taxes increase, assistance programs have restricted access, and eligibility requirements for assistance become more stringent. Subsidized housing is in short supply, so it takes a long time to get into a unit.

There were two stories in different parts of the province offered as examples of how difficult it can be to develop in rural areas, about failed or stalled Seniors housing projects. In one, a local company was in the process of applying for permits to build tiny homes that could be bought and would cost very little to heat, but the application had stalled. In another location, there as another person whose application to build a graduated care Seniors complex in the area had been denied, and no one knew why.

RECOMMENDATION: If it is still an active strategy, the provincial government should consult with those impacted (e.g. family members, Seniors, care providers, stakeholders etc.), review the status of the "Home First" strategy objectives and where required, re-align measures of implementation. Need to assess how the strategy incorporates culture and consult with the Aboriginal community on how culture interacts with the other key components of the initiative.

RECOMMENDATION: Supply what people need to stay in their own homes. Expand existing funds for upgrades, adaptation and repairs. Do not attach so many conditions to funding. Build more affordable housing and provide more financial subsidies to help Aboriginal Seniors and Elders stay in their homes when they are on a fixed income for renovating, repairing and improving accessibility in their homes. Every senior who owned a home receive a heat pump to save them cutting wood and mitigate rising fuel and electricity costs.

RECOMMENDATION: For Seniors who can no longer stay in their homes, remove the restriction on funding for Seniors housing that limits the buildings to one-bedroom. Build housing developments that are accessible and inclusive for Aboriginal Seniors in all major cities, so they are close to healthcare, with access to amenities and services like drivers, and people who will look in on them.

RECOMMENDATION: Make it a requirement in Municipal Act that municipal planning intentionally considers the needs of Aboriginal Seniors. Require all municipal councilors and staff to participate in cultural sensitivity and safety training. Legislate municipal governments to promote mixed-income housing and build it, either in one building, or in a district, or a neighbourhood. This type of housing offers many social advantages and almost no disadvantages.

RECOMMENDATION: At the moment, there are one-bedroom apartments for Seniors being built at St. Mary's. If there were reciprocal arrangements between bands and they worked together, they could provide affordable housing for Seniors, and Seniors would not be forced to move back to a place they may not have lived. Central or common housing that all off-reserve Seniors living in the same area can apply to, no matter where they come from originally. All First Nations come together to build multi-resident homes that with agreement from all 15 reserves would support each other's people with a place on their reserves to help house elderly. They would be funded by their home reserves.

4.5 Health

With age, health costs increase, particularly for people with chronic health problems. Medications, equipment and home modification, treatments, supplies like diabetic strips, hearing aid batteries etc. are on-going expenses. Aboriginal Seniors and Elders who do not have status cards can not access federally-funded services. After retirement, many Seniors either lose or move to reduced medical insurance coverage. Private insurance is costly and does not cover pre-existing conditions. The rising cost of groceries makes it more difficult to afford any healthy or specialty foods that are required for limited diets.

Bureaucratic obstacles, poor communication, and a lack of cooperation between different levels of government are particularly troublesome when they affect healthcare. The Federal Government has a historical responsibility for Aboriginal, Inuit and Métis peoples. However, provinces are responsible for the provision of health services. Jurisdictional wrangling has led to a notable lack of any long-term vision of care, and created gaps in service that directly impact Aboriginal people who live off-reserve. When existing programs and services do not work as well as they should, Aboriginal Seniors experience delays accessing services they are entitled to. One person mentioned waiting for over four months for equipment from Red Cross, and another said they had delayed dental surgery for almost three months because they were waiting to find out if it would be covered.

One of the three pillars of the New Brunswick Government's Home First strategy was Healthy Aging. The goal of this strategy was to encourage people to take personal responsibility for their self-care. However, preventative and healthy lifestyle choices like joining a gym, a walking-club or getting a swimming membership all come at a financial cost that many Seniors cannot afford.

> *… since I've retired, I joined a club to go walking. Costs me money. It's not much, but it's money just the same … is it possible to have… say like a grant to pay for … my health? … If we had just a little bit of more money for that, we'll encourage people to do more exercise and to have a better lifestyle*

Even when a person can access a service or program, there is no guarantee that it will be adequately funded, long-term or well designed. In the discussion groups, there was frequent mention of programs that had been particularly helpful to this community, like the Diabetic Nursing program, being cancelled. Diabetes has reached epidemic proportions in the Aboriginal population of Canada.[100] The Public Health Agency of Canada acknowledges that "The socio-cultural, biological, environmental and lifestyle changes seen in the First Nations, Inuit and Métis populations in the last half century have contributed significantly to increased rates of diabetes and its complications."[101] Making the significant systemic and structural changes that will be needed to reverse the ravages of diabetes in the Aboriginal community will require sustained effort, not project-based funding or program cancellation.

RECOMMENDATION: Health providers need to offer more than one model of care. Everybody has a potentially different definition of health so care needs to be person-centred. The Aboriginal model of health care can involve family members, and needs to include what individuals see as "health." Health care professionals need training in cultural sensitivity and awareness to deliver culturally competent care to Aboriginal Seniors. The need to understand traditions, the roots of chronic health conditions, and use a person-centred, holistic approach to health. Some health services, mental health care in particular, needs to be inclusive for Aboriginal people rather than "generic". Recognize that some health services specifically mental health care, needs to be inclusive for Aboriginal people, not simply generic. People need access to health education that is at a personal level so it is meaningful and understandable to the person, is not pressured or judgmental. Mental health care (including abuse, drug, alcohol) is very underfunded. It should be at the forefront of health care.

RECOMMENDATION: Reinstate a diabetes intervention with a dietary component that educates people, including Seniors, on how to improve their eating habits and health.

RECOMMENDATION: People need help getting around within the health-care system. It would be useful if there was an Aboriginal health care "navigator" who could help Seniors identify and access available resources. The position would be similar to patient advocate, but specifically for Aboriginal patients, in each NBAPC local.

RECOMMENDATION: Provide grants to cover cost of things that are good for health, like joining a walking club: would help encourage people to do more exercise and improve lifestyles. More work needs to be done to improve the affordability of drugs, and to offer an expanded National Pharmaceuticals Strategy.

RECOMMENDATION: Community support volunteer program, similar to the Home Away Initiative run by the Legion, to set up activities of Aboriginal community members to visit Aboriginal patients in hospital.

RECOMMENDATION: Run a housing program that keeps track of people who are low income and can't afford fruit and vegetables. Set up food reclamation program and get leftover food from grocery store chains.

Gathering places, social activities and culture

Aboriginal Seniors living in rural areas have less access to medical and other services. To get what they need, they either travel, or some sell their homes and move to urban centres. Moving away from their homes takes Seniors away from their support networks, and that social isolation is not good for health. Those who stay are also at high risk for social isolation. They may become house-bound either due to the lack of adequate transportation, or due to illness.

> *Even if there was something set up where aboriginal Seniors could meet, to do…I don't know, if it was crafts once a week or the kind of programs where they at least get together. Because unless they come to the meeting here, there's nothing that goes on to really bring them all together. So it would be like a support group where…something to do*

Participants in the research wanted a place in their communities for gathering, where they could socialize with their peers and participate in culturally relevant activities, including training in their own languages. The NBACP locals do not have the resources to organize cultural events for Aboriginal people who live off reserve. A couple of the Aboriginal Seniors who participated in this research mentioned that they had gone to local Seniors' Centres, but did not feel comfortable because they were the only Aboriginal people in the room. Some participants knew of some programs, events or services that were happening on reserves, but the only mention of a cultural event happening off-reserve was the annual Sun Dance Festival.

RECOMMENDATION: It would be helpful to have resource centres where there could be an addiction counselling program, a public nurse could come in and do checkups, and they could run programs for financial help. If there were centralized NBAPC meeting places in the locals and zones, they could act as hubs, run transportation systems, social activities, provide telehealth, health education, and coordinate sharing resources.

RECOMMENDATION: Aboriginal Seniors and Elders are often uncomfortable in all-white settings, and need a place to speak their languages. It would need to be a setting that recognizes the level of trauma that is endemic in First Nation and reserve life. A family-

orientated place, a place that to call our own. A central meeting place, like a Friendship Centre, that offers courses. A meeting space. Having a place is a right that must be taken into account. It would need committed funding. The location wouldn't have to be a stand-alone facility. Different options are having a room located in an existing building, or a partnership with a community centre.

RECOMMENDATION: Seniors can become house-bound and isolated. Need a type of senior's club where people can gather--Aboriginal people, Elders, youth, community members. Offer activities like traditional handicrafts, speakers about history and culture, or take language classes to support mental health, share culture, language, arts and exercise courses. Cultural programming directed towards cultural preservation. Culturally sensitive programs where Seniors can meet other Aboriginal Seniors.

RECOMMENDATION: Need to involve the youth so they have the sense of belonging and they would know who they are. Think of Seniors as teachers, and set up an engagement process so there is interaction between generations, to connect Elders with youth, perhaps as resources or teachers themselves.

RECOMMENDATION: Set up a system where somebody is checking on Seniors who live at home to make sure they are okay.

RECOMMENDATION: A transition service for anyone leaving the reserve to help them function, navigate non-reserve life, provide information, get help, deal with culture shock.

4.6 Home care

A reason people can no longer stay in their homes is that they need help with daily tasks. One person mentioned that it was possible to hire people to come to a home and stay with someone who is infirm, but that out-of-pocket expense was not affordable for most.

> *… around the house, winter's coming with shoveling and things like that. If I need help it's $400 for a season for me to have to pay to have it.*

Of provincial services, extramural care was used by at least one person. The income assessment model used by Social Development prevented one person from receiving help after she suffered an accident while her husband was acutely ill. Other than those people who qualified for VAC services, no one said there were housing or support services that met their needs.

Two of the three participants who had VAC described the services they received as comprehensive and sufficient. Different people had different levels of service, depending on how much help had been requested by the veteran in the household. In one cases, VAC provided a single service and did the yard work. In the other cases, VAC provided outdoor, indoor and homecare services, as well as transportation once a week for shopping and errands. The participant who would have benefited from receiving more services was

widowed, which led to a conversation about the need to consult VAC Advisors when applying to ensure the spouse continues to receive services after the veteran dies.

RECOMMENDATION: There are Veterans Services Advisors across the province who can provide advice on the application process.

RECOMMENDATION: VAC is a highly integrated and comprehensive model of care for Seniors that could provide a useful model to start designing an Aboriginal-specific care program.

4.7 Long term care

Participants said that when they can no longer stay at home, they want to move somewhere that feels home-like. People knew they could apply for Seniors housing, assisted living or nursing homes that operate in the province, but most said that these facilities would take too much of their income. Assisted care facilities were beyond their means, and none of these institutions were culturally appropriate. This lack of cultural consideration is evident in the architecture of Seniors apartments that only have one bedroom. Cultural traditions are based on family networks and Aboriginal Seniors often host family members.

Some people liked the idea of mixed housing, with multi-generational tenants, provided everyone obeyed the rules. Another described a plan to create a community of mixed age friends where everyone will live in proximity, pool resources, take care of each other and hire help. Others preferred the idea of a housing complex of people aged 50 and over, with appropriate facilities and activities like dancing, bingo and a gym.

Some participants suggested looking to the past for wholesome community practices that could help Aboriginal people renew their communities. One person suggested that in a mixed-age housing arrangement, youth, families and Seniors could all live in the same area with counsellors on-site, Seniors could teach traditions, and communities could rebuild.

> *For aboriginal people, our whole cultural nation who's based on family and community. We've torn that apart. The other side is, traditionally our Seniors were not sent out of the homes, they were kept within the family. Even in the old Acadian families. Even I the old English families. Wasn't uncommon to go into a house, and there'd be three generations there. Grandparents, parents, and the kids under one roof. Today it's almost taboo that if you have Seniors living in your home. We have to look at some of the things that were valuable in the past and improve…good, wholesome community tools, and look at reinstituting them into our value systems.*

Aboriginal communities have in-grained respect for Elders. One participant explained that he thought it was a sign of disrespect to require Seniors to re-test for their driver's license simply because of their age. Participants explained that it used to be the norm for Seniors to live with their kids. Now, the process is

that when people are sick enough, they wait in hospital until a space becomes available in a nursing home. Participants felt that there was little dignity or respect in that clinical approach to accessing long-term care.

Many participants also expressed dread at the prospect of moving into long term care homes. They were worried about how lonely it would be to live in a nursing home where no one would speak their language. There was concern about the psychological impact on people when they are made to feel useless in nursing homes, when they lose their autonomy, pleasures and freedoms e.g. are forced to quit smoking. Other participants expressed concern about abuse.

> *There isn't enough control when we are put into a nursing home. Our Elders are terrified to tell anybody if they have a problem. Some residences make the Elders feel like, if they speak up, they will suffer consequences. We should have a Social Service to speak one-on-one with our Elders so they could feel safe and cared for.*

RECOMMENDATION: The suggestion came up more than once for assisted-living and/or nursing homes specifically for Aboriginal people in both rural areas and in cities, a 'community' home with graduated levels of care and recreational activities. One example was a place that was half-apartments and half-nursing home, where if a person was not up to cooking, they could buy a meal. Social workers need to monitor the care of Aboriginal Seniors and Elders who are residents of long-term care facilities.

RECOMMENDATION: The urban Aboriginal population in New Brunswick is small and dispersed, and most people want to stay independent in their communities. Develop outreach services that will travel to people in their homes. If they can't stay in their homes, rather than building separate housing for Seniors like the current system, rebuild communities: mixed housing types so youth, families, and Seniors are all living within the same area; have support mechanisms like a social counsellor that arranges gatherings and events, starts classes etc.

Care providers

Elders would benefit from having people work with them who speak their languages, understood their culture, history, and the unique factors that affect Aboriginal people. There are few Aboriginal caregivers, and New Brunswick has the lowest wages in the country for nursing home staff. The Vitalité Health network was the only institutional provider found in this project that was providing cultural sensitivity training for its staff.

RECOMMENDATION: It would be better, particularly for Elders, if the people who worked with them were educated about Aboriginal history, culture, could speak appropriate language and understood the unique challenges that face Aboriginal people such as the relationship to disease. Direct provincial government funding to intentionally recruit Aboriginal students in home and community care professions.

4.8 Financial and legal

Rising costs make life a challenge for people who are on a fixed income. Many are forced to choose between necessities. Many Aboriginal Seniors have experienced higher rates of unemployment and lower levels of income during their working lives, and may not have had the same opportunity as non-Aboriginal people to build up retirement savings. The tax burden came up frequently, as property taxes have increased and people who live off-reserve pay full sales tax. Depending on one's children for support is degrading for some, and if they work in minimum wage jobs, not an option for others.

Many Aboriginal Seniors do not have private pensions and in many cases, people were barely getting by. One person described how difficult it was to manage financially after they had been left with extensive debt for medication costs after their partner's death. There were stories about how people in nursing homes who, after paying for their accommodation, were left with just $100 a month for their medications, supplies, clothing, transportation, and recreation.

Services and benefits available from different levels of government are not well coordinated and are often based on income levels that don't adapt when there are changes. Real income does not increase. Private companies and government services that use income tests or charge direct fees presume a level of personal wealth. Income tests used by Social Development are based on a calculation of the gross income, but do not factor expenses like food, clothing or electricity. People's income level could be high enough that they are denied social assistance, but low enough that they cannot afford a medication, or the foods they needed for a restricted diet. The conditions of the income tests are also problematic. In one case, the income test for a couple included the income of an adult, employed son who was living with them temporarily. The only option presented was that they sign over the spousal pension and equity in the house to receive home-care assistance.

RECOMMENDATIONS: At a certain age, cover certain costs for everyone, such as supplies- i.e. diabetes strips, incontinence pads, hearing aid batteries, glasses, provide tax breaks, and reduce parking fees at hospitals.

RECOMMENDATION: Change the government formula for calculating funding. The level of salary is not an accurate indicator because governments do not factor cost of living and additional, but necessary, expenses (i.e. medications, care services etc.).

RECOMMENDATION: Pay a basic income so no one falls below the poverty line.

RECOMMENDATION: Promotion and education about Seniors abuse, and proper execution of Last Will and Testament, Power of Attorney and Medical Directive.

4.9 Transportation

Another challenge that prevents people staying at home is the problem of getting around for appointments, shopping, errands or social activities. In 2011 Statistics Canada research, 63% of Aboriginal Seniors who lived off-reserve were in rural areas. When Seniors can no longer drive themselves, must rely on family members, friends, neighbours, or pay private citizens for transportation. In many rural locations, there are no local hospitals, clinics, banks or other services like public transit.

> *… that's what I would like to see. Transportation for Seniors to take them where they need to go, or where they'd like to go.*
>
> *… Why not the availability of a van that would be retrofit for people's needs to take them where they want to go? To do what they want to do?*

It can come down to a choice between transportation, rent, medication or food on the table. Some Seniors give up driving because they can't afford to maintain vehicles and pay insurance. If there are taxis, frequent trips are not affordable, and having a car affects eligibility for social assistance.

RECOMMENDATIONS: Transportation should be provided to Seniors for Health appointments, groceries and bill payments. Might be possible to tap into existing transportation resources and share, e.g. a nursing home with a bus, open use up for Aboriginal Seniors when not in use. Utilize services that can go to Seniors to prevent need for transportation i.e. paramedics during down time could provide certain services.

RECOMMENDATION: Approach Rotary Clubs or other service groups to provide halls or even some transportation to social events for Seniors. Set up resource sharing with other groups in the community to make up for the shortage of services in rural areas. Maybe set up volunteer networks. Ask NBAPC to explore any solution for each area that doesn't have transportation. Look into other provinces to see what they have in service, what works for them. Look to see if there's any way we can include our youth in these programs. The youth should and need to be involved to help their Elders. It will also improve their own self-esteem and well-being.

5 Innovative housing and support services for Seniors

5.1 Introduction

This section provides brief descriptions of some innovative policies, programs and practices in Seniors housing and support services from around the world, some of which have been designed for Aboriginal Seniors in Canada. The examples that follow were selected because they provide a useful starting point for future conversations about improving housing and support services for Aboriginal Seniors who live off-reserve. The success rate is unknown because not all sources were impartial. More extensive analysis would be required to find out which models would still be functional after they had been modified to accommodate contextual differences, like regulatory environments, jurisdictional boundaries and funding models.

5.2 Information and resource centres

One of the needs identified by the Aboriginal Seniors in this study was access to information. The suggestion was made more than once that it would be helpful to have a single telephone number and/or location that Seniors could call for all their information needs. In Winnipeg, the Eagle Urban Transition Centre (EUTC) is operated by the Assembly for Manitoba Chiefs (AMC) and helps First Nations, Métis and Inuit people find work, housing, health care, social services and community programs when they move to the city.[102] There was no mention of programming specifically designed for Aboriginal Seniors, but there may be useful insights gained from closer examination of the range of services and how the EUTC operates.

Some of the participants suggested the expansion and/or creation of NBAPC or Friendship Centres across the province. These sites could provide a place to gather for social and educational events, act as information hubs, provide referrals for a range of services, as well as coordinate programs and resources. Highly active Friendship Centres in other parts of Canada, such as the St. John's Native Friendship Centre in Newfoundland[103] and the Seniors program offered by the Native Canadian Centre of Toronto, might provide useful models.[104] One program offered by the former is a Navigator who acts as a link between the health system and Aboriginal patients. The latter employs a client-centred service model and offers a wide range of services including medical transport, advocacy, personal care workers, group dining, support for palliative care, a shopping club and a diabetes support group. The Aboriginal Senior Resource Centre (ASRC) in Winnipeg is a Friendship Centre[105] that offers programs, activities and services for Seniors and runs a housing program.

5.3 Housing

Design

Innovative approaches to design and the use of technology can extend the ability of people to stay in their homes safely and comfortably. In 2012, the Swedish government sponsored three architectural competitions to design innovative environments for frail adults,[106] which could be a useful approach for designing culturally appropriate Seniors housing. The

SLIOTAR program[7] in Ireland developed a series of recommendations for policy makers and housing providers about physical surroundings, technological tools, social interventions and costing[107] that might prove useful for Seniors housing developers in Canada.

Affordability

In 2007, Habitat Canada launched its Indigenous Housing Program in partnership with Aboriginal communities and with support from CMHC. The program is designed to increase opportunities to access affordable housing for low-income families both on- and off-reserve.[108] CMHC promotes developing sources of housing that is appropriate for Seniors like manufactured housing, or by converting existing properties like vacant churches, factories or hotels.[25] The Edmonton Aboriginal Seniors Centre supported the conversion of existing buildings as an way to provide safe, affordable and diverse housing in good locations, provided Aboriginal organizations were in control.[109]

Programs and models

There are many models of housing that are variations on the theme of *aging-in-place.* The idea of *social housing* took hold in the United States in the 1970s and by 2005, there were about 90 intergenerational communities in 21 states with about 5000 residents.[110] The *integrated service areas* approach sets up housing, services and care at the neighbourhood or village level.[111]

Sheltered housing, where different levels of care are provided to Seniors based on their needs, has been available in the Netherlands since the 1970's and in the United Kingdom (UK) since the 1960's. In the Netherlands, housing units with at least ten accessible flats have two or three bedrooms and a care and support unit within 250 metres. Residents are responsible for 15% of the cost, and the rest is covered by social insurance. In the UK, sheltered housing units are accessible and have various services like emergency call systems, guest bedrooms, community and laundry facilities, as well as domestic help. The ratio of caregivers is between four and nine per 100 Seniors. [111] The Kekinan, which opened in 2009, was the first assisted living residence for Aboriginal Seniors in Winnipeg.[112]

In the Netherlands, a program called *Apartments for life* helps people stay integrated within a community as they age. These apartments are available to anyone from the age of 55. As their needs increase, the care comes to them. The apartments are designed to be accessible, and can accommodate lifts, oxygen, or wheelchairs so Seniors can age-in-place safely, except in cases of dementia. From 1995 to 2014, fifteen buildings housing about 2500 residents were built at a cost that was 10-15% lower than institutional care.[113] For those people who do develop dementia, Hogewey is an architecture firm based in the Netherlands that designs closed dementia care villages, with distinctive housing, stores, theatres, restaurants, and medical care facilities.[114]

[7] SLIOTAR stands for "The Sustainable Living Integrating Older people with Technological Advancements in Regeneration Limerick."

Cohousing is the creation of intentional communities while maintaining the privacy and coherence of individual families and their homes. There are usually 20-30 families in a planned neighbourhood that has shared space and facilities. Individual homes have yards, but there is extensive common area and cars are kept at the edge of the site. There have been grassroots initiatives to create cohousing arrangements for older people. In one example, the residents participated in the design of a row of six one-bedroom and six two-bedroom townhouses with a common room that had an adjoined kitchen, dining room, laundry and guest room.[115] Toronto experimented with changing residential planning, approval and building processes to encourage cohousing projects in the 1990s.[116] In 2011, there were 229 cohousing communities in the United States in urban and rural locations.[117]

Beacon Hill Village is in a downtown neighbourhood in Boston. The Village is a non-profit grassroots membership organization of people aged 50 plus that is self-governing. The Board is drawn from the membership, there is a small professional staff, and the membership has input on activities and policy. The Village was designed by a group of people who wanted to create a holistic model for aging-in-place that accommodated graduated care and lifestyle choices. It does not receive any public funding and membership fees vary by income level. The Village works in building community through a large selection of social activities, supplying information and services, and providing graduated healthcare. It has also produced a "how-to" manual.[118]

Seniorbofællesskaber (p. 15) is an approach to independent living in Denmark that started in the 1970s. This community model is administered by the residents. It consists of anywhere between 5 and 100 single family homes built for people aged 50 and above, and residents participate in the planning, design and construction processes.[111]

Supportive housing is a community approach where Seniors are encouraged to maximize their independence, but where they can also access services like meals, housekeeping, recreation and social activities.[119] Seniors pay for services either on a subscription or as-needs basis. Units are private and homelike, and Seniors can decide how involved they want to be in the community. There are various styles, but the main criteria are that it must be residential, in a good location that is close to the community services, comfortable, and furnished by the residents. The physical environment needs to be safe, encourage socialization and have built-in supports. It must be affordable, and management must demonstrate a progressive and inclusive philosophy.

5.4 Support services

Community development

Part of aging-in-place is living in a location that has the services and amenities the Seniors need. A guide to creating age-friendly rural and remote communities was produced in 2006 by the Federal, Provincial and Territorial Ministers Responsible for Seniors.[120] In 2016, the

Association francophone des ainés du Nouveau-Brunswick released a set of guidelines with sample documents and a process for creating age-friendly communities in the province.[121]

When lobbying for "Elder-Friendly Communities", ensuring that the infrastructure and services to support aging-in-place will be provided, and creating an environment where seniors are actively involved and valued, are equally important. Accessible and affordable transportation, housing, health care and opportunities for community involvement are among the most important characteristics of an elder-friendly community. Environmental supports can be social, psychological and/or physical, and must suit the needs of the all ages and abilities of Seniors, as well their caregivers. Different communities will put emphasis on different aspects because their needs are different, e.g. the need for motorized transportation in rural areas versus the need for better walkability in urban settings.[122]

Naturally occurring retirement communities (NORCs) are based on collaboration between informal (family, friends, privately paid help) and formal (either community or institutional systems) care services to help Seniors age-in-place. NORCs are developments that were neither planned nor built for Seniors, but evolved into senior enclaves. As services moved in, the planning became more intentional. There may be potential NORCs in New Brunswick. To develop them, Seniors and service providers will need to form partnerships to build up the continuum-of-care resources that support aging-in-place.[123]

Health

The Public Health Agency of Canada has a portal set up for Canadian Best Practices, called Aboriginal Ways Tried and True (WTT).[124] The site has information about interventions in both urban and rural First Nations, Inuit and Métis communities that have been assessed for their cultural relevance, inclusiveness, and validity. These public health interventions have been developed with or by Aboriginal communities and assessed using a unique framework for developing evidence-based information that is conforms to traditional Aboriginal, Métis and Inuit views on health and wellness. A guidebook has been developed that provides a step-by-step outline of how to identify and assess Aboriginal public health initiatives using WTT criteria. The priorities for the project were maternal child health, mental wellness, and strong, healthy bodies, but this guide may be adaptable to support the development of a similar approach to the priorities of Aboriginal Seniors and Elders who live off-reserve.

In Sweden, legislation has been introduced that guarantees access for all citizens to medical services and public health. This rights-based policy approach is essential to ensuring that the elderly receive good services and care, have economic security, and live in comfortable housing. A wide range of welfare supports are available to everyone, and most services are subsidized so that fees for private services stay affordable. Informal caregivers are paid by the government through a Paid Caregiver Program.[112]

Transportation

The Seniors Transportation Working Group in Manitoba was a network of stakeholders brought together to set up province-wide, integrated, affordable transportation program.[125] The ITN American program in the US is a combination of paid and volunteer drivers who provide low-cost rides in private cars.[126] It may be useful to map existing transportation programs and resources in the province and identify barriers and gaps and then pilot a similar model to either ITN, the Transportation project, or even Uber.

6 Integrated Frameworks of Care

6.1 Introduction

This research project was commissioned to provide stakeholders with recommendations and an outline for an Integrated Services Plan for New Brunswick Aboriginal Seniors who live off-reserve. The objective of any style of integrated model is to have inter-professional teams collaborate to deliver the right care to a patient or client, at the right time and place, from the right provider. Such a model requires a collaborative design process that involves users, perhaps their families and/or caregivers, representative organizations, federal and provincial policy-makers, and service providers. This section provides a description of integrated care and its merits, followed by an overview of some different models and development processes for reference.

6.2 What is an integrated model of care?

Many of the articles about integrated care have a healthcare focus.[127,128] They also describe the model in terms of what it is not, i.e. fragmented, missing or duplicating care. Integrated frameworks are highly dependent on effective information and knowledge management systems, they create new roles for healthcare providers, require changes to governance structures, and need built-in mechanisms for constant improvement.[129]

There are three key components to integrated care. The first is that a team of care providers deliberately collaborate and share responsibility for their patient(s). The second is that the care a patient receives is coordinated across care providers who work together. This could involve multiple providers and sectors such as primary or home care, community-based supports, or mental health. Finally, there is a common care plan the healthcare providers, patients and their caregivers share.[130] One approach for integrating care in the Canadian healthcare system proposed that the design be based on six central principles.[131] A patient-centred focus in every part of the care continuum is central to the design. Other principles include high quality and appropriate services, health promotion and illness prevention, a social determinants approach, universal access, and accountability.[132]

Integrating care systems involves expanding the co-ordination and management of health and social care across providers. There is a single point of entry and a single assessment tool, the patient is assessed against a set of agreed criteria and a care plan generated.[130] Care is delivered by a multi-disciplinary team of professionals and organized by a care-coordinator or manager. Usually the latter is not a medical person, and they are responsible for supporting the patient and caregivers. Some approaches involve the patients and the family caregivers, and set goals based on what the client, rather than the medical professionals, want. The care plan is highly personalized and flexible. It is the coordinator's job to be the main point of contact that connects patients with care providers and services.

One review suggests that the best models of integrated systems started as "bottom-up" initiatives.[130] The change usually started with groups of local providers who came together through solid relationships and under strong local leadership. Support from higher levels of

authority came in the forms of sufficient funding and infrastructure, and were necessary to scale and spread the model. The frameworks can be organized around multidisciplinary primary care and the administration points that provide a single point of entry and case management. Health authority must be accountable to the Aboriginal communities they serve. Health authorities must also involve practitioners in both the system design and governance to encourage ownership. Frameworks need to encourage collaboration, cover the full spectrum of health and health-related services, build community health plans through extensive consultation, and use a common information infrastructure. Healthcare providers need to have training to provide a range of care, and the funding model needs to be based on a guaranteed, per-person budget.[135]

An integrated framework connects clients, services, and caregivers in new ways, which poses an enormous challenge to traditional models of health care delivery.[129] A different approach to policy design may require a change in perspective, so it may be useful to review Scandinavian examples that acknowledge the significance of culture, community, and mixed systems at the policy level.[112] The view has been that a primary care physician should be at the centre of the care team, but doctors are often either unwilling or unavailable. Another challenge is the scarcity of compatible electronic medical records, which are essential,.[130]

6.3 Support for integrated care

A systematic review of articles about interventions in primary or aged-care services in Australia focused on attitudes of Indigenous people aged 50 plus, their families and/or other members of their communities, and the primary health and aged-care providers. The review suggests that integrated models deliver culturally appropriate care and provide services in ways that maintain Indigenous identity and promote independence.[133]

There is some support for integrated care models in Canada. In 2014, the Canadian Medical Association (CMA) partnered with 35 organizations to draw up a policy framework for a national strategy[134] to address the needs of Seniors, promote better cooperation between the federal and provincial levels of government, and lessen the inequality of care across the country. The framework identified issues, obstacles and advantages in the areas of wellness and prevention, primary care, home care and community support, acute and specialty care, long-term and palliative care. Two years later, the CMA identified the nation's aging population as one of the most "… pressing policy imperatives of our time"**Error! Bookmark not defined.** (p.3) and renewed the call for a national strategy. The report made special mention of unequal care between urban and rural areas and between Aboriginal and non-Aboriginal Seniors. It also identified different initiatives and strategies for improving health and health care delivery, and encouraged government to invest in 'age friendly' environments and comprehensive models of health care provision, instead of the current patchwork of plans.

To move forward, another article encouraged the provinces to mandate integration from the ground-up, and to support both innovation and risk-taking.[130] Service providers should create inter-disciplinary, inter-organizational teams with individuals at the centre, use a

common assessment approach, identify and share both goals and planning. These new systems would have to allow space for patients to engage in their own care, have a system of shared electronic health records, and should be funded using a capitation-based system.[8]

6.4 Integrated care systems

Community models

There may be useful lessons to be learned from the experiences of integrated health models that are providing services to Aboriginal communities in other parts of Canada.[135] Some communities have received funding from Federal and Provincial Governments to provide continuing care services. In Ontario, the Aboriginal Health and Wellness Strategy (AHWS) operated primary care health access centres in rural and urban locations. The staff was multidisciplinary, and the approach blended Western and traditional medicines. Also in Ontario, the Weeneebayko Health Authority offered physician, hospital, dental and community health services. Other examples include the Nisga'a Valley Health Board, the Labrador Inuit Health Commission, and the regional health and social service boards that were established by the James Bay and Northern Quebec Agreement.[136]

Community Care Access Centres

In Ontario, the Central Community Care Access Centre system brings provincially-funded services together at the community level. Services, from house-keeping to nursing care, can be ordered by a doctor, a family member or by self-referral. A Centre in Toronto has been leading an initiative providing integrated care for frail Seniors with complex health needs.[137]

Coproduction

Another model of integrated service is the multi-stakeholder co-production approach. Coproduction is based on the idea that involving consumers in the design and implementation of public services can improve their quality, increase their responsiveness and efficacy, reduce spending, increase social capital, and strengthen democracy. The model uses a participatory approach that involves individuals, communities and organizations in the decision-making processes. The process allows participants to develop new models and services that are based on their own experience and capacity, but also to increase knowledge and improve cooperation.[138]

Population Health model

The Public Health Agency of Canada has a Population Health Evidence Program that uses twelve social determinants (see page 3) affecting Canadians' health as a guide for making policy. The Population Health approach uses an integrated framework to address prevention, health protection, diagnosis, treatment, and care. The twelve determinants are complex and interrelated, and PHAC has developed a Population Health Template that can be used by various stakeholders for different purposes. Another tool sets out the processes

[8] The capitation system pays health professionals a set amount for each person assigned to them within a defined period, whether or not that person accesses services.

and procedures, assessment tools, and requirements that are needed to implement a population health approach.[139]

The Population Health approach designs and implements policies, programs and interventions throughout the continuum of care, from promoting health, disease and injury

> Population health refers to the health of a population as measured by health status indicators and as influenced by social, economic and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development, and health services. As an approach, population health focuses on the interrelated conditions and factors that influence the health of populations over the life course, identifies systematic variations in their patterns of occurrence, and applies the resulting knowledge to develop and implement policies and actions to improve the health and well-being of those populations.
>
> Source: Public Health Agency of Canada website: http://www.phac-aspc.gc.ca/ph-sp/approach-approche/index-eng.php

prevention, to risk management and coordinating policies, to the provision of primary, rehabilitative or palliative care. This tool[140] provides an overview of processes, procedures and ways to measure capacity. The tool describes eight elements that are key to the population health approach, each with associated action items required for implementation. These elements a focus on population health over the lifespan of that population group, addressing determinants of health, evidence-based decision-making, investing upstream, using multiple strategies, collaboration across sectors and levels, involve the public, and demonstrate accountability.

7 Summary

The Seniors and Elders who participated in this research told us that they want action on the Daniels ruling (2016), which declares that the Federal Government has a fiduciary obligation to Aboriginal people whether they live on a reserve or not. These Seniors and Elders are entitled to services that receive sufficient and sustained funding, are easy to find and access, and are available to anyone who needs them, without conditions or strings attached. Aboriginal Seniors and Elders should be able to access the programs and services they need where they live, regardless of where they are from. The literature suggests that a properly designed and supported integrated framework of culturally appropriate health, housing and social services has some promise as a model to provide Aboriginal Seniors and Elders who live off-reserve in New Brunswick with the support they urgently need.

Many of the participants in this research have no confidence that the Federal Government will fix the systemic and structural problems that deny them their rights without being forced. The approach government has taken is to ignore Aboriginal people who live off-reserve, and push them into programs of general applicability. Reports and policy that exclude or ignore input from this population perpetuate a culture of neglect and marginalization. Solutions to on-going problems do not come forward because government fails to assume responsibility and provide the necessary resources and funding.

The Seniors and Elders who participated in this research recommended an expanded role for the NBAPC, both as their representative at the table in negotiation with Federal, Provincial and Municipal Governments, and as a program and service provider. The Seniors and Elders supported setting up one central or several local resource centres across the province to provide information, a meeting place, and to deliver programs and services. For the NBAPC to expand its service envelope to that extent, the Federal Government must acknowledge, accept, and act on the full range of responsibilities it owes to Aboriginal people who do not live on reserves, the Provincial Government must institute a policy of equal service to this population, and all levels of government must negotiate in good faith.

Appendices

Appendix 1-Households

Aboriginal Households in Canada, by Aboriginal Identity, Location and Tenure, Canada, Provinces and Territories, 2011

	All Aboriginal Households				Aboriginal - Living in CMAs				Aboriginal - Living On-reserve			
Geography (GNR)	**Total**	**Owners**	**Renters**	**Band Housing**	**Total**	**Owners**	**Renters**	**Band Housing**	**Total**	**Owners**	**Renters**	**Band Housing**
Canada (26.1%)												
All Aboriginal Households												
Number	626,385	337,980	233,675	54,730	274,955	143,935	129,400	1,615	91,595	28,860	9,075	53,670
As % of total Canadian households	4.7	3.7	5.7	99.2	3.0	2.4	4.2	98.2	86.3	72.6	74.0	99.2
By Identity												
Status Indian households	284,550	125,075	104,935	54,535	101,570	44,985	54,980	1,610	90,530	28,165	8,895	53,475
Non-status Indian households	130,735	74,815	53,895	2,030	70,945	36,915	33,945	85	3,710	1,270	455	1,985
New Brunswick (28.6%)												
All Aboriginal Households												
Number	11,400	6,545	3,065	1,785	2,820	1,780	1,025	0	2,885	680	415	1,790
As % of total provincial households	3.6	2.8	4.1	99.4	2.6	2.3	3.2	0.0	99.5	99.3	98.8	99.7
By Identity												
Status Indian households	5,730	2,485	1,465	1,785	725	425	290	0	2,875	675	415	1,785
Non-status Indian households	3,410	2,290	1,055	70	1,240	755	490	0	125	40	20	70

Source, Table 1. Aboriginal Households in Canada, by Aboriginal Identity, Location and Tenure, Canada, Provinces and Territories, 2011. https://www.cmhc-schl.gc.ca/en/hoficlincl/homain/stda/data/abhoco/

Appendix 2-Core Housing Need

CANADIAN HOUSING OBSERVER

Core Housing Need Status for the Population, by Selected Characteristics and Gender, New Brunswick, 2011

	Total Population			Females			Males		
	Total	Living in households in core housing need		Total	Living in households in core housing need		Total	Living in households in core housing need	
	(#)	(#)	(%)	(#)	(#)	(%)	(#)	(#)	(%)
Aboriginal identity									
Aboriginal person[1]	14,640	2,205	15.1	7,560	1,140	15.1	7,080	1,065	15.0
Status Indian person	4,550	825	18.1	2,365	395	16.7	2,185	430	19.7
Non-status Indian person	5,520	785	14.2	2,925	440	15.0	2,600	345	13.3
Métis person	4,805	600	12.5	2,365	325	13.7	2,445	275	11.2
Inuit person	520	140	26.9	255	60	23.5	265	75	28.3
Non-Aboriginal person	690,110	51,540	7.5	353,100	30,010	8.5	337,010	21,525	6.4

1. An Aboriginal person is anybody identifying as an Aboriginal person (question 18 on 2011 National Household Survey form 2B), a member of an Indian Band/First Nation (question 20), or a Treaty Indian or Registered Indian (question 21).
These data, from the National Household Survey , apply to all non-farm, non-band, non-reserve private households reporting positive incomes and shelter cost-to-income ratios less than 100 per cent.
Acceptable housing is defined as adequate and suitable shelter that can be obtained without spending 30 per cent or more of before-tax household income. Adequate shelter is housing that is not in need of major repair. Suitable shelter is housing that is not crowded, meaning that it has sufficient bedrooms for the size and make-up of the occupying household. The subset of households classified as living in unacceptable housing and unable to access acceptable housing is considered to be in core housing need.

Source: CMHC. (June 2014). NHS-based housing indicators and data. Canadian Household Observer. Canada Mortgage and Housing Corporation.

Appendix 3-Recommendations

4.2 Policy

RECOMMENDATION: The biggest challenge facing Aboriginal people who live off-reserve is that no level of government will work with them in good faith. The Daniels ruling (2016) declares that the federal government has a fiduciary obligation to Aboriginal people, whether-or-not they live on a reserve. Any discussion about access to service must be based on Rights. The federal government gives money to the provinces, and both levels of government need to start living up to their responsibilities.

RECOMMENDATION: Extend the same level of service to Aboriginal Seniors who live off-reserve as those who live on-reserve receive. All Aboriginal clients can use services regardless of where they are from. Government should provide services to Aboriginal people based on where they actually live rather than where their reserve is.

RECOMMENDATION: There's a wide variety of people, and they respond better when they are receiving culturally appropriate care. We have heard enough about assimilation. We want to hear about maintaining our identity.

RECOMMENDATION: Mandate Federal, Provincial, Reserves (Chiefs) and off-reserve Aboriginal representatives to sit at a table together to find a solution to who will oversee Aboriginal Seniors care.

RECOMMENDATION: The federal government should withhold transfer payments to the provincial government until it institutes a policy that on-reserve and off-reserve Aboriginal people are to be treated equally.

RECOMMENDATION: Aboriginal politicians have to be very clear when they request programming. A portion of funds that the federal government supplies to the provincial government needs to be earmarked for Aboriginal people who live off-reserve. It would be best if programs funded by federal government were delivered by Aboriginal organizations. The NBAPC is recognized as the governing body for everyone that does not live on the reserve and the government should give the same amount and same benefit as on reserve.

RECOMMENDATION: Consultation, consultation, consultation! Continue to engage Aboriginal and non-Aboriginal Seniors. We need to come together and listen. Explore through consultation and research how to improve free-flow and exchange of on-reserve resources to off-reserve Seniors, namely by including and holding all levels of government accountable. Aboriginal people need to work with both levels of government to produce a clear, articulate approach on how to address health, mental health, housing needs etc. Form an advisory committee that brings together Seniors, provincial and federal entities to consult about how we to ensure elderly people off-reserve will be cared for. All levels of governments, organizations, Seniors and caregivers (e.g. social workers, income assistance worker, housing staff and families) need

to work together and take a proactive approach to ensure that Aboriginal Seniors have access to the services and programs that are their right.

RECOMMENDATION: Whatever framework gets developed, make sure it is not complicated or difficult for people to navigate. Implement KPIs and review annually. Perhaps the use of a model of Integrated Service Deliver (ISD) for delivery of Seniors Care. This would be based on the Provinces ISD model used in schools proving “wraparound” services in a “timely” manner.

RECOMMENDATION: Create an advocacy group, or Aboriginal Ombudsman position who helps Aboriginal Seniors and Elders access existing services, with an appeal process for what is refused. The advocate and staff would have to clearly understand the culture.

RECOMMENDATION: In one of the discussion groups, it was evident that at least a third of the participants had never applied for status. The NBAPC could run a program to help Aboriginal Seniors apply for status cards. Successful applicants could then apply to access to existing services.

4.3 Access to information

RECOMMENDATION: Information about health-related services needs to be tailored to people with low literacy levels, and distributed more widely. Service providers cannot rely on electronic communication to get information to Seniors, and paper communication must be designed appropriately. Applications processes can be deterrent. Personal contact is the preferred and most effective approach.

RECOMMENDATION: There are literacy issues that can make accessing resources and housing, health support etc. application processes difficult. Simplifying the application processes for accessing funds and resources would require that government and non-profits work together. Meet with energy efficiency team at NBPower to customize and simplify the process for accessing efficiency funding for Seniors.

RECOMMENDATION: NBAPC Seniors advocate, a staff member at the Fredericton office and/or in each of the Locals who will assess needs and match people up with resources and services. Create a single point of contact for each zone of NBAPC for members and non-members. Create a toll-free number and central hub where people can access information about services and programs from all departments and on all subjects: cultural, service providers, abuse, etc. Part of the concept here is to maintain the Aboriginal concepts of living, making sure that these are integrated into the solution, and match people with the services they need to address biological, psychological, social, emotional, economic, and spiritual needs. If there is something developed, criteria can’t be too strict, no strings attached.

RECOMMENDATION: Community-based organizations may be the best positioned to identify at-risk Seniors. Explore incorporating Aboriginal Seniors programming through the established Friendship Centres; i.e. Aboriginal Seniors navigators to help Seniors navigate the ‘system’,

offer Seniors drop-in, recreation and social programming. Expand the capacity of the local Friendship Centre, “Under One Sky” to serve the needs of Aboriginal Seniors and Elders. Set up Seniors Centres around the province, with resources, where people can go for information, community activities, referrals to services and programs etc. E.g. 800 churches closing in NB, use these buildings.

4.4 Housing

RECOMMENDATION: If it is still an active strategy, the provincial government should consult with those impacted (e.g. family members, Seniors, care providers, stakeholders etc.), review the status of the “Home First” strategy objectives and where required, re-align measures of implementation. Need to assess how the strategy incorporates culture and consult with the Aboriginal community on how culture interacts with the other key components of the initiative.

RECOMMENDATION: Supply what people need to stay in their own homes. Expand existing funds for upgrades, adaptation and repairs. Do not attach so many conditions to funding. Build more affordable housing and provide more financial subsidies to help Aboriginal Seniors and Elders stay in their homes when they are on a fixed income for renovating, repairing and improving accessibility in their homes. Every senior who owned a home receive a heat pump to save them cutting wood and mitigate rising fuel and electricity costs.

RECOMMENDATION: For Seniors who can no longer stay in their homes, remove the restriction on funding for Seniors housing that limits the buildings to one-bedroom. Build housing developments that are accessible and inclusive for Aboriginal Seniors in all major cities, so they are close to healthcare, with access to amenities and services like drivers, and people who will look in on them.

RECOMMENDATION: Make it a requirement in Municipal Act that municipal planning intentionally considers the needs of Aboriginal Seniors. Require all municipal councilors and staff to participate in cultural sensitivity and safety training. Legislate municipal governments to promote mixed-income housing and build it, either in one building, or in a district, or a neighbourhood. This type of housing offers many social advantages and almost no disadvantages.

RECOMMENDATION: At the moment, there are one-bedroom apartments for Seniors being built at St. Mary’s. If there were reciprocal arrangements between bands and they worked together, they could provide affordable housing for Seniors, and Seniors would not be forced to move back to a place they may not have lived. Central or common housing that all off-reserve Seniors living in the same area can apply to, no matter where they come from originally. All First Nations come together to build multi-resident homes that with agreement from all 15 reserves would support each other’s people with a place on their reserves to help house elderly. They would be funded by their home reserves.

4.5 Health

RECOMMENDATION: Health providers need to offer more than one model of care. Everybody has a potentially different definition of health so care needs to be person-centred. The Aboriginal model of health care can involve family members, and needs to include what individuals see as "health." Health care professionals need training in cultural sensitivity and awareness to deliver culturally competent care to Aboriginal Seniors. The need to understand traditions, the roots of chronic health conditions, and use a person-centred, holistic approach to health. Some health services, mental health care in particular, needs to be inclusive for Aboriginal people rather than "generic". Recognize that some health services specifically mental health care, needs to be inclusive for Aboriginal people, not simply generic. People need access to health education that is at a personal level so it is meaningful and understandable to the person, is not pressured or judgmental. Mental health care (including abuse, drug, alcohol) is very underfunded. It should be at the forefront of health care.

RECOMMENDATION: Reinstate a diabetes intervention with a dietary component that educates people, including Seniors, on how to improve their eating habits and health.

RECOMMENDATION: People need help getting around within the health-care system. It would be useful if there was an Aboriginal health care "navigator" who could help Seniors identify and access available resources. The position would be similar to patient advocate, but specifically for Aboriginal patients, in each NBAPC local.

RECOMMENDATION: Provide grants to cover cost of things that are good for health, like joining a walking club: would help encourage people to do more exercise and improve lifestyles. More work needs to be done to improve the affordability of drugs, and to offer an expanded National Pharmaceuticals Strategy.

RECOMMENDATION: Community support volunteer program, similar to the Home Away Initiative run by the Legion, to set up activities of Aboriginal community members to visit Aboriginal patients in hospital.

RECOMMENDATION: Run a housing program that keeps track of people who are low income and can't afford fruit and vegetables. Set up food reclamation program and get leftover food from grocery store chains.

Gathering places, social activities and culture

RECOMMENDATION: It would be helpful to have resource centres where there could be an addiction counselling program, a public nurse could come in and do checkups, and they could run programs for financial help. If there were centralized NBAPC meeting places in the locals and zones, they could act as hubs, run transportation systems, social activities, provide telehealth, health education, and coordinate sharing resources.

RECOMMENDATION: Aboriginal Seniors and Elders are often uncomfortable in all-white settings, and need a place to speak their languages. It would need to be a setting that recognizes the level of trauma that is endemic in First Nation and reserve life. A family-orientated place, a place that to call our own. A central meeting place, like a Friendship Centre, that offers courses. A meeting space. Having a place is a right that must be taken into account. It would need committed funding. The location wouldn't have to be a stand-alone facility. Different options are having a room located in an existing building, or a partnership with a community centre.

RECOMMENDATION: Seniors can become house-bound and isolated. Need a type of senior's club where people can gather--Aboriginal people, Elders, youth, community members. Offer activities like traditional handicrafts, speakers about history and culture, or take language classes to support mental health, share culture, language, arts and exercise courses. Cultural programming directed towards cultural preservation. Culturally sensitive programs where Seniors can meet other Aboriginal Seniors.

RECOMMENDATION: Need to involve the youth so they have the sense of belonging and they would know who they are. Think of Seniors as teachers, and set up an engagement process so there is interaction between generations, to connect Elders with youth, perhaps as resources or teachers themselves.

RECOMMENDATION: Set up a system where somebody is checking on Seniors who live at home to make sure they are okay.

RECOMMENDATION: A transition service for anyone leaving the reserve to help them function, navigate non-reserve life, provide information, get help, deal with culture shock.

4.6 Home care

RECOMMENDATION: There are Veterans Services Advisors across the province who can provide advice on the application process.

RECOMMENDATION: VAC is a highly integrated and comprehensive model of care for Seniors that could provide a useful model to start designing an Aboriginal-specific care program.

4.7 Long term care

RECOMMENDATION: The suggestion came up more than once for assisted-living and/or nursing homes specifically for Aboriginal people in both rural areas and in cities, a 'community' home with graduated levels of care and recreational activities. One example was a place that was ½ apartments and ½ nursing home, where if a person was not up to cooking, they could buy a meal. Social workers need to monitor the care of Aboriginal Seniors and Elders who are residents of long-term care facilities.

RECOMMENDATION: The urban Aboriginal population in New Brunswick is small and dispersed, and most people want to stay independent in their communities. Develop outreach services

that will travel to people in their homes. If they can't stay in their homes, rather than building separate housing for Seniors like the current system, rebuild communities: mixed housing types so youth, families, and Seniors are all living within the same area; have support mechanisms like a social counsellor that arranges gatherings and events, starts classes etc.

Care providers

RECOMMENDATION: It would be better, particularly for Elders, if the people who worked with them were educated about Aboriginal history, culture, could speak appropriate language and understood the unique challenges that face Aboriginal people such as the relationship to disease. Direct provincial government funding to intentionally recruit Aboriginal students in home and community care professions.

4.7 Financial and legal

RECOMMENDATIONS: At a certain age, cover certain costs for everyone, such as supplies-i.e. diabetes strips, incontinence pads, hearing aid batteries, glasses, provide tax breaks, and reduce parking fees at hospitals.

RECOMMENDATION: Change the government formula for calculating funding. The level of salary is not an accurate indicator because governments do not factor cost of living and additional, but necessary, expenses (i.e. medications, care services etc.).

RECOMMENDATION: Pay a basic income so no one falls below the poverty line.

RECOMMENDATION: Promotion and education about Seniors abuse, and proper execution of Last Will and Testament, Power of Attorney and Medical Directive.

4.8 Transportation

RECOMMENDATIONS: Transportation should be provided to Seniors for Health appointments, groceries and bill payments. Might be possible to tap into existing transportation resources and share, e.g. a nursing home with a bus, open use up for Aboriginal Seniors when not in use. Utilize services that can go to Seniors to prevent need for transportation i.e. paramedics during down time could provide certain services.

RECOMMENDATION: Approach Rotary Clubs or other service groups to provide halls or even some transportation to social events for Seniors. Set up resource sharing with other groups in the community to make up for the shortage of services in rural areas. Maybe set up volunteer networks. Ask NBAPC to explore any solution for each area that doesn't have transportation. Look into other provinces to see what they have in service, what works for them. Look to see if there's any way we can include our youth in these programs. The youth should and need to be involved to help their Elders. It will also improve their own self-esteem and well-being.

Resources

[1] Lange, L., Skelton, I., Meade, T. (2010). *"I Want to See These Words Turned into Action": Neoliberalism and Urban Housing for Elderly People of Aboriginal Origin*. Canadian Journal of Urban Research, Vol. 19, Issue 1, pp. 71-88.

[2] National Seniors Council. (February 2009). *Report of the National Seniors Council on Low Income Among Seniors.* Ottawa: Her Majesty the Queen (HRSDC).

[3] Statistics Canada. (26 October 2016). *2016 Census Program release schedule.* Website: https://www12.statcan.gc.ca/census-recensement/2016/ref/release-dates-diffusion-eng.cfm

[4] Smith, W. R. (4 June 2015). *The 2011 National Household Survey-the complete statistical story.* Blog. Website: http://www.statcan.gc.ca/eng/blog-blogue/cs-sc/2011NHSstory

[5] Madden, J., Frame, N., Davis, Z, Strachan, M. (19, April 2016). *"Another chapter in the Pursuit of Reconciliation and Redress …." A Summary of Daniels v. Canada at the Supreme Court of Canada*. Toronto: Paper-Salter-Teillet LLP.

[6] Hughes, J., Stewart, R, Plummer. A. (June 2015). *Off-Reserve Aboriginal Representation in New Brunswick: Speaking for Treaty and Claims Beneficiaries. A Report for Discussion with the Governments of Canada and New Brunswick and Reserve-based First Nation Band Councils and Members.* Fredericton: NBAPC.

[7] Indigenous and Northern Affairs Canada. (15 March 2016). *Atlantic Region*. Website: https://www.aadnc-aandc.gc.ca/eng/1100100016942/1100100016946

[8] Statistics Canada. (8 May 2013). *2011 National Household Survey: Aboriginal Peoples in Canada: First Nations People, Métis and Inuit.* The Daily. Website: http://www.statcan.gc.ca/daily-quotidien/130508/dq130508a-eng.pdf

[9] Statistics Canada. (17 September 2015). *Projections of the Aboriginal population and households in Canada, 2011 to 2036.* The Daily. Website: http://www.statcan.gc.ca/daily-quotidien/150917/dq150917b-eng.htm

[10] Service Canada. (January 2014). *Client Segment Profile. Aboriginal Peoples.* Atlantic Canada. http://www.edsc-esdc.gc.ca/img/edsc-esdc/jobbank/CSPs/ATL/201401Aboriginal/abor_march2014.pdf

[11] Chernikova, E. (14 March 2016). *Aboriginal peoples: Fact Sheet for New Brunswick.* Social and Aboriginal Statistics Division. Statistics Canada. Website: http://publications.gc.ca/collections/collection_2016/statcan/89-656-x/89-656-x2016005-eng.pdf

[12] Statistics Canada. (14 April 2015*). Study: Grandparents living with their grandchildren, 2011.* The Daily. Website: http://www.statcan.gc.ca/daily-quotidien/150414/dq150414a-eng.pdf

[3] Health Council of Canada. (November 2013). *Canada's most vulnerable. Improving health care for First Nations, Inuit, and Métis Seniors*. Website: http://www.metisnation.org/media/422632/senior_ab_report_2013_en_final.pdf

[14] Council on Aging. (January 2017). *We are all in this together: An Aging Strategy for New Brunswick.* Fredericton: Province of New Brunswick. Website: http://www2.gnb.ca/content/dam/gnb/Departments/sd-ds/pdf/Seniors/AnAgingStrategyForNB.pdf

[15] Social Development. (2017) *New Brunswick's Long-Term Care Strategy.* Website: http://www2.gnb.ca/content/gnb/en/departments/social_development/long-term_care_strategy.html

[16] Government of New Brunswick. (October 2013). *Profile of the New Brunswick Labour Force.* Website: http://www2.gnb.ca/content/dam/gnb/Departments/petl-epft/PDF/Emp/Profile-NB-LabourForce.pdf

[17] Canada Mortgage and Housing Corporation. *Aboriginal Households in Canada, by Aboriginal Identity, Location and Tenure, Canada, Provinces and Territories, 2011*. Table link https://www.cmhc-schl.gc.ca/en/hoficlincl/homain/stda/data/abhoco/upload/Table1_Aborig_EN_2011.xls retrieved from website: https://www.cmhc-schl.gc.ca/en/hoficlincl/homain/stda/data/abhoco/

[18] Aboriginal Affairs and Northern Development Canada. (January 2013). *Aboriginal Demographics and Well-Being*. Website: https://www.aadnc-aandc.gc.ca/eng/1358878601807/1358878656346

[19] Indigenous and Northern Affairs Canada. Planning, Research and Statistics Branch. (5 June 2013) *Aboriginal Demographics from the 2011 National Household Survey.* Website: https://www.aadnc-aandc.gc.ca/eng/1370438978311/1370439050610

[20] Government of New Brunswick. *First Nations Communities*. Website: http://www2.gnb.ca/content/gnb/en/departments/aboriginal_affairs/fnc.html

[21] Canada Mortgage and Housing Corporation. (2014) *Ownership Rates, Canada, Provinces, Territories and Metropolitan Areas 1971-2011 (per cent)*. Canadian Housing Observer. Table link https://www.cmhc-schl.gc.ca/en/hoficlincl/homain/stda/data/upload/Table-10-ownership_EN_w.xls from website: https://www.cmhc-schl.gc.ca/en/hoficlincl/homain/stda/data/data_003.cfm

[22]Shiner, D., Stadnyk, R., DaSilva, Y, Cruttenden, K. (2010). Final Report. *Seniors' Housing: Challenges, Issues, and Possible Solutions for Atlantic Canada*. Mount Saint Vincent U.: Atlantic Seniors Housing Research Alliance.

[23] Canada Mortgage and Housing Corporation. (March 2016). *2011 Census/National Household Survey Housing Conditions Series: Issue 10—the Housing Conditions of Off-reserve Status Indian Households*. Website: https://www03.cmhc-schl.gc.ca/catalog/productDetail.cfm?cat=196&itm=11&lang=en&sid=ZI8rMmUfz17h1zrktKqCUph7D2L336GVgHXicqiVFAnrUoqBvdEbryM3SIHj5KTJ&fr=1491146362870

[24] Canada Mortgage and Housing Corporation. (12 April 2016). *Compared to all Canadian Households, Off-Reserve Status Indian Households are More Likely to be in Core Housing Need*. Website: https://www.cmhc-schl.gc.ca/en/hoficlincl/observer/observer_055.cfm?obssource=observer-en&obsmedium=link&obscampaign=obs-20160412-off-reserve

[25] Canada Mortgage and Housing Corporation. (February 2003). *Housing Needs of Low-Income People Living in Rural Areas.* Socio-economic Series. Website: https://www.cmhc-schl.gc.ca/publications/en/rh-pr/socio/socio116-e.pdf

[26] Canada Mortgage and Housing Corporation. *Core Housing Need Status for the Population, by Selected Characteristics and Gender, Canada, Provinces, Territories, Metropolitan Areas, 2006, 2011*. Table link https://www.cmhc-schl.gc.ca/en/hoficlincl/homain/stda/data/loader.cfm?csModule=security/getfile&PageID=304002 from website: https://www.cmhc-schl.gc.ca/en/hoficlincl/homain/stda/data/data_025.cfm

[27] Canada Mortgage and Housing Corporation. (June 2011). *2006 Census housing Series: Issue II--Off-reserve non-Status Indian Households: Housing Conditions and Core Housing Need.* Socio-economic Series 11-001. Website: http://publications.gc.ca/collections/collection_2011/schl-cmhc/NH18-23-111-001-eng.pdf

[28] Royal Bank of Canada. (December 2016). *Provincial Outlook: New Brunswick*. Research. P. 8. Website: http://www.rbc.com/economics/economic-reports/pdf/provincial-forecasts/provfcst-dec2016.pdf

[29] Government of Canada. The National Seniors Council. (March 2013). *Older Workers at Risk of Withdrawing from the Labour Force or Becoming Unemployed: Employers' views on how to retain and attract older workers.* Website: https://www.canada.ca/en/national-Seniors-council/programs/publications-reports/2013/older-workers-risk/page05.html#aboriginal

[30] Indigenous and Northern Affairs Canada. (6 February 2015) *Aboriginal Peoples Survey 2012: Gender Difference in Off-reserve First Nations Education and Employment.* Website: https://www.aadnc-aandc.gc.ca/eng/1421860565610/1421860622523

[31] Indigenous and Northern Affairs Canada. (7 August 2014). *The Aboriginal Peoples Survey at a Glance: Preliminary Findings on Education and Employment Outcomes.* Website: https://www.aadnc-aandc.gc.ca/eng/1405957280544/1405957331745

[32] Molyneaux, H., O'Donnell, S. (3-6 Oct 2009) *ICT and Health and Wellness in Remote and Rural First Nations Communities: A Social Determinants of Health Perspective*. Paper presented at the Canadian Society of Telehealth Conference in Vancouver. Fredericton: National Research Council

[33] Reading, J., Halseth, R. (no date) Pathways to improving well-being for Indigenous Peoples: How Living Conditions Decide Health. Prince George, BC: National Collaborating Centre for Aboriginal Health. Website: http://www.nccah-ccnsa.ca/Publications/Lists/Publications/Attachments/102/pathways_EN_web.pdf

[34] Loppie Reading, C., Wien, F. (2009). Health Inequalities and Social Determinants of Aboriginal Peoples' Health. National Collaborating Centre for Aboriginal Health.

[35] Personal communication. *"Unfortunately, Statistics Canada excludes individuals living on reserves from the sampling frame of the major health survey, CCHS, from which health indicators are derived."* Ottawa: Statistics Canada.

[36] Statistics Canada. (29 January 2013). *Study: Select health indicators of First Nations people living off reserve, Métis and Inuit, 2007 to 2010.* The Daily. Website: http://www.statcan.gc.ca/daily-quotidien/130129/dq130129b-eng.htm

[37] Statistics Canada. (30 November 2015). *Chart 13: Projected life expectancy at birth by sex, by Aboriginal identity, 2017*. Website: http://www.statcan.gc.ca/pub/89-645-x/2010001/c-g/c-g013-eng.htm

[38] Statistics Canada. (29 January 2013). *Study: Select health indicators of First Nations people living off reserve, Métis and Inuit, 2007 to 2010.* The Daily. Website: http://www.statcan.gc.ca/daily-quotidien/130129/dq130129b-eng.htm

[39] Government of Canada. (20 July 2016). *Report on the Social Isolation of Seniors. Consultation highlights.* Website: https://www.canada.ca/en/national-Seniors-council/programs/publications-reports/2014/social-isolation-Seniors/page05.html

[40] Government of Canada. (15 March 2017). *Federal/Provincial/Territorial Ministers Responsible for Seniors Forum.* Website: https://www.canada.ca/en/employment-social-development/corporate/Seniors/forum.html

[41] Public Health Agency of Canada. (30 November 2016). *Health Promotion*. Website: http://www.phac-aspc.gc.ca/hp-ps/index-eng.php

[42] Government of Canada. (2 April 2017). *Welcome to the Benefits Finder.* Website: http://www.canadabenefits.gc.ca/f.1.2c.6.3z.1rdq.5.2st.3.4ns@.jsp?lang=en

[43] Government of Canada. (6 June 2016). Health services and social programs for Indigenous peoples. Website: https://www.aadnc-aandc.gc.ca/eng/1461942831385/1461942892707

[44] Government of New Brunswick. (November 20160). *Seniors' Guide to Services and Programs.* Website: http://www2.gnb.ca/content/dam/gnb/Departments/sd-ds/pdf/Seniors/SeniorsGuide-e.pdf

[45] Government of New Brunswick. (No date). *Social Development.* Website: http://www2.gnb.ca/content/gnb/en/departments/social_development/Seniors.html

[46] Social Development. (No date). *Senior Resource Centres*. Government of New Brunswick. Website: http://www2.gnb.ca/content/gnb/en/departments/social_development/Seniors/content/services-Seniors/services_renderer.201240.Senior_Resource_Centres.html

[47] Social Development. (No date). *Government Services for Seniors*. Government of New Brunswick. Website: http://www2.gnb.ca/content/gnb/en/departments/social_development/Seniors/content/services-Seniors.html?_charset_=UTF-8&keyword=&start=0&hits=25

[48] City of Moncton. (2016). *Seniors*. Website: https://www.moncton.ca/Residents/Seniors.htm

[49] City of Fredericton. (No date). *City Programs*. Website: http://www.fredericton.ca/en/recreation/city-programs

[50] City of Saint John. (2017). *Transportation and Environment Services. Seniors Programs.* Website: http://www.saintjohn.ca/en/home/cityhall/developmentgrowth/neighbourhood/Seniors.aspx

[51] Seniors Information Centre. (2017). *Seniors Information Centre. About us*. Moncton: Seniors Information Centre. Website: http://Seniorsinformationcentre.com/index.php/home/

[52] Esquimalt Family Resource Centre. (2017). *Family Navigator*. Website: http://www.familynavigator.ca/

[53] Congress of Aboriginal People. (No date). *The Miykiwan Toolkit*. Website: http://abo-peoples.org/all-project-list/violence-prevention/

[54] Employment and Social Development Canada. (2 June 2016). Government of Canada helps more communities to prevent and reduce homelessness. News Release. Website: http://news.gc.ca/web/article-en.do?nid=1078459

[55] Canadian Mortgage and Housing Corporation. (2017). *Research Reports.* Publications and Reports. Government of Canada. Website: https://www03.cmhc-schl.gc.ca/catalog/productList.cfm?cat=123&lang=en&fr=1475156660245.

[56] Canada Mortgage and Housing Corporation. (2017). *Your Guide to Renting a Home.* Government of Canada. Website: https://www.cmhc-schl.gc.ca/en/co/reho/yogureho/

[57] Canada Mortgage and Housing Corporation. (2017). *Guide to Co-operative Housing.* Government of Canada. Website: https://www.cmhc-schl.gc.ca/en/co/buho/gucoho/

[58] Canada Mortgage and Housing Corporation. (2017). *Homebuying Step by Step* and the *Condominium Buyers' Guide.* Government of Canada. Website: https://www.cmhc-schl.gc.ca/odpub/pdf/60946.pdf

[59] Government of Canada. *Guide to Government of Canada Services for People with Disabilities and their Families*. Series for People with Disabilities. Website: http://www.faslink.org/Disability_Guide_ENG.pdf

[60] Canada Mortgage and Housing Corporation. (2017). *Develop new affordable housing.* Government of Canada. Website: https://www.cmhc-schl.gc.ca/en/inpr/afhoce/afhoce/index.cfm

[61] Canada Mortgage and Housing Corporation. (2017). *Seed Funding Program*. Government of Canada. Website: https://www.cmhc-schl.gc.ca/en/inpr/afhoce/afhoce/afhoce_001.cfm

[62] Canada Mortgage and Housing Corporation. (2017). *Direct Lending.* Government of Canada. Website: https://www.cmhc-schl.gc.ca/en/first-nation/financial-assistance/non-profit/direct-lending.cfm

[63] Canada Mortgage and Housing Corporation. (2017). *First Nation Housing*. Government of Canada. Website: https://www.cmhc-schl.gc.ca/en/corp/about/whwedo/whwedo_002.cfm

[64] Canada Mortgage and Housing Corporation. (No date) *Off-Reserve Aboriginal Home Ownership (ORAH) Program*. Project Profile. Government of Canada. Website: https://www.cmhc-schl.gc.ca/en/inpr/afhoce/afhoce/prpr/upload/Off-Reserve-Homeownership_En.pdf

[65] Canada Mortgage and Housing Corporation. (2017). *Affordable Housing Programs in New Brunswick.* Website: https://www.cmhc-schl.gc.ca/en/inpr/afhoce/fuafho/iah/afhopracca/afhopracca_004.cfm

[66] Government of New Brunswick. (No date). *Property Tax Deferral Program for Seniors*. Finance. http://www2.gnb.ca/content/gnb/en/services/services_renderer.201264.Property_Tax_Deferral_Program_for_Seniors.html

[67] Social Development. (No date). *Rural and Native / Basic Shelter Rental Program*. Government of New Brunswick. Website: http://www2.gnb.ca/content/gnb/en/services/services_renderer.8715.html#serviceDescription

[68] Stakeholder interview.

[69] Government of Canada. (2016). *New Horizons for Seniors Program. Engaging Seniors, Strengthening Communities*. Publicentre. Website: http://www12.edsc.gc.ca/sgpe-pmps/p.5bd.2t.1.3ls@-eng.jsp?pid=7580

[70] Blais, J-P. (21 December 2016*). CRTC Submission to the Government of Canada's Innovation Agenda*. Letter from Jean-Pierre Blais to the Minister of ISED. Ottawa: CRTC. Website: http://www.crtc.gc.ca/eng/publications/reports/rp161221/rp161221.htm

[71] Canadian Internet Registration Authority. (28 April 2016*). Toronto and Ottawa top ranking of Canadian Internet performance*. Press release. Website: https://cira.ca/toronto-and-ottawa-top-ranking-canadian-internet-performance

[72] Wall Communications Inc. (30 March 2015). *Price Comparisons of Wireline, wireless and Internet Services in Canada and with Foreign Jurisdictions.* Prepared for the CRTC and Industry Canada. Website: http://www.crtc.gc.ca/eng/publications/reports/wall2015/rp1506wall.pdf

[73] Economic and Social Inclusion Corporation. (25 July 2016). *Low-cost Internet offered to 19,000 families*. News Release. Social Development. Government of New Brunswick. Website: http://www2.gnb.ca/content/gnb/en/news/news_release.2016.07.0679.html

[74] New Brunswick Public Libraries. (No date). *Accessible Services*. Website: http://www2.gnb.ca/content/gnb/en/departments/nbpl/accessible_services.html

[75] New Brunswick Public Libraries. (No date). *Library Services by Mail. Talking Book Service Registration.* Website: http://www2.gnb.ca/content/gnb/en/departments/nbpl/accessible_services/TalkingBookServiceRegistration.html

[76] Government of New Brunswick. 2017 *New Brunswick Low-Income Seniors' Benefit*. Finance. Website: http://www2.gnb.ca/content/gnb/en/departments/finance/promo/Seniors.html

[77] Public Legal Education and Information Service of New Brunswick. (No Date). Website: http://www.legal-info-legale.nb.ca

[78] Financial and Consumer Services Commission. (2016). Website: http://fcnb.ca/

[79] Health Canada. (2012). *First Nations and Inuit Health Strategic Plan: A shared path to improved health.* Health Canada: Ottawa. Website: http://www.hc-sc.gc.ca/fniah-spnia/alt_formats/pdf/pubs/strat-plan-2012/strat-plan-2012-eng.pdf

[80] Public Health Agency of Canada. (2009). *Division of Aging and Seniors*. Government of Canada. Website: www.phac-aspc.gc.ca/Seniors-aines

[81] Stakeholder interview.

[82] Social Development. (2016). *The Wellness Movement*. Government of New Brunswick. Website: http://www.wellnessnb.ca/Seniors/

[83] Medavie Blue Cross. (2014). *Seniors Health Program.* Website: http://web.medavie.bluecross.ca/en/individuals/health-benefits/Seniors-health-program-nb

[84] Canadian Diabetes Association. (July 2013). *Financial Assistance Programs for People Living with Diabetes.* New Brunswick. Website: https://www.diabetes.ca/CDA/media/documents/diabetes-and-you/know-your-rights/new-brunswick-financial-assistance-programs.pdf

[85] Canadian Red Cross. (2016) *New Brunswick*. Website: http://www.redcross.ca/in-your-community/new-brunswick

[86] Health Canada. (April 2015). *First Nations and Inuit Home and Community Care (FNIHCC). 10-Year Plan (2013-2023)*. Health Canada. Website: http://publications.gc.ca/collections/collection_2016/sc-hc/H34-282-2015-eng.pdf

[87] Health Canada. (13 April 2016). *Home and Community Care.* Website: http://www.hc-sc.gc.ca/fniah-spnia/services/home-domicile/index-eng.php

[88] Health Council of Canada. (April 2012). *Seniors in need, caregivers in distress: What are the home care priorities for Seniors in Canada?* P. 22. Website: http://www.carp.ca/wp-content/uploads/2012/04/HCC_HomeCare_2d.pdf

[89] Social Development. (2011). *Home Support Service Standards.* Government of New Brunswick. Website: http://www2.gnb.ca/content/dam/gnb/Departments/sd-ds/pdf/Standards/HomeSupportServicesStandards.pdf

[90] Social Development. (2014-2017) Home First. Government of New Brunswick. Website: http://www2.gnb.ca/content/gnb/en/departments/social_development/promos/home_first.html

[91] Social Development. (14 May 2014). *Details of first-year investments in the Home First strategy revealed.* News Release. Government of New Brunswick. Website: http://www2.gnb.ca/content/gnb/en/news/news_release.2014.05.0550.html

[92] Canadian Red Cross. (2016). *Home Care Services.* Website: http://www.redcross.ca/how-we-help/community-health-services-in-canada/home-care-services

[93] Canadian Red Cross. (2016). *Senior Support Services*. Website: http://www.redcross.ca/in-your-community/new-brunswick/senior-support-services

[94] Care Link. (2009). Advantage Care Link Independent Living Solutions. Website: https://carelinkadvantage.ca/

[95] Patten, Lindsey. (1 June 2015). *Aboriginal Seniors Health Care: Federal or Provincial Jurisdiction*. Website: http://seniorcarecanada.com/articles/aboriginal_Seniors_health_care

[96] Government of New Brunswick. (No date*). Long-Term Care Services for Seniors*. Website: http://www2.gnb.ca/content/gnb/en/services/services_renderer.10115.Long-Term_Care_Services_for_Seniors.html

[97] Government of New Brunswick. (2008). *Be independent. Longer. New Brunswick's Long-Term Care Strategy.* Website: http://www2.gnb.ca/content/dam/gnb/Departments/sd-ds/pdf/LTC/LongTermCareStrategy-e.pdf

[98] Government of Canada. (10 February 2017). *Report of the National Seniors Council on Low Income Among Seniors*. Website: https://www.canada.ca/en/national-Seniors-council/programs/publications-reports/2009/low-income-Seniors/page06.html

[99] Canada without poverty (2015). *New Brunswick Poverty Progress Profile*. Ottawa: Canada Without Poverty. Website: http://www.cwp-csp.ca/wp-content/uploads/2012/05/2015-Province-Poverty-Profiles_NB.pdf

[100] Public Health Agency of Canada. (2011). *Diabetes in Canada: Facts and figures from a public health perspective. Chapter 6 – Diabetes among First Nations, Inuit, and Métis populations*. Website: http://www.phac-aspc.gc.ca/cd-mc/publications/diabetes-diabete/facts-figures-faits-chiffres-2011/chap6-eng.php

[101] Public Health Agency of Canada. (15 December 2011). *Diabetes in Canada: Facts and figures from a public health perspective. Report Highlights*. http://www.phac-aspc.gc.ca/cd-mc/publications/diabetes-diabete/facts-figures-faits-chiffres-2011/highlights-saillants-eng.php#chp6

[102] Brandon, J., Peters, E. (November 2014). *Moving to the City: Housing and Aboriginal Migration to Winnipeg.* Winnipeg: Canadian Centre for Policy Alternatives. Website: https://www.policyalternatives.ca/sites/default/files/uploads/publications/Manitoba%20Office/2014/12/Aboriginal_Migration.pdf

[103] St. John's Native Friendship Centre. (No date). *Home*. Website: http://www.sjnfc.com/

[104] Native Canadian Centre of Toronto. (No date). *Aanii, Tansi, Shekon, Welcome… Bindigen*. Website: http://ncct.on.ca/

[105] Aboriginal Senior Resource Centre. (2017). *Activities.* Website: http://asrcwpg.ca/?page_id=17

[106] Andersson, J.E. (2015). *Architecture and the Swedish welfare state: three architectural competitions that innovated space for dependent and frail older people*. Ageing & Society. Vol. 35, pp. 837-864.

[107] Age Friendly Ireland. (No date) *Housing for Older People: Future Perspectives. Executive Summary.* Website: http://www.ageingwellinwales.com/Libraries/Documents/Housing-for-Older-People.pdf

[108] Habitat for Humanity. (2017). *Indigenous Housing Program*. Website: http://www.habitat.ca/ihp?gclid=CL-1hencodICFVRMDQodTjwFCQ

[109] Crookshanks, J.D., Edmonton Aboriginal Seniors Centre (No date). *Aboriginal Seniors' Housing in Edmonton. Final Report.* Website: http://homewardtrust.ca/wp-content/uploads/2016/12/Aboriginal-Seniors%E2%80%99-Housing-in-Edmonton.pdf

[110] Glass, A.P. (2009). *Aging in a Community of Mutual Support and Spiritual Growth: The Case of ElderSpirit Community.* Journal of Housing for the Elderly. Vol. 23, pp. 283-303. Website: http://www.elderspirit.net/media/GLASS_Community_of_Mutual_Support_2009.pdf

[111] Stula, S. (June 2012). *Living in Old Age in Europe-Current Developments and Challenges*. Berlin: German Association for Public and Private Welfare. Observatory for Sociopolitical Developments in Europe. Website: http://www.sociopolitical-observatory.eu/uploads/tx_aebgppublications/AP_7_EN.pdf

[112] Beatty, B., Berdahl, L. (May 2011). *Health Care and Aboriginal Seniors in Urban Canada: Helping a Neglected Class.* The International Indigenous Policy Journal. Vo. 2, Iss. 1., Art. 10, pp. 1-16.

[113] Nicholson, R. (5 November 2014). *Apartments for Life – A Dutch Senior Housing Innovation*. Senior Housing. Matherlifeways website: http://www.investigage.com/2014/11/05/apartments-life-dutch-senior-housing-innovation/

[114] Hogeweyk. (No date). *Hogewyk. Care village with 23 hourses, theatre, supermarket, outpatient care unit and a restaurant*. Website: http://hogeweyk.dementiavillage.com/en/kenniscentrum/

[115] Bamford G. (March 2005). *Brief Report: Cohousing for older people: Housing innovation in the Netherlands and Denmark*. Australasian Journal on Ageing. Vol. 24, No. 1, pp. 44-46.

[116] Energy Pathways Inc., (June 1997). *Planning Cohousing: Creative Communities and the Collaborative Housing Society, Toronto, Ontario. Affordability and Choice Today (A.C.T) Streamlined Approval Process Project report.* Website: https://fcm.ca/Documents/case-studies/ACT/Planning_Cohousing_Creative_Communities_And_The_Collaborative_Housing_Society_CS_EN.pdf

[117] Rueff, B.T. (Spring 2012). *Characterization Study of Urban Cohousing Communities*. Journal of undergraduate Research. Vol. 13, Issue 2, pp. 85-86. Website: http://ufdcimages.uflib.ufl.edu/UF/00/09/15/23/00621/Rueff_final.pdf

[118] McWhinney-Morse, S. (Summer 2009). *Beacon Hill Village*. Generations-Journal of the American Society on Aging. Vol. 33, No. 2. Website: https://www.questia.com/library/journal/1P3-1901881921/beacon-hill-village

[119] Social Data Research. (2000). *Supporting Housing for Seniors*. Report prepared for CCanada Mortgage and Housing Corporation. Website: https://www.cmhc-schl.gc.ca/odpub/pdf/62023.pdf

[120] Gallagher, E., Menec, V., Keefe, J. (no date). *Age-Friendly Rural and Remote Communities: A Guide. Federal/Provincial/Territorial Committee of Officials (Seniors).* http://www.gov.mb.ca/shas/agefriendly/docs/AFRRC_en.pdf

[121] Association francophone des aînés du N.-B. (April 2016). *Guide: How to develop your age-friendly community (AFC).* Dieppe: Association. Website: http://www.wellnessnb.ca/wp-content/uploads/2016/07/Age-Friendly-Community-Guide_EN.pdf

[122] Alley, D., Liebig, P., Pynoos, J., Banerjee, T., Choi, I. (2007) *Creating Elder-Friendly Communities*. Journal of Gerontological Social Work. Vol. 49, Issue 1-2, pp. 1-18. Website: http://dx.doi.org/10.1300/J083v49n01_01

[123] Guo, K.L., Castillo, R.J. (2012). *The U.S. Long Term Care System: Development and Expansion of Naturally Occurring Retirement Communities as an Innovative Model for Aging in Place*. Ageing International. No. 37, pp. 210-227. Website: https://link.springer.com/article/10.1007/s12126-010-9105-9

[124] Public Health Agency of Canada. (No date). *Aboriginal Ways Tried and True.* Website: http://cbpp-pcpe.phac-aspc.gc.ca/aboriginalwtt/

[125] Sylvestre, G., Cardona Claros, K. (2008). *An Action Plan for Seniors Transportation in Manitoba: Strategic Priorities*. Manitoba Seniors and Healthy Aging Secretariat. Website: http://winnspace.uwinnipeg.ca/bitstream/handle/10680/811/2008%20An%20Action%20Plan%20for%20Seniors%20Transportation%20in%20Mantioba%20Strategic%20Priorities.pdf?sequence=1

[126] iTN America. (2017). *Our Mission.* Website: www.itnamerica.org

[127] Hollander, M.J. & Prince, M.J. (2008). *Organizing healthcare delivery systems for persons with ongoing care needs and their families: A best practices framework.* Healthcare Quarterly, Vol. 11, No. 1, pp. 42-52. Website: http://www.longwoods.com/publications/healthcare-quarterly.

[128] Kodner, D. (2009). *All together now: A conceptual exploration of integrated care*. Healthcare Quarterly, 13, 6-15. Website: http://www.longwoods.com/publications/healthcare-quarterly.

[129] Alberta Health Services. (October 2009). *All together now. A conceptual exploration of integrated care*. Healthcare Quarterly. Vo. 13. Special issue. Website: http://www.longwoods.com/content/21091

[130] Wodchis, W.P., Williams, A.P., Mery, G. (no date) *Integrating Care for Persons With Chronic Health and Social Needs. White paper-working draft.* Institute for Health policy management and evaluation. Health system performance research network. Kingston: The Monieson Centre, Queen's School of Business. Website: http://www.queenshealthpolicychange.ca/resources/2014-WhitePaper-Wodchis.pdf

[131] Canadian Nurses Association, Canadian Medical Association, Health Action Lobby. (November 2013). Integration: A new direction for Canadian health care. A report on the Health Provider Summit Process. Website: https://www.cna-aiic.ca/~/media/cna/files/en/cna_cma_heal_provider_summit_transformation_to_integrated_care_e.pdf?la=en

[132] Canadian Nurses Association, Canadian Medical Association, Health Action Lobby. (November 2013). Integration: A new direction for Canadian health care. A report on the Health Provider Summit Process. Website: https://www.cna-aiic.ca/~/media/cna/files/en/cna_cma_heal_provider_summit_transformation_to_integrated_care_e.pdf?la=en

[133] Davy, C. , Kite, E., et. al. (June 2016). *Review Article. What keeps you strong? A systematic review identifying how primary health-care and aged-care services can support the well-being of older Indigenous peoples.* Australasian Journal on Ageing. Vol. 35, No. 2, pp. 90-97. Website: http://onlinelibrary.wiley.com/doi/10.1111/ajag.12311/pdf

[134] Canadian Medical Association. (August 2015). *A Policy Framework to Guide a National Seniors Strategy for Canada.* Ottawa: CMA. Website: https://www.cma.ca/Assets/assets-library/document/en/about-us/gc2015/policy-framework-to-guide-Seniors_en.pdf

[135] Lemchuck-Favel, L., Jock, R. (2013). *A Framework for Aboriginal Health Systems*. Volume 2: Setting the Agenda for Change. Aboriginal Policy Research Series. Thompson Educational Publishing Inc. pp. 89-109. Website: http://apr.thompsonbooks.com/vols/APR_Vol_2Ch4.pdf

[136] James Bay and Northern Québec Agreement and complementary agreements (1998 ed.). Sainte-Foy, Quebec: Les Publications du Québec. Website: http://www.gcc.ca/pdf/LEG000000006.pdf

[137] Goldhar, J., Daub, S., Dhalla, Ir., Ellison, P., Purbhoo, D., and Sinha, S. (2014). *Integrated Client Care for Frail Older Adults in the Community: Preliminary Report on a System-Wide Approach*. Healthcare Quarterly. Vol. 17, No. 3. Pp. 61-69. Website: http://healthcareathome.ca/torontocentral/en/news/Documents/HQ_Vol17_No3-Goldhar.pdf

[138] Brown, H. (No date). *Co-production involving and led by older people. An Evidence and Practice Review.* National Development Team for Inclusion. Website: https://www.ndti.org.uk/uploads/files/Coproductionandolderpeople.pdf

[139] Strategic Policy Directorate, Population and Public Health Branch. (July 2001). *Draft: The Population Health Template: Key Elements and Actions That Define a Population Health Approach. Health Canada*. Website: http://Seniorspolicylens.ca/Root/Materials/Adobe%20Acrobat%20Materials/Pop_Health_template_primer.pdf

[140] Public Health Agency of Canada. (July 2001). *Draft, Population Health Template Working Tool. Strategic Policy Directorate, Population and Public Health Branch.* Website: www.phac-aspc.gc.ca/ph-sp/pdf/overview_handout_black-eng.pdf