

# Influences on Quality of Life of the Older Adult in the Northwest Territories



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The CBPAR Team from left to right are Brianne Timpson, Pertice Moffitt, Leon Peterson, Barb Hood, and Gloria Bott.

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## Executive Summary

Some older adults in the Northwest Territories (NWT) have, what one would consider, a poor quality of life (QOL), while others describe being satisfied, fulfilled with their QOL as an older adult. In this study investigating the influences of QOL of older adults in the NWT, we discovered there are more challenges to QOL particularly for older adults in remote communities than in regional centres. The purpose of this report is to share findings, provide discussion in terms of the literature, and identify implications and recommendations for future action. This study is timely and coincides with the strategic direction document, “Our Elders, Our Communities” (Government of the Northwest Territories [GNWT] Department of Health and Social Services, 2014). As well, there is an aging trend across Canada, including the NWT, that highlights the importance of identifying and understanding the needs of older adults in our territory. Of even greater significance is that the request for this study came from the NWT Seniors’ Society. Thus, the study is from a grassroots level and a community-based participatory action research (CBPAR) framework whereby the process itself benefits older adults. When older adults engage in dialogue of this nature, they feel valued, heard, and appreciated.

This study took place in Yellowknife, Hay River, Behchoko, and Fort Good Hope. We accessed participants from across the territory at NWT Seniors’ Society annual and special meetings and municipal senior’s meetings, using focus group (5) and town hall methods (3). Individual interviews were also conducted. The sample included 92 participants from varying ethnic and socioeconomic backgrounds. Data analysis generated two themes on a continuum from *Good Life* to *Life’s Struggles*. The Good Life was captured under four themes with many subcategories in each theme. One experiences a good life in the NWT when they are socially connected and supported, active and independent, living a traditional lifestyle, being connected to place, and feeling safe and secure. On the other hand, Life’s Struggles lead in many cases a less favorable or poor QOL based on six themes which also have many subcategories. When one experiences a less desirable QOL, cost of living is a burden, housing is inaccessible or requiring attention, health may be in jeopardy, many losses have occurred which community people describe as “pitiful”, and basically the social determinants of health are intersecting to create chaos and disturbance in their life.

The findings described in this study provide us with a beginning understanding of QOL for older adults. With this knowledge, we have derived implications and recommendations that we have grouped under four major directions: advocacy, education, leadership, and research. Older adults are worried about the escalating cost of living, alcohol and drug addictions, and violence in their communities to name a few. The NWT Seniors’ Society is well placed to strategize and advocate for older adults. Older adults recognize the importance of preserving their cultural heritage and want to work with the youth to transmit their traditional knowledge. As well, they want to have education sessions provided about territorial benefits they are entitled to, healthy diet and exercise, and dealing with the effects of alcohol and drugs on their families.



Older adults also talked about the need for effective leaders in their communities and the importance of role models for youth. Finally, research and community development is needed to intervene and change the current findings to a place where all older adults in the NWT are satisfied with their QOL.

## Introduction

Quality of life (QOL) is a goal across the lifespan, but particularly important to the aging population who are faced with many transitions. The purpose of this report is to describe a QOL community based participatory action research (CBPAR) study completed by the Aurora Research Institute/Aurora College and the NWT Seniors' Society between 2013 and 2014. The objectives of this study were first of all, to provide a rich background and context for 'influences on quality of life (QOL) of the older adult in the Northwest Territories (NWT)'; secondly, to engage older adults living in the NWT to identify the actual and potential influences upon and threats to their QOL; thirdly, to examine the history of the NWT Seniors' Society and changes to services and programming for older adults in the territory over the past 30 years (the lifetime of this organization); and finally, to provide older adults with information that could influence policy decisions related to QOL for older adults living in the NWT. This information is particularly important to the NWT Seniors' Society as they plan and implement goals, strategies and plans for the upcoming years.

The study was a capacity development project for faculty and students at Aurora College. Faculty were given the opportunity to work directly with the NWT Seniors' Society and communities across the north. As well, faculty and students were provided a research mentorship opportunity from Dr. Pertice Moffitt. Two fourth year nursing students were involved in the research project in a number of ways: gathering quality of life and healthy aging literature; exploring the history of the NWT Seniors' Society; transcribing interviews; and, taking part in the facilitation and implementation of a focus group meeting. Findings from the study will be introduced in the Bachelor of Science in Nursing curriculum to strengthen local gerontology content for our students.

In the report that follows, we begin with clarifying how quality of life is described in the literature and the definition that we adopted for this research. We also describe the term older adult. Next, we highlight the methodology used. Following that section, the findings are presented along with a discussion of these findings. We conclude with implications and recommendations.

### Defining Quality of Life and the Older Adult

QOL is a complex concept; it has been defined and described differently (Bryant et al., 2004; Levasseur, Tribble, & Desrosiers, 2008; Molzahn, Skevington, Kalfoss, & Makaroff, 2010). Bryant et al. (2004) describe QOL as a concept that addresses health and welfare, is derived from lived experiences and contextual realities, and as offering leverage and direction for healthy public policy. Levasseur, Tribble and Desrosiers (2008) take a somewhat different approach looking at human functioning, while Molzahn, Skevington, Kalfoss and Makaroff (2010) investigated 38 aspects (personal health, social relationships, supportive networks, financial circumstances, cognitive abilities) of QOL through a questionnaire to 22 countries.

Further, Dijkers (2003) identified QOL and health related (HR) QOL along with the individualization of QOL in measurement tools (patient-specific, satisfaction scales, systemic inventory to look at goals, control, feedback loops and hierarchy, are a few). There is consensus that QOL is a multidimensional, complex concept. Because of the multidimensional nature of QOL, academics are seeking out theoretical frameworks to guide the research. Low, Molzahn and Kalfoss (2008) explored the complexity by linking concepts within QOL through a model.

The most commonly cited definition of QOL is that of the World Health Organization (WHO) who define QOL as:

Individuals' perceptions of their position in life, in the context of the culture and value systems in which they live, and in relation to their goals, expectations, standards, and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, level of independence, social relationships, personal beliefs and their relationship to salient features of their environment (WHO, 1997, p.1).

Although QOL is complex and multidimensional, an advantage of exploring QOL is that QOL is tangible to both policymakers and community members and has a deep meaning to individuals (Bryant et al., 2004; Levasseur et al., 2008). To date, there has been a great deal written about QOL of older adults in both Canadian and international literature, yet we have found no evidence indicating that QOL of older adults living in the NWT has been explored.

Like QOL, defining older adult can also be variable. The NWT Seniors' Society (n.d.) defines an older adult as a person who is age 50 or more, while the NWT Bureau of Statistics captured data in categories that begin at age 60 (NWT Health Status Report, 2011). Most often, chronological age or social/cultural/functional markers are commonly used by demographers and researchers to define older adults (WHO, n.d.). For example, when an individual reaches the age of 65 and are eligible to receive a pension, they are referred to as an older adult. Older adults are often referred to as seniors or the elderly. For the purposes of this study, we adhered to the NWT Seniors' Society definition using 50 years of age and older as the general depiction of an older person.

### **NWT Aging Demographics**

The fastest growing demographic in the NWT is the older adult (NWT Health Status Report, 2011). In 2010, the total population in the NWT was 43,759 and of that, the number of older adults was 4,102. In the NWT, the older adult population is expected to increase to nearly 7,000 by 2020 (NWT Health Status Report, 2011). The overall Canadian population is also aging with Statistics Canada (2005) predicting that by the year 2031, 25% of the total Canadian population will be older adults. Not only is our Canadian population aging, but the Canadian Aboriginal population is aging as well. This aging demographic will have a direct impact on the

health care system including, but not limited to, increased use of various acute and community care services (NWT Health Status Report, 2011).

### **Methodology**

The approach of this study is Community-Based Participatory Action Research (CBPAR). The community is the NWT Seniors' Society and older adults in the NWT. Participatory action research is characterized as cyclical, dynamic, and collaborative (Campbell, 2010; Stringer & Genat, 2004). Loisel, Profetto-McGrath, Polit, and Tatano Beck (2011) refer to action research as "collaboration between researchers and study participants in the definition of the problem, the selection of an approach and research methods, the analysis of data, and [the way the findings are used]" (p. 184). In essence, "action research seeks to empower those who are part of the process to act on their own behalf to solve real world problems" (Streubert Speziale & Rinaldi Carpetner, 2007, p. 327). We received ethical approval from the Aurora College Ethics Committee and a research license from Aurora Research Institute (Appendix A).

Participants were recruited through the NWT Seniors' Society in a creative way. Along with public service announcements (Appendix B), cards were created that displayed the research questions along with contact information for the researchers. Older adults were given options to email or telephone the researchers for individual interviews. Older adults were also given cards to distribute in their communities using a snowball technique for recruitment. Purposively, older adults were accessed at meetings where they gathered for work with the NWT Seniors' Society. In the communities of Hay River, Behchoko and Fort Good Hope, town hall or focus group meetings were organized by a local older adult or community member. The local older adult also organized a translator for the meetings.

### **Sample**

Inclusion criteria for the sample of older adults included persons aged 50 years or older who currently live in the NWT. Each participant completed a demographic intake form to help researchers, among other things, gain a sense of each participant's cultural and educational background and current financial state (Appendix C). Table 1 below illustrates how these entities varied among participants. The age range of participants was between 50 and 90 years, and socioeconomic status varied among focus group/ town hall participants and those who were interviewed individually. Not all participants chose to provide demographic information (see Limitations). Participants who volunteered and provided data signed an informed consent. A few older adults chose to sit in on the meetings but did not verbally participate.

### **Data Collection**

Over the course of this study, we conducted several town hall meetings in various communities across the NWT. Our initial intention was to hold focus groups where ideally 10 to



12 participants gather together to discuss our research questions (Leddy & Ormrod, 2010). We did conduct focus groups in Yellowknife (on three separate occasions) and Behchoko, however, due to overwhelming interest we received in Hay River and Fort Good Hope a town hall meeting was held in each respective community. A town hall meeting was also held in Yellowknife. Town hall meetings are a place for conversation to occur, where the voices of diverse individuals can be heard. Both focus groups and town halls are an effective way to gather data when time is limited and some participants may feel more comfortable sharing their ideas in a supportive group rather than alone (Leddy & Ormrod, 2010). Between February 2013 and June 2014, more than 81 older adults attended either focus group or town hall meetings.

In addition to town hall meetings, 19 individual interviews were conducted during the same time period. The majority of these interviews were conducted via telephone, while four were conducted face to face. Instead of a verbal interview, two participants provided written answers to our questions. Study participants were recruited via the NWT Seniors' Society and through snowball sampling. Five questions guided both the individual interviews and focus group/town hall meetings (Appendix D). All interviews were transcribed verbatim from tape recording and field notes were captured by researchers. Informed consent was received from each participant (Appendix E).

### **Data Analysis**

Content analysis was used to identify themes in two data sets, the group meetings and the individual interviews. The data were read in their entirety to get an overall understanding of what older adults were telling us. Then, each data set was coded line by line, categorized and themed. The overarching themes as stated above were correlated with the questions and named Good Life and Life's Struggles. Both of these themes hold subcategories that are explained below. During the analysis process, the researchers met to share coding, in this way member checking occurred. The researchers presented the findings of the analysis at the NWT Seniors' Society Annual General Meeting (AGM) on September 8, 2014. This allowed older adults to ask questions and provide feedback on what we had ascertained. Older adults present confirmed that they felt we had "got it right" and that the findings "rang true".

### **Delphi Method (Part II of Study)**

The Delphi method originated in the late 1950's by an American group called RAND interested in technological forecasting (Hasson, Keeney, & McKenna, 2000). Since then, it has been used internationally in a wide variety of disciplines to study different topics; health researchers often use this method. Simply stated, the Delphi method (sometimes referred to as the Delphi technique) is a process intended to develop a consensus opinion concerning a specific topic from selected experts on that topic (Loiselle et al., 2011). Consensus-building is achieved by an iterative process that begins with a structured questionnaire (Hsu & Sandford, 2007).

Although slight variations for the Delphi method have been suggested, in essence, it involves a series of rounds and is characterized by the following: anonymity of participants; role of the facilitator/researcher; and feedback (Hasson et al., 2000; Hsu & Sandford, 2007; Loiselle et al., 2011). More specifically, in order to gain consensus on the topic, this process invites participants to independently submit their responses to a questionnaire. The facilitator compiles the responses, sifting through that which is irrelevant, whilst keeping in view the expertise of each participant. The facilitator then returns to every participant a summary of the position of the whole group. Additional rounds provide feedback opportunities, allowing for participants to change and add to their contributions, or otherwise, provide reasons for why they may not agree with the summation. It is believed that the Delphi method is excellent for consensus building activities as it eliminates group dynamics when compared to a focus group, for example (Hsu & Sandford, 2007).

Barb Hood, Executive Director of the NWT Seniors' Society, was asked to put together a list of key informants, specially, people who were "experts" on the history or current events of the NWT Seniors' Society. Barb initially provided a list of 10 key informants, she being one of them. Of the 10 experts invited, eight attended (in-person or by teleconference) an orientation held on March 21, 2014 at Aurora College in Yellowknife. The orientation provided an overview of the Delphi process. Participants were also given a copy of the questionnaire developed by the research team along with Barb Hood and Megan Paul. The orientation also included instructions for how and by when participants should submit their responses.

In this study, we have used a modified Delphi method. We consider it modified for several reasons: we only completed two rounds and perhaps more rounds were required to reach consensus; we asked only five questions so perhaps more questions would have produced a more detailed product; and the location and number of expert participants may have been widened to include experts from the communities outside of Yellowknife. However, the participants in the modified Delphi were established members of the NWT Seniors' Society. The Delphi contributes to the findings under the fourth theme in the findings, changes over the past 30 years as well as identifying recommendations to move ahead (Appendix F).

### **Findings**

The influences on QOL for older adults in the NWT were conceptualized using the research questions. In this regard, Good Life (living well) and Life's Struggles captured what older adults told us about their QOL. These findings reflect the views of participants in this study and are not representative of all older adults in the NWT. We acknowledge that communities in the NWT are culturally distinct and diverse. Their uniqueness cannot be under-stated and community contexts are determinants of the QOL older adults experience and share. To begin, we will identify the demographics captured from the participants in the study.

A total of 92 older adults participated in and provided demographic information for our study. Table 1 illustrates the demographic characteristics of participants. The age range of participants was between 50 and 90 years; 72.8% were female and 45.6% of participants had lived in the NWT for 51 years or more. With respect to ethnicity, 40.2% of participants were Dene and of interesting to note, 16.3% of participants selected the category of other, some of which described themselves as being “Canadian”. Annual incomes of participants varied, 32.6% identified living in poverty (\$11,000 to \$20,000) while 28.2% have an annual income of greater than \$50,000; 63% of study participants own their own home. 41.3% of participants live with a spouse or partner and nearly 27% have dependents living with them (see *Life’s Struggles - Housing*). With respect to education, 43.4% attended college or university, while 9.7% of participants have no formal education.

### Participant Characteristics

**Table 1: Older Adult Participant Characteristics (n=92)**

Characteristics		%
Age		
50-59 years	n=7	7.6
60-69 years	n=30	32.6
70-79 years	n=35	38
80-89 years	n=17	18.4
90-100 years	n=1	1
Not specified	n=2	2.1
Gender		
Female	n=67	72.8
Male	n=25	27.1
Ethnicity		
Non-Aboriginal	n=31	33.6
Dene	n=37	40.2
Metis	n=3	3.2
Inuit	n=6	6.5
Other	n=15	16.3
Education Level		
I never went to school	n=9	9.7
Grade school	n=21	22.8
High school	n=17	18.4
College or University	n=40	43.4
Not specified	n=5	5.4

Annual Income		
\$1000 – 10000	n=7	7.6
\$11000 – 20000	n=30	32.6
\$21000 – 30000	n=12	13
\$31000 – 50000	n=9	9.7
Greater than \$50000	n=26	28.2
Not specified	n=8	8.6
Length of Time in NWT		
0 to 25 years	n=16	17.3
26 to 50 years	n=32	34.7
51 to lifetime	n=42	45.6
Not specified	n=2	2.1
Dependents Living with Participant		
Spouse/partner	n=38	41.3
Children	n=8	8.6
Grandchildren	n=8	8.6
Other	n=9	9.7
Lives alone	n=36	39.1
Not specified	n=6	6.5
Owns own Home	n=58	63

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### The Good Life (Living Well)

The good life or living well was described as QOL under four broad themes: social connections and support, being active and independent, safety and security, and traditional living and place. These influences on QOL are not stand alone themes but intersect and build upon each other. When one is able and independent, social connections and support are strengthened. Having lived in a place for generations with family and friends also enhances social connections and support. Having connections and support makes one feel safe and secure in their home and community. Indigeneity is salient to the NWT with half of the population identifying as First Nations, Inuit and Métis. The traditional knowledge worldview was expressed through the theme of traditional living. Indigenous older adults feel connected and supported, active and independent, safe and secure through a traditional lifestyle which is bound to place.

**Social connections and support.** Participants shared that being able to connect and feel supported with other older adults, their families, and their communities was salient to their good life. Captured under this theme were subcategories of social interaction with family and community members, having supportive networks to rely on, having a sense of community in your life, feeling love and belonging to those around you including the continuity of one generation to another, and finally a spiritual connection in one's life.

Social connection was expressed in a number of ways. One participant said “the people are important to everybody in terms of the socialness of it, I think, is kind of you know, how we rely on our neighbours, that sort of feeling helps the good life”. Another participant reflected “what’s so wonderful about the North is the closeness of the family and the closeness of friends and a lot about people and about community living that makes it all worthwhile”. Still another participant’s thoughts were “we have a strong family in the north. We have our strong church family and, just family, and that’s worth so much in what’s life”.

Neighbours were described as supporting each other since earlier days when they were raising their children. This neighbourliness extends into their senior years providing lifelong connections and support. As one participant reminisced:

*A neighbour he worked at the airport, he had lots of kids, and when we moved in, we had four, and he said, he came over and said ‘well we better get a rule together here, let’s not fight about our kids’ (laughing). So he said, you know, I’ll discipline yours, you discipline mine. My little devil boy who got in trouble, he was so scared when [name] took him in the house and made those two eat ice-cream until they apologized to each other (laughing). He didn’t know what he was going to get when he went into the house. Oh they had to apologize to each other these two kids and they never fought again...and that was a long time when we were neighbours...it was always good to have a good neighbour around...you almost feel like you are a part of a family.*

The support that another participant felt was stated it this way:

*You know if my phone is off the hook or it was out of service for a couple of days and like I had three people come to my door one morning and say “I tried to phone you but like there is something wrong with your phone” Or “are you alright?” Or I was supposed to go to Bible study and I was going to play bridge instead, and when I hadn’t shown up at the Bible study they phoned and said “are you okay”?*

Some connections are through personal interaction in their everyday life while others are more formal. Some communities host activities for older adults or have an active senior’s group. Planned events were described by participants as contributing to their QOL. As well, in many of the remote communities, the radio and media plays a significant role in keeping people informed about what is going on in their community and in the territory. Formal check-ins from health professionals are appreciated. A participant described it this way:

*As an older adult what things make your life very good, um for me, it’s like when you get a call from, or else, someone’s checking up on you, someone like say a CHR or a home care worker, to come and to check up on you to see if you took your medication right or*



*you got your medication from the health center or just asking you these few little questions to make sure you are doing okay because sometimes they're just left at home alone and even if they have lots of family members, sometimes they don't it's good to check up on them to make sure they're taken care of.*

The internet is connecting people in the territory. One elder shared that she went back to school as an older adult and this has impacted her QOL in a positive way. She is able to learn many things on the internet and she also helps other older adults to access forms and information.

One elder shared a strength of her community was how people come together for support when a tragedy occurs in the community. She stated:

*The good thing in living in [community] was a long time ago, people use to share everything. And today, it's still coming back, it's still there. When the tragedy happened [homicide], everybody just pulled together and everybody just have support for one another. In the Sahtu region, they even come from different communities when a real bad tragedy happen and when here too when people hear that something happened, everybody sending condolences and are always ready to help out other people. And even though we struggle a lot in our community, we are always there for one another. That's what I find really good about [community]. Everybody's good to one another.*

This connection and support that people have with one another makes older adults feel valued and that they can make a difference. One participant said "...we have a small population, we make a difference in a lot of things, not just, you know a lot of things, you can feel your opinions are valued and heard". Some older adults feel that they have a political voice to be reckoned with. For example, one participant shared:

*And when it comes to politics and benefits, we are listened to more than they are in the south, like look at what the NWT Seniors did with the health benefits that time. I mean that wouldn't have, we were going to lose good people that love the north and they stayed because we backed them up. It didn't matter what culture they came from. We backed them up.*

**Being active and independent.** Many participants spoke about their ability to be independent as a major factor in living well and enjoying a good life. As one participant told us, the good life is "well basically independent to do as you please. You know, come and go and drive and live and whatever". Another participant said:

*...I live alone. I enjoy it as I can come and go as I please. You get to speak your own mind as you get a little older...Some don't like it and some do, so that gives you a freedom. I own my own house and the city gives us a tax refund as a senior which is excellent. Senior's medical program is good.*

To be independent, participants shared that it was important to have good health. As stated in the quote above, many of the participants believe that the health care system is very good. One participant stated “As long as I got good health, we’re talking about reasonably good health, you know, being able to get around and do the things you have to do yourself without asking somebody else to come in and do it for you”. One participant shared the following:

*I like it in the north here, especially Yellowknife. I’ve lived elsewhere. The opportunities for keeping yourself healthy are really good. We have an excellent health system and we should be privileged to be of that and Avens centre. I’ve been independent my whole life—ask my family and I am delighted that I can do all kinds of things by myself. There are opportunities here to do things that I’ve been doing my whole life as an architect. I can still practice if I choose to. Instead, I have been teaching in all the schools. I am a member of several organizations....and I’ve done all kinds of things and I can still do them. And I’m so thankful that the health system is such that I intend to do this until I’m 125 [laughter] ...My opportunities in the community have not diminished. They seem to keep going. I have more and more opportunities all the time. I am very privileged to be living in the kind of place like this.*

Another participant related the following about the health care system:

*Here in the North our health care system helps to make my life very good. In particular, the seniors and catastrophic extended coverage because I do have a condition that fits in there... And the medications I need are covered here in the north but they are not in other jurisdictions. Um, I understand BC covers stuff but that’s the only one. Anyway, so that really helps me a lot! It helps me to be a normal person with able to carry on a normal life and a productive life.*

Good health was described as being active and physically healthy. One participant spoke about it like this:

*I’m 81 years old but the thing that makes my life very good—I’m able to do a lot of things that older people like me are not able to do. I’m very active... Sometimes I don’t feel like I am doing something. He [my grandson] calls Nanny did you do your exercises today? No? Well, let’s go. He keeps me going. That’s where all the joy comes from. So I’m very fortunate that I have 15 great grandchildren and 14 grandchildren.*

Several participants talked about pets as keeping them active. “I got a dog that gets me out walking and keeps me active”. This participant also shared “my house is comfortable. It’s warm in the winter and cool in the summer...I have more than enough income to provide for my needs”.

Many participants talked about the importance of still being able to contribute to society. For example, a retired nurse stated "...I can afford (time and financial) to volunteer on 3 different committees. I love that I can still contribute to my nursing profession and am still useful to society". Another participant stated "my life is better because ...I am still able to work full time, so I don't suffer financially". Many participants shared the importance of being financially stable so that they could be independent. In the small communities, the role of the elder was recognized as a role model for the community and particularly important to help the youth. One participant talked about it this way:

*It's rewarding to be regarded as an elder. You know? Yea. As you get to that point, there are certain people that realize what's happening with you. So they take you aside and spend a lot of time with you, correcting your behaviour, and letting you know what is expected of you.*

Several participants referred to spirituality and religion in their lives as a positive aspect of living well. It was spirituality that helped one participant in "finding myself". They spoke about their church life as a place of fellowship and support but also how it was providing meaning, understanding, and direction to take in their lives. For example, a participant shared

*I read in the Bible that when you have unforgiveness in your heart, it's like a poison to your whole system...It creates all kinds of disease. All kinds of sickness. It creates cancer. It creates everything...Yeah, so when I started forgiving people I felt good. You know, I had this bad hip. Even that healed itself...I became connected, they say the longest journey is from your mind to your heart...[I] just have a good relationship with God. A relationship that belongs to me and to Jesus his son, to God the Holy Spirit...I have this spiritual knowledge to the good things in life.*

Participants spoke about having a relationship with God/Creator and the influences of this relationship to a positive attitude and qualities such as forgiveness and peace. Their spirituality also provides hope in situations of poverty. One participant said "God doesn't want us to suffer you people. Because somebody said you have to do this until you die. God doesn't (speaking in own language). God is not here to punish us, no".

**Traditional living and place.** Participants spoke about "love of the land" or "love of the north". For some people, it was because they "grew-up here" while for other newcomers it was "the diversity of people". A participant stated "I too am a long-time Yellowknifer, so this is my home town and it has been good to a lot of people"; another stated "Just being in the Northwest Territories makes me feel good"; and another participant said "I love the Territories. I love the freedom and I don't like noise...I just find it fair and I've got many good friends here, a good Church life and I know I am happy up here".

Relationships and the small town living are what participants cited as appealing. One participant stated:

*It's not a small town [reference to Yellowknife]; I find it is just the right size. It's large enough that almost every time you go out you'll meet somebody you don't know...yet, it's small enough that there's somebody you do know every time you go out ...so there is just enough anonymity and there's just enough friendliness or acquaintances, whatever you want to call it. A connection I guess in town.*

One participant, while referring to older adults who live in the small communities said “They [local people] love the land. They love being able to go out and camp and fish and hunt and go around on the snowmobiles, they've got the rivers and lakes and all that sort of stuff”. The connection to the land was described by one participant (about an elder who is in a nursing home):

*... [he]should be taken out on the land. You know if you take [name of person] uptown, it's too many people. On TV, we watch and there is violence so he expects that everyone's going to attack him. If you take him on the highway, he'll have the best day of his life. That's what he wants – to be walking on the ground...*

Another participant spoke through a translator about going on outings with her son:

*The son, ah, if they want to go trapping or go out on the land they told the mum [participant] if they can take her to the land, you know, spend time there, you know, she's willing to, if it's been offered again by her son... she's been out on the land most of the time... When we ask her about going out on the land, she mentioned, she say she “ever, ever, ever like it.” She kept repeating... she's a hunter as well. As, you know, with her husband, wherever she goes on the land, wherever he goes out on the land, she travels with him. Going on hunting and that's the kind of person I am she said. Going out on the land hunting...*

Participants describe being on the land as bringing the best out in people. It is where story telling occurs and families gather.

*We let her [mother-in-law] go somewhere sometimes when it was warm out- fishing and by Honda because the lakes are really close. They really like it. And have a fire outside. They really know how to keep kids too. They talk to us so much. Sharing and teaching.*

Traditional living is interwoven with the northern landscape. Participants, especially those from the small communities, acknowledged that living a traditional lifestyle was the good life. They spoke about attending community feasts and events. Older adults enjoy sharing and taking part in

their communities. One participant from a small community stated “it’s good to hear them [elders] share because they need to. They have happy days, happy things that are in [community] for them to do. I do. So there are lots of activities in [community] for them to enjoy, like this [referring to the group meeting]. Another participant stated “we still have community feasts- so we pick up people and the food they eat is their own food”. Country food is salient to QOL. When visiting other elders in the nursing home, a participant noted “This one woman I went to visit said she was hungry. She gets lots of food at the home but she wants her own food. She wanted her own country food. She wanted me to cook for her”.

Values and beliefs are shared from one generation to the next. A participant said “We listen, you got to listen. That’s what my dad and grandfather taught us. Don’t answer back. Always help an elder or people that need help”. These are beliefs that they have sustained through their lifestyle. One participant described it like this “you die with those skills [traditional] because you’re hungry you never forget something like that and how to cook it. Every spring people go out and hunt geese”.

Participants spoke about maintaining traditions and keeping them alive “I order a whole bunch of deer hides and get together in the community hall and make drums...I work in the museum making snowshoes”. Another participant shared:

*It’s slower [as an older adult] well it also makes it much easier to work with the youth too. It takes them a while but after a while they begin to realize that elders are very important for them, because whether they want to admit it or not, a lot of them are seeking guidance... which, especially when something traumatic happens in their lives. One of my close relatives is like that right now. She lost her daughter and she’s finding it hard to deal with it because part of our family are heavily influenced by alcohol... So I told her that traditional way of dealing with problems like that is not to bring out the negative part of their lives when the children are there, to make it a point if they have any arguments to take it on the land. That’s the traditional way of doing things. They don’t things like that but they are very practical in terms of communicating harmony... My grandfather even told me he said the modern generation of elders don’t necessarily know everything there is. I mean they are in a position to know what’s going on but even because of the residential schools they haven’t been taught the really older ways of, that the elderly people had at one time. Some people [respected Elders] are still alive so it’s not as if it has been lost you know?*

Traditional knowledge is a significant part of the oral history and lives of older adults living in remote communities that are predominately First Nations, Inuit and Metis. One participant expressed it this way “Mine [the good life] is living the traditional way of life and I’m also very



happy in the Northwest Territories, we have a really strong energy”. Many participants speak in their indigenous dialect and this is their preferred way of expressing their stories. They are concerned that their languages are being eroded and worry that young people may lose their language. One participant from the Beaufort Delta shared a story about shared languages between Inuvialuit and Gwich’n as follows:

*Long ago, the Inuvialuit and Gwich’n they helped each other to learn their language. They learned each other’s language and talk and happy hearing and things like that. I heard long ago when a person had to go to court, and they didn’t want to send him to jail. They said okay you, Inuvialuit and Gwich’n, you work this out. They said, okay and they took him out on the land for a year or two years, and nothing happened, he was good. Nothing happened. He was good. Things can work out. But now it’s different. My grandfather told me before he died, “the world is going to change”. You don’t need money, just need a card. And I didn’t know what he meant. I thought, is he going crazy? But to think about it, you don’t even need money. And here it was a bank card before it came.*

Participants recanted that using your own language preserves your identity and is an important connection to cultural beliefs and values. One participant reminisced about her way of life as a young girl:

*...as for young [children], we use to watch our parents, what they do. Work around inside the house and outside, wherever they travelled. How, what type of work they were doing. We looked at them and we worked with them. That’s how we learned. We always watched them and when they, even when they, when our dads were busy and out on the land, so that’s when the mothers would be home alone with the kids so when the mother goes out to check the nets, she pulls it out of the water, even from the ice you know. And us, we would have to stand in the back to hold the stream with her, even when we were small we help our parents. And our elders, we know our elders, grandparents, great grandparents and our relatives, people that live among each other we know.*

Participants talked about maintaining traditions in the community to preserve culture. One participant said:

*Here, they are starting hand games and drumming, when they are as young as they should be when their about 5 or 6. That’s the time to learn, to have an appreciation for that way. So it’s not as if we are not trying to... uphold our traditional ways. Again, it has to do with practicing it. It’s not possible for an elder or even an adult to give good advice if they don’t follow it themselves.*

Participants talked about the role of leadership traditionally as follows:

*I was brought up in a leadership position. And what that also means is that a leader is not someone that goes around telling people what to do... Like a boss or something like that. What it is to remind people of their responsibilities. That's all it is. You are there to let people know, which way it, how it should be handled in other words. And it's a safe way for everybody that's involved. It's a good responsible way of living. But people that should be in a position to help out in that way are choosing a different way.*

**Safety and security.** Participants felt that living well included being safe and secure. Sub-categories under this theme include financial security and stability, good pensions, good health and dental care, housing availability and security, and food security. These elements all contribute to an experience of living well for some of the participants in this study. They shared that they had retired with pensions that were in addition to the federal old age pension. Many of these participants owned their own home and felt secure with where they were in their lives. They said “I’m content with my life” or “I am satisfied with my life” or “at our age, we have pretty well everything we need”. One participant put it this way “my house is comfortable. It’s warm in the winter and cool in the summer...I have more than enough income to provide for my needs”. Still another participant said:

*I have pretty good health. I have a supportive family and friends and I have enough money to live comfortably. I am not a millionaire but can afford to travel some and can afford (time and financial) to volunteer on three different committees.*

Having a good health care system with extended benefits for seniors was also described as contributing to a safe and secure environment. Other benefits are also available to older adults in some of our territorial municipalities. For example, the City of Yellowknife provides to older adults a parking sticker and a disability sticker to make parking easier. A participant shared contentment with her life in this manner: “I like that I own my own place so that I can make accommodations without having to get permission. And I like having the Baker Center and the social life in provides and I like having a disabled sticker”.

This is in contrast to other participants who describe barely getting by or not getting by without the help of community friends and neighbors (more about this in the next section). In other remote communities, participants described not having available housing, living in poverty, being exposed to violence and abuse, and feeling very insecure in their current situation.

**Table 2: Descriptions of Good Life/Living Well for Older Adults**

Themes	Elements
Social Connection and Support	Social Interaction Supportive Networks Sense of Community Love and Belonging Continuity of Generations Spirituality
Being Active and Independent	Physically Able & Mobile Good Health Engaged in Community Life Useful to Society Volunteer Work Attend Community Events
Traditional Living and Place	Connection to the Land Diverse and Hardy People Elders Traditional Knowledge Using Your Language Beliefs, Values and Ceremony Sharing Circles Elders and Youth Together
Safety and Security	Financial Security and Stability Good Pensions Good Health and Dental Care Housing Availability and Security Food Security

Figure 1: Good Life Affecting Older Adults









## Life's Struggles

There are many challenges to the lives of older adults in the territory. These were centered in the following six themes: “pitiful” times and transitions, cost of living, health concerns, housing issues, social isolation, and the environment and geography. These themes also intersect with one another.

**Pitiful times and transitions.** Participants, especially those from First Nations communities, conveyed the negative impact of historical and contemporary realities in their lives as “pitiful”. In the dictionary, pitiful has synonyms like pathetic, heart-rending, heartbreaking, miserable, and negligible. This is an apt word to describe the elements under this section that include participant’s struggles with losses (loved ones, health, choices in their lives), colonialism and residential school, loss of cultural traditions, changing family dynamics, leaving the community for care, lack of land use as they age, and elder abuse.

As older adults age, participants in this study described experiencing many losses that cause them overwhelming sadness along with change to their lifestyles. Several participants had lost partners and described the dramatic change of living alone while grieving the loss of their family member. Participants are also coping with physical changes to their bodies. Some spoke about loss of muscle and bone strength, a natural aging process, while other talked about chronic illness (such as Diabetes) and cancer. Sometimes it was not their experience of an illness but their role in supporting a family member with a change in health. For example, one Dene participant speaking through a translator shared:

*...There is one son that is living with her and he’s a diabetic and he’s the youngest one. He has a really high...It’s gotta be he’s using insulin. So he’s using insulin and on top of that he is taking medication for diabetes. Even him, I can’t even take care of anybody but I am taking care of him. Her son. He’s diabetic and she has to make sure that there’s food for him. He has to eat the right food otherwise he just drops. So even, she said, I can’t care for somebody but I’m too old for this. But I have to look after him she said.*

Participants from across the territory described the historical legacy of residential school as gravely impacting all aspects of their lives. A participant from the Sahtu explained it this way:

*Because of residential school we didn’t know how to love one another. But our ancient peoples knew. He knows! [referring to God] But I tell you we over stretch it because what we just ah, spoil our children or we are too hard on them I know I am one of them. It’s a learning lesson. We shouldn’t have to, nobody has to suffer because of a backed up toilet or whatever. Alcohol is killing us and drugs is killing us lady. We can’t do nothing about our children when adults they are so deeply in alcohol or drugs, no control. You*

*call the police, no. Go to the nurse, no. They are doing it to themselves and we can't do nothing so we just leave them as to where they are. Somebody is responsible.*

One Dene participant, when asked what was affecting his life in a bad way, stated “in a small community I would say the fallout from residential schools. It shows itself in the use of drugs and alcohol, especially with the elders”. As well, residential school is implicated in the traditional role of the elder. This participant went on to say:

*And largely because of residential school experience, people just don't feel qualified to exercise their traditional authority. No one has ever told them that their life is worth anything, you know? Nobody has ever gone out of their way to recognize them as leaders, as cultural leaders. There is only a few that can serve the purpose of leadership in a western sense. But in a community, every adult is recognized as a leader, as a cultural leader. Able to instruct the youth as a parent would you know? That's our way of doing things. Some are better than others at doing certain things so you go to one person that you know is good at one area and you go and spend time with them. A small enough community that people know each other quite well you know? But we do need to, when you think about something that is bad, you also have to recognize that there is a lot of good in people that they only have to have that recognized, appreciated by other people. It takes a bit of work to do that you know? Again, it has to do with not speaking negatively about people.*

Throughout many of the group meetings and some individual meetings participants expressed concern about elder abuse in their communities. One elder speaking through a translator told her experience:

*She said her kids ah they come around almost every day [sounds like it is elder abuse?(translator comment)]. They come around and ask for cigarettes, money, money, money, money, cigarettes, cigarettes, cigarettes, cigarettes nonstop just over and over again and if they don't get it, she doesn't have it, they get mad about it. That's the reason (inaudible)...she doesn't feel really good about it. Because she doesn't have you know, and she worries...She said um, it's just like it's going in a cycle with her kids just asking for cigarettes and money and stuff like that. She doesn't like it. But then back then we never bothered our parents for cigarettes or money. You know, we did, they were raised on the land where they travel (inaudible – background noise/chatter)...so why would we bug our parents for cigarettes? We don't need money. When we ask, when she asked her dad for money, they gave her 10 cents and that was just the size of a button and they would buy toffee with it around this size toffee. And (inaudible)...they play outside, and later on they would ask the dad for money again and he would have his wallet and this*

*time around, when he asked for a second time, he gave her 25 cents. 25 cents is lots and lots, big money for them. But right now it's their kids bugging them for all, you know, the cigarettes and money and she really, really didn't like it...She started to ah, get mad about, you know, all this situation and her son comes along for cigarettes and money and now, she is starting to get into arguments about it all the time...*

Another participant stated that seniors are preyed upon and then questioned why this was occurring:

*But there are cases where the seniors are preyed upon. I think sometimes that's cultural um...goods and services and so on are communal...where if they belong sort of to the community, and you sort of help yourself to it [finances], or you feel it is okay to help yourself to it.*

**Cost of Living.** Participants are worried about the escalating cost of living. This concern was felt by many participants in both the regional centres and remote communities. In the small communities older adults feel they have shared their concerns about the escalating costs and that their concerns are falling on deaf ears. This has made them distrustful of officials and us as facilitators of this study. They are fearful that no action will be taken. One participant stated:

*We talk about the vegetables. It's rotten when they bring them here. We address it to them [leaders], and then prices never change. And then we ask to lower the prices but we haven't seen it. It's coming up more and more. Cost is more. How many governments? We address and readdress. We always, they tell us, we will make changes for you. And now we have this lady [researcher], she's writing for us. What's going to happen to that? She might throw it away or burn it (laughs).*

Some participants are putting off their retirement because they are worried that they won't be able to afford to live here. In Yellowknife, a participant stated:

*I just want to say that what concerns me for the future is the cost of living because I do want to retire, but oil keeps going up and we had a brutal winter last year just because of the length of the winter and how cold it was, the oil costs were quite high. So cost of living would be a big concern...*

Many participants in the remote communities describe their situation as one of poverty. One participant urged us as facilitators "...You're the one that carries our message. Poverty, poverty. You don't know the poverty these people live..." They find the pension money does not last and it is their only income. Sometimes, it is income for the pensioner along with their children and grandchildren. Participants also shared that caring for an extended family on a pension cheque is a financial, emotional and physical burden. One participant described her spending through the

translator in this way:

*They pay, they charge groceries at the northern store and then when the pension comes in, whatever they charge, they have to pay. For me, if they pay, if they charge maybe, \$300-\$400 for the whole month, then they would have to pay the rest. But with every money, the amount they get from each cheque, they have to pay rent, power bills. It sometimes it only lasts a day... For the pensioner that comes in it only lasts a day because of um, even they, she said she has grand kids and other kids that comes around to do the garbage for them because they can't do that all by themselves. So to cleaning around the house they pay kids with that money and also, you know, their grandkids, they need money so they give them a little bit of money to provide for like pop or whatever. And so that money, it doesn't even last. So it can be spent in one day.*

Another participant agreed sharing a similar story:

*She lives in a government house and whenever the cheques comes in, it's never enough because when it comes in, she pays for the rent and other bills like power bills, phone bills and then groceries and also when, you know, she has grandchildren comes around they give a little bit here and there. They feel pity for the little kid, their grandchildren. So they do that but the cheque that comes in, it doesn't last two weeks.*

One participant went further to describe a widening gap between those that have money and those that do not:

*I see the increasing ...income gap in the territory and the division between people with very little and very much...and as it becomes more pronounced, I think people at the bottom end of the scale are expected to make due more and more...the harsh reality that many people in the territory face.*

They reminisce on how things used to be. Through a translator one participant reflected:

*Back then before, when she was a teenager or before you know, she was really young before her moon time you know, monthly, she would get really mad she remembers that back then her granny and there's three elders that are really old but she doesn't remember how old they would be. But somehow they got a government cheque and she remembers they got a cheque and when they opened it, it was for \$8. And boy they were some happy. They never seen that much money before from government. So what they got was tea, flour, sugar, oats, rice and whatever they could get, maybe lard. Whatever they used. That's how much they got with the \$8. And then she knows that, she remembers that when a lady, a person get a child tax, that was \$6 for the whole month and that would last. She said she got her cheque \$6 I said, first time, with the child tax.*

They talked about the high cost of food today in the small communities and how that affects their ability to maintain a healthy diet. For example, one participant stated “I don’t know how somebody on a minimal income can feed themselves in a healthy manner”. They worry about the quality of their food. A participant said “a four litre jug of milk is 7.34. And the fresh food here... The fresh food is not fresh... The fresh food in the stores it doesn’t last any more than three-four days”. Many participants talked about country food and how that is a part of their diet. As they age though, they worry about how they will get access to their food. It costs money for fuel for the skidoo’s for hunting in the winter and for the motor for the boat for fishing. One community that we visited talked about the sharing of country food with the entire community. The participant said “we get moose and caribou...everybody shares in town...somebody shots and they share it all around. We do fishing all summer and we share with other people”.

Participants also are fearful of their future in relationship to this rising cost of living and their inability to finance their expenses. One participant stated:

*So the expense and that worries me a bit about how comfortably I am going to be able to live. As I, even I do (pause), I like to spend my money how and when I need to and I don’t want to feel too constricted on that. So I am trying to be generous in the extra amount of money I will need on top of my pensions...*

Another participant shared “I had a period of ill health...I wasn’t well insured. I lost property so I don’t own my own home and my ability to save enough to retire here among friends is a concern”. Others shared that their pension does not cover their current cost of living.

Some participants have made their home in the territory but still have aging parents living in the south or their children have moved south and the cost of travel is a hardship. For example, one participant specified “the distance sometimes from um family. That could be a negative. Especially last year, my mother died. It was hard getting back and forth, she was ill for a while so I was going back and forth for a while, to get down to where she was”. Airfare is expensive and transportation is also not always available.

Participants described rising fuel bills. For example, one participant said “one month my fuel bill jumped from a dollar, what was it, a \$1.06 to a \$1.37, in one month”. Another stated:

*The gas prices at the pump the last year? At the Esso it was \$1.33 I believe over the last year. It used to be we would kind of go up and down with the southern prices maybe 10 cents a litre or more, and in the meantime I was in Saskatchewan two or three times and varied between a \$1.09 and \$1.19 whatever and ours stayed. And then of course it jumped up to a \$1.44 now but no fluctuation...*



Another participant shared these thoughts:

*I get a fuel subsidy but then I've never had that big of a bill and I live by myself in a small home... There's subsidies available if you are under a certain amount. 44,000 a year income....That's penalizing seniors that got more money... Basically ageism... If you own your own home... We call it ageism...One of the things that came up at the senior's was that people who are renting that are under the income threshold couldn't access a fuel subsidy. It was asked legislative people to follow up on it and since I have contacted both MLAs and they are sort of following up on it. So that may be a change because currently it is not available to renters that I know of and I talked to (name) and (name) said I just tell people to go and apply. And I said well what's the result? She didn't know what the result was.*

Participants also are concerned about the cost of maintaining and repairing their home. One conversation that several participants took part in went like this:

*The maintenance costs. If you are a handyman then it's not so bad but if you have to hire, if you can find ... Yea, that's the... If you can find plumbers and electricians and so on which are... It's anywhere from \$50 to \$75 an hour for them... That's bottom price...Subsidized housing gets subsidized maintenance also so people who can get subsidized fuel can get subsidized maintenance so those of us who don't get the fuel subsidy certainly don't get the maintenance subsidy.*

Whether you live in a regional center or in a remote community, poverty is affecting older adults. Some participants feel that subsidies are managed inconsistently and unfairly.

**Health concerns.** Participants talked about health issues they are currently facing and changes to their body as they age. As one participant said a good life occurs “if my aches stop hurting”. The health concerns of the participants in this study included alcohol and drug addictions, chronic disease and disabilities, falls and injury, pollution of country food, anger, mental anguish, and ageism and cognitive failings.

Alcohol and drug use is a serious problem affecting the health of older adults. As several participants told us, it is not just a young person's problem. Many older adults have alcohol addictions. Bootlegging was identified as happening throughout the territory. Many older adults attribute alcohol use to residential school. One participant told her story like this:

*I got into alcohol...but through counselling the alcohol was there to numb some of the pain that I experienced not so much through residential school but through the church. You know the Catholic Church that I used to go to, and with the nuns. And I just about committed suicide, I don't know maybe two times. One very close but I couldn't handle*

*the pain. So if it wasn't suicide it was drinking, drinking. This so, I can really understand the people in town here. To understand them to why they are the way they are.*

Participants are also concerned that there is little education about the effects of drugs and alcohol in the communities. Older adults are afraid when people are “drunk” or “high” and as one participant said:

*...our people have one heck of a time to put their own kids in jail. And they wouldn't kick them out of their own house. They have a hard time to do that. There is just no housing. And another thing I feel sorry- people are getting old and there is too much noise- and they got about three families staying in their house...*

Participants are also concerned about treatment options for people with alcohol and drug problems. As one participant suggested, they “will suffer in silence...really they have nowhere to go when they are in desperate need for help”. This participant went on to say that society is turning a blind eye to what is going on with alcohol use and behaviours associated with it. “It’s becoming more and more acceptable that people will turn their eye to an elder being abused as soon as their cheque comes in by their children because their grandchildren are addicted”. This resonates with the prior section on elder abuse and the complexity that occurs within families trying to cope with the intersection of poverty, no employment, no housing. Alcohol use is a mental health issue that occurs as an outcome to their social condition.

As mentioned in the good life, good health allows older adults to be active and independent, so anything that is affecting their health is of concern to older adults. They are concerned with diseases that affect their mobility and their mind. Participants are also concerned about lack of information about their health care benefits and how to access those benefits. Older adults need to know how and when to apply for certain benefits. A participant provided this story:

*I really appreciate the Blue Cross dental benefit that kicks in but I mean you have to apply for it. But something that baffles me is when you reapply for your, you know when you have to renew your health care, nobody told me that you have to reapply for the dental, until I got a bill from my dentist and I phoned them and I said what's this about? And they said well you have no insurance. I said, well I did last year. He said yea well we billed them and it came back that you are uninsured. So I phoned Inuvik and they said well you didn't apply for it.*

Participants experience ageism that is of a varied nature. Some participants perceived lack of focus on older people in the territory because of the young population base and they question whether the health care system will be prepared to meet the needs of older adults. Some

participants see that there are not enough resources to go around and perhaps they are being pushed aside. “It’s in your face. You’re obviously older. You’re not worth anything”. Some participants talked about the assumptions that are made when they went to the health centre because of their older appearance. One participant stated:

*...they said oh you are seventy years old and I said yes, are you usually on oxygen? Do you walk with a cane?...And I was like there was nobody who knew me...I was treated like I didn't know. And when I told this to one of the teacher's at school, he said when his father was very sick and he had to take him in and they said to him your father is in the early stages of dementia. He said I don't think so. And they said yes, you just haven't noticed the symptoms. He [his father] wasn't. It just was that his father was very sick.*

Ageism is happening to older people who stay employed for longer than the traditional 65 years of age because of the cost of living as described above. Participants explained that is not good to share your actual age with people for fear that you will be ostracized. Some participants talked about how they are marginalized and feel pressured to leave work:

*As you creep up there, you know, everybody [asks] okay when are you gonna retire?... a lot of times you know people kind of want you to go because they think you can't work over a certain age...you're taking it [the job] away from younger people*

**Housing issues.** Participants in this study overwhelmingly agree that there are numerous housing issues in the territory. This is a key concern for them. Not only is there not enough housing, there is inadequate housing. On top of that as you age and need some sort of assisted living, there are not enough services in place to care for our older adults. Even if you could access service and other housing, you need to sell your home to have funds to move into an institution and as one participant said:

*We couldn't sell a house for love nor money in Hay River so even if we could sell it, we couldn't move to a building. So we are sort of in a catch 22 situation because of demographics on the housing needs. Because we probably all have equity in order and if we all got together we could build the building we want and our equity is gone then and our house is empty and we are paying fuel for that. So there is a crisis in Hay River that needs to be addressed in the next 5 years for sure. But going back to the \$50,000 to \$75,000 that we are worth to the government, maybe they better come up with a solution or help to work on a solution.*

Many older adults came to the North to work and their plan was to stay for a few years but they had their children here and made their home here, so they have settled here. Some of them are

single and worry about where they will live and be cared for. This story from a participant in Yellowknife resonated with many older adults in the room:

*I won't be able to wait 20 years, and that's the waitlist to get into a place like that [Avens] right now. So, I have not had my own home for about 10 years, and for a number of years, I've been house-sitting and I have a very good job, but not enough resources even as a full-time employed person to be able to afford rent. And as I age, there is no place for me to go...that's frightening for me because I want to stay here...I don't really see viable options for housing for people in my particular situation. I'm probably in a situation where a lot of women are single, older, disabled, there is no emergency housing for us, there is no permanent subsidized housing for us. As I look around this room, there are a good 10 to 12 of us that could use it in the next few years and there is nowhere.*

Many participants agree that there is a lack of senior's housing. They are also worried that they will have to leave their community when they are no longer able to be independent. Older adults in this study are worried that they will die alone with no family or friends around them. A participant from the Beaufort Delta stated:

*People should be home when they are dying. When we are in the hospital, residential school, they took our young kids away and it broke up our home and everybody turned to alcohol. And they say, what's wrong with us? And now the same people are being sent into the dementia place- the same place that was taken away hostile are now sent back into these institutions to die. Sure we may need these institutions but we need them at home.*

There are many rules about who can access subsidized housing that frustrates and causes hardships for families in the territory. There is homelessness in the communities and some older adults believe that the rules and restrictions put upon their housing contributes to homelessness. Using a translator, one participant shared the following:

*...children that are living with their parents and if they are working, then the housing charges them a higher rate for the housing and then most of them in our community are homeless. They should look at that part because even as elders they look at our kids that doesn't even live with us, that's homeless and they won't allow them living with them and that's, you know, that's a really main concern for them and they are worried about them even though they love them, they couldn't bring them in and that's the hard part. Looking at them homeless. Ah, she mentioned about she's 87 years old and it's hard for her to take care of herself, to be alone. She gotta have her grandchildren to look after her.*

Another participant stated:

*The other thing is property tax rebates. Um, if two people in the house they're different ages and usually you don't marry somebody the exact same age as yourself, they penalize the older person when they reach 65 because they do not give tax subsidy for that household until both adults are 65.*

**Social isolation.** Many participants (39%) in this study lived alone. They are lonely and some do not have a social network. They struggle with having no one to share their “day to day problems” and a way of having a thorough assessment by a family doctor or nurse who knows them. One participant described it this way:

*And in my case, I have to struggle with that aspect of my life alone [getting older] unless I spill all my problems onto [name health professional] or someone else and say this is what is happening in my life and what do I do, I don't find they are of assistance. I don't find the help at the clinic...I think what we are looking at is an example of in Denmark they have sort of a system in their health system where every senior gets to a certain age receives a complete assessment.*

Some participants who had lost their partner also had children now living in the south. They no longer have immediate family in the community and as one participant said “feels all alone now that his wife is gone”. They then rely on their church family or informal relationships they have in the community, but they feel there is no one to take care of them as their health deteriorates. Loneliness and social isolation is not just because there is no extended family present. One participant shared that elders are not being visited by their grandchildren and many of them are single now:

*Most of them, you know, a lot of them are single elders and they are just dying of loneliness. Because I know they have young children or grandchildren but they are out running around doing their own thing. Then when you are alone and you are thinking about, wishing to do this, you know memories coming back, it leads to stress and worries and a lot of sickness. I think that's the main, main thing to, stress and loneliness that create sickness because you have no control over your mind. The way you think.*

Older adults are worried about their future as they age. They are worried that they will be overlooked as a “person” or as the person they once were. This is another factor of social isolation that older adults are fearful about; that is, that professionals or caregivers may only consider where you will be placed not who you are as a person who has lived a full life. A participant illuminated this as follows:

*But what happens when you can't look after yourself? When you get to that stage where somebody either has to look after you or get to level four or five, you know. Then what*



*happens? Sure you can sell your house, but what happens to you. It's not the house that's important, it's the person living in the house.*

**Environment and geography.** Not only are the remote communities isolated, they are underserved and poorly resourced. There is limited transportation for elders in the communities. Older adults are concerned about environmental conditions. One elder said the following:

*I want the government to know how it is around town with people in our community because our road is just gravel and mud and our seniors you know our elders that walks around town could fall and hurt themselves. The government can't do anything for us. We need more sidewalks you know.*

These same concerns presented in another way in a community that had paved roads. A participant was also worried about falling but related it this way:

*In the winter time the streets are icy and they are not necessarily cleared well enough for people with mobility issues to navigate and that is a problem... but if you have to be actually walking outside... it would be good to have more sanding or ice removal of some, however they can do that.*

Still others were worried about particular aspects of their environment. For example, an older adult shared:

*I would like to speak as someone has mentioned, water quality. In the small communities, we have trucked in water. And sometimes, we seniors need to have our tanks cleaned. If you own your own home, you need money too. Someone needs to climb into your tank and clean the water tank.*

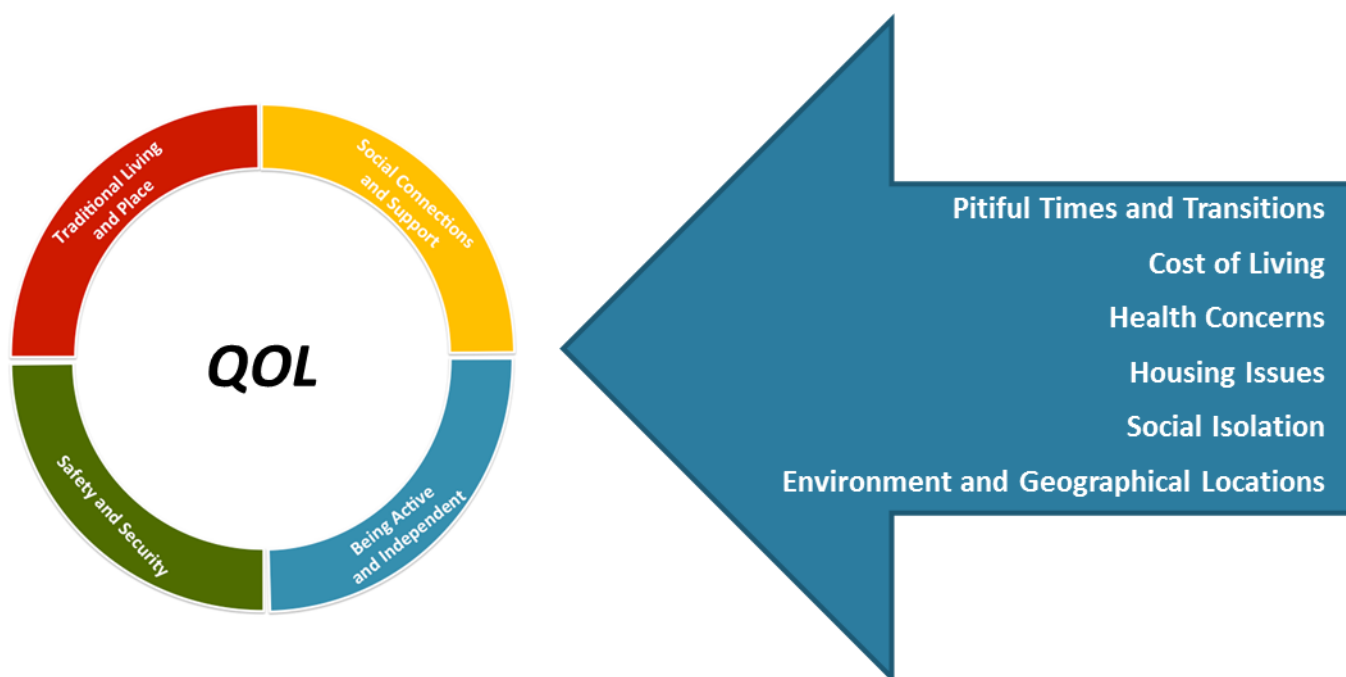
**Table 3: Descriptions of Life's Struggles for Older Adults**

Themes	Elements
<i>Pitiful Times and Transitions</i>	Struggle with Losses (Loved Ones, Health, Choices) Colonialism and Residential School Loss of Cultural Traditions Changing Family Dynamics Leaving Community for Care Lack of Land Access (Fish/Hunt) Elder Abuse

Cost of Living	<ul style="list-style-type: none"> <li>Fixed Incomes</li> <li>Poverty Widening Income Gap</li> <li>Inconsistent Application of Subsidies</li> <li>Expensive Airfare</li> <li>High Fuel Costs</li> <li>Food Availability and Cost</li> </ul>
Health Concerns	<ul style="list-style-type: none"> <li>Alcohol and Drug Addictions</li> <li>Chronic Disease and Disabilities</li> <li>Falls and Injury</li> <li>Pollution of Country Foods</li> <li>Anger, Mental Anguish &amp; Ageism</li> <li>Cognitive Failings</li> <li>Accessing Health Care Benefits</li> </ul>
Housing Issues	<ul style="list-style-type: none"> <li>Homelessness/Squatters</li> <li>Affordable Accommodation</li> <li>Limited Seniors' Housing</li> <li>No Home Care</li> <li>Lack of LTC Beds/Home Care</li> <li>Overcrowding/Unsafe Housing</li> <li>Lack of Housing for Special Needs</li> <li>Inconsistent Use of Subsidies</li> <li>Disparity between Rent &amp; Owning</li> </ul>
Social Isolation	<ul style="list-style-type: none"> <li>Loneliness</li> <li>No Social Network</li> <li>Underserviced</li> <li>Lack of Trust in Systems</li> </ul>
Environment and Geographical Locations	<ul style="list-style-type: none"> <li>Cold Weather/Long Winters</li> <li>Clean Air and Water</li> <li>Power Outages</li> <li>Icy Streets/Uncleared Sidewalks</li> <li>Unpaved and Muddy Roads</li> <li>No Sidewalks</li> <li>Lack of Wheelchair Access</li> <li>Transportation Concerns</li> </ul>

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**Figure 2: Life's Struggles Affecting Quality of Life**



### **Current Needs for a Better Life**

The third research question asked older adults to identify anything they needed right now in their lives in order to make their life better. In the previous research question, many participants had already identified things they needed to improve their life. When asked the question about current needs, one common answer from participants was support. As discussed, participants identified a lack of resources and supports in their community to care for self and family (see *Life's Struggles*). This includes a lack of support from various agencies (for example water and oil delivery) and a lack of honest tradesmen to assist with home repairs and renovations. Participants also voiced their concern with having inconsistent health care providers which can impact the delivery of health care by temporary health care providers lacking a connection with the community. Many participants shared their concern with the lack of long term care beds in their home community and expressed the need for good long term care delivery throughout the territory. Participants also shared the need for senior's centres in every NWT community, where seniors could gather to socialize or host gatherings or meetings.

Financial needs were also identified. Older adults voiced that with the increasing cost of living and changes to the income distributed by pension cheques, more subsidies are needed to

help older adults live without poverty. Several respondents from one focus group voiced their displeasure over limited transportation in their community. Participants shared a bus is needed in their community and more money was needed to run their community's "handy van" on a consistent basis. One participant shared the following:

*As we are all getting older, we are going to need more transportation for I know in time I will not be able to drive my car. People in the old town will not be able to drive their car. Right now all we have is the handy van and cabs. So at some point in the future we are going to need some sort of system to transport people from the old town and maybe from the reserve, west channel, so we can get to the hospital, or pharmacy, grocery stores. We need more than the handy van eventually.*

Participants also shared that they did not need anything right now in order to make their life better. Some participants voiced their satisfaction with their current housing, family support, financial state, and health. One participant voiced that continuing to be respected as an older adult and "respecting elder's needs" is something they hope continues.

### **Changes over Thirty Years**

Participants identified four changes that they have noted in the territory over the past 30 years. There has been an increase in infrastructure support, increase in drugs, alcohol and crime, technology and communication, and increase in the population in Yellowknife. Participants also shared personal changes they have experienced over the last 30 years.

**Infrastructure support.** Some participants shared a perspective that there has been an increase in infrastructure such as paved highways, the building of Deh Cho Bridge and Inuvik to Tuktoyaktuk highway, schools, and recreation facilities. One participant shared:

*Oh the main thing was the road in here [to community]. You know, our all-weather road. It was supposedly all weather, it's still a few sections, few kilometers to be paved, but that made a big difference...the food, the buildings, the schooling, the dock, the wonderful doctors that we have here, the hospital, the college...*

Although some participants have this perspective, there continues to be a deficit of community public infrastructure with the remote and isolated communities compounding the expense for development (GNWT, 2004).

**Increase in drugs, alcohol and crime.** Participants voiced their concern over the increase in drugs, alcohol and crime throughout the Northwest Territories. One participant described the magnitude of bootlegging in this way:

*I guess alcohol and drugs you know, the priority for everything that is in our community. It's always been like that. We tried different ways of trying to control it, all the booze*

*coming into our community, but it's a hopeless case...and you can't expect those RCMP to stay on the highway waiting, and everyone knows the bootleggers...at one time one guy told me, he said "every second house is a bootlegger."*

This concern is substantiated in government documents (GNWT, 2013).

**Technology and communication.** Participants have noted an improvement in their ability to communicate throughout the territory by internet access. In contrast, during one town hall meeting, several participants were concerned about losing camp sites because they have to now book online. A participant elaborated the following:

*It's totally ridiculous this bit about camping. We want to book up here we got to book online to book down the road. And then it doesn't always work. I know people who have booked a site, paid for it and then said no sorry, it wasn't available. It was already full. After being paid for and said it was a done deal, then it was not. You can't trust it.*

Although improvements have been noted with increased technology and communication, there are also disadvantages as older adults attempt to live in an online world.

**Increase in population in Yellowknife.** The population has increased considerably in Yellowknife. As in other provinces there is a rural/urban migration to the capital city of Yellowknife. One participant provided the following comment on the population increase "the population here in Yellowknife is one really significant thing. When I came here I think the population was about 8,000 people. It was small. There were I think two street lights in town you know (laughs)". With this migration there is an increase in the city's homeless population which is multiplied by the increasing cost of living and lack of affordable housing.

**Personal life changes.** In response to this question, participants shared personal changes they have experienced in their life. Examples shared include children leaving home, birth of grandchildren, retirement, death of spouse, declining health, development of chronic disease, and relocation of family and friends. Not all examples shared were negative. One participant pointed out the following "you know if there was any changes in the last thirty years that's positive, I got a dog team, I got a skidoo, I got a truck, and I got married (laughing)".

Throughout the town hall meetings, focus groups, and individual interviews, older adults laughed a lot and lightened the conversation with gentles pokes to each other in their conversations. In this question, about what they need right now, one participant shared "I don't want to get older" with laughter and the entire room laughed as well. There is a shared joy and comfort being with each other that was palpable to the facilitators.



## Limitations

There are 11 official languages of the NWT. We required translation in the communities of Behchoko and Fort Good Hope. In Behchoko, we had interrupted translation rather than spontaneous translation which took place in Fort Good Hope. This slowed the flow of the dialogue and at one point the demographic form became an interview tool which produced stories related to the demographics. One participant left the meeting because the process took so long. Participants were given a choice to fill in the demographic form that captured their individual information. At the town hall or focus group meetings some participants chose not to complete the demographic information. We had a larger number of participants than are reflected in the demographics (10+).

## Discussion

This study highlights the influences on QOL for older adults in the NWT. The NWT Seniors' Society wanted to hear from older adults in the territory to carry their concerns and views forward to the government and to develop a meaningful strategic direction that advances issues of older adults. In this regard, the NWT Seniors' Society has celebrated thirty years as activists for the livelihood of older adults<sup>1</sup>. As nurse researchers and educators, we wished to learn about the QOL of older adults to understand and address their health care needs in a meaningful way within our practices. As well, we want to generate and translate knowledge about older adults and their perception of their QOL to students within our health programs. In addition, we wish to assist the NWT Seniors' Society to take action on the outcomes of the study. As a collaborative team, the NWT Seniors' Society and Aurora College faculty, gained a greater understanding of this cohort of Northerners and stimulated health of older adults through the dialogical processes within the study. Town hall meetings create political action at the grassroots level and also hold a significant place in the healthy cities movement (Designing Healthy Communities, 2014; Leddy & Ormrod, 2010).

Many participants in this study were members of the NWT Seniors' Society who came to the town hall or focus group meeting as a representative of a senior's group in their community (especially those from the regional centres) or they were interested community seniors who wanted to share their views on what was influencing their quality of life. There are currently 4500 older adults 60 years of age and older in the territory (NWT Bureau of Statistics, 2014). In this study, we completed demographics on 92 participants and within this cohort 90 percent are over 60. Although this sample was purposive and was not intended to represent all older adults of the territory, it does demonstrate the perspectives of a large number of older adults. There is cultural representation of 40 percent Dene older adults.

Influences on QOL included social connections and support, being active and independent, traditional living and place, safety and security, pitiful times and transitions, cost of

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<sup>1</sup> The NWT Senior's Society have a web-page found at [www.nwtseiorsociety.ca](http://www.nwtseiorsociety.ca). There is evidence of the work of the society that demonstrates the achievement of their goal "seniors working for seniors".

living, health concerns, housing issues, social isolation, and environment and geography issues. The first four influences led to what older adults described as the good life while the later influences challenged QOL. These influences are comparable to influences on QOL in an earlier study by Bryant et al. (2004). In a national study involving seven Canadian cities and using similar methods (focus groups and individual interviews), Bryant et al. (2004) explicated the following findings: access to information, health care, housing, income security, safety and security, social contacts and networks, and transportation. Cultural differences were captured in this report that are absent in the Bryant et al. study. The significance of traditional living and place to indigenous people in our territory is well known within the traditional knowledge literature. As well, the challenges to living a traditional lifestyle are described within the influence called pitiful times and transitions.

The participants in this study described the *Good Life* or *Living Well* aspects that influenced their QOL around four themes: social connections and support, being active and independent, traditional living and place, and safety and security. Three of the themes (social connections and support, being active and independent, and safety and security) are similar to what is found in the literature on healthy aging (Beckingham & Watt, 2006; Sheets & Gallagher, 2013; Touhy, Jett, Boscart & McCleary, 2012) and healthy aging in place (Bacscu et al., 2013; Gardner, 2011; Wilson, Rosenberg & Abonyi, 2011). According to Bacscu et al. (2013) in a study based on findings from two rural communities in Saskatchewan, healthy aging in place centered around five key themes that included social interaction, keeping active, independence, optimistic mental outlook and cognitive health. These authors recognize that knowledge of cultural and contextual distinctions will inform appropriate interventions for older adults in rural settings and that consultation with local communities is fundamental and necessary to develop effective strategies for healthy aging in place. We also found that communities in the North are distinctly different and that the process of conducting town hall meetings with local people not only allows them to tell us about their situational needs but it provides an opportunity for older adults to meet and interact with each other. Thus, this supports their social connections and support of each other. Something the participants in this study identified as influencing their QOL.

Garner (2011), in her grounded theory study about neighbourhoods, demonstrates how people and places are connected in natural neighbourhoods. She suggests that the people are connected through “places of proximity, relationships of service and relationships of chance” (p. 269). These themes about neighbourhoods relate to living in our regional centres where there is a more diverse populace, many people are southerners who have relocated to the North and have made it their home. Many participants from small communities in this study connect through traditional living and place. This may also be described as a place of proximity but it is so much more than that. The land of First Nations, Inuit and Métis people has been described in terms of spirituality (relationship to the land as living and a place of healing) and specific places as sacred

to indigenous land use and travels (Parlee & Furgal, 2012; Prince of Wales Northern Heritage Centre, 2006). By exploring the anthropological literature, especially the work done in the Canadian territories (Andrews, Zoe, & Herter, 1998; Cruikshank, 1998; Legatt, 2007; Ridington, 1990; Scott, 2007) the relevance of traditional living and place to quality of life is made known. These studies are focused on the distinct cultural group as a whole.

There is little to no literature about aging in the territory specific to the distinct groups of people who live here. Collings (2000) wrote about aging in terms of life course stages and transitions in Holman Island (Ulukhaktok). “Ihuma” or wisdom is a particular trait of the older adult and attribute of an elder that is viewed as intellectual development. Collings (2000) demonstrates that despite the tremendous transitions that have occurred in the North, these beliefs have carried on. Elders in Ulukhaktok have accepted the chronological age of 50 for an Elder. There were financial benefits to being ascribed “Elder” since elders received funds from the Inuvialuit Regional Corporation at this age. Over the years these funds have been reduced since many 50 year olds are still wage earners. Collings (2000) goes on to describe how chronological age has taken on importance because it is financially beneficial for them in terms of old age benefits. Many elders and community members do not measure this life stage in terms of chronological age but rather in terms of maturity. It would be most interesting to identify the life course stages and aging in other cultural groups in the territory.

The Health Council of Canada (2013) describes First Nations, Inuit and Métis seniors as being the most vulnerable of all Canadians. This was confirmed in this study where we recognized the disparity between seniors living in the regional centers as compared to those (mostly First Nations, Inuit and Métis) living in the small communities of the North. QOL in the remote and isolated communities is gravely affected by limited resources, services and social determinants, for example, poverty, health literacy, low income, and so on (Canada Without Poverty, 2012; Moffitt, 2008; Parlee & Furgal, 2012; Wilson, Rosenberg, & Abonyi, 2011). Well-being, which one could argue is a component of QOL, is jeopardized by environmental, socioeconomic, cultural, and political considerations. Indigenous participants voiced their concern with pollution (air, water, food) and their limited access to going out on the land. Traditionally, indigenous northerners have a strong connection to the land and the healing nature of the environment.

The cost of living is a predominate concern of older adults across the territory. The GNWT have heard these concerns and have created a strategy to eliminate poverty in the NWT (GNWT, 2013). Despite these initiatives, the situation of economic disparity is great. Dennis Bevington, MP for the Western Arctic, has identified that the income gap is growing and more government resources are required that are better designed to meet the needs of Northerners (Wohlberg, 2013). As well, researchers that met at the “Pathways to Prosperity” conference in Yellowknife in 2013 highlighted the economic disparities of the North in particular contrast to

the rich mining resources. Irlbacher-Fox (2013) has linked the concepts of economy, governance and social suffering. She believes that social suffering is a product of colonialism, history of residential schooling, racism and social consequences, in relation to the adoption of policies created and regulated by government. This is seen mostly in the small communities. In addition to the lack of culturally relevant policy creation and direction, there is a trend in the NWT to centralize power. This recently occurred with the creation of one regional land and water board. Centralization is also being proposed by Health and Social Services to make one health authority. These governance changes are economically driven but touted in standardization discourse to improve communication between all regions. There is need to be innovative and equitable while developing strong relationships between all levels of government.

Older adults in this study identified elder abuse as a part of *Life's Struggles* affecting their QOL. According to results from a survey conducted by Lutra Associates (2011), 71% of older adults identified abuse of older adults as an issue in their community. Financial abuse was found to be the most prevalent form of abuse of older adults in the territory. Older adults described alcohol and drug addictions as further compounding this issue. Owen-Williams (2012) in a CBPAR study with First Nations in Northern British Columbia identified the need to develop a culturally appropriate screening tool for safety and abuse that can be used in health care settings. Davison, Ford, Peters and Hawe (2011) have described the community-driven alcohol policy across the three Canadian territories and noted the increasing regulation of alcohol as a means of control at the community level. We heard about this from elders when they described the "rationing of alcohol" as a local response to a homicide where alcohol was a major contributor to the death of a young woman. As well, older adults are concerned about bootlegging in their communities.

Social isolation is affecting many older adults in this study. From the demographics, 39% of older adults described living alone. Along with that figure, older adults identified that many feel secluded, lonely, and in need of socializing with others. Social isolation has been defined as "a state in which the individual lacks a sense of belonging socially, lacks engagement with others, has a minimal number of social contacts and they are deficient in fulfilling and quality relationships" (Nicholson, 2008). This is particularly true of older adults who have health challenges that have affected their mobility. Social participation (being occupied, actively engaged in society, goals in everyday living, ability to complete activities of daily living, meaningful relationships with other ) has been identified as important to QOL (Levasseur et al., 2009). Furthermore, social isolation needs to be addressed in terms of health promotion efforts that include education about the concept, strategies to prevent social isolation and political action to initiate policies (Kobayashi, Cloutier-Fisher, & Roth, 2014; Wilson, Harris, Hollis & Mohankumar, 2010).

Elders are particularly concerned about the environment and the proposed fracking in the Sahtu region to extract oil. They recognize the importance of economic development but want the government to investigate all aspects of fracking to make informed and wise decisions about the impact that this will have on the environment (Elders Parliament, 2014).

Ageism was experienced by participants in terms of remaining in the workforce, economic fairness, and treatment by society. Bryant et al. (2004) discussed ageism as a significant barrier to QOL through the way society views older adults as being useless, frail, dependent, and a burden. Indeed, Spencer and Soden (2007) identified the importance of dialogue about ageism and the creation of social policy that addresses healthy interrelationships across the lifespan.

Therefore, findings from this study are valuable to understanding QOL of older adults in the NWT. The research adds new knowledge to what is known about QOL in Canada and at the same time supports the published literature. Cultural diversity is an important consideration within QOL especially when exploring QOL of Northerners. We also must highlight the needs of settlers who have made the North their home. From the findings and discussion, we are able to identify several recommendations.

### **Implications and Recommendations**

The knowledge generated in these findings provides a beginning picture of the QOL of older adults and an understanding of what is happening in the communities accessed. Findings from this study also offer a glimpse of what is happening in other communities since some seniors who attended meetings in Yellowknife are from communities other than those targeted within this study. Knowledge translation and exchange of this report is a component of the CBPAR. To that end, we presented the findings and directions in Yellowknife at the September 8, 2014 Annual General Meeting of the NWT Seniors' Society. Further to that dissemination, we will seek funding to continue collecting data on QOL across the territory and working with our partner the NWT Seniors' Society. The implications and recommendations are discussed under four headings: advocacy, education, leadership and research.

#### **Advocacy**

The NWT Senior's Society has a strong history of advocating for older adults in the territory. Continuing to advocate for affordable cost of living for older adults is important. There are disparities between the regional centres and the remote communities that must be considered. There are subsidies offered within the territorial government but older adults feel that they are inconsistently applied, carry unrealistic rules that influence who can live in their household, and often older adults are not aware of these benefits. It would seem that access to information that can improve their livelihood is often found in web-based format. This method of accessing information is difficult for many reasons. Older adults lack computer skills and require assistance to access this information. Often the information is written in English and requires explanation



and time to interpret the meaning. Application forms are complex and literacy skills are required to complete. One also must have access to a computer and in some cases be able to get to a location, such as the Community Learning Centres, for this access and help.

There is a need to advocate for healthy communities for older adults that may be achieved through local community development initiatives. Communities are knowledgeable of their needs and through a community development process will identify what their community needs to attain healthy aging. Older adults need to feel safe and secure where they live. The physical environment must be addressed so that they do not have to worry about falls and injury. Older adults need snow cleared from sidewalks and roads. They need assistance to get around and this includes transportation geared to the needs of older adults (for example, wheelchair access). Elders spoke about the need for places to exercise and programs that are specific to the elderly. Lobbying for healthy public policy for older adults is required.

In the indigenous communities in this study, activities between elders and youth are considered a traditional means to transfer knowledge that builds on cultural identity. Community elders want to preserve their history and in the 2014 Elders Parliament a priority direction was to establish a cultural centre in each community where history and culture are preserved. Older adults spoke about the joy that community events bring. They need recreation and places to exercise.

There is a need to advocate for effective health services. In particular, older adults are suffering with alcohol and drug addictions along with others in their communities. They need programs that include good assessment, follow-up, and support to make a difference.

Participants acknowledge the work of the NWT Seniors' Society and vow to continue their advocacy work as a group of concerned citizens who have voice and value being heard. A participant summed up that sentiment in this way:

*I wonder if we seniors are real advocates in the exchange of ideas and what not. Yes, there is the good life. Yes, there are things that are really not good and need to be addressed. And I wonder if we can advocate, work together, speak as one voice, and we have this opportunity through this survey, we have the NWT Seniors' Society who are the spokesperson for all of us regardless of where we are, we need to speak as one voice and we need to be heard, and I hope very much that as a result of this exchange of ideas this afternoon as we start to realize that there are things this group can certainly address and be a voice in change. We have the avenue to relate through the Society with governments and ministers and so it's up to us to be heard.*

## **Education**

There is a lack of information for older adults in the communities across the territories. If you are literate and able, access to information occurs. However, many participants require assistance even to apply for the old age pension. As stated above, many services require application over the internet. In order to maintain their desired independence older adults need computer training to access information that is often only available electronically.

Older adults wish to keep abreast of changes in their territory. As with other adults, older adults and communities have a variety of learning needs and education sessions targeted to meet those needs should be developed in the communities. When possible education should be provided in their language, since language preservation is a concern. There were specific education sessions requested by the participants of this study including education about healthy aging, health and well-being, effects of alcohol and drugs and bingo, prevention of elder abuse and violence, and genealogy. They want to know how to best take care of themselves and their families. Education about elder abuse needs to continue across the North so that the issue is understood and strategies can continue to be developed to alleviate abuse.

In terms of genealogy, older adults would like to track their family trees and highlight all of their relatives. They believe this information should be shared with all of their relatives and communities should be direct and clear with children about their intimate relationships with each other. Older adults are concerned about the future health of their society if cousins, for example, are intimately involved and producing children with each other.

Older adults wish to learn more about managing finances. They want to know how to budget. There is a lack of banking services in remote communities but there are ATM machines. Some older adults do not know how to use these machines and also lack trust that their money is safely stored there.

## **Leadership**

The NWT Seniors' Society should have a presence in each community in the NWT. At the community level, older adults can and will develop innovative strategies to improve QOL addressing their unique needs. In every NWT community, there should be a representative for older adults in the local community government. There needs to be recognition of leaders and training for leaders across the territory. The role of the NWT Seniors' Society is in partnership with local community groups.

The NWT Seniors' Society is strategically positioned to create new and transform existing policy which impact the QOL of older adults. For the past 30 years, the leadership in the NWT Seniors' Society has been strong and this needs to continue. There also needs to be leadership built within the NWT Seniors' Society and to that end succession planning is recommended to keep the society moving forward. The leadership within the Society needs to

continue to focus on improving the QOL and health of older adults and recognize the importance of building partnerships with territorial and national organizations to help improve QOL. The importance of continuing to advocate and improve the livelihood of older adults in the NWT needs to be championed by the NWT Seniors' Society to government officials.

### **Research**

First of all, CBPAR is a valued methodology for research between the Aurora Research Institute and the NWT Seniors' Society. The success of this research method was beneficial for both organizations. There was increased participation of older adults prompted by recruitment efforts of the Society, attendance at regularly scheduled meetings, teleconferences and meetings to clarify direction at all stages of the research process. There does need to be more formal training of the research process between community members and academics. Secondly, town hall meetings are a successful strategy for building community involvement. In most NWT remote communities, these meetings cannot be conducted without translation services. We recommend spontaneous translation as the most effective means to keep the meeting moving without inhibiting the dialogue in the speakers' own language. Thirdly, CBPAR is action-oriented and as noted earlier is a means to take action at the community and local level. In fact, Minkler and Vallerstein (2011) identify the method as a means of addressing disparity. Campbell (2010) recognizes the CBPAR methodology has the potential to create and develop individual's knowledge and empowerment in order to promote health and well-being. Indeed, we believe it to be a decolonizing method (McGregor, Bayha, & Simmons, 2010) since it aims to build capacity through its use and afford participants control over their own issues. As we consider the recommendations from this study and interventions required to disrupt the inequities and disparities in our more remote communities, the CBPAR method is recommended. Through the steps of the process, CBPAR is health promotive and engages stakeholders to mobilize their concerns.

There have been very few studies conducted with older adults in the NWT. This means that a research agenda that focuses on older adults needs to be developed with decision makers, policy makers, community groups, and older adults themselves. The NWT Seniors' Society has established the NWT Network to Prevent Abuse of Older Adults (n.d.). Since this is an established network, it is a good place to initiate a discussion about a research agenda. When out in the communities the consultative work that has been completed by the NWT Seniors' Society, such as elder abuse, is evident. Older adults speak about elder abuse in their communities. In order to understand the complexity of the concept, the cultural considerations around the concept, and interventions targeted to combat it requires extensive investigation of the intersectionality of the social determinants of health and the elder abuse phenomenon.

In terms of research implications coming directly from this study, we would like to continue to explore the influence of QOL on the older adult with more communities across the

territory. Sharing circles may be more conducive than town hall meetings for our indigenous communities in terms of respect, consensus and sharing of information (McGregor et al., 2010; Rothe, Ozegovic, Carroll, 2009). We also would like to demonstrate respect to the communities by providing them each with a synthesized report about findings regarding their community through follow-up meetings. Community representatives have told us that too often research findings continue to be shared outside of their community rather than inside. In order to take action at the community level, older adults need to have ownership of their data and the analysis by the academics to activate their strategies. Smylie et al. (2009) described a process of knowledge translation with three Indigenous Canadian communities that could be incorporated to this end. This of course requires travel dollars so another recommendation is that as community partners we explore funding initiatives that will allow this to happen. In the long run, this will strengthen trust, build capacity, and develop healthier communities.

### **Conclusion**

This study offers insights into the influences on quality of life (QOL) of older adults. Influences on QOL were identified by the participants of this study as positive (social connections and support, being active and independent, traditional living and place, and safety and security) and challenges (pitiful times and transitions, cost of living, health concerns, housing issues, social isolation, and environment and geography concerns). Factors affecting QOL are contextual and in this study based in the arctic and subarctic, the cultural diversity of people who live here makes for distinctness unique to this part of Canada. There are also more disparate conditions in the remote communities. Through an understanding of these influences on QOL, we are able to provide implications and recommendations to take next steps in planning health care, policy direction, education to increase access to the information that older adults require, and research that provides more details and understanding of QOL in all of our communities.

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## **Appendix A: Research License 2013 & 2014**

Physical copies of the licenses are available from Dr. Pertice Moffitt.

The permanent records of the NWT Scientific Research Licenses 15212 (year 2013) and 15480 (year 2014) are available at [data.nwtresearch.com](http://data.nwtresearch.com).



**Appendix B: Public Service Announcement**

# NWT Seniors' Society

**PUBLIC SERVICE ANNOUNCEMENT**

February 27, 2014

FOR IMMEDIATE RELEASE

Contact: Barb Hood, 867-920-7444

**Re: Quality of Life for Older Adults in the NWT Study**

Are you over 50 and living in the NWT?

If so, the NWT Seniors' Society would like to hear from you!

Currently, researchers at the Aurora Research Institute are gathering information on the Quality of Life for older adults in the NWT, and how this has changed over the last 30 years.

We would like to hear about your experiences living in the NWT as an older adult.

If you are interested in offering your feedback, please contact: Barb Hood at the NWT Seniors' Society: 1 800 661 0878; [seniors@yk.com](mailto:seniors@yk.com); or Brianne Timpson at Aurora College: 867-920-3272; [btimpson@auroracollege.nt.ca](mailto:btimpson@auroracollege.nt.ca)

If you participate, your name will be put into a draw for a small gift from the NWT Seniors' Society.

- END -

## Appendix C: Demographic Tool



### Demographics Information

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You are **not** required to put your name on this form.

---

I was born in the year \_\_\_\_\_.

I am:

- Male  
 Female

The community/city where I live right now is \_\_\_\_\_.

I have lived in the NWT for \_\_\_\_\_ years.

I currently work full-time:

- Yes  
 No

I currently work part-time:

- Yes  
 No

I identify myself as:

- Non-Aboriginal  
 Dene  
 Metis  
 Inuit  
 Other: \_\_\_\_\_

I have a spouse/partner that lives with me.

- Yes  
 No

I have children that live in the NWT.

- Yes
- No

**If yes**, then: I have a child or children that live with me.

- Yes
- No

I have grandchildren that live with me.

- Yes
- No

I have other(s) (**not** including spouse, children, or grandchildren) that live with me.

- Yes
- No

I have future plans to move out of my community/city.

- Yes (**If yes**, where to? \_\_\_\_\_)
- No

My highest level of schooling was:

- I never went to school
- Grade school
- High school
- College or University

Your current yearly income (this can include you and your spouse, but **not** others) is:

- \$1000 - 10000
- \$11000 - 20000
- \$21000 – 30000
- \$31000 – 50000
- Greater than \$50000

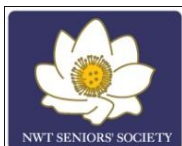
Do you own the home that you live in?

- Yes
- No

## Appendix D: Research Questions

# Are you over 50 years old & living in the NWT?

We want your ideas and opinions about *Quality of Life of Older Adults in the NWT*.



AURORA RESEARCH INSTITUTE  
A U R O R A C O L L E G E

1. As an older adult, what things make your life very good?
2. As an older adult, what kinds of things affect your life in a bad way?
3. Is there anything that you need right now in order to make your life better?
4. What is your most significant concern at this time as an older adult in the NWT?
5. Can you think of changes in the NWT over the past 30 years that have had a lot of influence on your life? These examples can be good or bad.

**If you are interested in sharing your ideas, please contact us!**

Barb Hood, NWT Seniors' Society, **1-800-661-0878**

or

Brianne Timpson, Aurora College, **867-920-3272**, or

[btimpson@auroracollege.nt.ca](mailto:btimpson@auroracollege.nt.ca)

## Appendix E: Informed Consent



### Consent to Participate

#### Community-Based Participatory Action Research Study:

Influences on the Quality of Life of Older Adults in the Northwest Territories

#### Research Team:

Pertice Moffitt, PhD, RN (Principal Investigator)

Telephone: 920-3062

Email: pmoffitt@auroracollege.nt.ca

Brianne Timpson, MN, RN (Co-investigator)

Telephone: 920-3272

Email: btimpson@auroracollege.nt.ca

Gloria Bott, MSc, RN (Co-investigator)

Telephone: 920-3370

Email: gbott@auroracollege.nt.ca

There will be one or two senior-level nursing students, yet to be determined, from Aurora College, Yellowknife Campus, on the research team.

#### Community Partners:

Leon Peterson, President, NWT Seniors' Society

Barb Hood, Executive Director, NWT Seniors' Society

#### *Background*

There are many people concerned about the quality of life of older adults living in the Northwest Territories (NWT). Some of the concerned people are leaders of the NWT Seniors' Society, health care professionals (for example, nurses), as well as older adults themselves. The purpose of this research study is for those concerned to work together to better understand exactly what types of things are important so that older adults in the NWT can live good lives. Some of the



information that comes from this study could possibly affect decisions made by politicians in the NWT.

If you agree to participate, you will be asked questions by the researchers. You may be asked to share your ideas in a small group (for example, at the NWT Seniors' Society 30<sup>th</sup> Anniversary meeting on February 28, 2013), or the researcher will hear from you alone at some point after the meeting.

All information that is collected from each group or person will be tape recorded, and then written out word-for-word. All tape recordings and notes will be locked up unless they are being analyzed by the research team or research partners. If you participate, your name will be kept confidential, if you would like it to be. Any photographs taken will be used only with your written permission.

If you want to stop your participation in this study at any time, you are free to do so, and, if you wish, all information you have given will be shredded or (if possible) returned. If you have questions about the study, you can contact the researcher at the above telephone number.

I \_\_\_\_\_, have read the information on this sheet of paper. My questions about this study have been answered to my satisfaction. I agree to participate in this study understanding that I can stop at any time and that no one will be upset, offended, or hold anything against me if I do. I agree that the information generated from this study may be published. Furthermore,

- I want to share my ideas, but I don't want you to use my name;
- You can put my name on a general list that says I participated in this study;
- I would be happy if you wanted to include my name beside the ideas I shared.

Participant: Signed by \_\_\_\_\_ on \_\_\_\_\_.

Researcher: Signed by \_\_\_\_\_ on \_\_\_\_\_.

## Appendix E: Summary of Delphi

### **Study Objective #1: Provide a rich background and context for the study topic with input from key older adults in NWT.**

Early in 2014, it was decided by the research team, with the support of our community partner, the NWT Seniors' Society, that we would approach this particular study objective using the Delphi method.

#### **Round 1 Delphi (May 2014):** Seven participants responded.

Barb Hood – Current Executive Director of the NWT Seniors' Society since 15 years. With education in gerontology and business, now a senior herself, she continues to provide strong leadership developing programs and services to meet needs of older adults in the NWT. She is been through the files/archives housed at the NWT Seniors' Society and has an excellent handle on its history.

Leon Petersen – A resident of the NWT for 50 years who joined the NWT Seniors' Society in 2000 after volunteering with a housing project for seniors in Fort Smith. He has remained passionate and active about seniors' issues. He is currently in his second term as President of the NWT Seniors' Society.

Esther Braden – A resident of Yellowknife for 50 years who served on the original NWT Seniors' Society board as secretary. She lead the team that did the first elder abuse workshops and developed public service announcements about this and other issues that affected seniors. The public service announcements were the first major promotion of the Seniors' Information Line; they are still used today. She has been an active member of the NWT Seniors' Society over its 30-year history.

Lois Little – Has a 20-year association with the NWT Seniors' Society. She has worked mainly on older adult abuse projects, but also with NWT Seniors' Society's board to facilitate strategic planning.

Beatrice Campbell - Has lived in Fort Smith for over 50 years. She retired from the health care system in Fort Smith and became involved with the Fort Smith Senior Citizens Society in the late 1990s. She has been an elected member on the board of the NWT Seniors' Society and was President of the NWT Seniors' Society in the early 2000s. Through some very difficult times during the NWT Senior Society's history, she forged good working relationships with governments at all levels. Along with others in Fort Smith, she was instrumental in getting new seniors housing for her community.

Kathryn Youngblut – A northerner since 1986 and long-time active member with the NWT

Seniors' Society. At one time, she stepped in and acted for almost a year as Executive Director of the NWT Seniors' Society.

Martha McLellan – Geriatric nurse and long-time Yellowknifer who is aware of issues facing seniors. As a senior now herself, she is an active member of the NWT Seniors' Society.

**Round 2** (June 2014): Six participants responded.

Barb Hood; Leon Petersen; Esther Braden; Lois Little; Kathryn Youngblut; Martha McLellan

**Round 3** (August 2014): An optional reply was requested *only* if participants disagreed with the final draft of the responses. Two responses were received: Esther Braden and Barb Hood.

### **Final Responses to Inform Study Objective #1**

#### **What is the story of the NWT Seniors' Society from the very beginning?**

Molly Lowe moved from White Rock, British Columbia to Yellowknife to be closer to her brother, Jake Woolgar, a well-known Yellowknife resident and one of the founding members of the NWT Seniors' Society. Molly has been described as a dynamic woman. Sometime in 1982 she became a member of the Halifax Chapter of the Canadian Concerned Pensioners Incorporated. In the same year, she became the representative for the NWT at the National Pensioners and Senior Citizens Federation. She also attended a conference held by the National Advisory Council on Aging in 1982. These experiences strengthened Molly's conviction that seniors needed an organization to "speak up" for seniors.

In March 1983, the NWT Seniors' Society became a reality, representing all those persons 65 years of age and over. Still, people 50 years of age and over were asked to join; it was felt this age group was moving towards retirement and would be helpful in planning the future. The group formally registered as a society on March 17, 1983. The first president was Dan Billing. Molly Lowe lived to see her dream, but unfortunately passed away one month after the NWT Seniors' Society was formed.

#### **Founding Members of the NWT Seniors' Society (all of whom are now deceased):**

Mary E. (Molly) Lowe  
 Dan Billing  
 Beatrice Daniels  
 William Hall  
 Audrey Billing  
 Frank Lorenzen  
 J. R. (Jake) Woolgar

The challenge initially for the NWT Seniors' Society was to elicit the attention of government to provide support with housing for seniors. Extended health benefits for seniors was another major issue that arose shortly thereafter. Former presidents Dusty Miller and Esther Braden had influential voices about seniors' issues as both were NWT representatives in the 1980s on *One Voice*, a national seniors' advocacy organization. It was president Jack Tees who is credited with getting the Extended Health Benefits in 1988; the Honourable Nellie J. Cournoyea made the announcement in the Legislative Assembly on October 12, 1988.

### **PRESIDENTS 1983-2013:**

Dan Billing  
 Edith Mattson  
 Matt Gwilliam  
 Jack Tees  
 Dusty Miller  
 Esther Braden  
 Lloyd Brunas  
 Beatrice Campbell  
 Tom Wilson  
 Beatrice Campbell (again)  
 Leon Petersen (current)

### **EXECUTIVE DIRECTORS:**

Barb Bond  
 Barb Hood  
 Kathryn Youngblut  
 Barb Hood (current)

The strength of the NWT Seniors' Society from the very beginning has been its committed volunteers (also dubbed as "committed community people") interested in collectively advocating for the needs of older adults across the territory. In those early days (approx. first 10 years), there was no office and no paid staff.

Then, in the early 1990s, there was a funding opportunity from *New Horizon* (a federal grant program for seniors' issues), and so members began voluntarily delivering advertised elder abuse workshops in the NWT and Nunavut. The workshops uncovered other important issues for seniors, and as a result, shortly thereafter, monies were received by the NWT Seniors' Society from the Department of Health and Social Services to open the first Seniors' Information Line. The line still exists today. Also around the same time, the Department of Health and Social Services provided some funding to the NWT Seniors' Society for a Seniors' Advisory Council.

The purpose of the council then and now is for information exchange between government and seniors' groups; it is a valuable relationship that continues to be celebrated. In fact, the multi-year funding agreement initiative came out from the Government of the Northwest Territories (GNWT) Executive Department, the NWT Seniors' Society was one of the first organizations to be given three year guaranteed funding. While the GNWT continues to be the most consistent funding source for the NWT Seniors' Society, funding from the federal government has in the past occasionally been secured for various projects/initiatives.

Over its 30-year history, the NWT Seniors' Society has been driven by its volunteers. Still, trust and respect for the NWT Seniors' Society is most recently due in large part to the coordination capacity and leadership of its longer-term, dedicated staff.

### **Has the role of the NWT Seniors' Society changed over the years?**

There have been changes, but one thing has never changed; from the very beginning, the programs and services provided by the NWT Seniors' Society have been making it possible for seniors to have a 'one window' access to information, referral, and/or support. While inclusivity of older adults (i.e. culture, community, varied concerns) is an ongoing challenge, the NWT Seniors' Society has made a lot of progress in this regard, and it remains committed to achieving a strong unified voice for major issues facing older adults across the territory, not just those living in Yellowknife.

Programming and services provided by the NWT Seniors' Society have expanded and changed over time. For example, the Seniors' Information Line was initially used most often to help people with getting their pensions; since then, various government departments have become more responsive to these questions. In fact, the service has changed with new privacy legislation so the NWT Seniors' Society is now limited in this regard. What the Seniors' Information Line provides most often lately is resources for people who are impacted by abuse and neglect. As another example, the workshops offered by the NWT Seniors' Society have changed; in the first workshops on elder abuse, this was an obviously taboo topic. Now people are more open and discuss it freely and openly in community workshops. Thus, the nature and delivery of the elder abuse workshops are different.

Priorities for the NWT Seniors' Society are established formally through strategic planning sessions with its Board of Directors. The first strategic planning sessions were conducted in 2001. Prior to that, community members who got together for board meetings decided what were priorities based on their issues in the communities. It is impossible for the NWT Seniors' Society to give everything the attention it needs, mostly due to limited funding, but also at times due to the deep systemic nature of many of the issues. The intention is that priority is given to issues that most widely affect older adults across the territory. However, in reality, the NWT Seniors' Society is a non-profit organization, and often attention has been provided those things



affecting older adults that can be most easily funded. A good thing is that, over the years, the NWT Seniors' Society has been successful in building relationships with and influencing priorities with the GNWT. This is due, in part, to the strong voice of the board members and the respect that is present between elected members of the GNWT and the board members from various regions/communities. Furthermore, the government knows that the NWT Seniors' Society often delivers services at a more economical way than it can and thus it uses the NWT Seniors' Society to meet its needs, and the NWT Seniors' Society uses the government's money to do what is hoped will make a positive impact on older adults across the territory. It is a partnership that has been developed over time; it works and it needs to be continuously nurtured.

### **What are the greatest successes of the NWT Seniors' Society over the past 30 years?**

There are more seniors in the current NWT population than in previous decades; it has been suggested that the efforts of the NWT Seniors' Society has been a major factor in making it more possible for older adults to live the latter part of their lives in the territory.

Amongst others possible achievements to celebrate, these are considered by this group of key informants as the greatest successes in the NWT's 30-year history:

#### **Network Building**

Some specific examples:

- Relationships created and maintained with various levels of government
- Formation of the NWT Network to Prevent Abuse of Older Adults.

#### **Advocacy**

Some examples on a broader scale:

- Influenced legislation, policies, programs and service in the GNWT (e.g. Education; Housing; Human Rights; Health and Social Services; Transportation; MACA)
- Showcased NWT seniors' issues (e.g. Canadian Network to Prevent Elder Abuse; National Justice Forums; Registered Nurses Association of Ontario; Human Resources and Social Development Canada; University of Western Ontario, Family Violence Division).
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Some examples on a smaller scale:

- Seniors have reported receiving individualized guidance and support, often via the Seniors' Information Line (e.g. elder abuse; securing things like eye glasses, dentures).

## A Unified Voice

It is fortunate that the society has strong regional representation. All of its members are appointed by the community's elders group and are volunteers. The society has always and continues to take the approach that all communities in the NWT are equal. Respect is shared amongst the society's Board Members and the strong leadership over the years from the society's Presidents. There are many "territorial NGOs" but not many can measure up to the true "territorial, unified voice" that is NWT Seniors' Society.

### **What are the most significant issues (actual or potential) issues facing older adults in the NWT today in 2014?**

According to this group of key informants, the most significant issue facing NWT older adults today is **cost of living**.

- Older adults are often on a fixed income and over 50% in the NWT are living below the poverty line (less than \$17,000/year). The cost of food, transportation, heating, and other day-to-day expenses are increasing while pensions are not keeping pace. Older adults outside of Yellowknife are among the poorest, and like in the rest of Canada, a single, older female is in the worst situation.
- Older adults who are trying to maintain their own home (even those with good work pensions) find it difficult to keep up. The Seniors' Fuel Subsidy is a good supplement to help with heating costs but not everyone qualifies, and for those who do, they still have about two winter months they must pay the costs of heating fuel, etc., because the subsidy is not enough.
- Public housing for older adults (while better than it was 15 years ago) is still scarce and no additional housing is being planned/provided. Inadequate housing means people are forced to stay in their own homes or move in with family. Sometimes both these situations leave people at risk, family can cause problems which can lead to abuse.

**Healthcare** is another key issue amongst seniors, according to this group of key informants.

Medical/nursing care of older adults in remote communities where there are health centers could be improved

- Removing services to cut health care costs has been tabled for discussion in government recently (e.g. dental, glasses, hearing aids)
- The erosion of benefits since 2008 is still a concern
- Medical travel can be very difficult for older adults, and a lack of continuity of care can require repeat/unnecessary travel. Moreover, policies for medical travel are not always adhered to.
- Dementia care is an ongoing concern. There is only one facility in the territory. It is costly for the residents.

Note: Some respondents felt that the healthcare of older adults is better in the NWT than in the other parts of Canada.

What this group of key informants feels needs to be done about the above and other important issues facing older adults in the NWT:

Continue to meet with government officials and lobby about each of these issues and as a unified body.

