

# SENIORS PROGRAM EVALUATION REPORT

A developmental evaluation to celebrate success and  
inform areas for quality improvement

## Abstract

A report on the Evaluation of the Seniors Program. Following a description of the program and an executive summary, the report offers a brief review of the literature on healthy aging and a discussion of growing older with regards to cultural safety for Indigenous seniors. Methodologies for this evaluation include participant surveys and group interviews in addition to ethnographic data that enrich the storytelling to represent the beauty and benefits of the Seniors Program.

The evaluation framework, “Getting to Outcomes” (Chinman et al 2004) helps solidify the efficacy of the evaluation structure to ensure the needs of the participants are comprehensively planned and implemented. A discussion of findings will reveal gaps and make recommendations for service improvements. Appendices represent attendance reporting data, survey questions, logic models, and resources.

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## Land Acknowledgement

It is an honour to be a guest on this land called Tkaronto, which are the traditional territories of the Huron-Wendat, Anishinabek Nations, the Haudenosaunee Confederacy, and the Mississaugas of the New Credit First Nations, who have been the traditional caretakers of this land for thousands of years. We acknowledge that Toronto is in the '*Dish With One Spoon Territory*'. The Dish With One Spoon is a treaty between the Anishinaabe, Mississaugas and Haudenosaunee that bound them to share the territory and protect the land. Subsequent Indigenous Nations and peoples, Europeans and all newcomers have been invited into this treaty in the spirit of peace, friendship, and respect. We offer our hand in friendship and pledge to honour and respect the land, the treaties, and the traditional people who claim this territory as their home.

# Seniors Program Report

Spring, 2023

## Description of Program

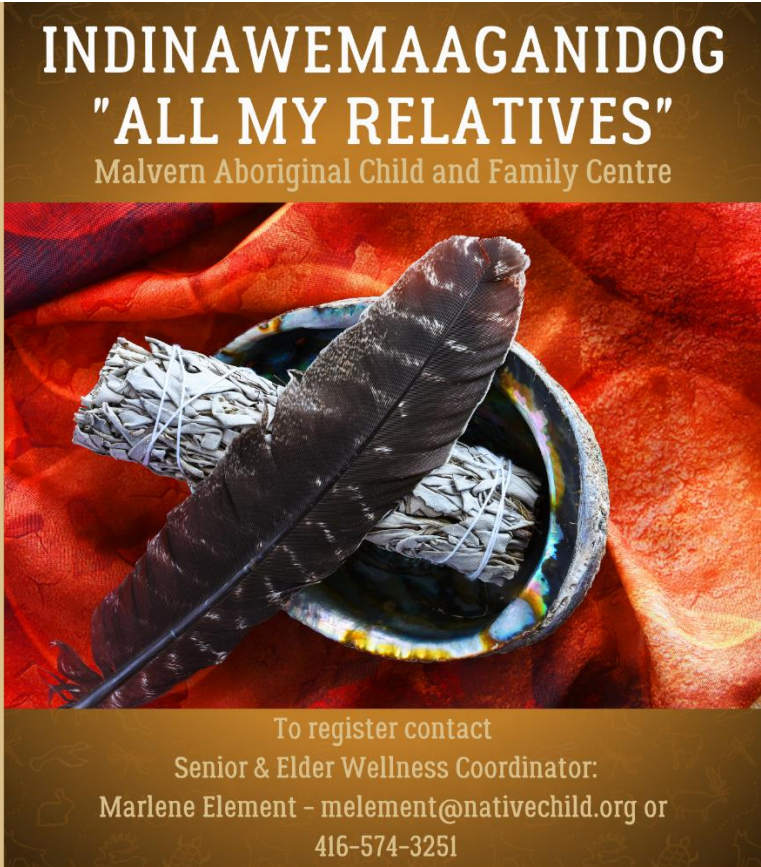
Funded by the United Way of Greater Toronto through the Alan Slaight Seniors Fund, the Seniors Program provides vulnerable Aboriginal older adults (ages 55 and up), and Peer mentors living in Toronto with access to culturally responsive services that aim to reduce barriers to care and build community and social connectedness for older adults. The program initially began running events via Zoom, with participants receiving supplies for pick up to take home. When COVID-19 restrictions eased, programs were offered in-person outdoors or indoors with masks at the Malvern Hub, Scarborough Family and Child Life Centre, and to a lesser degree, the Mt Dennis Hub.

The Seniors Program was developed with strengths-based prevention and resilience in mind to support and mitigate the effects of isolation due to physical distancing required by the COVID-19 pandemic. The key components of this program include free social activities in culturally safe community spaces, peer elder supports and cultural mentorship, services navigation support, in-home visitations, case management, transportation to appointments and social activities, and respite support and training for the caregivers of elders.

Beginning in Fall 2020, the program has been implemented with the support of one Elder Health and Wellness Navigator who will oversee the home visitations, case management and a weekly schedule

of social activities which will mostly be located out of the SCFLC. Three Peer Elders offer in-person or virtual one-on-one peer supports to the elders and help to facilitate social activities and cultural events. Sessions are generally 90-120 minutes in length, with occasional full day Saturdays or day trips.

A total of **396 Indigenous older adults 55+ were served** in programming across seven themes. Program themes include Arts and Crafts, Social, Food, Exercise, Games, On the Land, and “All My Relatives,” which offers traditional Indigenous cultural teachings. The “All My Relatives” program, also known as *Indinawemaaganidog* in Ojibwe, is uniquely Indigenous such that it invites participants to dive into self-exploration of their past and present selves. Sessions focus on bringing Culture into participants’ lives through engaging with language, crafting, medicines, storytelling, knowledge sharing, and food. The Shkabewis joins these sessions.



**NATIVE CHILD AND FAMILY SERVICES OF TORONTO**  
*Child Centred, Family Focused, Community Driven*

**Monday December 12**  
**1:30PM - 3:00PM**

Join Rita & Marlene for a Cultural Program & connect with Community to explore Aboriginal Culture more in depth. This program will take place at the Malvern Location. Each week will offer a new activity or teaching.

Registration is required.

**Open to Aboriginal Seniors/Elders 55+ & their Caregivers**

**INDINAWEMAAGANIDOG**  
**"ALL MY RELATIVES"**  
Malvern Aboriginal Child and Family Centre

To register contact  
Senior & Elder Wellness Coordinator:  
Marlene Element - [melement@nativechild.org](mailto:melement@nativechild.org) or  
416-574-3251

 @malvernaboriginalcfc

Figure 2 Program flyer for All My Relatives

To further the link to Indigenous cultures, BINGO games integrate Indigenous language as well. It is the hope that by launching this Seniors Program Evaluation Report to community and making it shareable, Indigenous communities outside of urban Toronto will also learn the benefits of this programming and replicate it in their region.

The process of this program evaluation reflects the value of relationships as central to the work we do at Native Child and Family Services of Toronto. As a Senior Analyst in the Quality Assurance and Decolonization Outcomes Measurement team, it has been an honour and a delight for me to work with Marlene Element, the Senior & Elder Wellness Coordinator, and get to know the participants in the Aboriginal Seniors/Elders 55+ Program. I visited the Malvern site in the fall of 2021, and Galloway in summer 2022, and each time, I got to know Marlene and the community members better, and our conversations helped me to get clear on the successes and gaps that were arising in the Aboriginal Seniors/Elders Program. Between my visits to virtual programming events and in person events, I have come to feel like I am part of the program, rather than completely outside of it. As a settler who is passionate about doing reconciliation work, I dedicate my skills to support healing of Indigenous communities in Toronto through listening to their stories and experiences.

I approach this program evaluation as a single mother with Ashkenazi Jewish ancestry. I bring to the research my academic expertise in gender studies, Indigenous studies, and critical aging studies. Through this qualitative research and program evaluation, I point out successes and gaps to make recommendations to improve services implementation and outcomes for Indigenous older adults participating in the of the Seniors Program at Native Child and Family Services of Toronto. As the program develops, the results of the evaluation may offer improvement innovations across the sector. To plan outcomes for holistic wellness programming to support urban Indigenous populations of older adults, it is crucial that program developers and evaluators understand what their goals for health and wellbeing are, and what kinds of interventions work.

## Executive Summary: Developing outcomes on the medicine wheel

This Program Evaluation is both outcomes-focused and developmental in nature. Normally, a program evaluation would be either outcomes-based or developmental, however, because the program is new, the staff benefitted from a developmental evaluation. The developmental evaluation assesses the ways in which the program has evolved as it has been implemented since its inception in the Fall of 2020. Outcomes data, however, remain a crucial requirement by the funder for this evaluation and as such, this report will examine not only whether the Seniors Program is hitting its targeted outcomes. With a combined developmental and outcomes evaluation approach, we can attempt to show successes while also exploring how we can solve issues that have arisen in the first two years of service since the program was developed.

The data for the evaluation plan requires quantitative elements to illustrate qualitative outcomes:

- 1) enhanced feelings of social and cultural connectedness and increased self-confidence;
- 2) improved access to culturally appropriate health and social services and supports;

- 3) improved abilities of caregivers<sup>1</sup> to provide support to the elders in their lives

#### Quantitative outcome targets

During the interviews, all participants shared that they had joined the Seniors Program since April 2021. The first group interview was conducted on March 1, 2022, and participants were also invited to complete a survey that asked them to reflect on how they felt in their spiritual, social, physical, and mental/emotional lives both before they joined the program and now that they had been in the program for nearly a year. The funder requested the following data, and while the originally anticipated participation numbers to generate that data were not achievable due to COVID-19 restrictions, there has been a general improvement across the surveyed population in the target areas listed below.

#### **1. Elders have enhanced feelings of social and cultural connectedness and increased self-confidence**

##### **Targets:**

- After 1 year 75% of participants report decreases in feelings of isolation and loneliness, increases in self-confidence and demonstrate improvements in life and social skills.
- After 1 year 50% of participants regularly attend cultural and social events.
  - Attendance data provided in Appendix A
- After 1 year, 50 % of participants report feeling valued in their community.
- After 1 year, 50% of participants report an expansion of their social networks.
- After 1 year, 50% of participants report engaging in at least one mentorship/volunteer activity.
- After 1 year 50% of participants demonstrate and share knowledge of traditional teachings, particularly those related to Aboriginal perspectives on health and wellness.

#### **2. Elders have improved access to culturally appropriate health and social services and supports.**

##### **Targets:**

- After 1 year, 75 % of participants report experiencing less barriers and having improved access to health and social services that meet their wellness needs.
- After 1 year, 50% of participants report having an improved capacity to make informed decisions about their health.
- After 1 year, 50% of the participants have accessed or received a referral to at least one of the local service providers that NCFST has ongoing partnerships with.
- After 1 year, 50% of participants report feeling more confident in seeking care and know where to go to or who to connect with to access the resources and supports they need.

Questions in the Seniors Program evaluation have explored the realms of tradition, interdependence, respectful caregiving and community, physical well-being, and knowledge transmission as they articulate with the four quadrants of the medicine wheel. The medicine wheel integrates a holistic Anishinaabe Ojibway and Nêhiyaw Cree approach to understanding health in terms of physical, mental, spiritual, and emotional dimensions, but it is shared widely across Indigenous cultures. For evaluation planning purposes and in alignment with NCFST Holistic Department mandate, I address

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<sup>1</sup> None of the 55+ participants attended program with a Caregiver, and so the program was adjusted to include three (3) Peer Mentors as supports. Survey questions for Caregivers were pivoted towards Peer Mentors and results are included in this report.

the themes of well-being outcomes for older Indigenous peoples according to the quadrants of the medicine wheel:

#### Spiritual

- Land and connection to place is a source of strength and resilience, and especially beneficial for elders with cognitive decline (Halseth 2018; Hillier & Al-Shammaa 2020)
- Seven Grandfather teachings of wisdom, love, honesty, respect, humility, bravery, and truth help older Indigenous seniors accept the changes of aging (Halseth 2018)

#### Emotional/Social

- Caregiving models are based on cultural approaches to care – community caregiving models
- Indigenous values of respect for Elders (Hillier and Al-Shammaa 2020)
- Seniors feel like they belong and matter to their dear ones and community (Flett and Heisel 2021)
- Intergenerational relationships based on reciprocity (Changfoot et al 2021)
- Community responsibility for caregiving (Byers 2010; Baskin and Davey 2015)
- Maintenance of Elders' roles as transmitters of knowledge and wisdom to younger generations (Halseth 2018; Baskin and Davey 2015).
- Being an active part of a community facilitates sense of belonging, maintaining sense of purpose in one's life
- Intergenerational living situations (Baskin and Davey 2015)

#### Physical

- Access to traditional healing medicine foods
- Addressing poverty and access to medical services (Hillier & Al-Shammaa 2020; Wilson et al 2010)
- Making sure health care delivery is culturally sensitive and tailored to everyday lived realities of Indigenous peoples and communities – appropriate collaboration and respect amongst multiple partners– “epistemological accommodation” (Ryan et al 2020, p. 307)
- Health must be culturally grounded, incorporate cultural traditions and values into direct care, and build trusting and therapeutic relationships (Halseth 2018: 23; Wilson et al 2010:371)

#### Mental

- cognitive and physical stimulation for Indigenous seniors navigating memory loss
- listening to Indigenous music or language tapes, speaking Indigenous language, storytelling, participating in ceremony (Halseth 2018)
- resilience (Byers 2010; Hatala 2015)
- successful transmission of knowledge and culture (Abonyi and Favel 2012)

## Successes

Findings demonstrate that community members enthusiastically enjoy the programming, which addresses the above aspects of their being, while offering novel ways for them to connect to with each other through learning and growing empowerment through Indigenous ways of being and knowing.

As the graphic below will demonstrate, the most popular events by far are the social events, but crafting, on the land, food, and games are almost equally well attended. This community does not seem to gravitate towards the exercise activities, however, physical health improvement through exercise was not one of the planned outcome goals. It should be noted, however, that some in-person activities were cancelled due to illness or inclement weather and pivoted to an online event instead, which could attribute higher numbers of social Coffee and Chat sessions. **A total number of 396 participants attended events in the following areas<sup>2</sup>:**

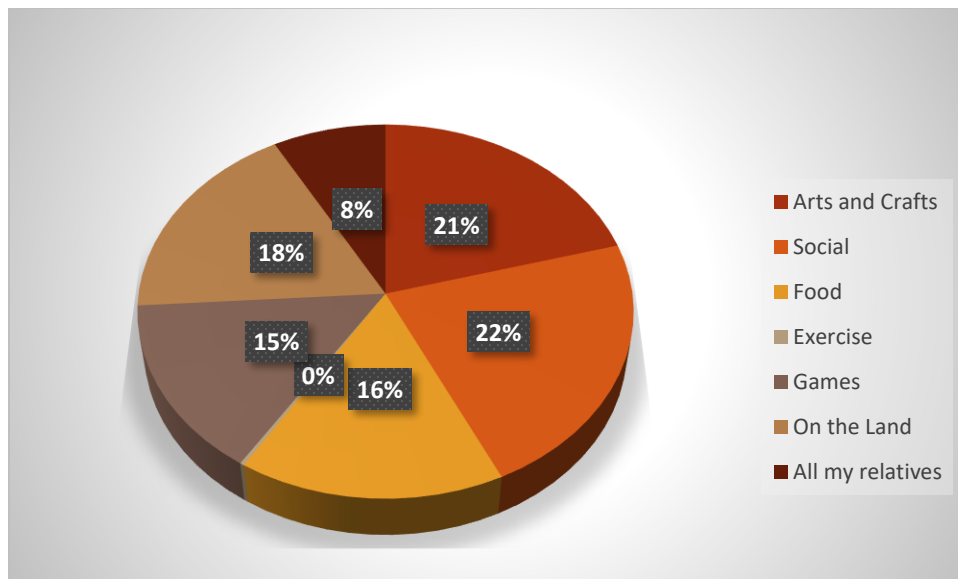


Figure 3 Pie Chart Representation of Seniors Program Participation by Activity Theme, including Arts and Crafts, Social, Food, Exercise, Games, On the Land, All My Relatives. Note that “Exercise” rendered 0%.

<sup>2</sup> Reporting data: program attendance and transportation, March – September 2022

| Theme            | *Number of<br>Participants % |             |
|------------------|------------------------------|-------------|
| Arts and Crafts  | 82                           | 21%         |
| Social           | 88                           | 22%         |
| Food             | 63                           | 16%         |
| Exercise         | 1                            | 0%          |
| Games            | 59                           | 15%         |
| On the Land      | 71                           | 18%         |
| All my relatives | 32                           | 8%          |
| <b>Total</b>     | <b>396</b>                   | <b>100%</b> |

## Literature Review

### Indigenous Perspectives on Healthy Aging

#### Introduction

There is a small but growing body of literature on Indigenous-specific perspectives on aging and health (Wilson et al 2010; Grande 2018; Halseth 2018; Hillier and Al-Shaamaa 2020). Indigenous older adults make up a small number of Canada's population, but that number is expected to increase (Halseth 2018; Quigley et al 2022). While the Indian Act and the Sixties Scoop has caused the progressive loss of traditional Indigenous ways of life and substantial health and social disadvantage, there is a growing resurgence and reclamation in the roles of older Indigenous adults. The ongoing challenges of colonization, racism, social, and physical exclusion undermine the health of Indigenous community members in urban settings, however, there are increasing program and service opportunities to change this narrative.

I will use the term *older* Indigenous peoples to refer to this segment of the population that is approximately 55 years and older. My intention using *older* is to ensure distinction from the term with *Elder*, which confers honour, wisdom, and respect that comes with being a knowledge keeper (Wilson et al 2010; Changfoot et al 2021). This literature review seeks to integrate Indigenous perspectives on healthy aging with what it means to grow old in mind, body, spirit, and community (Grande 2018; Changfoot et al 2021).

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*The foundational questions that underpin evaluation outcomes for  
the Seniors Program at Malvern Aboriginal Child and Family  
Centre:  
What do older Indigenous adults in Toronto need to feel like they  
are aging well?*

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#### General Indigenous perspectives of aging well

Considering the diversity of Indigenous Peoples in their languages, beliefs, cultures, experiences, cultures, and locations, we can be sure there is no singular Indigenous model of health. In the Cree language, there is no word that translates into English to mean “health.” The closest term is *miyupimaatisiun*, which loosely translates as “being alive well” (Adelson, 2000, pp.60-61). Aging well for Indigenous peoples is aligned with the Anishinaabe concept of “*mino-bimaadiziwin*” or living a good life, which “illustrates a journey of holistically healing oneself, rather than a harmful path of trying to achieve normative ideals of aging that are often realistic...” (Ryan et al 2020, p. 315). All people are expected to take care of themselves through *mino-bimaadiziwin*, but also to reciprocally take care of the earth and each other in a good way. Indigenous peoples consider good health as a balance between spirit, emotions, body, and mind (Ryan et al 2020; Hillier and Al-Shammaa 2020). While it is important to understand that the diversity of Indigenous peoples on Turtle Island will not equate to a singular model of aging well, it is still relevant to acknowledge Indigenous peoples share a worldview that is “process-oriented, nonlinear, and holistic” (Ryan et al 2020, p. 307).

In agreement with Grande, Halseth (2018) found research on Indigenous older adults’ health and wellbeing that recognizes aging well is

“not necessarily as the absence of ill health, but rather as the ability to successfully manage declining health...**Central to this was having positive attitudes in later life, ongoing contributions to community life, and a willingness to transmit accumulated wisdom and knowledge to successive generations**” (p. 12).

In Anishinaabe language, *MenoYaWin* means health, wellness, well-being in a holistic state of complete wellness (slmhc.on.ca). Grande (2018) points out that Indigenous protocols and practices are rooted in interdependent relations **of responsibility, collectivity, mutuality, and reciprocity**. These factors of interdependence run in opposition to Euro-American cultural ideologies of independence. While there is a dearth of studies of older Indigenous populations (Halseth 2018; Grande 2018; Hillier and Al-Shammaa 2020), the dominant discourse perpetuates “deficit models of Indigenous peoples as disproportionately impacted by disease and disability” (Grande 2018: 173). From an Indigenous perspective, health should not only encompass the spiritual, emotional, mental and physical well-being of a person, but also at the community level (Ryan et al 2020, p. 307; Thunderbird Partnership Foundation 2015).

Changfoot et al (2021) found that there is no word for disability in the Anishinaabe community of some of their workshop participants. Instead, a person’s embodiment is part of the wheel of life,

expected to change through time, and the community adjusted to people's physical changes (p. 5). Anderson (2011) learned through oral history with older Indigenous adults that as their physical abilities diminished, they were no less industrious than in other stages of their lives (p. 127). With an indigenizing and decolonizing lens, we see that it becomes less important to prevent decline than it is to fold it into the cycle of life, while also attending to the social conditions that decrease physical and economic vulnerability. In a similar vein, Grande (2018) reports that for the Oklahoma Choctaw Nation, there is no word for the "loss of one's mind or intellect" in the Choctaw language. Instead, memory loss is considered a "condition where the person's mind is simply perceived as being 'elsewhere'" (p. 174).

Across the literature on Indigenous ways of knowing health and well-being in aging, there is an emphasis on the importance of balancing spiritual, emotional, physical, and mental realms to empower Indigenous peoples. The literature demonstrates Indigenous peoples' understanding of a healthy life as defined not only by physical well-being, but also through by participating in cultural activities, speaking Indigenous languages, healing from current and historical trauma. Holistic, Indigenous-focused approaches to aging consider all dimensions of wellness including spiritual, social, physical, and mental, with a strengths-based perspective. The Indigenous worldview of health includes unity, wholeness, inseparability, balance, equality, and health as some of the many interconnected dimensions (Visogliosi et al 2020).

Maintaining spirituality, having a sense of humour and positive attitude, and maintaining social connections have been identified as key enablers to health and wellbeing for Indigenous peoples globally (Quigley et al, 2022). In a study of older Native adults in Alaska, participants identified engagement with family and community, an attitude of gratitude, and self-awareness as key elements of successful aging (Boyd 2018). Interestingly, some American Indians did not consider aging well as linked to diet or exercise, however, loss of culture and traditional ways has in many cases, led to a sedentary lifestyle (Quigley et al, 2022).

Whapmagootsui Cree Elders identify being on the land and being able to eat hunted meat and wild foraged plants as contributing to *miyupimaatsiun* - being alive well (Adelson 2000, p. 84). Traditional Haudenosaunee families held Elders in respected positions within their communities as wisdom keepers to share traditions and help raise children (Haudenosaunee Confederacy). According to one Wendat source, Elders' traditional role is to remember and tell stories (<https://l4a.ca/memories-of-wendake-our-elders-remember/>).

Older Indigenous women lend their spirits to their communities. Métis scholar Kim Anderson (2011) shares Indigenous understandings of life cycles that say elders "manifested responsibilities for leadership, teaching, and making connections with the spirit world" (p.127). Each of those elements have relational connections in common. In other words, relationships support Indigenous older adults to achieve health and well being, and in turn they can support others in their lives. The grandmother role for older Indigenous women confers a new authority and sense of power, however, research on the transitions from childbearing years to menopause remains elusive (Anderson 2011, p. 129). Older Indigenous women were also seen as trusted. During the Nineteenth century, older Cree women were relied upon for gathering and preserving berries, roots, and other foods (firekeepers (Anderson 2011, p. 130).

## Evidence-based activities that promote healthy aging for Indigenous Older Adults

Mainstream research has documented arts-based activities such as photography, storytelling as effective wellness program modalities for older adults (Barrett 2011; Brett-McLean 2007; Cohen 2009; Jones et al 2013). Through the Re:Visioning-Aging workshop in Peterborough/Nogojiwanong, Changfoot et al (2021) use storytelling and video with Anishinaabe e/Elder to “center Indigenous knowledge of intergenerational and embodied connections and relationships, both human and non-human, from the past into present and future” (n.p.). Communities are more relevant than individuals, and relationships – both human and non-human - are richly intertwined and interdependent with the land. Time is cyclical and eludes linear notions of “progress” (Changfoot et al 2021).

Halseth (2018) finds that programs and services that promote mental and physical stimulation, as well as supports that encourage seniors to participate in cultural activities can be instrumental in warding off loneliness. Halseth identifies the high need for caregiver support such as respite and after-hour care services (p. 19). Much of the mainstream and medicalized literature on healthy aging emphasizes independence, which can be in contradiction with Indigenous ways of understanding aging well as centering on interdependence.

Participants must have the opportunity to identify or be supported in identifying any barriers to full participation, whether it be to establish safe space or physical access. Providing simple but nourishing, traditional food at meetings supports program participants (Changfoot et al 2021). As we consider access and urban Indigenous older adults, we can consider the importance of making health and social care accessible through supportive community programming.

## Methodology

### Evaluation data collection methods

Indigenous communities have had research done on them by outsiders for over a century, and often without any regard from the researchers to consider how they were collecting, interpreting, or contributing to misinformation about those communities (Peltier 2018; Smith 2012). As a result of years of disrespectful research, Indigenous communities are demanding ethical practices and sovereignty over their data. I approach this program evaluation in conjunction with the reverence, respect, reciprocity, and relevance that Indigenous communities deserve, and as such, I drew on Kovach’s (2010) concept of “researcher in relation” (Peltier 2018) and endeavored to connect with the community members participating in the Indigenous 55+ Program with this practice in my heart. This paradigm of kitchen table chatting guided my methods for collecting data and interpreting the stories I heard.

Baskin and Davey (2015) stress the importance of telling stories and oral tradition as a method for collecting data with Indigenous peoples, as storytelling is a way of indigenizing settler colonist research methods. Some Aboriginal people might experience direct questions as intrusive and as such, Baskin and Davey recommend discussions that are less direct than specifically quantitative methods. The questions they worked with in their research guide my approach to learning how the participants in the Seniors Program at Malvern experience aging and what services they may need:

- what means to be an aging Aboriginal person in Toronto

- roles of aging Aboriginal people in their families and community
- ways they are cared for by their families and community
- connections to traditional ways of their Aboriginal nations
- what might they want service providers to offer that they are not currently (Baskin and Davey 2015:50)

## Talking Circles, Interviews, and Surveys:

| Date of Circle/Interview/survey                                  | Number of participants                      | Data collection site    |
|------------------------------------------------------------------|---------------------------------------------|-------------------------|
| March 1, 2022                                                    | 9 community members and 2 peer mentors      | Zoom                    |
| June 22, 2022                                                    | 3 community members and 1 peer mentor       | Zoom                    |
| July 26, 2022                                                    | 2 community members, 1 peer mentor, 1 staff | In person: 156 Galloway |
| November 23, 2021                                                | 16 community members                        | Survey Monkey           |
| June 22, 2022                                                    | 3 peer mentors                              | Survey Monkey           |
| <b>Total number of interview and talking circle participants</b> | <b>19</b>                                   |                         |
| <b>Total number of survey participants</b>                       | <b>19</b>                                   |                         |
| <b>Total number of evaluation engagements</b>                    | <b>38</b>                                   |                         |

The goal of the first talking circle was to hear stories and experiences from participants that would allow for them to share what has been helping and what has been challenging since they joined the program. My intention for the second talking circle was to further relationship building and hear any details that they hadn't had a chance to tell me. I did not have to ask every question in order, as the conversation circled to each of the concepts naturally.

An important note about the participants: The Seniors Program was originally meant to include Indigenous older adults 55+ and their caregivers, however, none attended with a caregiver. The Wellness Worker adjusted around this reality and instead pivoted to have three peer mentors attend program events to offer support to both the program participants as well as the Wellness Worker.

## Interview Questions

### Eastern Doorway: Spirit and Culture

1. What cultural practices did you practice before the Seniors' Program? (if they have trouble locating "culture" offer suggestions such as smudging, putting tobacco down, water, songs, stories, drumming...knowing about traditional Indigenous ways of life)
2. Is there anything about the cultural aspects of the program they can change?
3. would you say you know more about culture since joining the program?
4. What cultural teachings have you learned since joining the seniors program? How many do you remember learning about?
5. Do you practice or talk about culture with people in your life now? If yes, can you say who?
6. how do you feel about your connection to culture?

### Southern Doorway: Community

1. what does a strong-relationship between you and a young person look like?
2. what does a healthy relationship look like to you?
3. what were your relationships like before participating in the Seniors' Program?
  - who was in your daily life?
4. do you have grandchildren, or young people who are close to you?
5. when you were growing up, did you have a close relationship with a grandparent? What was it like?

### Western Doorway: Physical

1. were you using the internet, a cellphone or tablet on a regular basis before your participation in the Seniors' program? If so, please tell us about it.
2. did you know much about classes, programs, and supports such as help with meal planning and learning about physical well-being in your area before the program?
3. did you cook much at home before the program? What was it like?
4. Did you share meals with anyone on a regular basis before joining the program?
  - How about now? Do you share meals? Do you cook?
5. Physical exercise?

### Northern Doorway: Mental

1. What do you know about the idea of the Good Life? How has the Seniors' Program helped you learn more about it?
2. what was your overall mental health /mood like before joining the Seniors' Program?
3. How is your memory and ability to focus?
4. did you easily anger or get frustrated before? How about now?
5. would you say you feel happier since joining the Seniors' Program?

## Survey /Quantitative Methodology

To address the quantitative data reporting requirements, two surveys using Survey Monkey were prepared. The first was intended for community members Seniors' Program and the second survey was for the Peer Mentors. New members had the opportunity to fill out the community member survey whenever they joined, as registration was ongoing. The survey was designed in two parts; the first part asked people to reflect on their life and wellbeing before they attended, and the second part was to reflect on their wellness, cultural, and social connections after they had participated for 6 or more months. This would allow comparative reflection to analyze the success of the program.

The Survey collector was opened in December 2021, and received 8 responses. In June of 2022, another 8 responses were submitted. A total of 26 questions were asked, which were organized on the four-quadrant medicine wheel, asking respondents to think about how they felt about:

1. their wellbeing in terms of access to and engagement with Indigenous cultural activities;
2. social engagements and relationships;
3. their physical health;
4. their mental health and ability.

The first half of the survey asked respondents to consider their wellbeing before they started to participate in the Seniors Program, and the second half of the survey asked them to reflect on how they feel since they joined the Program. Please see Appendix 2 for survey question chart.

## Getting to Outcomes Framework

Chinman et al (2004) offer a comprehensive evaluation framework called *Getting to Outcomes* (GTO), which is appropriate for process evaluations and guiding implementation in prevention support programs. GTO is an intervention that provides guidance and tools that can be tailored according to the program to build capacity and performance. Getting to Outcomes was developed to bridge the gap between prevention research and practice through capacity-building at the program and individual levels (Chinman et al 2008). Developed to be a collaborative process between program implementers and program developers, the GTO model empowers teams to develop a continuous quality improvement system and pursue outcomes that meet goals that reflect communities' needs. There are 10 steps in GTO which organization leadership can modify according to their practices and operations (Chinman et al 2008, p. 207). Below are the general questions, in the framework, and our responses as I plotted them on the medicine wheel. Graphics illustrate these processes in the Appendix.

### **1. What are the underlying needs and conditions to address:**

- a. Spiritual/Eastern door: Lack of cultural connection and engagement
- b. Social/Southern door: social isolation and loneliness; not mattering
- c. Physical/Western door: low awareness of technology and healthcare access
- d. Mental/North Door: poor mental health and high stress levels for Indigenous older adults especially during COVID

### **2. What are the goals, priority populations, and objectives?**

- a. Indigenous adults 55+ to connect with culture
- b. Improved social connection and feeling valued
- c. Decreased isolation
- d. Enhanced awareness of nutrition and how to access healthcare services
- e. Improved mental health, interest in life, and general cognition

### **3. Which science (evidence)-based models and best practice programs can be useful in reaching the goals?**

- a. Indigenous CULTURE
- b. Western critical gerontology studies
- c. Scholarly writing on Indigenous aging
- d. Medicine wheel: spiritual, social, physical, mental

### **4. How might we need to adapt this to fit our community context?**

- a. Two-Eyed Seeing approach (Bartlett, Marshall, and Marshall 2012) integrates western science and Indigenous ways of knowing and being to create a structure that satisfies funding mandates while supporting the reclamation of Indigenous cultural practices
- b. Medicine Wheel ensures that programs are holistic
- c. Medicine Wheel balances Indigenous ways of knowing and also support western evaluation methods

- d. Medicine wheel in program development and evaluation is decolonizing because it validates Indigenous ways of knowing

**5. What organizational skills and capacities are needed to implement the program?**

- a. Skills
  - i. Staff and peer mentors need to be grounded, culture-based, and trauma-informed
  - ii. Elders and other knowledge holders become knowledge sharers – acknowledge our teachers
  - iii. Knowledge of how to integrate mainstream practices of health and wellness for seniors
- b. Capacities
  - i. Transportation for moving participants between locations and for on the land programming
  - ii. Need to be wheelchair accessible and have washroom facilities
  - iii. Equipment for crafting
  - iv. Funding for crafting and food sovereignty/nutrition activities
  - v. Canopy for shade/rain

**6. How will we plan implementation of the program?**

- a. Who: Elder and Senior Wellness Coordinator
- b. What: virtual and in-person, holistic variety of programming
- c. Where: Malvern Hub, SCFLC, Mt. Dennis, and urban outdoor settings for On The Land programming
- d. When: drop-in and pre-registered sessions – up to 3x/week

**7. How will the quality of program and/or initiative implementation be assessed?**

- a. Developmental and outcomes evaluation married together
- b. Surveys, interviews, talking circles, site visits

**8. How well did the program work?**

- a. Did we achieve the outcomes in serving the 55+ Crew?
  - i. Learning about culture and spiritual connection
  - ii. Social connections and relationships improved; decreased loneliness
  - iii. Greater creative engagement and awareness of healthcare access options
  - iv. Improved mood and mental health
- b. How did we achieve the outcomes for Peer Mentors?
  - i. Connection with culture, familiarity with smudging
  - ii. Increased and improved relationships with Indigenous adults 55+
  - iii. Improved ability to help Indigenous adults 55+ access supports and technology
  - iv. Improved mood, patience

**9. How will continuous quality improvement strategies (CQI) be incorporated?**

- a. Accessibility needs met for all bodies
- b. Staffing insufficiencies
- c. More intergenerational programming needed to improve relationships
- d. Participants dislike inclement weather, but there is no pavilion to go to for cover from rain or sun
- e. Transportation across/between sites

**10. If the program is successful, how will it be maintained?**

- a. Secure, reliable funding
- b. Improve partnerships between NCFST and sister agencies
- c. Acquire transportation
- d. Increase staffing levels

**Theory of Change**

The Indian Act, with its legacy of Residential Schools, the Sixties Scoop and internalized settler colonial structures has undermined cultural knowledge transmission and traditional Indigenous family values. This cultural genocide means that contemporary Indigenous seniors in urban centres have less access to cherished intergenerational relationships and caring circles. This problem is now generations old and exacerbated by the COVID-19 Pandemic. While loneliness, isolation, and aging in long term care might be normalized in settler societies for older adults, Indigenous families in contrast have traditionally held grandparents closer to home and families have benefitted from rich intergenerational relationships and cultural transmission. Instead, many Indigenous seniors are living with social isolation, lack of intergenerational relationships and cultural connection. All these factors decrease overall health and wellbeing, increase morbidity rates, and decreased cultural transmission.

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The goal of the Seniors' Program at NCFST Malvern Hub is to increase social connection, secure cross-generational relationships and cultural transmission, and ultimately improve the health and

wellbeing of Indigenous seniors. Expanding this aim is the goal of strengthening Indigenous families throughout each generation so that children can be raised in the communities of their kin. The Seniors' Program will enhance capacity to Indigenous elders and their caregivers to support customary care.

To foster and strengthen intergenerational relations, cultural transmission and improve health and wellbeing for Indigenous seniors, programming needs to be targeted not only at the seniors themselves but also their caregivers. Programming incorporates the Four Directions on the Medicine Wheel: Spiritual, Emotional, Physical, and Mental. Each aspect of the programming nurtures the four quadrants in a balanced way for all participants.

## Findings and Observations

### Qualitative Data: The Good Stories I Heard

It was pure delight to hear the enthusiasm of the community members for the Seniors Program. Without a doubt, they absolutely love the programming, the care they receive from the Seniors and Elders Wellness Coordinator, Marlene Element, and the great relationships they have with each other. The Peer Mentors also helped to reinforce the successes.

Three themes stood out as most important attestations for the success of the Seniors Program in terms of meeting its target outcomes of improving mental wellbeing and social connections:

#### **1) New and improved friendships, social engagement, and improved mental wellness**

Community members appreciated their friendships, **which decrease loneliness and isolation**. The following quotes help to illustrate the way, both in person and online, in which they benefit through the Seniors Program and fulfil outcome targets.

*"Even if we're not talking about our individual problems, but to talk about different problems or listening...It takes your mind away from whatever it was on before zoom. And then you forget what the problem was after the zoom. This has helped a lot." (R, 55+ Coffee and Chat group 1)*

*"I have made some friends, which is hard to say, because I never had friends growing up because they leave. Or I leave, or something happens and I just can't deal with, you know, having someone gone from my life for stupid reason. So I've made some friends, and I'm very cautious about it. K is my good friend. Like, we talk, on facetime, and you know, when we're in person, we have a great time. But I also have friends in the building here, that when you know, I'm not feeling good, they'll phone and we talk...You know, it really helps with my mental health to get out, to engage with other people, and to know if I'm having an issue, I can call somebody and they can help. (D, 55+ Coffee and Chat group 1)*

Community members clearly appreciate their improved mental health and sense of community.

*"Its nice to know were not the only ones going through what were talking about. It makes the connections, and you don't feel alone." (K, 55+ Coffee and Chat, March 2022)*

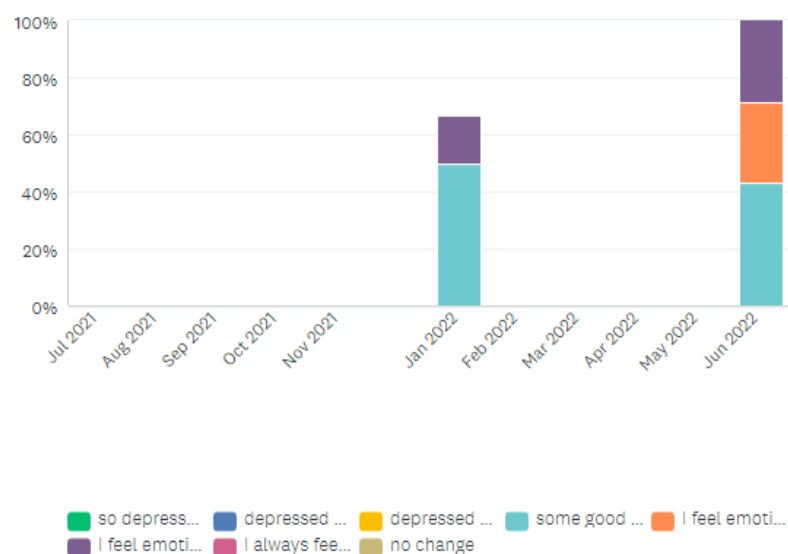
*“I lost my sister and husband within a matter of a few years and when my sister passed especially, I had nobody left. And I felt so alone. And then I moved in here and I don’t know who got me in this group, but it’s been such a blessing. To come in here and fool around and talk. It’s been great and I love you guys honestly.” (D, 55+ Coffee and Chat, March 2022)*

Not only do participants in the Seniors Program appreciate their improved mental health in supporting each other, they also have fondness for each other and fun together.

The survey results show a dramatic improvement in how program participants rate their mood six months after joining the program.

How would you rate your mood NOW since you joined the seniors program?

Answered: 11 Skipped: 5 First: 1/24/2022 Zoom: Jul 2021 to Jun 2022



## 2) Connecting with culture.

Another important theme that meets target outcomes is that participants had **more exposure to Indigenous cultural activities** than they had before joining. Many of the participants in the Seniors Program are survivors of the Sixties Scoop and did not have access to their Indigenous cultures as they were growing up or even in younger adulthood. Many experienced trauma as a result of being taken from their home communities and the intergenerational effects of Indian Residential Schools.

*“It means more now, learning the beading, the ribbon skirt, the drumming, making drums. Why? Because we're at a point now where we actually pay attention. And appreciate what we're learning. Because if we had this, when we were in our 20s, would you really have sat down long enough to learn?” (D, 55+ Coffee and Chat, March 2022)*

*“Kevin Fujita, he's the one who helped me find my roots, and my background.” (KL, Peer Mentor, July 2022).*

*“We're making ribbon skirts right now. And it's just been a blast. And you know, knowing why we have ribbon skirts. [Before the program] I was just like, oh, they're really pretty. I wouldn't*

mind having one of those. But now that I'm actually making my own and making it personal, and understanding why, it's great! And I'm smudging more, almost every day while my coffee's being made in the morning.” (J, 55+ Coffee and Chat, June 2022)

### **3) Learning new things together in community**

One woman explains the reason that exposure to Indigenous culture is new, but she is eager to learn:

*“I pushed myself into learning. I was born on a reserve, but I was taken from the reserve young, and went to Hamilton. So not a lot of the culture was practiced. It was in my later teens and early adulthood that I sought out information. But the Program has enlightened it even more for me. Showed me different avenues that I could go and get information, or different functions and stuff.”* (K, 55+ Coffee and Chat, March 2022)

*“I didn’t know a lot [of culture] growing up, so I try to teach my kids everything I learn.”*

Whether it’s sharing recipes or helping each other figure out how to access services, participants appreciate knowledge they share with each other in different aspects of life: *“It’s always good to connect with people and learn more. Not everybody knows everything so its good to get other information or different ways of doing things.”* (R, 55+ Coffee and Chat, March 2022)

Some participants in the Seniors Program have challenges accessing medical supplies and services, and others are willing to support. One woman offered another, “I’ll go through my health file and find all that information and pass it onto you.” (KL, 55+ Coffee and Chat, June 2022). The Peer Mentors also reaped emotional well-being benefits from supporting older adults, for example, in assisting with filling out a survey, one person offered, “I would love to do that with you.” (T, 55+ Coffee and Chat, June 2022).

## **Quantitative Data: Participants’ Survey**

As mentioned above, survey questions were designed holistically and reflect the medicine wheel to address outcomes pertaining to culture, social engagement, the physical realm, and mental health. Measurement compared participants’ wellbeing before and since joining the program. The survey was released in January 2022, and newer participants had a chance to submit in June. One person’s comment in January illustrates how beneficial the program has been for them:

*I have come out of [this] realizing the creativity I have within myself and enjoy meeting new people and Marlene is fantastic at her job and how she cares so much about this group. I have learned so much and done activities I didn’t think I could. This is something I’m so happy I got involved in and meeting new people* (Survey Monkey anonymous comment response, 1/24/2022)

### **Eastern Doorway: Culture**

The first question asked participants to rate the amount of Indigenous culture they engaged in before joining the Seniors Program, and a follow-up question looked for reported changes since joining. There was a 29-point rating difference of improvement from when people began the program and when they had been involved for a while.

The highest number of cultural activities that Seniors Program participants were engaged in *before* joining the program were foods and beading. 10 people identified that they participated in food-related cultural activities, 6 people said they participated in beading, and 5 people shared engagement in land-based activities. One person also identified in the comments that they also participated in making moccasins and ribbon dresses as part of their craft activities.

#### Social:

Five people had social scores of less than 20, while seven people had scores of 50 or higher. The average is 35. A total of 62.5% (N=7) of the respondents had between low quality and neither high nor low quality interactions before joining the Seniors' Program. Only 12.5% (N= 2) said they had high quality or very high-quality connections with community, family and friends before joining the program, but 18.75% (N = 3) said they had somewhat high-quality connections. A total of 5 program participants rated their connections as positive, whereas 11 participants rated their connections as neutral to low quality. This finding is a strong indicator for the baseline experience of community members entering the program.

Questions 5 and 18 demonstrate a dramatic improvement in participants' experiences of interpersonal conflict (fights, arguments) in their relationships with family, friends, community BEFORE and AFTER joining the Seniors Program. When asked to reflect on the levels of interpersonal conflict in their life **AFTER** joining the Seniors' Program, 54.5% (N = 6) reported no interpersonal conflict. Zero people reported a great deal of conflict. 5 participants skipped this question because they were new participants. There are still a lot of uncontrolled variables.

#### Physical quadrant

We notice some improvement for participants in the physical quadrant of health, but the numerical data are insignificant because not all participants responded to question 20.

61.5% (N = 10) participants reported either a great deal or a lot of muscle and joint pain before joining the Seniors' Program, and 25% (N = 4) reported a moderate amount. After participating in the Seniors Program for 6+ months, there were no participants who reported having a great deal of pain, 3 participants reported a lot of pain, and 5 participants reported a moderate amount. Registration documents demonstrate low numbers of engagement in physical exercise activities. One participant shared in the comments that they have a great deal of muscle and joint pain due to fibromyalgia, osteoarthritis, bursitis, and restless leg syndrome (Respondent #3, January, 2022).

#### Mental Health

Before joining the Seniors Program, one person shared in the survey that they had "More sad days than good days, overwhelming. Talking to myself to get out of those bad moods. Thankful creator is there aid me. I live alone, and my little dog helps me." (Survey Monkey anonymous response 6/23/2022). Other participants also deal with depression and anxiety but share that they see much benefit for themselves and others in the Seniors Program.

People have experienced some improvement on their ability to focus on tasks, games, and activities before joining the Seniors Program. 37% of participants stated that it was difficult or very difficult to focus on tasks, games and activities, and since joining the program, and 18.75% said focusing was

easy for them. After engaging with the Seniors Program, only 9% of participants reported difficulty with focusing, and 27.25% indicated that focusing was easy.

Looking at improvements in overall mood, we find that 45% of participants experience emotional wellness, which is a remarkable improvement from before joining the program, in which not a single participant indicated they felt emotionally well. 37.5% of participants reported depression before joining the program, whereas in contrast to when they began, no participants reported depression after joining the Seniors Program. While people with clinical depression and anxiety may not have all their problems solved by participating in a program designed to improve social and cultural wellbeing outcomes, these survey results indicate that the Seniors Program helps participants experience a 45% improvement in their mood.

### Survey Data Analysis: Peer Mentors

There are only three Peer Mentors in the program, so the survey data is not very robust. The sample size is too small to get understanding of trends in a larger population, however, the three responses still constitute valuable qualitative data that tells a story about the experiences and needs of Peer Mentors and the gaps they serve. Survey results are augmented by qualitative data. One Peer Mentor shared their positive reasons about why they enjoy participating in the program, “There’s something special about a bond you create with an older person. I appreciate spending time with them. There’s always a lot of laughter and fun.” (Survey Respondent #1, August 2022)

Questions were designed to assess peer mentor/caregivers’ rate of improvement in their abilities and comfort level to provide support and companionship, based on the evaluation criteria above.

Questions 1 through 7 asked respondents to consider their knowledge and skills for supporting seniors. Both peer mentors rated their knowledge and skills of accessing transportation and coordinating home care for seniors at a 4 out of 5 before joining the program. When it came to knowing how to arrange medical care for seniors, one person said they knew a moderate amount, and the other said “a lot”. The average score for knowing how to order groceries for seniors before joining the program was 4/5, and for Meals on Wheels services, the average rating was 3.5/5. For accessing online library services, one person had a lot of familiarity (4/5) and the other had no familiarity (1/5).

Peer mentors were asked to rate their interpersonal skills of listening, patience, and open-mindedness as indicators for assessing whether they experienced improvement in self care and stress management personally after being a part of the program for 6+ months. Interestingly, both rated their levels for open-minded and patient at 10/10, but they rated their listening abilities at a 5. Question 12 revisits participants’ assessments of their listening abilities and they remain unchanged.

In Question 8, **participants report that their knowledge and skills for arranging medical care have also improved by 50%, while knowledge about coordinating Meals on Wheels has improved by 30%.**

The best outcome for the Peer Mentors was that they all rated their skills and resources for self-care and stress management as “excellent”, or 100% **after** having supported the Seniors Program.

***Participants reported their skills and resources for self-care and stress management at 50% higher than when they first started the program. (Q.9)***

Transportation gaps have also improved, with 66.67% rating their skills as highly knowledgeable for helping older adults to access transportation.

## Events and Activities



**NATIVE CHILD  
AND FAMILY SERVICES  
OF TORONTO**

*Child Centred, Family Focused,  
Community Driven*

# JULY 2022

**MIIN GIIZIS - BERRY MOON**

## Malvern Aboriginal Child and Family Centre

| MONDAY                                                                                                                                                                                                                                                                                     | TUESDAY                                                                                                                                                                                                                                            | WEDNESDAY                                                                                                                                                                                                                                                                                       | THURSDAY                                                                                                                                                                                                                                                                                                      | FRIDAY                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>(on site @ Malvern)</p> <p><b>All My Relatives</b><br/><i>July 18 &amp; 25</i><br/>1:30pm-3:30pm<br/><u>registration required</u></p> <p><b>BINGO</b><br/>(on site @ Malvern)<br/>(Mar, Rita &amp; Peer Mentor)<br/><i>July 18</i><br/>1:30-3:30pm<br/><u>registration required</u></p> | <p>(on site @ Scarborough)</p> <p><b>Summer Socials In The Park</b><br/><i>Morningside Park</i><br/><i>On the Land with Amy/Mar &amp; Peer Mentors</i><br/><i>Meet @ at 1st parking lot</i><br/><b>July 5, 12, 19 &amp; 26</b><br/>1:30-4:00pm</p> | <p>(on site @ Malvern)</p> <p><b>55+ Coffee &amp; Chat</b><br/>(Virtual)<br/>(Peer Mentors)<br/><b>July 13th</b><br/>10:00am-11:00am</p>                                                                                                                                                        | <p>(On site @ Mt. Dennis)</p> <p><b>55+ Lunch</b><br/>(Eglinton Flats)<br/>(Peer Mentors)<br/><b>July 21st</b><br/>10:30am - 12:00pm<br/><u>registration required</u></p> <p><b>On the Lands (Various parks)</b><br/>-with Thomas<br/>(Peer Mentors)<br/><b>July 7, 14, 21 &amp; 28</b><br/>2:00pm-4:00pm</p> | <p><b>Seniors Breakfast</b><br/>(on site @Malvern)<br/>(Shannon)<br/>(Peer Mentor)<br/><i>July 8</i><br/>9:00-10:30am<br/><u>registration required</u></p> |
| <p><b>Check our Instagram for posts &amp; updates:</b><br/>@malvernaboriginalcfc</p>                                                                                                                                                                                                       |                                                                                                                                                                                                                                                    | <p><b>UPDATE:</b> All programs are in person going forward (unless otherwise stated on the flyer). For information, please contact our Senior &amp; Elder Wellness Coordinator, Marlene Element at (416) 574-3251 or <a href="mailto:melement@nativechild.org">melement@nativechild.org</a></p> |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                            |

Figure 4 July 2022 Seniors Program Calendar

Figure 5: Two program flyers for Saturday craft workshops in July and August, 2022



## Recommendations for Implementation

### 1. Endurance and Longevity of the Seniors Program

The program participants clearly love the program, but they have expressed fear that it will disappear. They identify it as “surely needed”, and “praying it will continue.” One participant shared,

*“Am still feeling anxious that the senior program will and I’ll miss it a great deal. I realize nothing is certain in life, especially since covid has disrupted so many people in their lives, their families, friends, members of community. It certainly would help to know there would be a continuation of culturally rich programs, enjoyable social and creative activities. I would enjoy storytelling, drumming, hearing singing, smudging ceremonies. (Respondent #3, January 24, 2022)”*

There is a general lack of services and participants feel aware that without the Seniors Program offered by NCFST at Malvern, there is nothing else locally available. They have found something in this program that nurtures their spirit, need for community, and their mental health, which they would have trouble replacing. Important to consider is the gap the Seniors Program fills in supporting healing from intergenerational trauma, the Sixties Scoop and Indian Residential Schools through culture-based activities. Enrollment in the Seniors Program is now ongoing and they want to keep it that way. **Funding levels need to match the rollover participation levels.**

### 2. Transportation

Currently, there are between 5 and 10 community members who travel to Scarborough from Mt. Dennis to attend programs<sup>3</sup>. Discussions not only with community members but also Peer Mentors and the Elder and Seniors Wellness Coordinator revealed that the Seniors Program’s shift from virtual, as it had began, to in-person activities proved to be a challenge for some community members in

<sup>3</sup> Based on attendance reporting data, March – September 2022

terms of accessing the program. When COVID shut us all in, many older adults reveled in the fact that activities had gone virtual. Once they got access to devices to log onto programming, participants found that they had increased access to connection with each other and culture. Some community members, however, had reasons for not attending in person and ended up missing out on important social and cultural connection and activity programming.

Some Seniors Program participants have anxiety around using the TTC, partially due to deep seated issues and others because they feared catching COVID on public transit. While NCFST was issuing Uber chits during the height of the COVID-19 Pandemic, that funding was shifted to in-person activities once more of the population was vaccinated and activities returned to more of a pre-pandemic normal. The budget simply didn't exist to transport people by car, although TTC fare was provided.

Some community members did not respond to the empowerment activities of the program as hoped for in outcomes planning and found that their persistent poverty, anxiety, and mobility issues could not be met at this time by the funding limitations of the program. For example, participant "A" noted:

*When they were offering, you know, the odd time, they'd have breakfast at the centre or whatever, they would Uber me there. And Uber me home. It was excellent, eh? I was at every one. (Participant "A", Seniors Coffee and Chat, June 2022)*

Once funding for Uber was redirected back to in-person events, however, this participant felt reluctant to take public transit:

*I'm not taking a bus. Cause I don't wanna mingle with so much people, it's just my - I've never even been to Scarborough Town Centre, and I've been here since I was 16. Cause the fact of the crowd coming at you. (Participant "A", Seniors Coffee and Chat, June 2022)*

**We already have Access Drivers for kin in care. Perhaps this program needs more volunteers who can drive. It would be helpful for Malvern to have its own wheelchair-accessible source of transportation such as a van, particularly since participants identified transportation as a challenge for them. This stage of life needs inclusive, accessible activities that allow all who are interested to participate.**

### 3. Staffing, Outreach and Engagement Across Sites

The Indigenous Wellness Worker (Marlene Element) identified that she loves her work but feels that she does not have enough time to do programming and case management at all NCFST locations. The community members clearly love Marlene and text her regularly. Marlene shared that she also offers ad hoc counseling as part of her case management work. Several times during the evaluation, Peer mentors filled in as best as they could, or programming had to be cancelled when the Wellness Coordinator was ill. Because she is running around to several work sites, her risk of contracting illnesses including COVID-19 is higher than other workers. The understaffing means that the program cannot be relied upon to run as planned. The impact of precarious staffing has affected programming and people's feelings that they can rely on its stability. **Improve the staffing compliment and mental health supports by hiring an additional Wellness Coordinator would optimize Seniors Program.**

An additional Wellness Worker would support outreach in other areas of the GTA, as the data demonstrates an imbalance in the programming at NCFST's Mt. Dennis Hub despite the growing numbers. There is only so much that one Wellness Worker can accomplish in an eight-hour day. She told me,

*It's not like lack, or not being able to do it, I just feel like I can't give myself to the whole city. Fairly. I can only have - can you imagine having a caseload of every senior that engaged across the city? I could go downtown, I can do programming as well, but I find the east alone is one whole community, whether it's Galloway or Malvern. That's where the majority of the seniors are coming from... I don't think the seniors from the east will come out to the west. (Galloway Rd. part 1.26 July 2022, Pos. 13-15, 21).*

#### 4. Food sovereignty

Food was the highest rated cultural activity in the Seniors Program survey at 63.64% participants identifying it what they engaged in most, both before and after they began participation in the program. Almost all the Seniors Program participants have been identified by the Wellness Worker as having diabetes. While cooking programs are offered through other parts of the agency, they are not focused on the needs of urban Indigenous older adults. A wild rice pudding workshop was included in last year's programming, and the Wellness Worker identified that she would like to be able to **offer more diabetes-friendly and anti-inflammatory cooking activities if the resources were available.**

Certain community members have a perpetual struggle with poverty, and during the Pandemic, were signing up for the special food hampers every two weeks. While they were told by staff not to become "dependent" on the food hampers, when those funds came to an end across the agency, many community members participating in the Seniors Program found themselves needing ongoing supports in the form of food cards. One participant in the Seniors Program mentioned in a group interview that when she cooks, she shares whatever she has and others try to support similarly.

Two gaps in food sovereignty programming emerged that are directly related to funding. One, is that the community members love participating in workshops that teach about traditional foods in alignment with the seasons. For example, they made maple baked beans and wild rice (*manoomin*) pudding with blueberries (*min*).

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|  <p>NATIVE CHILD AND FAMILY SERVICES OF TORONTO<br/>Child Centred, Family Focused, Community Driven</p> <p><b>Saturday February 19th</b><br/>9:00AM - 11:30AM</p> <p>Warm &amp; hearty wild Rice &amp; Blueberry pudding like a blanket of warmth on a cold winter day.</p> <p>This workshop will take place virtually.<br/>1 Kit per household</p> <p>*Registration is required*<br/>Space is limited.<br/>Registration Cut off is Monday February 14th, 2022 at 5:00pm.</p> <p>Open to Aboriginal seniors/elders 55+, and their caregivers.</p> <p> <a href="#">esfcfc_house_of_gishik</a><br/><a href="#">emalvernaboriginalcfc</a></p> | <p><b>MANOOMIN &amp; MIIN PUDDING</b></p> <p>Malvern Aboriginal Child &amp; Family Centre<br/>31 Tapscott Rd. 7th M1R 4Y7</p>  <p>To register contact Marlene Element<br/>Elder and Senior Wellness Coordinator<br/><a href="mailto:melement@nativechild.org">melement@nativechild.org</a> OR (416)574-3251</p> |  <p>NATIVE CHILD AND FAMILY SERVICES OF TORONTO<br/>Child Centred, Family Focused, Community Driven</p> <p><b>Saturday March 19th</b><br/>8:30AM - 11:30AM</p> <p>The Maple Season is upon us, join us to prep &amp; bake your own pan of baked beans!</p> <p>This workshop will take place virtually.<br/>1 Kit per household</p> <p>*Registration is required*<br/>Space is limited.<br/>Registration Cut off is Monday March 9th, 2022 at 5:00pm.</p> <p>Open to Aboriginal seniors/elders 55+, and their caregivers.</p> <p> <a href="#">esfcfc_house_of_gishik</a><br/><a href="#">emalvernaboriginalcfc</a></p> | <p><b>MAPLE BAKED BEANS</b></p> <p>Malvern Aboriginal Child &amp; Family Centre<br/>31 Tapscott Rd. 7th M1R 4Y7</p>  <p>To register contact Marlene Element<br/>Elder and Senior Wellness Coordinator<br/><a href="mailto:melement@nativechild.org">melement@nativechild.org</a> OR (416)574-3251</p> |
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The Wellness Worker had tried to develop a program for Seniors' meal planning, but as she explained,

*I was told they have other cooking programs with other parts of the hub, so I don't do any cooking with them, and I really want to. The beans and wild rice pudding, that's the only cooking I've been able to do with them because they receive cooking programs with other parts of the agency. (Galloway Rd 2, Pos. 141)*

Pretty much all the community members have diabetes, according to the Wellness Worker, whose role also includes case management. The challenge for older adults, as she put it, is that “you're set in your ways of cooking how you know how to cook” (Galloway Rd 2, Pos. 150). What she hopes for is more opportunities to run diabetes-friendly meal planning workshops for the Indigenous 55+ community members.

The second gap in food sovereignty programming is related to the fact that participants in the Seniors Program continue to struggle with low-income levels and during the pandemic, had become reliant on food hampers. As the Wellness Worker explained,

*Certain community members were signing up for the special covid hampers every two weeks. Anyways, those funds have come to an end. When that ended across the board, everyone was saying to them, don't become dependent, we don't know how long this is going to last. “B” was very dependent on food cards and whatever was in the hamper. So between food cards, uber there and back, when they came to an end and we were doing only medical, she was saying she needs this. I told her that funding came to an end...Every month they would get a \$50 food card, but that was short lived February - April. So with the food cards, that came to an end, and so how [the supervisor] set it up, I had said okay, sorry to let you guys know, this food support has come to an end. It was for community members 55+ that were involved in programming and case management type support. I said at this time, if you are in dire need of a food card, please call duty response as there isn't a specified Senior or Elder food support program taking place at this time. They become very dependent” (Galloway Rd July 2022).*

Not only do Seniors Program participants enjoy the social benefits of sharing cultural foods like wild rice pudding, Three Sisters Stew, and bannock, **but this stage of life also needs a very specific lens on food as a health and wellness modality.**

#### 5. Name of the Program and Assumptions

Indigenous community members resist being called “Seniors”, particularly since their aging processes do not conform numerically to those of mainstream Canadians. It is well known that Indigenous health and economic outcomes are statistically poorer than mainstream Canadians (Statistics Canada, 2021). One community member offered this insight:

*I can't even look at myself as a senior. I first got involved with the group when Covid started. My daughter sent me so many links. She's been sending me links for 55+. So, when I first took part, I thought I don't want to be here. I couldn't acknowledge to myself that my age is going up. And it was hard to accept but I still took part in the group. Its these little groups, it was so hard for me to acknowledge I'm at that age now. Thinking about being a senior and still working where I experience a lot of a bullying from the supervisors and trying to deal with that. All I think of is*

*how dare this boss of mine talk to me in that tone when I am 63 years old (“J”, 55+ Coffee and Chat. March 2022, Pos. 37).*

The recommendation is to **adjust language around the ways in which older adults are represented in outreach materials**. More broadly speaking, mainstream culture must include health data from Indigenous older adults to accommodate their needs. As one community member put it,

“You can get into that Seniors TCHC building if you're 55 and up. But, if you go right across the street to the Shoppers Drug Mart at Markham and Lawrence on Tuesday, for the senior discount on the bag of milk, you can't have it cause you're not 65. Like, make up my mind! Am I senior today or not? (55+ Coffee and Chat June 2022, Pos. 44)

The program design assumed that program participants would have caregivers, but the evaluation findings show that most of them are self supporting and independent. While the peer mentors have been a wonderful support to the program bridging the gap between staffing and caregivers, perhaps what is necessary is a shift in the ways in which the community members can support and provide care for one another. For example, many participants in the 55+ Program (as it has come to be called) live close to one another in the Sewells road complex.

Participants in the 55+ Program have identified that they love to support one another by sharing many kinds of resources, from helping each other with pick ups, driving, food, technology, and health access information. The participants are developing their own collective caregiving culture. Perhaps instead of having caregivers, the 55+ Program could re-route the caregiving skills back to the seniors themselves so they could do their own community work in a more traditionally Indigenous, collective way.

**As they collectively organize and identify their disconnect with the term “seniors” to describe themselves, the recommendation is for the 55+ Program participants to come together in circle and ceremony and discover an Indigenous name that reflects their northern position on the Medicine Wheel.**

## Recommendations for Future Research

The participants adore the Senior and Elder Wellness Worker:

*I look forward to every activity and feel so much better on the new things I learn from this group. This has made a fabulous input into my life everyday. Marlene is a beautiful person she's terrific at her job. (Anonymous Survey Respondent, 1/24/2022 10:15 AM)*

### Trauma Manifests in the Body

As much as the Senior and Elder Wellness Worker loves her job and works hard supporting community members' mental health, the impact of intergenerational trauma is bigger than her resources. We know that exercise and/or gentle movement would be helpful for trauma, and community-based programs have excellent outcomes (Wicklham et al 2019; Levy et al 2020).

More research could be directed toward exploring the physical impacts of trauma and how they manifest in the body. The attendance and programming records for the 55+ Program demonstrate little to no engagement with any movement or exercise activities. All but two community members indicated a lack of motivation and/or ability to engage in exercise. The program staff could spend more time investigating how to encourage older Indigenous adults to enjoy movement so that it is less of a struggle to get involved. One suggestion could be to encourage accountability through relationship. For example, we know the importance of older Indigenous adults in the lives of young people, so one suggestion could be to integrate more programming in the context of On The Land. The 55+ program participants could attend programming with the children, and explore traditional powwow dance forms, or gardening activities, or other explorations on the land. Another suggestion to encourage physical activity might be dog walking, where mobility allows.

### Music as Therapy

There is an absence of music in the 55+ Program. Offer more co-ordinated programming between Indigenous youth and the 55+ Program participants with drumming, singing and even listening to music together.

### Intimate Relationships

55+ Program participants have shared how important relationships are to them, but only one of them is married or in a domestic partnership. Many Indigenous older adults could benefit from workshops and programming that explore healthy relationships, and what it means to be single as an urban Indigenous older adult. Mainstream culture assumes that older adults are asexual, yet we should not be making these assumptions. Future research in this area could explore what programming needs are as yet unmet.

### Poverty Reduction

We have seen the need for ongoing poverty reduction and food sovereignty activity. In June 2022, a visit to Galloway revealed that staff and 55+ Program participants are thinking about gardening, but finding a space to do this is still in process. Gardening could ease the pressure on grocery bills while encouraging more outdoor physical activity.

Financial literacy workshops could also be very helpful, as urban Indigenous older adults may have little in the way of retirement savings. They may not feel they have any financial agency, but a workshop could offer some creative solutions and planning skills. Further, trauma has far-reaching economic effects, and research in this area could benefit the community significantly.

## Appendices:

### Appendix 1: Attendance Reporting Data, March – September 2022

#### Transportation support access

Once participants were able to attend events in person, TTC fare was offered. Some participants accessed support to attend in person events via Uber. According to the Marlene Element, Elder and Seniors Wellness Worker, many participants walk over together from the Sewells Road Wigwamen Housing Co-op. They meet before attending and ensure that they get outside together, so that no one is left behind.

| Type of Session | *Number of Participants | TTC tokens Provided | Participants who received Uber |
|-----------------|-------------------------|---------------------|--------------------------------|
| Virtual         | 150                     | 0                   | 0                              |
| Face-to-face    | 246                     | 41                  | 6                              |
| <b>Total</b>    | <b>396</b>              | <b>41</b>           | <b>6</b>                       |

#### Participation in Programming Types by Quadrant on the Medicine Wheel

To offer holistic programming, events were organized around the four quadrants of the medicine wheel to nourish and support healing around the spiritual, the social, the physical, and the mental. Some events addressed more than one quadrant simultaneously.

|                        |                  |           |            |
|------------------------|------------------|-----------|------------|
| ☐ <b>Spiritual</b>     | Saturday Special | 14        | 4%         |
|                        | On the Land      | 3         | 1%         |
|                        | All My Relatives | 27        | 7%         |
| <b>Spiritual Total</b> |                  | <b>44</b> | <b>11%</b> |

| Focus of the Session | Session Name                   | *Number of Participants | %          |
|----------------------|--------------------------------|-------------------------|------------|
| Social               | Coffee & Chat                  | 35                      | 9%         |
|                      | Saturday Special               | 6                       | 2%         |
|                      | BINGO                          | 15                      | 4%         |
|                      | 55+ Coffee Chat                | 34                      | 9%         |
|                      | On the Land                    | 8                       | 2%         |
|                      | Summer Social                  | 9                       | 2%         |
|                      | Dinner & a Movie "Scarborough" | 8                       | 2%         |
|                      | Breakfast is Served            | 16                      | 4%         |
|                      | Culture Night                  | 9                       | 2%         |
|                      | Harvest Dinner                 | 20                      | 5%         |
| <b>Social Total</b>  |                                | <b>160</b>              | <b>40%</b> |

The social programming was the most popular; 40% of the participants attended these events.

|                     |                      |            |            |
|---------------------|----------------------|------------|------------|
| Mental              | Finger Paint Therapy | 7          | 2%         |
|                     | Creative Crafting    | 13         | 3%         |
|                     | Saturday Special     | 12         | 3%         |
|                     | BINGO                | 44         | 11%        |
|                     | All My Relatives     | 20         | 5%         |
|                     | Make a Mug           | 6          | 2%         |
| <b>Mental Total</b> |                      | <b>102</b> | <b>26%</b> |

Bingo is a huge hit with the Seniors, and it helps engage the mental self in terms of supporting cognition and attention. The Bingo attendance numbers explain why the activities landing in the mental quadrant were so highly attended.

|                       |                     |           |            |
|-----------------------|---------------------|-----------|------------|
| Physical              | Saturday Special    | 17        | 4%         |
|                       | Chair Yoga          | 1         | 0%         |
|                       | On the Land         | 41        | 10%        |
|                       | Kookums Kupboard    | 11        | 3%         |
|                       | Breakfast is Served | 7         | 2%         |
|                       | Culture Night       | 2         | 1%         |
|                       | All My Relatives    | 6         | 2%         |
|                       | Walk and Stroll     | 1         | 0%         |
|                       | Seniors Walk        | 4         | 1%         |
|                       | Seniors Brunch      | 0         | 0%         |
| <b>Physical Total</b> |                     | <b>90</b> | <b>23%</b> |

People loved attending events in person and outdoors, which is demonstrated by the highest percentage of physical events being related to the On the Land programming.

The Saturday Special events were also popular as community members got to engage in traditional crafts, which not only are physical activities, but also support growth and healing in the cultural, social, and mental realms of being.

## Appendix 2: Survey Questions for Seniors Program Participants

| Question                                                                                                                                                   | Rating Scale                                                                            | Number of Responses | Average number response                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| How much Indigenous culture do you feel you were engaged in BEFORE being in the Seniors Program?                                                           | Out of 5                                                                                | 16                  | Rating 4 out of 5                                                                                                                     |
| What aspects of culture did you engage in Indigenous culture BEFORE joining the Seniors Program?                                                           | Multiple choice: drumming, dance, foods, land-based, storytelling, firekeeping, beading | 16                  | Highest level of participation was in food, second level was in beading, third was land-based. The lowest was in firekeeping.         |
| What was the amount of your contact with community, family and friends BEFORE joining the Seniors Program?                                                 | Rating out of 5                                                                         | 16                  | Average was 3.5                                                                                                                       |
| How would you describe the quality of your connections to community, family and friends BEFORE you started the Seniors Program?                            | 7-level nuanced multiple choice rating: Very low quality to very high quality           | 16                  | 43.75% of respondents answered in the median range of Neither high nor low quality                                                    |
| How much interpersonal conflict (fights, arguments) did you have in your relationships with family, friends, community BEFORE joining the Seniors Program? | 5-level multiple choice none at all to a great deal                                     | 16                  | 10 people answered little to none at all                                                                                              |
| How would you describe the quality of your physical health BEFORE you started the Seniors Program?                                                         | Rating out of 5                                                                         | 16                  | Average was 3.7                                                                                                                       |
| How much muscle and joint pain did you have BEFORE joining the Seniors Program?                                                                            | Multiple choice scale of 5 none at all – a great deal                                   | 16                  | 14 respondents said they have between a moderate amount and a great deal of pain                                                      |
| Did you have digestive issues (i.e. abdominal discomfort, heartburn, problems with elimination)?                                                           | Yes/No                                                                                  | 16                  | 56.25% answered yes                                                                                                                   |
| How was the quality of your ability to focus on tasks, games, activities, conversations BEFORE you joined the Seniors Program?                             | 5 point Multiple choice very easy to very difficult                                     | 16                  | 43.75% (N=7) responded as neither easy nor difficult. 6 respondents said their ability to focus is either difficult or very difficult |

|                                                                                                                             |                                                                                                                           |    |                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----|---------------------------------------------------------------------------------------------------------------------|
| How would you rate your mood BEFORE joining the seniors program?                                                            | 7 point multiple choice scale so depressed I couldn't get out of bed to always felt emotionally well                      | 16 | 10 people responded with some good days and some bad days                                                           |
| How much Indigenous culture do you feel you are engaged in SINCE joining the Seniors Program?                               | Likert scale out of 10                                                                                                    | 11 | Average score was 6.9/10                                                                                            |
| What aspects of Indigenous culture do you now engage in since joining?                                                      | Multiple choice including drumming, dance, foods, land-based, story telling, beading, fire keeping.                       | 11 | Zero participants do fire keeping. The highest number of participants engage in foods, with beading a close second. |
| How much engagement do you have with family, friends, and community since joining?                                          | Likert scale out of 10                                                                                                    | 11 | Average rating 5.7                                                                                                  |
| How would you describe the quality of your connections to community, family and friends now, since you started the program? | Multiple choice from very low quality, to very high quality. No change was also offered as a choice but no one responded. | 11 | 72% responded between somewhat high quality to very high quality, with the median being high quality.               |
| How much interpersonal conflict do you have in your relationships now since you joined the program?                         | Multiple choice from a great deal to none at all.                                                                         | 11 | 54.55% said they have no conflict and 18% said they have a little.                                                  |
| How would you describe the quality of your physical health now since you started the program?                               | 4 point Multiple choice from worse to better                                                                              | 11 | 10 respondents said that their physical health is about the same or better                                          |
| How much muscle and joint pain do you have since joining the program?                                                       | 6 point multiple choice including No change                                                                               | 11 | 8 people said they have a moderate amount to a lot of pain.                                                         |
| How would you rate your mood now since you joined the program                                                               | 5 point multiple choice scale                                                                                             | 11 | 45% (N=5) said they feel emotionally well most or some days. 54.5% said they have some good days and some bad days. |
|                                                                                                                             |                                                                                                                           |    |                                                                                                                     |
|                                                                                                                             |                                                                                                                           |    |                                                                                                                     |

## Appendix 3: Logic Model

Program objectives:

| <b>Inputs</b><br><br>(What resources are we investing into our program? Or what resources do we need?)                                                                                                                                                                                                                                                                                                          | <b>Outputs</b><br><br><i>Activities (What will you do to achieve our program objectives?)</i><br><i>Participation (Who will access our program? What are their characteristics? How frequently will we engage with them?)</i>                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                           | <b>OUTCOMES – IMPACT</b><br>(The incremental events/changes that occur as a result of the outputs)                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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|                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                           | <b>SHORT-TERM</b>                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>LONG-TERM</b>                                                                                                                                                                                                                                                         | <b>THEORY OF CHANGE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <ul style="list-style-type: none"> <li>• Staff offering program support</li> <li>• Funding from Allan Slaight fund - \$650,000 @ \$130,000 per year for five years</li> <li>• Senior Wellness Coordinator, Peer mentors &amp; Zishay</li> <li>• More funding needed to service Mt Dennis</li> <li>• Deliveries of food and other supplies needed for workshops</li> <li>• Permanent On the Land site</li> </ul> | <ul style="list-style-type: none"> <li>• IT &amp; tech support trainings for elders</li> <li>• Trainings for caregivers</li> <li>• Binaadzawin/Goodlife Health &amp; Well being</li> <li>• Virtual Communal Kitchen</li> <li>• Paint nights (virtual)</li> <li>• Bounce fit</li> <li>• Cultural connections</li> <li>• Engaging elders with Aboriginal Headstart</li> <li>• Book club &amp; hand drumming</li> <li>• Food handlers &amp; First Aid/CPR for caregivers</li> </ul> | <ul style="list-style-type: none"> <li>• Seniors and their caregivers engaging in virtual programming together until pandemic restrictions ease. Programming is weekly or as-needed</li> <li>• may include some in home supports</li> <li>• supports/supplies will be delivered so participants can experience the programs and learn together</li> </ul> | <ul style="list-style-type: none"> <li>- Strengthening intergenerational relationships</li> <li>- Strengthening natural cultural fit between children and elders</li> <li>- Caregivers of elders feel less isolated and more supported</li> <li>- Increase elders' knowledge of resources</li> <li>- Decrease social isolation</li> <li>- Increase social connectedness</li> <li>- Healthier relationships and bonding</li> </ul> | <ul style="list-style-type: none"> <li>- Food sovereignty</li> <li>- Long-term improved health outcomes</li> <li>- Aging in place</li> <li>- Cultural transmission through intergenerational connectivity</li> <li>- Deepened relationships rooted in culture</li> </ul> | The Indian Act, with its legacy of Residential Schools, the Sixties Scoop and internalized settler colonial structures has undermined cultural knowledge transmission and traditional Indigenous family values. This cultural genocide means that contemporary Indigenous seniors in urban centres have less access to cherished intergenerational relationships and caring circles. This problem is now generations old and exacerbated by the Covid-19 Pandemic. While it might be expected in settler societies for older adults to age in long term care, Indigenous families in contrast have traditionally held grandparents closer to home and families have benefitted from rich intergenerational relationships and cultural transmission. Instead, many Indigenous seniors are living with social isolation, lack of intergenerational relationships and cultural connection. All these factors decrease overall health and wellbeing, increase morbidity rates, and decreased cultural transmission. |

## Evaluation Questions for Inputs

| Inputs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>What will you evaluate about your inputs?</b></p> <p>What resources are lacking?</p> <p>➡ Staff and funding for food sovereignty and transportation</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <p><b>How will you evaluate your inputs?</b></p> <p>➡ talking circle, staff interview, Seniors &amp; Peer Mentor survey</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <p><b>What are criteria for success?</b></p> <ul style="list-style-type: none"> <li>How did participants access the inputs?</li> </ul> <p>➡ Participants attended free programs virtually and picked up supplies from Malvern, or attended in person at Malvern and On the Land sites.</p> <ul style="list-style-type: none"> <li>Were there sufficient inputs to distribute?</li> </ul> <p>➡ When programming shifted to in-person, some participants could not access inputs due to insufficiencies in funding.</p> <ul style="list-style-type: none"> <li>How were staff shortages managed?</li> </ul> <p>➡ Peer Mentors stepped in to support events when Wellness Worker was sick. Having only one Wellness Worker proved to be too much of a stretch for her to deliver programming at all sites.</p> |

## Evaluation Questions for Outputs: Activities and Participants

These questions were asked in semi-structured group interviews on March 1 and June 22, 2022.

| Activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Participants                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>What will you evaluate about your activities?</b></p> <ul style="list-style-type: none"> <li>Did participants receive supplies on time</li> <li>Were supplies helpful?</li> <li>What was or wasn't helpful?</li> <li>Could they access staff support</li> <li>How did they experience staff?</li> <li>What are the ways in which people's mental health were affected/positive/negative</li> <li>How did participants feel spiritually? Did they learn new things about culture?</li> </ul> | <p><b>What will you evaluate about your participants?</b></p> <ul style="list-style-type: none"> <li>Did participants actually attend the program? If yes, how often?</li> <li>Did Peer Mentors attend the program?</li> <li>Did their mental and or physical health improve?</li> <li>Can participants talk about culture more comfortably than before?</li> <li>Do caregivers know more about culture than before the program?</li> </ul> |
| <p><b>What are criteria for success?</b></p> <ul style="list-style-type: none"> <li>Questions plotted on medicine wheel; making sure that all quadrants are addressed</li> <li>Are the activities supporting participants culturally needs, and if so, how?</li> <li>Are participants' emotional needs addressed through the activities, and if so, how?</li> </ul>                                                                                                                               | <p><b>What are criteria for success?</b></p> <ul style="list-style-type: none"> <li>regular attendance at programs</li> <li>participants learn to use the supplies effectively</li> <li>how much more do participants know about culture than before?</li> <li>Do participants access more resources/community supports?</li> </ul>                                                                                                         |

|                                                                                                                                                                                                             |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Do the activities support participants physically? If yes, how? What are the markers of improvement? Better sleep? Better digestion? Improved mobility?</li> </ul> | <ul style="list-style-type: none"> <li>• Are they able to use the technology to participate?</li> </ul> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

## Appendix 4: Getting to Outcomes

### Logic Model

#### Evaluation Questions for Outcomes

These questions were asked in semi-structured group interviews on March 1 and June 22, 2022.

| Short Term                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Long Term                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>What will you evaluate about your short-term outcomes?</b> <ul style="list-style-type: none"><li>• looking for positive feedback from participants about their experiences of the program</li><li>• exploring questions along the medicine wheel: spiritual, emotional, physical and mental benefits of the programming</li><li>• do they have increased knowledge and use of the technology</li><li>• improved ease with cooking and nutrition</li><li>• more shared meals</li><li>• improved relationships</li><li>• do they do smudge more often?</li></ul> | <b>What will you evaluate about your long-term outcomes?</b> <ul style="list-style-type: none"><li>• increased physical health i.e. improved blood pressure, diabetes management, mobility</li><li>• do caregivers and seniors have increased cultural exchange and do other family members benefit? If so, how?</li><li>• what are their moods/temper like? Motivation to move in nature?</li><li>• how is their thinking? Memory?</li></ul> |
| <b>What are criteria for success?</b> <ul style="list-style-type: none"><li>• community members prepare more of their own meals &amp; have calls with family</li><li>• Participants feel happier than before the program began</li><li>• increased cultural knowledge</li></ul>                                                                                                                                                                                                                                                                                   | <b>What are criteria for success?</b> <ul style="list-style-type: none"><li>• Improved overall health and wellbeing</li><li>• Improved relationships</li></ul>                                                                                                                                                                                                                                                                                |

#### Assumptions (What are we assuming about The Seniors Program?)

- We assume that there will be enough staff, caregivers, and participants.
- We assume that all stakeholders have access to the technology to access the programs
- We assume that there is enough funding to pay staff and get supplies to participants
- With the newly opened Malvern Hub, we assume that there is a space to meet in person when the pandemic allows

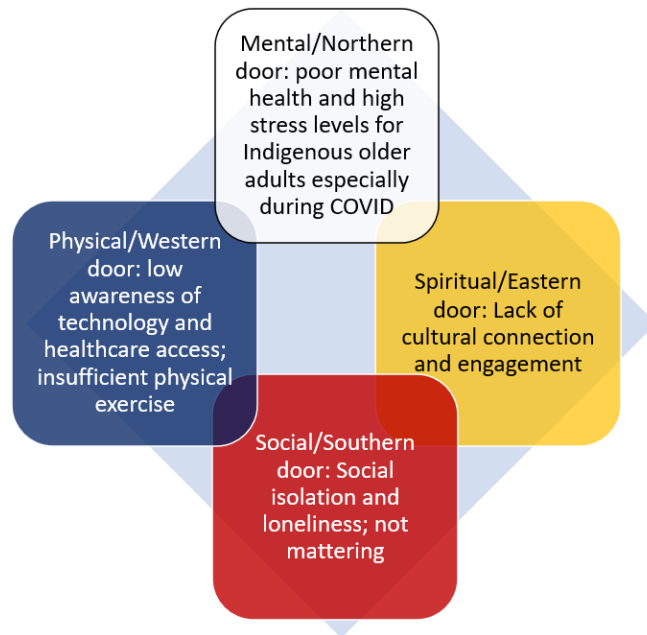
#### External Factors (What factors can you identify that are outside of your control that could affect your program?)

- The Pandemic could affect the program in several ways, including more shutdowns, participant or staff illness, or other indirect pathways such as supply chain issues
- Funding cuts affecting inputs
- Loss of staff / participants due to illness or funding cuts

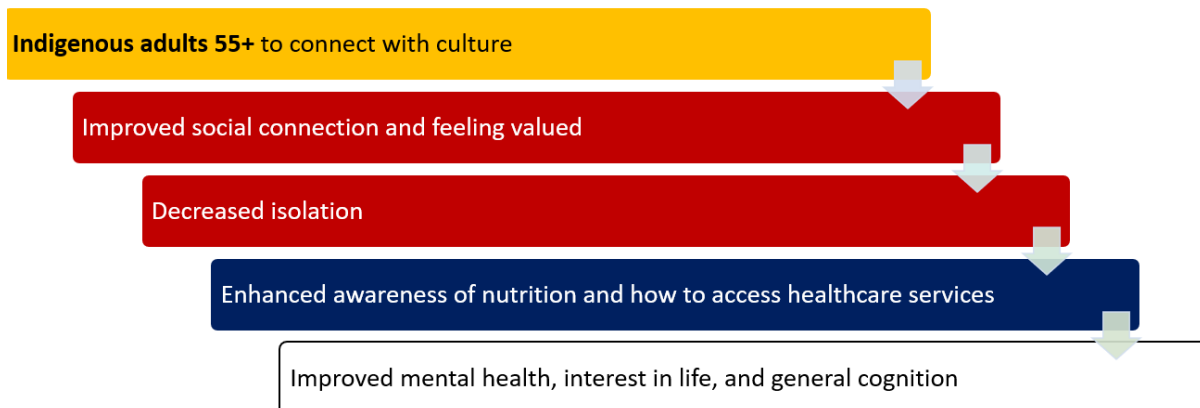
## Visual Mapping

Points are plotted clockwise on a circle to guide a trajectory of program development from theory of change to outcomes and evaluation.

# 1. What are the underlying needs we are trying to address?



## 2. What are the desired outcomes, population, and objectives?



3. What **models** does the research suggest are effective to meet these outcomes?

- CULTURE
- Western critical gerontology studies
- Scholarly writing on Indigenous aging
- Medicine wheel: **spiritual, social, physical, mental**
- Image source: <http://www.curvelakeculturalcentre.ca/culture/medicine-wheel/>



4. How might we need to adapt this to fit our context?

**TWO-EYED SEEING:** integrates both western science and Indigenous ways of knowing to create a structure that satisfies colonizing funding mandates while supporting the reclamation of Indigenous culture practices to support the thriving of community

The use of the Medicine Wheel ensures that programs are holistic

The use of the Medicine Wheel balances Indigenous ways of knowing and can also support western evaluation methods

The use of the Medicine Wheel in program development and evaluation is decolonizing because it validates Indigenous ways of knowing

5a) What skills would we need to implement the Seniors Program?

#### SKILLS

Staff and peer-mentors need to be grounded, culture-based and trauma-informed

If they're not Indigenous, they need to be respectful and open-hearted to learn – but not in an appropriative way – HOW?

Elders and other knowledge holders (shkabewis and zishay) become knowledge SHARERS – acknowledge our teachers

Knowledge of how to integrate mainstream practices of health and wellness for seniors

5b) What organizational capacities would we need to implement the Seniors Program?

**CAPACITIES:** two staff to do outreach, case management, and provide service to all 4 NCFST locations

Transportation for moving participants between locations

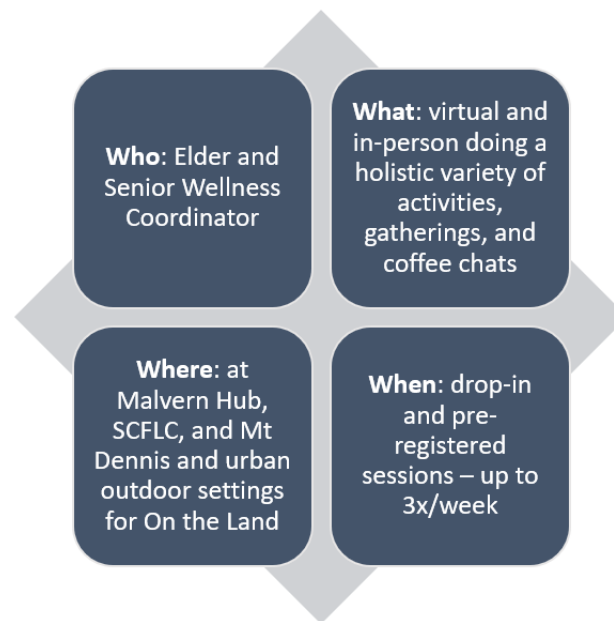
In urban settings: Need to be wheelchair accessible & have washroom facilities

Equipment for crafting

Funding for crafting and food sovereignty activities

Canopy for shade & rain

## 6. How will we plan implementation of the Seniors Program?



7. Did we get it implemented as planned?

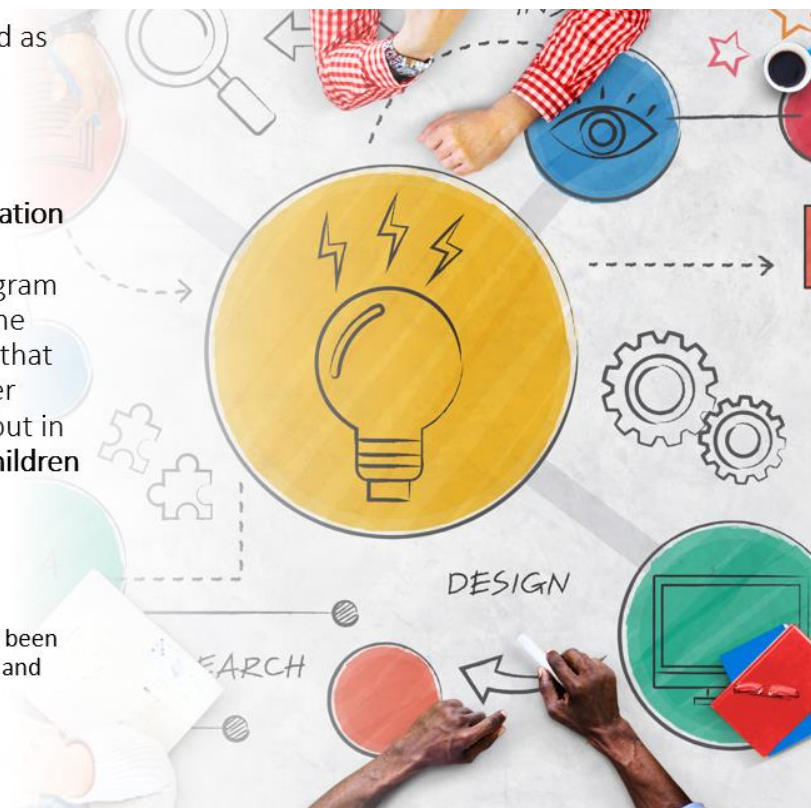
YES and no.

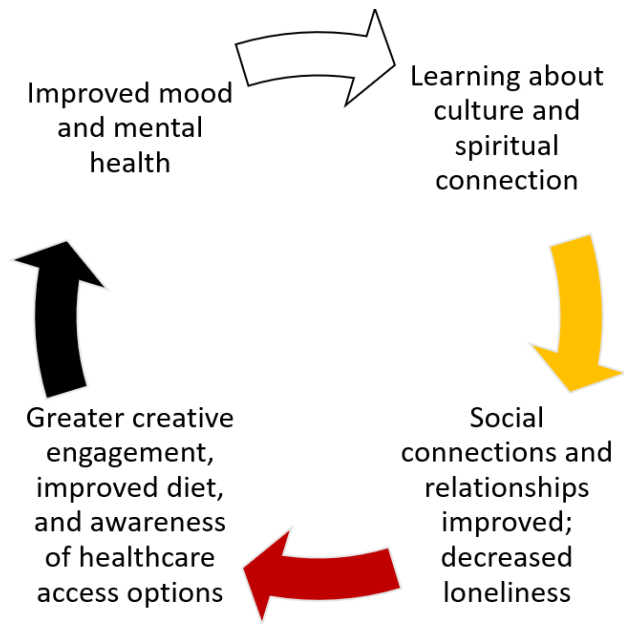
How do we know?

**Process and outcomes evaluation**

Originally intended as a program for seniors and caregivers, the participation data indicated that not only did Indigenous older adults not have caregivers, but in fact **they are caregivers to children and youth.**

As of Fall 2022, a Seniors' Council has been formed to guide future programming and advocacy of the Seniors' Program





8 a) Did we achieve the desired outcomes:  
Serving the 55+ Crew

## Resources

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