

(Thomas-Prokop et al., 2004). The limited availability and accessibility of services and the small number of health care providers has had a particular impact on elderly or physically challenged women, who end up relying on informal care providers for their health care needs (Leipert & Reutter, 2005b; Magilvy and Congdon, 2000).

Crosato and Leipert (2006) report that informal caregiving is more prevalent in rural and remote communities due to a lack of services and funding for health care provision in these areas. In these communities, the extended family plays a particularly important role in providing informal care for elderly people (Penning & Chappell, 1987). Further, women tend to provide the majority of informal care in these communities (Armstrong & Armstrong, 1996). Informal caregivers are therefore an integral part of health service delivery in northern and remote communities because they offer “back up” care and supervision for elderly residents who would otherwise need more formalized long-term care.

The number of Aboriginal seniors is growing rapidly in Canada. Between 1996 and 2001, this segment of the population increased by 40 per cent (Statistics Canada, 2001). Still, there are many gaps in the provision of formal health care services for this demographic, especially for elderly residents living in remote areas. These gaps are largely a result of successive funding cuts, which have contributed to, among other evils, the closure of local health service offices, problems recruiting and retaining health care professionals, and lack of awareness on the part of health care providers and patients about available resources in remote communities (Magilvy & Congdon, 2000). Buchignani and Armstrong-Esther (1999) assert that current health and social policies have failed to meet the service needs and demands of Aboriginal seniors and that, if not rectified, this could become a major social issue in the near future. To begin to address this issue, it is important to understand the specific health needs and barriers to service that Aboriginal seniors face.

Magilvy and Congdon (2000) suggest that Aboriginal seniors are generally at an advantage when it comes to receiving care, due to their generally large family and community support networks and because of the importance placed on Elders in Aboriginal cultures. However, Buchignani and Armstrong-Esther (1999) caution against using such assertions to support the discontinuation or downscaling of assisted living programs or home care services based on the assumption that Aboriginal seniors can always rely on informal support networks. In many remote and northern Aboriginal communities, for example,

poverty and low employment rates mean that adult children must often work outside the home or move to urban centers in search of employment, leaving elderly parents without informal health care and social support (Magilvy & Congdon, 2000).

Formal health care services are increasingly organized and delivered from a small number of centralized locations, rather than being based in each community. This may reduce the quality of formal care received by elderly Aboriginal women living in remote areas, because health care providers from outside the community do not have the same intimate understanding of the women’s personal living situations (Morgan, Semchuk, Stewart & D’Arcy, 2002). As a result many elderly residents are reliant on family members to provide informal care. Crosato and Leipert (2006) further note that Aboriginal women who provide informal care for elderly family members face many challenges, including “limited access to adequate and appropriate health care services, culturally incongruent health care, geographical distance from regionalized centers and health services, transportation challenges and social/geographical isolation” (Crosato & Leipert, 2006, p. 1).

METHODOLOGY

The Buffalo Narrows Métis Women’s Health Research Project was led by a research committee made up of Métis women from the community of Buffalo Narrows, who worked in partnership with the Prairie Women’s Health Centre of Excellence (PWHCE). The research committee was comprised of elderly Métis women who lived in the community, extended family members who provided informal care to elderly residents, and local service providers. Together with the PWHCE, the research committee adopted the Ethical Guidelines for Aboriginal Women’s Health Research (Saskatoon Aboriginal Women’s Health Research Committee, 2004) to ensure that the research would provide benefits to the community, and submitted a research proposal and ethics application to the PWHCE Advisory Committee for approval. Members of the committee assisted in developing the research project’s interview guidelines, advised on the methods used to recruit participants, and ensured that the appropriate protocols were used in interactions with community members. Once the research was completed, the committee members received the findings for review and indicated that they were satisfied with the final report.

A Participatory Action Research (PAR) framework



care providers should become more involved in developing and implementing services that would meet the unique needs of each community. In addition, the women called for extended home care services to include services like overnight care.

Overall, the women talked about the need for more home visits and broader community support for the elderly residents of Buffalo Narrows as a way to address these women's feelings of loneliness and isolation. One major concern of elderly residents related to the lack of available social resources, regardless of existing social supports. They suggested a variety of possible activities that could help in this regard, including visits from school children, craft-making gatherings, exercise programs (i.e., walking and swimming programs), and grocery delivery for seniors. Other suggestions included having a gathering place where Elders could socialize and having access to Cree language library books to help them keep up with how the world is changing. Finally, the women felt that the community should have a free medical van service that would assist elderly women in emergency situations or with getting them to and from medical appointments, picking up prescriptions and groceries, and other transportation needs.

The participants felt that with these additional supports they would be better able to live independently and be less reliant on their families to help them with transportation, household chores and social activities. Personal assistants are needed for those who do not have family members to escort them to appointments outside of the community. Women thought that this person could also act as a mediator between clients and medical personnel by addressing language barriers and ensuring clear and accurate communication. They further suggested that elderly clients would benefit from help with activities such as banking, making a will, cutting the grass, and snow removal. Elderly women also need access to affordable medical equipment that would allow them to live safely and independently.

CONCLUSION

Aboriginal populations continue to experience higher rates of poverty and face different social and health concerns, as compared to the Canadian population as a whole. Aboriginal seniors often experience much poorer health than non-Aboriginal elderly people with similar physical, emotional and medical needs. These issues are further compounded by the broader challenges faced by Aboriginal Elders living in remote and northern communities, including limited financial resources, poorer housing

conditions, fewer household conveniences, and restricted mobility. As the elderly Aboriginal population continues to grow, these issues are likely to become more problematic.

When discussing health service provision for northern Métis communities, it is evident that there are multiple barriers to accessing health care for residents in these areas. Barriers to access—including service availability, transportation, limited financial means, language issues and geographic isolation—have led to Aboriginal seniors' increased dependence on informal caregivers to fill the gaps in available health care services. The dimensions of access outlined by Pechansky and Thomas (1981) are helpful in developing a good understanding of the many intersecting axes of client needs and service provision. It is essential that future research conducted into the multiple barriers and needs experienced by elderly Métis women is mindful of Pechansky and Thomas' (1981) five dimensions of access while taking into consideration the health and social issues unique to senior Métis women.

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