The International Indigenous Policy Journal

Volume 11|Issue1

January 2020

A Postcolonial Discourse Analysis of Community Stakeholders' Perspectives on Supporting Urban Indigenous Older Adults to Age Well in Ottawa, Canada

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Recommended Citation

Brooks-Cleator, L. A., & Giles, R. A.(2020). A postcolonial discourse analysis of community stakeholders' perspectives on supporting urban Indigenous older adults to age well in Ottawa, Canada. *The International Indigenous Policy Journal, 11*(1). doi: https://doi.org/10.18584/iipj.2020.11.1.9443

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Abstract

The urban Indigenous older adult population in Canada continues to grow; however, there is a lack of understanding of how non-Indigenous health and social services and Indigenous-specific organizations are responding to and addressing the growth of this population. Therefore, in this research, we conducted a postcolonial discourse analysis of semi-structured interviews with six decision-makers (e.g., managers and directors of health and social services organizations) and seven service providers (e.g., program coordinators and social workers) from Indigenous and non-Indigenous health and social service organizations in Ottawa, Canada, to examine how they produce understandings of supporting urban Indigenous older adults to age well. The participants produced three main discourses: (a) non-Indigenous organizations have a responsibility to support Indigenous older adults, (b) culturally specific programs and services are important for supporting Indigenous older adults to age well, and (c) it is difficult for community stakeholders to support Indigenous older adults to age well because this population is hard to reach. The results demonstrate the complexities and tensions that community stakeholders face in supporting Indigenous older adults to age well within a sociopolitical environment informed by reconciliation and a sociodemographic trend of an aging population.

Keywords

discourse analysis, aging well, Indigenous older adults, community stakeholders, community support, postcolonial theory

Acknowledgments

The authors would like to thank all of the participants for their involvement in this project and for sharing their knowledge and time with us. This work was supported by the Canadian Institutes of Health Research (funding reference number GSD-146297).

A Postcolonial Discourse Analysis of Community Stakeholders' Perspectives on Supporting Urban Indigenous Older Adults to Age Well in Ottawa, Canada

The urban Indigenous older adult population in Canada continues to grow (O'Donnell, Wendt, & the National Association of Friendship Centres, 2017); however, there is a general lack of understanding of how non-Indigenous health and social services and Indigenous-specific organizations are responding to and addressing the growth of this population (DeVerteuil & Wilson, 2010). Historically, support for urban Indigenous Peoples has been provided by Indigenous-specific organizations, such as Friendship Centres (Ouart & Saskatoon Indian and Métis Friendship Centre [SIMFC], 2013). In the current sociopolitical environment in Canada, the impacts of colonialism are beginning to be recognized by multiple levels of government and society as a whole. As a result, there is an increasing demand for non-Indigenous organizations to make efforts towards reconciliation with Indigenous Peoples, including providing services to Indigenous populations (Truth and Reconciliation Commission [TRC], 2015c). At the same time, Indigenous and non-Indigenous health and social service organizations are facing increasing pressure to respond to the growing demographic of older adults (Buffel & Phillipson, 2018). Consequently, understandings about how to support Indigenous older adults in aging well are constructed alongside these two societal shifts in Canada.

In this research, aging well is related to active aging (Walker, 2002) and successful aging (Rowe & Kahn, 1987), in which older adults prioritize taking responsibility for their independence, good physical and mental health, and social engagement as they reach the later years of life. In comparison, existing research related to Indigenous older adults and aging well in Canada and the United States has found that aging well means having good friendships (Baskin & Davey, 2015); being involved in and contributing to the community (Baskin & Davey, 2015; Ginn & Kulig, 2015; Lewis, 2014); managing physical health and transmitting wisdom and knowledge (Collings, 2001; Ginn & Kulig, 2015; Lewis, 2011); participating in subsistence activities and caring for others (Hopkins, Kwachka, Lardon & Mohatt, 2007); engaging in spiritual practices (Lewis, 2011); and being in good physical, mental, emotional, and spiritual health (Ginn & Kulig, 2015). In this article, when discussing aging well, we are referring to dominant understandings of aging well that are prevalent in Western (and settler) societies, as these stem from the same neoliberal political environment (Polivka & Longino, 2004) in which decision-makers and service providers work and develop policy and programs in urban communities.

We understand, however, that by using the term and Western understanding of aging well in our research, we risk further normalizing Western concepts that have historically excluded Indigenous Peoples; however, we use this term in our research for two reasons. First, we engaged in discussions with members of the community advisory committee[1] about terminology and which concept or word would be the best to use in the research in order to understand experiences of being supported throughout the process of aging. The community advisory committee members felt that aging well would be an appropriate term to use. Second, our intent was to undertake research that critiques, but also informs, current policies and services that are developed to support various populations of older adults. We were

[1] The community advisory committee was developed as part of the community-based participatory research (CBPR) process to help guide the research design, process, and dissemination, and to ensure that the research addressed the community's interests and was appropriate and respectful. It consisted of five Indigenous members: two from each organization we engaged with for this research and one older adult community member.

hesitant to completely avoid using the language of these policies because we were concerned that the results would be disregarded or deemed irrelevant by policymakers. Indeed, sometimes one must take-up the term that one seeks to critique in order to critique it (Hutcheon, 1989). Even with these understandings, however, we are still cognizant of the potential drawbacks of our use of the term aging well.

Since decision-makers and service providers who work for these organizations play key roles in supporting Indigenous older adults as they age (Davy et al., 2015), it is important to understand how they produce and utilize discourses related to community support for urban Indigenous Peoples to age well. Therefore, in this research, we conducted discourse analysis, informed by postcolonial theory, of semi-structured interviews with six decision-makers (e.g., managers and directors of health and social services organizations) and seven service providers (e.g., program coordinators and social workers) from Indigenous and non-Indigenous health and social service organizations in Ottawa, Canada, to examine how they produce understandings of supporting urban Indigenous older adults to age well.

The participants produced three main discourses: (a) non-Indigenous organizations have a responsibility to support Indigenous older adults, (b) culturally specific programs and services are important for supporting Indigenous older adults to age well, and (c) it is difficult for community stakeholders to support Indigenous older adults to age well because this population is hard to reach. The results demonstrate the complexities and tensions that community stakeholders face in supporting Indigenous older adults to age well within a sociopolitical environment informed by reconciliation and a sociodemographic trend of an aging population.

Literature Review

In Canada, the federal government has made recent efforts to address colonial and unequal relationships with Indigenous Peoples living in what is now known as Canada. The Truth and Reconciliation Commission (TRC, 2015c) began in Canada in 2008 as a result of the Indian Residential Schools Settlement Agreement.[2] The TRC's goals were to document and reveal the truths about the history, abuse, harms, and ongoing impacts of residential schools from the perspectives of Survivors and their families, and to guide a process of healing and building new relationships between Indigenous Peoples and non-Indigenous peoples, churches, and governments. The TRC concluded its work in 2015 with 94 Calls to Action aimed at federal, provincial, and municipal governments; churches; non-government organizations; and Canadians in general to address the legacy of residential schools (TRC, 2015b). Gebhard (2017) argued that these events produced discourses of reconciliation and responsibility that position non-Indigenous peoples who take up these discourses as supportive and historically conscious members of society. Organizations that have been historically responsible for policies, services, and programs to support health and well-being of the general Canadian population (e.g., municipalities, local

[2] Resulting from the growing number of class-action lawsuits filed against the Government of Canada by residential school Survivors, the Indian Residential Schools Settlement Agreement was reached in 2006. There were five components to it: (a) a Common Experience Payment for former residential school students, (b) an Independent Assessment Process to determine additional payments for students who suffered physical and sexual abuse, (c) funding to support the Aboriginal Healing Foundation for initiatives addressing the legacy of residential schools, (d) funding from the federal government to commemorate the experiences of residential school Survivors, and (e) the creation of the Truth and Reconciliation Commission of Canada (TRC, 2015c).

DOI: 10.18584/iipj.2020.11.1.9443

non-profits, community resource centres, hospitals, etc.) are now being encouraged to reflect on how they can better support Indigenous Peoples (TRC, 2015b), which has consequences for how Indigenous older adults are supported to age well.

Indigenous older adults do not age in isolation; they are influenced by the community in which they live and the support that they receive in their community (Brooks-Cleator, Giles, & Flaherty, 2019). The supports and services that Indigenous older adults receive in urban communities are influenced by community stakeholders, including decision-makers and service providers from both Indigenous and non-Indigenous organizations. Thus, it is important to examine their role in supporting older adults to age well and also how organizations respond to and address the needs of urban Indigenous populations.

Community Stakeholders and Support for Older Adults

Numerous researchers have highlighted the significant role service providers and other community stakeholders play in facilitating aging well initiatives and support for older adults (Garon, Paris, Beaulieu, Veil, & Laliberté, 2014; Hewson, Kwan, Shaw, & Lai, 2018). Given that a wide range of factors, such as housing, health services, transportation, social support, etc., contribute to aging well, Lui, Everingham, Warburton, Cuthill, and Bartlett (2009) argued that there is a need for broad-based collaboration among multiple community stakeholders from a variety of sectors to facilitate this support for older adults. Successful aging-well initiatives, such as age-friendly community initiatives, have been shown to be comprised of "a core group of individuals rooted in the community—mainly stakeholders from the municipal apparatus, political representation, and public and community organizations" (Garon et al., 2014, p. 79). It is also not just researchers and policy makers who have identified the importance of collaboration. Hewson et al. (2018) found that service providers also noted the importance of collaboration among various organizations to support current and future older adults to age well.

Collaboration efforts should be led by local governments, as they are in a unique position to create supportive environments for older adults and have long been involved in planning and managing initiatives across a variety of sectors (Lui et al., 2009). An important aspect of community-level planning to support older adults, in addition to learning from older adults themselves (Brooks-Cleator et al., 2019), is identifying how service providers come to recognize and understand the needs of current and future generations of older adults, and service providers' readiness to address these needs (Hewson et al., 2018). Despite their significant role in developing health and well-being initiatives for older adults, there is a lack of understanding of how community service providers and decision-makers understand their role in supporting older adults to age well, specifically as it relates to Indigenous older adults in urban communities.

Indigenous-Specific Organizations in Urban Communities

In the 1950s and 1960s, when the urban Indigenous population in Canada was much smaller than it is now, there were few services for Indigenous people in urban communities. Consequently, Indigenous Peoples advocated for organizations to be created with services that were specifically tailored to their needs, and thus were Indigenous-specific (Ouart & SIMFC, 2013). Services and programs specifically tailored to meet the needs of urban Indigenous Peoples are often funded by federal, provincial, and/or municipal governments, but are delivered by Indigenous-specific non-profit organizations (Hanselmann, 2003).

There are numerous benefits that these organizations bring to urban Indigenous community members, such as embracing Indigenous cultural values and traditions, employing Indigenous urban community members, and providing safe and supportive spaces for the urban Indigenous community (Ouart & SIMFC, 2013). They can also help to mitigate family, culture, and language disruptions when Indigenous Peoples relocate to an urban community (Morris, 2016). These organizations play significant, and often leading, roles in developing Indigenous communities in urban areas, resisting discourses that suggest urban Indigenous Peoples lack Indigeneity (Anderson, 2013), empowering urban Indigenous community members, and responding to the often forgotten needs of urban Indigenous community members who are ineligible for many programs and services that are only available on-reserve or within land claim settlement regions (Ouart & SIMFC, 2013).

Newhouse (2003) argued that urban Indigenous organizations are discursively produced as manifestations of Indigenous Peoples' inherent stewardship of programs and services and as being "closer, more responsive to, and accountable to, Aboriginal communities" (p. 249) than non-Indigenous organizations; however, these organizations should not be solely responsible for supporting urban Indigenous Peoples, especially considering the continued growth of the urban Indigenous population. Further, urban Indigenous Peoples should not be limited to only seeking support from Indigenous organizations, as they should be able to choose whether they seek support from Indigenous or non-Indigenous organizations, or a combination of both. Increasingly, non-Indigenous organizations are called upon to seek ways to provide safe, supportive, accessible, and appropriate care and service to Indigenous Peoples (TRC, 2015c). Limited research has explored how services, both Indigenous-specific and non-Indigenous, in urban communities are responding to this call, particularly from the perspective of service providers and decision-makers within these organizations.

Services and Support for Indigenous Peoples in Urban Communities

While it is important for non-Indigenous organizations to support urban Indigenous community members, historically and presently, Indigenous Peoples have faced significant barriers to accessing health and social services from non-Indigenous organizations. Historically, federal and provincial governments viewed non-Indigenous organizations as ways to assimilate urban Indigenous Peoples into the Canadian (Euro-centric) mainstream (Ouart & SIMFC, 2013). This was particularly the case as dominant colonial discourses have suggested and currently suggest that Indigenous Peoples, and their cultures and traditions, were and are out of place within urban spaces and within non-Indigenous health and social service organizations (Peters & Anderson, 2013). In addition to these discourses, historically, there have been direct mechanisms by which Indigenous Peoples have been excluded from urban spaces; this is particularly problematic given that most cities are located on sites traditionally used by Indigenous Peoples (Peters & Anderson, 2013). For example, First Nations have been subjected to the relocation of reserves when cities expanded; the changing of reserve boundaries away from potential new or expanding city boundaries; illegal surrender of reserve lands near city boundaries, resulting in loss of Indian status or relocation to other reserves; and the pass system, which mandated that they had to receive permission to leave their reserve (Peters & Anderson, 2013; Wilson & Peters, 2005). Undoubtedly, Indigenous Peoples in Canada have experienced conceptual and physical removal from urban spaces, leading to their exclusion and isolation from many aspects of cities (Morris, 2016; Peters & Anderson, 2013; Wilson & Peters, 2005).

DOI: 10.18584/iipj.2020.11.1.9443

Another way in which politics affects the lives of urban Indigenous Peoples is through the complexity of public policy for urban Indigenous populations and the trend toward the federal government only being responsible for those residing on reserve (Peters, 2011) or within a land claim settlement region (Bonesteel, 2006). Simply, First Nations who move off reserve or Inuit who move outside of their land claim settlement region, which includes urban First Nations and Inuit older adults, are ineligible for many federal programs and services, which results in further marginalization (Bonesteel, 2006; Snyder, Wilson, & Whitford, 2015). The federal government pushed many responsibilities to provincial and municipal governments; however, they have been reluctant to develop policies that adequately support urban Indigenous populations (DeVerteuil & Wilson, 2010; Snyder et al., 2015). Municipal policy thus comes up against a legacy of federal policy that inadequately supports Indigenous Peoples and, for this article, particularly Indigenous older adults in urban communities.

In addition to these harmful colonial discourses and policies that legitimize a lack of support specifically for urban Indigenous Peoples, DeVerteuil and Wilson (2010) also noted that there is often "a deep reluctance, indifference and lack of explicit accommodation/creation of Aboriginal spaces across most services" (p. 499). As such, this population continues to face barriers in accessing support from the non-Indigenous health and social services sector, including barriers related to poverty, social exclusion, and discrimination (Place, 2012). Place (2012) noted that one of the most significant barriers Indigenous Peoples face in accessing non-Indigenous-specific services is a lack of recognition among many service providers of the historical and ongoing impacts of colonialism and the harms it has caused. As a result, many gaps in services for Indigenous Peoples remain in urban communities, including culturally safe services that consider the ongoing trauma and exclusion that they face as a result of colonialism (Browne et al., 2011; Hole et al., 2015); consistent and sufficient funding for Indigenous services in urban communities (Morris, 2016); and non-Indigenous-specific services that effectively attend to Indigenous Peoples' diverse cultural beliefs, traditions, and values (DeVerteuil & Wilson, 2010). Furthermore, these gaps and the lack of services that support Indigenous Peoples' health and well-being lead to "feelings of fear, disrespect, and alienation among Aboriginal peoples" (Hole et al., 2015, p. 2). This type of care and support is typically facilitated by the engagement of Indigenous community members in service and program planning and delivery and often results in more effective and relevant service for Indigenous Peoples (DeVerteuil & Wilson, 2010).

Non-Indigenous organizations, however, have historically been unable, or unwilling, to engage in and co-produce services with Indigenous Peoples in response to the growing urban Indigenous population (DeVerteuil & Wilson, 2010; Snyder et al., 2015). As a result, many Indigenous people lack trust in non-Indigenous service providers and decision-makers, which contributes to a lack of interest in accessing these services (Ouart & SIMFC, 2013). The result is that these non-Indigenous services typically normalize White, settler discourses of health and well-being and exclude Indigenous approaches (DeVerteuil & Wilson, 2010). Indeed, researchers have shown that Indigenous Peoples living in urban communities are well supported by Indigenous-specific organizations (Morris, 2016; Ouart & SIMFC, 2013), but still face challenges in being supported in ways that are reflective of and respectful to their cultures by non-Indigenous organizations. Research has also demonstrated, however, that non-Indigenous health and social services can also play a large role in supporting older adults to age well (Garon et al., 2014; Hewson et al., 2018; Lui et al., 2009). Thus, it is important to understand if—in light of shifting demographics and discourses pertaining to reconciliation—service providers and

decision-makers from both non-Indigenous and Indigenous-specific organizations support Indigenous older adults to age well and, if so, how.

Theoretical Framework

Our research was informed by a postcolonial theoretical framework. Key strategies of postcolonial theory include (a) identifying and deconstructing discourses that potentially perpetuate, or resist, colonialism (McEwan, 2009; Young, 2001); and (b) examining "the nature of colonized subjectivity and the various forms of cultural and political resistance" (Reimer Kirkham, & Anderson, 2002, p. 3). MacDonald, Abbott, and Jenkins (2012) described how "postcolonial theorists seek to disrupt linear and hierarchical views of power . . . and look for the multidirectionality of power" (p. 41). Within postcolonial theory, therefore, power is not viewed as something that is solely exercised by the colonizer over the colonized; it is in constant flux and negotiation through acts of resistance and dominance (Bhabha, 1994). As Hayhurst (2009) stated, "social relations and process of power are constituted through frameworks of knowledge and 'discursive practices'" (p. 209). Thus, analyzed through a postcolonial theoretical lens, the discursive practices of the colonizer and the colonized can reinforce and resist colonial practices.

The institutions from which urban Indigenous older adults receive support, particularly non-Indigenous organizations, are deeply rooted in colonial practices (Loppie, Reading, & de Leeuw, 2014; Reading & Wein, 2009), and Indigenous organizations have also been influenced by colonialism (Hanselmann, 2003). Within all of these organizations, decision-makers and service providers are the ones who influence what and how services, programs, and supports are delivered and made available to Indigenous older adults. As such, postcolonial theory allowed us to grasp how community stakeholders take-up and use certain discourses to exercise power and reinforce or resist colonialism within the current sociopolitical environment in which they work (Darroch & Giles, 2016). As a result, we were able to identify the tensions, sites of struggle, and power relations portrayed by community stakeholders in their understandings of supporting Indigenous older adults to age well. Ultimately, this allowed us to better understand how power is exercised by decision-makers and service providers from non-Indigenous and Indigenous health and social service organizations to justify support given to Indigenous older adults to age well through an analysis of the discursive (re)production of this support.

Methodology

For this research, we used a community-based participatory research (CBPR) approach. The first author (Brooks-Cleator) volunteered with older adult programs at Indigenous organizations in Ottawa for over two years. Consequently, she was able to build relationships with Indigenous community partners, which led to us conducting this research with two Indigenous organizations in Ottawa: Tungasuvvingat Inuit and the Odawa Native Friendship Centre. In order to adhere to the principles of CBPR, we worked with a community advisory committee whose members played pivotal roles in shaping the research questions, methodology, methods, and knowledge mobilization efforts. The advisory committee consisted of five Indigenous community members, including two Inuit representatives from Tungasuvvingat Inuit, one Inuk older adult community member, and two First Nations representatives from the Odawa Native Friendship Centre (including one older adult representative).

Methods

DOI: 10.18584/iipj.2020.11.1.9443

The advisory committee identified semi-structured interviews as the most effective method of data collection. We recruited participants for the semi-structured interviews from a variety of sectors, and from Indigenous and non-Indigenous organizations, which reflected literature that recommends broad-based collaboration among multiple community stakeholders from a variety of sectors to support older adults to age well (Garon et al., 2014; Hewson et al., 2018; Lui et al., 2009). To do this, we used a maximum variation form of purposeful sampling, which "aims at capturing and describing the central themes or principal outcomes that cut across a great deal of participant or program variation" (Patton, 1990, p. 172). Given that supporting Indigenous older adults to age well involves a variety of stakeholders, this proved to be the most effective sampling strategy for our research question. As such, the broad inclusion criteria included (a) health and social service providers who work with Indigenous older adults in Ottawa, or (b) decision-makers involved in developing health and well-being initiatives for older adults and/or Indigenous Peoples in Ottawa. We also supplemented participant recruitment with snowball sampling (Marshall, 1996), as community stakeholders helped us to identify other potential research participants.

This research received ethics approval from the University of Ottawa Research Ethics Board. We conducted 13 in-person semi-structured interviews with research participants (see Table 1 for the breakdown of participants). Each participant provided informed consent to take part in the research. We assigned all participants a pseudonym so as not to identify the organizations that they represent. To begin the interviews, we discussed how "aging well" was being used in the research to mean dominant Western understandings. The interview questions explored the role of the community in supporting Indigenous older adults to age well, the participants' perspectives on aging well, what they felt were the barriers and supports for Indigenous older adults to age well in Ottawa, the challenges the organizations faced in supporting Indigenous older adults, and how organizations that are focused on the health and well-being of older adults could better include and support Indigenous older adults. We conducted the interviews in Ottawa at participants' workplaces or in public locations (e.g., coffee shops, parks). The interviews ranged from 40 minutes to 1 hour in length. With the participants' consent, we audio-recorded all interviews; we then transcribed all interviews verbatim. All participants had the opportunity to review their transcript. Only one participant requested changes: small clarifications and corrections to her transcript. All transcripts were uploaded to NVivo, a qualitative data analysis software, for data management and analysis.

Participant Characteristics

In total, 13 community stakeholders (3 men, 10 women) participated in this research (see Table 1 for participant characteristics). Decision-makers' roles with non-Indigenous organizations included directors, managers, and officers in health and social service organizations who provide programs and services, and those who were involved in planning and developing initiatives for older adults in Ottawa. Service providers' roles with both Indigenous and non-Indigenous organizations included physicians, social workers, community health nurses, and program coordinators from health and social service organizations in Ottawa. Notably, none of the participants were decision-makers from Indigenous organizations. The reason is that, during the recruitment process, the Indigenous community advisory committee members indicated that service providers from Indigenous organizations would be more relevant for us to interview because service providers would be better able to address the research questions. Service providers were working closely with Indigenous older adults in the community and so

could better speak to barriers and supports to aging well in the community. At the same time, they felt that the service providers would also be in a position to address the research questions from the organizational perspective, given their involvement with program-based decisions and coordination.

Table 1. Research Participant Characteristics

Participant	Type of Position	Position	Type of Organization
Sandra	Decision-maker	Manager	Non-Indigenous
Beth	Decision-maker	Director	Non-Indigenous
Lisa	Decision-maker	Officer	Non-Indigenous
Michael	Decision-maker	Director	Non-Indigenous
Paul	Decision-maker	Director	Non-Indigenous
Elizabeth	Decision-maker	Manager	Non-Indigenous
Patricia	Service provider	Program coordinator	Indigenous
Cynthia	Service provider	Program coordinator	Indigenous
Marc	Service provider	Program coordinator	Indigenous
Melanie	Service provider	Community health nurse	Non-Indigenous
Ruth	Service provider	Social worker	Non-Indigenous
Christine	Service provider	Social worker	Non-Indigenous
Sara	Service provider	Physician	Indigenous

Note. Participants are identified by their pseudonym.

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Analysis

To identify how community stakeholders produce understandings of supporting Indigenous older adults to age well, we analyzed the interview transcripts using critical discourse analysis, which is "concerned with the role of discourse in wider social process of legitimation and power" (Willig, 2008, p. 172). Researchers using critical discourse analysis seek to gain "more insight into the crucial role of discourse in the reproduction of dominance and inequality . . . [through] an account of intricate relationships between text, talk, social, cognition, power, society, and culture" (van Dijk, 1993, p. 253). Critical discourse analysis helps researchers understand how discourses legitimate existing social and institutional structures, while at the same time, these structures also validate certain discursive constructions (Willig, 2008). As such, this form of analysis was particularly fitting given our use of a postcolonial theoretical lens to guide our research. It allowed us to understand how discourses related to supporting Indigenous older adults to age well are used to reinforce, and resist, colonial structures, but also how colonial structures validate the discourses being produced.

To begin, we coded the transcripts systematically and identified key codes within the data: reconciliation, culturally specific services, collaboration, and isolated older adults. We then used Willig's (2008) approach to critical discourse analysis to further analyze the data. In the first stage, we re-listened to all the audio recordings and re-read the transcripts to familiarize ourselves with the data and to understand how support for Indigenous older adults was constructed in the transcripts. In the second stage, we located these discursive constructions within the wider discourses identified in our literature review (e.g., how is responsibility constructed in relation to the wider discursive production of reconciliation in Canada). In the third stage, we examined what these discourses achieved in terms of support for Indigenous older adults to age well. Next, in the fourth stage, we analyzed the subject positions resulting from how certain discourses were taken up by the participants. Within discourse analysis, discourses construct subjects and "make available positions within networks of meanings which speakers can take up" (Willig, 2008, p. 176). Subject positions are taken up by participants based on how they use certain discourses. This involves examining the position of each participant relative to each discourse (Willig, 2008). Furthermore, subject positions allow participants the possibilities and limitations of action with a certain discourse (Davies & Harré, 1990). For example, how do participants use certain discourses, such as a discourse related to responsibility, to position themselves and what are the effects of the participant taking up this subject position through the use of the specific discourse? In the fifth stage, we analyzed participants' actions and their ability to exercise power in relation to support for Indigenous older adults (e.g., how participants from both Indigenous and non-Indigenous organizations exercised their power within a historically and present-day colonial society). Finally, in the sixth stage, we examined the connections between the discursive constructions and the implications for subjective experience based on subject positions.

Results and Discussion

The results of the critical discourse analysis show that there are three main discourses related to community stakeholders' (i.e., decision-makers and service providers from Indigenous and non-Indigenous health and social service organizations in Ottawa) perspectives on supporting urban Indigenous older adults in Ottawa to age well: (a) non-Indigenous organizations have a responsibility to support Indigenous older adults; (b) culturally specific programs and services are important for

supporting Indigenous older adults to age well; and (c) it is difficult for community stakeholders to support Indigenous older adults to age well because this population is hard to reach. These discourses demonstrate the complexities and tensions that both Indigenous and non-Indigenous organizations face when trying to support Indigenous older adults to age well, particularly in the context of the discursive production of the need for reconciliation by the Canadian government, historical and present-day colonial relations of power, and in an environment in which there are competing interests and competition for access to resources. Below, we further analyze each of these discourses, their implications, the resulting subject positions, and how they are produced differently depending on the participants' type of organization (i.e., Indigenous or non-Indigenous) and position (i.e., decision-maker or service provider), where applicable.

Non-Indigenous Organizations Have a Responsibility to Support Indigenous Older Adults

The first discourse that emerged from our analysis was that non-Indigenous organizations in the health and social services sector have a responsibility to support Indigenous older adults to age well. Decision-makers were most likely to draw upon this discourse; however, it was also evident in interviews with service providers from Indigenous and non-Indigenous organizations. Participants asserted that this responsibility stemmed from the historical and ongoing impacts of colonialism on Indigenous Peoples and the pressure from different levels of government for non-Indigenous organizations to comply with discourses of reconciliation. This is evident in the following example when Paul, a decision-maker at a non-Indigenous organization, described the need to address some of the Truth and Reconciliation Commission's Calls to Action: "[based on the TRC,] we have a duty as an organization to meet some of the special opportunities that we have to better service this group [Indigenous Peoples]."

Michael, a decision-maker at a non-Indigenous organization, discussed the pressure that organizations face in addressing reconciliation:

> I know when we were going through the vision, mission, and value statements [of the board], there was a value statement built in, one specifically around truth and reconciliation, so that . . . kind of held almost our feet to the fire in terms of ensuring that that's being integrated into our initiatives, deliverables as we move forward.

Beyond addressing Calls to Action from the TRC, participants also identified that this responsibility to support Indigenous older adults also comes out of the need to show respect for Indigenous Peoples in Canada, which they have not always received. In considering why non-Indigenous organizations need to support Indigenous older adults to age well, Beth, a decision-maker at a non-Indigenous organization, stated, "well, their life matters, and if we're serious [about supporting Indigenous Peoples], they are the founding nation. They're founding people."

Some participants, particularly service providers, identified the complexities of having a responsibility to support Indigenous older adults to age well. Marc, a service provider at an Indigenous organization, stated how, given the history of colonial institutions and practices that created some Indigenous Peoples' "dependency" on non-Indigenous organizations, support should not just be tokenistic and with little meaning; it should be from a place of empowerment and respect that moves away from colonial relations of power:

DOI: 10.18584/iipj.2020.11.1.9443

> I think [to support Indigenous older adults to age well] we need to avoid continuing the wardship of people and doing it merely from a place of handout but rather to empower communities . . . [Indigenous communities] do need help financially, morally and ethically, probably, from the stance of the governments, to, in truth, recognize the damage that has been done and to move forward in reconciliatory ways. However, the community needs to be empowered. The community needs to support [the empowerment of Indigenous communities], as a whole. When I say, "the community," I mean not just Indigenous folks, but the whole community.

Christine, a service provider at a non-Indigenous organization, discussed how there was more focus on getting funding to advance reconciliation efforts than on finding ways to actually put reconciliation into action, including in ways that enabled the organization to support Indigenous older adults:

> I think especially after everything happened with reconciliation and all of that, I think more focus could have been made on "how do we best support [Indigenous Peoples] now?" Rather than saying, "Sorry. We'll apologize and give some money" . . . When the government started giving money [to us], it was "okay now what happens? We don't have things set up to support [Indigenous Peoples] now we've got some money in hand. What's going to happen next?" And I think that's where, as a community, we sort of dropped the ball.

Through taking up a discourse of responsibility, the staff from non-Indigenous organizations endorsed the need to better respond to and address the needs of Indigenous older adults; however, they also experienced significant pressure in carrying out these reconciliation responsibilities while trying to support Indigenous older adults to age well. On the one hand, multiple levels of government have created a mandate and provided funding to non-Indigenous organizations to address reconciliation and the ongoing impacts of colonialism. Particularly in the accounts from decision-makers, the responsibility to support Indigenous older adults was discursively produced through language about directly responding to the TRC's (2015a) Calls to Action. By responding to this call, staff at non-Indigenous organizations are then positioned as helpers and conscious supporters of reconciliation (Gebhard, 2017).

On the other hand, there is a risk that reproducing discourses of having a responsibility to support Indigenous older adults to age well as a result of colonialism can operate as a "check box" for non-Indigenous organizations to fulfill their mandate and receive funding. As indicated by some participants, non-Indigenous organizations have little guidance or accountability when it comes to actually fulfilling this responsibility to support Indigenous older adults, despite receiving additional resources to address it. One of the aims of reconciliation is the empowerment of Indigenous Peoples (TRC, 2015c). As a result of the discursive production of responsibility and the subjective positioning of staff from non-Indigenous organizations as helpers and conscious supporters, power is being exercised by non-Indigenous organizations. They are the ones to determine how this responsibility is actualized and what reconciliation is for the non-Indigenous organization, which reifies colonialism. By using resources differently and being accountable to advance reconciliation efforts—including working in partnership with Indigenous organizations—non-Indigenous organizations could be better positioned to advance efforts toward reconciliation and create meaningful change. This could also lead to a more balanced

power dynamic in which Indigenous Peoples and staff from non-Indigenous organizations can make decisions together.

The discourse that non-Indigenous organizations have a responsibility to support Indigenous older adults to age well is not without its complexities and tensions. Without critically reflecting upon how non-Indigenous organizations have historically not supported nor respectfully engaged with urban Indigenous Peoples, there is a risk that these organizations could perpetuate colonial tendencies of tokenism, dependency, and superficial engagement, which then deny Indigenous communities their rights to self-determination (Peters, 2011).

Culturally Specific Programs and Services Are Important

Beyond recognizing that non-Indigenous organizations have a responsibility to support Indigenous older adults, a prominent discourse produced by the participants was that culturally specific programs and services are important for supporting Indigenous older adults to age well. Multiple service providers from Indigenous organizations noted the importance of having culturally specific programs and services. Cynthia, a service provider in an Indigenous organization, reported that these types of programs and services are particularly effective in supporting Indigenous older adults to age well because "you're still around the same culture. You're still around that familiar-ness." Patricia stated that Indigenous older adults "learn extra stuff about their culture that they might not have been brought up with. Art might bring back something—a lost memory . . . now they get to learn through cultural programs [through Indigenous organizations]." Participants from Indigenous organizations exercised power through affirming their subject position as experts in offering culturally specific services and programs (Ouart & SIMFC, 2013) and thus justified their existence and necessity in the community to support Indigenous older adults to age well.

Participants from non-Indigenous organizations also took up the discourse that culturally specific programs and services are important for supporting Indigenous older adults through culture and identity, thus resisting the dominant colonial discourse that suggests urban Indigenous people are "less Indigenous" (Anderson, 2013) and thus do not require Indigenous-specific supports. As Lisa, a decision-maker, indicated:

> I think more has to be done to really look at what are the fundamental supports that seniors are going to need across diverse communities [including Indigenous communities] and do something about it. That supportive housing, that aging in place or that aging in a supportive, culturally appropriate environment has to be something we start talking about [to support Indigenous older adults to age well].

Paul stated, "I think it's those types of steps [offering culturally appropriate services] that allow us to build the foundation to then be able to better serve [Indigenous] people." It is interesting that non-Indigenous organizations reproduced the discourse of the importance of culturally specific services and programs to support Indigenous older adults to age well when Indigenous cultural practices and traditions within urban non-Indigenous spaces have been historically marginalized (Peters, 2011). It is possible that participants utilized this discourse as a way to create a more favourable appearance during the interview, given the topic of our research. It seems, however, that when this discourse is examined in relation to the first discourse about responsibility, the importance placed on culturally specific services

DOI: 10.18584/iipj.2020.11.1.9443

and programs may in fact reflect a shift toward recognizing the harms caused by colonialism and the importance of Indigenous cultures to the well-being of Indigenous older adults. It is likely that federal government initiatives and the TRC influenced these shifts.

Despite the discursive production of the importance of providing culturally appropriate services and programs, however, the majority of the participants from non-Indigenous organizations appeared reluctant to offer these types of services, which leads to an interesting power dynamic between them and Indigenous organizations that offer these services and programs. By drawing on this discourse, participants from non-Indigenous organizations positioned Indigenous organizations as "experts" in supporting Indigenous older adults to age well and themselves as "non-experts," thus actively deflecting their responsibility to provide culturally specific programs and services and depending upon Indigenous organizations to do so. As Christine described, Indigenous organizations "sort of become the link to the [Indigenous] community, so it's a primary referral centre for us in terms of 'okay, you know this population better than we do and how can you help?'" Lisa stated that "because [an Indigenous organization] is there to address the health needs, then there isn't maybe necessarily a need for us to include an initiative in [our organization's work] at this time." Through positioning Indigenous organizations as experts and themselves as non-experts, community stakeholders at non-Indigenous organizations have the ability to exercise power in a way that enables them to choose whether they offer culturally relevant services and programs to support Indigenous older adults to age well or to deflect this responsibility to Indigenous organizations that are already under-resourced (Hanselmann, 2003).

While Indigenous organizations may be more likely to have a better understanding of the Indigenous community they serve and thus possess greater expertise, the reluctance of non-Indigenous organizations to offer culturally specific programs and services results in Indigenous organizations being more and more pressed to support their community members and more dependent on government resources to be able to provide this support. There are numerous benefits that Indigenous organizations can provide to Indigenous community members (Morris, 2016; Ouart & SIMFC, 2013); however, reinforcing the discourse that culturally specific programs and services must be offered by only Indigenous organizations, without non-Indigenous organizations meaningfully engaging Indigenous Peoples in their organizations to offer such services, results in Indigenous people being limited in the places they can go to access culturally specific services and programs. Indeed, responsibility for addressing the marginalized needs of urban Indigenous Peoples (Peters & Anderson, 2013) should not fall exclusively on Indigenous organizations. Positioning staff at Indigenous organizations as experts in offering culturally specific services presents an opportunity for non-Indigenous organizations to draw on their expertise and work in collaboration to support Indigenous older adults to age well.

Indigenous Older Adults Are Hard to Reach

The third discourse we identified was that it is difficult for community stakeholders to support Indigenous older adults to age well because they are often hard to reach. This discourse was taken up by service providers and decision-makers from both Indigenous and non-Indigenous organizations. For the decision-makers, this discourse was produced through the language they used about reaching Indigenous older adults to engage them in the planning and development of programs and services, which subjectively positioned the Indigenous older adults as "challenging cases." As Sandra described:

> The big challenge is just to find [older adults who are marginalized] . . . to engage with the really marginalized groups. They won't come to you, so you have to go to them, especially if there is a language barrier or issues with transportation or they don't have the means.

Similarly, Lisa identified that "the challenge is engaging those groups that aren't part of the mainstream networks that we work with [such as Indigenous older adults]." Michael described how, "when there's planning, there's townhall sessions and so forth . . . they're [Indigenous older adults] also underrepresented at those discussions."

For service providers, this discourse was produced through the language they used about reaching Indigenous older adults to be able to offer support and services, which also subjectively positioned them as "challenging cases." As Ruth indicated, "I think one of the biggest roles that we're missing is finding those [Indigenous] seniors who are isolated in their homes and in their apartments and don't really know what to do or how to access the help." Service providers from Indigenous organizations shared similar concerns. As Patricia argued, "unfortunately, there are many people in the city who don't know about our [Indigenous organization] and don't know about their culture and don't know if they fit [in with the services we provide]."

It is not surprising that Indigenous older adults can be hard to reach for non-Indigenous organizations. Indigenous older adults, and particularly the current cohort, have directly experienced significant loss, trauma, and discrimination as a result of the colonial policies and practices that inform Western institutions (Loppie et al., 2014). Consequently, Indigenous older adults may be resisting colonial institutions by making themselves unreachable to non-Indigenous organizations. On the other hand, however, it may not be their choice as to whether or not they can be reached. Indigenous older adults have aged in an environment where they are marginalized and have lower levels of access to information and fewer resources available (Brooks-Cleator & Giles, 2019) to access consultations, community townhalls, and services, which can lead to isolation and fewer opportunities to age well (Ranzijn, 2010). It is paradoxical that Indigenous older adults who have historically been intentionally excluded from supports offered by settler society and its institutions are now being viewed as difficult to reach and subjectively positioned as challenging cases and unwilling beneficiaries by the very same institutions. Without understanding these complexities, these discourses result in Indigenous older adults being blamed for their own exclusion, with little critical reflection as to why this may be the case.

As illustrated by the participants from Indigenous organizations, even though Indigenous organizations are viewed as being fully connected to the Indigenous community (Morris, 2016), inequalities related to access to information and resources still permeate the community and marginalize the Indigenous older adults who most need support to age well. As such, these organizations may need to do more to reach this population; however, they are limited in their ability to do this as there is significant competition for resources between Indigenous organizations and between non-Indigenous and Indigenous organizations to support urban Indigenous people (Morris, 2016). It may also be, however, that some Indigenous older adults simply are exercising power by choosing not to access services at Indigenous organizations. As such, it cannot be assumed that all Indigenous older adults want to access services at Indigenous organizations, which means non-Indigenous organizations should make efforts to ensure they too can support them to age well.

DOI: 10.18584/iipj.2020.11.1.9443

Conclusion

Stemming from this research, future research should explore how decision-makers and service providers could support Indigenous older adults to age well based on Indigenous understandings of aging well, not through the use of dominant Western understandings of aging well. Additionally, on the advice of our advisory committee, we did not interview decision-makers from Indigenous organizations. As such, it is important for future research to include their perspectives, given that they have a role in shaping initiatives that support Indigenous older adults to age well and may have a different perspective than service providers who are more focused on program delivery than program and policy development.

Our research demonstrates the complexities and tensions that community stakeholders from Indigenous and non-Indigenous organizations face in supporting Indigenous older adults to age well within a sociopolitical environment informed by reconciliation and the sociodemographic trend of an aging population. Using postcolonial theory to guide our discourse analysis of the interviews helped to reveal the relations of power between Indigenous and non-Indigenous organizations, but also the ways in which power is constantly in flux, not static, and how it can be used by and against the same actor at one time. For example, Indigenous organizations were sometimes positioned as experts in supporting Indigenous older adults to age well. This position of power, however, was also used against them in a way that legitimized non-Indigenous organizations' potential evasion of responsibility to support Indigenous older adults, in spite of the fact that they had the power and financial and other resources to provide these services.

In light of these complexities, tensions, and relations of power, efforts to support Indigenous older adults to age well require accountability to create organizational change related to reconciliation, meaningful collaboration between Indigenous and non-Indigenous organizations, and critical reflection on who accesses and/or receives support to age well and why this may be the case.

As many of the participants from non-Indigenous organizations shared, they felt a sense of responsibility to support Indigenous older adults through their work. By discursively producing their work as a response to reconciliation efforts, they were positioned as helpers and conscious supporters, but helpers and supporters who could choose when and how, and even if, this position was taken up. It is promising that these participants acknowledged and felt a responsibility to respond to historical and ongoing impacts of colonialism on Indigenous Peoples, which perhaps is a catalyst for positive change within their organizations. These results suggest, however, that there is a need for greater accountability to be built into efforts towards reconciliation, which should also include the involvement of and evaluation of these efforts by Indigenous Peoples. Challenges remain in identifying what this accountability would look like, but our research suggests that it may help non-Indigenous organizations be more impactful, respectful, and responsible in their work to support Indigenous older adults to age well.

This research also illustrates that supporting Indigenous older adults to age well is something that cannot be accomplished by individual organizations; it will require Indigenous and non-Indigenous organizations to work together through the development of collaborative relationships and meaningful partnerships. These collaborations will inevitably lead to tensions and power dynamics that will need to be addressed. Given the expertise of Indigenous organizations in providing culturally specific services and programs, it would make sense for non-Indigenous organizations to engage them in a partnership

role in relation to service design and delivery. It is important that this does not turn into token, "check box" involvement so that non-Indigenous organizations can say they have engaged with Indigenous organizations and, therefore, are sufficiently providing culturally specific services and programs. Furthermore, there needs to be recognition of the increased demand that this partnership would place on Indigenous organizations offering their knowledge and expertise, while also continuing to offer their own services and programs. It is important for the organizations to reflect on the ways in which meaningful, reciprocal, and respectful relationships could be created between Indigenous and non-Indigenous organizations in order to address potential capacity and funding issues, and to attend to the potential power imbalance that may emerge and perpetuate colonial tendencies where non-Indigenous organizations are the ones in control and reaping the benefits.

Consequently, we argue that, in urban communities, community stakeholders in the health and social services sector from Indigenous and non-Indigenous organizations play a role, both large and small, in supporting Indigenous older adults to age well and it is important to consider their perspectives as critical contributions to aging well research. As the urban Indigenous older adult population continues to grow, it will become increasingly important to understand how organizations respond to and support this population to age well.

References

Anderson, C. (2013). Urban Aboriginality as a distinctive identity, in twelve parts. In E. J. Peters & C. Anderson (Eds.), Indigenous in the city: Contemporary identities and cultural innovation (pp. 46-68). Vancouver, Canada: UBC Press.

Baskin, C., & Davey, C. (2015). Grannies, Elders, and friends: Aging Aboriginal women in Toronto. *Journal of Gerontological Social Work, 58*(1), 46-65.

Bhabha, H. K. (1994). *The location of culture.* New York, USA: Routledge.

Bonesteel, S. (2006). *Canada's relationship with Inuit: A history of policy and program development.* Retrieved from https://www.aadnc-aandc.gc.ca/eng/1100100016900/1100100016908

Brooks-Cleator, L., & Giles, A. (2019). Missing voices in ageing-well frameworks: A postcolonial critique. In I. Apostolova & M. Lanoix (Eds.), *Ageing in an ageing Society: Critical reflections* (pp. 185-202). Sheffield, United Kingdom: Equinox. doi: https://doi.org/10.1558/equinox.34483

Brooks-Cleator, L., Giles, A. R., & Flaherty, M. (2019). Community-level factors that contribute to First Nations and Inuit older adults feeling supported to age well in an urban Canadian community. *Journal of Aging Studies, 48*, 50-59. doi: https://doi.org/10.1016/j.jaging.2019.01.001

Browne, A. J., Smye, V. L, Rodney, P., Tang, S. Y., Mussell, B., & O'Neil, J. (2011). Access to primary care from the perspective of Aboriginal patients at an urban emergency department. *Qualitative Health Research, 21*, 333-348. doi: https://doi.org/10.1177/1049732310385824

DOI: 10.18584/iipj.2020.11.1.9443

Buffel, T., & Phillipson, C. (2018). A manifesto for the age-friendly movement: Developing a new urban agenda. *Journal of Aging & Social Policy, 30*, 173-192. doi: https://doi.org/10.1080/08959420.2018.1430414

Collings, P. (2001). 'If you got everything, it's good enough': Perspectives on successful aging in a Canadian Inuit community. *Journal of Cross-Cultural Gerontology, 16*, 127-155. doi: https://doi.org/10.1023/A:1010698200870

Davy, C., Kite, E., Aitken, G., Dodd, G., Rigney, J., Hayes, J., & Van Emden, J. (2015). What keeps you strong? A systematic review identifying how primary health-care and aged-care services support the well-being of older Indigenous Peoples. *Australasian Journal on Ageing, 35*, 90-97. doi: https://doi.org/10.1111/ajag.12311

Darroch, F. E., & Giles, A. R. (2016). Health/service providers' perspectives on barriers to healthy weight gain and physical activity in pregnant, urban First Nations women. *Qualitative Health Research, 26*, 5-16. doi: https://doi.org/10.1177/1049732315576497

Davies, B., & Harré, R. (1990). Positioning: The discursive production of selves. *Journal for the Theory of Social Behaviour, 20*(1), 43-63.

DeVerteuil, G., & Wilson, K. (2010). Reconciling Indigenous need with the urban welfare state? Evidence of culturally-appropriate services and spaces for Aboriginals in Winnipeg, Canada. *Geoforum, 41*, 498-507. doi: https://doi.org/10.1016/j.geoforum.2010.01.004

Garon, S., Paris, M., Beaulieu, M., Veil, A., & Laliberté, A. (2014). Collaborative partnership in age-friendly cities: Two case studies from Quebec, Canada. *Journal of Aging & Social Policy, 26*, 73-87. doi: https://doi.org/10.1080/08959420.2014.854583

Gebhard, A. (2017). Reconciliation or racialization? Contemporary discourses about residential schools in the Canadian Prairies. *Canadian Journal of Education, 40*(1), 1-30.

Ginn, C. S., & Kulig, J. C. (2015). Participatory action research with a group of urban First Nations grandmothers: Decreasing inequities through health promotion. *The International Indigenous Policy Journal, 6*(1), 1-16. doi: https://doi.org/10.18584/iipj.2015.6.1.4

Hanselmann, C. (2003). Ensuring the urban dream: Shared responsibility and effective urban Aboriginal voices. In D. Newhouse & E. Peters (Eds.), *Not strangers in these parts: Urban Aboriginal Peoples* (pp. 167-178). Ottawa, Canada: Policy Research Initiative.

Hayhurst, L. M. C. (2009). The power to shape policy: Charting sport for development and peace policy discourses. *International Journal of Sport Policy, 1,* 203-227. doi: https://doi.org/10.1080/19406940902950739

Hewson, J. A., Kwan, C., Shaw, M., & Lai, D. W. L. (2018). Developing age-friendly social participation strategies: Service providers' perspectives about organizational and sector readiness for aging

baby boomers. *Activities, Adaptation & Aging, 42*, 225-249. doi: https://doi.org/10.1080/01924788.2017.1398034

Hole, R. D., Evans, M., Berg, L. D., Bottorff, J. L., Dingwall, C., Alexis, C., . . . Smith, M. L. (2015). Visibility and voice: Aboriginal people experience culturally safe and unsafe health care. *Qualitative Health Research, 25*, 1662-1674. doi: https://doi.org/10.1177/1049732314566325

Hopkins, S. E., Kwachka, P., Lardon, C., & Mohatt, G. V. (2007). Keeping busy: A Yup'ik/Cup'ik perspective on health and aging. *International Journal of Circumpolar Health, 66*(1), 42-50.

Hutcheon, L. (1989). *The politics of postmodernism.* London, United Kingdom: Routledge.

Lewis, J. P. (2011). Successful aging through the eyes of Alaska Native Elders: What it means to be an Elder in Bristol Bay, AK. *The Gerontologist, 51*, 540-549. doi: https://doi.org/10.1093/geront/gnr006

Lewis, J. (2014). The role of social engagement in the definition of successful ageing among Alaska Native Elders in Bristol Bay, Alaska. *Psychology and Developing Societies, 26*, 263-290. doi: https://doi.org/10.1177/0971333614549143

Loppie, S., Reading, C., & de Leeuw, S. (2014). *Aboriginal experiences with racism and its impacts.* Retrieved from http://www.nccahccnsa.ca/Publications/Lists/Publications/Attachments/131/2014_07_09_FS_2426_RacismPart2_ExperiencesImpacts_EN_Web.pdf

Lui, C., Everingham, J., Warburton, J., Cuthill, M., & Bartlett, H. (2009). What makes a community age-friendly: A review of international literature. *Australasian Journal on Aging, 28*, 116-121. doi: https://doi.org/10.1111/j.1741-6612.2009.00355.x

MacDonald, D., Abbott, R., & Jenkins, D. (2012). Physical activity of remote Indigenous Australian women: A postcolonial analysis of lifestyle. *Leisure Sciences: An Interdisciplinary Journal, 34*, 39-54. doi: https://doi.org/10.1080/01490400.2012.633854

Marshall, M. N. (1996). Sampling for qualitative research. *Family Practice, 13*(6), 522-525. doi: https://doi.org/10.1093/fampra/13.6.522

McEwan, C. (2009). *Postcolonialism and development*. New York, USA: Routledge.

Morris, M. (2016). A statistical portrait of Inuit with a focus on increasing urbanization: Implications for policy and further research. *Aboriginal Policy Studies, 5*, 4-31. doi: https://doi.org/10.5663/aps.v5i2.27045

Newhouse, D. (2003). The invisible infrastructure: Urban Aboriginal institutions and organizations. In D. Newhouse & E. Peters (Eds.), *Not strangers in these parts: Urban Aboriginal Peoples* (pp. 243-254). Ottawa, Canada: Policy Research Initiative.

O'Donnell, V., Wendt, M., & the National Association of Friendship Centres. (2017). *Aboriginal seniors in population centres in Canada.* Retrieved from https://www150.statcan.gc.ca/n1/pub/89-653-x/89-653-x2017013-eng.htm

Ouart, P., & the Saskatoon Indian and Métis Friendship Centre (SIMF). (2013). Laying the groundwork for co-production: The Saskatoon Indian and Métis Friendship Centre, 1968-82. In E. J. Peters & C. Anderson (Eds.), *Indigenous in the city: Contemporary identities and cultural innovation* (pp. 132-150). Vancouver, Canada: UBC Press.

Patton, M. (1990). *Qualitative evaluation and research methods.* Beverly Hills, USA: Sage.

Peters, E. J. (2011). Emerging themes in academic research in urban Aboriginal identities in Canada, 1996-2010. *Aboriginal Policy Studies, 1*, 78-105. doi: https://doi.org/10.5663/aps.v1i1.9242

Peters, E. J., & Anderson, C. (2013). Introduction. In E. J. Peters & C. Anderson (Eds.), *Indigenous in the city: Contemporary identities and cultural innovation* (pp. 1-20). Vancouver, Canada: UBC Press.

Place, J. (2012). *The health of Aboriginal people residing in urban areas.* Retrieved from https://www.ccnsa-nccah.ca/docs/emerging/RPT-HealthUrbanAboriginal-Place-EN.pdf

Polivka, L., & Longino, C. (2004). Postmodern aging and the future of public policy. In E. Tulle (Ed.), *Old age and agency* (pp. 3-15). New York, USA: Nova Science Publishers.

Ranzijn, R. (2010). Active aging: Another way to oppress marginalized and disadvantaged Elders? Indigenous Elders as a case study. *Journal of Health Psychology, 15*, 716-723. doi: https://doi.org/10.1177/1359105310368181

Reading, C., & Wein, F. (2009). *Health inequalities and social determinants of Aboriginal Peoples' health.* Prince George, Canada: National Collaborating Centre for Aboriginal Health.

Reimer Kirkham, S., & Anderson, J. M. (2002). Postcolonial nursing scholarship: From epistemology to method. *Advances in Nursing Science, 25*(1), 1-17.

Rowe, J. W., & Kahn, R. L. (1987). Human aging: Usual and successful. *Science, 237*, 143-149. doi: https://doi.org/10.1126/science.3299702

Snyder, M., Wilson, K., & Whitford, J. (2015). Examining the urban Aboriginal policy gap: Impacts on service delivery for mobile Aboriginal Peoples in Winnipeg, Canada. *Aboriginal Policy Studies, 5*, 3-27. doi: https://doi.org/10.5663/aps.v5i1.23259

Truth and Reconciliation Commission of Canada (TRC). (2015a). *Truth and Reconciliation Commission of Canada: Calls to Action*. Retrieved from http://nctr.ca/assets/reports/Calls_to_Action_English2.pdf

Truth and Reconciliation Commission of Canada (TRC). (2015b). *Honouring the truth, reconciling for the future: Summary of the final report of the Truth and Reconciliation Commission of*

Canada. Retrieved from http://nctr.ca/assets/reports/Final%20Reports/Executive_Summary_English_Web.pdf

Truth and Reconciliation Commission of Canada (TRC). (2015c). *What we have learned: Principles of truth and reconciliation.* Retrieved from http://nctr.ca/assets/reports/Final%20Reports/Principles_English_Web.pdf

Van Dyk, S. (2016). The othering of old age: Insights from postcolonial studies. *Journal of Aging Studies, 39*, 109-120. doi: https://doi.org/10.1016/j.jaging.2016.06.005

Walker, A. (2002). A strategy for active ageing. *International Social Security Review, 55*(1), 121-139. doi: https://doi.org/10.1111/1468-246x.00118

Willig, C. (2008). Discourse analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (2nd ed., pp. 160-185). London, United Kingdom: SAGE.

Wilson, K., & Peters, E. J. (2005). "You can make a place for it:" Remapping urban First Nations spaces of identity. *Environment and Planning: Society and Space, 23*, 395- 413. doi: https://doi.org/10.1068/d390

Young, R. J. (2001). *Postcolonialism: An historical introduction.* Malden, USA: Blackwell Publishing.

DOI: 10.18584/iipj.2020.11.1.9443