First Nations Elders' perspectives of engagement in community programs in Nak'azdli Whut'en, British Columbia, Canada

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Abstract

Objectives Meaningful social engagement is important to reduce risk for social isolation and loneliness. First Nations Elders are a unique group and little knowledge currently exists of their preferred forms of social interaction. The objective of this study was to describe the types of programs Nak'azdli Elders desire, identify barriers to participation, and improve creation of programs that address Elders' needs and interests.

Methods This project was co-created by the Nak'azdli Health Centre and Elders, located in Northern British Columbia, with support from academic partners when and where asked. An advisory committee selected participants perceived as able to complete the survey and available for interviewing. Participants were interviewed orally in English or Carrier in their homes or at a drop-in centre, by a well-respected Nak'azdli Elder. The Elder entered participant responses (including self-reported health, awareness and utilization for existing programs, and preferences for new programs) into a paper-based survey. Descriptive and content analysis were conducted.

Results Nak'azdli Elders ($N=38$) were interested in wisdom sharing, social programs, and health-related activities. Elders wanted to be actively engaged in programs/activity selection, helping organize programs, knowledge sharing, skills, and stories. Barriers to participation included lack of transportation, personal health concerns, scheduling conflicts, and lack of knowledge about programs/activities.

Conclusion Nak'azdli Elders were interested in culturally relevant programs involving sharing cultural knowledge, teachings, and/or language with younger generations. Elders wanted to be engaged in all stages of activities, including planning, participation, and evaluation. Future programs should prioritize community collaboration and co-creation with Elders.

Résumé

Objectifs Un engagement social significatif est important pour réduire le risque d'isolement social et de solitude. Les Aînés des Premières Nations constituent un groupe unique et il existe peu de connaissances sur leurs formes préférées d'interaction sociale. L'objectif de cette étude était de décrire les types de programmes que souhaitent les Aînés du Nak'azdli Whut'en, d'identifier les obstacles à la participation et d'améliorer la création de programmes qui répondent aux besoins et aux intérêts des Aînés.

Méthodes Ce projet a été co-créé par le Centre de santé Nak'azdli et les Aînés du Nak'azdli Whut'en, situés dans le nord de la Colombie-Britannique, avec le soutien de partenaires universitaires, au moment et à l'endroit demandés. Un comité consultatif a sélectionné les participants perçus comme étant capables de répondre au sondage et disponibles pour l'interview. Les participants

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ont été interviewés oralement en anglais ou Carrier à leur domicile ou centre d'accueil, par un Aîné du Nak'azdli Whut'en respecté. L'Aîné a saisi les réponses des participants (incluant leur état de santé autodéclaré, leur niveau de connaissance et d'utilisation des programmes existants et leurs préférences pour de nouveaux programmes) du sondage sur papier. Des analyses descriptives et de contenu ont été effectuées.

Résultats Les Aînés du Nak'azdli Whut'en ($N = 38$) étaient intéressés par le partage de la sagesse, les programmes sociaux et les activités liées à la santé. Les Aînés voulaient participer activement à la sélection des programmes et des activités, aider à organiser les programmes, le partage des connaissances, les compétences et les histoires. Les obstacles à la participation comprenaient le manque de moyens de transport, les problèmes de santé personnels, les conflits d'horaire et le manque d'information sur les programmes et les activités.

Conclusion Les Aînés du Nak'azdli Whut'en s'intéressaient à des programmes culturellement pertinents impliquant le partage des connaissances culturelles, des enseignements et/ou de la langue Carrier avec les jeunes générations. Les Aînés voulaient participer à toutes les étapes des activités, y compris la planification, la participation et l'évaluation. Les programmes futurs devraient donner la priorité à la collaboration communautaire et à la co-crédation avec les Aînés.

Keywords Indigenous population · Aged · Social isolation · Social planning

Mots-clés Population autochtone · Âgés · Isolation sociale · Planification sociale

Introduction

In Canada, the number of older adults (65+ years) surpassed the number of younger persons (< 14 years) for the first time in 2016 (Statistics Canada [n.d.](#)). While most older adults living at home view their health as good, aging is an important risk factor for social isolation and loneliness (Children's, Women's and Seniors Health Branch [2004](#)). Social isolation can be more present in older adults due to changes in social circumstances, such as changes in family and social groups due to losses of family members and friends, and difficulty keeping up communications to preserve existing relationships (Kirkevold et al. [2013](#)), decrease in social network size and closeness (Cornwell et al. [2008](#)), and decline in social status and responsibilities (Keefe et al. [2013](#)). Furthermore, the risk of social isolation increases if older adults live alone, are older than 80, or have compromised health (National Seniors Council [2014](#)). This can be further compounded by community factors such as lack of access to or awareness of community resources and programs, and community stigma or ageist attitudes (National Seniors Council [2014](#)).

Social isolation among older adults is especially concerning given the strong link with poorer health outcomes (National Seniors Council [2014](#); Nicholson [2012](#)). During older adulthood, transitional life events such as changing social roles, retirement, and bereavement can contribute to changes in older adults' physical health, mental health, and well-being (Gilmour [2012](#)). Additionally, health problems, such as chronic conditions, disabilities, and dementias, which tend to increase with age, are also predictors of social isolation (Division of Aging and Seniors [2006](#); Havens et al. [2004](#)). However, as older adults age, many desire to continue to contribute to, and benefit from, community life (Division of Aging and Seniors [2006](#)). When older adults are active and

involved with their community, they are less likely to report feeling socially isolated and/or lonely (Children's, Women's and Seniors Health Branch [2004](#); National Seniors Council [2014](#); Nicholson [2012](#)).

Engaging older adults in sustained and productive activities is an important component of "successful aging" (Rowe and Kahn [1997](#)). The health benefits of social participation include reduced risk of mortality (Wilkins [2003](#)), disability (Mendes de Leon [2003](#)), depression (Glass et al. [2006](#)), and cognitive decline (Freeman et al. [2017](#)). Engaging older adults can improve social connectedness, therefore, resulting in improved self-confidence in abilities, a sense of meaning and purpose, and better mental health (Gilmour [2012](#)). However, little research exists which explores what older adults consider to be meaningful engagement or how to involve them in the development of age-specific programming.

Both rural and urban older adults are at similar risk of social isolation; however, the risk factors may differ between them (National Seniors Council [2014](#)). Risk factors for social isolation for older adults living in rural and remote settings include limited age-friendly housing and programming, inadequate or inaccessible transportation, and lack of home care support (Division of Aging and Seniors [2006](#)). This is important, given that approximately 23% of older adults in Canada live in rural or remote areas (Schellenberg and Turcotte [2007](#)). Older adults from rural and remote locations may also have to travel to larger urban centres to access health care for their increasingly complex medical needs. It is important to understand what types of activities older adults find meaningful to help inform efforts to engage and include older adults, with the potential to reduce social isolation and improve their overall health and well-being.

First Nations adults over 65 now represent 6% of the First Nations Canadian population, a number that has more than

doubled between 2001 and 2011 (O'Donnell et al. 2017). First Nations older adults value “being active in the community, passing down knowledge and wisdom” (Jervis 2010), and being able to successfully manage their own health and aging (Collings 2001). However, a history of colonialism in Canada, including residential schools, has made this especially challenging due to ongoing intergenerational trauma, loss of traditional roles within the community, and disrupted family structures (Bombay et al. 2009). Older First Nations adults face challenges with health care services as well as the social determinants of health that include “poverty, housing, food insecurity, and the general challenges associated with living in isolated areas with poor infrastructure” (Health Council of Canada 2013). These challenges may contribute to First Nations older adults experiencing poorer health than non-First Nations seniors and higher rates of chronic health conditions (Health Council of Canada 2013; Rosenberg et al. 2009). As a result, First Nations older adults may be at an even greater risk of social isolation (National Seniors Council 2014). Addressing older adults' self-identified needs may assist communities in choosing to offer more meaningful activities to decrease social isolation and improve health outcomes (Jervis 2010; Kirby et al. 2007).

Nak'azdli Whut'en is a non-treaty First Nation, a member of the Carrier Nation, whose traditional territory extends throughout the Central Interior of British Columbia (Nak'azdli Whut'en n.d.). Most Carrier people refer to themselves as Dakelh, which means “people who go around by boat” (Nak'azdli Whut'en n.d.). Nak'azdli refers to the place, and Whut'en refers to the people from that place. Nak'azdli has close to 2000 members, 700 of whom live in the community (Nak'azdli Whut'en n.d.). Some important aspects of the Dakelh culture involve telling traditional stories, and gathering and making medicines (Nak'azdli Whut'en n.d.). Nak'azdli Whut'en is described as “a holistic community that believes in maintaining and enhancing traditional values by learning, living and teaching their culture and language” (Nak'azdli Whut'en n.d.).

Elders are an integral part of the Nak'azdli community. Lillian Sam, a well-respected Nak'azdli Elder, explained that while the term “Elder” generally refers to a person over the age of 50, the title of Elder is based on more than just age. This title is bestowed upon individuals who are recognized by the community to hold extensive cultural and historical knowledge. Elders often hold varied knowledge that they share with their community, such as knowledge of medicines, the clan system, and potlatches. A person under the age of 50 may be recognized as an Elder because they are mature and hold extensive knowledge passed down from generations in their families. The title of Elder is often used as a term of respect. Many Elders in Nak'azdli still speak Carrier, although the younger members speak predominantly English. The Nak'azdli community recognizes the importance of their

language and cultural practices and is actively taking steps to preserve Elders' knowledge for future generations. This aspect of their culture is threatened by social isolation of their Elders, which is a concern for the Nak'azdli community. It has been noted from community members that some Elders rarely leave their homes and have minimal social contacts. In response, the Nak'azdli Health Centre sought to identify activities Elders were interested to involve themselves in outside of their home and to understand barriers and challenges Elders faced to participate in existing programs.

Currently, little research exists on what types of activities older adults find meaningful and very little was known specifically about what community programs Nak'azdli Elders wanted offered. Therefore, a survey of Nak'azdli Elders was undertaken. The main purpose of this paper is to share the findings from the Nak'azdli Elder survey to enhance understanding of what Elders, living in a rural community, desire to be offered in community day programs. This exploration is essential to begin the process of improving existing programming, to meaningfully engage Nak'azdli Elders, and to try to reduce their social isolation.

Methods

Survey design

The 27-item Nak'azdli Elders Survey (available at request from the corresponding author) was drafted by the Nak'azdli Health Centre in partnership with community partners and local Elders who collectively made up the Advisory Committee. The survey was developed based on three principles: (1) *Communication* (e.g., listening and responding to what Elders want/need as support); (2) *Enabling Access* (e.g., identifying services that would support participation in Elders activities); and (3) *Autonomy* (e.g., Elders must feel that they “collectively” own their program and are involved in all aspects).

The survey was composed of four main sections. Section I gathered demographic and general information about Nak'azdli Whut'en Elders to help program staff better understand the demography of the Nak'azdli Elders. Section II inquired about the respondent's awareness of, and barriers to, existing Elders and seniors programs currently available in the community. Section II aimed to inform whether Elders knew about existing Elder and senior focused programs, and if Elders perceived any barriers to accessing existing programs. Section III asked Elders to respond with what types of programs they were interested in and what role they want to play within these programs. This information would be used to improve existing programs or create new programs. Section IV asked what methods of communication Elders preferred for the distribution of schedules, updates, and information

regarding Elders programs. Sections III and IV consisted primarily of close-ended questions, with the exception of several questions that had the option for respondents to choose “other” and provide their own response.

Selection of survey participants

Participants were selected for inclusion in the survey by the Advisory Committee. The committee identified individuals who they considered Elders in their community. Of the Elders identified, if they were cognitively well enough, lived locally, or lived further out of town but attended drop-in programming at the Nak’azdli KEY (Knowledge Empowers You) Society, they were selected as possible participants. The KEY is a drop-in centre open to all ages. Approximately half of attendees at the KEY are Elders. Some of these Elders are Nak’azdli Whut’en members who live in nearby communities. All Elders identified as possible participants by the Advisory Committee were approached for inclusion in the survey ($N=42$).

Data collection

Most survey participants were interviewed in their own homes or in a private room at the Nak’azdli KEY Society in April 2016. All survey data were collected orally and recorded on a paper survey by a well-respected bilingual Elder in the community. The survey was facilitated orally to aid those who were unable to read, write, see, or speak English. Questions were asked in either English or Carrier (the traditional language which many Elders still speak) depending on participant preference. The survey data were then de-identified by the Nak’azdli Health Centre prior to analysis by academic partners.

Microsoft Excel and IBM SPSS Version 24 were used to analyze the data and calculate descriptive statistics. Qualitative data gathered from open-ended questions were analyzed using conventional inductive content analysis (Hsieh and Shannon 2005; Graneheim and Lundman 2004; Elo and Kyngäs 2008).

Results

De-identified data from 38 Nak’azdli Elders were included in the analysis, while 4 Nak’azdli Elders declined participation in the survey (90.5% survey response rate). Socio-demographic and health characteristics describing the Nak’azdli Elders’ Survey participants are shown in Table 1. Two thirds of participants were over the age of 60 (65.8%) and most were female (89.5%). Few Elders were under 50 (10.5%), and none were older than 90. About two thirds of Elders live with family or friends (65.8%) while just over one third live alone (34.2%). The number of people per household varied, with

Table 1 Nak’azdli Elders Survey participants’ socio-demographic and health characteristics, April 2016 ($N=38$)

		Participants, % (n)
Socio-demographic characteristics		
Age group in years*	< 50	10.5 (4)
	50–59	13.2 (5)
	60–69	47.4 (18)
	70 or more	18.5 (7)
	Not provided	10.5 (4)
Gender	Male	10.5 (4)
	Female	89.5 (34)
Living situation†	Live alone	34.2 (13)
	Live with spouse	13.2 (5)
	Live with family/friends	52.6 (20)
Caregiving responsibilities‡	Yes	39.5 (15)
	No	60.5 (23)
Able to drive	Yes	65.8 (25)
	No	34.2 (13)
Frequency of family/friends visits	Everyday	23.7 (9)
	2–3 times/week	28.9 (11)
	Once a week	21.1 (8)
	Once a month	10.5 (4)
	Rarely/never	15.8 (6)
Health characteristics		
Self-reported physical health	Excellent	44.7 (17)
	Good	26.3 (10)
	Satisfactory	15.8 (6)
	Poor/bad	13.2 (5)
Self-reported mental/emotional health§	Happy and content	71.1 (27)
	Confident	28.9 (11)
	Lonely sometimes	26.3 (10)
	Lonely and isolated all the time	0.0 (0)

*No participants aged 90 years or greater

† No participants resided in senior-only housing

‡ Includes caregiving for spouse, children, and/or grandchildren

§ One or more responses allowed

up to 9 people reported living under the same roof. Over one third of Elders reported being a primary caregiver to their spouse, children, or grandchildren (39.5%). Approximately two thirds of Elders reported being able to drive (65.8%). Elders self-reported their physical health as excellent (44.7%), good (26.3%), or satisfactory (15.8%). Few Elders self-reported poor to bad health (13.2%). When asked to self-report their perceived mental and emotional health, many Elders reported they were happy and content most of the time and satisfied with life (71.1%). Nearly one third of Elders reported that they felt confident and independent most of the

time (28.9%). In contrast, approximately one in four Elders self-reported that they felt lonely sometimes (26.3%); however, no Elders reported feeling lonely and isolated all the time.

Elders' awareness and utilization of local activity programs are shown in Fig. 1. Many Elders reported being aware of existing older adult day programs run by Nak'azdli community organizations such as the Nak'azdli Health Centre (63.2%), and in the neighbouring town of Fort St. James (50.0%). Programs offered in Nak'azdli that were identified by Elder participants included Health Centre Wellness programs, home care, home making, healthcare/nurse visits and workshops, Elders' Tea, community luncheons/dinners, drumming, singing, dancing, walking, Justice Centre, Elders Society, Elders Drop-In Centre, Elder gatherings/meetings, patient travel, and travel to major city centre. Programs offered in Fort St. James that were identified by Elder participants included patient travel, the KEY, Senior/Elder Centre (play games, dance, tea, luncheons, dinners), and meals on wheels. Almost one third of Elders (31.6%) accessed Nak'azdli community health services of some sort, including home care nursing, home support, diabetes education, homemakers, or social activities (i.e., weekly Elders' tea). Of Elders who were primary caregivers, 37% reported attending activities. In contrast, of Elders who did not report engaging in caregiving activities, 84% reported attending activities. Reasons identified by Elders to support their participation in existing activities included the opportunity to learn new things, socialize, enjoy listening or telling stories, get out of the house, visit with relatives, and cultural immersion.

When asked to identify barriers to participation in Elder-specific programs and activities, Elders reported a variety of challenges, including poor personal health, lack of transportation, location of programs, programs/activities did not fit with their schedule, lack of awareness of existing programs/activities, and existing programs not of interest. These results are shown in Fig. 2. Lack of transportation was the greatest barrier to attending programs (57.9%), followed by poor health (42.1%) and scheduling challenges (36.8%). Program location was not reported as being a barrier to attending (not included in Fig. 2). Other barriers mentioned by Elders included already doing other activities such as walking, not enjoying socializing with others, having child care and/or caregiving responsibilities, not being able to keep up with activities, and feeling there is a lack of staff interaction with Elders.

Figure 3 shows the types of activities Nak'azdli Elders were interested in. The activities were grouped into three categories:

- 1) Health-related informal chat sessions, such as visits with local doctors or nurse practitioners, and pharmacists, and other chat sessions about mental health and wellness.
- 2) Wisdom-sharing activities and programs, such as Elder-led family strengthening activities, sharing cultural skills with younger generations, traditional storytelling, language learning, cultural camps with younger generations, and harvesting and preserving activities (i.e., berry picking, fishing, hide tanning, preserving food).
- 3) Social and other learning programs, such as potluck dinners, exchange of recipes, learning about technology,

*Programs offered in Nak'azdli that were identified by Elders: Health Centre Wellness programs, homecare, home making, healthcare/nurse visits and workshops, Elders' Tea, community luncheons/dinners, drumming, singing, dancing, walking, Justice Centre, Elders Society, Elders Drop-In Centre, Elder gatherings/meetings, patient travel, and travel to major city centre. †Programs offered in Fort St. James that were identified by Elders: patient travel, the KEY, Senior/Elder Centre (play games, dance, tea, luncheons, dinners), and meals on wheels. ‡Health care services identified by survey questions: home care nursing, home support, diabetes education, homemakers, and social activities.

Fig. 1 Elders' awareness and utilization of local programs and services, Nak'azdli Elders Survey, April 2016 ($N = 38$)

Fig. 2 Identified barriers to program participation, Nak'azdli Elders Survey, April 2016 ($N = 38$)

Note: None of the participants identified location of programs as a barrier. * Other: Responses included too shy about hearing loss, don't go out/socialize much, caregiving responsibilities, and lack of program staff interaction with Elders.

movie night or afternoon matinee, and games night or afternoon.

Elders wanted wisdom-sharing activities and programs (97.4%), social and other learning programs (94.7%), and health-related informal chat sessions (84.2%). Examples of health-related programming included exercise drop-in, holistic health information, grief loss sharing circles and grief counselling, visit unwell Elders, eye care information, and information on prescription drug abuse. Wisdom-sharing activities suggested included hunting/trapping, teaching Carrier language and culture to younger people, and sharing land and family history.

Additional social and learning activities mentioned by Elders were cooking traditional foods, exchanging books, playing games, movie nights with family, camping trips, and sharing cultural activities.

A breakdown of the roles Elders see themselves having in the Elders Drop-In Centre is shown in Fig. 4. Elders wanted to participate in activities (57.9%), to help organize activities (36.8%) and to suggest activities (32.4%). Elders envisioned themselves sharing skills (57.9%), sharing stories (50.0%), and sharing knowledge (34.2%). Half of the Elders also wished to be involved in other ways, for example, by sharing personal special interests/hobbies, cooking, teaching younger people about the past, and first aid.

* Health-related chat sessions with local doctors or nurse practitioners, pharmacists, and other chat sessions about mental health and emotional wellness. † Programs such as Elder-led family strengthening activities, sharing cultural skills with young generations, traditional storytelling, language learning, cultural camps with younger generations, and harvesting and preservation activities (i.e., berry picking, fishing, hide tanning, and preserving food). ‡ Activities such as potluck dinners, recipe exchange, technology learning, movie night or afternoon matinee, and games night or afternoon.

Fig. 3 Preferred types of programs Elders want at their local Elders drop-in centre, Nak'azdli Elders Survey, April 2016 ($N = 38$)

Fig. 4 Preferred roles Elders wish to play in programming, Nak'azdli Elders Survey, April 2016 ($N = 38$)

* Other roles listed by Elders: sharing personal special interests/hobbies, cooking, and teaching younger people about the past and first aid.

Elders reported whether they were interested in being informed about Elders programming, and their preferred methods of receiving program information, and personal contact. For example, most Elders wanted to know more about the Elders and Seniors Programming (78.9%). Elders wanted to be informed on program information via newsletter (65.8%), Elders' Meetings (31.6%), and by telephone (26.3%). Almost no Elders preferred program information being communicated via email (2.6%). Other suggested methods for sharing program information included Facebook, mail, and reminders posted at the Elders' Drop-In Centre.

Discussion

Nak'azdli Elders are keen to actively engage in meaningful activities associated with health, wisdom sharing, and social programs. The plethora of examples suggested by Elders of activities that they wished to attend that fell within these categories reinforces the importance of seeking input directly from older adults for whom programs will be directed. Sharing cultural knowledge, teachings, and/or language with younger generations was of high priority and great interest to Elders. They were keen to engage as givers of knowledge in culturally relevant learning opportunities with community members of all ages, particularly with youth. This interest in culturally relevant programming among older First Nations persons is echoed in the literature (Jervis 2010; Collings 2001; Kirby et al. 2007; Brooks-Cleator and Giles 2016). Cultural activities facilitate renewal and maintenance of culture, and can provide the opportunity to pass on cultural practices to younger generations (Reid and Welke 1998).

Many Nak'azdli Elders wanted to do more than just participate in seniors day programs. They aspired to engage in program design and planning, including to suggest new activities,

to participate in organization of programs, or to engage in leadership roles within the programming (i.e., share knowledge or skills). Supporting Elders in these roles of greater engagement and responsibilities encourages further social connectedness (Division of Aging and Seniors 2006), which may, in turn, reduce social isolation and positively impact their physical and mental health (Cornwell et al. 2008; National Seniors Council 2014; Gilmour 2012).

In this study, there was a discrepancy between interest in participating in Elders programs they consider to be more meaningful, such as wisdom-sharing activities (97.4%), and those that report participating in these activities (50%). This survey also identified several barriers that may contribute to this discrepancy and limit Elders' ability to participate. It is important to note that not all older adults want to take on a more active role in the community, a preference that should also be respected (Division of Aging and Seniors 2006).

Lack of transportation was the most commonly reported factor preventing Elders from getting to events and activities, despite many of the Elders being able to drive. This is congruent with other recent studies where transportation was cited as a frequent barrier for seniors as they age, regardless of where they live (Division of Aging and Seniors 2006; Orpana et al. 2016). Acting upon findings identified from this survey, the Nak'azdli Whut'en have since funded the training of one community member to become a bus driver to provide transportation for Elders. This new service has been well used to date, and the use of this service is being evaluated to ensure that it is meeting the needs of community Elders.

Elder participation was also limited by poor health, scheduling conflicts/inconvenience, being unaware of programs, and existing programs not being of interest. One unanticipated barrier (not explicitly asked about in the survey) was caregiving. Our findings showed that almost two thirds of Elders who identified as a caregiver for a grandchild or family member did

not participate. This is compared to 84% of older adults who are not caregivers who reported attending programs. Many Nak'azdli Elders have caregiving responsibilities (39.5%), and it is apparent that this is an important aspect of the community's family dynamics. The Nak'azdli Whut'en have responded to this concern by offering respite care services to Elders attending activities. In addition, opportunities for inter-generational involvement in programming and caregiver support have been introduced. This allows Elders to bring grandchildren and other family members to activities, and to seek support and advice from other grandparents caring for grandchildren. All the barriers identified in this study are frequently reported as barriers affecting older adults in Canada (Division of Aging and Seniors 2006).

A limitation of the current study is the small sample size of Nak'azdli Elders ($N = 38$) who provided consent and completed this study. These findings may not be generalizable to other First Nations communities, or to populations of older adults in Canada. Instead, we encourage those involved in activity programming with older adults to explore the needs and wants of their target populations, and to tailor programs accordingly. Participant selection in this study was driven by community partners and involved a mixed recruitment strategy, identifying some participants based on residence location and recruitment of a convenience sample of other participants who were actively participating in drop-in programming. While this assisted to increase the number of participants in the study, it is possible that some Elders may have been missed.

Findings suggest the importance of further examination of the caregiving responsibilities of Elders. Future study should investigate how caregiving responsibilities affect participation in community activities and social engagement outside of the home.

It is important to note that the use of the term Elder in the current study uses the definition as posited by the Nak'azdli people. As such, it may be possible that other First Nations communities may define this term differently. Being given the title of "Elder" is often associated with the knowledge that a person holds and is not necessarily related to age.

Conclusion

This study provided valuable insight into the interests and needs of the Nak'azdli Elders. These results will help inform future program and activity planning for Elders in the community. In the process of conducting and analyzing the survey, the Nak'azdli Health Centre and other community members have engaged with the Elders and learned about who they are. Culturally relevant programming is of great interest for the Nak'azdli Whut'en, specifically activities involving sharing cultural knowledge, teachings, and/or language with younger generations. The Elders demonstrated a strong interest in including younger generations in programming. Therefore,

culturally relevant programs should engage with not only the Elders in meaningful activities, but also younger generations in the community. In addition to participating, Elders want to be part of activities in other ways, including engaging in activity planning and implementation, as well as passing on knowledge or skills. The results of this survey will serve to aid in future program planning and evaluation, and therefore may lead to stronger community collaboration and relationships with Elders.

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Compliance with ethical standards

Conflict of interest None to declare.

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