Aboriginal seniors in population centres in Canada

by Vivian O’Donnell (Statistics Canada), Michael Wendt (Statistics Canada) and the National Association of Friendship Centres

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- not available for any reference period
- not available for a specific reference period
- not applicable
- true zero or a value rounded to zero
- value rounded to 0 (zero) where there is a meaningful distinction between true zero and the value that was rounded
- preliminary
- revised
- suppressed to meet the confidentiality requirements of the Statistics Act
- use with caution
- too unreliable to be published
- significantly different from reference category (p < 0.05)
Aboriginal seniors in population centres in Canada

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Overview of the study:

This study uses data from the 2011 National Household Survey (NHS) and the 2012 Aboriginal Peoples Survey (APS) to examine the living arrangements and socio-economic conditions of Aboriginal seniors aged 65 years and over living in private households in population centres. A population centre is an area with a population of at least 1,000 persons and no fewer than 400 persons per square kilometre.

• Overall the number of Aboriginal seniors (65 years and over) in Canada more than doubled from 2001 to 2011 to reach 82,690. More than half of Aboriginal seniors (52% or 43,130) were living in population centres in 2011.

• Many Aboriginal seniors reported being long-time residents of their population centre. In 2012, 27% of Aboriginal seniors in population centres reported that they had lived in their current city, town or community all their life, and 52% reported that they had moved there more than 10 years before.

• Living with a spouse or partner was the most common living arrangement for Aboriginal seniors in population centres. However, almost as many Aboriginal senior women were living alone as were living with a spouse or partner.

• Compared to their non-Aboriginal counterparts, higher percentages of Aboriginal seniors in population centres were part of the low-income population and had experienced food insecurity. About half (49%) of Aboriginal senior women in population centres living alone were in the low-income population.

• The percentage of Aboriginal seniors in population centres holding a paid job almost doubled from 2001 to 2011.

• Most Aboriginal seniors in population centres (88% of women and 86% of men) reported having been diagnosed with at least one chronic condition.

Setting the context

As the ‘baby boom’ generation moves into its senior years, there is much attention and focus upon Canada’s aging population. However when it comes to the Aboriginal population in particular, focus more often falls upon youth rather than seniors given the relatively young Aboriginal population. In 2011, only 6% of Aboriginal people were seniors (65 years and over) while seniors comprised 14% of the non-Aboriginal population. High fertility rates combined with higher mortality in the Aboriginal population over the last several decades have resulted in this youthful age structure.\(^1\)

However, there is a trend towards aging. (Chart 1) The number of Aboriginal seniors in Canada more than doubled from 2001 to 2011 to reach 82,690. Seniors comprised 4% of the Aboriginal population in 2001; this was up to 6% in 2011. According to recently released population projections, this demographic trend towards aging is expected to continue in the coming decades.\(^2\) This aging is partly due to increasing life expectancies. Further, while fertility rates of the Aboriginal population remain higher than the non-Aboriginal population, they are also on the decline.\(^3\)

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Aboriginal seniors in population centres in Canada

Not only is there a demographic trend towards aging in the Aboriginal population, there is also an increasing number and percentage of Aboriginal seniors living in population centres. In 2001, most Aboriginal seniors were living in rural or reserve communities, with 43% living in population centres. In 2011, the percentage of Aboriginal seniors living in population centres surpassed the halfway mark to reach 52%.4

There is limited research available about Aboriginal seniors in population centres. A better understanding of their needs and circumstances could assist in the development of policies and programs in a wide variety of areas such as health care, care giving, and financial circumstances. In order to address this information gap, this study provides a statistical profile of Aboriginal seniors living in private households in population centres in Canada, including their socio-economic conditions and health status.

Aboriginal seniors include First Nations, Métis and Inuit seniors 65 years and over. In 2011, 46% of Aboriginal seniors living in population centres reported being First Nations, 45% were Métis, and 3% were Inuit. Only 1% reported belonging to more than one Aboriginal group (for example, First Nations and Métis). In this study, the Aboriginal senior population also includes seniors who did not report being First Nations, Métis or Inuit, but who reported that they had registered Indian status and/or band membership (about 5% of Aboriginal seniors in population centres).

A population centre is an area with a population of at least 1,000 persons and no fewer than 400 persons per square kilometre. In this study, only off-reserve population centres were included.5 Population centres are classified into three groups, depending on the size of their population: small (1,000 to 29,999), medium (30,000 and 99,999), and large urban population centres (100,000 or more). Of Aboriginal seniors living in population centres in 2011, 52% were living in large urban population centres, 32% in small population centres, and the remaining 16% were in medium population centres.

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4. These figures can be adjusted to account for incompletely enumerated reserves. If only reserve communities that were enumerated in both census years (2001 and 2011) were included, the adjusted figures would be 44% of Aboriginal seniors living in population centres in 2001, and 53% of Aboriginal seniors living in population centres in 2011.

5. On-reserve areas are excluded from this analysis. ‘On reserve’ includes six types of census subdivisions (CSDs) legally affiliated with First Nations or Indian bands, i.e., Indian reserve (IR), Indian settlement (S-É) (except for the five Yukon settlements of Champagne Landing 10, Klukshu, Two and One-Half Mile Village, Two Mile Village and Kloo Lake), Indian government district (IGD), terres réservées aux Cris (TC), terres réservées aux Naskapis (TK) and Nisga’a land (NL), as well as the northern village of Sandy Bay in Saskatchewan. See the section ‘Definitions, data sources and methods’ for more information.
It is important to note that findings presented in this study refer to Aboriginal seniors who were living in private households only, and do not include those living in collective dwellings (such as nursing homes and seniors’ residences).

**More than half of Aboriginal seniors live in population centres in 2011**

In 2011, there were 43,130 Aboriginal seniors living in population centres. While this is a relatively small population, it is growing. From 2001 to 2006, the number of Aboriginal seniors in population centres increased by 57%. The growth rate for the non-Aboriginal senior population in population centres over the same time period was 11%. High growth rates in the Aboriginal population were also observed from 2006 to 2011, with a 61% increase in the total number of Aboriginal seniors in population centres. (Table 1)

<table>
<thead>
<tr>
<th></th>
<th>Aboriginal identity population</th>
<th>Non-Aboriginal identity population</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001 Count</td>
<td>17,005</td>
<td>2,863,410</td>
</tr>
<tr>
<td>2006 Count</td>
<td>26,760</td>
<td>3,174,210</td>
</tr>
<tr>
<td>2011 Count</td>
<td>43,125</td>
<td>3,563,630</td>
</tr>
<tr>
<td>2001-2006 Growth rate (%)</td>
<td>57</td>
<td>11</td>
</tr>
<tr>
<td>2006-2011 Growth rate (%)</td>
<td>61</td>
<td>12</td>
</tr>
</tbody>
</table>


In general, the percentage of Aboriginal people living in population centres, as opposed to rural or reserve communities, has been increasing over time. Likewise, the percentage of Aboriginal seniors living in population centres has been increasing. While the percentage of Aboriginal seniors living in population centres has now increased to more than half (52%), they remain less likely to live in population centres compared to non-Aboriginal seniors. In 2011, 80% of non-Aboriginal seniors were living in population centres. (Chart 2)

**Chart 2**

**Percentage of seniors (65 years and over) living in population centres, Canada, 2001 and 2011**

![](chart2.png)

**Note:** Data have been adjusted to account for incompletely enumerated reserves.

**Sources:** Statistics Canada, Census of Population 2001 and National Household Survey 2011.
Compared to their younger counterparts, Aboriginal seniors were less likely to live in population centres. In 2011, among the Aboriginal working age population (25 to 54 years), 59% were living in population centres compared to 52% of Aboriginal seniors.

In general, women outnumber men in the senior population. In 2011, this was true in both the Aboriginal and non-Aboriginal populations, where women represented 55% and 54% of seniors, respectively. This was more pronounced in population centres: in 2011, 58% of Aboriginal seniors, and 56% of non-Aboriginal seniors, were women.

**Most Aboriginal seniors in population centres live with family members**

In 2011, 64% of Aboriginal seniors in population centres were living with family members – either with their married spouse or common-law partner (50%), as a lone parent6 (8%), or with other relatives (6%). The remaining 36% were not living with family members – they were living alone (32%) or with non-relatives only (4%).

In 2011, living with a spouse or partner was the most common living arrangement for both Aboriginal senior women (40%) and men (65%). However, almost as many Aboriginal senior women were living alone (38%) as were living with a spouse or partner. (Chart 3) Among non-Aboriginal seniors – 46% of women and 76% of men were living with a spouse or partner, and 37% of women and 17% of men were living alone.

### Chart 3

**Household living arrangements of Aboriginal seniors (65 years and over) in population centres, 2011**

Note: ‘Living with relatives’ may also include non-relatives.


**Aboriginal seniors living with grandchildren**

In general, Aboriginal senior women started having children at younger ages than women currently of childbearing age. According to the 2012 Aboriginal Peoples Survey (APS), 44% of Aboriginal senior women currently living in population centres were in their teen years when they gave birth to their first child. It would likely follow then that they would become grandparents at relatively young ages as well.

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6. A lone parent is a parent living with at least one child in the same dwelling, regardless of the age of the child(ren).
Using available data sources, it is not possible to identify the population of grandparents as a whole. However, it is possible to identify grandparents living with grandchildren, and this group can be expressed as a proportion of the overall population 65 years and over. In population centres, 22% of Inuit seniors, 10% of First Nations seniors, and 6% of Métis seniors were grandparents living with at least one grandchild in 2011. This is compared to 7% of their non-Aboriginal counterparts.

Seniors who live with their grandchildren can be living in a skip-generation household, or a multigenerational household. A skip-generation household refers to a household containing one or more grandparents and grandchildren, and no parents. A multigenerational household refers to a household containing three or more generations of grandparents, parents and children. In 2011, compared to their non-Aboriginal counterparts, higher percentages of Aboriginal seniors in population centres were living in skip-generation households. (Chart 4)

![Chart 4](image)

**Note:** ‘Aboriginal’ includes Aboriginal identity ‘not included elsewhere’ and multiple Aboriginal identities. First Nations, Métis and Inuit refer to single identities. **Source:** Statistics Canada, National Household Survey 2011.

### Many Aboriginal seniors report being long-time residents of their population centre

Generally speaking, there are higher rates of residential mobility in population centres. In 2011, more than half (54%) of Aboriginal residents of population centres reported living at a different address five-years before the survey. In contrast, 26% of Aboriginal residents of reserve communities and 33% in rural areas reported that they were living at a different address five years previous to the survey.

Seniors are less likely to change residences than their younger counterparts. In 2011, 26% of Aboriginal seniors in population centres reported that they were living in a different residence five years before (16% within the same city/town and 10% in a different city/town). By comparison, 58% of Aboriginal people aged 25 to 54 years old in population centres reported living at a different address five years before (36% in same city/town and 22% in a different city/town). (Chart 5)

According to the 2012 Aboriginal Peoples Survey (APS), many Aboriginal seniors in population centres have been long-time residents: 27% of Aboriginal seniors in population centres reported that they had lived in their current city, town or community all their life, and 52% reported that they had moved there more than 10 years before.

In addition, the 2012 APS found that among First Nations seniors with registered Indian status living in population centres, 40% had previously lived on a reserve or in a First Nation community.

**About one in four Aboriginal seniors in population centres in a low-income situation**

In 2011, 23% of Aboriginal seniors living in population centres were in a low-income situation, compared to 13% of non-Aboriginal seniors. A higher percentage of Aboriginal senior women were part of the low-income population compared to Aboriginal senior men – 26% compared to 18%. (In the non-Aboriginal population, women were also more likely to be in a low-income situation – 16% compared to 9%.) (Chart 6)

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8. The after-tax low-income measure (LIM-AT) uses the after-tax income of households. There are no regional variations to account for price or cost of living differences; all applicable households in Canada face the same line adjusted for household size. This line is set at half the median of adjusted household after-tax income. To account for potential economies of scale, the income of households with more than one member is divided by the square root of the size of the household. The LIM-AT is not applied in the territories.
Aboriginal seniors in population centres in Canada

Chart 6
Percentage of seniors (65 years and over) who are part of low-income population in population centres, Canada (excluding the territories), 2011

Note: The ‘low-income population’ refers to the after-tax low income measure (LIM-AT). This low-income concept is not applied in the territories.

Data showed that there is a relationship between low-income and living arrangements. Higher percentages of those who lived alone were part of the low-income population compared to those who were living with a spouse or partner. In 2011, a relatively high percentage of Aboriginal senior women (38%) were living alone. Almost half of these women (49%) were part of the low-income population. (Chart 7)

Chart 7
Percentage of seniors (65 years and over) who are part of low-income population in population centres by selected living arrangements, Canada (excluding the territories), 2011

Note: The ‘low-income population’ refers to the after-tax low income measure (LIM-AT). This low-income concept is not applied in the territories.
Almost one in ten Aboriginal seniors in population centres report experiencing food insecurity

Food insecurity exists within a household when one or more members do not have access to the variety or quantity of food that they need due to lack of money. “Researchers have found that people who experience food insecurity also tend to report: poor or fair health, poor functional health, or an inability to perform key activities due to health problems, long-term physical and/or mental disabilities that limit activity at home, work or school, multiple chronic conditions, major depression [and] a perceived lack of social support.”

In 2012, 9% of Aboriginal seniors living in population centres reported low or very low food security compared to 2% of non-Aboriginal seniors. Food insecurity is experienced by higher percentages of their younger counterparts – among Aboriginal people in population centres, 25% of Aboriginal youth (15 to 24 years old) and those in the working age population (25 to 54 years) reported low or very low food security. (Chart 8)

Chart 8
Percentage with low or very low food security, population centres, 2012

Compared to young people, Aboriginal seniors have lower levels of formal schooling

Overall, more than half (54%) of Aboriginal seniors in 2011 reported no formal schooling qualifications (no certificate, diploma or degree). In population centres, this was slightly lower at 47% with no certificate, diploma or degree.

In both the Aboriginal and non-Aboriginal populations, seniors had lower rates of formal education than young people. In 2011, the percentage of those 25 and over with no certificate, diploma or degree was higher with each subsequent age group. The education gaps between Aboriginal and non-Aboriginal people in population centres remained fairly consistent in all age groups. (Chart 9)

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Aboriginal seniors in population centres in Canada

### Chart 9
**Percentage of population with no certificate, diploma or degree, population centres, Canada, 2011**

<table>
<thead>
<tr>
<th>Age groups</th>
<th>Aboriginal</th>
<th>Non-Aboriginal</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 to 34</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>35 to 44</td>
<td>15%</td>
<td>25%</td>
</tr>
<tr>
<td>45 to 54</td>
<td>20%</td>
<td>30%</td>
</tr>
<tr>
<td>55 to 64</td>
<td>25%</td>
<td>35%</td>
</tr>
<tr>
<td>65 to 74</td>
<td>30%</td>
<td>40%</td>
</tr>
<tr>
<td>75 and over</td>
<td>35%</td>
<td>45%</td>
</tr>
</tbody>
</table>

### Source:

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**Percentage of Aboriginal seniors in population centres with a paid job almost doubled from 2001 to 2011**

In 2011, 13.2% of Aboriginal seniors in population centres held a paid job, almost double the proportion that did so in 2001 (6.8%). The employment rate of Aboriginal seniors in 2011 (13.2%) was slightly higher than that of non-Aboriginal seniors (11.5%).

Employed Aboriginal senior men in population centres worked primarily in ‘trades, transport and equipment operators and related occupations’ (33%) and ‘sales and service’ occupations (24%). The most common occupations for employed Aboriginal senior women in population centres were ‘sales and service occupations’ (31%) and ‘business, finance and administration occupations’ (25%). These were also the occupations most commonly reported by employed non-Aboriginal senior men and women.

**About one in ten Aboriginal seniors in population centres can carry on a conversation in an Aboriginal language**

In 2011, about 6% of Aboriginal people living in population centres could speak and understand an Aboriginal language well enough to conduct a conversation. This percentage was 11% for Aboriginal seniors in population centres. Higher percentages of First Nations seniors (16%) and Inuit seniors (42%) in population centres could carry on a conversation in an Aboriginal language, compared to Métis seniors (5%).

Overall, Cree was the most commonly spoken Aboriginal language in population centres in 2011, with a total of 18,440 speakers overall.\(^{10}\) This was followed by Inuktitut (10,780) and Ojibway (7,330). Among Aboriginal seniors specifically, Cree, Inuktitut and Ojibway remain the most commonly spoken Aboriginal languages in population centres.

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\(^{10}\) This refers to those with knowledge of an Aboriginal language, that is, those who can speak an Aboriginal language well enough to conduct a conversation.
The 2012 Aboriginal Peoples Survey (APS) collected information about proficiency from those who could speak or understand an Aboriginal language, “even if only a few words”. The percentage of people in population centres who reported being able to speak an Aboriginal language ‘even if only a few words’ was approximately one-third in each of the age groups – 34% of 15 to 24 year olds, 37% of 25 to 54 year olds, 34% of 55 to 64 year olds, and 33% of those 65 years and over.

However, the differences between the age groups emerged when considering the ratings of ability. About 13% of Aboriginal seniors reported being able to speak ‘very well’ or ‘relatively well’ compared to 4% of 15 to 24-year olds, 6% of 25 to 54 year olds, and 9% of 55 to 64 year olds. (Chart 10)

Chart 10
Percentage of Aboriginal people in population centres who reported being able to speak an Aboriginal language ‘relatively well’ or ‘very well’, Canada, 2012

In 2012, 44% of Aboriginal seniors in population centres reported that speaking and understanding an Aboriginal language was ‘very’ or ‘somewhat’ important to them. This was lower than the percentage of youth 15 to 24 years (51%) and those of working age 25 to 54 years (52%).

Compared to youth, higher percentage of Aboriginal seniors lacking social support

Research has shown that social participation and social supports are important to the health and well-being of seniors, including reduced risk of mortality\textsuperscript{11}, disability\textsuperscript{12}, and depression\textsuperscript{13}. The 2012 APS included the question: “Who would you turn to for support in times of need?” Most Aboriginal seniors in population centres reported that they had someone to turn to for support – 73% reported family members such as a spouse, son, or daughter, 7% reported non-relatives such as friends, neighbours or coworkers, and 12% named both family members and non-relatives. The remaining 8% of Aboriginal seniors in population centres reported having no one to turn to for support in times of need. This was higher than the percentage of youth aged 15 to 24 (2%). (Chart 11)

\textsuperscript{11.} See Wilkins (2003)  
\textsuperscript{12.} See Mendes de Lyon et al (2003) and Lund et al (2010)  
\textsuperscript{13.} See Glass et al (2010)
Self-rated health status

In the 2012 APS, 31% of Aboriginal senior women and 34% of Aboriginal senior men rated their health as ‘excellent’ or ‘very good.’ Generally, the percentage of people who report excellent or very good health decreases with age. When compared to 2001, the percentage of Aboriginal senior women and men who reported excellent or very good health has increased. (Chart 12)
Most Aboriginal seniors report having at least one chronic condition

In 2012, 88% of Aboriginal senior women in population centres reported having been diagnosed with at least one chronic condition. This was slightly higher than for men, at 86%. Not surprisingly, as age increases, the rate reporting having at least one chronic condition increases, with similar patterns between men and women. (Chart 13)

14. These frequencies of diagnosis with at least one chronic condition may not be comparable to findings from the Canadian Community Health Survey (CCHS). Different survey instruments (questionnaires, timing, methodology) would account for some of the differences in findings.
In 2012, high blood pressure and arthritis (excluding fibromyalgia) were the most commonly reported chronic conditions by Aboriginal seniors in population centres. About half of both Aboriginal senior men (50%) and Aboriginal senior women (51%) reported being diagnosed with high blood pressure. However, higher percentages of women (61%) reported being diagnosed with arthritis compared to men (37%) (Table 2). Among non-Aboriginal seniors, women were also more likely than men to be diagnosed with arthritis.

### Table 2

<table>
<thead>
<tr>
<th>Selected chronic conditions</th>
<th>Total Aboriginal seniors</th>
<th>Aboriginal senior men</th>
<th>Aboriginal senior women</th>
</tr>
</thead>
<tbody>
<tr>
<td>High blood pressure</td>
<td>50.2</td>
<td>49.7</td>
<td>50.6</td>
</tr>
<tr>
<td>Arthritis (excluding fibromyalgia)</td>
<td>50.5</td>
<td>36.6</td>
<td>60.5</td>
</tr>
<tr>
<td>Heart disease</td>
<td>24.6</td>
<td>25.9</td>
<td>23.8</td>
</tr>
<tr>
<td>Diabetes</td>
<td>23.5</td>
<td>23.4</td>
<td>23.6</td>
</tr>
</tbody>
</table>


### Conclusion

The Aboriginal population is a young population, with many children and youth and relatively few seniors. In 2011, the age structure of the non-Aboriginal population was such that seniors (65 years and over) and children (under 15 years) comprised relatively similar proportions – 14% were seniors and 17% were children. By contrast, in the Aboriginal population, 6% were seniors while children accounted for more than quadruple this share, at 28%. However, there is a trend towards aging in the Aboriginal population which is expected to continue in the coming decades.\(^{15}\)

\(^{15}\) See Statistics Canada (2015)
In 2001, most Aboriginal seniors were living in rural or reserve communities; however, by 2011, more than half of Aboriginal seniors (52%) were living in population centres. This study provided a brief statistical portrait of this growing population. Data revealed that most Aboriginal seniors in population centres were living in a family context, either as part of a couple, with their own children, or with other family members. However, compared to their male counterparts, relatively high percentages of Aboriginal senior women in population centres were living alone (38% of women, compared to 24% of men). Data also show that compared to their non-Aboriginal counterparts, higher percentages of Aboriginal seniors in population centres were part of the low-income population and had experienced food insecurity. Increasing numbers of Aboriginal people in population centres are working into their senior years, with the percentage of Aboriginal seniors in population centres holding a paid job almost doubling since 2001. Many Aboriginal seniors in population centres were facing health challenges, with the majority reporting having been diagnosed with at least one chronic condition. These findings point to a number of areas that should be considered when planning future programs and services to best support Aboriginal seniors in population centres.

This profile is limited to Aboriginal seniors living in private households. Aboriginal seniors living in collective dwellings, such as nursing homes or seniors' residences have been excluded. This is an important consideration when studying the senior population. According to the 2011 census, 7.9% of seniors in Canada were living in collective dwellings. Qualitative studies have discussed how many Aboriginal seniors are leaving rural and remote communities and moving to population centres to access care and services unavailable in their communities, including nursing homes, chronic care or long-term care hospitals. However, currently there is no data collected specific to the Aboriginal population living in collective dwellings. This is a data gap that warrants further research and exploration.

17. See Beatty and Berdahl (2011)
Definitions, data sources and methods

The main sources of data for this paper are the 2011 National Household Survey (NHS) and the 2012 Aboriginal Peoples Survey (APS). The 2012 APS was a national survey of First Nations people living off reserve, Métis and Inuit aged 6 years and over. The survey excluded residents of Indian reserves and settlements and certain First Nations communities in the Yukon and Northwest Territories. The response rate was 76%.19

Missing values (“don’t know”, “not stated” and “refusal”) were excluded from the denominator when calculating percentages.

Seniors: Refers to those 65 years and over.

Aboriginal identity: This paper uses the Aboriginal identity population. ‘Aboriginal identity’ refers to whether the person reported being First Nations (North American Indian), Métis or Inuk (Inuit) and/or being a Registered or Treaty Indian (that is, registered under the Indian Act of Canada) and/or being a member of a First Nation or Indian band.

Population universe: This study uses data from the censuses of population, the 2011 National Household Survey, the 2012 Aboriginal Peoples Survey and the 2012 Canadian Community Health Survey. The scope of this study is limited to persons in private households. Those living in collective dwellings are excluded. In 2011, 7.9% of seniors in Canada were living in collective dwellings, most of these in special care facilities such as nursing homes, chronic care or long-term care hospitals and residences for senior citizens. Data specific to the Aboriginal population living in collective dwellings are currently not collected.

Geographic classifications: Statistics Canada’s geographic classifications can be used to divide the country into rural areas and population centres. A population centre has a minimum population of 1,000 persons and a population density of at least 400 persons per square kilometre. Population centres are classified according to the size of their population: small (1,000 to 29,999), medium (30,000 and 99,999), and large (100,000 or more).

This paper focuses only on off-reserve areas. There are several reserve communities that would be classified as population centres according to their population size and density. In 2011, there were 2,400 Aboriginal seniors living on-reserve in population centres (1,675 in small population centres, 335 in medium population centres, and 390 in large urban population centres). However, because of the different context of these communities, it was decided to focus only on population centres that are located in off-reserve areas. Overall in 2011, there were 17,600 Aboriginal seniors living on-reserve.

Making comparisons over time: In this paper, data from the 2001 Census and 2011 National Household Survey are compared. Adjustments were made for incompletely enumerated reserves. The adjustment involved including data only for reserves that had been enumerated in both periods. If a reserve community appeared in only one cycle of the data, then that community was excluded from the analysis. Adjustments were not made for intercensal geographical changes, such as boundary changes or changes to classification (for example, if a municipality reached the threshold for population and density and changed classification from a rural area to a population centre).

References


