VOICES FROM THE FIELD
Aboriginal Children and Obesity

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Aboriginal perspective

Why is obesity in Aboriginal children such a concern?
There are more obese and overweight Aboriginal children in Canada today than ever before. Although obesity is a major health concern for all Canadians, the situation is more problematic for Aboriginal populations because we have both lower levels of good health and overall lower socio-economic status than other Canadians. We face more barriers to accessing health services due to a multitude of systemic factors, including living in remote communities, having problems with health insurance across jurisdictions, having a sense of mistrust of Western/medical institutions, and lack of availability of health services in our languages.

Aboriginal children in Canada are increasingly developing Type 2 diabetes, and related complications, at a younger age. This type of diabetes used to be seen only in adults. The decrease in age of onset and the prevalence of Type 2 diabetes are consistently linked with issues of overweight or obesity in children.[1]

Childhood obesity is especially a concern for Aboriginal children because we have both the youngest population and the fastest growing birth rate in Canada. We also tend to be spread far and wide across the country. Health services are often a treaty right for Aboriginal people, yet in remote locations these services can be difficult to coordinate and expensive. If our children continue to be affected by obesity and its complications, we are going to see a major financial burden on Canada's health care system.

How do the research findings in the papers from the Centre of Excellence for Early Childhood Development (CEECD) influence my work?
Let's Be Healthy Together: Preventing Childhood Obesity in Ontario's Aboriginal Communities is a project of Health Nexus, a non-profit organization that promotes health and well-being and develops tools and programs for service providers and the public in Ontario. First Nations, Inuit, and Métis people have worked together to design the culturally appropriate toolkit and training package that help parents and communities prevent childhood obesity in Aboriginal children between the ages of zero and six.

The papers on childhood obesity from the Centre of Excellence for Early Childhood Development[2-7] validate the approach taken by Health Nexus to develop its culturally

appropriate toolkit on preventing obesity in young Aboriginal children. The findings are as follows:

The importance of a holistic approach
First Nations, Inuit, and Métis people in Canada generally view health as holistic. We consider health to include the well-being of our mind, body, emotions, and spirit. We will stay healthy and well if all of those elements are kept in balance.

When Health Nexus started to develop the *Let's Be Healthy Together project*, we had received funding to focus on obesity prevention for Aboriginal children between the ages of two and six. We decided to take a holistic approach, developing tools to help encourage entire families and communities to change their lives and become healthier. Findings of the Centre's papers[2-7] support this approach in two ways.

First, signs of obesity and overweight issues can be evident during the prenatal period. Overweight and smoking women are more likely to deliver babies who might eventually develop obesity.[7] Further, exclusive breastfeeding and the delayed introduction of solid foods for young babies are key to helping prevent obesity amongst young children, so they should be supported and promoted within all populations.[2,3,7]

Second, while many argue that parents are perhaps the most important factors in preventing obesity among young children, the Centre's papers share the finding that all levels of society must work together.[2-7] Governments, charities, schools, and communities all need to support strategies and programs for preventing obesity.[4,6]

Obesity is not genetic
Researchers who examine childhood obesity generally find that it is not usually a matter of genetics. In some cases genes do play a role, but obesity is most often the result of an imbalance between the energy that comes in and the energy that goes out.[3,6] For example, obese children may be eating too many high-calorie foods or large portions along with spending too much time in front of the television. For everyone across the globe, rising rates of obesity reflect changing lifestyle over the past 20 years.

The Aboriginal people working on the *Let's Be Healthy project* are well aware of the fact that our people are not facing obesity as a crisis because of our genes. Throughout history, we have been a land-based people. Our health issues stem from the move away from our traditional, active lifestyle. As a people, we now face deep-rooted and complex issues of poverty, geographical isolation, food insecurity, unequal access to education, and others that place our health at risk.

Obesity does not just affect a child's body
While obesity does have a number of serious impacts on a child's body, the impact is not only physical. This finding affirms the Aboriginal approach to health which considers all parts of a person's well-being. The CEECD papers show that children who become obese suffer in many areas, including their social and mental health.[3-5]

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Obesity is difficult to treat
The papers[2-7] demonstrate that obesity is always difficult to treat. There is no magic solution, no pill or quick fix to obesity.[2,6]

"Nobody is born obese," writes Dr. Martin Wabitsch in his paper Preventing Obesity in Young Children.[6] This statement emphasizes the importance and efficacy of focusing on obesity prevention during the early years. In fact, most researchers argue that prevention needs to start with parents, even before a baby is born.

Gaps among research, practice, and policy
The papers of the CEECD[2-7] make a clear case that preventing childhood obesity needs to start early. The information is all relevant and applicable to Indigenous populations, but those working with Aboriginal people should also recognize the multitude of gaps that still exist in research, policy, and practice in relation to our populations. In Canada, we lack:

- *health statistics on First Nations, Métis, and Inuit populations***;** specifically, where they live, their health status, and the health services they are accessing. This lack of health statistics results in chronic underfunding for our health programs.

  Two common reasons for poor statistics include the transient nature of housing amongst Aboriginal people, as well as in the common unwillingness to identify as an Aboriginal person. Underreporting of Aboriginal identity across Canada contributes to problematic and chronic under-funding for delivering prevention-related activities and programs.

- *involvement of the voluntary sector among the on-reserve First Nations population along with a lack of access to holistic, family friendly healing programs.*

  In his paper, Dr. Wabitsch explains that parents play an important role in whether children become overweight or obese.[6] The CEECD papers also explain that parents need to provide good role modelling when it comes to nutrition and physical activity.[2-7] But for several generations, Aboriginal people were removed from their families and communities. They were put into schools where they received little support or parental guidance. This is also true for the multitude of Aboriginal people adopted out into non-Aboriginal families during the "sixties scoop," and for the many children who continue to be raised in non-Aboriginal foster families today. This deep-rooted and ongoing trauma is the reason many of us did not have parental, or even familial, role models of healthy eating or physical activity. Many of us have "lost" our traditional ways and no longer know how to do physical activities that would have been common for us—such as building a fire, making our own garden, hunting for game, or gathering wild plants and berries.

  Many service providers want to educate and support Aboriginal parents in providing healthier meals and more physical activity for their children, but it is difficult for parents to take good care of their children when they still have not received the therapeutic care they need. It is possible that some voluntary sector organizations could help to provide these programs. However, Dr. Blackstock shows that the

voluntary sector does not operate in reserve communities because of inequitable government funding.[8] More charities need to be able to operate on-reserve to help provide healing services to families.

- *community-based and community-driven solutions* developed and run by and for Aboriginal people.

  Many of our current health care programs and services have not been designed by Aboriginal people. This needs to change.

  One popular Canadian program for Aboriginal children is Head Start. It helps Aboriginal children get ready for school while providing education in a culturally appropriate environment. Head Start has six areas of focus in its mandate—one of them is nutrition. Another area is culture, but there is no clear link made between nutrition, physical activity, and culture. Any person with a strong tie to Indigenous culture will attest that physical activity, food, and culture are inextricably linked. This link needs to be played out in daily activities for Indigenous pre-school children.

  Aboriginal people are generally served by a mish-mash of (sometimes poorly coordinated) programs funded by multiple levels of government. Aboriginal people can help figure out ways of providing more efficient and seamless services in their communities, as long as their voices are welcome at the table.

How can we overcome these gaps?

"Our people have the answers," is something that Mohawk teacher Diane Longboat said to me when I interviewed her for our Let's Be Healthy project. Her quote is echoed by many other Aboriginal people who have told Health Nexus, "We know what we need to be healthy."

The solutions to obesity in Aboriginal children need to be designed, controlled, and led by Aboriginal people themselves. Too often, government policy people come into our communities to implement a quick fix. They try to design programs or provide funding to programs in a way that they see as fitting their (sometimes narrow) view of health.

When government leaders think about supporting healthy Aboriginal children, they need to look at the bigger picture. Aboriginal children need Aboriginal health care providers. Funding for post-secondary education needs to increase. For a Status Indian or Inuit, it is a treaty right to attend post-secondary education. However, most Band councils and funding bodies have to turn away applicants because they do not receive adequate support from the federal government. When Aboriginal people have equal access to post-secondary education, our communities will gain access to skilled Aboriginal people who will know how to provide health care to their clients.

To date, no comprehensive, community-based research has been conducted on obesity prevention among Aboriginal children on a national scale. The *Let's Be Healthy Together project* is one of the first holistic toolkit and training initiatives that aims to use culture as one way to help children be healthy.

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