





foods, which may increase the risk of obesity. In addition, geographic remoteness makes access to affordable, fresh, healthy food more difficult.

The overall community environment also influences childhood obesity rates. Community self-government and determination are recognized to be important social determinants of health for Aboriginal peoples, and thus may lead to lower rates of obesity.

## Built Environment

A safe and healthy built environment allows children to access healthy foods and activities. This includes safe playgrounds and play areas, presence of recreation facilities, safe walking paths, availability of healthy foods and fresh produce, reduced access to fast food restaurants and health clinics with culturally competent care providers.



## Society

Beyond the family and community, society-level factors also influence obesity rates. Local, provincial, and federal policies relating to food, recreation, and environmental protection influence an individual, family and/or community's ability to make healthy choices. Media, through food advertising and portrayals of beauty and weight, influences norms and values regarding eating, activity, body image, etc., which in turn influences rates of obesity.

## Historical Factors

Colonization by Europeans, dispossession of traditional lands, and assimilation policies are all recognized social determinants of health for Aboriginal peoples. These policies reduce access to culturally competent care, reduce food security, education and employment, and reduce access to healthy food and structural environments in Aboriginal communities. They increase poverty and the chance of a child growing up in a single parent family, etc. These historical factors are recognized to be an important overarching reason that Aboriginal children are more likely to grow up in a community with higher rates of obesity and its associated diseases.

## Impact of obesity on Aboriginal children and communities

According to the 2010 Heart and Stroke Foundation's Annual Report on Canadians' Health, Aboriginal peoples are experiencing a "full-blown cardiovascular crisis". Obese children are more likely to become obese adults and have an increased chance of developing many serious health issues including heart disease, breathing problems, high blood pressure, various types of cancer (as adults), arthritis and other joint problems, bone problems, gall bladder disease, high cholesterol, certain reproductive disorders, problems with self-esteem, depression, social isolation and youth-onset type 2 diabetes.



Type 2 diabetes has been said to be “epidemic” in First Nations in Canada with prevalence rates 2-5 times that of the general Canadian population. There is also a significantly younger age of onset, causing a higher prevalence of youth-onset type 2 diabetes. There is limited data regarding rates of obesity and associated diseases for Métis, but the available data on Métis suggests a similar epidemic to First Nations. Rates of type 2 diabetes are also rising among Inuit. As rates of obesity in Inuit children and adults continue to rise, prevalence of type 2 diabetes, heart disease and high blood pressure are also likely to continue to rise.



## Recommendations

Many complex factors contribute to high rates of obesity among Aboriginal children. Reducing Aboriginal childhood obesity is not a matter of simply changing individuals’ choices and behaviours. Efforts to reduce childhood obesity must consider the different categories of contributing factors and the complex relationship between them. When planning a strategy to reduce childhood obesity, the ongoing impacts of colonization and historical trauma must be considered since they place Aboriginal children at a higher risk of growing up in an area with high rates of obesity.

- Promote maternal health - healthy-weight moms are more likely to have healthy-weight babies.
- Promote breastfeeding.
- Promote community and family support for healthy

eating and healthy activity.

- Increase access to healthy food. Organize regular community feasts which offer traditional food. Encourage community and home gardens. Label healthy food choices. Reduce access to fast food.
- Provide access to healthy foods and activities at school. Implement healthy meal programs. Ensure school playgrounds are accessible and safe for children to use.
- Increase access to healthy activity. Create safe and accessible public play areas and walking paths. Provide access to recreation facilities.
- Educate community members. Educate parents about healthy activities and feeding practices. Educate children in school about healthy eating and activities.
- Promote cultural pride. Include language and culture in school curriculum. Organize regular cultural activities.
- Provide a culturally safe environment, particularly in schools and health clinics.



## References

- 1 WHO obesity fact sheet:  
[www.who.int/mediacentre/factsheets/fs311/en/index.html](http://www.who.int/mediacentre/factsheets/fs311/en/index.html)
- 2 Willows, N.D, Hanley, A.J.G., Delormier, T. 2012. A socioecological frame work to understand weight-related issues in Aboriginal children in Canada. *Applied Physiology, Nutrition, and Metabolism*, 37(1) 1–13. doi:10.1139/H11-128
- 3 Trade, foreign policy, diplomacy and health: Food Security:  
[www.who.int/trade/glossary/story028/en/](http://www.who.int/trade/glossary/story028/en/)



National Aboriginal Health Organization (NAHO)  
Organisation nationale de la santé autochtone (ONSA)  
ᑎᓐᓂᓐ ᓂᓐᓂᓐ ᓂᓐᓂᓐ ᓂᓐᓂᓐ ᓂᓐᓂᓐ ᓂᓐᓂᓐ ᓂᓐᓂᓐ ᓂᓐᓂᓐ ᓂᓐᓂᓐ

220 Laurier Ave. W. Suite 1200 Ottawa, ON K1P 5Z9

Phone: (613) 237-9462 | Toll Free: 877-602-4445 | Fax: (613) 237-1810 | E-mail: [info@naho.ca](mailto:info@naho.ca) | [www.naho.ca](http://www.naho.ca)