

# Prevent Childhood Obesity in Your Aboriginal Community:

A GUIDE FOR SERVICE PROVIDERS

*best start  
meilleur départ*

by/par health *nexus* santé

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# *Our people have the answers.*

~Mohawk teacher Diane Longboat (Kahontakwas), Six Nations



# 1 Obesity amongst Aboriginal people

*By Melanie Ferris, Ojibwe/Sioux mother and Aboriginal health promotion consultant at Health Nexus*

Aboriginal people are the fastest growing population in Canada. Although we are a young population, we are more susceptible than other Canadians to chronic diseases such as diabetes and heart disease. At the same time, we generally have lower levels of income, many of us live in remote locations, and many of us have poor access to health services that can help us deal with our chronic health issues.



## Words We Use

Some of the words that we use in this book include:

- **Aboriginal:** This is a word to describe First Nations, Inuit, and Métis people. These are the first peoples of Canada.
- **Diet:** A diet is simply all of the foods that you eat. It doesn't have to be low-calorie or low-fat.
- **Elder:** A respected person in an Aboriginal community who is valued for their wisdom and life experience.
- **Healing:** For many Aboriginal people, our healing processes are often related to things such as residential schools, foster care, the sixties scoop, etc. For some people, healing happens when they get in touch with their cultural identity by exploring things such as ceremonies and teachings.
- **Nutrition:** This is how your body uses food. It breaks food down into nutrients that your body can then use for growth and development.
- **Obesity:** This is a medical condition where your body has too much fat on it. Obesity is linked to a shorter life expectancy and increased health risks. Ask your doctor how to measure obesity for your age and body size.
- **Physical activity:** This is simply moving your body and getting active. Some people also call it exercise, but physical activity could be gardening, hunting, trapping, or dancing.
- **Service provider:** This is any person who provides care to you, such as a doctor, nurse, teacher, etc.

Connected to chronic health issues is the growing issue of obesity. If you're overweight or obese, you're more likely to develop a chronic disease at an early age. Obesity has major implications for Canada's health care systems. Although obesity is an issue for all people, there are unique issues connected to obesity in Aboriginal communities across Canada that can make it challenging for service providers to know how to address the issue in a useful way.



The Best Start Resource Centre has been working with Aboriginal people across Ontario to develop our *Let's Be Healthy Together* toolkit. This tool aims to empower both Aboriginal parents and their service providers ("you").

The toolkit gives you some insights on how to:

- address some barriers to good health; and
- prevent obesity amongst Aboriginal children.

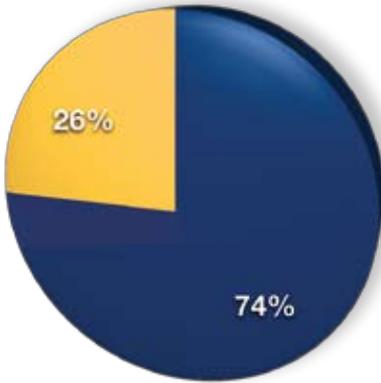
This book is one part of the toolkit. It gives you ideas on how to prevent childhood obesity in Ontario's Aboriginal communities. It looks at poverty in depth since this is closely tied to causes and strategies for addressing obesity.

Keep reading to learn more about:

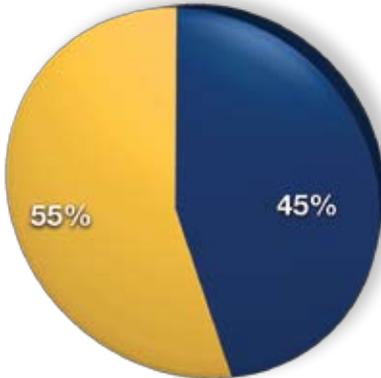
- Rates of obesity
- Why rates are so high
- What happens to obese children
- Why we developed the *Let's Be Healthy Together* toolkit
- How the toolkit helps address health and child obesity

## Rates of obesity

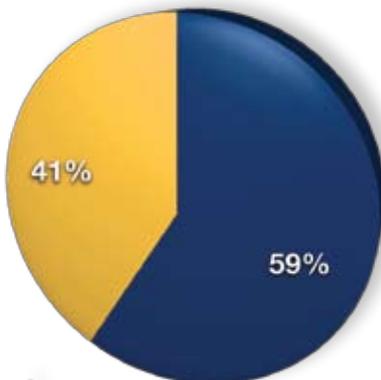
The Public Health Agency of Canada (2009) shows the difference in rates of obesity amongst First Nations children in 2004 versus non-First Nations children in Canada as follows:



**26 percent** of Canadian children (ages 2 to 17) were assessed as being overweight or obese



**55 percent** of First Nations children living on reserve were overweight or obese



**41 percent** First Nations children living off reserve were overweight or obese

*We were just saying the other day here, my auntie and I, if you take a young kid out in the bush and give them snare wire, and, say, “OK you stay in the bush for a couple or three days, and you eat off the land,” they would starve. They wouldn’t even know how or what to do.*

~Métis Elder Grace Zoldy as quoted from *In the Words of Our Ancestors* (2008)

The *Healthy Weights Healthy Children* report says that young First Nations children are more likely to be obese than the older children (Standing Committee on Health, 2007). This shows that more and more young children are becoming obese—this problem is not going away.

There is a lack of statistics on rates of obesity in Métis and Inuit in Ontario. We are unable to find any information about these rates of obesity.

## Why rates are so high

Obesity is often caused because a person is taking in too many calories and not using all of the calories (energy) through physical activity. However, some people do become obese because of other factors such as genetics.

The health of Aboriginal children is shaped by the same determinants as the overall Canadian population. Factors such as income, geography, physical environment, and other determinants all influence the rates of childhood obesity (Standing Committee on Health, 2007). In addition, the health of Aboriginal children is also affected by unique factors such as the residential school system.

Many people today recognize the rapid change in lifestyle for Aboriginal people as a major contributor to growing rates of obesity.

Traditionally, our people lived off of country or wild foods. Our people were hunters and gatherers. Today many of us try to maintain a traditional lifestyle by hunting and gathering, but colonization and displacement from our land has impacted our ability to take part in traditional activities. Our movement towards a “western” diet is having disastrous impacts on our health, both as individuals, families, and as a larger Canadian society.

## What happens to obese children?

Children who are overweight or obese are more likely to grow into obese adults. Obese children face many health problems, including increased chances of developing any of the following:

- heart disease
- breathing problems, especially while sleeping
- Type 2 diabetes
- high blood pressure
- various types of cancer (in adulthood)
- arthritis and other joint problems
- bone problems
- gall bladder disease
- high cholesterol
- certain reproductive disorders
- problems with self-esteem
- depression
- social isolation

(Wabistch, 2006)

Experts agree that the best way of treating obesity is by preventing it from happening in the first place (Wabistch, 2006).

*Young women today eat too much white man's food so that's why they're gaining too much weight. They eat quite a lot of sweet food. That too helps them to gain more. But, to me, I feel that traditional food, it doesn't make you gain too much weight. Even if the meat has a bit of fat in it, it's not enough to make you gain a lot of weight because you're only eating a certain amount... During summer months we mostly lived on fish. I hardly ever went to the store for something to eat; it was mostly what I could get. When my husband was out working in the summer months, I would do the hunting for my family. I didn't, even though there was a bit of white man's food at the store, I didn't buy any because I had to do with whatever was available in my own home.*

~An Elder speaking as quoted from Vallianatos et al.



## Why we developed the toolkit

Since the best way to deal with obesity is to prevent it, we asked First Nations, Inuit, and Métis people to give us advice on ways that our communities can work to prevent obesity in young children. Throughout the kit you'll see quotes from these people. This information is for people who work with Aboriginal children and families in Ontario.

Many of the tips in this book are also available in video or audio format. For other learning tools in our *Let's Be Healthy* series, please visit us online at [www.letsbehealthy.ca](http://www.letsbehealthy.ca).

### Who should use this book?

This book is useful for people such as:

- Community health workers
- Counselors
- Day camp staff
- Dentists
- Doctors
- Early childhood educators
- Home visitors
- Midwives
- Nurses
- Program managers
- Recreation staff
- Teachers

We wrote this book for service providers who have a role in supporting healthy child development in Aboriginal children.

### This book has ideas on:

- How to use the *Let's Be Healthy Together* toolkit
- What you should know about working with Aboriginal people in Ontario on this topic
- Ways of helping your Aboriginal clients in relation to healthy weights for children
- Resources for you and your clients that are related to healthy weights in children

### What does the toolkit include?

It includes:

- Three books plus resource cards for Aboriginal parents and families:
  - *Eating the Right Stuff*
  - *Creating Healthier Communities*
  - *Getting Active*
- An activity book for children ages 2 to 6
- A DVD with MP3s and videos to help you learn more about healthy eating and physical activity from an Aboriginal perspective
- Posters to place at your office

For more information on using the toolkit, see **chapter 2, How to use this toolkit**.



## How did this toolkit evolve?

Melanie Ferris, on behalf of Health Nexus, developed this toolkit and training to support service workers in Ontario, with guidance from the advisory council. Melanie is a First Nations woman and a mother to a four-year-old child. She has developed toolkits for service providers who work in the area of Aboriginal health. Melanie was honoured to work with the council of Aboriginal people from across Ontario to produce this toolkit.

Our group had many discussions around what type of information we want to share. Many people expressed concern that when some non-Aboriginal people learn about “cultural competency,” they feel that they are experts in Aboriginal cultures. It is important to remember when using this book that it is also your job to seek out teachings from your own community.

As a council, we agreed that we should:

- Give you some information on perspectives and increasing knowledge around cultural sensitivity (ie; why it's important to recognize differences in worldview when working with Aboriginal clients)
- Tell you about resources and Elders in your communities so you can pursue further teachings
- Give you tips on culturally appropriate ways of accessing resources so you can provide better care to your clients
- Encourage you to initiate relationships with the resources and people in your communities

This book will help you work with Aboriginal children, parents, and families. It gives you ideas on how to address general health issues and healthy weights in Aboriginal children.



## Aboriginal advisors

- Cathy Alisch, Waabinong Head Start Family Resource Centre
- Bernadette deGonzague, Chiefs of Ontario
- October Fostey, Métis Nation of Ontario
- Kelly Gordon, Aboriginal nutrition consultant
- Alethea Kewayosh, formerly of the Ministry of Health Promotion
- Heidi Langille, Ottawa Inuit Children's Centre
- Dr. Lynn Lavallée, Ryerson University
- Esther McKay, formerly of Nishnawbe-Aski Nation
- Sarah Parr, Métis Nation of Ontario
- Lynne Picotte, Métis Nation of Ontario
- Monique Raymond-Lefebvre, Métis Nation of Ontario
- Dale Xilon, Métis Nation of Ontario

## Key informants to this project

Thank you to our wide range of people who shared their stories and ideas around healthy living for young children. These people include:

- Michael Mahkwa Auksi, addiction therapy student, personal training specialist
- Ellen Blais, Aboriginal midwife and high-risk infant specialist at Native Child and Family Services of Toronto
- Sabrina Boucher, Healthy Eating and Active Living program coordinator at the Anishnawbe Mushkiki Aboriginal Community Health Centre in Thunder Bay
- Jeffrey Cyr, proud Métis father of three, stepfather of another three, senior policy advisor with the Government of Canada
- Joanne Dallaire (Shadow Hawk Woman), Omushkego, Swampy Cree from Attawapiskat Ontario, Wolf clan, Elder at Healing Works
- Donelda DeLaRonde, Elder and director of Red Sky Métis Independent Nation in Thunder Bay
- Melanie Francis, diabetes educator and Healthy Babies Healthy Children worker at M'Chigeeng Health Centre
- Kelly Gordon, Aboriginal nutrition consultant, registered dietitian
- Jaime Koebel, artist, professional Métis cultural dancer, research and development officer for the Métis Settlements General Council
- Lucie Idlout, Inuk musician, role model, runner
- Heidi Langille, Inuk mother of four, coordinator of the Bridging the Gap, School Age Program, and manager of youth programs at Ottawa Inuit Children's Centre
- Dr. Lynn Lavallée, sports and recreation expert, social work professor at Ryerson University
- Diane Longboat, traditional teacher at Six Nations
- Miche Jetté, artist and communications officer at Aboriginal Healing Foundation
- Cory Koski, Red Sky Métis Independent Nation
- Laura Spero, FASD prevention and awareness educator at the Southwest Ontario Aboriginal Health Access Center

***We can understand better only if we can understand what they are saying.***

*~Inuk Elder Rachel Uyarasuk from *In the Words of Elders**



**Try to:**

- Keep copies of the resource cards, books, and posters in your office reception area so that your Aboriginal clients may look at them when they visit
- Use some of the tools, like the videos, in your regular teaching programs
- Put up the posters in your office
- Take the toolkit with you if you do home visits—give the activity book to young children to help them learn about healthy living while you go over some of the “adult” information with the parents
- Encourage parents to read the “adult” books with their children—we printed them in colour and included many photos to help get children interested in them

## 2 How to use this toolkit

The main idea behind our toolkit is empowerment. It is meant to:

- Empower you, as a service provider, to work in a more informed way with your Aboriginal clients
- Empower and inspire Aboriginal families to take the steps they can to improve the health of themselves and their children
- Inspire government funders, Band councils, and policy makers to make more informed choices about how their decisions impact the Aboriginal communities and service providers

Most of the resources in this toolkit are for Aboriginal parents. Feel free to share them with parents, or go through the tools with a group of people. The DVD has some good tools you can use in your program if you need to multi-task—you could

set up a video or MP3 for your clients while you're doing an intake with another client, prepping some snacks, etc.

The toolkit is meant to be used in a flexible way. Take the parts that you find useful, and provide feedback to us through our website at [www.letsbehealthy.ca](http://www.letsbehealthy.ca).

For your own work, use this book as your guide to improving your service(s) or program(s) for Aboriginal clients. There are simple tips and ideas for activities throughout this guide. For more information, check out:

- **Chapter 4: Ways of helping your Aboriginal clients**
- **Chapter 5: Resources for you and your clients**
- **Chapter 6: Tips sheets for planning workshops and events.**

- Use the website at [www.letsbehealthy.ca](http://www.letsbehealthy.ca) as an information tool for both your own work and as a way of inspiring parents
- Use the website as a resource where you can re-print any extra copies of the toolkit resources you need for your clients

- Use some of the resources to help you plan new programs and engage with more Aboriginal people in your area
- Get familiar with the wide range of resources and programs available to Aboriginal people so you're able to make more referrals that will benefit entire families.



***The past can help us today. There has to be a big revival. To gather all the nations, even getting together in a community. Use the Elders. We have life experience and we have knowledge.***

*~Dakota Elder Eva Mckay as quoted from *In the Words of Elders**

### 3 What you should know about Aboriginal people in Ontario

The term “Aboriginal people” describes three distinct groups:

- First Nations
- Métis
- Inuit

There are 240,000 Aboriginal people in Ontario, about 2 percent of Ontario’s population. All of our figures are from the 2006 Census by Statistics Canada unless otherwise noted. Some people prefer the term Indigenous instead of Aboriginal.

*Culturally, our traditions are a little different, because of the French-Métis influence, they were more storytellers through the songs they sang, most of the songs were in French. We attend pow-wows. We’re into the traditional medicine. Our late Chief, he was an entertainer, he was a singer. He told the stories like that.*

~Elder Donelda DelaRonde,  
Red Sky Métis Independent  
Nation, Thunder Bay

**First Nations** people are diverse, but there are three main cultural groups in Ontario: Cree, Ojibwe, and Mohawk. There are 206 First Nations (often called “reserves”) and settlements in the province. There are 171,953 First Nations people in Ontario. More than half live off reserve.

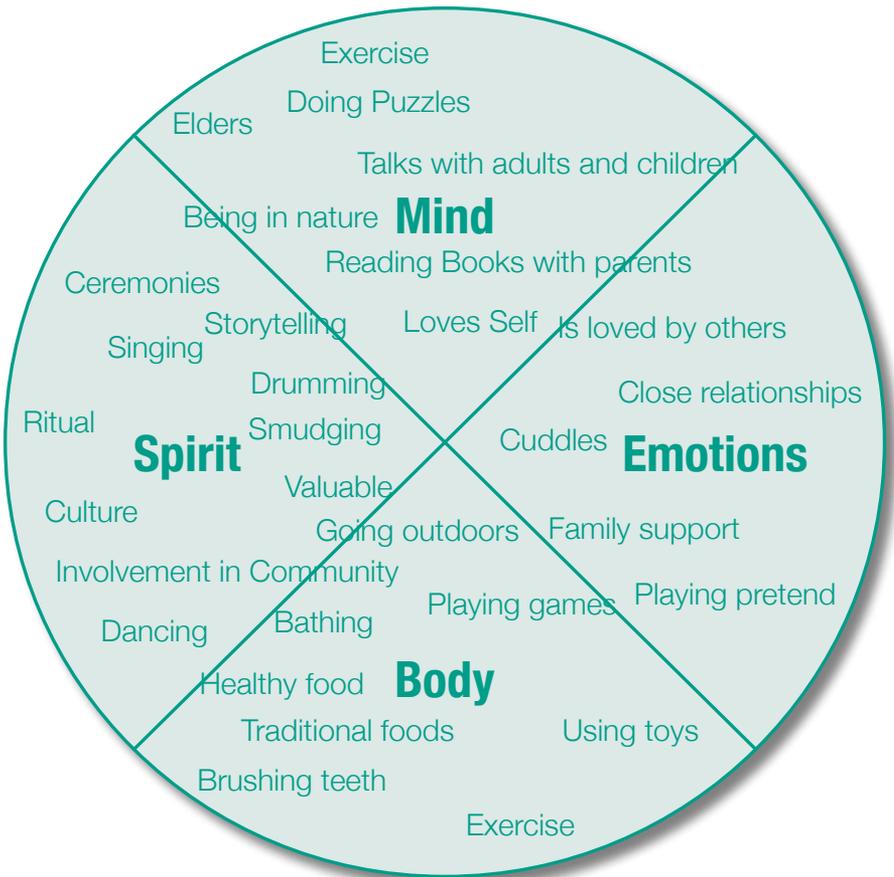
**Inuit** (which means “the people” in English) in Ontario live mainly in Ottawa and Toronto. They come south to attend school, for medical care, or to follow family that moved here. Over three-quarters of Inuit live in Nunavut, northern Quebec, the Northwest Territories, and Newfoundland and Labrador. In 2006, there were just over 50,000 Inuit in Canada. The population of Inuit in Ontario is unclear. In 2001, there were almost 1400 Inuit in Ontario (Tungasuvvingat Inuit, 2010).

**Métis** people often identify with one or several First Nations, but have a distinct culture from First Nations people—more of a blend of First Nations, French, and European cultural practices. In 2006, there were nearly 76,000 Métis people in Ontario.

**Our Aboriginal advisors and informants: what they want YOU to know**

First Nations, Inuit, and Métis people in Ontario told us that the following things are important when addressing Aboriginal health:

- Our “wholistic” approach to health and well-being
- Rites of passage
- Creation stories
- Why our ceremonies are so important to us
- Why getting outside is so important
- Poverty and it’s connection to health



## **Our wholistic approach to health and well-being**

Indigenous peoples from around the globe have similar approach to health and well-being. We see health as “wholistic,” meaning that we think that everything in our environment affects our health. Traditional healers look at the “whole” person to figure out what might be causing health issues. This is different from how many non-Aboriginal people focus on a person’s body to see what is causing any health issues.

Many First Nations people use the Medicine Wheel to explain how we see health. We use this when working with people of all ages. Many people involved in this project cited the Medicine Wheel as an important tool.

### **Rites of passage**

Indigenous peoples also have teachings about rites of passage. In some of our cultures, seven is a sacred number. Many First Nations say that there are seven life stages. Inuit do not have such formal teachings around rites of passage.

*For one thing, what I like to see more is about a culture of Native way. Have parents to teach more about the Sweetgrass. Sweetgrass, people should learn about the Sweetgrass. There is lots of teachings in that Sweetgrass and people don’t use it.*

*~Micmaq Elder Albert Ward as quoted from *In the Words of Elders**

*Use a Medicine Wheel framework and explain it using the four aspects of self from the perspective of a child. For example, you would have the spirit in the east and show the child that when they smudge and go to ceremonies that they’re taking care of their spirit. For the emotional aspect teach them to be mindful of their feelings and the feelings of others. For the physical aspect you can teach them the importance of eating well and staying active, and for the mind teach them the importance of going to school and doing their homework.*

*~Ojibwe social work student Michael Auksi, Ryerson University*

Learn more about the people you are working with by asking if they have any rites of passage. Build this into any programs you have by ensuring that the children have access to ceremonies that celebrate their rites of passage. For example, children who are learning to dance could have a ceremony where they are unveiled as dancers to their community. A part of this might mean sharing some food with the people who have come to the event, but another part of this is just reinforcing the idea that physical activity (ie; dancing) is a healthy and vital part of community life for Aboriginal children.



## Creation stories

Every nation has its own creation stories. These stories are important because they help teach us how to conduct ourselves. Many people feel that learning their creation story is important in health and wellness.

While Cree and Ojibwe people move around the circle in a clockwise direction, the Mohawk people move around the circle in a counter-clockwise direction. In their creation story, by walking counter-clockwise around the turtle's back, Sky Woman made the dirt turn into humans, and the turtle turned into the earth. She walked on the turtle's back singing the songs of her people. As she sang everything grew and the earth flourished with food.

In their Longhouse ceremonies, the Mohawk move around the circle in a clockwise motion to ensure the earth is abundant with food and medicines for the people (Best Start Resource Centre, in publication).

### **Why our ceremonies so important to us**

Ceremonies are important if you're doing work to help improve the health and well-being of Aboriginal people. They help us to connect to our sense of self. It's important to ask an Elder or traditional person for help in carrying out a ceremony so you can make sure you're respecting any protocols. See **Chapter 5: Resources for you and your clients** for information on how to connect with Elders and other traditional people.

### **Why getting outside is important**

Since we are a land-based people, we are closely aligned with our environment. We have many ceremonies that recognize and celebrate our ties to the land. That is why sometimes you'll see Full Moon ceremonies or "welcoming" ceremonies to help bring in a new season. These are very important to us because we all have roles that we are supposed to fulfill in different seasons. In traditional societies, fulfilling our roles and duties would have meant that our community was staying healthy together.

*The Haudenosaunee people say there are seven rites of passage. The first one is conception, the preparation of the body, to both male and female, and the prayers that you make in and around the acceptance of a child into your life. This is the first rite of passage and the second rite of passage is the birth of that child.*

*You are preparing your body physically to conceive, then the birth of the baby occurs and then you're preparing the body of the baby as a living being.*

*The wonder years when the child's teeth fall out is the third rite of passage. Knowing those rites of passage and the cultural framework for each nation that houses those rites is very important.*

*~Traditional Mohawk teacher Diane Longboat (Kahontakwas), Turtle Clan, Six Nations*



*You've got to activate their spirit, you've got to show them what their gifts are. You have to build their identity and their self-esteem. Use their language, their songs, their ceremonies, their Creation Story, and their history... your own Creation story says, "Here's the relationship to your mother, your father, your grandmother, your grandfather, your auntie or uncle, your brothers and sisters."*

~Traditional Mohawk teacher Diane Longboat

*What will also help you in your work is the understanding of the Creation Story. The Creation story of Cree, Anishnawbe, and Haudenosuane people talks about balance.*

~Traditional Mohawk teacher Diane Longboat

## **Poverty and its connection to health**

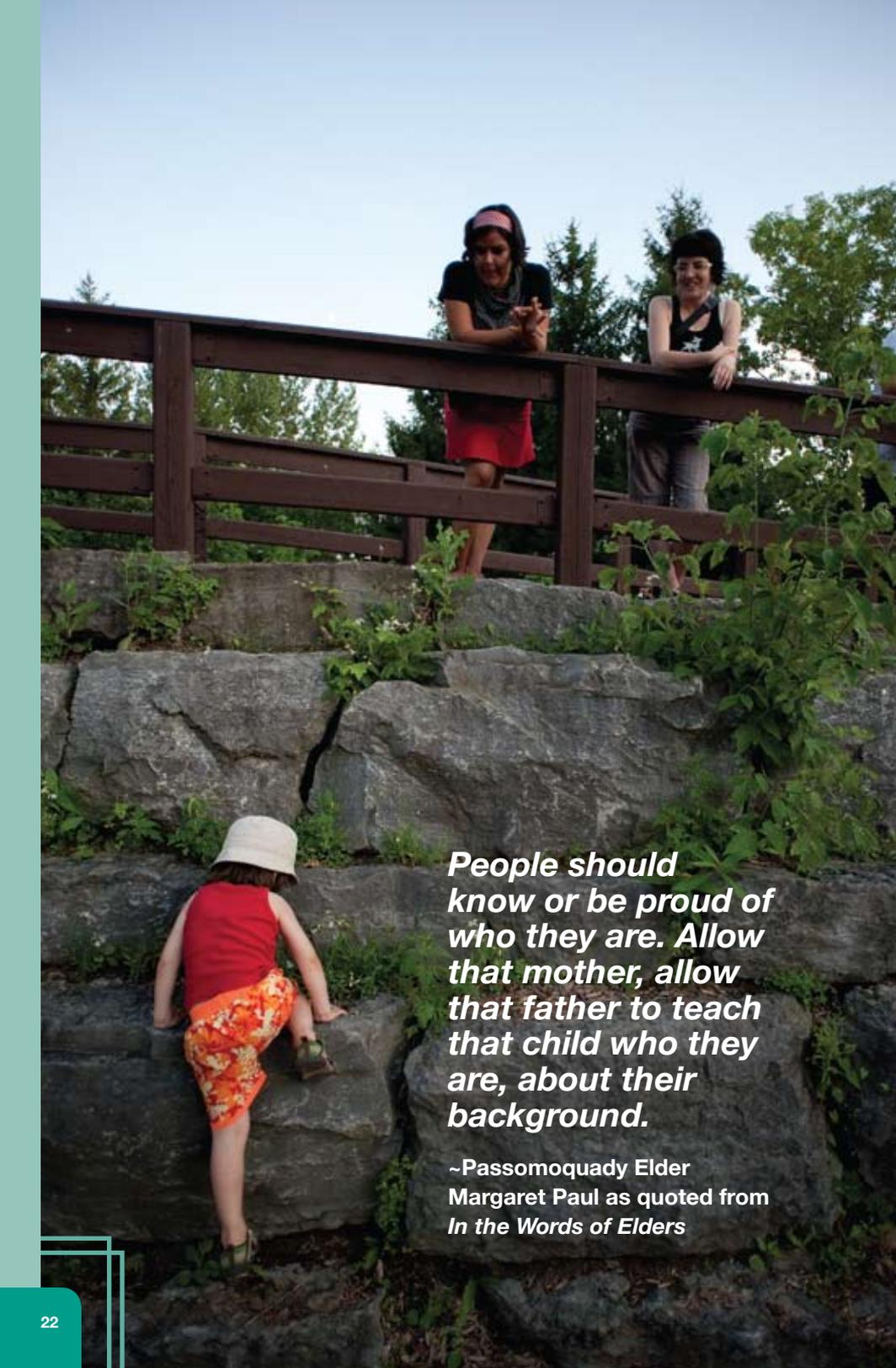
It's very important for anyone working in Aboriginal health to recognize the links between poverty and well-being/good health.

One in four First Nations children live in poverty compared to one in ten Canadian children (Family Service Toronto, 2009). There are no statistics available for Inuit or Métis children, but news stories paint a similar and scary situation—especially for those people who are living in remote communities where the cost of food is more than most people can afford.

We want to raise healthy children, but because we are Aboriginal we face incredible barriers in doing so. It is a complex issue, but there are many barriers that help to keep us in poverty. The following examples show how some laws and policies are harmful to Aboriginal people.

One example is housing—Status Indians and registered Inuit are entitled to have a house to live in that is funded by the government. Communities simply do not receive enough money for housing. If you are First Nations and want to buy your own house in your traditional territory, you generally cannot do this because you cannot own property on a reserve. Not being able to own property means that you are less likely to be able to get a loan if you need to buy a car or start your own small business.



A photograph showing a young child in a red shirt and orange patterned shorts climbing a large, grey rock formation. The child is wearing a light-colored hat and is seen from behind. Above the child, two women are standing on a wooden railing, looking down at the child. The woman on the left is wearing a black top and a red skirt, and the woman on the right is wearing a black top and grey pants. The background consists of green trees and a clear sky.

***People should know or be proud of who they are. Allow that mother, allow that father to teach that child who they are, about their background.***

***~Passomoquady Elder Margaret Paul as quoted from In the Words of Elders***

Another example is education—the government made promises (treaties) that say that Aboriginal people have a right to education. Although many Aboriginal people should have access to funding for education, the fact is that most First Nations do not receive enough funding from the federal government to send all its students to university or college.

“First Nations poverty is the single greatest social justice issue in Canada,” states former national First Nations chief Phil Fontaine (Assembly of First Nations, 2007). “Compared to Canadians, socioeconomic conditions have been compared to developing countries with health status well below the national average. First Nations people simply cannot afford the means to good health.”

### **So what can one do about this situation?**

It takes time to change laws and attitudes to start improving health outcomes. One idea that came from Aboriginal people is that we need more people from our communities to be taking on leadership positions—in politics, in health care, etc. Until we have more Aboriginal people assuming these leadership roles, we need your help to advocate for us! Keep reading through this book for some simple ideas you can use in your work to help Aboriginal people address issues of poverty. We also include ideas to inspire people to take action in our *Creating Healthier Communities* book.

*So we continue the ceremonies. To participate in them is to participate in the circle of life, the whole circle—seen and unseen. They remind us to maintain balance, to live in peace with each other, to honor the Creator, the earth, and to acknowledge and show respect for the medicine powers.*

*Some people have no ceremony anymore. To have no ceremony is to fail to remember just where human beings are in the creation.*

~Anonymous Native American woman (Fitzgerald, 2005)

*Ceremonies help you to reach the core issues and to heal from abuse of all types. It's hard work over time and demands your dedication and perseverance through difficult emotional issues.*

~Traditional Mohawk teacher Diane Longboat

*Every season there's a shift that happens. There's a natural shift in Mother Earth. There's a natural shift in the human being. So those kinds of activities we do need to be done seasonally.*

~Traditional Mohawk teacher Diane Longboat

## Success story: Using ceremonies to improve child health

Diane Longboat is a traditional teacher who goes to many different communities to do healing ceremonies with children and people of all ages. Diane's story helps us understand the power that ceremonies can have in building healthier, happier children:

*We went into the gym. We cut a cedar tree we brought it in, and we put it in a pail of rocks and we brought in more cedar. We put a cedar circle inside that gym. We got the local guys, who were the drummers and ceremonial singers and we got some of the pipe carriers and spiritual leaders of their people, and what we did was we brought the kids in and we created a doorway into that cedar circle. So that they had to take off their shoes, they had to smudge, and they had to sit on the healing blankets inside the cedar circle. They had to take a little square of red cloth and make a tobacco tie and then we had medicine in there for them to drink.*

*We put them first through ceremonies of the pipe ceremony and prayers and we told them that your prayer tie is your wish. Talk to the Creator about your wish, and got them to hang it on the cedar tree. Then we did some teachings with them then we divided them into clans.*

*We have the grade one to threes in the wolf clan, we have the bear clan with four, five, sixes, you know. Then seven, eight, nines were the eagle clan and so we had specific activities for those age groups.*

*The first day was a bit, you know, chaotic because they're excited and it's new and they're learning stuff and "Here's these new people here and aren't they cool?"*

*For the older kids we had sharing circles and stuff like that. So we split them into the clans and put them in activities so by mid-morning we're gonna give them recess and we're gonna give them healthy snacks. What's on the table is yogurt and some cheese and a few rice crackers, fruit and vegetables and dip and water. It was only bottles of water and the first day they hated that and then we gave them a snack again in the afternoon around two o'clock at their recess and we let them go at three thirty.*

*The second day, they're all excited, they know what the drill is now, they're lining up. By the third day, we step back and the kids run the ceremony. By the fourth day they're saying, "We wanna live like this forever."*

~Traditional Mohawk teacher Diane Longboat

*Hockey is very prevalent in Thunder Bay. And generally, for a family to put a child through hockey from when they're five all the way up through their teens, we're looking at about \$10,000 worth of investment. That's just sort of how an average family can look at it. So it's quite expensive here.*

**~Métis college instructor Cory Koski, Red Sky Métis Independent Nation**







*I went in there and looked at prices, a bag of apples, fresh apples and they were like the size of marbles was \$7. Three bags of milk was \$12 and like a brick of cheese that we would pay \$7.99 for, you know the large... we would pay \$7.99 for it here, it would be on sale maybe \$4.99, but they pay \$14.29 for that. When you look at access to food it is deplorable. You look at the salary levels of the Indigenous people, they are the same as in the south yet their cost of living is not the same.*

*~Traditional Mohawk teacher Diane Longboat speaking about her trip to Moosonee*

*Ensure that all programs be accessible to everyone, maybe their family can't afford to attend certain activities, or the equipment necessary and may not be willing to try something new. I know it's an issue for sure like poverty is and it will always be for some people but just trying to encourage families to attend and not have to worry about the unnecessary barriers.*

*~First Nations mother Melanie Francis, diabetes educator at the M'Chigeeng Health Centre*

*How do you get them [our women] out of their level of poverty? Giving them money doesn't help—it doesn't make them change the way that they buy food. It's really the depression and the trying to make ends meet and the stress from the constant worry about money that causes obesity. Maybe really easy access to nutritional foods, like fresh seasonal fruits and vegetables at their door or delivered to their buildings.... there needs to be way more of that going on. It's a way deeper issue. It's a way deeper issue than following Canada's food guide.*

~Aboriginal midwife and high-risk infant specialist Ellen Blais, Native Child and Family Services, Oneida Nation of the Thames, Turtle Clan

### **How does poverty affect nutrition?**

The Assembly of First Nations (2007) says that First Nations youth are less likely than adults to eat a nutritious and balanced diet or traditional protein-based meats. The Assembly says we can find a direct correlation between obese First Nations children and:

- lower family income;
- overcrowding;
- poor nutrition;
- lower levels of physical activity; and
- educational achievement.

First Nations, Inuit, and Métis people are impacted by colonization every day. Our access to traditional foods is severely limited due to forced relocation from our lands and changes in the environment. Hunting, fishing, and gathering of these foods is also limited.

High rates of poverty and residential school experiences often result in depression, addictions, and other mental health issues. These influence nutrition and physical activity practices in Aboriginal communities.

*The thing about childcare, the meal, and the infrastructure is really key. Because tonight, for example, I'm able to take my two sons and myself and whichever, which ones of Jaime's kids that want to go to Judo at Odawa. And it's a kid/adult Judo so they can both do it at the same time and we all get our exercise in and the cost is negligible. If I had to pay for Judo on my own I couldn't do it. It's thousands of dollars a year and just for one, never mind everybody.*

~Métis father Jeffrey Cyr, Ottawa



*One of the things about talking about traditional healing and high-risk families is the overriding social issue of poverty. That more than anything else, I feel, is the most critical deterrent to health and just the lack of infrastructure. For example, at Six Nations, which has a huge population of 17,000 people in one area, we don't have our own grocery store. You know? And as much as there's a lot of traditional healing and medicine societies that are very active we don't have a place where we can actually trade medicine, share medicine, share teachings, and that sort of thing. There's no real healing centre for us...*

*What happens in our community is happening in every community. So there's no store, there's no real farmer's market for seasonal vegetables and stuff like that. There's no area for traditional medicines and teaching and sharing and creating. When I start to work with First Nations communities, and it doesn't matter where they are, there's that overriding issue of poverty and lack of access to really viable fresh, organic and affordable food products is a huge issue.*

*~Mohawk teacher Diane Longboat*



Learn How We Communicate



Design  
Holistic  
Programs and  
Services



Service  
Providers

Recognize  
Our  
Identity as  
Aboriginal  
People



Address  
Nutrition



## 4 Ways of helping your Aboriginal clients

This book is for both Aboriginal and non-Aboriginal service providers. As we learn more about the issues and hear people's life stories, it can sometimes feel overwhelming. It's important to try to focus on the positive, and the fact that many more Aboriginal people are reclaiming culture and working to improve the health of themselves, their families, and their communities.

This section has ideas on what different service providers (that's "you!") can do to help Aboriginal people lead healthier lives. This section has tips for a wide range of service providers, including:

- Doctors, nurses, teachers, school administrators, program coordinators, and others
- Government staff, including Chief and Councils

### **Ideas for doctors, nurses, teachers, school administrators, program coordinators, and other service providers**

In preventing obesity, it's important for the entire community to support healthy lifestyles. As a service provider, you are in a privileged position to be able to serve and help our communities. This section gives some ideas for the wide range of service providers who help Aboriginal people to maintain and achieve better health.

Through interviews and discussions, Aboriginal people shared the following ideas for service providers:

#### **A. Recognize our identity as**

**Aboriginal people:** Appreciate our trust issues, encourage us to self-identify, and be vigilant about addictions issues when prescribing pain medication (keep reading for more information about this)

#### **B. Learn how we communicate:**

Understand that not all parents use the Internet, we have varied ways of learning, and we don't all use English as our first language

#### **C. Address nutrition:**

Teach about it, get rid of vending machines, and do simple things (like making a community garden or food co-op) to help us address the high cost of healthy food

#### **D. Design wholistic programs:**

Make your programs family-friendly and recognize the value of partnerships

*When you're confident in who you are, you don't have that weighing on you—trying to be someone else.*

~Ojibwe social work student  
Michael Auksi, Ryerson  
University

## **A. Recognize our identity as Aboriginal people**

Identity is inextricably linked to health. Learning about the unique aspects of how we identify as Aboriginal people is going to help you in your work with us! This section gives you ideas on:

- Why many Aboriginal people have trust issues and why you should recognize this
- Why it's important for us to self-identify as an Aboriginal person
- Things to think about when you're prescribing medicine to us

### **Understand why Aboriginal people have issues with trust**

Have you ever heard the term “best practice?” The Canadian government used to believe that residential schools were a best practice because they were going to help Canada get rid of the “Indian problem!”

Since these schools helped to break up our families and cause much trauma to several generations of Aboriginal people, these obviously are not a “best” practice.

For years, we have been the subject of scrutiny by people who thought they knew what was best for us. Now things are changing—more of us are getting our education and we are working to reclaim our health and well-being. It is an exciting and hopeful time! While many of us are comfortable using services from mainstream organizations and service providers, there are many of us who have serious trust issues.

Many of our trust issues connect to low self-esteem. For years we have been taught negative stereotypes about what it means to be Aboriginal. We need to address and overcome these trust issues through the process of “reconciliation.”

A part of reconciliation for Aboriginal people is the process of building trust between non-Aboriginal and Aboriginal communities. While we own half the problem, it's also important for non-Aboriginal people to learn as much as they can about our people to help us in this process. We are only going to be able to make things better if we're getting the health services we need!



*I wasn't raised to identify as a proud native person. I'd heard my fair share of nasty names growing up, so I didn't want people to know I was native. You can imagine how surprised I was when at 17, a guidance counselor encouraged me to go to university since I was on the honour roll PLUS I was a "Status Indian!" This meant I could get my tuition covered, thanks to my treaty rights. I wasn't sure I felt like I deserved to go to school, but I was able to get a good education and in the process, become proud of my native identity. Today I'm able to use my education to do good things in my community. I hope other people in a similar situation can learn about what rights they have as an Aboriginal person.*

~Anishnawbe mother Melanie Ferris

*I don't like doctors. I don't know, doctors, cops, lawyers... all those people, it's just a \*&^ job. I don't wanna degrade these people but they're working a job just like all of us do. So some days you go to work and you don't want to be there. So I'm supposed to go to a doctor and have him prescribe some \$#@ for me? Most of the time whatever's bugging you is gonna pass in a couple days anyways and everyone's just, "Oh my god, there's something wrong with me." Whatever, I don't know. When it's your turn to go, it's your turn to go. There's no ifs, ands, or buts.*

~Ojibwe artist Miche Jetté,  
communications officer at the  
Aboriginal Healing Foundation

## Encourage your clients to identify as Aboriginal

Thanks to the residential schools, the sixties scoop (where many Aboriginal children were adopted out to non-native families), and the foster care system, many of us might not identify as First Nations, Inuit, or Métis for a variety of reasons. Many adults never knew they were Aboriginal because they were not raised with that identity—either because they were raised in an adoptive family or because there was just no acknowledgement of being Aboriginal in the family home. There has been a lot of stigma around identifying as an Aboriginal person. The stigma varies between different communities and cultures.

Some people do not know that there are actually some benefits to being an Aboriginal person, besides our rich and beautiful cultures! The benefits are complex depending on where you are from, and if you're a "Status" Indian or a "registered" Inuit. Things are also complex for Métis people, who need to be recognized by their community as a Métis person. Phew!

Urban Inuit face a host of health challenges. *Canada's Relationship with Inuit: A History of Policy and Program Development* highlights some of these, explaining that the federal government has had to create some unique programs to help urban Inuit to access culturally appropriate services.

Inuit are beneficiaries of Health Canada's Non-Insured Health Benefits Program, which helps to cover the costs of things such as drugs, dental care, vision care, medical transportation, medical supplies and equipment, and counselling. To receive these benefits, Inuit must be registered members of a land claim beneficiary and have received a "Northern number" (Indian and Northern Affairs Canada, 2008).

Urban Inuit in Ontario may have a difficult time being able to access their rights to health care when living in urban centres because they:

Often deal with pharmacies and health care providers who are unfamiliar with the program and the N-number cards issued by land claim beneficiary corporations. Each of the land claim corporations issues separate identification cards, which include different information. Additionally, corporations do not provide photo identification on the cards, making them appear different from the more widely recognized Indian status cards. (INAC, 2008)



## Did you know?

Due to ongoing trust issues, many of us do **not**:

- See a doctor, even when we're sick or pregnant
- Get our teeth checked
- Pursue the education we need and deserve
- Use our health insurance even though it's our right
- Use health programs that are our right, including things that are very beneficial to us, such as the Canada Prenatal Nutrition Program
- Use community agencies run by Aboriginal people—because many of us have fears about our health issues being known by others in the community

*There's definitely research on lower income individuals and how they're treated by doctors and stuff, maybe more research needs to be looked at, with Aboriginal people in urban centres and in remote communities. Like remote centres will be different too because they're remote. But in Toronto, there's no reason why people really shouldn't have a doctor.*

~Métis professor Dr. Lynn Lavallée, Ryerson University

*We need to acknowledge and honour the fact that to this day, people are carrying the emotional burdens of those losses and that emotional pain... we cannot simply "count calories" or "promote physical activity" in a vacuum, ignoring the social and political context within which people have become addicted to food, deeply depressed, and despairing. That would only add insult to injury.*

~National Indian and Inuit Community Health Representatives Organization (2006)





### Interesting books to help you learn more

- *Aboriginal Healing Foundation. From Truth to Reconciliation: Transforming the Legacy of Residential Schools.* Ottawa: Aboriginal Healing Foundation, 2008.  
Available online at [www.ahf.ca](http://www.ahf.ca), then click on “Publications,” and then on “Research series.” Survivors and inter-generational survivors helped to write this book. It’s hard to read all at once because it’s intense, but it’s a wonderful read. You can also find a wide range of other free (and interesting) publications on the foundation’s website.
- Calvin Helin. *Dances with Dependency: Indigenous Success through Self-Reliance.* Vancouver: Orca Spirit Publishing, 2006.  
This is the perspective of an Indigenous lawyer who helps us understand why we all have to work together to improve the situation of Canada’s Aboriginal peoples.
- Marie Wadden. *Where the Pavement Ends: Canada’s Aboriginal Recovery Movement and the Urgent Need for Reconciliation.* Toronto: Douglas and McIntyre, 2008.  
This is the perspective of a non-Aboriginal journalist who had the chance to visit many of our communities and events across Canada. It’s highly readable, interesting, and sometimes empowering portrayal of our communities.

## **How do I promote native or Inuit pride?**

Promoting native or Inuit pride is an essential part of preventing obesity in Aboriginal children. People who are proud are more likely to seek out the health care they need, and use the programs and services that they so deserve. Proud children learn to take care of their health and well-being, so they're more likely to eat well and be active as they grow.

You can promote native or Inuit pride through focusing on the positive aspects of Aboriginal health and well-being. Help to instill and promote pride through doing a variety of the things we list throughout this book.

Many Aboriginal people are slow or reluctant to accept gifts, handouts, help, food, etc. As service providers, it's important to try and understand the feeling of "underservedness" as something that is very common in our communities (Lavallée, 2008).

## **Be aware of high costs of medicines**

Although some of us have coverage for medical care, many of us do not. Since we have high levels of poverty, many of us are unable to pay for any kind of medication. Many of us are too proud to tell a doctor or other service provider that we're unable to afford something.

## **Be vigilant about prescribing pain medication**

Many Aboriginal people have suffered some form of abuse, which affects our spirit. Those of us who have not done our healing work might try to address our spiritual issues through abusing things such as drugs or alcohol. If you are going to prescribe any kind of painkiller, just remember that abusing that drug could be an issue for some of us.

For more information about abuse and ideas for taking a harm reduction approach to healing in your work, please see our book *Creating Healthier Communities*.

## **How does this connect to childhood obesity?**

You may find when you are trying to help Aboriginal parents to raise healthy families, the issue is often with the parents. Many parents have depression issues so they use substances to try to feel better. This makes them unable to have enough money for healthy food and may create a dependency where they're more likely to stay at home watching TV than being active in the community.



## Things to Try for Improving Identity Issues

Some things you can do to address identity issues include:

- Encouraging self-identification
- Providing information about Aboriginal rights and programs
- Making yourself known in the community

## Encourage self-identification

- If you think your clients are Aboriginal but they do not yet identify, gently ask about their identity. Some ideas:
  - Tell them a bit about your own cultural background.
  - Get to know them. Ask them where they were raised, ask them about their family, etc.
  - Be patient—a person might not disclose their identity to you right away. As they develop more trust, they are more likely to share that information.
  
- Instill native pride—doing things in the native way is going to help us feel proud. We are more likely to identify with something that makes us feel a sense of pride! Some ideas:
  - Invite an Elder or grandparent to do openings for programs.
  - Make traditional medicines available at your office, etc.
  - Listen to native music stations in your office.
  - Give your clients access to things such as drums, supplies for making crafts, etc.
  - Have Aboriginal books in your office.
  - Put posters of native people in your office. Try promoting Aboriginal role models—the National Aboriginal Health Organization ([www.naho.ca](http://www.naho.ca)) has a wide range of free posters showing young Aboriginal role models.

## Provide information about Aboriginal rights and programs

- Look at and become familiar with the **Resources for you and your clients** in this book.
  
- Provide information to your clients about the variety of programs that can help them and their children be healthy. Remember that not all programs have to be specific to children—parents need help accessing things like counseling, cultural programs, etc.
  
- Give parents copies of the books that come in our toolkit.
  
- Invite other service providers to come and visit your program or to give out their program information to help your clients learn more about Aboriginal services in your community.

*If the doctors put them on painkillers, they should have a program to get them off the painkillers at the same time. And that's for everybody, not just the Métis. That's a big problem in this area. It's because they hurt their back, they hurt their arm, or whatever. The doctors give them painkillers and they get hooked on them and they don't have a program to get them off after.*

~Elder Donelda DelaRonde, Red Sky Métis Independent Nation



### Before prescribing painkillers:

- Discuss with your client any implications that pain medication could have on small children in the home.
- Ask your client about his or her support system. Are there grandparents, aunts, or uncles around the home to help look after any small children if there are side effects of this medication?
- Look at other options. Has your client used anything such as a chiropractor, physiotherapy, a massage therapist, or anything similar? Are those types of approaches worth using before medication? Check out some of the resources and ideas listed in the *Creating Healthier Communities* book to think about some of the options.
- Think about how many refills you give. Do you want your client to check in with you periodically if they are going to use the painkillers?
- Can you connect your client with counseling from an Elder or psychotherapist to ensure that they're not suffering from depression as a result of their chronic pain?



## **Make yourself known in the community**

We may seem reserved when you first start working with us. Culturally, we learn to listen and watch before we speak. We're listening and watching to see your intentions.

- Immerse yourself in our community through attending our pow wows, talent shows, community kitchens, etc. We're more likely to trust you if we see you're invested in our community.
- Get involved in some of our health programs: If you have any extra time, volunteer to spend a half day or entire day with a local prenatal program, a Head Start program, etc.
- Reach out to us in a way that means we don't necessarily have to go to your office.
- Feel free to share healthy foods with the community—bring fruits or vegetables from your program or community garden to share at local events.

*If they self-identify, it's easier for the doctors in the offices. So they can say, well if you need dental care, then maybe there's a program you can access, because maybe you don't have extended insurance, or something... or, we need to access some sort of program, so, your child's overweight, let's see if we can get them into a program to help ... gymnastics or hockey or whatever, or maybe there's support money available for those sorts of activities.*

*~Métis college instructor  
Cory Koski, Red Sky Métis  
Independent Nation*

*When doctors are making health-care decisions for Métis families, they can't just prescribe something expensive. They have to be more sensitive to the ability of the person to pay. Also having them be aware of the different Aboriginal services that are available in town would be really helpful. Because they're part of the three distinct Aboriginal people in town: the Inuit, the First Nations, and the Métis. They should all be aware of the services they can get access to.*

*~Métis college instructor  
Cory Koski, Red Sky Métis  
Independent Nation*

# Ways of respecting native pride

- Be aware of how you give gifts or vouchers—it might be good to give them in one-on-one situations to respect privacy.
- Ask personal questions about financial and relationship issues behind closed doors unless your client initiates a public conversation with you about these things. Many of our communities are tight-knit, and we don't always want to share all of our personal information with everyone!
- Give clients lots of information about where gifts come from—share the message that it is their right and will help the health of their children.
- Tell clients about program statistics if appropriate—some people don't realize that programs exist. If someone seems to like your program but only attends once in awhile, encourage them to attend more often to get as many benefits as they can from the program.
- Develop trusting and consistent relationships—this happens over time. You can share gifts/vouchers with people more easily once they trust you. Plus, you can make sure that you're having a dialogue about the types of food they're buying with those vouchers to encourage healthy choices.
- Ensure that your program is open to the whole family. Many Aboriginal people might like to bring their children and/or parents to your program. Encourage them to do this to show that you are in favour of building community and family ties.
- Keep reading books like these ones! Continue to seek out teachings on health and well-being from the perspective of Aboriginal people.
- Look for Elders and the respected people in your community. Most Elders are funny and approachable and are able to help you learn more about good ways of helping the people you are working with.

*Wanina Phipps-Walker is a service provider (and now a friend) I met when I was pregnant in 2005. Wanina has been part of Toronto Public Health's Peer Nutrition Program as the Aboriginal community nutrition educator for the past 6 years.*

*When I met Wanina she had come to my prenatal program to teach us how to cook healthy foods on a budget. I had been curious about cooking barley soup. She didn't know how to do it. The next week she came back and helped me make a delicious barley soup! I was testing her ability to help me and she did the research and passed the test...*

*Today Wanina is someone that our community trusts. In the promotion and flyers for her program, Wanina has opted not to include the city's logo, only because of our past traumatic history with the federal government, including the 60s scoop and residential school system. (Note: If you'd like to see the poster, check out page 92.)*

*Her position offers her the opportunity to go out in the community and build partnerships with community organizations, including Toronto Council Fire, Native Child and Family Services, Métis Nation of Ontario, Native Women's Resource Centre, Wigwamen Housing, and Anishnawbe Health Toronto. She has set up programming in all the different directions of the city.*

*"Hopefully everyone that needs access to the program and partnership resources are able to do so," Wanina says. "Working in the Aboriginal community for the past 15 years has given me a 'sharpened perception' of the various needs, challenges, and traumas experienced in our community."*

*~Anishnawbe mother and health promotion consultant  
Melanie Ferris, Toronto*

*Be aware of the different Aboriginal services that are available in town... because they're part of the three distinct Aboriginal people in town: the Inuit, the First Nations, and the Métis. They should all be aware of the services they can get access to.*

*~Métis college instructor Cory Koski, Red Sky Métis  
Independent Nation*

## **B. Learn how we communicate**

Aboriginal people are a diverse group. Many of us speak different languages and have different ways of being in the world. In Ontario, we come from a wide range of communities. Some of us have more formal education, while some do not. Many of us live in poverty. Many of us receive our earliest teachings from our family, including lessons about the importance of listening and watching before doing anything. All of these things affect the ways in which we communicate.

Some issues to be aware of include:

- The fact that some of us don't use computers or the Internet
- Aboriginal people learn differently
- We need services and/or materials in languages that we understand and can relate to
- Aboriginal languages are completely different than English, with many words and concepts that cannot be translated in English

*One of the major things that throws people off where it comes to communicating with Inuit is what mainstream considers an uncomfortable silence and want to fill that silence in. With the Inuit silence is good. Silence is okay. It might be five minutes between a question and an answer and that's okay and that throws a lot of people off.*

~Inuk mother of four Heidi Langille, manager at Ottawa Inuit Children's Centre



*Most of my clients don't have access to the Internet right? So it's not like they can go and look on a website, and even with that, there is nothing specific in our community of Toronto to say that this is an Aboriginal website and national stuff. It's all over the place and way too confusing even for me. I don't have time to sit down and figure it out.*

~Aboriginal midwife Ellen Blais

## Understand that not all parents use the Internet

Many of us are so Internet-savvy that it's easy to forget that some people don't even know how to turn a computer on! You'll have a hard time engaging with Aboriginal families if you rely solely on Internet communication.

Although it's great to provide information about your services and/or programs on a website that is updated regularly, it's also important that you provide this information in other ways. Another issue is to recognize the variety of languages that we use in Ontario.

## Provide materials in a variety of languages

In Ontario, many young First Nations and Inuit are still speaking their ancestral languages. Older people in the Métis community speak Michif, a blend of Cree and French. Speaking our ancestral languages is empowering and vital to the health of our communities. In Ontario, the most common native languages include Inuktitut (for Inuit), Oji-Cree, Ojibwe, and Cree.

If you're trying to develop or provide health information to Aboriginal communities, it's important to think about whether your messages are actually going to be of any use to the populations. We give you some ideas for providing health information in various languages in **Things to Try for Communications Issues**.



Photo by [www.lorihenry.ca](http://www.lorihenry.ca)

*Finding culturally and age appropriate information can be a challenge.*

~Diabetes educator Melanie Francis, M'Chigeeng Health Centre

*What would that be like to not have a toe? What would it feel like where I can't walk? How would you like to not walk? I think those are really helpful because they're visuals. My clients are very smart, not in an academic book-like way like a professor, but in a spiritual and emotional way. They are capable of attending university and learning that way but they have low self-esteem and do not think that they can. They need an explanation as to why eating healthy is good. They like hearing about the body systems.*

~Aboriginal midwife  
Ellen Blais

*You're not going to communicate with Inuit without putting out Inuktitut. Because it's our mothers who are the people who are largely responsible for making sure that everybody else is healthy and they're the ones who ensure we are informed in the family.*

~Inuk singer and role model  
Lucie Idlout





## Things to Try for Improving Communication Issues

Some things you can do to address communications issues include:

- Making a paper newsletter, including tips from this toolkit
- Creating a community and class bulletin board, posting the *Canada Food Guide* and other health information
- Making yourself known in the community—consider bringing delicious, healthy food to community events
- Getting involved with Elders and traditional people
- Providing health information and services in a variety of languages



## Improve how you teach your clients

Aboriginal people tend to prefer visual-spatial learning as opposed to the verbal learning style that is commonly used by teachers. For a person who is a visual-spatial learner, oral instructions take extra time to process. This results in a gap in understanding the information and instructions.

Aboriginal people seem to prefer holistic, observational, and experiential learning techniques (Best Start Resource Centre, in publication). This means that many of us learn well through getting the opportunity to see something and do it ourselves.

*We're just regular community members who attend these places or we'll call and get ourselves informed about what's happening in the community. Or we're on email list serves and they send out in the email list serve community listings and those kinds of things. So that's where we find our information.*

~Métis mother and artist  
Jaime Koebel

## Make an old-fashioned paper newsletter:

- They're not environmentally friendly, but a paper newsletter is very helpful to parents who are visual learners. Include photos, drawings, or diagrams for more impact.
- If you're too busy to make a newsletter, type a letter to parents every once in awhile to tell them what is going on, give any important updates, etc.
- Copy some of the tips from our other books or our website at [www.letsbehealthy.ca](http://www.letsbehealthy.ca) to give parents ideas on healthy eating and getting active.

## Create a community and class bulletin board:

- Give parents the chance to share and receive information. Create a space and encourage parents to post notes. This can help with poverty because parents can trade clothing, children's items, swap babysitting, etc.
- Create your own bulletin board where parents know to look regularly for any program or educational updates.
- Post things you get that seem helpful for Aboriginal parents—the Aboriginal version of *Canada's Food Guide*, various resources from the Best Start Resource Centre, etc.

## Make yourself known in the community:

- Immerse yourself in our community through attending our pow wows, talent shows, community kitchens, etc. We're more likely to trust you if we see you're invested in our community.
- Make yourself known for promoting healthy food and physical activity. One way to do this would be to bring healthy snacks (such as fruits and vegetables) to community events where they normally don't serve healthy food. Another idea is to offer to lead physical activity "breaks" at different community events to keep reminding people that we need access to exercise.
- If you're a teacher, set aside time after school or at lunch to meet with parents who have concerns about their children. Talk to them about how food affects children's learning and behaviour. You can give them a copy of our book *Eating the Right Stuff*.
- If you're interested in nutrition or physical activity in the community, ask parents to work with you to create a new program for your school to address some of these concerns. Provide concrete ideas to the parents about the types of things you can offer (for example, can you offer access to the gym for 2 hours a week? Can you provide any extra funds to help buy healthy snacks for an after-school program?).
- Get to know other service providers so you can share information, concerns, resources, and create partnerships.
- If there is a community-run radio station, get to know the staff who work there. Share information about your program regularly and be open to going on air to talk about some of the benefits of your program or services. Provide good tips that listeners can use—ideas for healthy dinners and snacks, ideas for getting active with children when it's winter or rainy season, etc.

*It would be hard for a low-income single parent person to actually figure some of this stuff out unless someone, unless they go to Minwaashin, or they go to Odawa and someone actually forthright comes out.*

~Métis dad Jeffrey Cyr

### Get involved with Elders and traditional teachers

- Talk to a local Elder or grandmother in the community. Ask what you can do to better communicate with the local people. Get to know Elders in the community who are role models for healthy living.
- Learn about how to approach an Elder. Remember that First Nations Elders often accept small gifts of tobacco in exchange for sharing information and teachings. Inuit Elders do not expect tobacco.
- Invite Elders to come and work in your program. Ensure you have some money set aside in your budget to honour their time and energy. If you are serving or preparing food, ask them about any ceremonies around feasting so that they can help to pass them on to parents and families.
- Find translators for your health information.
- See **chapter 5: Resources for you and your clients** for ideas on finding Elders, traditional teachers, etc.

### Provide health information and services in a variety of languages

- Find out what languages are used in your community.
- Seek out health materials that have already been developed.
- Encourage any parents who speak English, French, or an Aboriginal language to consider using Eat Right Ontario. This free service has translators for many Aboriginal languages, including Inuktitut and Cree. Your clients can use this service by calling 1.877.510.510.2 (toll free) or by checking out the website at [www.eatrightontario.ca](http://www.eatrightontario.ca). You can also email a dietitian from the website.



*I didn't realize that macaroni and cheese or macaroni and tomatoes weren't a complete meal. You should have vegetables and other things with it. Fruit was something that was very rare.*

*So I grew up with very poor nutritional habits.*

~Swampy Cree Elder Joanne Dallaire

*You know, before you never had that kind of vending machines in school. You never had take out, you know kids just eat like parents feed their kids. It's amazing. But that's the biggest thing—I think parents feed their kids. Everyone just buys processed food, microwave this, microwave that.*

~Ojibwe artist Mische Jette, Aboriginal Healing Foundation

*Public education is a serious issue. Our people just don't know how to eat properly. So when we do a lot of diabetes workshops with people we tell them your two best friends are the slow cooker and the juicer, and we take them through cooking classes.*

~Mohawk teacher Diane Longboat

## C. Addressing nutrition

Nutrition, poverty, and childhood obesity are all linked. This section shares ideas that come from our Aboriginal advisors and key informants. They include:

- Why we need to get rid of vending machines
- The importance of teaching nutrition
- Using simple solutions to increase food security

### Get rid of vending machines

Although we didn't ask anything specific about healthy schools, many people we interviewed talked about how they were unhappy that schools and organizations often make money from machines that sell unhealthy snacks to children. One person also mentioned that her child's school raised funds by selling unhealthy foods from fast food chains.

### Teach about nutrition

One idea that many people shared is the fact that many parents are no longer teaching their children how to cook. They also expressed some interest in having more teaching on nutrition available in the community. This is an area where you can have a positive impact—and there are plenty of teaching tools out there to help you!





## **Use simple solutions to increase food security**

One thing we asked many service providers working in Aboriginal communities was, “How many of you have community gardens?” The answer was not encouraging. Many communities today are not growing their own food. They are not working together to create things like food co-ops and community kitchens.

Many of these ideas might have a limited impact, but it is at least a positive step forward. While it’s true that some of your communities are remote with short growing seasons, there is also the option of indoor container gardening.

*One way I like doing this [teaching about nutrition] is through organizing community kitchens—that’s when I get a recipe and a bunch of the ingredients, and then the group show up and just go through the recipe together, learning how to make these healthy foods. Then they get to take the food home in reusable containers and they have that food for the week that tastes good AND is healthy for them and their family. I’d like to see more of these types of programs happening in our communities.*

~Aboriginal mom and registered dietitian Kelly Gordon

*Here’s an education about healthy lifestyles and eating and that sort of thing, which I think a lot of new parents, no matter where they come from, Aboriginal or not, need. ‘Cause they just don’t know. Now I also think there’s a bit of physiology and genetics involved with the introduction of processed foods into North American Aboriginal lifestyles.*

~Métis father Jeffrey Cyr

*Gardening increases people’s physical activity levels while connecting them to Mother Earth. It is a very traditional activity. Gardening includes all three types of activities recommended by Canada’s Physical Activity Guide: endurance, flexibility, and strength activities.*

~Ontario Federation of Indian Friendship Centres (2007)

*Learn your Canadian Food Guide for health and how to make a nutritional meal for a reasonable price. I think this is where we’ve fallen back, in not teaching them how to cook... I taught my son how to cook and he’s 29 and, boy! He can make a meal for \$1.50 and it’s nutritional.*

~Métis Elder Donelda DelaRonde

*To help his students and community learn more about healthy eating, teacher Kevin Lamure developed a simple 10-week cooking class that his students could attend after school. He wrote a proposal to get \$2750 from his school board to buy the supplies for the program. He says that thanks to the program, “Families now eat more meals at home together and some students reported that they now eat more fruits and vegetables at home.” For information and inspiration on how Kevin started his Cookingskool program, see his article called “On Common Ground” in a 2009 book called The Gifts Within: Carrying Each Other Forward in Aboriginal Education.*

~Anishnawbe mother Melanie Ferris

*As a classroom teacher I routinely observed my students eat an over-abundance of processed foods during nutrition breaks. This weighed heavily on my mind but I tried not to let it bother me. However, I eventually concluded that while I cannot tell parents what to feed their children, I can teach my students about healthier alternatives... common sense says that if we do not act now, obesity and health problems will only be worse in the future. This is particular concern for Aboriginal people.*

~Elementary teacher Kevin Lamure as quoted in Coulter (2009)

## **Encourage children to drink water**

Every child should have a water bottle so that they have easy access to water. If you're a teacher or an early childhood educator, look at your budget to see if you can afford an order of stainless steel bottles for your class. If you can't afford them, encourage parents to buy one for their child.

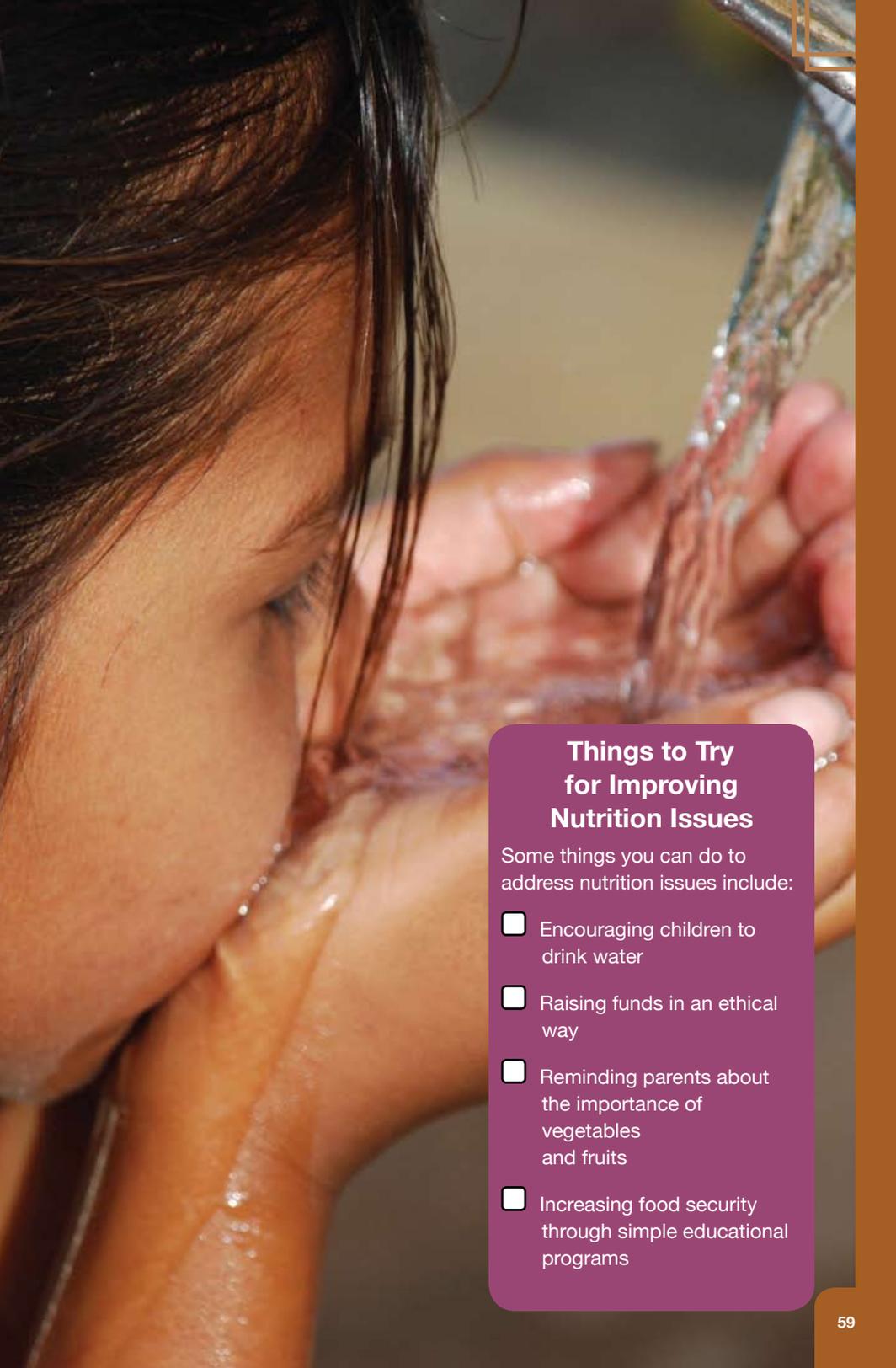
Teachers: Ensure that you let children have access to safe drinking water.

Invite an Elder or other traditional person to your classroom or organization to give teachings on the importance of water. Invite parents and children to take part in this session.

## **Raise funds in an ethical way**

Instead of selling chocolates or soft drinks to raise money, ask a group of parent volunteers to organize a hot soup or chili lunch or evening. Parents could each donate one ingredient to prepare a healthy, low-cost option for children to eat during the day. You could sell soup or chili for \$1 or \$2 a bowl and be able to feed everyone while making a bit of money for your organization.

Think about ways of getting children active while raising money. A few ideas include a dance-a-thon, a walk-a-thon, a stroller and parent walk, a hike, a blanket dance, etc.



## Things to Try for Improving Nutrition Issues

Some things you can do to address nutrition issues include:

- Encouraging children to drink water
- Raising funds in an ethical way
- Reminding parents about the importance of vegetables and fruits
- Increasing food security through simple educational programs

**Remind parents about the importance of vegetables and fruits**

- Children need vegetables and fruits everyday. Remind parents to help provide these by:
  - Giving out copies of *Eating Well with Canada's Food Guide: First Nations, Inuit, and Métis*
  - Providing access to fresh fruits and vegetables through a food box program, a community kitchen, or a garden
  - Encouraging parents to read the *Eating the Right Stuff* book or by listening to some of the MP3s in our toolkit.
- Put plates of vegetables and fruit out for parents and children every time you have them in your space.
- Remind parents that children who don't like vegetables and fruits will start to try them if they are exposed to them all the time.
- Share information about less expensive fruits and vegetables, such as how to buy foods in season or which frozen fruits and vegetables are good choices for people on a budget. There is a list of good produce choices in our book *Eating the Right Stuff*.
- Facilitate a sharing circle to discuss the issues that parents struggle with. Ask them to share their concerns about nutrition and raising children. Encourage parents to share their ideas and solutions from one parent to another.
- See **chapter 6** for a tips list to help you with your workshops.





**CERTIFIED ORGANIC APPLES**

*Pineapple Orchards*

Pinapple Orchards  
1200 19th Ave W, Poncha Springs, CO 81082  
Phone: 703-533-3492

**CERTIFIED ORGANIC**

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*Pineapple Orchards*

007-007

Pinapple Orchards  
Proprietors  
Ralph and Lynn Robinson  
1200 19th Ave W, Poncha Springs,  
CO 81082  
Phone: 703-533-3492

Seventy  
Eight



www.pineappleorchards.com

## Increase food security through simple educational programs

- Try to start a food box program or a food co-op. This is where you get a bunch of food together from local farmers, hunters, or producers, and then you're able to distribute the food to your community at a reduced rate (or, for free).
- Check with (and perhaps pressure!) your local government to see if there are any funding programs to help you increase the amount of healthy foods that you're able to provide for your clients.
- Organize a community kitchen once a week. See if you can use a room in the local school, church, etc. If you have no funding for a community kitchen.
- Ask local parents to bring ingredients for a simple dish—if each person brings one ingredient, it won't cost very much to prepare the meal.
- Ask a local grocery store, farmer, or hunter to help supply the food for the kitchen.
- Start a community garden. Gardening helps Aboriginal communities to achieve better health through:
  - Creating support networks across all ages (children, youth, adults, and Elders)
  - Making healthy, fresh, and unprocessed foods more readily available
  - Making communities safer because there are more "eyes on the street" wherever community gardens exist
  - Helping people of all ages to get good exercise (OFIFC, 2007)



*The other element is the lack of knowledge and awareness around what is healthy eating. We are not remembering what our ancestors ate in season. So what we did with one community was to build wheels. We took them through an exercise of building a medicine wheel, of foods that grow in season in your region, what your people would eat. We did spring, summer, fall, winter. Then we did it for all the fish. We did it for all the animals. We did it for all the medicines. So you can superimpose those wheels or you can take them separately. They started to re-think what they were doing and how they were purchasing food. That was one thing that we did with people and that's an important exercise because it teaches people.*

*~Mohawk teacher Diane Longboat*



## **D. Design wholistic programs**

A common value in most Indigenous people is that we truly see our family as the most important thing. Traditionally we would have lived with extended family where every member would have an important role to play. Today many Aboriginal people only use programs that recognize the importance that we place on family.

### **Make your programs family-friendly**

It can be challenging, but try to make any programs for moms and dads open and welcoming to children from a variety of age backgrounds. Family-friendly programs are especially important in our communities because they help us to build support networks. Many parents have lost touch with extended family, so support networks are a key part of healthy communities.

### **Recognize the value of partnerships**

Many service providers are frustrated that they have limited funds and infrastructure. The positive side to this is that many of these service providers have taken on a unique way of addressing these limitations through building and maintaining partnerships that benefit the entire community.

*We always provide a healthy meal, door prizes, bus tickets, and child care... but if a program can't provide bus tickets then they don't get as good of a turn out kind of thing. Delivering our programs right now I think our biggest area is transportation. We'd love to own like a 12-seater van and drive around the city picking people up right and the parents would love that.*

~Inuk mother and service provider Heidi Langille, Ottawa Inuit Children's Centre

*Tungasuvvingat Inuit also has seasonal outings. In the fall it's apple picking and I'd say over 150 people show up for that and its families kids all kinds and always we play fun games and do all kinds of good stuff. So those are things I think are really positive for the community and should be continued no matter what. Obviously the day care and the Head Start program have had a huge positive impact on the community. I can't even remember the question anymore because there are so many positive things, it's such a great community.*

~Inuk mother and service provider Heidi Langille, Ottawa Inuit Children's Centre

### **Success story: Unique partnership in Ottawa helps Aboriginal children be active**

*Where there's no infrastructure what they've done is they've made partnerships.*

*So Dovercourt is a great community centre. They have a pool, they have a skateboard park, they have a huge, you know, kind of state-of-the-art play structure, camps... so Minwaashin Lodge actually created a partnership with Dovercourt summer camp. So you're paying like a hundred and something per week for a camp. But what they've done is they got in a last-minute program with Minwaashin Lodge so that means, if there are some spaces available, then kids can go.*

*Our kids were in camp almost the whole summer. That's everything from going to a water park to, you know, skateboard, to learning how to be a lifeguard, and all those things. If we had to pay for that with six kids at a \$125... some of them are \$225 a week 'cause you're getting them certified at stuff. There's no way our kids would be able to have those opportunities, really, there's really no way. We're really fortunate in that sense.*

~Métis mom and artist Jaime Koebel

### **Make sure your clients can get to your program**

- Find out about any liability issues/insurance your centre has around providing transportation.
- If you have a way of picking clients up, make sure they know that they have that opportunity.
- If you don't have any way to pick clients up, try to help organize a car pool.
- Provide tickets or fares for public transportation if you have it in your community.
- Think about safety—do parents feel safe getting to and from your program? If there are safety issues, organize a “buddy” program where parents are going to your program together.
- If your clients absolutely can't make it, ask if they are comfortable with a home visit. If yes, connect them with any appropriate home visiting programs in your area.

**Ensure that children are welcome:**

- Make sure parents and grandparents know that children are welcome.
- Help children of all ages feel welcome by having an arts activity, sports, toys, etc.
- If the activity is a talking circle or something where you don't feel that children should be, try to make sure that child care is available. Note that a circle is a place where children are generally welcome according to traditional ways of being.

## Things to Try to Improve Your Programs

Some things you can do to improve your programs include:

- Providing transportation
- Ensuring that children are welcome
- Providing healthy snacks at your program
- Ensuring that clients can practice their ceremonies in your space (for example, ensuring that First Nations people can smudge without setting off the fire alarms)
- Increasing the partnerships and links you have with other service providers



### Provide healthy snacks at your program

- You need to be a role model, so make sure you check nutrition labels and get to know as much as you can about the types of foods that you should serve.
- Provide vegetables and fruits to clients as much as possible.
- Limit the amount of fruit juice and sweet drinks that you serve in your community. Offer water instead.
- Play games to help children learn the names of different healthy foods.
- Play games to help families understand how sugar affects their body, their teeth, etc. Check out the services and educational resources offered by the Southern Ontario Aboriginal Diabetes Initiative at [www.soadi.ca](http://www.soadi.ca).

*Collaboration with any of the programs that have an impact on that child is crucial so that people in social services know what you're doing, the health department knows what you're doing, they hear the philosophy and see the efficacy of the ceremonial practice.*

~Mohawk teacher Diane Longboat

### Ensure that clients can practice their ceremonies in your space

- Ensure that First Nations people can smudge without setting off the fire alarms.
- Make tobacco, cedar, sage, and sweetgrass available if possible.

### Increase the partnerships and links you have with other service providers

- Invite other service providers to visit your program and/or clients.
- Spend time at community events, get to know other people working with your clients.
- Learn about available resources. Think strategically about how to work with another organization to share resources.
- Talk to your clients and find out if there is any program they'd like to try—they might just be too shy. Offer to join them at a program one day as encouragement.
- Refer your clients to other programs that can help increase their access to healthy food, physical activity, cultural teachings, etc. See **chapter 5, Resources for you and your clients** for some ideas.



*The facilities we have right now are disheveled and I think it's the role of government for sure.*

~Inuk singer Lucie Idlout

*People should have a sense of entitlement and also a sense of responsibility, to manage their lives and lifestyle. The government can help. The government, I think, can provide advice, education, but creating a mindset over a period of time is much better for a group of people rather than putting your foot down and forcing people to eat the way the government thinks you should eat. And maybe providing education so people make healthier choices, healthier decisions.*

~Métis college instructor  
Cory Koski, Red Sky Métis  
Independent Nation

*The infrastructure is one way the government can easily help. "Easily" meaning it doesn't require great systemic things. It's basically putting consistent money, not time-limited money, into the infrastructure support for it with all the components. Not just, "Here's a gym, but here's a gym, here's childcare, here's other sort of things."*

~Métis dad Jeffrey Cyr

## **Ways of helping: Ideas for government staff, including Chief and Councils**

This section raises things that are not easy to change. While it is difficult to address government funding policies, and it may not be your role, we want to talk about this as it is an important factor in child health.

If some of you move on from being a frontline worker to developing policies or working on your Band council—please keep these ideas in mind. Also, feel free to share this book with people you know who could benefit from this information. We all need to advocate for policies, programs, and services that can better serve Aboriginal people in Ontario.

Aboriginal people are proud to say, "We know what we need to be healthy." Many of us reject the idea that we need government to tell us how to be healthy. What we do agree on is that we could use funding to help support some of our healthy living programs.

One question we asked Aboriginal people was, "What role does government play in fighting obesity?" Some of the answers we received are around support for:

- Improved infrastructure
- Partnerships
- Self-empowerment and education
- Measures to increase food security



*They have to flag more money for Aboriginal people and they have to flag more money for physical activity ... the capital for the buildings. Not just the programs, but also the space. Because sometimes you get the space then the program funding is cut. A new government comes in. They just have to put the money in the right place. Which is easier said than done.*

~Métis professor Dr. Lynn Lavallée, Ryerson University

*We have this great trainer at Odawa but he's been the third one in less than a year and the equipment, like I was saying to you earlier, the equipment is not well. So we're there willing to be participants, you know, our kids have an interest in doing things like that too but that's the infrastructure...*

~Métis mom Jaime Koebel

*They said, "We have basically one store in town." The only way that the [the store] will come in is if the town council signs a deal that this store is the exclusive operator in town.*

~Mohawk teacher Diane Longboat



## **Support for infrastructure**

One of the recurring answers we received from the Aboriginal people we interviewed is that our community buildings need repairs or to be rebuilt.

Funders are often unable or unwilling to give money for “capital” development. Some people won’t see the impact this has on a community because they do not live there. Just think about what it’s like to go to school in a portable in the north when it’s minus 30 Celcius, or what it’s like to do your exercise in a building that is falling apart.

Our service providers work hard to provide services to us, but they need support from government funders. They need capital money to help us build healthier communities.

Besides capital money, another issue is core funding. Many small non-profit organizations don’t get any core funding even if they run successful programs and are accountable and transparent. One example is the Ottawa Inuit Children’s Centre in Ottawa.

*We don’t receive any core funding, not a single dollar is core funding. So everything that needs to happen at a core level including the executive director, the administrative assistant, the annual general meetings, all of that sort of thing has to come out of programming dollars. Which means less programming for the kids. I don’t know of anybody right now that’s funding transportation, like to get a van to pick up some of the kids. Nobody’s doing that right now so that’s difficult.*

*~Inuk mother and service provider Heidi Langille*

## **Support and encourage partnerships**

Many people working in Aboriginal health want governments to see us (First Nations and other Aboriginal communities) as their partner when developing new programs and funding opportunities. One way of being a good partner is by engaging with us before programs or policies are developed. We need to have a role from the planning stages onwards, and we need to have equal roles in decision making.

## **Support our self-empowerment and education**

Many Aboriginal people think that the government should have a hands-off approach when it comes to our health and healing. Most people think that it's our responsibility to take control of our health, but they also say that government is responsible to help us get access to information.

## **Support measures to increase food security**

Food security is an issue for all of our communities, but the situation becomes especially tricky in the northern and more remote communities. As you go further north, the food prices increase dramatically. Many communities only have one store.

Having one store run by non-Aboriginal people is not good business sense for a remote Aboriginal community! Having a store or food co-op that is run by the people who are part of the community is going to help the local economy and improve health. Communities need to think about ways of helping to improve the health of their communities in this way. Traditional teacher Diane Longboat outlines her own vision of a healthy solution on the next page.

Think about Diane's vision for awhile. Discuss it with your colleagues. Is that a feasible approach for your community? Is there any reason why you're not doing it already?

*The City of Toronto is home to many Aboriginal people. We have a lot of services for our health but often times it is hard for us to maintain connections amongst service providers. The city has been working to host a regular "Aboriginal Roundtable on Health" for those of us who care about Aboriginal health in Toronto. The city spends a lot of time organizing these roundtables and they respect our needs by inviting an Elder to come and do the opening. Providing us with a space to come together shows us that the city wants and respects our input and their relationship with our people.*

~Anishnawbe mother Melanie Ferris

## Things to Try for Government People

Some things you can do to improve your work with Aboriginal communities include:

- Be proactive. If you're looking to develop new funding opportunities for Aboriginal health, try to get some allies in our community.
- Go to our friendship and health centres. Find out who our community respects and sees as leaders.
- Ask us to be involved from the very beginning so that we can give you advice on whether your ideas are going to work for us.
- Get our youth involved. We have the fastest growing population of young people in Canada. We believe that youth are our future, so make sure to engage with them and get their unique perspective on health and well-being.
- Look at the ways that you ask service providers to report to you. Are your reports too complex and hard to complete? Try to simplify reporting and proposal processes to help service providers maintain good mental health.

*The Chief and Council and grandmothers of the community need to come together to look at the over all health of the community with regard to food being your medicine. What are we cooking everyday that will make food our medicine?*

*What I told them is this. I said, "You need to set a policy in every First Nation that there are going to be medicines gathered every year, there will be wild foods gathered every year, there will be hunting and fishing in season."*

*Every Chief and Council will employ those hunters, fishermen, gatherers, gardeners. Youth could be employed in summer programs to make gardens under the guidance of older people. That needs to be put into the form of a community Co-op where someone will manage this program.*

*So if you're a single mom and you have a limited income and you have four children, then your name is on the list as a community member and you can go to the Co-op. Every week you're allowed to take so much vegetables, so much medicine, so much fish, or whatever for your family for free.*

*And the community provides that service to families. They are eating wild foods. They are using medicines from their own homelands, drinking that medicine from the homeland. Families are eating the foods that are local, in season and are the foods of the Ancestors.*

*~Mohawk teacher Diane Longboat*

A young child with dark, curly hair is shown in profile, focused on watering a plant. The child is wearing a dark green tank top and light-colored camouflage pants. They are holding a bright pink watering can. The background is filled with lush green foliage and a wooden trellis structure. The overall scene is outdoors and brightly lit.

***There's always  
something to learn  
and something you  
can challenge your  
kids to do.***

~Diabetes educator Melanie  
Francis, M'Chigeeng Health  
Centre

## 5 Resources for you and your clients

Some resources you can use to help you in your work with Aboriginal people include:

- Elders and traditional people
- Friendship centres
- Healing lodges
- Places to register as an Aboriginal person
- Other things, including curriculum



## Elders and traditional people

### **Aboriginal Health Access**

**Centres** are similar to community health centres and are across the province. They offer culturally appropriate primary care to Aboriginal people. They offer a variety of programs and for many Aboriginal people, they are important because they help us to access teachings from Elders and traditional healers.

**Phone:** 416.326.6905

**Web:** [www.ahwsontario.ca/programs/hac.html](http://www.ahwsontario.ca/programs/hac.html)

### **Aboriginal Services at the Centre for Addiction and Mental Health**

The Centre works to ensure that all residents of Ontario have access to a range of addiction and mental health services they need. The Centre has many different programs for Aboriginal people in Ontario, including a 21-day residential and outpatient programs for those dealing with addictions and mental health issues. The Centre offers individual counseling, education, research, capacity building, and access to an Elder. It also provides telephone service for consults.

**Phone:** 416.535.8501, ext. 7651

**Web:** [www.camh.net](http://www.camh.net)

**Email:** Dr. Peter Menzies, Clinical Head, [peter.menzies@camh.net](mailto:peter.menzies@camh.net)

### **Dilico Anishinabek Family Care**

provides a range of programs for Anishinabek people. The agency cares for the physical and mental health, and the health of the communities where Anishinabek people live by promoting wellness, preventing illness and trauma, and providing diagnosis, treatment, and rehabilitation. Dilico's programs and services are available for Anishinabek residents of any age in Dilico's jurisdiction, and for children in the care of Dilico and their caregivers.

**Phone:** 807.623.8511

**Web:** [www.dilico.com](http://www.dilico.com)

**Dodem Kanosha** is a place to learn from and speak with our Elders and Traditional Teachers. Visiting Elders and Teachers are available throughout the year. During their stay, the Elders and Teachers conduct traditional ceremonies and provide teachings and cultural counselling. The lodge is open Monday through Friday in Toronto. To book an appointment:

**Phone:** 416.952.9272

**Email:**

[dodemkanonhsa@inac-ainc.gc.ca](mailto:dodemkanonhsa@inac-ainc.gc.ca)

**Web:** [www.dodemkanonhsa.ca](http://www.dodemkanonhsa.ca)

**Kumik: Council of Elders** is a place to speak and listen to Native Elders and hear their teachings; a place to share and understand cultural differences; and a place to meditate quietly.

**Phone:** 819.953.2910

**Email:** [Kumik@ainc-inac.gc.ca](mailto:Kumik@ainc-inac.gc.ca)

**Web:** [www.ainc-inac.gc.ca/ach/ev/kmk/kmk1-eng.asp](http://www.ainc-inac.gc.ca/ach/ev/kmk/kmk1-eng.asp)

**Minwaashin Lodge: Aboriginal Women's Support Centre** provides a wide range of programs and services to First Nations, Inuit, and Métis women and children who are survivors of domestic and other forms of violence, and who may also be suffering the effects of the residential school system. The healing lodge is for all who wish to reclaim their Aboriginal identity as taught by their Elders and through their traditional healing practices.

**Phone:** 613.741.5590

**Web:** [www.minlodge.com](http://www.minlodge.com)

**Wabano Centre for Aboriginal Health** is a great health centre in Ottawa where people can access Elders at a traditional healing lodge. This lodge may help Inuit to access Elders. It also hosts some events where they serve country foods for participants.

**Phone:** 613.748.5999

**Email:** [info@wabano.com](mailto:info@wabano.com)

**Web:** [www.wabano.com](http://www.wabano.com)

## Friendship centres

Friendship centres have excellent programs for all Aboriginal people in the area. You may find these to be the best resource in helping you to connect with Aboriginal resources and Elders in your community.

You can find details for the centres online at [www.ofifc.org/ofifchome/page/OfficeList.htm](http://www.ofifc.org/ofifchome/page/OfficeList.htm) or call the Ontario Federation of Indian Friendship Centres at 416.956.7575 (Toronto area) or 1.800.772.9291 (toll free).

There are friendship centres in the following places:

- Atikokan
- Barrie
- Cochrane
- Dryden
- Fort Erie
- Fort Frances
- Geraldton
- Hamilton
- Kapuskasing
- Kenora
- Kingston
- London
- Midland
- Moosonee
- Niagara on the Lake
- North Bay
- Ottawa
- Owen Sound
- Parry Sound
- Peterborough
- Red Lake
- Sarnia
- Sault Ste. Marie
- Sioux Lookout
- Sudbury
- Thunder Bay
- Timmins
- Toronto
- Windsor

## Healing lodges

Six healing lodges across Ontario offer traditional healing approaches to address the underlying impacts of abuse.

### **Biidaaban Healing Lodge**

(230 km east of Thunder Bay)

Heron Bay, Ontario, POT 1R0

**Phone:** 807.229.3592

**Email:** [request@biidaaban.com](mailto:request@biidaaban.com)

**Web:** [www.biidaaban.com](http://www.biidaaban.com)

### **Enaahdig North Healing Lodge**

(near Sudbury)

**Phone:** 705.853.0177

### **Enaahdig Healing Lodge and**

**Learning Centre** (Midland)

RR #1, 4184 Vasey Road, Victoria

Harbour, Ontario, L0K 2A0

**Phone:** 705.534.3724

**Web:** [www.enaahdig.ca](http://www.enaahdig.ca)

### **Kii-kee-wan-nii-kaan Munsee-Delaware Nation**

(20 km south west of London)

RR #1, Jubilee Road, Muncey,

Ontario, N0L 1Y0

**Phone:** 519.289.0148

**Web:** [www.swrhl.ca](http://www.swrhl.ca)

### **Nanaandawe'iyewigamig** (Kenora)

c/o Kenora Health Access Centre,

General Delivery, Longbow Lake,

Ontario, P0H 1H0

**Phone:** 807.548.7629

**Web:** [www.kahac.org](http://www.kahac.org)

### **Shawanaga First Nation Healing**

**Centre** (near Parry Sound)

RR #1, Nobel, Ontario, POG 1G0

**Phone:** 705.366.2378

**Web:** [www.shawanaga.ca](http://www.shawanaga.ca)

## Treatment centres

### **Mamisarvik Trauma and Addictions Treatment Program - Pigiarivik House**

1863 Russell Road, Ottawa,

Ontario, K1G 0N1

**Email:**

[mamisarvik@tungasuvvingatinuit.ca](mailto:mamisarvik@tungasuvvingatinuit.ca)

or

[treatment@tungasuvvingatinuit.ca](mailto:treatment@tungasuvvingatinuit.ca)

**Phone:** 613.563.3546, ext 208

for general inquiries

**Web:** [www.ontarioinuit.ca/html/](http://www.ontarioinuit.ca/html/addictions.htm)

[addictions.htm](http://www.ontarioinuit.ca/html/addictions.htm)

*\*This is a healing centre for Inuit men and women who are 18 and older.*

### **Oshkee Meekena\***

c/o Michael Hardy, Executive

Director

Tikinagan Child and Family

Services

PO Box 627, Sioux Lookout,

Ontario, P8T 1B1

**Phone:** 807.347.2400

*\*This is a residential treatment centre for Aboriginal youth with addiction problems. It supports parents, families, and communities during intake and aftercare.*





## Places to register as an Aboriginal person

### Indian and Northern Affairs

**Canada** is the place where Inuit and “status” Indians can register as an Aboriginal person to receive certain benefits. The process is a bit complex, it is best to call the registrar’s office to find out the steps for getting yourself registered.

**Phone:** 819.953.0960

### Red Sky Métis Independent

**Nation** consists of descendants of the 84 “half-breeds” who were recognized by the Crown as beneficiaries and annuitants under the Robinson Superior Treaty of 1850, in concurrence with the First Nation peoples. Anyone who has verifiable evidence to show that they are a direct descendent of one or more of the 84 half-breeds from the Robinson Superior Treaty of 1850 can apply to be a member of Red Sky Métis Independent Nation.

**Web:** <http://rsmin.ca/>

**Phone:** 807.623.4635

**Registry for Métis** people of the Métis Nation of Ontario issues Métis citizenship to those who can supply genealogical documentation and proof of Aboriginal ancestry. The registry lists Métis people in Ontario who meet the standards for registration in accordance with criteria set by the Métis National Council. The Métis Nation is in charge of its own registry to ensure credibility and control. The registry is the only one of its kind.

**Web:** [www.metisnation.org/registry/home.html](http://www.metisnation.org/registry/home.html)

**Phone:** 613.798.1488

## Other things

**Aboriginal Children’s Circle of Early Learning** is a web-based network and clearinghouse with information on Aboriginal early childhood development, an interactive website, and database.

**Web:** [www.accel-capea.ca](http://www.accel-capea.ca)

**Phone:** 1.877.602.4445 (toll free) or 613.237.9462 (Ottawa area)

### Aboriginal Head Start in Urban and Northern Communities

is an early intervention program for First Nations, Inuit, and Métis children and their families living in urban centres and large northern communities. It is a pre-school program that prepares young Aboriginal children for school by meeting their spiritual, emotional, intellectual, and physical needs.

**Web:**

[www.phac-aspc.gc.ca/dca-dea/programs-mes/ahs\\_main-eng.php](http://www.phac-aspc.gc.ca/dca-dea/programs-mes/ahs_main-eng.php)

**Phone:** 416.973.0003

(general inquiries)

### Aboriginal Head Start On-Reserve

is an early intervention program for First Nations children (age 0 to 6) living on reserve, and their families. It prepares children for their school years by meeting their emotional, social, health, nutritional, and psychological needs.

**Web:**

[www.hc-sc.gc.ca/fniah-spnia/famil/develop/ahsor-papa\\_intro-eng.php](http://www.hc-sc.gc.ca/fniah-spnia/famil/develop/ahsor-papa_intro-eng.php)

**Phone:** 613.946.9744 (ask for your regional Head Start representative)

Continued on next page...

**Active Circle** is a website focused on sports, physical activity, and recreation for Aboriginal communities. It is always adding new resources, program ideas, and funding opportunities for Aboriginal communities.

**Website:** [www.activecircle.ca](http://www.activecircle.ca)

**Phone:** 1.866.378.3361, ext. 227 (toll free)

**Anishnawbe Health Toronto** has developed a set of excellent and free cultural brochures you can download on topics such as moon time, traditional healing, the four sacred medicines, etc. If you're in the Toronto area, this health centre can also provide your client with access to a wide range of excellent Elders and medicine people.

**Web:**

[www.aht.ca/traditional-teachings](http://www.aht.ca/traditional-teachings)

**Phone:** 416.360.0486

**City of Toronto, Public Health Unit: Aboriginal Peer Nutrition Program**

This program provides free nutrition education at three Aboriginal support sites, providing culturally appropriate nutrition education; community support; consultations on issues such as food security; and referrals for appropriate health services.

**Web:** [www.toronto.ca/health/peernutrition/index.htm](http://www.toronto.ca/health/peernutrition/index.htm)

**Phone:** 416.338.8395

***Come Meet the Challenge! Physical Activities and Nutrition Initiatives in Aboriginal Communities: Resource Guide***

This is an excellent resource by the National Indian and Inuit Community Health Representatives Organization. It was published in 2006, is over 100 pages, and is filled with good information from Aboriginal people about starting healthy programs in Aboriginal communities across Canada. This guide is comprehensive.

**Web:** [www.niichro.com/2004/?page=reports&lang=en](http://www.niichro.com/2004/?page=reports&lang=en)

**Phone:** 450.632.0892, ext. 24

**Eat Right Ontario** is a free service where people can get advice from a registered dietitian. This is a good service for Aboriginal people to use as they provide service in a wide variety of native languages. This is also a good resource for service providers if you're looking for some teaching tools—the dietitians have a wide range of resources to share with you.

**Web:** [www.eatrightontario.ca](http://www.eatrightontario.ca)

**Phone:** 1.877.510.510.2 (toll free)

**Nationtalk** is a national Aboriginal news website. This is a good place to look for other projects and services to link with along with ideas for conferences to attend, funding to go after for your projects, etc. The website also has a press release service you can use if you are trying to share your message with Aboriginal and other readers.

**Web:** [www.nationtalk.ca](http://www.nationtalk.ca)

**Nutristep** is a bilingual tool that you can use to help assess how pre-school children in Ontario are doing when it comes to nutrition. You need to download a license before you can access the screens.  
**Web:** [www.nutristep.ca](http://www.nutristep.ca).

***Métis Cookbook, Second Edition (2008)*** was published by the National Aboriginal Health Organization. It provides nutritional information and recipes by Métis people. One of the most famous Métis authors is named Maria Campbell, and she wants young families to use this cookbook to re-create old traditions of sharing good food, stories, and laughter. She says that having traditions creates strong families and a strong people.

**Web:** [www.naho.ca](http://www.naho.ca)  
**Phone:** 613.237.9462 (Ottawa area) or 1.877.602.4445 (toll free)  
**Email:** [metiscentre@naho.ca](mailto:metiscentre@naho.ca)

### **Seventh Generation Midwives**

**Toronto** is a clinic with some Aboriginal midwives. It helps pregnant women to reclaim culturally appropriate care. Healthy women can give birth at home using one of these midwives. The clinic is in downtown Toronto and gives priority placements to Aboriginal clients.

**Web:** [www.sgmt.ca](http://www.sgmt.ca)  
**Phone:** 416.530.7468

**Southern Ontario Aboriginal Diabetes Initiative** has resources you can order to help educate your clients about preventing diabetes and caring for themselves if they already have the disease. They provide useful workshops and have recently developed a hip hop album and project (called Rezstore Pride) by Aboriginal youth who share messages about how diabetes has impacted their lives.

**Web:** [www.soadi.ca](http://www.soadi.ca)  
**Phone:** 1.888.514.1370  
**Email:**  
[officeadministrator@soadi.ca](mailto:officeadministrator@soadi.ca)

### **Tsi Non:we Ionnakeratstha Onagrahsta, Six Nations Maternal and Child Centre**

provides preconception services, pre- and post-natal care, and birthing services to women with low-risk pregnancies in the southwest Ontario area. Traditional Aboriginal midwives provide services that incorporate traditional midwifery practices. As required, referrals are made to and medical back up is available from local obstetricians and hospitals.

**Web:**  
[www.snhs.ca/bcBackground.htm](http://www.snhs.ca/bcBackground.htm)  
**Phone:** 519.445.4922



## 6 Tip sheet for planning workshops and events

Feel free to copy this tip sheet to help you plan your workshops and events to promote healthy weights in Aboriginal children. This worksheet has tips and ideas for you to think about before and during the workshop:

- A few tips for working with Aboriginal families
- Planning stages
- What to do at the workshop
- After the workshop

### A few tips for working with Aboriginal families:

- Keep things simple. Suggest small do-able changes to families so that they feel excited, not overwhelmed.
- Think about low-cost ideas. If you're showing parents how to cook certain dishes, make sure the supplies are available locally and are affordable for most people.
- Make it culturally relevant—involve grandparents in your program so you can get guidance and teachings from them. They can also act as a bridge between you and Aboriginal parents in the community.
- Keep in mind that parents may feel blamed for their child's weight. Focus on small, positive steps—for example, if a parent is taking their child for a walk everyday, make sure to emphasize how great that is. Help parents figure out ways of building more positive things into their every day lives through being a role model—practice what you preach!

## Planning stages

- Figure out your budget for the workshop. Do you have money for food, child care, an Elder, anything else you might need? If you don't have any money, figure out what types of resources you might draw on to help (for example, consider partnering with another agency if you know they have a good budget, they might be able to contribute funding while you donate the training space).
- Think about your intended audience for the workshop:
  - Will parents attend this with their children?
  - Do you want to organize child minding so you can focus on connecting with the parents?
- Think about the format for the workshop:
  - Do you want to set up something interactive, like a community kitchen, to help making dialog easier?
  - Do you want to use a talking circle or a lecture-style workshop?
  - Do you want to ask an Aboriginal Elder or grandparent to facilitate the meeting? Remember that oftentimes our grandparents and Elders are the most respected (and often funniest) members of our communities.
  - Are you going to make healthy snacks or a healthy meal available? Many people find that food helps to increase parental attendance at meetings or workshops.
  - Do you want to go out into the community? You could plan a trip to the grocery store to talk about buying healthy foods on a budget or perhaps you could take a trip to an apple orchard or some kind of garden to pick vegetables, etc.

- Think about what date works for a workshop:
  - Do your clients all get certain cheques at a special time of the month? Many health centres won't plan their workshops on the 20th of the month because these are often the times when parents receive cheques.
  - Would a certain date link to traditional ceremonies? One example is the full moon—many First Nations women celebrate the full moon by planning their ceremonies at that time. Workshops during this time could coincide with some of the teachings around the importance of water, berries, fasting, etc.

- Think about what you want to achieve at the workshop:
  - What concerns do you have for Aboriginal parents in the area?
  - Do parents know how to prepare healthy meals for their children?
  - Do parents know how to involve their children in shopping for food and for preparing a meal?
  - Do parents know about physical activity and ways of getting active with their children?
  - Do parents know about how systemic issues affect the health of their community? Do they know about all the resources in the community that exist to help them address these issues on an individual level?



## What to do at the workshop

- Use a video from our *Let's Be Healthy DVD*
- Make and share healthy food
- Talk together about health and children—this can be done as a sharing circle, a brainstorm, etc.
- Choose various activities to do with parents:
  - Ask parents what a healthy child looks like to them. This can be a brainstorming exercise where everyone shares one idea. Someone can write them on a flip chart. After doing the brainstorm, ask parents to reflect on the ideas. Some questions to ask:
    - ◇ Were you a healthy child?
    - ◇ Do your own children represent some of these ideas?
    - ◇ If your child doesn't fit the image of what a healthy child might look like, what small steps can we take to start getting the child to be healthier (ideas might include taking the child to the park more often, letting the child have access to more fruits and vegetables, organizing play outings and play dates in the community, etc.)
  - Plan some hands-on activities:
    - ◇ Bring a big plate of multi-coloured vegetables and fruits you bought from the store... ask children and parents to name all the produce, this gives you a good teaching moment and a way to figure out whether all the families know about vegetables and fruits.
    - ◇ If parents don't know about certain vegetables and fruits, help give them some ideas about how to prepare these foods for children. Teach parents about steaming, boiling, and baking. Talk about how to blend or mash vegetables into different dishes to help create nutrition content.
    - ◇ Get out your food processor or blender. Teach parents and children ways of using these types of tools to create delicious and healthy snacks such as smoothies, bean dips, etc.



### **After the workshop:**

- Follow up with your clients. This can be done in an informal way over tea or lunch at your program. Ask what worked and what didn't work.
- Ask your clients what else they would like to learn.
- Ask clients if they would like to expand on or repeat some of the activities they already did (for example, they might really enjoy doing a community kitchen activity).

## Sample poster to promote your program

Peer Nutrition Aboriginal Program  
Family Nurturing  
Kognaasowin

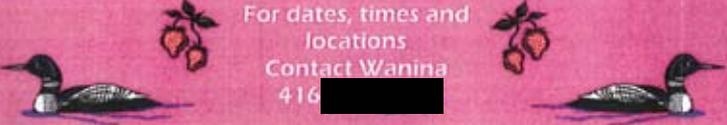


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- ▶ Making healthy food selections on a budget
- ▶ Enhance cooking skills/food preparation
- ▶ Prepare healthy meals using traditional and urban foods
- ▶ Make your own baby food
- ▶ Develop better food habits within your family
- ▶ Aboriginal nutritional education/resources
- ▶ Have fun, meet new friends-share experiences
- ▶ Access community partners/receive support
- ▶ Free gift certificates for healthy foods
- ▶ Childcare/Traditional parenting

*Programming available in your neighbourhood*

For dates, times and locations  
Contact Wanina  
416 [REDACTED]



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## References

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