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Preventing Obesity in Canada's Aboriginal Children: Not Just a Matter of Eating Right and Getting Active

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Preventing Obesity in Canada's Aboriginal Children: Not Just a Matter of Eating Right and Getting Active

Abstract
Obesity is a growing issue for all children. Many experts say that preventing obesity is largely a matter of eating the right foods and getting enough physical activity. This advice doesn't recognize the fact that First Nations, Inuit, and Métis children face unique barriers to growing up healthy and strong simply because of their identity. This paper discusses how the social determinants of health impact the ability of Aboriginal children to grow up free of obesity. The paper highlights results from a community-based research project conducted amongst Aboriginal parents and service providers in Ontario who wish to prevent obesity amongst their own young children and clients. Research was carried out over two years to help develop a "toolkit" and training program to help service provides increase efforts to prevent obesity amongst First Nations, Inuit, and Métis children from the ages of 2 to 6 in Ontario.

Keywords
Childhood obesity; prevention; Aboriginal children; First Nations; Inuit; Métis; wholistic; nutrition; physical activity; Medicine Wheel; education; control; residential schools; Aboriginal research

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The author acknowledges the First Nations, Inuit, and Metis key informants and advisors who helped to make the "Let's Be Healthy Together" toolkit and training program a reality. She says chi miigwetch to her strong ancestors who survived residential school and the foster care system. She also acknowledgers her son Bright Star, her biggest teacher in helping her understand how to promote ways of raising healthy Indigenous children.

> *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 in northern Ontario (Best Start, 2010d, p. 27)

Across Canada and in many Western nations, childhood obesity is on the rise. This is a growing concern across all populations but poses a particular threat to Indigenous peoples who already suffer poor health outcomes. First Nations children in Canada are increasingly developing Type 2 diabetes at a young age, and this is linked to their bodyweight (i.e., rate of overweight and obese) (Ho L. et al, 2008).

Imagine yourself as an Aboriginal parent trying to find information on how to help your children be healthy. You might call a toll-free number to talk to a dietician or a registered nurse, or perhaps you would order the free little booklet often referred to as "Canada's food guide." If you speak and understand the dominant languages of English or French, then the key messages you'll hear begin to sound like a broken record: feed your children the right foods and make sure your child gets enough daily activity.

Although these messages surely intend to make a positive difference in children's lives, the truth is that they do not recognize the barriers that Aboriginal parents face in simply getting food for their children—many First Nations reserves do not even have a grocery store *or* a food bank. Also these messages do not recognize that physical activity for children on a reserve is often dependent on a host of issues, for example, wild dogs running around the back yard or the affordability of appropriate gear such as a snow suit or helmet.

This work explores how the social determinants of health impact the ability of Aboriginal children to grow up free of obesity. The paper is largely based upon the results from a community-based research project conducted amongst Aboriginal parents and service providers in Ontario, aiming to prevent obesity amongst their children and clients respectively. The research was carried out over two years to inform the development of a "toolkit" and training program to help service provides increase and improve efforts to prevent obesity amongst First Nations, Inuit, and Métis children from the ages of 2 to 6 in Ontario.

Obesity Among First Nations, Inuit, and Métis Children in Canada

First Nations, Inuit, and Métis in Canada are spread far and wide across the country. More and more of us are moving to urban environments to access education and health services, but many of us also still live in our traditional territories—often remote, hard-to-access locations with little or poor access to health care services.

With growing media coverage, there's no doubt that most Canadians are concerned about rates of obesity across the country. The potential financial impact of obesity and related chronic conditions among Aboriginals is a major policy issue, with rates rising among younger cohorts.

Aboriginal people in Canada have both the youngest population and the fastest growing birth rate in Canada. Health services are often a treaty right for many Aboriginal people, yet in remote locations these services can be difficult to coordinate and very expensive. "If Aboriginal children continue to be affected by obesity and its complications, we are going to see a major financial burden on

Canada's health care system" (Ferris, 2010). This major burden will be the result of the federal government being obliged to pay for the transportation and out-of-home health care for Status Indians and registered Inuit who will need health services to deal with their obesity-related health issues.

Addressing Obesity From an Aboriginal Perspective

Recognizing the looming crisis, the Ontario Trillium Foundation provided two years of funding to a non-profit organization in Ontario called Health Nexus, to develop health promotion resources. Health Nexus works in the area of maternal-child health and developed several resources in partnership with First Nations people on topics such as early childhood development and environmental health.

Health Nexus received funding to develop a toolkit and training session(s) on preventing childhood obesity from an Aboriginal perspective. First Nations, Inuit, and Métis people in Ontario worked with Health Nexus to develop *Let's Be Healthy Together: Preventing Childhood Obesity in Ontario's Aboriginal Communities.* This set of health promotion resources and training sessions is now available for free at www.letsbehealthy.ca. The resources include a set of four books, posters, MP3s, videos, handouts, and powerpoints. These resources aim to empower service providers to work in culturally appropriate ways with Aboriginal parents and communities. The goal is to help prevent childhood obesity in Aboriginal children in Ontario.

As mentioned earlier, many key messages in health promotion materials might include tips on eating the right foods and being active. These tips do not seem to consider the multitude of social determinants that impact that the health of Indigenous peoples. Health Canada recognizes these determinants: "income and social status; social support network; education; employment/working conditions; social environments; physical environments; personal health practices and coping skills; healthy child development; biology and genetic endowment; health services; gender; and culture" (NAHO, 2001, p. 12). The National Aboriginal Health Organization considers other determinants as well: "colonization, globalization, migration, cultural continuity, territory, access, poverty, and self-determination" (NAHO, 2001, p. 13).

What is an Aboriginal Perspective?

Aboriginal people in Canada include First Nations, Inuit, and Métis. These are three distinct groups of people. Ontario is thought to have a quarter of a million (about 240,000) Aboriginal people (Best Start, 2010d), but those numbers are likely lower than the actual population since many Aboriginal people would not identify for a variety of reasons, including lack of knowledge about their identity, homelessness during the Census, internalized racism, etc.

Although First Nations, Inuit, and Métis are three distinct populations, we are often lumped together because we do share one commonality—we are the first peoples of Canada and we have been systematically oppressed simply because of our identity.

Developing health resources that address all Aboriginal people is no easy task; in fact, some Aboriginal people might even say that it is disrespectful to attempt to do so. In developing the *Let's Be Healthy Together* toolkit and training session, a First Nations writer and researcher worked full-time to recruit and coordinate a body of twelve Aboriginal advisors who were equipped to give advice and direction on the best ways of developing these types of resources. Advisors were recruited through a wide variety of methods. A simple two-page application form was developed and put online and distributed via a press release to major media outlets, friendship centres, a mass-distributed email to a variety of Aboriginal people working in health, and social media sites such as Facebook. The Aboriginal

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Peoples' Television Network (APTN) did a feature on both the project and recruitment of the advisory on one edition of its 6 o'clock news. Aboriginal people in Ontario were invited to apply and explain their interest in becoming advisors.

There were a variety of criteria to follow in establishing an advisory team that would be able to represent the diverse needs and interests of Aboriginal people across Ontario; indeed, the advisory team would need to include representation from all three identity groups (First Nations, Inuit, and Métis), major political-territorial organizations, various geographic regions, Elders and youth, and Aboriginal professionals with expertise in areas of childhood development, nutrition, physical activity, and Indigenous approaches to health. In the end it was difficult to fulfill all criteria. For example, finding Inuit in Ontario able to take part on an advisory team was difficult since there is a small Inuit population in the province. Some experts, including a paediatrician who works with Aboriginal children in northern Ontario, initially joined the advisory team and took part in the first meeting; however, they eventually had to leave the advisory team due to high workload. As Mohawk Elder Sakoieta' Widrick (2011) states, "Anyone that's involved in any type of this work, there's a lot of this work for us to do."

Once the advisory was established, the members came together for an all-day meeting in Toronto. All travel costs were covered but the work was being done on a volunteer basis. During the first meeting, a framework for the development of both the research and the format of the toolkit was developed. The main piece of advice that Aboriginal advisors provided was to develop all materials and training from a strength-based perspective—after all, Aboriginal people are a positive and resilient group of people. This is why the toolkit is called *Let's Be Healthy Together* instead of something negative that focuses on the problem rather than the solution.

Doing Research That Respects and Honours Indigenous Peoples

Advisors were mainly service providers and parents. Their names and locations are listed in the book called *Prevent Childhood Obesity in Your Aboriginal Community: A Guide for Service Providers*. After their first in-person meeting in Toronto, they regularly received email updates and took part in teleconference meetings every few months. They helped to develop the research questions for the qualitative interviews for the project. Each advisor reviewed and provided input to all resources before they were published.

Advisors worked to identify a list of 16 "key informants" for the project, that is, people who could answer questions and give informed ideas about how Aboriginal people can raise healthy children. All of the key informants were Aboriginal, and most were parents or grandparents with a background or keen interest in health. All names of key informants are also listed in the *Prevent Childhood Obesity* book. Key informants identified as First Nation (8), Inuit (2), and Métis (6).

All key informants and advisors received small honorariums of money for taking part in the project. The research was conducted using culturally appropriate Aboriginal methods. This included offering a gift of sacred tobacco to those who did the interviews in person. Everyone involved in the research had the opportunity to review transcripts of their interviews, which they had to approve before their information was published. Key informants received final copies of their transcripts to keep for future reference.

Some advisors and key informants also volunteered to "model" for photographs produced for the toolkit. Both the advisors and key informants noted that it is important to include photos of Aboriginal people in health promotion resources. In fact, many people involved in producing the toolkit noted that it upsets them that many Aboriginal health resources often use photos of non-Aboriginal people. The toolkit attempted to capture a wide variety of Aboriginal people, including mixed-race Aboriginal people who do not fit the stereotypical look of an Aboriginal person. In keeping with these

ideas, the final products for the toolkit were produced by several Indigenous graphic designers/illustrators based in Canada.

Using the Medicine Wheel

Advisors and key informants all agreed that most Indigenous people see health in a "wholistic" sense. This means that we think about health as more than just the absence of disease. We think about balance, and we consider how the wide range of determinants affects our health in contemporary times. Using a Medicine Wheel helps us consider how we treat our mind, body, emotions, and spirit. Key discussions amongst advisors and key informants touched on issues such as colonization, displacement from traditional territories, and the inter-generational effects of the residential school system.

Many advisors and key informants suggested that we use the Medicine Wheel as a teaching and guiding tool when developing our training sessions and resources. As Ojibwe social work student Michael Auksi explained in an interview about how to promote healthy living to Aboriginal children:

> 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. (Best Start, 2010d, p. 17)

While funding was initially meant to address obesity prevention amongst Aboriginal children ages 2 to 6, "we decided to take a wholistic approach, developing tools to help encourage entire families and communities to change their lives and become healthier" (Ferris, 2010).

Preventing Obesity Using Traditional Teachings

Everyone working on the project agreed that in addressing childhood obesity, we would need to highlight the fact that obesity prevention begins before a child is born. Most researchers argue that prevention needs to start with parents, even before conception. Women who are overweight and smoke are more likely to deliver babies who might eventually become overweight or obese (VanVrancken-Tompkins C.L., Sothern M.S., 2006). This section of this paper outlines some ways that the toolkit promotes traditional teachings.

Breastfeeding is the Traditional Way of Feeding our Babies

Much of the research on preventing childhood obesity shows that health care providers should promote exclusive breastfeeding and delay the introduction of solid foods to babies (Ventura, A.K., Savage, J.S., May, A.L., Birch, L.L., 2005 and Chaput, J.P., Tremblay, A., 2006). Although evidence-based research supports the approach of exclusive breastfeeding, this is something that Aboriginal women have always done for their babies without "scientific knowledge". Indeed, researchers and health promoters believe it is likely that Aboriginal women would respond positively to breastfeeding children given its long tradition in their culture.

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In an article about a Mohawk community and its breastfeeding program, a nurse writes, "The grandmother of the baby plays an important role in child rearing… the close relationships that exist between mother and daughter have had a significant impact on the choice of infant nutrition, and the success or failure of breastfeeding" (Banks J.W., 2003, p. 342).

Recognizing the importance of traditional teachings and close-knit family units within Aboriginal communities, the team working to develop the *Let's Be Healthy Together* project wanted it to be "one of the first holistic toolkit and training initiatives that aims to use culture as one way to help children be healthy" (Ferris, 2010, p. 2).

Starting to Reclaim and Promote Traditional Knowledge

While the project incorporates evidence-based research and statistics focusing on Aboriginal children in Ontario, it also supports the lived experience that Aboriginal people have gathered through the acts of raising their own children, taking part in spiritual healing ceremonies, and having teachings passed down through generations. Teachings from various nations as well as Inuit and Métis people are included throughout the toolkit.

The toolkit is somewhat limited in terms of its reach because teachings were gathered from Elders and other traditional people solely in Ontario. While many of the teachings can apply to Indigenous people around the globe, Canada is still falling short when it comes to promoting healthy living for Aboriginal children—there are still no concrete statistics on rates of obesity for Aboriginal children across Ontario. For example, we were only able to find rates of obesity and overweight for First Nations children but nothing for Métis or Inuit in Ontario. This reflects the idea expressed by the Public Health Agency of Canada (2008) that "better quality information on First Nations, Inuit and Métis and other vulnerable subpopulations is necessary in order to identify and target disparities."

Another example of a lack of good information is being able to find a good resource about raising healthy children. As an Aboriginal parent, one might go to a library or book store searching for a good source that would provide all the information needed to raise a healthy child, covering topics such as nutrition, physical activity, stages of development, and safety tips. To date, there are no such books that cover these topics *and* include teachings and lessons from a First Nations, Inuit, and/or Métis perspective. Since "promoting native or Inuit pride is an essential part of preventing obesity in Aboriginal children" (Best Start, 2010d), it is essential that these populations are able to access culturally appropriate information developed for and by them.

Aboriginal People Need Aboriginal Solutions

"Our people have the answers," says Mohawk teacher Diane Longboat (Best Start, 2010a). This statement reflects the common sentiment amongst many Indigenous people, that is, the idea that Indigenous people have always been healthy and have known how to keep themselves healthy. Hence, programs need to include and promote traditional knowledge that has helped us survive in our respective territories from time immemorial.

It is interesting to note that at the beginning of the research project, a survey was administered via email and Survey Monkey in which Health Nexus asked service providers about the most important aspect of receiving training on preventing childhood obesity. The majority of respondents noted that training needed to be provided and delivered by traditional Aboriginal people.

An article on preventing childhood obesity from an Aboriginal perspective states, "Solutions to obesity in Aboriginal children need to be designed, controlled, and led by Aboriginal people themselves. Government policy makers often come into our communities to implement a quick fix. They try to design programs or provide funding to programs in a way that they see as fitting their (sometimes narrow) view of health" (Ferris, 2010, p. 4).

In discussing how to prevent obesity amongst Aboriginal children, Aboriginal midwife Ellen Blais raises some important issues:

> 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 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 (Best Start, 2010d, p. 28).

Many people believe that parents are the most important factor in preventing childhood obesity—yet as Ellen Blais says, it is impossible to change the behaviour of parents without looking at the bigger picture and addressing systemic factors such as poverty and the inter-generational effects of residential schools. Research shows that all levels of society must work together (Reilly, J.J., 2006; VanVrancken-Tompkins, C.L., Sothern, M.S., 2006)—governments, charities, schools, and communities need to support strategies and programs for preventing obesity (Fisher, J.O., Hodges, E.A., 2006; Wabistch, M., 2006). This perspective is in line with the idea and inter-connectedness of the circle.

Yet in many Aboriginal communities, the circle has been broken because of systemic factors that kept us from growing up in our traditional ways. These factors often influence us to be depressed, angry, live in fear, and use addictions as a way of escaping these feelings (Best Start, 2010a, p. 9).

What Causes Obesity: Examining the Evidence

"Nobody is born obese" writes Wabitsch (2006). This statement helps us understand why it is so important to start preventing obesity from the very beginning of life.

Childhood obesity is not usually a matter of genetics. An imbalance between the energy that comes in and the energy that goes out is often the cause of obesity (Wabitsch, M., 2006; Chaput, J.P., Tremblay, A., 2006). Obese children may be eating too many high-calorie foods or large portions along with spending too little time engaging in physical activity. For everyone across the globe, rising rates of obesity reflect changing lifestyles over the past 20 years—this includes a move away from labour to produce and find our own food to a sedentary lifestyle where we spend more time in cars and in front of television and computer screens, and buying innutritious food at grocery stores and restaurants.

A Métis father of three, Jeffry Cyr, explains things have changed even in the time from when he was a child growing up in the 1980s:

> My grandfather was pretty.... he's a pretty funny guy. He was constantly kicking us out of the house to be active and I mean, this was St. Francis (in southern Manitoba), this is -32 Celcius and he'd still kick you out and we would go. We would go into the forest and we build... we would build forts and stuff. You feel exhilarated, 'cause you got out there and kinda challenged the weather. If you let them inside, they're going to immediately gravitate, especially in this day and age, to a video game, a TV, or a computer, one of those three things (Best Start, 2010c, p. 24).

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Aboriginal people working on the *Let's Be Healthy* project all assert that Indigenous people are not facing obesity as a crisis because of our genes. All Indigenous people are land-based people. The obesity crisis within our communities is a result of the forced move away from our traditional, active lifestyle. "As a people, we now face deep-rooted and complex issues of poverty, geographical isolation, food insecurity, unequal access to education, and others that place our health at risk" (Ferris, 2010).

Mohawk teacher Diane Longboat says:

> 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 medicines, share medicine, share teachings, and that sort of thing. There's no real healing centre for us... (Best Start, 2010d, p. 29)

The majority of Aboriginal people interviewed for the toolkit and training project lament the move away from traditional lifestyles. This move was often forced upon us by the government sending our children to residential schools where they sat at a desk and learned from books rather than through lived experience (e.g., growing a garden or hunting for game). People coming out of the schools lacked parenting skills since they had been separated from their own families for so long. The result was Aboriginal people having children and being unable to raise them properly; subsequently, those children were put into foster care homes, often raised by non-Aboriginal families. Now, "the number of children in care outside their own homes today is three times the number of children in residential schools at the height of their operation" (Blackstock, C., 2008, p. 165).

Aboriginal people want to raise their own children in a healthy way. They want to return to their cultural ways and values, and they want the chance to use their ancestral languages. Many of the Aboriginal people interviewed for the project want better support from the government, but they also want to create their own solutions.

Policy Approaches the Government Must Adopt to Help Aboriginal Children be Healthy

Métis professor Dr. Lynn Lavallée states:

> We have to become less dependent on government and come up with our own economic solution and only then will we be able to deliver the programs we want to deliver in the way we want to deliver them (Best Start, 2010a, p. 20).

The toolkit encourages Aboriginal parents to create and deliver their own programs as much as possible; it includes ideas such as starting community kitchens and community gardens where families can work together to increase food security and increase levels of physical activity in the communities. The idea is that Aboriginal people need to empower themselves and move away from dependency on government that is not always responsive or respectful of the needs of Aboriginal people in Canada.

Métis mom of three, Jaime Koebel helps highlight ways in which the community can help to empower Aboriginal parents in raising healthy, active children. Although many moms with a career and three children might say, "I'm too tired to exercise," Koebel demonstrates how a wholistic approach to

delivering a community program can help get parents and children active together. In this particular instance, the program also helped to empower the mother by giving her a space in which she could pass on teachings about her Métis identity to her own children as well as others:

> The community was a big help, especially when I was a single parent. It was a big help because... when I was teaching jigging the program consisted of having a meal. They... provided child care for those whose kids were really small or whose kids lost interest, you know, half way through the session. So that was something I could fit my life around and include my kids if I wanted to" (Best Start, 2010b, p. 50).

The book *Prevent Childhood Obesity in Your Community: A Guide for Service Providers* (Best Start, 2010d) is authored by a First Nations woman who gathered advice and feedback from other First Nations, Inuit, and Métis key informants and advisors. After interviews were transcribed, there were reviewed for recurring themes. Recommendations to government were developed when topics were mentioned by at least two key informants. Moreover, recommendations were shared with advisors and feedback was welcomed before publishing them in the toolkit. The *Prevent Childhood Obesity* book gives the following recommendations to government staff from pages 70 to 75:

- **Support infrastructure:** Community buildings need repairs and need rebuilding; government funders will not often give out "capital" money.
- **Provide core funding for programs:** Staff at non-profit organizations do not know whether their funding will continue from one year to the next, despite the great work they are doing.
- **Support and encourage partnerships:** Governments should see First Nations and other Aboriginal communities as partners when developing new programs and funding opportunities—a part of being a good partner means engaging with these folks from the planning stages onwards and giving equal decision-making roles.
- **Support self-empowerment and education:** Aboriginal people think government should have a hands-off approach when it comes to health and healing. In fact, Aboriginal people should have autonomy over health care decisions and delivery; however, key informants did express the need for government to support education measures around nutrition and physical activity, but they also said they did not want governments to dictate what Aboriginals should or should not do.
- **Support measures to increase food security:** Support more food co-ops or community-run stores in northern and remote communities. Many communities only have one store that is run by outsiders—this does not make economic sense for communities needing more jobs.

As Inuk mother and service provider Heidi Langille says about her work at the Ottawa Inuit Children's Centre, perhaps the only centre where Inuit families in Ottawa can depend on getting services in Inuk from Inuit:

> We don't receive any core funding, not a single dollar is core funding. So everything 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 it's difficult (Best Start, 2010d, p. 73).

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Moving Forward: Lessons From the Research

As with many projects, the *Let's Be Healthy Together* toolkit was delivered and published with little money or resources left for evaluation. A series of two-day training sessions were delivered across five regions of Ontario in the summer and fall of 2010. Between 100 to 150 people attended the five regional sessions. The Public Health Agency of Canada requested one extra session to be organized in Toronto for about 15 Head Start staff. Condensed training sessions also took place through one-hour webinars organized by Invest in Kids, reaching about 40 First Nations staff in Ontario.

Training sessions were facilitated by a First Nations woman who brought in local drummers, dancers, Elders, and other traditional people to share teachings and wisdom from their Indigenous perspective. The training was done in a circle using the Medicine Wheel as a guide. The facilitator explained the idea that knowledge needs to come from the local Aboriginal communities, which was supported by the fact that local Elders and other people were brought in to help provide teachings from the local nations.

In unsolicited emails to the author, participants' comments show that delivering training from the Indigenous perspective is a successful strategy:

> The training you and Michael presented was extremely well done—the best! You are such a natural and made everyone feel so welcome. I learned a great deal re empowering our communities and most certainly utilizing cultural and traditional stories as well as addressing Aboriginal history. I also learned much from the participants.
> **~Registered nurse, Dilico Ojibway Child and Family Services, Thunder Bay**
> ***

> Thank you for your workshop. It was a very moving experience. You were able to support participants to take chances with food. Your presentation was based in an Indigenous worldview and this made it a safe place for people to take chances. Food is such a personal issue and often relates to issues in our childhood and past. You were nurturing and supportive and delivered a workshop that is based on strengths, not inabilities.
> **~Teacher, Mothercraft College, Toronto**
> ****

> I was at the workshop in Sudbury… it was a very great workshop. I enjoyed the interaction, and the cultural aspects that were presented. I left there feeling totally elated.
> **Registered nurse, Weeneebayko General Hospital, Moose Factory**

These comments are just a few of the many positive ones received via email. They are important to consider because they reinforce the idea that programs and services need to be designed by Aboriginal people.

In closing, it is important for all levels of government, including Band councils, and other funding organizations to understand two main points: 1) Indigenous people have strong feelings of empowerment and self efficacy when delivering and passing on traditional knowledge; 2) efforts to increase food security for communities goes hand-in-hand with local economic development strategies, such as support for stores run by community members, which will enable families to afford healthier food and appropriate gear for children's outdoor activity. The product of these processes is empowered parents who are able to raise healthier children, and in turn, build healthier communities.

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