

Addressing food security of Aboriginal people in Canada^a

Mary Trifonopoulos*, on behalf of First Nations and Inuit Health Branch, Health Canada

Food Security and Nutrition Unit, Health Promotion and Disease Prevention Division, First Nations and Inuit Health Branch, Health Canada, Ottawa, ON

In Canada, food insecurity is much higher among Aboriginal households than non-Aboriginal households and is especially pronounced in northern and isolated communities. The First Nations Food, Nutrition and Environment Study (FNFNES) found that 41% of on-reserve British Columbia First Nations households were food insecure in 2008–2009 and that 38% of on-reserve Manitoba First Nations households were food insecure in 2010. These prevalence rates are more than 5 times higher than those found among non-Aboriginal households in both provinces in the 2007–2008 Canadian Community Health Survey (1,2). Across the Canadian Arctic in 2007–2008, 63% of Inuit households were found to be food insecure, with almost half (29%) severely food insecure (3).

Key contributing factors to the high prevalence of food insecurity among First Nations and Inuit include poverty, unemployment, environmental changes affecting harvesting and lack of availability of nutritious foods. Food security has unique considerations for First Nations and Inuit populations, including that both traditional and market food systems need to be taken into account (4). Like other social determinants of health, food security is a complex issue and cannot be achieved in isolation.

Collaborative action on food security

The Government of Canada is working collaboratively with Aboriginal partners, provincial and territorial governments, researchers and other sectors on a variety of initiatives to help improve the food security of Aboriginal people. The main levers of the federal health portfolio for action on food security are:

- Community-based programs for First Nations and Inuit communities;
- Collaborative engagement with partners;
- Knowledge development and exchange; and
- Surveillance and monitoring.

It is within the mandate of the Government of Canada to support/fund a range of health programs and services for First Nations and Inuit. The Government of Canada works in close partnership with First Nations and Inuit communities and leadership to ensure these services are effective, sustainable and culturally appropriate in order to contribute to improved health outcomes. Programs are designed to supplement provincial/territorial health services and improve access to required health services for First Nations and Inuit, based on identified health needs. Included are programs which, among other objectives, promote nutrition and improved access to healthy traditional/country food and store-bought foods, such as the Canada Prenatal Nutrition Program, Aboriginal Head Start on Reserve, Aboriginal Diabetes Initiative (ADI) and Nutrition North Canada (NNC).

Examples of federally supported initiatives on food security

The main objective of ADI is to reduce type 2 diabetes by supporting health promotion and disease prevention activities and services. ADI activities and services are delivered by trained community health workers and health service providers in more than 600 First Nations and Inuit communities across Canada. One focus area of ADI is community-led food security planning which supports flexible, community-driven approaches to enhance community capacity to shape food systems and improve access to healthy food, and increased community awareness, mobilisation, coordination and partnerships.

In Manitoba, the Government of Canada, the provincial government, First Nations and other organisations are collaborating to better support community-driven initiatives to help improve food security. The majority of Manitoba First Nations communities are engaged in activities related to food security, for example, cooking classes, community gardening, berry picking, hunting,

^aThis extended abstract was presented on August 7, 2012, at ICCH15 by Mary Trifonopoulos, representing First Nations and Inuit Health Branch, Health Canada.

fishing, youth–elder cultural camps, raising livestock and provision of healthy breakfasts and snacks.

The value of community driven approaches for informing action at the community level has been demonstrated by the Food Security Knowledge Initiative, supported by the federal health portfolio (2009–2012). One of the many projects within this initiative included the testing of a solutions-oriented community food assessment model in the First Nations community of Hot Springs Cove, British Columbia, and in the Inuit community of Hopedale, Labrador. Through the assessment process, communities developed action plans and moved forward with implementation of their key priorities. Community food assessments showed promise in helping improve local food access, build partnerships between key sectors, and inform action in neighbouring communities.

Launched in April 2011, NNC subsidises the cost of perishable, healthy foods for Canadians living in isolated northern communities. Between 1 April 2011 and 31 March 2012, more than 80% of the subsidy went towards healthy foods such as produce, milk and dairy products, meat and alternatives, and grain products.

Through NNC, Health Canada supports nutrition education initiatives in First Nations and Inuit communities fully eligible for NNC. These initiatives focus on increasing knowledge of healthy eating and developing skills in selecting and preparing healthy store-bought and traditional/country foods. In 2011–2012, over 300 community-based activities were offered and over 50 community workers were trained. Early successes reported in 2011–12 include:

- Enhanced linkages with local stores;
- Strengthened nutrition and healthy eating education and cooking skills development;
- Broadened reach to youth through on-the land camps, school-based activities and after school programs; and
- Coordination with other community programs and training of workers.

Health Canada also supports initiatives that are important for monitoring food security on an on-going basis, recognising that comprehensive and consistent data is central to understanding food security and to the development of appropriate policies and programming. For example, Health Canada has supported the FNFNES, a survey using the same standard US Household Food Security Survey Module included in the Canadian Community Health Survey. The FNFNES is helping to fill evidence gaps related to the prevalence of food insecurity and other related information in First Nations communities.

Conclusion

Food security is a serious and complex issue, and addressing its many dimensions and underlying factors requires the contributions of multiple sectors working together. Collaborative approaches help bridge perspectives of communities, research, policy and practice, which has significant value for informing the development of culturally appropriate and relevant policy and programming at all levels.

References

1. Chan L, Receveur O, Sharp D, Schwartz H, Ing A, Tikhonov C. First Nations Food, Nutrition and Environment Study (FNFNES): results from British Columbia (2008/2009). Prince George: University of Northern British Columbia; 2011.
2. Chan L, Receveur O, Sharp D, Schwartz H, Ing A, Fediuk K, et al. First Nations Food, Nutrition and Environment Study (FNFNES): results from Manitoba (2010). Prince George: University of Northern British Columbia; 2012.
3. Huet C, Rosol R, Egeland GM. The prevalence of food insecurity is high and the diet quality poor in Inuit communities. *J Nutr.* 2012;142:541–7.
4. Power EM. Conceptualizing food security for Aboriginal people in Canada. *Can J Pub Health.* 2008;99:95–7.

*Mary Trifonopoulos

Email: Mary.Trifonopoulos@hc-sc.gc.ca