



## **ASSEMBLY OF FIRST NATIONS**

**Submission to  
Senate Committees Directorate  
Social Affairs, Science and Technology**

**On the Increasing Incidence of Obesity in  
Canada: causes, consequences moving forward**

**April 23, 2015**

## **ABOUT THE ASSEMBLY OF FIRST NATIONS**

The Assembly of First Nations (AFN) is the national, political representative of First Nations governments and their citizens in Canada, including those living on reserve and in urban and rural areas. Every Chief in Canada is entitled to be a member of the Assembly. The National Chief is elected by the Chiefs in Canada, who in turn are elected by their citizens.

The role and function of the AFN is to serve as a national delegated forum for determining and harmonizing effective collective and co-operative measures on any subject matter that the First Nations delegate for review, study, response or action and for advancing the aspirations of First Nations.

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## **SPEAKING NOTES**

- To begin, I would like to thank the Algonquin people, on whose territory we are meeting.
- It is my pleasure to appear before you to speak to the increasing incidence of obesity in Canada: the causes, consequences, and the way forward for First Nations peoples and communities.
- The AFN considers engagement with government on the increasing incidence of obesity in Canada from a First Nations perspective to be a top priority.
- First, I would like to speak to the United Nations Declaration on the Rights of Indigenous Peoples, Article 23: “Where Indigenous Peoples have the right to determine and develop priorities and strategies for exercising their right to development, in particular, Indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.”
- Second, it has long been the goal of the Assembly of First Nations to close the gap in health outcomes between First Nations and the general Canadian population.
- This objective is to be shared by Health Canada as demonstrated by the express mandate to “address health barriers, disease threats, and attain health levels comparable to other Canadians.”
- While we clearly share similar objectives, the fact remains that First Nations people continue to suffer disproportionately with poor health, both mentally and physically.
- Third, any consideration of the government’s role in examining and reporting on the increasing incidence of obesity in Canada has to begin with an understanding of the history of colonialism, its effects on First Nations and our interactions with government and related institutions which continue to wreak havoc on the health and well-being of First Nations.
- In Canada, this history includes legislation like the Indian Act, the creation of the reserve system, legal status, residential schools, the sixty’s scoop, inadequate services to those living on reserves, systematic racism, and a lack of understanding or consideration of the effects of these experiences.
- Furthermore, when discussing the health and wellbeing of First Nations peoples, it is critical to acknowledge and understand the important connection between the Social Determinants of Health (SDoH) such as physical, social, and environmental conditions as they relate specifically to racism, discrimination, colonization, marginalization and oppression.

- Though a SDoH approach is necessary to policy discussions and to the government's role in addressing the increasing incidence of obesity among First Nations, it is not sufficient on its own, and must be implemented in accordance with the values, attitudes and aspirations of First Nations peoples.

## **CAUSES**

- While studies in Canada point to rising obesity rates and Canadians who are overweight in general, for First Nations the proportion of adults who are overweight or obese has been disturbingly higher than the general Canadian population.
- Complimentary to First Nations traditions, current research indicates that obesity prevention needs to begin prenatally, in utero, and after a child is born, and continue throughout the school years.
- Rates of high birth weight among First Nations are much higher than those of the general Canadian population. High birth weight infants are more likely to be overweight or are at risk of being overweight.
- Alarmingly, First Nations children have consistently higher rates of being overweight and obese than the overall Canadian population. The most recent Regional Health Survey (RHS) revealed that almost 3 out of 5 of First Nations children are obese yet 87% of parents/ guardians see them as in excellent health.
- Yet again, the SDoH are significant determinants influencing these factors, along with profound rapid lifestyle changes brought on by colonization.
- Physical activity is also known to have several benefits including lowering the risk of some cancers, cardiovascular disease and diabetes. Physical activity has also been identified as a predictor of obesity in youth with the likelihood of being obese greater in people who are physically inactive.
- First Nations have expressed that participation in recreation and sports activities is impacted by many of the SDoH including availability of/or access to recreation facilities; the cost of participating in sports, a lack of physical activity opportunities both at school and in the community and competing sedentary activities such as television and computer use.
- Traditionally, First Nations led active robust lifestyles by hunting, fishing, gathering foods and medicines, cooking, preparing and participating in traditional games and competitions such as lacrosse, dancing and canoeing. Today, boys and girls are less engaged in these traditional activities due to impacts of colonization and contemporary / western influences.

- Here are a few examples highlighting the complex reality of obesity among First Nations and justifications as to why our collective efforts with government in addressing the obesity crisis in First Nations communities must be addressed now.
- For one: the critical lack of food security and access to healthy, affordable foods for many First Nations communities is simply unacceptable. Exorbitant food costs continue to be documented in the media, yet efforts to date have not resulted in reduced costs for many struggling First Nations consumers.
- In remote and northern communities, the high cost, poor quality, lack of variety and availability of perishable foods are additional barriers to purchasing fresh foods as part of a healthy diet.
- Added to this predicament is the reality that too many of our communities do not have clean potable water, and are turning to unhealthy alternatives, resorting to soda and other sugar-heavy drinks - adding to the growing obesity crisis.

## **CONSEQUENCES**

- There continues to be an alarming increase in obesity-related disorders. These include, but not limited to: type 2 diabetes, cancer and cardiopulmonary disease.
- There is a no more telling effect of the obesity epidemic than the astronomical rates of diabetes in First Nations communities.
- Although it is difficult to pinpoint a specific cause in any given individual, it is well understood that obesity is the most important modifiable risk factor contributing to the development of this disease.
- Diabetes has become a disabling and deadly disease, with First Nations affected at a rate of three to five times that of the general Canadian population. There are increasing rates of comorbidities associated with obesity, specifically type 2 diabetes; these diabetic patients are known to require frequent foot care which is seriously underfunded.
- There is strong evidence that obesity causes cancer. No doubt, we are witnessing increasing rates of cancer in First Nations communities and the Health Care system, the Non-Insured Health Benefits (NIHB) system and First Nations community health budgets are all ill-equipped to handle the health care and transportation costs related to treatment, especially in remote and isolated communities.
- Chronic illnesses related to obesity costs everyone. Transportation costs, treatment costs, medical devices, supplies, medications, child and elder care costs would be astronomical with the rising cardiovascular rates as well as cancer/ diabetes rates.

- There is no denying the link between obesity and the mental wellness of First Nations peoples. Studies have found depression to correlate with the onset of obesity and obesity to predict the onset of depression. Food is an addiction and comfort like any other drug, and lack of mental health and addiction programs and supports can attribute to escalating weights.
- As part of this picture, Home and Community Care nurses in First Nations communities are reporting having greater difficulty lifting/ moving heavier patients, and some Home Community Care nurses report that NIHB equipment is of poorer quality and thus inadequate walkers and wheelchairs are unable to sustain heavier weights, and this comes with associated liabilities for both patients and health care providers.
- For this and many more reasons we continue to engage with government in improving access to NIHB services and in particular, the AFN Joint Review process with Health Canada that began last fall and will continue to the fall of 2016.

## **THE WAY FORWARD**

- First Nations are the youngest, fastest growing population in Canada. This works in all our interests. Strong and healthy First Nations make for a stronger and healthier Canada.
- As a result, there is an urgent need to support First Nations in addressing the obesity epidemic and obesity related comorbidities; and in particular the need for health prevention and promotion, partnerships and healthy lifestyles.
- Developing partnerships with community organizations can address barriers to food security and sports and recreation needs. Developing Organizations such as ONEXONE and The Breakfast Clubs of Canada are generously active in First Nations communities trying to make short-term gains by supplying meals, whether breakfast and /or lunch; however these programs are not sustainable in the long term and require government intervention.
- However, it must be clear that programs and services designed without First Nations involvement will not work for us.
- In fact, First Nations control of the management of health programs and services must be a priority of the federal government.

## **In closing the AFN makes the following recommendations:**

- We continue to call for sustainable long-term funding to ensure that the solutions to the increasing incidence of obesity for First Nations are community-driven and will have meaningful results which will enable First Nations families to heal from the impacts of colonization; and the devastating effects of residential schools, systematic poverty,

and have our communities moving forward towards a path of physical and mental wellness - the path to wellness.

- Furthermore, our communities require supports and investment in “prevention” through community-based programs which educate parents about healthy lifestyle choices and healthy weights, and intergenerational community-based programs which reconnect young parents with family, and reconnect community and culture to promote breastfeeding and childrearing practices.
- Sustainable and sufficient investments must be made across a broad range of social and health services, including basic infrastructure needs for First Nations such as housing, safe work and play environments, recreation facilities, water, and mental wellness supports.
- Finally, we welcome continued engagement and encourage continued collaborative efforts to address the increasing incidence of obesity in Canada; the root causes, the consequences of inaction and apathy, and the way forward in a manner whereby First Nations communities can adapt, reform and realign wellness programs and services according to First Nations priorities.

## **Examine and Report on the Increasing Incidence of Obesity in Canada: Causes, Consequences and The Way Forward.**

### **BRIEF**

First Nations have become heavier and less active according to the Regional Health Survey (RHS) 2008/10. This is concerning given the relationship with hypertension, diabetes, hyperlipidemia and metabolic syndrome.

Promoting healthy eating and active living is an important part of preventing childhood obesity. The RHS 2008/10 has shown that being active is positively associated with healthier food choices, including traditional foods, and participating in sports and cultural events. Unhealthy weights in childhood affect not only the physical aspects of health but the mental, emotional and spiritual parts of health and wellness as well. Heavy children may suffer from depression, poor self-esteem and dissatisfaction with body image. Colonization has left parents ill-equipped to help today's children by disrupting the fabric of family life which in the past was important in supporting the teachings around traditional parenting and child rearing practices.

While it is true that there exists a significant gap between the health of First Nations and non-First Nations peoples in Canada today, it is important to recognize that there are many First Nations communities which have demonstrated resiliency and strength in advocating for programs and legislation which have helped their communities promote health and wellness.

### **Culture and Language**

In addition to the determinants of health adopted by the Public Health Agency of Canada, cultural continuity, physical and social environments, self-determination, connectivity to land and reconciliation, history of health issues and racism and marginalization have been identified as having relevance for the health and well-being of indigenous peoples.

Cultural continuity involves traditional intergenerational connectedness maintained through families and the involvement of Elders who pass traditions down through the generations in keeping communities healthy and well. The 2008/10 RHS reported that grandparents (70.1%) and parents (67.5%) are the primary sources of cultural understanding for First Nations children. Relatives and school teachers also play a key role.

The preservation of First Nations languages is also vital to ensuring that traditional knowledge is passed down through the generations. Learning a First Nations language was highly valued by parents/guardians with almost 2/3 (64.1%) reporting in RHS 2008/10 that this was very important. In RHS 2008/10, almost half (49.7%) of First Nations children were able to speak or understand a First Nations language. Moreover, slightly over half (53.6%) of parents/guardians felt that traditional cultural events were very important despite over two thirds of First Nations children (69.1%) having never participated in cultural events such as traditional singing, drumming or dancing groups



outside of school. Given the strong link between language learning, development of positive self-identify and health, there is great potential for First Nations children to develop a strong cultural identity given the strong desire of their parents/guardians to maintain their connection with traditional culture and languages.

### **Cancer, Diabetes and co-morbidities:**

Obesity is linked to a variety of chronic diseases such as type 2 diabetes and cardiovascular disease. For a generation that is at risk, promoting healthier weights becomes a priority in ensuring that a vital link between past, present and future exists. The reasons for childhood obesity are complex involving many determinants of health including genetics, socioeconomic status and the physical and social environment that people live in. For Aboriginal populations, additional specific determinants of health have been identified:

- Cultural continuity;
- Physical and social environments;
- Self-determination;
- Connectivity to the land and reconciliation;
- History of health issues; and,
- Racism and marginalization.

Two generations ago, cancer among First Nations was relatively uncommon. Now cancer rates are increasing faster than overall Canadian cancer rates, with common cancers at or above the incidence in the overall Canadian population

According to the Canadian Partnership Against Cancer (CPAC), First Nations are more likely to find themselves with later-stage cancers and have higher mortality rates from preventable cancers. At the community level, there remains a gap in awareness about cancer and its causes. The need for culturally relevant educational materials and expertise contributes to the challenge of disease awareness, prevention and care.

CPAC facilitated the development of the First Nations, Inuit and Métis Action Plan on Cancer Control, engaging First Nations, Inuit and Métis peoples (including patients) and partner organizations involved in cancer control and chronic disease prevention. CPAC's collaborative work to implement the plan is already underway. It addresses the priority cancer control gaps, including those related to cancer and chronic disease prevention, as identified by each of the three peoples and by the health systems serving them.

Healthy public policies addressing nutrition and physical activity have the potential to dramatically reduce the incidence of cancer.

Failure to intervene and reduce the incidence of obesity, and in turn help to reduce the incident of cancer, diabetes, and cardiovascular diseases, could result in astronomical costs for the health care system and the NIHB system, especially burdening rural and remote communities.

## **Prenatal/Childhood Obesity**

As custodians of the health of their families, the responsibility of looking after children falls on women even before conception. Communities shared that “people and parents need to be educated about healthy eating before and while they are pregnant”. Although needed, research indicates that First Nations women are not always aware of or accessing information to support a healthy pregnancy. Research indicates that obesity prevention needs to begin prenatally, in utero, after a child is born and throughout the school years. Studies have found that women who gained too much weight in pregnancy have heavier children who are more likely to be at risk for heart disease by the age of 9 years and type 2 Diabetes. From RHS 2008/10, nearly 1 out of 5 children born to First Nations mothers have higher weights at birth, almost two times the national average. Birth weight has been associated with cardiovascular disease, hypertension, diabetes, cancer and obesity. Intervention in the period before a mother conceives, during her pregnancy and in the early years of her child’s life can mitigate the impact maternal weight gain associated with high birth weight associated with chronic disease, including obesity in later life.

Community-based programs found to be effective in educating parents about healthy lifestyle choices included prenatal classes, individual nutrition counseling, prenatal exercise programs which promote self-care and community funded food voucher programs for milk, egg and fruit.

Government programs such as the Aboriginal Head Start on reserve, the Maternal Child Health Program and the First Nations and Inuit component of the Canada Prenatal Nutrition Program (CPNP-FNIC) also play a key role in promoting access to information, education and supports in promoting healthy weights and healthier food choices for mother and child in communities. Initiatives such as community cooking classes to enhance food skills, prenatal nutrition education sessions that teach about healthy eating and the provision of food or vouchers and food baskets to offer nutrition support in pregnancy are a few examples of ways in which knowledge, skills and personal healthy practices can be enhanced.

Balancing the physical, mental, emotional and spiritual needs of the individual, family and community is to be well. The health of a child starts with the mother’s self-care but engages the whole community in supporting the mother in raising her child.

Research shows that breastfeeding is linked to protecting children from obesity. Breastfeeding is the most cost-effective way of feeding infants yet on average only 6 out of 10 children are breastfed from birth compared to the national average of 9 out of every 10 children. Breastfeeding was a part of the traditional fabric of First Nations way of life. The knowledge, skills and confidence to exercise this tradition was disrupted by colonization, residential school and reserve systems and interrupted by the shift to bottle-feeding in the 1950’s when formula was introduced.

For First Nations women, the success of breastfeeding is strongly influenced by the mother’s own mother. In many, but not all cases, traditional teachings passed from

mother to daughter have been lost through the legacy of residential school which has left many families without parenting knowledge and skills to continue traditional family life and child care practices. These effects can still be felt today as noted by one community member:

Research shows that a variety of education strategies are needed to get more mothers breastfeeding and once breastfeeding, to breastfeed longer. CPNP-FNIC programs meet the needs for information, skills and support by raising awareness and understanding through group and one-on-one sessions and works in partnership with local public health units to provide public health visits, referrals and linkages to local physicians and breastfeeding clinics. Public health clinics, information phone lines for breastfeeding information, La Leche League and other breastfeeding community support groups and health professionals have also been shown to be effective practices and programs in supporting breastfeeding initiation and duration rates.

Infant feeding behaviors have their roots in cultural values and participation of the extended family, particularly the mother's mother who is key to promoting breastfeeding. Communities identified that young parents especially needed the access to education which can provide the knowledge, skills and support vital in the caring and feeding of their babies. Community research has shown that successful services, programs and policies which support maternal and child health integrate a wholistic approach to health, incorporate traditional knowledge and cultural practices in teaching, provide culturally safe and sensitive care in the training and delivery of services and are supported by long-term, multi-year and funding.

## **Food Security**

Healthy food choices are an important part of a child's growth and development, however, food prices often drive the shift to more affordable foods when income is limited. These foods may be less nutritious, more highly processed and often linked to chronic disease. Many participants shared the belief that the cost of food and accessibility to healthy foods, particularly in the North, was a barrier to healthy eating that spans across the entire lifecycle. In remote and northern communities, the high cost, poor quality, lack of variety and availability of perishable foods are additional barriers to purchasing fresh foods as part of a healthy diet.

Today's First Nations are more likely to eat foods that are affordable, accessible and convenient as busy schedules and longer work hours mean parents have less time to shop, prepare and serve food at home. The RHS 2008/10 reported that 2/3 (65.7%) of First Nations children were eating fast foods once to a few times a week.

Our traditional foods are closely linked to our traditional practices and tied to First Nations culture and spirituality. As such, our traditional food systems offer great health benefits and can be more affordable than store bought foods, this is especially so in northern communities; yet according to RHS, only one third of children report having shared traditional foods in their households.

First Nations report youth losing their taste for traditional foods and there is less access to hunting or to knowledge of hunting in some communities. Concerns of health risks related to contaminants, and shrinking supplies of game, increased costs of hunting/gathering have contributed to the shift away from traditional foods.

Many First Nations report that those on social assistance cannot afford nutritious meals, and purchase whatever is cheapest or lasts longest.

Schools and daycares influence what food choices a child makes through the types of foods served, nutrition policies, school nutrition and health curricula and teacher and peer role modeling. Many First Nations children suffer food insecurity at home and some teachers report students eating a bag of chips and pop as an affordable meal for the day. Canada is the only developed country in the world without a universal school nutrition program. School food programs currently in place by organizations such as ONEXONE, Feed the Children, and the Breakfast Clubs of Canada have been established on an ad hoc basis, and are inconsistently funded. In the last two years, school food guidelines have been established in British Columbia, Nova Scotia, New Brunswick, Quebec and Ontario but in some schools, high fat, high sugar and low nutrient-dense foods and beverages are still being served.

Food security, an important determinant of health, addresses one's ability to access adequate amounts of nutritious foods. It is a particularly serious and growing challenge in Canada's northern and remote First Nations communities. Community members talked about the Nutrition North Canada program launched April 1, 2011 which is intended to help reduce the cost of foods in the North. This program has replaced the Food Mail Program as a new Government of Canada food subsidy program which was created to make healthy foods such as fruits, vegetables, bread, meat, milk and eggs more affordable to people living in isolated Northern communities. Shipment of traditional or country foods such as Arctic char and caribou are also eligible for the subsidy. However, as a result of this new program, some First Nations communities have lost their eligibility for food subsidies.

Critics of this program have real concerns that subsidies left in the hands of retailers and wholesalers may mean a monopoly on commercial procurement of traditional meats and potentially higher and not lower food prices for First Nations communities. In fact, a recent Auditor General report found AANDC had not done the work necessary to verify that northern retailers are passing on the full subsidy to consumers. The NNC program was designed to improve access to more affordable, nutritious food for remote First Nations. NNC must review the 2011 Program recommendations made by the House of Commons Standing Committee on Aboriginal Affairs and Northern Development. This includes a recommendation that the Department develop and implement transparent monitoring mechanisms for retailers to ensure that consumers receive the full benefits of the Program.

### **Physical Activity:**

Physical activity is known to have several benefits including lowering the risk of some cancers, cardiovascular disease and diabetes. Physical activity has also been identified

as a predictor of obesity in youth with the likelihood of being obese greater in people who are physically inactive. Yet according to the RHS, just under one third of children 6-11 years of age are considered inactive with a significantly greater proportion of 6-8 year olds considered inactive compared to their older 9-11 year old peer group. For many of these inactive children, being also part of a peer group of children who are heaviest will mean that a significant number of them will go on to be heavy adults.

What stands in the way of children being ahead of the race to be healthy? Communities told us that participation in recreation and sports activities is impacted by many of the social determinants of health including availability of or access to recreation facilities, the cost of participating in sports, a lack of recreation coordinators to supervise or to show youth how to use facilities, a lack of physical activity opportunities both at school and in the community and competing sedentary activities such as TV and computer use.

Many First Nations schools funded by Aboriginal Affairs and Northern Development (AANDC), do not have gymnasiums for physical education or intramural sports, and are missing key opportunities for physical activity. Many schools and communities do not have safe playgrounds, and unleashed dogs can pose a safety risk to community members who wish to be physically active; to walk or play outside.

From RHS 2008/10, more than one third (37%) of First Nations children spend more than 1.5 hours watching television, 8.3% spent more than 1.5 hours on computer and 20.6% spent more than 1.5 hours playing video games. Aside from displacing more outdoor activity, television watching is associated with unhealthy eating practices due to junk food and fast food, increased snacking behavior while watching television and interfering with children's sleep patterns.

Parents who have higher incomes and a higher level of education are more likely to have children participating in organized sports. Studies also show that First Nations children living off-reserve were found to participate more often in organized sports than children living on-reserve.

In 2007 the Government of Canada implemented a Children's Fitness Tax Credit (CFTC) which allowed a non-refundable tax credit of up to \$500 for each child 16 years of age to help defray the cost of enrolling in a physical activity program. Contrary to government intention to promote equal opportunity for children, it was found that the CFTC appeared to have benefited only the people who could afford to pay the cost of eligible physical activity programs. The AFN recommended that government look instead to finding a solution by using a comprehensive community development approach which built on the successes of existing successful community, government and non-government initiatives to find effective children's fitness practices.

In overcoming barriers, consistent funding is essential in sustaining programming and infrastructure to support opportunities for physical activity in children. Gymnasiums, pools, hockey arenas, recreation centres are not always available to First Nations communities.

Traditionally, First Nations people led healthy active lifestyles by hunting, fishing, gathering, cooking, preparing and participating in traditional games and competitions such as lacrosse, dancing and canoeing. Today, girls and boys spend little time in traditional activities such as dancing (38.8%, 19.1%) and even less time in activities such as hunting and trapping (5.3%, 12.4%).

Many community participants mentioned healthy living programs in their communities which included snowshoeing in the winter, canoeing and kayaking in the summer and cultural camps which involved experiences living off the land and teachings from Elders. Right to Play was mentioned as a charitable program servicing Northern First Nations communities which has promoted children's self-esteem and increased their participation in sport and play.

### **Safe Environments**

Aboriginal Affairs and Northern Development Canada (AANDC) and Health Canada share responsibility with First Nations for the management of water on reserves. However, the infrastructure on reserves for water and wastewater management is crumbling, or non-existent. As of February 2014, there were 135 drinking water advisories in 92 First Nations communities, which represent 15% of First Nation communities. According to the most recent national assessment of First Nations water systems, 66% of wastewater treatment centers on First Nations reserves are a high or medium risk to water quality and human health.

It appears that the federal government has transferred responsibility to First Nations without providing enough funding to ensure that drinking water on reserves would match the quality of off-reserve water. In 2013, Parliament passed the Safe Drinking Water for First Nations Act. AANDC said the Act ensures reliable, safe drinking water on reserves by creating legal binding standards for water quality. The AFN maintains that the government simply imposed new responsibilities and costs, as servicing needs across Canada are estimated at \$4.7 billion - on First Nations without the resources to finance them.

### **First Nations Perspectives on Non-Insured Health Benefits (NIHB):**

The AFN has reiterated over and over again the urgent need for immediate new and sufficient investments for the NIHB program beyond the current allocation to address the mounting health crisis in First Nations communities. It is time for the Federal Government to remedy the prolonged disparities subsequent to the introduction of the 1979 Indian Health Policy which established a framework for the delivery of health programs for First Nations and Inuit. The 1979 policies' objective was to increase the level of health care for First Nations that is comparable to provincial standards. As with most programs that support First Nations communities, NIHB health services exist without a legislative base or governing framework. Instead, the government maintains the position that health care is provided to First Nations as a matter of policy and not a

legal obligation. With no regulatory base in place supporting programs in important areas of healthcare standards or facility standards, etc., and on the basis of recurrent policy changes, health services provided under NIHB are not always well defined and there exists persistent confusion about federal responsibility for funding them adequately.

Since the 1990's the NIHB program has been subjected to several policy cost management measures, including delisting of benefits, changes to eligibility for benefits, reductions in pharmacists service cost (mark ups and dispensing fees), enforcement of low cost pharmaceutical alternatives (generic drugs), prior approval requirements for limited use/speciality authority drugs, and pre-determination (prior approval) of some dental services. In addition, the program is affected by reductions in provincial benefits in its application of the payer of last resort policy by which private insurers are required to bear the financial burden of benefits. However, it is clearly evident that expenditures of the payer of last resort policy continue to compromise the health of First Nations peoples as certain drugs and services remain unavailable. The NIHB coverage and benefit base is especially problematic where an individual does not have any private or group insurance. In these cases, First Nations people are unlikely to receive the recommended treatment from health practitioners. In view of the NIHB program crisis, the AFN continues to push for a comprehensive joint review on funding integrity of the NIHB program and a moratorium on cuts to the NIHB program as directed by AFN Resolution 56/2012.

NIHB is the most visible and frequently accessed Health Canada program for First Nations.

### **The Way Forward**

Obesity is associated with health problems including hypertension, diabetes, hyperlipidemia and metabolic syndrome. Finding the trail to healthier weights involves identifying effective health promotion strategies specific for First Nations children.

### **The AFN reiterates the following recommendations:**

- We continue to call for sustainable long-term funding to ensure that the solutions to the increasing incidence of obesity for First Nations are community-driven and will have meaningful results which will enable First Nations families to heal from the impacts of colonization; and the devastating effects of residential schools, systematic poverty, and have our communities moving forward towards a path of physical and mental wellness - the path to wellness.
- Furthermore, our communities require supports and investment in “prevention” through community-based programs which educate parents about healthy lifestyle choices and healthy weights, and intergenerational community-based programs which reconnect young parents with family, and reconnect community and culture to promote breastfeeding and childrearing practices.

- Sustainable and sufficient investments must be made across a broad range of social and health services, including basic infrastructure needs for First Nations such as housing, safe work and play environments, recreation facilities, water, and mental wellness supports.
- Finally, we welcome continued engagement and encourage continued collaborative efforts to address the increasing incidence of obesity in Canada; the root causes, the consequences of inaction and apathy, and the way forward in a manner whereby First Nations communities can adapt, reform and realign wellness programs and services according to First Nations priorities.