

BC First Nation Community Nutrition Needs & Assets Survey



BC First Nation Community Nutrition Needs and Assets Survey

First Nations are disproportionately impacted by chronic disease in British Columbia. If we think back to a time when chronic disease did not exist for our people, we will note that we lived in a way that was very physically active, and that our food was acquired close to home. These healthy living patterns are a big part of what keeps us well.

Surveys in our communities indicate that not enough children are eating the daily recommended number of fruit and vegetable servings, and that many of us have work to do towards achieving a healthier weight.

The First Nations Health Council believes that promoting healthy eating involves changing the community nutrition environment. This includes changes that we can make individually, in our family, in preschool, at school, and throughout the community. Many of these changes involve taking a step back.

To guide nutrition programming for First Nations in BC, the First Nations Health Council nutritionist

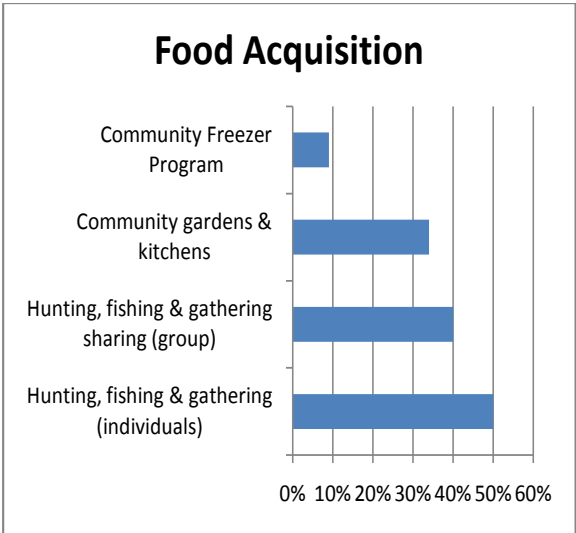
developed a needs/asset questionnaire to learn from community health workers about the current nutrition environment, including what is currently in place to promote healthy eating, and what they felt would support the promotion of healthy eating.

Surveys were completed by 104 health and human services staff representing just over 50% of BC First Nations. They were completed by hard copy at an annual Health Directors Forum as well as through an on-line survey tool. There was a good response from all provincial health authorities except VCHA and the Nisga'a Health Authority. Responses ranged from 37% - 81% of all bands in a given health authority. The questions related to accessing food, barriers to good nutrition, existing food and nutrition programs and community nutrition training and resource needs.

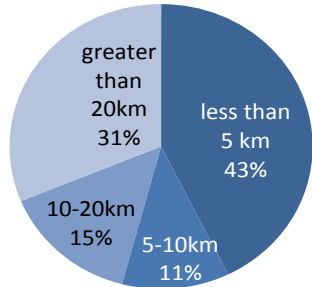
Highlights

Where do we get our food?

Many communities reported getting food locally by some means of harvesting.



Community Distance from Stores



Fast food is also readily accessible as indicated by 50% of communities. This compares with shorter distances to travel to grocery stores - with 41% living less than 5km from a store, and 11% between 5-10 km away. Accessing a grocery store is still a long journey for many BC First Nations with 14% living 10-20km away, and 30% having to drive more than 20km.

There are a variety of community based programs that include food for community members including, prenatal/postnatal programs, elders lunches, Good Food Box Programs, community kitchens etc.



Access to Dietitian Services

Almost a third (28%) of BC First Nations access dietitian services at least once a month; however, the majority indicated that there was very limited or no access to a dietitian in their community (e.g. “plan for dietitian visits for workshops 3 - 4 times per year.”) Health workers generally know where to access dietitian services (hospitals, diabetes education centre, local health centres and public health, and provincial programs such as Dial A Dietitian) and also identify barriers to access including:

- transportation and time to travel to dietitian
- availability of dietitians
- individuals/community are not aware of the potential benefits or services available
- individual barriers such as motivation to change; discomfort with health professionals; sense of futility towards change with respect to environment and limited resources

Daycare and School Nutrition Programs

Most communities with children's programs and schools are offering meals in the form of breakfast, lunch or snacks. As the majority of respondents do not work directly in these programs it was difficult for them to respond to questions about how the menus are decided or what foods are served in the meal programs. This finding also ties in with the lower rates at which health staff reported working closely with education staff on nutrition related programming.



The majority (77.4%) support changing meal/snack programs to make them more healthy ...

The majority (77.4%) do support changing meal/snack programs to make them more healthy, mentioning ideas such as changes to portion sizes, providing only nutritious foods, increased use of traditional foods, removing pop, chips and juice from programs, increasing vegetables and fruits, and nutrition education for the cooks.

Barriers to Healthy Eating

We acknowledge the numerous barriers to healthy eating that continue to be identified and share the support of some potential ways to promote healthier eating in our communities. Even though many of these programs already exist, they need to be offered more often.

Barriers to Healthy Eating

- High cost of food relative to income
- Access to fast food options
- Capacity constraints at the community level to work toward reducing food insecurity
- Lack of skills to make healthy food choices, cooking, gathering, harvesting gardening, storing/preserving
- Access to grocery store and distance to travel
- Poor quality foods in community stores
- Lack of community ownership as to what is readily available/accessible.

Ways to Promote Healthier Eating

- After school nutrition and physical activity program
- Have cooking skills programs for families
- Hold more community kitchens focused on family nutrition.
- Increase vegetable dishes on the table at community events, meetings, and community food programs such as school lunches.
- Subsidize the cost of vegetables and fruits
- Increase local knowledge regarding growing, harvesting and using traditional foods.

Training

Future training options that are most supported include:

- Healthy eating and menu planning for health workers, teachers, parents and cooks
- Traditional Foods
- Developing a healthy food policy
- Community Kitchens
- Community Gardens
- Corner Store Healthier Choice Program



Community Food Policy

Less than half of communities have food policies/healthy eating guidelines in place, while most express interest in developing these. Food policy development is especially supported for schools and is well supported for community events and meetings.



Existing FNHC Programs & Initiatives

- First Nations Healthy Foods Guidelines Resource for Planning Meals in Community
- Traditional Foods Nutrition Fact Sheets Education/Promotion Resource
- Act Now Community Tool Kit Resource for Planning a Variety of Community Wellness Activities

Healthy Eating Initiative Partnerships

- Healthy Foods and Beverages Program (BCHLA/BCRPA) – Supports work around community food policy and access to healthy foods.
- Food Skills For Families (BCHLA/CDA) – Community facilitator training for a 6 week healthy cooking program.

Future Directions

The input from community health workers helped determine some potential future directions for nutrition programming for BC First Nations:

- A survey for daycare and school-based meal programs will provide focused direction to programming.
- Training priorities include those that increase community capacity to address food security, healthy meal planning for cooks, and build traditional food knowledge and skill.
- Communities would like support and training in food policy development.
- Part-time community based health promoters with a nutrition focus are supported.

Sharing Wisdom

- If you would like more information regarding FNHC Nutrition initiatives,
- or if you need answers to your questions regarding this report,
- or if you would like to provide input into future directions,

...please contact:

Suzanne Johnson, R.D. Nutritionist
778-227-4455 or sjohnson@fnhc.ca



FIRST NATIONS HEALTH COUNCIL

1205-100 Park Royal South
West Vancouver, BC V7T 1A2
Phone: 604.913.2080
Facsimile: 604.913.2081
Toll free: 1.866. 913.0033
E-mail:info@fnhc.ca
Website: www.fnhc.ca