

# **Iskwěwak Mīwayawak**

Women Feeling Healthy



## **Multiple Exposures:**

**An Environmental Scan of  
Miwayawin Health Services  
regarding healthy body weight and body image**

## **EXECUTIVE SUMMARY**

**25 January 2008**



TABLE OF CONTENTS

**EXECUTIVE SUMMARY ..... 3**

*Background and Purpose* ..... 3

*Summary of Findings* ..... 3

- Health Issues ..... 4
- Social Determinants ..... 4
- Programs and Services ..... 6
- Stakeholder hopes for the study: ..... 7

*Conclusion* ..... 8

\*\*\*For a complete copy of the Environmental Scan report, please contact:

Jennifer Poudrier:  
1019 9 Campus Drive  
University of Saskatchewan  
Saskatoon, Saskatchewan  
S7N 5A5  
306-966-1793  
jennifer.poudrier@usask.ca

or:

Carolyn Brooks  
1019 9 Campus Drive  
University of Saskatchewan  
Saskatoon, Saskatchewan  
S7N 5A5  
306-966-5651  
carolyn.brooks@usask.ca

## **EXECUTIVE SUMMARY**

### *Background and Purpose*

This environmental scan is part of the larger project “The Cultural and Visual Context of Healthy Body Weight and Body Image among Aboriginal Women in the Battlefords Tribal Council Region” that is funded by the Canadian Institute for Health Research (CIHR). Obesity and its associated health risks have been identified as areas of concern for First Nations women. Little is known about the visual, gendered, historical and cultural meanings or experiences of healthy body weight and healthy body image for Aboriginal women. The goal of this research is to identify, analyze and disseminate local knowledge about the cultural and visual contexts of healthy body weight and healthy body image from the perspective of First Nations women in the region.

### *Environmental Scan:*

Currently, research team members from both University of Saskatchewan and Miwayawin Health Services are conducting an environmental scan relating to the issue of healthy bodies and healthy body image of women within the Battlefords Tribal Councils region. This scan began in August, 2007. The purpose of the environmental scan is to identify practices, programs and policies to understand: What has already been done; where are we now; and where do we want to go?

The environmental scan and this executive summary report consist of the following components:

- A. Findings: Consultations with Community Stakeholders from the Battleford Tribal Councils Communities, Field Notes and Available Materials from Miwayawin Health Services:
  - 1. An inventory of concerns/ideas related to healthy bodies and body image;
  - 2. An inventory of concerns/ideas related to social determinants of health, cultural and historical contexts of health;
  - 3. An inventory of information and resources about practices, programs and policies about healthy body weight and image in the BTC region;
  - 4. Battleford Tribal Councils and Miwayawin stakeholders hopes for the study;
- B. Key observations and responses to the project
- C. Conclusions

### **A. FINDINGS: CONSULTATIONS WITH COMMUNITY STAKEHOLDERS:**

In the consultation interviews with the community stakeholders, four main areas were addressed: 1) health issues; 2) psycho-social and social determinants of health; 3) programs and services offered by Miwayawin Health Services; and 4) stakeholders hopes for the study.

## **1. HEALTH ISSUES AND DEFINITIONS OF HEALTHY BODIES:**

Themes related to definitions of healthy bodies and image and health issues that were raised by the stakeholders included; 1) obesity (in adults and children) and overeating; 2) body image and eating disorders; 3) illnesses such as diabetes, heart disease and kidney failure; 4) quality of life concerns; 5) healthy body size versus media body size; and 6) 'health' as more than healthy bodies and body images. We address three here.

### **1.1. Obesity and over-eating:**

Stakeholders in all of the community consultations identified being overweight and over-eating as a key concern in the communities—yet, one which is identified by some as becoming more socially acceptable.

...being overweight is becoming more accepted. There are so many overweight people in our communities. Even the young people. When I was growing up on the reserve there were very few overweight people ... both youth and adults.

### **1.2. Diabetes, Heart Disease, Kidney Damage and Related Illnesses:**

The concern regarding stigmatization for weight seemed to be around health and quality of life, rather than appearance. This is reflected in concerns about diabetes, heart disease, kidney damage and quality of life concerns (including behavioral concerns for youth).

### **1.3. Healthy Body Size versus Media Body Size:**

Although stakeholders discussed health problems related to obesity, they were very careful not to link their definition of what a healthy body looks like to the slim body.

We don't want to look at people who are thin and say that they are healthy because they are not. They might be smokers or they may be taking drugs and things like that. And there is a reason sometimes that people with these addictions are very thin. And so, it is not to confuse thin with health.

## **2. SOCIAL DETERMINANTS OF HEALTH:**

Many social determinants of health were identified, which were seen to influence and/or be related to the health bodies and body image. Six key themes identified were: 1) economics, poverty and employment; 2) physical environments/geographic barriers; 3) history, culture and exercise norms; 4) history, culture and nutrition; 5) family and work-life responsibilities; 6) community crisis, strength and resilience.

### **2.1. Economic Factors/Employment and Healthy Bodies:**

All of the stakeholders discussed unemployment, low income, poverty and meeting needs as a barrier to nutrition and health.

### **2.2. Physical Environments and Geographic Barriers:**

Another barrier to healthy bodies is geographic and a lack of available facilities for physical activity. This included problems with transportation into the cities as well as problems with walking in the communities because of unpredictable dogs and unkempt roads, with youth sometimes driving recklessly.

I'm a strong believer that we don't need a lot of resources you know... but even walking they have issues of poor roads and safety and unpaved roads and dogs that roam quite openly

### **2.3. History, Culture and Exercising:**

Interestingly, exercise in the communities is seen as an anomaly, not normalized. These exercise norms have seemingly changed over time. There is less activity and more sedentary activities such as watching satellite television or playing poker.

I think in the communities if you are doing it people are stopping to ask you if you want a ride. They don't get the fact that you are walking for the benefit of walking. It hasn't quite caught on.

### **2.4. History, Culture and Nutrition:**

The history of healthy bodies in the communities helps link the problem of obesity to cultural, social and environmental issues. For example, gardening and hunting have become increasingly less common, yet both contributed to exercise and healthful eating in the past. There are also more stores in communities in the present day, with less affordable healthy choices—and more vehicles to get from place to place.

As far as eating patterns...you ate because you were hungry ...a survival thing... and now food tends to be part of the culture... too much food and without physical activity... plays a big role.

### **2.5. Family and Work-Life Responsibilities:**

Work-life responsibilities and family violence were linked by stakeholders to healthy bodies and lifestyle opportunities.

...a lot of us women are basically raising our own children and raising our own grandchildren. ...Because if they get really sick, who is going to look after the kids right? They do the cooking, cleaning, grocery shopping and could be working full time on the side.

### **2.6. Community Crisis, Strength and Resilience:**

Community members deal with an inordinate amount of family crisis, including death and suicides.

... I have clients, who given different circumstances, would be very ready to change, but they have had death after death after death after death. I can't imagine how they even keep going. It is like crisis after crisis after crisis after crisis. I might deal with a crisis every one or two years, but because of the community nature, it is

not your personal crisis it affects your whole community. If it is your neighbor or another person in the community and it just ...affects everything.

### **2.7. Education and Information**

All of the stakeholders agreed that a lack of knowledge and skills (and time to develop these) contributes to problems with healthy bodies.

If you don't know how to cook it is easier just to go out for meals, or to buy frozen, prepared food, that usually aren't ...the easier things are usually not as healthy...higher fat, higher salt content and things like that.

## **3. PRACTICES, PROGRAMS AND SERVICES OF MIWAYAWIN HEALTH SERVICES:**

Miwayawin Health Client Services Community Health Program, Home and Community Care and Department of Health Promotion promote holistic health, citing spiritual, social, physical and mental health as themes and program goals. (Annual Report, 2006-2007) Objectives related to healthy bodies and body image reflect this overarching theme towards holistic health, and are addressed through a number of programs run by the Miwayawin staff.

As noted in the Annual Report for Miwayawin Health Services (2006-2007) and through interviews with staff involved, programs reflect; 1) nutritional needs; 2) exercise and physical activity 3) school programs; 4) social, environmental and political needs. There is also a work philosophy that reflects culturally appropriate and non-judgmental principles. This section summarizes (briefly) some of the Miwayawin Health services and work principles.

### **3.1. Nutritional Needs:**

Programs that address nutritional needs are done by: ensuring fresh food is available through fresh food boxes and providing food vouchers; offering nutritional assessments, counseling, education; home support by community nutritionists, chronic disease management and prevention (and more). Stakeholders spoke of many of these programs with enthusiasm.

### **3.2. Exercise programs and initiatives:**

Miwayawin health service also supports exercise programs and healthy lifestyles. There are: exercise leaders; initiatives to train community exercise leaders; walking groups; Sadie's walk; initiatives in schools; and more.

### **3.4. Social/environmental and political:**

There is a strong community development approach into program planning. This is evident in programs, for example, through: Cooks training; MOAUIPP and DREAM.

### **3.5. Work Philosophies (Culturally acceptable/non-judgmental):**

Stakeholders discussed the importance of culturally acceptable ways of working with people in the communities—linking many of the barriers noted above, with program

goals. This involved meeting people where they are at, rather than inflicting their own personal work goals.

It is trying to meet people where they're at and give them bits and pieces that they can fit into their life. And the struggle that I have is that sometimes we get so formal in what we do, that we forget that these people's lives are...many of their lives are affected by huge amounts of stress and strains. And we just think that they don't want to listen to us today. But I think geez...if I had all that going on in my life I wouldn't want to listen to you either.

### **3.7. Healthy Work Environment:**

This positive and people focused work philosophy seems to make its way into the work environment. The stakeholders agreed that a very positive work environment is created at Miwayawin and that staff are committed to staying.

...very strength based and that's what I love about here.

## **4. STAKEHOLDER HOPES FOR THE STUDY**

Stakeholders felt the present study was needed/important: 1) as a community up approach to program effectiveness; 2) as a means to increase self-perception; 3) to enhance community sharing and mental health; and 4) towards making healthier and informed choices. We summarize two here:

### **4.1. Community-up Approach to Program Effectiveness:**

Stakeholders were hopeful that this community based study may offer community input into what Miwayawin is doing, and help to assess programming effectiveness. They were very interested in learning what how women would define their own health and body image needs.

...I would like to learn what people are thinking and how we can best support people in either maintaining their health or increasing their levels of health—both physically and in any other way.

### **4.2. Enhancing Community Sharing and Mental Health:**

There were some hopes that a project like this may create an ongoing talking circle, where women can come and feel safe and talk about issues. This may also lead to increased self-awareness, esteem and maybe increased physical activity and healthy choices.

I have always envisioned a gathering of women where they can come to a place where they feel safe to talk about their issues...and even just to have fun or even just to have even an hour of talking and ..to start some support –hopefully would work even in getting more physical activity.

## **B: INITIAL RESPONSES TO THE PROJECT:**

This project has been enthusiastically received at a MHS staff day (June 7<sup>th</sup>, 2007) and at a Stakeholders meeting (September 24<sup>th</sup>, 2007, between Band Chiefs, collaborators from MHS, Health Portfolio Councilors and the U of S research team). There was a very positive, uplifting atmosphere at both meetings, full of laughter and personal stories. At the stakeholders meeting, the positive atmosphere resonated into ideas for changing the title of the study to reflect: ‘feeling good all of the time’, rather than ‘feeling bad, sick and getting better’. Many people suggested that the project was not only worthwhile but may be “fun” and an opportunity for women in the communities to unite towards enhancing programming, communication and healthy living. There were insights shared about: the influence of the media on body image; historical changes from eating healthy wild meats and garden vegetables towards the present day increase in junk foods from stores, chemicals in products and the soil; increasing sedentary lifestyles; difficulties of breaking habits such as overeating; and community perceptions about weight and health. The conversations seemed quite lively.

Very helpful and practical ideas were presented about recruitment of participants—which have been incorporated into the project. These ideas included; the importance of childcare during meetings and the taking of the photographs; finding ways to reach all women who might be interested; and finding ways to involve all ages in the project.

### **C: CONCLUSION AND FUTURE DIRECTIONS:**

The stakeholders identified the interdependence of social determinants of health as key factors in determining healthy body and healthy body image outcomes, focusing on root causes. The interviews, field observations and stakeholder meetings raised health concerns (related to healthy bodies) such as obesity and diabetes and showed their interrelationship to inequalities, poverty, economics, employment, mental health issues and infrastructural deficits. This research points to the importance of capacity building and community development.

In summary, this report identifies the importance of and goals related to: 1) infrastructural concerns; 2) recreational opportunities; 3) benefits of information and education; 4) importance of social supports—families, communities, (and problems with isolation, work-life balance, self esteem, suicide, addictions, crisis and death); 5) culturally relevant philosophies; and 6) social justice and health inequalities. Importantly, discussions on social justice and health inequalities are reflected in larger Saskatchewan and Canadian statistics as well.

#### **1. Infrastructural deficits:**

Discussions on infrastructural deficits revealed needs to improve road conditions, safe walking spaces and transportation. Issues of safety on the roads are critical. Respondents identified safety concerns related to dog packs and problems with youth driving.

#### **2. Recreational opportunities:**



The need to continue to support recreational programs and opportunities, including regular and increased support people/staff to encourage participation was also recommended.

### **3. Information/education:**

The discussions about the importance of information and education, social support and access to healthy food also point to the successes of Miwayawin programs and the need for continued community development (and capacity building). Interviews revealed the need for continued health education related to; exercise, healthy eating/cooking and parenting/care-giving. Support for school programs related to health was also critical, as well as increased access to health care services.

### **4. Social Supports:**

Issues related to mental health including; isolation within communities, problems related to work-life balance, self-esteem, suicide, addictions, stress and violence were also mentioned in relation to maintaining healthy bodies and healthy body images. Mental health seems to be both a healthy body outcome as well as a healthy-body determinant.

Although there is a high staff-client ratio when compared to off-reserve populations, there was still discussion on the need to hire more mental health nurses, diabetes educators and dietitians—to keep up with the communities need.

### **5. Culturally relevant philosophies:**

The importance of culturally relevant protocols, non-judgmental approaches to care (practiced at Miwayawin Health Services) and increased social support programs are impressive and cited by stakeholders as critical to understanding their approach to services.

### **6. Social justice and health inequalities**

Interviews and the larger statistics seem to point to the need for governmental policies to reflect residents concerns related to inequalities, health inequalities and on-reserve communities needs—at all levels of government; municipal, provincial and federal levels. Social justice issues related to inequalities, health inequalities and food security were also viewed as having a critical relationship to healthy bodies.