



NUTRITION FACT SHEET



Traditional Foods

Aboriginal¹ peoples in Canada traditionally consumed a wide variety of foods harvested and gathered from the land and water. Foods harvested from the local environment, such as fish and marine mammals, wild meat (game), plants, and berries, were highly nutritious and sustained Aboriginal peoples successfully for generations.² Although the traditional diets of each distinct First Nations, Inuit, and Métis cultural group varied depending on their geographic location and local food sources, traditional diets were typically high in animal protein, low in fat and carbohydrates, and provided enough energy, vitamins, and minerals for maintenance of good health and prevention of chronic disease.³ Traditional foods are significant to First Nations, Inuit, and Métis peoples not only because of their health benefits, but also because the act of harvesting, collecting, preparing, and sharing food plays an important role in maintaining strong connections with the land and with cultural identities.⁴

The Impacts of Dietary Shift from Traditional to Commercial Foods: Obesity and Chronic Disease

In the post-contact era, the types of food consumed by Aboriginal peoples in Canada have changed significantly. Traditional food use has diminished as a result of relocation into settlements; decreased access to land; depletion of game; concern for environmental contaminants; less time and energy; fewer skills for harvesting; as well as costs of, or restrictions on, hunting.⁵ As a result of declining availability and access to

“We know from community participation in a number of studies that active participation in hunting, gathering and using traditional foods helps prevent chronic disease. Traditional food activities keep us physically active, spiritually grounded, and the nutrients offered by the plants and animals that we eat from our territory keep us strong.”¹⁹

traditional foods, as well as increased convenience and availability of commercial (store-bought) foods, many First Nations, Inuit, and Métis communities have experienced a “nutrition transition” in which traditional foods have been replaced by commercial foods.⁶

Increased consumption of commercially processed and packaged foods high in fat and sugar and low in nutritional value is linked to what the World Health Organization (WHO) has referred to as a global epidemic of obesity.⁷ While rates of obesity in the Canadian population as a whole have been rising steadily for the past 25 years, research shows that rates of overweight and obesity in Aboriginal populations are higher than non-Aboriginal populations.⁸ Among First Nation populations, a significant proportion of adults are considered overweight (34.2%) or obese (34.8%), while one-third (29.9%) of First Nations youth are considered overweight and 12.8% are obese.⁹ Similarly, 60% of



Inuit men and 66% of Inuit women are considered to be either overweight or obese.¹⁰ Less data is available on rates of overweight and obesity in Métis populations but recent Statistics Canada data showed that 27.6% of Métis reported obesity (the same report showed 27.5% obesity among First Nations people living off reserve and 25.4% obesity among Inuit people).¹¹

Along with smoking and lack of physical activity, poor diets leading to overweight and obesity are preventable risk factors for a variety of chronic health problems, including diabetes, cardiovascular disease, hypertension (high blood pressure), and some types of cancer.¹² First Nations and Métis peoples experience much higher rates of health problems related to obesity, such as diabetes, than the general population in Canada.¹³ Although rates of diabetes among Inuit populations are not currently higher than the general population of Canada (about 4%), the doubling of diabetes rates from 2% in 2001 to 4% in 2006,¹⁴ along with the high rates of obesity in Inuit communities, is cause for concern.

Given the links between diet, obesity and chronic disease, the shift away from consumption of traditional foods to consumption of primarily commercial foods among First Nations, Inuit, and Métis communities is of growing concern for the health and well-being of Aboriginal peoples in Canada.¹⁵

Healthy Eating Tips: The Benefits of Healthy Eating and Traditional Foods

Healthy eating plays a fundamental role in human health and development from the prenatal and early childhood years to adulthood and later life stages. In First Nations, Inuit, and Métis communities, the consumption of nutrient-dense foods such as fish, wild game, and berries can be an important part of a healthy diet. These traditional foods have been shown to reduce the risk of diabetes¹⁶ and the healthy fats (omega-3 fatty acids) found in fish and fish oils can decrease the risk of cardiovascular illness and also improve mental well-being.¹⁷ Traditional foods, especially wild plants, also contain important micronutrients and medicinal

properties that increase health and resistance to disease.¹⁸

The First Nation Council's *Healthy Food Guidelines for First Nations Communities* recommends increasing consumption of traditional foods, but people without access or with limited access to traditional foods can still maintain their optimal health by decreasing sugar-sweetened beverages, increasing consumption of fruits and vegetables, and serving fresh, unprocessed food in reasonable portions.²⁰ If you are using store-bought foods, it is important to know what is in your food and beverages. You can start by reading the labels of packaged food and choosing those with fewer additives and lower fat content, but the best way to limit the consumption of unhealthy fats, sugars and starches is to make time for cooking and preparing fresh foods rather than choosing packaged and processed food. Increasing the number of community gardens is another way to make a community healthier by improving access to fresh, healthy vegetables and building shared knowledge and skills around healthy eating.²¹

Health Canada's *Eating Well with Canada's*





Food Guide: First Nations, Inuit and Métis recommends enjoying a variety of foods daily from each food group. Healthy adults should eat 7-10 servings of vegetables and fruit, 6-8 servings of grain products, 2-4 servings of milk and alternatives, and 2-3 servings of meat and alternatives daily. Children should eat 4-6 servings of vegetables and fruit, 3-6 servings of grain products, 2-4 servings of milk and alternatives, and 1-2 servings of meat and alternatives every day.²² All adults and children should limit their intake of foods that contribute to overweight and obesity such as pop, sweetened beverages, candy and chocolate, cakes and pastries, cookies, ice cream, potato chips, fried foods, alcohol and fats (such as butter, margarine, and lard).²³

Eating healthy, nutritious food and exercising regularly will help individuals, families and communities to maintain the best health possible. It's never too late or too early to start eating well, and life-long nutrition habits learned in early childhood are key building blocks for the health of future generations.

For More Information

- Eating Well with Canada's Food Guide – First Nations, Inuit and Métis
<http://www.hc-sc.gc.ca/fn-an/pubs/fnim-pnim/index-eng.php>
- Métis Cookbook and Guide to Healthy Eating, 2nd Edition
http://www.naho.ca/documents/metiscentre/english/Cookbook_SecondEdition.pdf
- First Nations Health Council – Healthy Food Guidelines for First Nations Communities
http://www.fnhc.ca/pdf/Healthy_Food_Guidelines_for_First_Nations_Communities.pdf
- Nuxalk Food and Nutrition Handbook.
<https://www.mcgill.ca/files/cine/NuxalkHandbook.pdf>
- Nunavut Nutrition et guide alimentaire
<http://www.hss.gov.nu.ca/fr/YourHealthNunavutNutrition.aspx>

- Heart and Stroke Foundation of Canada – Healthy Eating
http://www.heartandstroke.com/site/c.ikIQLcMWJtE/b.3483951/k.38BC/Healthy_living_Healthy_Eating.htm
- National Aboriginal Diabetes Association
<http://www.nada.ca/>

Endnotes

- ¹ In the context of this fact sheet, the term 'Aboriginal' is used broadly to refer to the Indigenous inhabitants of Canada, including First Nations (whether they be status/non-status or live on or off reserve), Métis and Inuit. Wherever possible, we provide information for distinct groups/communities.
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- ⁹ The First Nations Information Governance Centre (2012). First Nations Regional Health Survey (RHS) Phase 2 (2008/10): National report on adults, youth and children living in First Nations communities. Ottawa, ON: The First Nations Information Governance Centre.
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- ²³ Ibid.



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