



The WHY ACT NOW (Wellness and Health in Youth-Aboriginal Communities in Transition NOW) Project

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Summary

The WHY ACT NOW (**W**ellness and **H**ealth in **Y**outh-**A**bsoriginal **C**ommunities in **T**ransition **N**OW) project investigated the lifestyle of Indigenous and multi-ethnic youth in Edmonton, Alberta. Our preliminary findings suggest a need for culturally appropriate programs to improve health.

Background

Indigenous populations are the fastest growing population in Canada and specifically in Alberta (Hanselmann, 2001). Currently, Indigenous peoples account for 6% of the Alberta population, while their numbers are expected to grow by 64% by the year 2026 (Indian and Northern Affairs Canada, 2011).

The lifestyle of many Indigenous persons has become more sedentary and eating patterns more “Westernized”, characterized by higher intake of fats and refined carbohydrates, and lower intake of fibre and nutrients, compared to having a diet of traditional foods (Willows, 2005; Earle, 2011).

Given the changes in diet and lifestyles of Indigenous persons (Sheehy et al., 2014; Willows, Hanley, & Delormier, 2012), promoting healthy behaviours and lifestyles at a young age is critical to reducing adverse health outcomes such as cancer incidence (Kolahdooz et al., 2014) and health disparities. Yet, there is a gap in understanding the unique health needs of Indigenous youth (Ning & Wilson, 2012).

Objectives and Methods

The WHY ACT NOW project aimed to identify the diet, physical status and health needs of urban Indigenous and non-Indigenous youth in Edmonton, Alberta.

During the first phase of the project, we interviewed 54 key informants to identify positive and negative influences on the health of urban youth and opportunities for improvements.

The second phase of the project involved one-on-one interviews with 553 Indigenous and multi-ethnic youth (aged 11-23 years) in Edmonton. We collected information on:

- general health and demographics,
- physical activity and sedentary behaviours,
- diet and meal patterns,
- anthropometric measurements,
- perception of body image, and
- blood pressure.

From the anthropometric measurements, we calculated body mass index (BMI) to categorize weight status.

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ISSN: 1920-8502

Supported by:



Findings

Compared to non-Indigenous youth, Indigenous youth had:

- higher rates of pre-hypertension (23.4% vs. 17.2%) and hypertension (8.1% vs. 4.6%),
- higher mean hours per week of sedentary activity/screen time (46.3 hours vs. 42.7 hours),
- higher daily consumption of regular soft drinks (1.5 times),
- more immediate family members with diabetes (23.4% vs. 14.8%),
- higher proportion of youth with waist circumference measurements >102 cm for males and >88 cm for females (24.5% vs. 6.0%),
- similar proportion of overweight youth (17.4% vs. 17.6%), and
- a higher proportion of obesity (17.4% vs. 6.9%).

Many key informants suggested that current health promotion efforts could be updated to improve the reach and effectiveness. Health programs must consider the unique culture and traditional experiences, skills, and knowledge of Indigenous populations.

The most effective health and wellness programs should be:

- youth- and community-driven,
- culturally-appropriate,
- enabling,
- empowering, and
- sustainable.

Discussion and Conclusion

Preliminary data showed different health status and needs between Indigenous and non-Indigenous youth. We also found higher prevalence of obesity, an important indicator of chronic diseases, among Indigenous youth compared to non-Indigenous youth.

The WHY ACT NOW project has identified issues related to diet and physical activity of Edmonton's Indigenous youth that need immediate attention. There is a need for increased focus on culturally appropriate health and wellness programs for youth, to promote healthy lifestyles. By empowering youth to make healthier decisions through participation in such programs, a community-wide effect may be achieved.

The next step in this project is now underway, with the participation of several schools in Edmonton's public and Catholic school systems. The project will use the preliminary data to develop, implement, and evaluate evidence-based programs focused on health promotion and reduction of type 2 diabetes and obesity risk factors among Indigenous youth in Edmonton.

To learn more about WHY ACT NOW, visit www.aghr.org.

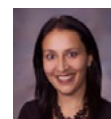
We thank Alberta Health and the Public Health Agency of Canada for funding this project. 

Key Term

Aboriginal peoples (Indigenous populations): A collective name for the original peoples of North America and their descendants. The Canadian Constitution recognizes three groups of Aboriginal peoples - Indians (First Nations), Métis and Inuit. These are three separate peoples with unique heritages, languages, cultural practices and spiritual beliefs. (Health Canada, 2002)

About the Authors

Sangita Sharma, PhD, holds an Endowed Chair in Aboriginal Health, and she is a Centennial Professor and Professor of Aboriginal and Global Health Research in the University of Alberta's Faculty of Medicine. Dr. Sharma is an internationally known expert in dietary assessment and nutritional risk factors for disease in unique populations spanning the globe.



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ISSN: 1920-8502

December 2014 | Vol. 21 | No. 5