

# INNOVATION BRIEF

## Equity: Traditional Food as Medicine

### I. What's the issue?

#### The Indigenous Health Gap

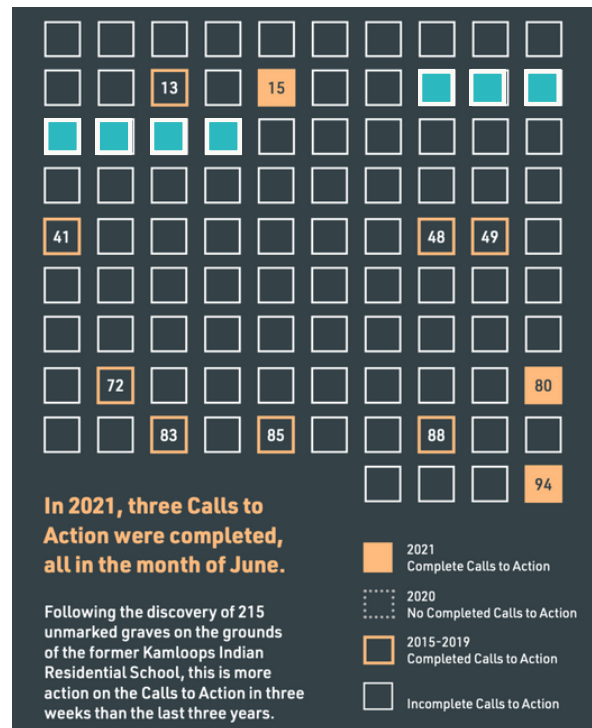
Indigenous communities experience significant health inequalities with a higher prevalence of conditions such as diabetes, obesity, and heart disease, compared to non-Indigenous adults. This is part of an **"Indigenous Health Gap"** where in almost every measure of health, Indigenous communities experience far worse outcomes than the rest of Canada. This health gap is the result of an ongoing legacy of colonialism (1), which has attempted to assimilate Indigenous communities through forced displacement, residential schools, and systemic discrimination against Indigenous communities across many spheres of society.

There is growing recognition that if we want to close the Indigenous health gap and make the promise of reconciliation a reality, it's time for health care leadership to work alongside Indigenous communities. The Truth and Reconciliation Commission (TRC) shared seven Health Calls to Action that provide a roadmap. But in 2021, the Yellowhead Institute reported it was "the second year in a row [that] Canada has not completed a single Health Call to Action (2)."

#### Culturally sensitive menus can rebuild relationships, rebuild from trauma

Cultural competency or mindfulness is indispensable in patient-centered care. An important way to express this is through the food served to patients. Providing or withholding certain

foods in institutional settings has caused harm to many Indigenous people. For example, common Western foods such as oatmeal may be triggers of traumatic experiences in residential school for some (3). In situations where health care institutions do not offer culturally relevant foods for Indigenous patients, the burden of feeding the patient falls on families and visitors, an option that many do not have due to health care services often being delivered far away from communities.



The teal squares represent the incomplete Health Calls to Action. Modified from the Yellowhead Institute (2020). ["Unanswered Calls to Action around Health."](#)



1. Public Health Agency of Canada (2018). ["Key Health Inequalities in Canada: A National Portrait – Executive Summary."](#)  
 2. Yellowhead Institute (2021). [Calls to Action Accountability: A 2021 Status Update on Reconciliation](#)  
 3. Mosby, J. & Galloway, T. (2017). ["Hunger was never absent": How residential school diets shaped current patterns of diabetes among Indigenous peoples in Canada."](#) *Canadian Medical Association Journal*, 14:189.

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#### Significant barriers to wild game and country food

Indigenous cultures and food systems are intrinsically linked to their local ecosystems, which traditionally have included hunting, fishing, cultivating and harvesting wild game and country foods such as caribou, berries, or rabbit. Both the foods and these practices are inseparable from many Indigenous communities' understanding of health and well-being. However, there is a lack of health care institutions whose food services recognize the integral role that wild game and country foods play for Indigenous health.

Barriers to providing these foods identified by Elders and Knowledge Keepers working with Nourish include:

- **Legislative:** Federal hunting regulations prohibit the sale of wild and country foods, which must be given by donation only.
- **Logistical:** Lack of kitchen facilities that can process wild meat, and food service staff that are unfamiliar with these foods who are tasked with developing menus.
- **Relational:** This can include power imbalances, especially in policies and guidelines that are based solely on Western science and not developed in consultation with Indigenous communities.
- **Intellectual:** This encompasses the beliefs, biases, and misconceptions that may exist around traditional foods, for example the belief that Indigenous foods are "unsafe."

#### An ambiguous and disempowering regulatory environment

In the absence of explicit federal policy that supports access to traditional and country foods and given complex provincial and territorial regulations around serving harvested ingredients or uninspected meat, serving wild foods in health care is tricky to navigate. Provincial and territorial legislation generally mandates that wild game cannot be sold, so it must be donated. In Ontario, for example, the law allows organizations to serve wild game to the public for a charitable purpose so long as the meat was harvested legally and is donated. Institutional access to wild game thus exists in an ambiguous area that is fraught with misconceptions.

#### Indigenous food sovereignty

Given the requirement that wild foods be donated, health care is dependent on community partnerships and thus, on Indigenous food sovereignty itself. The cost behind donating traditional foods can be high for community members, including gas, time, ammunition, equipment, and other harvesting supplies. It also counts on communities possessing traditional knowledge to have a successful harvest, and on having the ability to pass that knowledge along. Increasing challenges to accessing the land and changes in the availability of traditional foods due to climate change, development projects, and unresolved treaty agreements also make it difficult for communities to access Indigenous foodways. The resources, access, and sharing of knowledge and skills are all part of Indigenous food sovereignty. When communities struggle to meet their own needs for traditional food, it becomes increasingly difficult for health care institutions to access donations.



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## II. Emergent solutions

### Cultural humility and Indigenous wisdom required for innovation

Food is a pathway to reconciliation, and a powerful place to start is by acknowledging and suspending the colonial Western bias that is dominant in the sector, and to cultivate curiosity about Indigenous wisdom. By integrating Indigenous with Western perspectives, health care can practice **Etuaptmumk or "two-eyed seeing,"** a concept from Mi'kmaw Elder Albert Marshall, which refers to "learning to see from one eye with the strengths of Indigenous knowledges and ways of knowing, and from the other eye with the strengths of Western knowledges and ways of knowing – and learning to use both of these eyes together for the benefit of all" (4).

With Etuaptmumk in mind, three priority areas of work are gaining momentum in the health care context: designing menus with Indigenous communities; developing regional or organizational policies that navigate barriers to wild foods; and educating health care providers, administrators, and medical learners about colonization and Indigenous foodways.

#### 1. Designing health care menus with Indigenous communities

Nourish fields many requests about where to begin the process of developing a traditional meal or menu. Engaging with Indigenous Elders and Knowledge Keepers is a fundamental first step in building a traditional food program that will reflect the diversity and needs of the patient population. Culturally competent menus support relationship-building between health care institutions and Indigenous communities, support the healing of patients and residents, and deepen connection to local ecosystems and the land.

As they joined the Nourish Anchor Cohort, **Labrador-Grenfell Health** set out to engage each of the Indigenous communities in the region in an inclusive and participatory process to re-imagine traditional food possibilities for the health authority, including how country foods could be served in the hospital and long-term care center. Representatives from Nunatsiavut, Nunatukavut, and Sheshatshiu Innu First Nations are key members of this multidisciplinary team, along with all levels of health authority staff and key community partners such as Food First NL. The partners will work together to design and source menus that incorporate traditional foods and recipes, in partnership with Indigenous chefs, hunters, and gatherers.

4. Conservation Through Reconciliation Partnership. "[Webinar: Two-Eyed Seeing in Conservation Practice.](#)"



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At the **Saskatchewan Health Authority**, members of the food services team in the Nourish Innovator Cohort initiated efforts to build relationships with Elders and Knowledge Keepers over recent years, working with local Métis and First Nations Chefs to embed traditional knowledge into food services and menu development. Their Indigenous Foodways program worked alongside patients to offer foods such as stews and bannock at three acute care facilities. With positive patient and staff feedback, this program is now being scaled across the province. The organization also developed partnerships with Indigenous community members to develop a Truth and Reconciliation Garden.



Métis chef Moe Mathieu from the Saskatchewan team of the Nourish Anchor Cohort shares a recipe with members of other teams (2022).

## 2. Developing legislation and policies to navigate barriers to wild game

The Sioux Lookout Meno Ya Win Health Centre is an outlier in the Canadian landscape, in that it has explicit legislation that enshrines its right to serve wild food and game (5). This was catalyzed by a 1988 hunger strike by five Ojibwe protestors denouncing the racism at the former regional hospital. The conditions in Northwestern Ontario led to a four-party agreement between the federal, provincial, municipal, and First Nations governments and created Meno Ya Win itself.

Meno Ya Win's Miichim program (6) recognizes the power of traditional foods "to create a healing, comfortable and a familiar environment for patients during their stay at the hospital."

With this program, they ensure that traditional foods are offered to all patients twice a week, using ingredients such as trout, geese, and local blueberries donated by local hunters and gatherers. The Centre's Traditional Program Manager Kathy Loon participated in the Nourish Innovator Cohort, and between 2016-2019, she and her team built new relationships with the Ministry of Natural Resources to receive confiscated wild game as donations. This allowed them to double the number of Miichim meals served.



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The future of food  
in health care.

5. Municipality of Sioux Lookout Act, 2000, S.O. 2000, c. P14

6. Sioux Lookout Meno Ya Win Health Centre. (n.d.). ["Miichim: Traditional Foods."](#)



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Elsewhere in Canada, policy gaps around wild game require municipalities and organizations to develop their own policies and procedures. The **Yukon Hospital Corporation** has offered its Traditional Food Program for over twenty-five years. As part of this program, the Whitehorse General Hospital works with Environmental Health Officers and partners with local hunters, hunting outfitters and meat processors in order to offer wild game to their patients. The hunters' donations are recognized but not remunerated. Their program, developed with Environmental Health Officers, similar to programs in **Haida Gwaii**, includes tools such as a hunter questionnaire, a quality control checklist, a protocols manual, and an application for serving wild game. These tools respect the traditional knowledge of hunters for managing an animal, while covering the hospital's due diligence.

In Ontario, the **Thunder Bay Health Unit** has updated its policy on serving wild game (7) to make it more accessible in the municipality. Whereas organizations previously had to apply on a one-time basis for a permit to serve wild game, non-profits can now apply to serve it on an ongoing basis. The health unit also supports organizations in developing food safety plans.

Many of these approaches are successful in increasing access to traditional foods, but members of the Nourish Indigenous and Allies Advisory has been vocal that some policies can be inadequate in overcoming a regulatory paradigm that suggests traditional hunted and harvested foods are unsafe or lesser than foods sourced through the industrial supply chains that serve most of health care. Education that addresses these mindsets is needed to move forward.

### 3. Educating health care staff about Indigenous foodways

Launched in 2021, Nourish's **Food is Our Medicine online course** (8) equips health care professionals to better understand the complex relationships between Indigenous foodways, reconciliation, healing and health care. Developed with a wide network of Indigenous Elders, knowledge keepers, as well as allies, this course includes multimedia resources and draws on teachings from Indigenous leaders across Turtle Island. The course directly addresses the Health Calls to Action, and supports participants to unlearn dominant biases in health care, in order to build new relationships with Indigenous communities, foodways, and the land. To date, over 1300 health care leaders and individuals are participating.



A poster from the Food is Our Medicine online course.

7. Thunder Bay District Health Unit. (2020). [Serving Wild Game to the Public](#)

8. Nourish Leadership (2021). [Food is Our Medicine online course](#).



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The course has led to tangible changes in several health care institutions. Highlights include:

- In London, Ontario, several of their food service staff at the **Parkwood Institute of St. Joseph's Health Care** completed the online course. Since then, Parwood has developed nutritional programming . that includes providing traditional foods specific to First Nations, Inuit, and Métis patients.
- Across Alberta, nearly 100 professionals from various parts of **Alberta Health Services** have signed up for the course and are working in groups to complete the learning modules.
- **Alberta Child Services** has integrated Food is Our Medicine into their institutional training, and is beginning to explore how they can eliminate barriers to deliver more traditional foods in their care settings.
- After completing the online course, in B.C. two hospitals have integrated traditional recipes into their menus: the **Forensic Psychiatric Hospital** and **St. Paul's Hospital** have developed a team to work with stakeholders to implement traditional foods.



Yes, this is hospital food: grilled bison with a blueberry BBQ sauce and wild rice cake, T'aaq-wihak Chinook Salmon with seaweed salad, and sweet bannock. Served in June 2022 at the Forensic Psychiatric Hospital in B.C.



Recently, Nourish invited Elders, Knowledge Keepers, and other leaders to teach and cook recipes that honoured traditional foods from their region. This plate shows foods inspired by Haida Gwaii, Métis, Anishnaabe, and Labrador cuisine (2022).



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#### III. Key Opportunities and Questions

- Recognizing the demonstrated pathway of food for reconciliation, how can we encourage bolder commitments from health care and all levels of government, in order to close the Indigenous Health Gap and to fulfill commitments on the TRC and UNDRIP?
- Given the complex regulatory environment around serving wild game, what is the most powerful point of leverage to increase access for Indigenous patients and residents in Canada? Bespoke policies at the organization-level, targeted policy efforts around wild meat at the provincial or territorial level, federal policy efforts related to the TRC and UNDRIP?
- What role can Nourish and partners play in addressing non-regulatory barriers to accessing traditional food, such as settler paradigms on food safety, access to sufficient donations, or supporting intergenerational knowledge sharing, and Indigenous peoples' access to time on the land?
- Given the strong positive response to the Food is Our Medicine Learning Journey both within and beyond health care, how can we continue to meaningfully bring this program to more audiences?

#### IV. Additional Resources

- Reconciliation in Action: Labrador develops traditional food program for patients (Nourish Anchor Cohort Impact Vignette, Fall 2022)
- Nourish Transition Practice Study - [Meno Ya Win Health Centre, Kathy Loon](#)
- Nourish Video - [Miichim documentary](#)
- Canadian Foundation for Healthcare Improvement - [A Journey We Walk Together: Strengthening Indigenous Cultural Competency in Health Organizations](#)
- First Nations Health Authority - [Cultural Safety and Humility](#)

