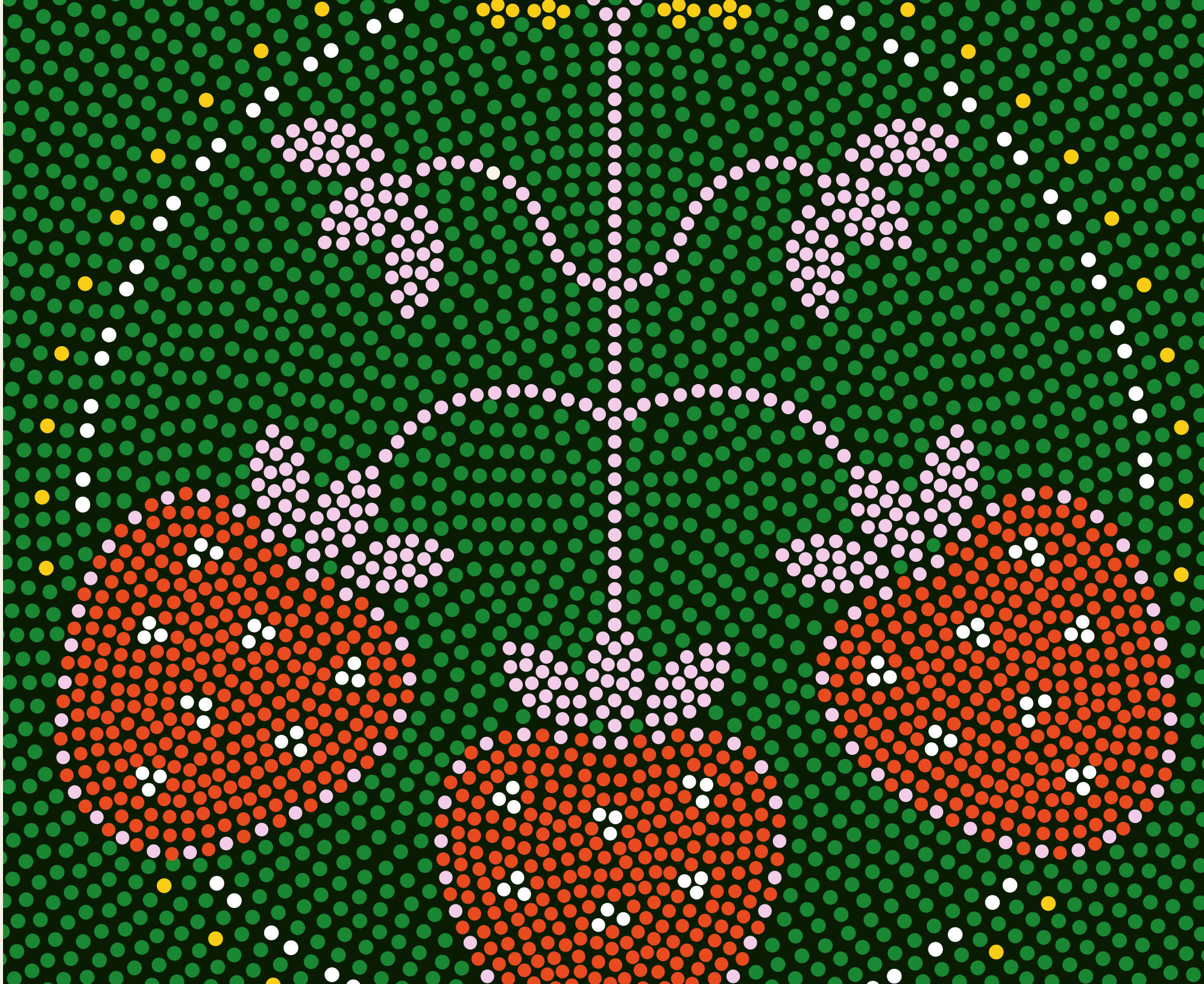




Summer: Ways of Doing



Introduction



Indigenous food systems are vast, and in the previous seasons we have:

- Demonstrated the unique perspectives on food shared by Indigenous communities from various regions;
- Showcased the work of Indigenous leaders, past and present, stemming from inherent natural teachings; and
- Featured policies that have had a long-standing impact as well as elevated the work many communities are doing to strengthen their foodways and health overall.

Indigenous food practices respect natural law, and the **ways of doing are about restoring balance.**

Are you wondering, **where is my place in this work?**

Where is my organization's place in this work?

The final teachings in this Learning Journey will help you to answer these questions for yourself, and provide tools and ideas you can use to move forward with colleagues and partners. Not all relationships and work are the same, as you have learned. We will also showcase examples of existing programs in health care settings, and discuss possible paths forward –the paths you choose and develop will be up to you.

Learning Objectives

This season will:

- Discuss common barriers to getting Indigenous foods into health care settings;
- Share examples of existing traditional and country food programs and initiatives in health care facilities across Canada, and of existing policy and administrative tools that support such programs; and
- Offer examples of next steps for engagement with Indigenous foodways in health care settings.

Teaching 13: Barriers to serving Indigenous foods in health care settings

(60 minutes)



A key teaching in this Learning Journey has been that Indigenous foods are immensely valuable to the well-being and culture of Indigenous communities. With this in mind, we must ask: **If these foods are so important, why do we not see more Indigenous foods in health care settings?**

Between 2017 and 2019, the Nourish Traditional Foods Program (TFP) team set out to answer this question, and in doing so they planted the seeds for this Learning Journey. Through consultation with Elders and Knowledge Keepers, and with support from systems thinkers, the team explored the themes and barriers related to providing traditional food in health care settings.



Photo: The Nourish Traditional Food Program team with Elders and Knowledge Keepers; Six Nations of the Grand River, October 2018.

The following diagram shows 8 key theme areas identified through this process:





Core resource: The main barriers identified by the TFP team are as follows:

- **Legislative:** Including the Ontario Food Premises Regulation, Ontario Fish and Wildlife Conservation Act.
- **Logistical:** Facilities cannot procure traditional foods in the same way that they procure market foods, food service staff are unfamiliar with these foods, locally relevant menus require more work than universal menus.
- **Relational (power imbalances):** Policies and guidelines are based solely on Western science and not in consultation with, or guided by, Elders and Knowledge Keepers.
- **Intellectual (beliefs, biases, and misconceptions):** Lack of understanding or acknowledgment of traditional knowledge, for example, around food safety.
- **Political:** Regulations and policies perpetuate myths and biases about traditional and country foods, reflecting a lack of recognition of the rights of Indigenous communities to practice traditional foodways.
- **Philosophical (conflicting value systems):** Indigenous food systems are driven by the values of respect, reciprocity, and relationship, while institutional food services are often driven by the values of efficiency, cost savings, and risk aversion.



Core resource: Watch [*Planting the Seed*](#) to hear about the importance of traditional food in health care from the Indigenous Knowledge Keepers, community members, and Elders who came together with the Nourish TFP team on Six Nations of the Grant River.



Journaling prompts

Complete the 'Journaling prompts' as part of the online course for certificate. Download and save this PDF to your computer. You can add your responses to the beige text box (to the right) by clicking on it. Your work could be lost if you do not do this. Be sure to save your work before you click on any link in the Learning Journey (Youtube video, PDF, website). If you do not save first, your work could be lost.

1. Have you experienced any of these barriers to serving traditional foods in health care settings? If so, how have you overcome them or tried to overcome them? What solutions, innovations, or compromises have you come up with?
2. What has helped or hindered the process of serving traditional foods where you work?

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Key resource: In the short documentary [Urban Access to Traditional Food: Understanding Wild Game](#) (14 minutes), Indigenous organizations within the Thunder Bay District Health Unit and the Indigenous Food Circle share their experiences on including traditional foods on their menus.

Pause and reflect

- Consider this paradox: On one hand, public health messaging promotes the consumption of traditional and country foods to support health and wellness. On the other hand, public health regulations exclude these foods from public facilities, such as hospitals, schools, daycares, long term care homes, etc. What questions does this raise for you?

Dive deeper—Additional resources, Teaching 13

Want to go deeper on a specific topic that was covered? Check out the following resources.

- [Indigenous Advocates Calling for Fewer Restrictions on Sharing of Wild Game](#) (news article)
- [Towards Improving Traditional Food Access for Urban Indigenous People](#) (report)
- [“We Are Not Being Heard”: Aboriginal Perspectives on Traditional Food Access and Food Security](#) (journal article)
- [Increasing Indigenous Children’s Access to Traditional Foods in Early Childhood Programs](#) (report)
- [Traditional Foods: Are they Safe for First Nations Consumption?](#) (discussion paper from the Assembly of First Nations)

Teaching 14: Existing traditional food programs

(60 minutes)



Despite the challenges outlined in the previous teaching, a number of health care institutions have been working to incorporate traditional foods onto their menus. **The champions at these facilities have spent years, and much energy, building relationships and programs in collaboration with the local community and government departments.** They demonstrate how to leverage community partnerships to respect and value local Indigenous culture as a pathway toward healing and reconciliation.

Sioux Lookout Meno Ya Win Health Centre (SLMHC) is a pocket of the future in the present – a showcase for what is possible when a hospital embraces an integrated approach to culturally appropriate care. The hospital's model of care provides patients with a culturally safe and empowering environment in which to heal.

A crucial part of Meno Ya Win programming is Miichim, or traditional food, which the hospital has been serving to patients for over 10 years. Advocacy for Indigenous health access, rooted in the hospital's place-based history, led to the unique legal status that allows the hospital to serve uninspected meats and wild game.



Core resource: Watch and learn about Miichim here: [Miichim](#) (9:30)

Pause and reflect

- Which components of Indigenous foodways (as discussed throughout the Learning Journey so far) do you see in action in this example?
- Would a program like this be possible in your area? Who would need to be involved in developing and running it?



In 2017, the Government of Northwest Territories [announced its commitment](#) to reforming food safety regulations so as to allow locally harvested fruit and vegetables to be prepared in commercial kitchens in the Northwest Territories by the 2018–19 fiscal year, with changes for meat and fish to follow. This commitment has since become a reality at the Stanton Territorial Hospital: [according to the hospital's webpage](#), a special menu offered once a week includes bison, elk, caribou soups, stews and bannock.

In the Yukon, the Whitehorse General Hospital has been providing traditional foods to in-patients for over 20 years. How did this come to be? Because the hospital acknowledges first and foremost a responsibility:

“Healthcare facilities that serve Indigenous populations have an obligation to remove barriers to health, healing and culture.”

([Traditional Foods Program webpage](#))

The resources to the right highlight the **systems approach** taken at the Yukon Hospital Corporation to build a successful traditional food program.

Core resource: Study the components (and relationships) of the Yukon Hospitals Traditional Foods Program outlined in this poster: [*Serving Traditional Foods Together with Community Partners*](#)

Core resource: Listen to staff from Yukon Hospitals share about their work and its impact in this video: [*First Nations Health Programs – Cultural Programs*](#) (start the recording at 3:08, which highlights the traditional food program)

Core resource: Wild game meat must be properly processed/packaged and stored at appropriate temperatures. This [*Checklist from WGH*](#) can help guide the process should you bring in wild game for patients as well as the [*Hunter Questionnaire*](#).

Core resource: [*Traditional Foods Program Protocols and Procedures Manual*](#)

Core resource: Depending on where you are situated, you may have to work with your local Health Unit or Health Services to support bringing wild game into your health care kitchens. [*Here*](#) is how WGH works with their Health Services through an application.



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1. How many key stakeholders, working in different parts of the system, came together to support the Yukon Hospitals program?
2. Consider the relationships with key stakeholders in your setting and facility/ organization. Which relationships are strong? Which do you need to strengthen? Which do you need to start building?
3. What questions do you have for stakeholders involved in any of the traditional food programs shared in this teaching?
4. Why do you think traditional foods are not available to all patients accessing services? What are some reasons for not making them available to all patients?

Dive deeper—Additional resources, Teaching 14

Want to go deeper on a specific topic that was covered? Check out the following resources.

- [Community Champions for Safe, Sustainable, Traditional Food Systems](#) (case study report)
- ['Food Is Medicine': Sioux Lookout Hospital Program Brings Traditional Food to Patients](#) (news article)
- [Why an Alaskan Hospital Added Reindeer Pot Pie and Seal Soup to Its Menu](#) (article)



“Through meaningful conversations and partnerships with communities, patients, and families, we can better meet the needs of the varied groups represented in our local areas. We can be an important part of improving the health care experience, food culture in our communities and healing our planet by connecting with and respecting the lands we live on. One small act by each of us will result in a big change that will positively affect generations to come.”

– Charlotte Pilat Burns, Métis
(Home of the Métis and Treaty 6 territory in Saskatchewan)

Teaching 15: Guidebooks, policies, and administrative tools

(75 minutes)



You may still be wondering, **How are these facilities and teams doing what they're doing?** As we have emphasized, the work always starts with forming and strengthening relationships in your local region, and collaborating to develop an approach that respects and reflects the local Indigenous community(ies).

Until we have federal, provincial, and territorial policy that helps to shift norms and beliefs, and that enables greater access to traditional and country food, especially to wild foods, progress relies on committed place-based teams. Local leaders must work within their organizations, and in partnership with local public health and environmental health teams, to establish guidelines for the incorporation of traditional foods. A growing number of facilities and health authorities are taking on this work, in Thunder Bay and Whitehorse (see Teaching 14), but also in Haida Gwaii, across Saskatchewan, and elsewhere across the country.

Here we share some tools that have supported existing programs, and that you can consult and consider when designing your approach.

First, let's revisit the Miichim program at the Meno Ya Win Health Centre in Sioux Lookout.

Core resource: Read the Nourish Transition Practice Study about Miichim: [*Traditional Food as Medicine at Sioux Lookout Meno Ya Win Health Centre*](#). Focus on the section titled "[The implementation] Consultation, community, commitment: Keys to success in developing a Traditional food program."

Pause and reflect

- Notice this statement from the practice study: "The regulatory exemption that enables SLMHC to serve Traditional foods through their Miichim program is the result of sustained advocacy and relationship-building that continues to this day." (You can read the legislation that allows this exemption here: [*Bill PR 15: An Act to establish the Sioux Lookout Meno-Ya-Win Health Centre*](#).) Imagine if serving traditional foods was the standard, and not an exception! This is where advocacy is needed at the provincial/territorial and federal levels. Many provinces and territories are taking on this work. Where is the conversation at in your area? How can you support these changes?



In Nunavut, the Territorial Government and the Nunavut Food Security Coalition collaborated to produce an informative, user friendly, and culturally appropriate guide to support the inclusion of country foods in government facilities. Remember: the term country food typically describes traditional foods of the Inuit, including game meats, migratory birds, fish, marine mammals, and foraged foods.

Core resource: Look through the guide created in Nunavut, [*Serving Country Food in Government-Funded Facilities and Community Programs*](#) and see Core Resource on P.8.

Pause and reflect

- What do you notice about the messaging in this guide?
- How does it compare to food safety guidelines at your facility?
- What would be helpful to include in a guide that highlights the traditional foods in your region?
- Who would need to be involved in making a local version of this guide?

Key resources: Recall the Yukon Hospitals Traditional Foods Program from the previous teaching. Here you can browse the forms, protocols, and other documents that support the success of this program: [*Resources from the Yukon Hospital Corporation*](#)

Pause and reflect

- As you can see, a lot of planning and coordination goes into the delivery of a traditional foods program. What policies at your organization support including traditional foods on menus? Are there any policies that need to change to better support this work? Are any new policies needed?

If you're wrestling with the question of how Indigenous foodways fit into the Western practice of public procurement, meet Dan Munshaw of Thunder Bay. Dan's journey to incorporate traditional foods into long-term care illustrates that it can be done – provided we challenge our beliefs or paradigms, and are willing to experiment.

Key resource: Read the Nourish Transition Practice Study about Dan Munshaw's journey here: [*From Individual Action to Systems Change*](#): Instituting Values-Based Food Procurement. Focus on the section titled "Experimentation: Preserving the culture and spirit of Indigenous foodways in institutional procurement."



Journaling prompts

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1. In thinking about these programs and the different approaches they take, what ideas come up for you for ways to start (or continue) this work in your context?
2. What lessons can you apply in your work setting? Who and what can support you?

Add your responses here by clicking on the beige box. Don't forget to save before moving on to the next page. If you do not save your responses, they may be lost! If you do not want to work in a PDF, there is a Doc that you can download and save your answers - [here!](#)

Dive deeper—Additional resources, Teaching 15

Want to go deeper on a specific topic that was covered? Check out the following resources.

- [Cooking Wild Game for an Event?](#): A collection of resources (forms, signage, applications, etc.) from Understanding Our Food Systems (Ontario)



Teaching 16: The path forward

(45 minutes)



The end of your Learning Journey is in sight. Your thinking and understanding around traditional foods may have evolved in a number of ways, and you might even be able to see it through “two eyes” as Elder Albert Marshall said.

It's not so much about *getting recipes* as it is about *building trusting relationships*.

It's not so much about ensuring traditional *food on the plate* as it is about restoring *connection to culture*.

It's not about hosting an *Indigenous food day*, it is about *cultural humility all year round*.

The work is a journey, and the journey takes time. As the Nourish TFP team identified:

Sitting and spending time with Elders...
is the work.

Suspending judgement... is the work.

Listening... is the work.

Being on the land... is the work.

Eating and sharing food... is the work.

Learning from your process... is the work.

Sharing your learnings... is the work.

The knowledge you grow... is the work.

Building relationships... is the work.



Journaling prompts

Complete these as part of the online course. You can add your responses to the beige text box by clicking on it.

Add your responses here by clicking on the box. Don't forget to save before moving on to the next page.

- How do you relate to these ideas about what “the work” is?
- How has your perception of “the work” grown or changed over the course of this Learning Journey?
- The Nourish TFP team mapped out the following key themes related to traditional foods in health care settings. Write the steps you could take in any or all of these areas:
 - **Love and respect:** Do these feel like guiding values in food services where you work? If yes, who is championing them? If not, how could you contribute to strengthening these values?
 - **Guidance:** Who is involved in developing policies at your facility/organization? Who makes decisions? Are there any key voices or perspectives missing? If so, how could those voices and perspectives be included?
 - **Myths and stereotypes:** Is there a lack of understanding of traditional food safety in current food safety policies? Within your organization/region, is there a perception or narrative that traditional foods are unsafe?
 - **Access:** What are some opportunities and challenges for accessing traditional foods in your facility/organization?
 - **Networks and partnerships:** Who can you connect with in your community? Who can inform and support this work? How can collaboration strengthen and elevate your efforts?
 - **Legislation:** What is happening at the regional, provincial, and federal levels to support Indigenous foodways? How can you advocate and show support for these initiatives?

Dive deeper—Additional resources, Teaching 16:

Want to go deeper on a specific topic that was covered? Check out the following resources.

- [Reconciling Ways of Knowing Dialogues](#) (webinar series)
- [Indigenous Food Sovereignty in Canada: Policy Paper 2019](#)
- [Saskatchewan Health Authority Commitment to Truth and Reconciliation](#): An example of organizational commitment (statement)
- A two-part edition of the International Journal of Indigenous Health edited by the BC First Nations Health Authority (see also FNHA news release):
 - Issue 1: [Honouring the Sacred Fire: Ending Systemic Racism toward Indigenous peoples](#)
 - Issue 2: [Wisdom of the Elders: Honouring Spiritual Laws in Indigenous Knowledge](#)



“When people are in their most vulnerable places, like a hospital, providing something that they feel in their heart can provide healing.”

– Jessica McLaughlin,
Anishnaabe Long Lake #58 First Nation

Reflections on Summer



We have journeyed together through Summer, focusing on how numerous facilities across Canada are collaborating with their local communities to develop traditional food programs that reflect local cultures, traditions, and foods. Here we list key learnings from this part of the journey:

- Ways of doing is about restoring balance. Programs and policies designed to restore the balance and harmony of traditional Indigenous foodways contribute to the overall wellness of Indigenous communities and the sustainability of our environment. There is a convergence of food as medicine with the healing of our planet.
- The main barriers to serving traditional foods in health care settings are legislative (prohibitive regulations and policies), logistical (access to traditional foods and preparation methods), relational (power imbalances), intellectual (biases and misconceptions, for example, around food safety), political (lack of recognition of Indigenous rights), and philosophical (conflicting value systems).
- The work always starts with forming and strengthening relationships in your local region.

You have travelled through all four seasons of this Learning Journey with us. Let out a long exhale. How do you feel? Has anything changed for you? Who have you met or brought in along the way? Many silent teachers have been walking with you. Now it is up to you to decide your next steps: this is the responsibility of knowledge and one of the gifts of being alive.

The journey continues.

If you haven't already, take some time now to complete the Journaling Prompts throughout this season and save the PDF. When you're ready, click the button below to access a webpage, where you can upload your answers.

Submit

**Nya:wen, Ha'waa, Mahsi Cho, Miigwech...
for journeying with us. We hope you have
been inspired and we hope you have been
able to share this journey with your peers.**

Our respective paths will now diverge, but the journey continues and the learning never ends. Be humble, be curious, think about systems, see with “two eyes.” We look forward to hearing from you as you continue on your path.