



Introduction



Relationships form the foundation for moving towards reconciliation. The journey through Winter is a journey along the path of relationships.

Despite the impacts of colonial policies and practices discussed in the previous season, diverse and distinct Indigenous communities across Turtle Island continue to practice, reclaim, and revitalize culture, language, and tradition. With support and guidance from Elders and Knowledge Keepers, stories, ceremonies, and local Indigenous knowledge continues to be passed down through generations. Winter is a time for storytelling and sharing teachings.

Ways of relating can be explained through the cycles of life and through relationships among people, all beings, and our environment. These relationships are embodied in the expression ***all my relations***. In Indigenous worldviews, there is a sacredness—a spirit—that exists in all things, including our food, and each aspect of Creation is given instructions to follow. Animals, plants, and water all have a responsibility to nourish humans, and we have a reciprocal responsibility to protect, honour, and preserve them.

The systems and relationships that surround us at home, in our community, and in our day-to-day life affect our experiences of wellness. Examining the social determinants of health helps us to understand that we

do not exist in isolation, and that our individual health is influenced by many external factors.

To more deeply understand the systems that influence health and wellness, we must also acknowledge many relationships and what they require to be repaired and revitalized:

- The relationship between Indigenous and Western approaches to health care requires cultural mindfulness.
- The relationship between the Canadian settler population and the Indigenous communities of this land requires reconciliation.
- The relationship between Indigenous communities and their culture, language, and identity require self-determination.

Across Turtle Island, there is an urgent need to move from discussion to action on reconciliation. As someone working in health care, the relationships that you build with colleagues, clients, and patients can directly support or oppose reconciliation. The following teachings encourage you to reflect on how your values, priorities, and perspectives inform your relationships, and propose that respectful, collaborative relationships can transform health care to better meet the needs of Indigenous patients and families.

Learning Objectives



This module will:

- Introduce the relational values underpinning Indigenous foodways.
- Demonstrate how colonial systems and the social determinants of health influence the wellness of Indigenous communities and families in Canada.
- Review the status of the Truth and Reconciliation Commission's Calls to Action and offer perspectives on how to advance the health-related Calls to Action.
- Share cultural mindfulness teachings and considerations that can guide the transition to a more equitable and inclusive health care system.

Teaching 5: Indigenous foodways are relational

(30 minutes)



Indigenous foodways include foods harvested from the land or the water, and obtained through Indigenous ways of knowing that are attached to a cultural and linguistic identity. In the Indigenous worldview, we are connected to the food we eat through lived experience, traditional territory, and stories. Recall the relationship between food and land that was discussed in Fall: the foods, foodways, and our connections to them evolve with time and with the changing environment. Climate change is rapidly altering relationships with the environment—and thus altering culture and foodways. This is dramatically apparent to the Inuit in the Arctic, where ice—the foundation of foodways—is melting. Climate change is also impacting the migration patterns of caribou, with deep consequences for the communities and families whose livelihoods and culture have long been tied to these creatures.

Elsewhere, the movement of First Nation, Métis, and Inuit into urban areas and the movement of modern technologies into rural communities also calls for foodways and relationships to the land to adapt. Nothing is static in a dynamic world.

When we look at the history of Indigenous foodways in this learning journey, it is important to remember that each example and resource is specific to the community that has shared their knowledge. However, the teachings all share an essential understanding: **that food is medicine, largely because it is relational.** Food is the outcome of the time, place, and relationships that produce it.

“Food has a culture. It has history. It has stories, it has relationships that tie us to our food. Food is more than something you just buy at the store. Something that doesn’t just have a stamp on it.”

– Winona LaDuke



Most of the stories you will encounter here may not be directly transferable to the region that you are from. This is okay! By encouraging you to actively engage with and consider different Indigenous intellectual traditions, we are providing clues about where and how to learn about and appreciate the traditions in your region – and to inspire transformative systems change in your work and health care setting.

Core resource: Watch the first 4 minutes Winona LaDuke's TEDxTC talk to hear her perspectives on food: ["Seeds of Our Ancestors, Seeds of Life"](#)



Core resource: Learn from Elder Ralph Philips, Xat'sull Nation, about the significance of salmon to his Nation: [Living Legends: The Teachings of the Salmon](#) (2 minutes)





Journaling prompts

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1. How do these perspectives of food—as relatives and as gifts—compare with your own perspectives of food?
2. In what ways is salmon more than food to the members of the Xat'sull Nation? What teachings does it provide?
3. What would the food served in your local hospital say if it could speak? What stories would it share from its journey to a patient's plate?

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Key resource: To learn more about a relational perspective on food, read Cree-Métis researcher Tabitha Robin Martens' paper, ["Responsibilities and Reflections: Indigenous Food, Culture, and Relationships"](#)

Pause and reflect

- Take a step toward better understanding the traditional territory on which you are situated: what would traditional foodways have looked like prior to contact?
- As you go about your day, eating foods to nourish your body, think about the values, stories, culture, history, and relationships embodied in those foods. Now imagine how, with this mindset, we can support healing and wellness through food. What thoughts, ideas, or questions come to mind?

Key resource: Watch this video, where Potawatomi botanist Robin Wall Kimmerer outlines the protocol for a harvest that is "honorable": [The Honorable Harvest](#) (3 minutes)

Pause and reflect

- What are your reactions to the protocols of the honorable harvest?
- How do your food behaviours compare to these protocols? How do the food processes at your organization compare?

Dive deeper - Additional resources, Teaching 5

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

- [Corn Tastes Better on the Honor System](#) and [Website](#) by Robin Wall Kimmerer (magazine article)
- [Reclaiming Indigenous Food Relationships: Improving Health with Culture](#) (presentation/webinar slides)
- [Good News in Food: Understanding the Value and Promise of Indigenous Food Sovereignty in Western Canada](#) (master's thesis)

Teaching 6: Exploring the Social Determinants of Health

(45 minutes)

To understand how health inequities emerge on the basis of race in Canada, we must examine how health care and societal structures influence wellness and understand the concept of race, its history, and contexts.

First, let's explore the **social determinants of health**.

The [National Collaborating Center for Indigenous Health](#) (NCCIH) describes the social determinants of health as the broad social forces that impact health, including factors such as: poverty, employment, working conditions, education and literacy, social status, social support networks, housing, physical environments, geographic location, access to health services, food security, early child development, gender, culture, and language. Clearly, the colonial policies which disrupted Indigenous social systems, physical environments, culture, language, and relationships, have directly and negatively affected social determinants of health for Indigenous communities. Ongoing structural inequalities (loss of access to land, poor housing conditions, lack of access to drinking water, etc.) compound and perpetuate these effects.

Often, “race” is included in the list of social determinants of health, but we should be critical of theories and explanations that link chronic diseases such as diabetes to “race” or genetics. **There is a difference between race as a determinant of health, and racism as a determinant of health.** The determinants that negatively affect First Nations, Métis, and Inuit (such as the poor housing conditions or lack of access to drinking water)

are **an outcome of systemic racism, not race**. In a fact sheet on racism, the NCCIH reaches the following conclusion:

“Race is not a biological fact but rather a socially constructed concept that was created and is maintained to establish disparities in the distribution of resources and power (Smedley & Smedley, 2005). The roots of inequities within structures, systems and individual behaviours are deeply embedded in erroneous beliefs about innate differences between groups of people. [...] Racism exists in several, often intersecting, forms including: negative and stereotypic attitudes about ‘racialized’ groups, the dominance of western knowledge systems, overt aggression and more subtle discriminatory behaviours, as well as structural inequities and social exclusion.” (p. 8)

Key resource: Read the complete NCCIH fact sheet here: [Understanding Racism \(Social Determinants of Health\)](#)

On the other hand, **certain social determinants of health can have powerful, positive impacts on the wellbeing of Indigenous communities**. The next core resource is a research study that provides one such example. The study found the following: “Those First Nations that appeared to have more cultural continuity (measured by traditional Indigenous language knowledge) had significantly lower diabetes prevalence after adjustment for socio-economic factors.”



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Core resource: Read the report, [Cultural Continuity, Traditional Indigenous Language, and Diabetes in Alberta First Nations: A Mixed Methods Study](#)

1. In your own words, what is the difference between “race” and “racism” as a determinant of health?
2. What social determinants of health influence your personal wellbeing?
3. What theories have you heard for increased rates of chronic disease among Indigenous communities? What do you think about these theories now? What questions do you have?

This research exemplifies how relevant culture and language are to health and wellbeing for Indigenous communities. From a First Nation perspective, Elder Jim Dumont, Ojibway-Anishinaabe (Definition of Wellness), shares this: “Wellness from an Indigenous perspective is a whole and healthy person expressed through a sense of balance of spirit, emotion, mind, and body. Central to wellness is belief in one’s connection to language, land, beings of creation, and ancestry, supported by a caring family and environment.” He also states that wellness is supported by culture, language, Elders and families, and the natural environment, and that achieving wellness utilizes Indigenous knowledges, practices, languages, and ways of knowing.

Traditional Indigenous culture, including (but not limited to) traditional language, requires urgent protection and revival. For cultural rehabilitation to continue, governments and the non-Indigenous population of Canada must take responsibility – to support autonomy for Indigenous communities, to work toward decolonization and true reconciliation, and to put an end to the marginalization of Indigenous communities and families.

Key resource: The NCCIH has prepared a fact sheet that further explores the need for cultural revitalization: [Culture and Language as Social Determinants of First Nations, Inuit, and Métis Health \(Social Determinants of Health\)](#).

Pause and reflect



- According to this fact sheet, how is language connected to health and wellness?
- Read through some of the examples of how language is integrated into wellness initiatives (pp. 4–7). Do you see aspects of Indigenous culture(s) and language(s) in your facility/programs? If so, where and how are they integrated?

Dive deeper - Additional resources, Teaching 6

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

- Honoring Our Strengths: Culture as Intervention in Addictions Treatment (Casl) research project: [Reference Guide](#)
- [Type 2 Diabetes and Indigenous communities—Supporting a Culturally Safe and Self-Determined Journey](#) (webinar)
- [Social Determinants of Health](#) (news articles from NCCIH)
- [Inuit Qaujimajatuqangit: The Role of Indigenous Knowledge in Supporting Wellness in Inuit Communities in Nunavut](#) (report)
- [Social Determinants of Health Inequities in Indigenous Canadians Through a Life Course Approach to Colonialism and the Residential School System](#) (journal article)



Teaching 7: The Status of Truth and Reconciliation in Health Care

(60 minutes)



The last Indian residential school in Canada closed in 1996. The [Indian Residential Schools Settlement Agreement](#), the largest class-action settlement in Canadian history, began to be implemented in 2007. One of the elements of the agreement was the establishment of the Truth and Reconciliation Commission of Canada (TRC) “to facilitate reconciliation among former students, their families, their communities and all Canadians.” Over six years, the TRC travelled to all parts of Canada and heard from more than 6,500 witnesses. The TRC also hosted seven national events across Canada to engage the public, educate people about the history and legacy of the residential schools system, and share and honour the experiences of survivors and their families.

The [TRC’s final report](#) (2015) stressed the importance of understanding Canada’s history with Indigenous communities in order to reconcile and rebuild relationships. Understanding and valuing Indigenous food systems is part of this healing.

The TRC also released 94 Calls to Action that challenge society to change policies and programs in a concerted effort to repair the harm caused by residential schools and move forward with reconciliation.

Of the 94 Calls to Action, seven (18–24) deal directly with health and health care. These Calls to Action are within the Legacy Calls to Action, meaning those that seek to address the ongoing structural inequalities that marginalize Indigenous communities – intentionally or not – in contemporary Canadian society.



Core resource: Read the TRC's health-related Calls to Action on (pp. 2–3), [“Truth and Reconciliation Commission of Canada: Calls to Action”](#)

The Calls to Action include closing the Indigenous health gap (19), addressing the distinct health needs of Indigenous communities (20), and valuing Indigenous approaches to healing (22). **By recognizing that Food is Our Medicine and valuing the wisdom in Indigenous foodways, we are responding to the call for more equitable and safer health care experiences for Indigenous communities.**

As discussed in previous teachings, the inherent connection to land and the need for access to land must be acknowledged. **The colonial policies and practices which drastically reduced access to land for Indigenous communities and families were built on Western priorities of private enterprise and land ownership instead of on the understandings of interdependence and common responsibility.** Relationship with the land is not only the basis of Indigenous food systems, but also the basis of Indigenous cultures, identity, and well-being.

Furthermore, this fundamental right is recognized in the **United Nations Declaration on the Rights of Indigenous communities (UNDRIP)**. See UNDRIP Articles 20, 24 (below), 25, 26, and 29. The Declaration and all of its provisions are but a starting point, as noted in Article 43: **“The rights recognized herein constitute the minimum standards for the survival, dignity, and well-being of the Indigenous communities of the world.”**

Article 24

- 1. Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.*
- 2. Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.*



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1. The TRC Calls to Action were released in 2015. What have you heard or read about the work of the Truth and Reconciliation Commission?
2. What are your thoughts on the health-related Calls to Action (18–24)?
3. What changes (if any) have you seen in your workplace since the TRC report was published in 2015?
4. What next steps could you personally take to advance the Calls to Action in your professional life and/or your personal life? We invite you to use the [Back Pocket Reconciliation Action Plan](#) to actively make reconciliation part of your life.



Governments at all levels committed to working together to fully implement the Calls to Action of the Truth and Reconciliation Commission. So, the question is: **how is Canada doing on truth and reconciliation?**

[The Yellowhead Institute](#), at Toronto Metropolitan University, set out to answer this question. The report they released in December 2023 concludes that the commitment made by governments has not materialized.

Core resource: Turn to page 5 of the report of the Yellowhead Institute, [“Calls to Action Accountability: A 2023 Status Update on Reconciliation.”](#)

Pause and reflect

- What comes up for you when you reflect on the status of reconciliation in Canadian health care, and when you look at the information on page 5 of [“Calls to Action Accountability: A 2020 Status Update on Reconciliation”](#)?

Addressing the TRC Calls to Action is a crucial component of reconciliation. **In addition, Indigenous knowledge, ways of knowing and cultural practices must be respected and encouraged, and hunting, fishing, and gathering must be supported as key food provisioning activities alongside farming and ranching.** This multifaceted issue holds complexity within the Indigenous context. Forming respectful relationships to better understand and support Indigenous ways of being is foundational for moving towards reconciliation.

Dive deeper—Additional resources, Teaching 7

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

- [Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada](#) (report)
- [Beyond 94: Truth and Reconciliation in Canada Monitoring progress on the TRC Calls to Action](#) (CBC news interactive)
- [UN: The Right to Food and Indigenous communities](#) (joint brief)
- [Land Back: A Yellowhead Institute Red Paper](#) (report)
- [Arthur Manuel and Grand Chief Ronald Derrickson: Unsettling Canada 150](#) (book for purchase)
- [A Guide to Aboriginal Harvesting Rights: Fishing, Hunting, Trapping, Gathering](#) (booklet)

Teaching 8: Cultivating cultural mindfulness



(45 minutes)

The resources in this teaching again situate wellness in the context of colonial policies, whose impacts on Indigenous health and on the relationship between health care providers and Indigenous people cannot be overstated. In a statement published in 2019 ([Indigenous Health Values and Principles Statement](#)), the Indigenous Health Writing Group of the Royal College of Physicians and Surgeons of Canada begins by acknowledging the undeniable role of racism in fostering health inequities:

“It is well documented that inequities in health exist on the basis of race in Canada. Racism cannot be ignored. Indigenous people carry an inordinate burden of health disparities across their lifespans, at individual and community levels, and in acute and chronic disease. Overall, Indigenous people suffer the worst health status in the country. As Canada has recently affirmed through the adoption of the United Nations Declaration on the Rights of Indigenous communities, Indigenous people indeed have the right to enjoy full expression of identity and health.” (p. 1)

The statement then outlines values and principles to guide actions that can redress inequities in health care. Though written for physicians, it is applicable to all health care professionals.



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Core resource: Read the principles and values in the Royal College's statement (pp. 2–5): [Indigenous Health Values and Principles Statement](#)

1. As a health care professional or from your personal experience, which of these values and principles resonate with you? Which, if any, surprise you?
2. How do the values and principles in your practice or organization compare to these?
3. How might you cultivate cultural mindfulness in your work or everyday practice?



In Teaching 3 (Fall), we shared George Couchie's [video on cultural mindfulness](#). Cultural mindfulness is an essential tool that we can draw from as health care professionals to understand the story of the individuals and Indigenous communities we work with. In cultivating cultural mindfulness, George shares the following teaching: "Start with yourselves, because that's where the ripple effect starts. In order to make change at higher government levels, we need to make change in our own houses, in our own communities."

We are encouraged to focus on ourselves (internally) before responding through our actions (externally). Keep this sentiment in your mind as you explore the following resources.

Key resource: Culturally Connected is a website created by collaborators in the BC Provincial Health Services Authority. It offers insight, guidance, and tools for practitioners interested in providing culturally safer health care. Read through this page on the website: [About Culturally Connected](#).

Pause and reflect

- According to Culturally Connected, how are cultural humility and health literacy complementary?

Key resource: The Northern Health Authority in British Columbia created the following video to help its staff understand what culturally safer health care looks like, and how to work towards it: [Cultural Safety: Respect And Dignity In Relationships](#) (5 minutes)

Pause and reflect

- The video states that to be culturally competent, people do not have to become experts in all cultures. What do they need to do?
- How does the video distinguish between cultural awareness, cultural competence, cultural humility, and cultural safety?

Key resource: This toolkit from the Montreal Urban Aboriginal Community Strategy Network is not specific to health care but has several valuable messages on how to provide support and allyship to Indigenous communities: [Indigenous Ally Toolkit](#).

Pause and reflect

- According to the toolkit, what does it mean to be an ally? An accomplice? A co-resistor?
- What are your thoughts on the motivation questions? (Step #1, on page 3)

Dive deeper - Additional resources, Teaching 8

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

- [Bringing Reconciliation to Healthcare in Canada: Wise Practices for Healthcare Leaders](#) (report)
- [Indigenous Cultural Safety Webinar Series](#) (webinars)
- [A Journey We Walk Together: Strengthening Indigenous Cultural Competency in Health Organizations](#) (report)
- [Creating Cultural Safety: Looking at Ottawa](#), about the development of a cultural safety curriculum, by Wabano Centre for Aboriginal Health
- [Towards Braiding](#): An ongoing relational engagement process, by Elwood Jimmy and Vanessa Andreotti (book and handouts)
- [Assembly of First Nations Health Transformation Summit: Getting the Relationships Right: Health Governance in the Era of Reconciliation](#) (report)
- [Urban Indigenous Forum: Addressing Systemic Racism in Healthcare](#) (event summary)
- [Indigenous Health Primer](#) (book)



Reflections of Winter



We have journeyed together through Winter, focusing on the significance of relationship, partnership, and humility in this work. Here we reflect on some messages from this part of the journey:

- Food is relational. Indigenous communities have always been dynamic, complex, diverse, and existing in relationship with the natural world; their cultures, ways of being, and food systems are intrinsically linked to the local ecosystem. Food connects people to place.
- A relationship cannot be restored until the cause of its decline is acknowledged; then restorative action can be taken. For Indigenous communities to revitalize and continue to build relationships with land and water across Turtle Island, the impact of colonization must be understood and acknowledged. Meaningful reconciliation through food requires recognition of land rights and title.
- The Truth and Reconciliation Commission's Calls to Action outlined the need to address ongoing structural inequities, including those seen in health care. So far, there has been little progress in most areas.

- We acknowledge that **Food is Our Medicine**, and by recognizing and valuing the wisdom in our Indigenous foodways, we are responding to the call for more equitable and safer health care experiences for Indigenous patients and families.
- Reconciliation starts with ourselves and our relationships. From a place of respect and understanding, the ripple effect of culturally mindful thoughts and actions can transform health care.

You have done some heavy lifting on this part of your learning journey. Notice how you feel or how your thoughts might be evolving since you set out on this path. Return to any practice that helps you to integrate the shifts you might be experiencing. Go stand out on the land. Pick up a pen. Call a loved one. Gather your energy.

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.

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