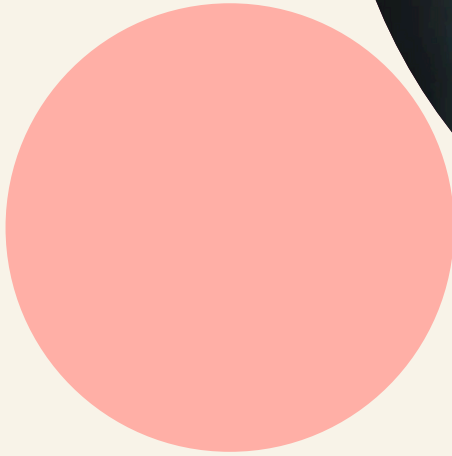




Nourish



Indigenous Foodways

Field Scan

A report on health care institutions developing relationships with Elders, Knowledge Keepers, and Indigenous communities to better understand Traditional, Indigenous, and Country foods.

Jared Qwustenuxun Williams
Fiona Devereaux

December 2024

The health care system
harnesses the power of
food to advance health for
patients, communities, and
the planet.

Nourish Vision

Support health care providers
to apply the healing power of
food to advance health equity,
climate action, and
community well-being.

Nourish Mission

Territorial Acknowledgement

Our team humbly acknowledges that our work can only take place through direct engagement with Knowledge Holders across many homelands within what is colonially known as Canada. We have had the honour and privilege of learning and connecting with Indigenous leaders from across the country. We want to hold up and acknowledge their homelands and appreciate that each Nation has their own distinct knowledge systems and practices. We offer this work in humility and acknowledge the far reaching, historical and ongoing colonial policies that impact and confine Indigenous foods, lands and cultures. We worked to center the voices of the communities pushing this work forward in vibrant, innovative and collaborative ways.

Acknowledgements

We humbly raise our hands in gratitude to the individuals, communities and organizations who shared their wisdom, knowledge and experience with our team during the creation of this report. With deep gratitude, we thank and acknowledge all the Elders and Knowledge Holders who have stewarded, maintained and passed on this sacred knowledge for untold generations.

We also want to acknowledge and appreciate the time that many hospitals, healthcare institutions and other public institutions took to share their insights with our team. Lastly, we want to raise our hands in gratitude to the Nourish leadership for their ongoing support of the work toward getting Indigenous foods into public institutions. Huy tseep q'u (Thank you).

Resource Creation Team

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Amazing input gathered from meeting with Elders, Knowledge Holders, and institutional staff from across turtle island.





Nourish

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Executive Summary

Imagine a healthcare system where every meal not only nourishes the body, but also heals the spirit, reconnecting individuals with their ancestral roots and cultural identity. This vision is at the heart of our work, which explores the integration of Indigenous foodways into healthcare institutions across Canada. Our journey began with a deep engagement with Indigenous Knowledge Holders, whose wisdom and experience have guided us in understanding the profound importance of Indigenous foods. These foods are not merely sustenance but are deeply intertwined with cultural heritage, identity, and well-being.

We highlight the rich **diversity** of Indigenous communities in Canada and the profound loss of Indigenous food systems due to ongoing colonial and racist policies. We emphasize the critical importance of reclaiming these food systems for Indigenous rights, self-determination, healing and wellness. Through engaging with Elders, community leaders, and healthcare staff from across Turtle Island, we have gathered pathways that showcase the barriers and facilitators for Indigenous foodways in healthcare and their ongoing efforts to amplify Indigenous foods and to overcome numerous obstacles.

One of the central themes we explore is **safety**. We address the need for cultural safety within healthcare institutions, recognizing the barriers posed by dominant systems that often undermine, dismiss and invisibilize Indigenous foodways. Our participants called for a comprehensive rights and title and anti-racist approach to overcome these challenges.

Access to Indigenous foods is another vital theme we delve into. We detail the difficulties in sourcing these foods and navigating regulatory barriers. Restoring Indigenous food systems and knowledge is crucial, and we explore the concept of reciprocity in food donation and discuss the impact of wildlife regulations on Indigenous food programs.

Incorporating Indigenous foods into healthcare institutions requires a well-defined process. We found that successful programs are Indigenous-led and community-driven, ensuring that Indigenous voices are integral to the process. Establishing systems for acquiring,



processing, and serving Indigenous foods is essential, and this must be supported by strong leadership and dedicated funding. Indigenous staff are needed across all layers within the system, including leadership, within the kitchen and doing outreach.

Regulation emerged as a significant barrier. We call for a shift in regulatory approaches to better accommodate Indigenous food safety and harvesting practices. Collaborating with licensed meat and seafood processors offers a practical solution to these regulatory challenges.

Our report features case studies from Whitehorse General Hospital, Meno Ya Win Health Centre, and the Six Nations of the Grand River. These stories provide insights into the unique challenges and successes of integrating Indigenous foods into healthcare settings. Legislative support, community engagement, and innovative strategies have been crucial in overcoming barriers.

Common challenges we identified include building trust and cultural safety, navigating complex regulatory landscapes, and securing institutional support. Dedicated funding and resources are essential to sustain Indigenous food programs.

In our recommendations, we advocate for decolonized and anti-racist structures, emphasizing the creation of Indigenous-led initiatives and the elimination of bureaucratic barriers. Programs should be led and staffed by Indigenous people, with strong community connections and support from local Nations.

Sustainable funding to restore Indigenous food ecosystems and create community food positions is critical.

We stress the importance of building a collective network to resist colonial barriers and advocate for Indigenous foods in healthcare. Relational accountability is crucial, with local Nations, Elders, Knowledge Holders, and community members serving as key partners.

In conclusion, we call for an Indigenous rights and title approach to replicate successful models across Canada. We emphasize the right of Indigenous people to their own foods and the broader cultural and health benefits of integrating Indigenous foodways into healthcare systems. This work aims to restore balance to the land, people, and their diets, moving beyond reconciliation to meaningful action.



Introduction

This country is populated with many distinct and diverse Indigenous communities, each with their own language, culture, and food system. For a long time, the inherent Indigenous Rights and Title were not upheld and respected the way they should have been - in fact, in many cases these rights were outlawed altogether. But the world is waking up and, for the first time in a long time, people are doing something about it. While the loss of language and culture is forefront in people's minds, often Indigenous foods and food systems are invisible and forgotten. This harm and loss makes learning from innovative leaders in food system restoration all the more meaningful and impactful.

The themes and stories found in this field scan were only made possible by taking the time to sit with Elders, community leaders, cooks, and healthcare staff from across Turtle Island, and hearing from them how they held tight to their vision for Indigenous foodways within healthcare and are continually removing obstacles to setting the table with Indigenous foods. While the obstacles may vary from location to location due to local regulation changes and distinct food systems, the one thing that remained the same in every discussion was the people's desire to reclaim their foods and to serve them to those that need them to heal. Throughout the stories shared, there was a common thread of the medicine of food and how it connects people to their land, to their culture, and to their wellness.

“So how is this spiritual? If you put a plate of food down in front of an Elder - Moose Meat, for example - you will literally take that person back to where they were strongest physically, spiritually, emotionally, and mentally.”

Kathy Loon

To get a broad understanding of the strengths and challenges encountered along the journey of incorporating Indigenous foodways into healthcare institutions, this scan included institutions from across many Indigenous homelands. From the Yukon to Newfoundland and Labrador, this scan includes input from the Meno Ya Win Health Center, Northern Ontario School of Medicine (NOSM), Six Nations, NunatuKavut Community Council, Nunavut's Department of Health, Saskatchewan Health Authority, Haida Food Pantry, BC Provincial Health Services Authority, Cree Board of Health, Labrador-Grenfell Health, and Whitehorse General Hospital.

Beyond creating themes and stories, this scan is intended to provide guidance to healthcare institutions looking to undertake the challenge of providing Indigenous foods and to support those in charge of regulations on how their support, leadership, and transformation is needed to bring Indigenous foodways into healthcare. By showcasing the stories of three different institutions, readers can better understand the processes that enabled these institutions' inclusion of Indigenous foods.

Reading these stories shows the human element beyond the themes: that behind every right decision was someone working tirelessly toward their goal. These changes are not made without dedicated people and leadership setting goals and moving to complete their objective. These people resisted western, dominant food systems and moved ahead with what they intrinsically know is needed for Indigenous people accessing health care - their foods. All the themes and scans in the world won't get the work done - ultimately, that is up to the people.

“We need to come to a place where we stop describing the problem, and we start giving a tangible path forward.”

Dr. Joseph LeBlanc

Ultimately, this work is about challenging the common worldview that Indigenous food systems are anything less than incredibly life-giving. It takes critical self-reflection and a conscious centering of Indigenous worldviews to appropriately celebrate and fully incorporate the wide diversity of Indigenous food systems across the country. Cooks, healthcare workers, and everyday settler Canadians need to learn and understand what foods are Indigenous to the lands that they occupy. Everyone benefits from centering Indigenous foods. Not only do Indigenous foods have visible and strong health benefits, they also hold a working knowledge of the language, history, and technology used by the people who eat them. They are truly local foods and should be centered and held up as we find solutions to support our climate crisis.

Including Indigenous foods is a key recommendation by the Truth and Reconciliation Commission, the Royal Commission on Aboriginal Peoples, and the United Nations Declaration on the Rights of Indigenous People. Including Indigenous foods is the right thing to do because it restores balance to the land, balance to the people, and balance to their diets. In the end, the process of serving Indigenous foods can appear overwhelming, with so many obstacles to navigate. However by serving these foods we begin to address the history of systemic and institutional racism that continues to harm Indigenous people. Simply by making the effort to serve these foods we show the people that we care about them enough to serve them the foods they are familiar and comfortable with.



Figure 1: Map visual of the scope of this field study. We had the honour and privilege of interviewing 10 institutions and Indigenous leaders across the country leading the way on Indigenous food ways within healthcare.



Figure 2: Grounding this work in Indigenous food systems, the diversity and distinct food systems across this country, needs to be acknowledged. Each Nation has its own ecosystem and food system and this is something that participants wanted to be highlighted.

Definitions:

There is diversity of languages used to describe the way First Nation, Métis, and Inuit people talk about and describe their foods. Provided here are some definitions to support understanding. Others may have differing views; for this document, this is how we are going to relate to these words.

Indigenous foods

Foods that are Indigenous to where they are sourced and utilized precontact. This can include foods that are community-sourced or sourced from commercial suppliers, meaning that both Traditional Foods and Market Foods can be classified as Indigenous foods.

Country Foods

All foods sourced outside of commercial food systems. These include any food that is trapped, fished, hunted, harvested or grown for subsistence or medicinal purposes, outside of the commercial food chain. This definition encompasses the following food items: Aquatic and terrestrial fauna fished, trapped, hunted, and/or harvested (e.g., game animals and birds, fish, and seafood) for domestic consumption; Produce harvested from naturally occurring sources (e.g., berries, seeds, leaves, roots, and lichen); Plant tissues (e.g., roots, bark, leaves, and seeds) ingested for medicinal or other uses (e.g., teas); Produce (e.g., fruits, vegetables, and fungi) grown in gardens, and/or home orchards; Aquatic and terrestrial fauna (and its by-products) produced for domestic consumption.

Traditional Foods

Foods that have been harvested by Indigenous communities from the land or water, using traditional food protocols and systems, and prepared using recipes that come from Indigenous communities or families.



Project Highlights

Every interview in this project brought out strong and valuable teachings around the variety of ways that healthcare institutions are approaching the integration of Indigenous foodways. To capture the wisdom and knowledge that was shared in this project, the following highlights were collected from each of the ten institutions that were interviewed. Collated here are some of the methods that intuitions are already implementing to overcome the barriers set up around using Indigenous foods.

Northern Health

Shelly Crack and Jenny Cross

Haida Gwaii, British Columbia

The Local Foods to School Pantry program in Haida Gwaii is the cornerstone of this food system. The pantry receives community-sourced foods from community donations and redistributes the food to schools and healthcare institutions. A key component of this system is the relationship that the pantry has created with seafood and wild meat and game processors. Community members can drop off foods to these processors and after it's been processed, it passes all required food safety legislation in British Columbia and is sent to where it can make the most impact.

Key Component - Key staff and community engagement

Whitehorse General Hospital

Laura Salmon

Whitehorse, Yukon

"First Nations health programs, as part of the hospital act, were legislated back in 1993" Laura Salmon noted while discussing how strong First Nations representation helped implement legislation that laid the foundation for this program. With seven different First Nations programs written into the legislation, the institutions were forced to act. Building relationships with community hunters and processors is the next crucial step as all the wild meat and game has to be recorded on an institutional questionnaire. Laura explains, "Our hunters questionnaire is the process we use in lieu of Federal inspection. Just to capture all the details around the handling of an animal, from the field to the table."

Key Component - Legislation and tracking of sources

Meno Ya Win**Kathy Loon**

Sioux Lookout, Ontario

"It takes a whole organization to run a program like this," said Kathy Loon. "We need support from the board, need support from the CEO and directors and interpreters and PSWs and kitchen staff, even the maintenance department." Support from leadership and staff is an integral component of integrating Indigenous foods into institutional menus. That said, governmental support and the removal of legislative barriers is also a critical step. As Kathy said, "The Health Protection and Promotion Act regulation 562 - the First Nations negotiated for this right at the onset. Basically, this allows us to serve uninspected wild meats. So why reinvent the wheel? If you could use this, use it. Just say, Hey, I want to do what Sioux Lookout does. Here's their legislation."

Key Component - Legislation and institutional support, including staff and funding

Saskatchewan Health**Authority (former)****Charlotte Pilat Burns****Province of Saskatchewan****Kelsie Dale**

Regina, Saskatchewan

There is a fundamental understanding growing in Public Health that involves reimagining how Indigenous people are treated in healthcare. "As a regulator, I need to get out of the way," said Kelsie Dale as she talked about the reality that environmental health officers, dietitians, and staff have to work together to rethink these systems and give equal consideration to Indigenous food sovereignty. While working to better build relationships and connection to First Nations, the Saskatchewan Health authority put together an Advisory Group for Indigenous peoples which includes Métis along with First Nations, that supports and provides guidance on how the work should move forward in a good way.

Key Component - Decolonizing practices of community engagement

"How do you eat a moose? One bite at a time.
Don't get discouraged."

Lilian Kandiliotis

Six Nations

**Kelly Gordon and
Kitty R Lynn Lickers**
Ontario

Six Nations have been leading this work and been a part of the Nourish Cohorts for many years. This coming year they are a part of Anchor 3 cohort and are looking at their Collaborative and Collective Food Strategy focusing on four key areas:

1. **Produce** - creating a list of local hunters, fishers, producers, farmers and foragers. How and where are they accessing their food?
2. **Distribute** - determining how to transfer and distribute food in a more effective and coordinated way. This includes food literacy and Traditional knowledge.
3. **Consume/Eat** - survey within the community and health care facilitates to assess what folks know and what they want to know.
4. **Waste** - reduce, reuse, recycle

Key Component - Collaborative and systems thinking. Thinking big and strategically.

NOSM University

Dr. Joseph LeBlanc
Sudbury, Ontario

When Indigenous people gain control of their narrative around Indigenous foods and food systems, it brings academic legitimacy to the wisdom shared by Elders for generations. "Food sovereignty is built around the kitchen table. The more households who assert their sovereignty, the more households that can support each other through traditional sharing and caretaking relationships," said Dr. Joseph LeBlanc, Associate Dean of Equity and Inclusion. Highlighting that not every food systems champion is in food service, many are teaching the next generation of leaders about the real stories of Indigenous food and naming power imbalances, he states "Our sovereignty is not something that is granted through any kind of program, it's something that is still here."

Key Component - Naming racism and systems of oppression.



Cree Board of Health

Reggie Tomatuk and Lilian Kandiliotis

Eeyou Istchee, Quebec

“How do you eat a moose? One bite at a time,” said Lilian Kandiliotis when she was talking about not getting discouraged doing Indigenous food sovereignty work. A critical part of keeping an Indigenous food program moving forward is training and capacity building. These skills are grown through training for staff, and ensuring that it continues with new staff, community members and with programs such as the Youth bush program. This youth program is offered by the Cree Board of Health, where youth learn to harvest, process and eat these foods, understanding that when the community can hunt and gather more, they will be encouraged to bring some of their harvest to the hospital. Like many other Indigenous food programs, there is always a struggle to navigate honoring a hunter's time with a payment of some kind and navigating hunting and poaching wildlife regulations.

Key Component - Training and community connection

NunatuKavut Community Council

Dana Marshall and Roxanne Notley

Happy Valley, Newfoundland and Labrador

In NunatuKavut, hunting and eating wild food is a cultural norm. There is limited resistance and a culture of respect for common Indigenous foods such as moose, as most people hunt. In this culture of understanding, settler staff can see that regulations need to be changed to facilitate the use of Indigenous foods in healthcare settings. This is why they have created a collective where folks with influence on the processing regulations are a part of this collective network. This network is grounded on the importance of relationships building and acknowledging those positions that have power and influence. Knowing that safe food handling is not inclusive of Indigenous foods and still understanding how hanging moose meat is a different thing than ordering from Sysco. Making support from health authorities and access to abattoirs, meat processors, and community freezers essential to Indigenous foods programs like the one in long term care in Goose Bay. While these supports are critical for Indigenous food services, patients are still expected to sign a food waiver to release liability from the institution.

Key Component - Culture of understanding and food waivers

“One of my biggest wishes for this work is removal of colonial and racist systems and barriers. For example, you cannot buy lye corn anywhere but here.”

Kitty R Lynn Lickers

Department of Health

Allison McLeod

Iqaluit, Nunavut

Government of Nunavut funded facilities and community programs are encouraged to serve more country foods, and in fact they have even created publicly available guidelines on their process, "[Serving Country Food in Government-Funded Facilities and Community Programs](#)." With some institutions even including Inuit-led initiatives with Inuit people employed in all aspects of the project from procurement to cooking and delivery and with sourcing of country food ingredients and ensuring consistency of service during staff turnover being some of the biggest hurdles in implementing this program, overall the program has found great success by using hunter questionnaires and sharing their guidelines with the surrounding community and institutions, using and serving country foods in the Qikiqtani General Hospital since 2014.

Key Component - Government support and community inclusion

Provincial Health Services Authority (PHSA)

José Morais

Vancouver, British Columbia

José is passionate about bringing Indigenous Foods within Institutions across PHSA. He is one year into a new role within PHSA where he has broader reach. He had success within his previous role in corrections sourcing salmon of the Okanagan Indian Band and would like to build more partnerships within PHSA. He is currently reaching out to the local Nations to build relationships and connections to move this work forward.

Key Component - Relationships

Sharing the Journey

To help bring the themes and concepts that are presented in the scan to life we have included three case studies from different institutions that are working to incorporate Indigenous foods. These stories show the complexity and uniqueness of each Indigenous food journey. Each story will share the history of how these Nations and institutions incorporated Indigenous foods as well as highlight the barriers and facilitators they encountered on their journey.

Whitehorse General Hospital

Laura Salmon

Whitehorse, Yukon

Traditional Indigenous foods have been served at the Whitehorse General Hospital (WGH) for over three decades. While the Indigenous Health services team at the hospital have worked hard to maintain the program and continue the service of Indigenous foods, much of their current success is owed to the strong First Nations voices that pushed for Indigenous foods, and other Indigenous Services, to be legislated into the *Hospital Act* in 1993 when the Whitehorse Hospital was transferred from Health Canada to a private corporation. Thanks to the advocacy of Yukon First Nations, the hospital is required to have a First Nations health department. This department consists of seven different programs and services: navigation, traditional foods, traditional medicines, interpretation services, employment equity, staff cultural awareness training, and Elder supports.

During the implementation of these new parts of the *Act*, hospital staff had many obstacles to overcome. Most importantly was how to incorporate Indigenous foods; however, when WGH incorporated they had a very different experience with their local Environmental Health Officers (EHOs). With the *Hospital Act*, and their position as a corporate entity, First Nations Health Programs worked to get traditional food incorporated into food services, starting with EHOs as a key partner. Rather than preventing the service of Indigenous foods, EHOs instead worked with hospital staff to create a system that could ensure these foods were harvested and processed in a safe and traceable way. With the acceptance of the Indigenous Right to access their foods, the EHOs and First Nations health department staff developed a questionnaire for hunters and harvesters that mitigates concerns around safe food handling. The questionnaire itself is based around questions like: Where did the harvesting happen? How did you dress the animal? What temperature was it? How long did it take you to get to Whitehorse, or where did you take it? As well as including the typical time and temperature records, other food safety requirements and observations about the animal noting if the animal looks healthy or not.



The ability to include Indigenous foods on the menus at the Whitehorse General Hospital has had a direct and meaningful impact on Indigenous patients receiving care. Patients can see their foods represented in menu options like Moose Stew, and the option to enjoy these foods nourishes them in physical ways as well as emotional and mental. Food workers at most institutions that serve Indigenous foods to Indigenous people can see people will actually eat more, finish their meals and even choose to eat more of something, where they might not otherwise. Simply because it's Traditional food and it's what their body is used to eating, ultimately because they know it'll help them get better. It's a physical representation of the Indigenous concept that "food is medicine".



“We had the joint mission of just trying to focus on our Traditional food program and ways to take what we do and just try to share and leverage it to see change throughout the country.”

Laura Salmon

With the TRC's National Calls to Action, many institutions and organizations across the country have identified the need to serve Indigenous food. Yet most have no starting point or roadmap to use to show them the way forward. This, combined with the relative success of the Indigenous foods Program at Whitehorse General Hospital, has left the program inundated with requests to share how WGH has navigated the barriers to serving Indigenous foods. To best facilitate the transfer of this knowledge to other institutions, the staff at WGH created a section on their [website](#) that outlines how the Indigenous food program works. This section of the WGH website also includes a detailed infographic outlining their journey and shares many of their policies, including the hunter's questionnaire.

Barriers and Facilitators to using Indigenous foods

Barriers, what could be changed?

- Could benefit from more continued community engagement as recipes are only updated with community input irregularly.
- Foods transported to other hospitals are pre cooked and frozen with little consideration of different nations' differing eating habits.
- Due to staffing limitations, the food is often prepared by a non First Nations cook.
- First Nations program expected to carry the burden of most reconciliation work.

Facilitators, what's working?

- Creating a new legislative framework to use Indigenous foods instead of adding things into an existing regulative structure.
- Whitehorse General Hospital operates as a corporation and not under Health Canada.
- Legislation created with strong First Nations representation.
- Can produce enough for other hospitals.
- Offers Indigenous food options for in-patient meals, and some availability for outpatients in Emergency Department, families.
- Patients and staff appreciate Indigenous representation on the menu and in the recipes.

“But understanding that engagement work is important. To be doing community outreach and actually speaking to the right people and bringing the voice and the culture and everything into the environment, or being out of the hospital's four walls.”

Laura Salmon



Meno Ya Win Health Centre

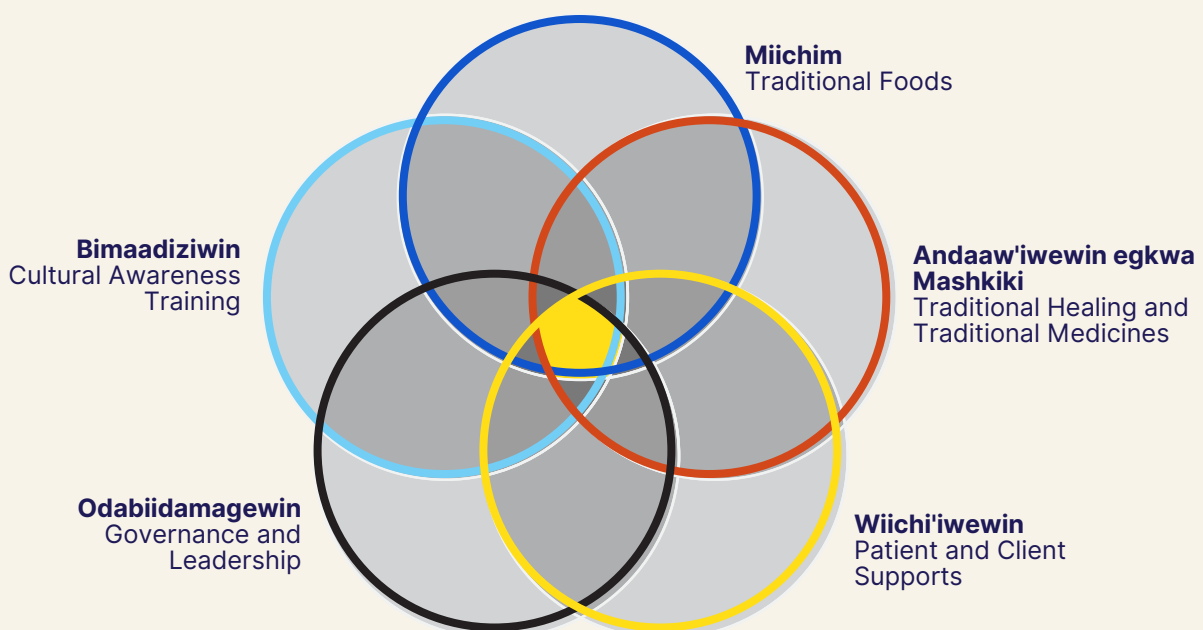
Kathy Loon

Sioux Lookout, Ontario

In January 1988, five people from Sandy Lake First Nations went on a hunger strike to protest the lack of equitable health care for First Nations communities. This protest brought media and government attention to the worsening health care conditions faced by First Nations people and pressed the government to act. The following year, Health Canada created a health panel to investigate the health care conditions that First Nations people and communities faced. This was called the Scott-McKay-Bain Health Panel and its final report set the foundation for the creation of the Sioux Lookout First Nation Health Authority.

Yet, at this time, there was still a segregated healthcare system in Ontario, meaning that all the non-Indigenous people went to the general hospital in Sioux Lookout, whereas all the Indigenous people went to the Indian Hospital (later named the Sioux Lookout Zone Hospital). In 1992, Sioux Lookout Chiefs endorsed a formal agreement for an amalgamated regional hospital so there would no longer be separate hospitals for Indigenous residents and the non-Indigenous residents of Sioux Lookout. Together with the federal, provincial, and municipal governments, the Sioux Lookout First Nations signed a four-party agreement towards the creation of the new Sioux Lookout Meno Ya Win Health Centre.

From the beginning of the negotiations, the Sioux Lookout Chiefs pushed for five First Nations programs to be covered in the four-party agreement.



“When they see an organization serving their own cultural foods. Basically, you're telling them that you're trying, you respect them. You respect them enough to try. And that's good for emotional health.”

Kathy Loon

Even with the legislation in place, starting the Miichim program wasn't easy. One of the largest hurdles to navigate was ensuring the traceability, liability, and food safety management along the food chain from forest to fork. To help facilitate this, the Meno Ya Win Health Centre created several forms to navigate the different elements of the process. Forms like the hunter's form that hunters, transporters, and butchers must sign when meat or game is donated to the program. The form has questions like: Where was the animal killed? What was the time and temperature when it was killed? What type of animal was it? How old do you think it was? Was the liver good? etc.

While these policies make it easier for hunted and wild harvested foods to get into the Miichim program, it does not address the harvesting and wildlife regulations around purchasing hunted meat and game. Due to this barrier, all meat and game currently used is donated by local hunters and fishers, or from a relationship with the Ministry of Resources where meat and game that is confiscated is donated to the Miichim program. So, to ensure that this finite resource is enough to make it through the year, the program currently runs on a 3-week menu cycle where only one week out of every three showcases wild caught meats and game. The program also utilizes a patient food waiver, which any patient accessing the Miichim program is expected to sign. This waiver informs the patient that they have requested the option to be served the Miichim/Traditional meal and that it may contain uninspected wild meats and game. The waiver holds harmless, and removes any liability from being placed on, Sioux Lookout Meno Ya Win Health Centre.

To get their recipes, the Miichim program hosts Kookum Cooking contests every 5 years, where they invite Kookums, elderly women, from many northern communities to compete for a top prize. The main requirement of competing is that the recipes are shared with the Miichim Program. Miichim Program chefs, understanding cultural cooking concepts, will watch the Kookums cook and record their recipes, as many of the Kookum competitors do not write down their recipes. These recipes are also shared with dietitians who check them to ensure nutritional balance.

A program of this size and complexity takes cooperation from across the organization. No one person can coordinate, cook, monitor, hunt, manage, or do the many other tasks involved in bringing these Indigenous foods to the people in Meno Ya Win Health Centre. From the CEO and directors to the PSWs and kitchen staff, to the transport and maintenance staff, every link on the Miichim Program food chain is critical.

Barriers and Facilitators to using Indigenous foods

Barriers, what could be changed?

- Wildlife Regulations around purchasing hunted Meat and Game limits what is available to the Miichim program.
- Donations can be infrequent during times of crisis (i.e. Covid pandemic)
- Fish is not included in the four-party agreement.

Facilitators, what's working?

- Creating a new legislative framework to use Indigenous foods instead of adding things into an existing regulative structure.
- Legislation created with strong First Nations representation.
- Offers a variety of Indigenous Meats and Game.
- Using a patient food waiver system allows patients to access Indigenous foods at their own risk without the possibility of holding the institution liable.



“I can't understand how they think, and they can't understand me, so it's a delicate walk.”

Kathy Loon

Physical

Western food safety focuses on physical aspects like nutrients and safety, often ignoring the cultural significance of food in Indigenous communities, where food is also medicine for the soul and community.

Emotional

Indigenous foods emphasize harvesting and preparing with positive emotions, nourishing both heart and stomach. They help Indigenous people feel represented and affirm the importance of their cultural practices.

Spiritual

Eating is sacred; all food was once alive. We must be grateful, as food is strong spiritual medicine. A deep connection to the land enhances this medicine, and sharing food's story unlocks its power.

Mental

The foods we eat as children shape core memories, linking us to our food system, land, and family. For Indigenous people, eating traditional foods can unlock a deep, healing connection to their culture.



Figure 4: Kathy Loon provided us with the foundations for this visual and a reminder to invite all of us to remember the foundational teaching that Indigenous foods within Health care are medicine.

“When we feed elders moose meat you take them back to the time when they were strongest. They’ll start telling you a hunting story and forget, for a little while, why they are in the hospital. Taking them back to when they are strongest spiritually, that is healthy for them.”

Kathy Loon

The Six Nations of the Grand River

Kitty R Lynn Lickers and Kelly Gordon

Ohswéken, Ontario

Haudenosaunee people are unified under the Great Tree of Peace and are known as the Six Nations people. These Nations are the Mohawk, Cayuga, Onondaga, Oneida, Seneca and Tuscarora. Located along the banks of the Grand River, Six Nations is the most populous First Nation with 27,276 members. A total of 12,848 members live within the community. Indigenous foods are integral to the Haudenosaunee way of life. The Haudenosaunee are well known for their agricultural skill in growing corn, beans and squash, which makes up a large component of the Haudenosaunee Diet. Maple syrup, mushrooms, berries, wild potato, roots, shoots, deer, bear, beaver, muskrat, rabbits, wild ducks, geese, owls, partridge, quail, fish and nuts (like hickory, walnut, butternut, hazelnut, beechnut, chestnut, acorns) also are key foods in the Haudenosaunee food system.

Six Nations is a team in Nourish's current third Cohort program. Kelly and Kitty shared with us their team's Cohort vision for an Integrated Food Strategy for the Nation, with Kitty R Lynn Lickers sharing "In all stages of life, difficult as well as good, when food is shared, it is our way to show and express care. Food creates connection."

The desire to support Haudenosaunee food accessibility within the long-term care facility facilitated the creation of initiatives such as Health Roots; a community challenge to eat more foods of Turtle Island, which evolved into a community challenge of eating more Haudenosaunee foods. The Healthy Roots project helped to elevate and bring attention and focus to Indigenous foods and their health benefits.

An integral part of the Integrated Food Strategy is to engage in broad scale food systems mapping to develop processes and policies that support food systems transformation. Kelly and Kitty stated that their experiences and perspectives of working to include Indigenous foods within Six Nations are different from hospital, urban setting or in a community food center. The confines of regulations can be liberated through self-determination within Six Nations. When compared to a settler context it is a different conversation. Kelly reminded us of Indigenous self-determination and that Indigenous communities are Nations and have inherent Rights and Title and jurisdiction within their reserve lands.

"There are four aspects to somebody: mental, spiritual, emotional, physical. Western people are focused on physical health."

Kathy Loon

Food Strategy Development

The Six Nations Food strategy began with a focus to learn from the community and develop a common understanding and definition of what Haudenosaunee food is, and what that means to the members. Six Nations developed a survey and engagement strategy to hear from everyone in the community. What they found was that “what food means can mean very different things to different members of the community. Foods that Haudenosaunee people eat today can be different from those foods their ancestors grew up eating.”

The food strategy was developed into four streams, with each stream having a different collaborative leadership team. Six Nations invited team members and staff who were passionate about working on specific streams to step up and develop the stream.

Produce Stream:

The focus of this stream is to create a centralized list of local hunters, growers, producers, farmers, foragers. This list showcases the people that the Six Nations Food strategy is currently sourcing from. Hence they will be better able to improve procurement throughout this stream’s development. The goal is to source more traditional Haudenosaunee foods and locally grown foods.

Distribute Stream:

Having and maintaining access to Indigenous foods is a barrier for most Indigenous Communities and this stream focuses on increasing and strengthening access. The current development plan is to obtain foods through the Produce Stream and then freeze dry foods like corn and beans. They then work with nutrition literacy to support integration and consumption of these Indigenous foods for families and community members.

Waste Stream:

This stream was created to look at more sustainable practices and see what opportunities there are around reducing waste through collective purchasing, reuse through food recovery, freezing, drying, preserving and composting. They have also created a food pledge commitment to focus on Indigenous foods and local foods for planetary health.

Consume Stream:

The main priority for this stream is engagement with those that are eating the food. The Six Nations Food strategy hopes to engage community members through a survey of long-term care residents to understand which traditional foods, or any type of foods, they want to consume.



Reinvest in Six Nations and its own Food System

Six Nations is excited about reinvesting in the community by consolidating and maximizing their spending through collective purchasing. They are currently looking at all the food costs and spending with Six Nations and have found the Nation purchases millions of dollars of food annually. They are currently evaluating how to repurpose and reinvest this money into their community versus the huge funds going outside the community i.e. to food distributors and grocery stores. The focus is to explore how they can shift the way in which they procure and provide food by creating a list of more local or community rooted vendors with bulk buying in a more coordinated way.

Barriers and Facilitators to using Indigenous foods

Barriers, what could be changed?

- Sustainable and long-term funding.
- Finding access to Indigenous foods has been difficult.
- Removal of colonial and racist systems like colonial mindsets and worldview that undermine and control Indigenous peoples' access to their foods.
- Domination of Western Foods due to settler colonialism creates a mindset that Indigenous foods are wrong.
- It can be of necessity and also all too easy to switch Indigenous foods for colonial foods in recipes; i.e., beef for venison or hominy over corn. This needs to be addressed through access and effort. We need access to our foods so cooking with our Traditional foods isn't a barrier.
- The demands and time for this work are huge and community members are juggling many aspects of community, family and professional lives.
- When paying hunters, harvesters, cooks, some are fine with a cash honorarium, to cover gas or ammunition, while others don't want money. Each time they must engage in a conversation on whatever they are comfortable with.

Facilitators, what's working?

- Coordinated and collaborated Food strategy.
- Working with people's strengths while leading specific streams.
- Building of successful Healthy Roots Project.
- Community engagement surveys.
- Looking for collective and strategic collaborations around procurement and food sourcing.

"The first thing I tell people when I give a talk, in the university classroom or in community is that Indigenous people have all of the answers. We have them all but we cannot make change alone and we need everyone to come together to do it."

Kelly R Lynn Lickers

Common Themes

This Indigenous foodways within healthcare field scan included input from 10 institutions with a variety of access, regulatory challenges and diverse food systems. Even further to that point, some stories are set in urban and off-reserve environments while others are set on-the-reserve or in rural communities. Yet within this diversity, there were threads that were common within almost every story.

These threads began with relationships. Every community needed to feel safe and supported to undertake the journey. The relationships required to gain access to Indigenous foods start with a foundation of cultural safety, humility and trust. If an effective relationship with Indigenous community members was built, then access to Indigenous recipes and foods becomes more available. For, without access to Indigenous knowledge systems and community harvesters or hunters, these programs couldn't exist. Once Indigenous foods and recipes are accessible, the institution co-creates the process of cooking, serving and/or distributing the food. Then, with Indigenous leadership, the Indigenous foods program is connected to the Indigenous community and updated as needed. But to accomplish all this, the regulations must be navigated. From figuring out how to adequately compensate hunters and harvesters to working through food safety and traceability regulations, the people running these Indigenous food programs are forced to be both dynamic and resilient.

Safety

This field scan interviewed food leaders who continually named the barriers of settler colonialism, western dominant structures and whiteness as key impediments of Indigenous foods transformations. Many shared these dominant systems hold a lot of the power and many of the folks that have the privilege of working within food services, food systems and are decision makers don't understand the necessity for Indigenous foodways within health care. Far too often these people have been trained and educated within colonial systems that pathologize and problematize Indigenous foods as dangerous or unsafe. One participant asked how we can get 'yes people' into decision maker roles who are willing to explore what could be possible.



“There is a continuous circle around consultation - consult, consult. They say things like, we'll move at the pace of trust. You're never gonna do anything, because you know ultimately what that actually means... do the decision and policy maker trust you as an Indigenous person? That's what they mean. They don't mean when we trust them. They mean when I trust that what you're telling me is what is actually needed. That is one of the biggest barriers we have.”

Dr. Joseph Leblanc

Many food leaders speak of having to collaborate with folks that have different worldviews and that it is so important to have Indigenous peoples hired within these programs from food access to leadership. Many interviewees shared the many strategies they take to navigate dealing with settler colonial worldviews. There is an invitation to limit the energy put into these strategies so that the food work can move forward without all the layers of coloniality. A critical invitation for settlers is to engage in their learning and unlearning journeys and work with humility, vulnerability, self-reflection and courage.

By having a deeper understanding of the value and depth of Indigenous foods and culture, institutions and staff are more motivated to support setting the table with Indigenous foods, language and culture of the lands. That said, in almost every case, the staff working to get Indigenous foods included in their institution were doing so as a project on the side of the desk, and not as the full scope of their position. Meaning that they were navigating the legal, social and cultural barriers while still ensuring they accomplish a host of other healthcare related duties. Many referenced how much easier this process would be if there were funded positions just for incorporating Indigenous foods into healthcare.

Invitation to Learning Journey: Learn, Understand and Action

Using and combining the frameworks of Jody Wilson-Raybould and Dr. Camara Jones, we have summarized the overarching needs shared to interrupt and disrupt Indigenous specific racism so Indigenous and Traditional foods can be foundational to menu programs across the country.

TRUTH: Learn/Name Racism

Critical reflection and learn what has and is happening.

- Commit to an ongoing, critical self-reflection learning and unlearning journey
- Shifting consciousness/open hearts and minds towards the importance and significance of Traditional foods - we need overall buy in
- About the people's land you are on, food systems and geographical specificities
- Moving away from tokenism - ie special occasions or special project
- Interrogate worldview and realize you are probably coming from a different understanding ie individual vs communal relationships. Example was given around serving Traditional foods where a colonial funder could not move beyond individual outcomes and was not able to see communal and collective impacts

“Making people know that the white papers are still out there and still limit us.”

Kitty R Lynn Lickers

UNDERSTAND: Ask How is Racism Happening Here?

Interrogate what you may not know or understand.

- Realizing your position and privilege is complicit in the ongoing silencing of Indigenous foods is very important.
- Worldview clashes and undermining Indigenous worldview.
- Upholding and benefiting from neocolonial capitalist view.
- Understanding who we are and what we are hoping for and being truthful of our intentions.
- Being mindful of false pretences, professionalism, power, privilege, extractive, paternalism. E.g., a funder came in with the right answer but then said it was too complicated so shifted project outcomes so they could meet them.
- Solutions that lack understanding eg that training and capacity building is the need vs providing practical things like tools, gas, honorarium, processing site.
- Pressures on Indigenous people, departments to address all issues but it's settler regulations and settler staff getting in the way.
- The solutions and actions should not always be on Indigenous Health or First Nations programming.
- Saying you don't know is not good enough any more.
- Pan-Indigenous approach and not grounding the work in the people, land, and homelands.
- Do folks understand the line between food sovereignty vs food security?

ACTION: Strategize for Change/Action

Amplify Indigenous-led programs and get out of the way.

- Become a yes person - get out of the way. Realize you are in the way.
- Prioritizing relationship-building and sustaining good working relationships.
- Remove hierarchy - Check your privilege and power.
- Eliminate racist systemic structures - fight against racism.
- Centre Indigenous foodways and foods - connect with local Nations and learn about distinct food systems and recipes.
- The barrier to access goes back to colonialism as we have been taught not to grow corn or learn the skills around harvesting, hunting and gathering.
- Restore sharing and bartering...trade systems.
- Uphold Indigenous solutions to Climate change.
- Removing Hazard Analysis and Critical Control Points (HACCP).

*adapted from Jody Wilson-Raybould and Dr. Camara Jones

“We have to figure out access before we even get to introducing Indigenous foods. But it's doable. Obviously it is doable because you can get Chinese food or Italian Food in every city. So it can be done!”

Kitty R Lynn Lickers



Access

Accessing Indigenous foods isn't a straightforward path and many of these foods are not commercially available. All across Canada, in almost all Indigenous communities, access to Traditional Indigenous foods is diminishing, if not gone altogether, along with the knowledge of Traditional cooking, recipes, and preservation techniques. By seeking out and using Indigenous foods we support the restoration of the food systems that produce them, which has the added effect of supporting Indigenous language and culture. But access is a multifaceted issue with the bulk of the concerns being related to ensuring supply while balancing the toll on natural ecosystems. Additionally, Elders and Knowledge Keepers often grapple with the idea of putting a price on Indigenous foods. When a price is set, then food – which is a sacred gift from the land – is turned into a commodity for profit. While regulations still prohibit the selling of wild meat and game, how do institutions encourage community members to donate to their Indigenous foods programs when it's hard for community members to put food on their own tables?

It's hard for non-Indigenous people to understand the volume of territorial loss that has been faced by many Indigenous Nations. With the loss of this land base, Indigenous people who kept the food systems in balance and helped the ecosystem thrive were suddenly forced into small areas of land called reserves. This deprived the people of the ability to caretake the land and therefore diminished their ability to practice their hunting, fishing, harvesting, and agricultural skills. Then, with time, the knowledge of how to care for the land and waters is slowly being lost (see Figure 5). Meanwhile, the thriving ecosystems and habitats that Indigenous people created for the moose, the bison, and the salmon have all but collapsed in their absence. So when the topic of access is brought up it can be difficult to express the complexity of the issue. Then, when the concept of compensating harvesters or hunters comes up, concerns arise around, how is ecosystem balance maintained? How are hunters or harvesters selected and what traditional and non-traditional qualifications do they have?

As it stands, Indigenous foods are predominantly accessed through donations made by Indigenous community members. Foods must be donated, due to various wildlife regulations that prohibit the sale of hunted meat or game. These regulations were set up to prevent poaching and over-harvesting of wildlife, but in this case act as a barrier to hiring Indigenous hunters to harvest Indigenous foods for Indigenous people in healthcare institutions. While donating is an effective way of navigating regulations, it is not based on reciprocity and is of little benefit to the hunter or harvester aside from knowing they are helping their own relatives. When the prices of food increase or food itself becomes scarce, like during the pandemic, the donations slowdown or even cease altogether. This model of regulatory navigation is ineffective as a long-term solution as it creates a conflict where hunters must choose to feed their family or donate to an institution. While some programs will provide honorariums or gifts for their hunters and harvesters, which reflects a more reciprocal and culturally appropriate way of operating, this act or reciprocity opens both the institution and the hunter up to legal ramifications.

Why is eating traditional foods important?

Traditional food production fosters Culture. Eating is culture but we risk a great loss if we do not eat traditional food.

- **Cooking:** Steam pit, solar cooking, bentwood steaming...
- **Preserving:** Cold smoking, fruit leather, wind drying...
- **Harvesting:** Bow hunting, net fishing, root gathering...
- **Tool Making:** Tying nets, wood & rock identification...
- **Teachings:** "The tide's out the table is set"...

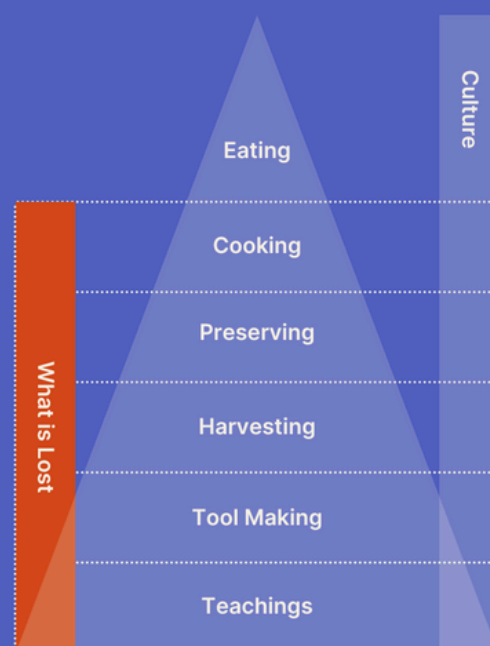


Figure 5: Original diagram by Jared Qwustenun Williams

Process

Many participants highlighted the importance and value of figuring out the process of how Indigenous foods are included in food delivery or service. Before these foods can be incorporated in a good way, we must have a system in place. It is no use to bring Indigenous foods into an institution if there is no way to navigate regulations, no Indigenous recipe to cook with, or no Indigenous people consult on the process. That said, a keystone in the success of operational Indigenous food programs is that they are Indigenous-led and community-driven. By creating a framework collectively and collaboratively with Indigenous Nations, programs can ensure that Indigenous voices are included and that Indigenous people feel heard in the process, while simultaneously setting up systems of training, consultation and recipe testing that can repeatedly lead to successful outcomes and continuity of service, even during staff turnover. One of these fundamental processes revolves around getting certain foods like wild harvest meat, game, and fish into healthcare institutions. In many cases, these Indigenous food programs set up relationships with meat and or seafood processors that can inspect and process these food products for use in healthcare settings. This use of processors can help ensure compliance with some provincial food safety regulations.

Many interviews stated, "It takes a whole organization to run a program like this." Indigenous food programs need support from leadership and directors to not only green light these programs but to also advocate so they are well-funded. With support and funding in place, program staff can invest the time required to create a safe foundation for Indigenous Nations to connect and provide leadership. With Indigenous guidance, these

food programs can maintain a deep connection to the local Indigenous Nations and keep up-to-date with recipes and access to foods. Dedicated funding and support can also lead to the creation of positions specifically for the purpose of coordinating the acquisitions, processing, and service of Indigenous foods. With strong support from leadership, healthcare institutions can more easily ensure that staff receive adequate and routine cultural safety training that facilitates fostering a safe space for Indigenous communities to engage in.

While the process of including Indigenous Nations is fundamentally important, it is also critical to create a process by which wild harvested foods can be legally and ethically sourced and distributed by the Indigenous foods program. This takes many different shapes in the different regulatory areas and biomes across the country. Some on-reserve healthcare centres can simply provide food waivers that inform the patient that the food they are consuming was wild harvested and acquired from a non-federally or provincially regulated source. Thus, giving the patient the personal choice of accepting any liability or risk that comes from eating the Indigenous foods being offered. Off-reserve Indigenous foods programs must create relationships with, and navigate the use of, licensed meat and seafood processing facilities with the authority to inspect and approve these products for use in healthcare. When the process is set up, some communities can have donations dropped off directly to meat and seafood processors who will inspect, process, and package the product, then inform the Indigenous food program that the items are ready for pick-up with any incurred costs being covered by the Indigenous foods program.

Regulations

The most notable barrier to getting Indigenous foods into healthcare institutions has to be regulations. With each province having their own wildlife and food safety regulations, navigating these barriers can be different for each region. The bulk of this barrier is built out of a colonial framework of how food is harvested and prepared. Most regulations are strictly designed around Western concepts of harvesting and preparing food, including things like commercial harvesting licenses and Hazard Analysis and Critical Control Points (HACCP) food safety programs. While these regulations are critical in supporting public health and environmental safety, they do not leave flexibility to allow Indigenous Nations to assert their inherent rights to supply their people with their foods. Indigenous communities are forced to overcome these barriers or wilfully submit to a diet of non-Indigenous foods.

“One time we bought rabbits from a farmer, and the elders know right away that it was from a farm.”

Kathy Loon

What is needed is a fundamental paradigm shift on behalf of the regulators - a shift away from enforcing a regulation as it is written and presented to working with Indigenous Nations to better understand how these regulations, or the underlying reasons for these regulations, are ultimately being met. The integral takeaway is that Indigenous harvesters, hunters and cooks are just as concerned with wellbeing of the ecosystem and ensuring food is safe to eat as regulators are, only they are speaking different languages. While Indigenous people have been required to learn the language of the regulators and adhere to their guidelines and expectations, perhaps it is time the regulators learn the food safety and ethical harvesting systems that Indigenous people practice. Ultimately both sides want the same outcome. It is only with humility and a desire to understand the different ways the two worlds work that this barrier can be overcome.

“As a regulator I need to get out of the way.”

Kelsie Dale

The real benefit of creating regulations that work for Indigenous people is that it supports so much more than just getting Indigenous foods into institutional kitchens. Creating a path that allows Indigenous people to sell or trade their safe and ethical harvest opens up economic opportunities and can help revive Indigenous foods systems and languages. Then, Indigenous Nations can teach their community members and youth how to hunt and gather so they can make a career out of harvesting from and looking after the land.



Access



Regulations



Process



Ways Forward

In the end, and hopefully the beginning for our readers, this is about a unification of understanding of the usage and regulations both helping and preventing the inclusion of Indigenous foodways within healthcare.

From East to West, the legislation and regulations vary widely and while many are working to facilitate the usage of Indigenous foods, many are not. It is time that we take a collective look at what's being done, where things are successful and start replicating these successes across Canada.

As Kathy Loon so eloquently said, "Why reinvent the wheel? If you could use this, use it. Just say, hey I want to do what Sioux Lookout does. Here's their legislation." We have so many great examples of what can be done to make space for Indigenous foods to be included in healthcare.

Now it's up to us to take notice and collectively move towards unified regulations and legislation that can allow the environmentally, physically and culturally safe use of Indigenous foods in institutions - remembering all the while that we don't include these foods because it's a good thing to do, or for the purpose of reconciliation, we do it because Indigenous people have a right to their own food and it's the right thing to do.

"Even if the white paper were rescinded, where does the attitude, use and colonial belief in it stop?"

Kitty R Lynn Lickers

Key recommendations on a way forward:

Decolonized and Anti-Racist Structure and Funding Models	We need systems and staff within these systems to get out of the way and onto the path of Indigenous foods. The layers of bureaucracy, regulations and racist policies continue to create barriers and inequities. This keeps settlers employed in positions that impede transformations and limit Indigenous positions that could make changes. If we opened our hearts and minds to another way, what could we achieve? It is time for Indigenous-led initiatives and Indigenous leaders and staff.
Access and Protection of Indigenous Foods	We need sustainable funding to restore Indigenous food ecosystems and harvesting and processing positions. We need community food positions that prioritize Indigenous foods protection, restoration, revitalization, harvesting, processing, cooking and eating! We need food jobs within the community!
Collective Network and Collective Voice	This report is about bringing a collective voice to the many common barriers faced across the country to get Indigenous foods within institutions. It also showcases how much can be done even when faced with so many barriers. We see this report as an opportunity for people to network, connect and build a collective to resist the colonial barriers. We invite folks to think strategically about how they could collaborate and work together.
Relational Accountability	The local Nations, Elders, Knowledge Holders and community members should be key partners and employees within this work. These are the people connected to the land, waters, forests, prairies and beaches across these lands. This work needs them. Systems, institutions, funders and leaders need to be active in their daily learning and unlearning so they can build collaborative relationships with the Nations built on equity, trust, reciprocity, respect and more.
Invitation to Humility, Vulnerability and Curiosity	This is our invitation to regulators, food system leaders, cooks, dietitians and others who have heard about this work but are not sure about it or don't know what to do. We invite you to have an open heart and mind and consider some of these questions: What could be? What may you not know or understand? Who could you partner with? Who does know? What are Indigenous foods of this area? How are they harvested and processed? What do I not know or understand? Could I be a part of something transformative and life-giving?



Nourish envisions a future in which the full potential of food as medicine is honoured and realized in Canadian health and food systems. We equip, connect, and lift leaders, both inside and outside the walls of health care, to leverage the power of food so that the health system can become more preventive, more equitable, and more sustainable.

Watch our video manifesto [“Ode to the Hospital Tray”](#).

Miigwech. Merci. Thank You.



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