

# Traditional Food as Medicine at Sioux Lookout Meno Ya Win Health Centre



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Nourish Transition Practice Study 2020

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### OVERVIEW:

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

A crucial part of SLMHC's *minoyawin* programming is *Miichim*, or Traditional food, which the hospital has been serving to patients for over 10 years. Advocacy for Indigenous health access, rooted in the SLMHC's place-based history, led to the unique legal status that allows the hospital to serve uninspected meats and wild game. This practice study examines that history and the integrated approach and practices that ensure success.

**THE PROBLEM:** Sioux Lookout Meno Ya Win Health Centre is a hospital in Northwestern Ontario that serves a large Indigenous population, from 28 different First Nations. By serving food that was not recognizable or palatable to Anishinaabe patients, the hospital was not adequately meeting their needs.

**THE INTERVENTION:** As a result of tireless advocacy around Indigenous health inequities, SLMHC now offers culturally responsive and appropriate care through comprehensive Traditional programming. This includes the Miichim program, which sources and serves Traditional foods to patients as part of their healing and care.

**THE OUTCOMES:** SLMHC serves freshly made Traditional meals twice a week to provide nourishment and comfort. The hospital has been drawing attention from around the country for their leading-edge practices in procuring donated Traditional foods and designing Traditional recipes that are rooted in the region and culture.

**THE SYSTEMIC IMPACTS:** SLMHC embodies all that is possible when hospitals put culture at the centre of care. They continually demonstrate how to leverage community partnerships to respect and value local Indigenous culture as a pathway toward healing and reconciliation.

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## *[The problem]* Confronting colonialism in food safety and access within institutional healthcare settings

The impacts of a long history of systemic discrimination and colonization continue to ripple in Canadian medical care, reinforcing persistent health inequities between Indigenous and non-Indigenous communities.

Colonial paradigms and policies that judge Indigenous foods as “unsafe” in healthcare settings are one expression of the unconscious bias and racism against Indigenous peoples that produces staggering health gaps, like a ten-year difference in life expectancy compared to non-Indigenous Canadians. First Nations, Métis and Inuit people in Canada are disproportionately food insecure, experience high rates of diet-related diseases like diabetes, and have poor access to clean water.

In its final report, the Truth and Reconciliation Commission recognizes and articulates that “to deny one’s food is to deny them of their culture.” Serving Traditional foods in health care can build new relationships and trust between Indigenous patients and Western institutions and so become

a pathway to reconciliation. Traditional foods from the land make up healthy diets of wild proteins and plants that are sustainably harvested and hunted through Traditional food ways. Hospitals have to learn to respectfully build upon and integrate ancestral knowledge about the holistic healing and medicinal properties of Traditional foods.

Sioux Lookout Meno Ya Win Health Centre is a hospital in Northwestern Ontario that uniquely focuses on the minoyawin model of care to provide patients with a culturally safe and empowering environment in which to heal. Minoyawin is an Anishinaabe term that denotes “a state of wholeness in the spiritual, mental, emotional and physical make-up of the person.” For SLMHC, a crucial part of providing integrated care is serving cultural foods through their Miichim program. Reconnecting with Traditional food ways is a powerful way for Indigenous peoples to chart a path back to health.

**“Miichim is an important part of the daily lives of many Anishinaabe people and is an important link between health, culture, and identity. Traditional foods can aid in healing by creating a comfortable and familiar environment for patients while in care at our hospital or our long-term care facility”.**

**– Kathy Loon, Traditional Programs Manager, SLMHC**

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## ***[The intervention]* Serving Traditional and culturally relevant meals to patients as part of healing and care**

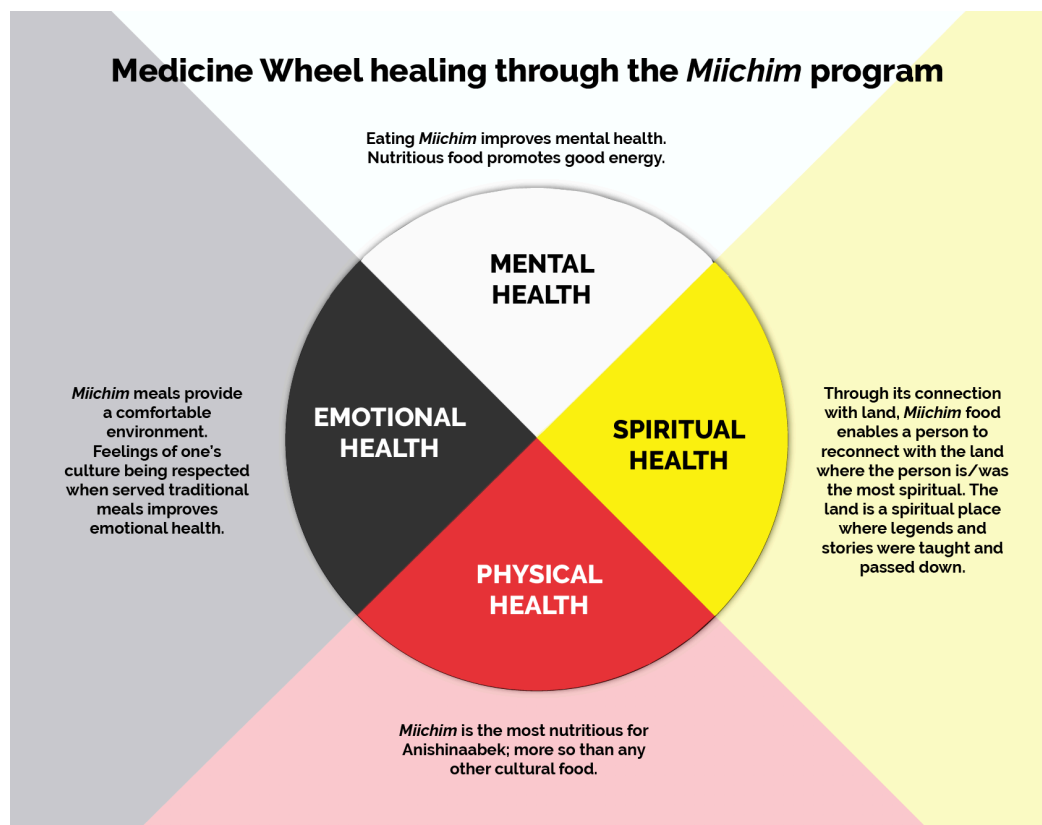
Serving Traditional foods is a key part of SLMHC's approach to cross-cultural competency in health care. They are a model for healthcare institutions across Canada looking to implement similar programming.

The Sioux Lookout Meno Ya Win Health Centre serves 28 First Nations in Northwestern Ontario, in [the province with the largest Indigenous population in Canada](#). Many of the community members

it serves live in remote communities and need to fly in for medical services. When they arrive in an unfamiliar setting for treatment and healing, patients are able to access cultural foods that are recognizable and comforting to them. Through the Miichim program, SLMHC offers patients freshly prepared Traditional meals twice a week.

A recent history of advocacy around Indigenous health access in Sioux Lookout led to the creation of the Sioux Lookout Four Party Hospital Services Agreement (1997), which enabled First Nations and all levels of government (municipal, provincial and federal) to collaboratively build a healthcare facility that embraces both Western and Indigenous approaches to health and healing. This approach represents a radical shift away from colonial policies and toward a new model of collaboration and reconciliation.

## Caring with two-eyes: Healing through the spirit of food



*Image credit: SLMHC (redesigned by Nourish)*

The Miichim program embodies the First Nations wisdom that “food is medicine.” In the SLMHC model of care, “bringing body, mind and spirit to a deeper inner level of knowing leads one



towards integration and balance." Traditional healing practices around the medicine wheel teachings—including access to Traditional foods, time on the land, and ceremony—complement Western medicine to heal the whole person and their community. For example, a long-term-care patient who has flown in from a Northern community to receive treatment is isolated from his family and unable to go back out on the land. Eating a Traditional meal takes him back to a time when he was healthy and able to harvest and hunt. Kathy Loon, the manager of the hospital's Traditional Programs, witnesses every day how serving patients Traditional meals invigorates them and provides them physical, mental, emotional and spiritual satisfaction. Culture is part of their healing.

SMHLC integrates the First Nations philosophy of health and healing with Western biomedical medicine. This is an expression of Two-Eyed Seeing, a principle introduced by Mi'kmaw Elder Albert Marshall to reconcile the strengths of Indigenous philosophy with Western knowledge (Learn more in [this piece](#) written by Elder Albert Marshall).

**"When we give a long-term patient moose stew, suddenly, he gets a faraway look in his eyes. He remembers running through the snow in his snow shoes chasing a moose, bringing that food home to his family, and the celebration of that food together. The Elder sitting on the hospital bed telling his moose hunting stories... you take them back to their most spiritual selves.**

**— Kathy Loon, Traditional Programs Manager, SLMHC**

## *[The implementation]* Consultation, community, commitment: Keys to success in developing a Traditional food program



The regulatory exemption that enables SLMHC to serve Traditional foods through their Miichim program is the result of sustained advocacy and relationship-building that continues to this day

### Overcoming racism through cooperation and exceptional regulation: The road to minoyawin care

Sioux Lookout Meno Ya Win Health Centre is a unique hospital, both in the story of its formation and in the leading ways in which it delivers culturally responsive health care today. The transition to its current operations is rooted in the history of colonialism and driven by rising awareness of, and demands to improve, the Indigenous health inequities in Northwestern Ontario.

For decades, Sioux Lookout had a segregated health care system: a provincially funded general hospital had served primarily non-native patients since 1922, and a separate, federally funded “zone” hospital, opened in 1950, served Anishinaabe and other First Nations patients. By 1988,

where five men from Sandy Lake First Nation went on a hunger strike to draw attention to years of worsening health care in First Nations communities, the political climate was ripe for change.

The need for collaboration and improved relations between First Nations leaders and Canadian governments was clear. As a result, the Sioux Lookout First Nations Health Authority (SLFNHA) and a Hospital Services Negotiating Unit were formed, which was composed of representatives from Nishnawbe Aski Nation (NAN), the Municipality of Sioux Lookout, the province of Ontario, and the federal government. This group worked toward a shared goal: the Sioux Lookout Four Party Hospital Services Agreement (1997), which provided for a new, amalgamated hospital and expanded services.

The negotiation was an opportunity to make significant policy changes, and one of the most important was the request for an exemption in the Ontario Food Premises Regulation. This exemption, now codified in [Ontario Regulation 493/17](#), granted SLMHC the specific legal status to procure and serve uninspected “hunted game meat from wild moose, wild duck, wild goose, wild caribou, wild muskrat, wild rabbit, wild deer, wild beaver, wild elk or wild muskox” to patients, visitors and staff at the Health Centre. This exemption—which no other hospital in Canada has—makes it possible to run the Miichim program. Hospitals without this exemption have to negotiate the terms to safely serve wild meat, fish and game with their local public health units or environmental health officers, as many jurisdictions across the country are beginning to do.

Being allowed to serve “uninspected meats” does not mean there is a lack of inspection. On the contrary, SLMHC goes through a rigorous quality control process to track and show due diligence in its procurement of Traditional foods. The hospital has a dedicated Miichim kitchen with a separate freezer and fridge to store food and supplies. Furthermore, stocking a sufficient supply of donated wild meat and game to fulfill a daily food program requires ongoing effort to build relationships with the local community.

A legislative exemption enables the Miichim program, but the keys to its success are place-based consultation, local community engagement, commitment to quality, and whole-of-hospital investment. SLMHC’s approach to developing the Miichim program offers many lessons and a model for other hospitals.

## 1. Place-based consultation in developing Traditional recipes with local Kookums (grandmothers)

To serve Indigenous foods is to recognize that Traditional foods are unique to the region and territory. SLMHC emphasizes the need to engage with the First Nations communities of one's region and to ask directly: "What foods are traditional to *you*?" This is a relationship-building process that every hospital needs to go through to understand what specific foods and recipes are local and how they are traditionally procured and prepared.

### Developing Traditional recipes with Kookums (grandmothers)

SLMHC wanted to ensure that the Traditional recipes for their Miichim program were gathered from and informed by local Elders. The hospital invited Elders and Kookums from Northern communities to come to Sioux Lookout and develop the initial recipes which would guide the hospital's cooks in preparing Traditional meals.

As healthcare institutions across Canada engage with the Indigenous peoples of their territory, consultations should be paid and the contributions of knowledge keepers should be appropriately remunerated. Recipes are a form of cultural knowledge and some ceremony may be involved in the sharing; this would vary Nation to Nation.

### Standardizing Traditional recipes for the hospital



The recipes were then reviewed by the hospital's cooks and dietitians and standardized for patient meals. Home cooks preparing these dishes often do not measure ingredients, and the standardized recipes ensure consistency and make it possible to scale a recipe from 5 to 100 servings. The dietitians also assessed and provided dietary and nutritional information for the Traditional dishes.

Often, recipes are adjusted to meet health requirements or availability. For example, there are some foods, like salt pork, that contemporary Anishinaabe peoples eat because of the commodities historically made available to them on reserve. So if a Kookum recipe calls for salt pork, the hospital may substitute unsalted pork to manage the salt content of the dish and cater to the special diets and dietary restrictions of some patients.

### Serving contemporary Anishinaabe dishes

Over time, Kathy Loon wanted to expand the Miichim program to serve Traditional meals more often, but she was still facing challenges in accessing the Traditional food supply. She decided to be more creative in providing comforting and recognizable meals for her patients. Instead of relying heavily on real Traditional recipes, the hospital started adapting more contemporary popular Anishinaabe recipes, such as wild rice soup and Indian tacos, made with ingredients that can be purchased from the store.

Currently, the hospital's menu features three types of foods served on a three-week cycle:

- Traditional (e.g., moose from the bush)

- Contemporary Traditional (e.g., store-bought ingredients)

- Farmed Traditional (e.g., bison and elk from a farm)

The hospital also adapts to the changing needs and preferences of its patient population. When the Miichim program was first developed 15 years ago, a 60-year-old patient who had grown up eating Traditional food found comfort in it. However, a person who was 45 then is 60 now and may be more used to contemporary ingredients.

## 2. Local community engagement in sourcing donated game and wild meat



A major challenge in sourcing uninspected game and wild meat for the Miichim program is that it cannot be purchased—it needs to be donated. This is because laws around environmental conservation make it illegal to pay for uninspected meat and game in order to mitigate hunting for profit. Therefore, across the country, all hunted meat needs to be given as a gift.

The hospital was faced with asking Indigenous community members who are already economically challenged and suffering food insecurity to donate food. As a result, the hospital focused on developing partnerships and relationships with local organizations and associations, including:

- The Ministry of Natural Resources (MNR) (which donates confiscated wildlife such as moose and deer)
- The Sioux Lookout Anglers and Hunters Association
- A local trappers association (for beavers)
- Local commercial fisheries (for fish)



- Local hunting derby organizers (combined annual donations from two derbies, the Sioux Lookout Walleye Weekend Tournament and the Lac Seul Walleye Cup Tournament, total approximately 500 lb of fish)
- Local and regional citizens and First Nations community members

Kathy Loon emphasizes that the success of the Miichim program depends on the on-the-ground relationships and partnerships with local community members. She personally hunts and fishes regularly to help meet demand for the program.

The hospital, the government, local citizens and First Nations community members are weaved in together in the shared complex effort of supplying Traditional food to the hospital because it is important to them.

**“Serving traditional food is impossible without making it deeply collaborative; it’s a regional and community effort to make it happen.**

**– Kathy Loon, Traditional Programs Manager, SLMHC**

### **3. Commitment to quality control around “uninspected” meats and foods**

**“You have to be committed to follow all the rules and regulations set by government and health units; you have to commit to quality control.**

**– Kathy Loon, Traditional Programs Manager, SLMHC**

The Ontario Food Premises Regulation outlines the specific ways in which food needs to be procured and handled in a hospital setting. While SLMHC has a legislative exemption to serve “uninspected” meat and game to its patients and staff, it still needs to abide by rigorous standards of food quality and safety. The hospital follows a rigorous step-by-step process that mirrors existing policies and regulations to trace and keep track of how Traditional foods are safely sourced and served.

When they opt into a Traditional meal, all patients at SLMHC have to sign an uninspected food waiver, the contents of which are described in the Traditional language that patients are comfortable with by a hospital interpreter. This waiver ensures that each patient is fully aware that the meal is “uninspected” from a Western food-safety perspective.

Here is how donated moose meat makes its way from the hunter to the patient tray:

**The hunter:** The hunter donating the moose fills out and signs an uninspected meat disclosure form. The form collects detailed information to ensure the moose was safely hunted. Questions include:

- Where and when was the animal killed and at what time?
- What was the temperature at the time of the kill?
- How long after the kill was the animal gutted?
- What does the liver look like?
- The butcher: The next handler is the butcher who cuts and prepares the moose meat. The butcher complete and signs a similar form, with questions that include:
  - How long was the animal killed before the butchering started?
  - Did you wear gloves and hats?
  - Where was the uninspected meat placed and stored? Is there air circulation?
  - How long and was the uninspected meat placed in the cooler?
  - How was it packaged? For what length of time was it stored in the freezer?
- The transportation company: Whoever transports the animal has to answer questions such as, How was the animal transported: by flight, by truck? How many pounds? What were the parts of the meat? How long did it travel for?

**The hospital kitchen:** By the time the “uninspected meat” arrives in the Health Centre's separate Miichim kitchen, the cooks can trace the moose's journey right back to the hunter and date of the kill. The kitchen follows a set of internal processes to divide the meat by meal and place it separately in the “uninspected freezer.”

**The interpreter:** The day prior to serving a Traditional meal with moose meat, the hospital's interpreters are told what the menu item is going to be. When they offer the Traditional meal to patients, they inform them about what's on the menu and ask them to sign the uninspected food waiver.

**The patient:** If the patient agrees to receive the meal, they sign the waiver acknowledging that the food is uninspected. The waiver includes the patient's room number and the interpreter's signature.

A hospital serving Traditional meals must ensure that the foods used are safely procured and prepared in order to justify continuing to do so. When hospitals are not procuring from distributors, they need to develop and rigorously follow their own processes for sourcing from local and Indigenous suppliers.

#### 4. Whole-of-hospital investment to build the infrastructure and culture of holistic healing



Delivering culturally responsive care that holistically meets patients' needs requires whole-of-hospital commitment, from senior leadership to front-line staff. The Miichim program at SLMHC is one of five integrated components of the Traditional Healing, Medicine, Food and Supports Program (THMFS) and this integration is crucial to its success. The components of the Traditional Program are:

- Odabiidamagewin (Governance and Leadership)
- Wiichi'iwewin (Patient and Client Supports)

- Andaaw'iwewin egkwa Mushkiki (Traditional Healing)
- Miichim (Traditional Foods)
- Bimaadiziwin (Cultural Awareness and Competency)

**“Miichim is only one in an ecology of five programs in a holistic care medicine wheel model—it cannot be isolated. The success of Miichim would not be possible without the other offerings.**

**– Kathy Loon, Traditional Programs Manager, SLMHC**

Wiichi'iwewin (Patient and Client Supports) is critical for Miichim because it ensures interpreters are trained to communicate with patients about the Traditional menu options and receive feedback. Eighty-five percent of SLMHC's patients speak one of three principle Anishinaabe languages—Ojibway, Cree, Ojicree—and many Elders only understand an Anishinaabe language. At SLMHC, the interpreters are the primary patient navigator and advocate; they are available 24/7 to support cross-cultural and linguistic interpretation.

In the area of Odabiidamagewin (Governance and Leadership), instead of the usual corporate structure, SLMHC has a council of Elders who advise the board. Through Bimaadiziwin (Cultural Awareness and Competency), the hospital facilitates cultural training courses that are mandatory for all staff.

Even the architecture of the Health Centre includes First Nations culture: the physical building is designed around the medicine wheel where the maternity lodge facing the East (representing life) and the palliative care wing facing the North (representing death). The hospital has a traditional healing room for night/drum ceremonies, meditation and smudging; a sweat lodge; and a traditional healer if the patient wants both Western and First Nations-style medicine.

# *[The impact]:* Improved access to Traditional foods in health care—a pathway toward decolonization and reconciliation

## **Traditional foods coming to more hospitals across Canada**

More and more healthcare institutions and jurisdictions are looking to improve access to Traditional foods in healthcare settings.

For over two decades, **the Yukon Hospital** has procured donated wild game from resident licensed hunters and First Nations hunters for its Traditional foods program. From the hunters to the butcher who processes the meat for the hospital, all parties follow food safety protocols set out by Environmental Health.

The **Thunder Bay Health Unit** announced revamped regulations in October 2019, which focused on food safety principles, not regulatory details for serving wild game. They support public facilities to develop premise-specific food safety plans that enable them to serve wild foods in an ongoing manner, without having to re-apply for permits.

Other regional efforts and pilot programs around serving Traditional foods in facilities are underway in **British Columbia, Saskatchewan, the Northwest Territories, Ontario, and Quebec.**

**Today at Sioux Lookout Meno Ya Win Health Centre, fresh Traditional meals are offered twice a week to patients, and frozen premade Traditional meals are available to patients throughout the week.**

**In 2019/20, the hospital served 1,598 Miichim meals to patients, averaging around 134 meals per month.**

The Health Centre is continually sharing the knowledge and learnings from their cultural programming with other health institutions across the country. The [short documentary \*Miichim\*](#) showcases Kathy Loon's personal story and the Health Centre's leading-edge impact in offering Traditional meals to its patients.

As awareness around the Miichim program grows, Kathy Loon wants to make sure that the program is understood and appreciated as part of the medicine wheel model of holistic care. She also acknowledges that many of the barriers to serving Traditional foods in institutional settings



are embedded in policy, and the legislative exemption that allows SLMHC to serve uninspected foods puts them in a unique position. She is currently a member of the Nourish Indigenous and Allies Advisory Council, an evolution of the [Traditional Food Collaborative Project \(TFP\)](#) that is exploring policy advocacy and other healthcare pathways to delivering more culturally appropriate care and working toward reconciliation through food.



**“My patients feel happy because they are eating happy food. Happy food is plants and animals that have been treated well, that are naturally grown and live good lives free from violence. When you eat happy food, it heals you.**

**– Kathy Loon, Traditional Programs Manager, SLMHC**