ORIGINAL ARTICLE

“Now we got lots to eat and they’re telling us not to eat it”: understanding changes to south-east Labrador Inuit relationships to food

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ABSTRACT

Objectives. Culture, history and social circumstances shape how people understand their relationships to food, what foods are eaten, when, how much and how often. This ultimately shapes overall health. This study aims to connect research about food, culture and health by positioning south-eastern Labrador Inuit understandings of food at the forefront of how we begin to address chronic disease within south-eastern Labrador Inuit communities.

Study design. This study collected stories about food from 3 generations of men and women who live in the south-east Labrador Inuit community of St. Lewis, Newfoundland and Labrador.

Methods. Qualitative interviews (n=24) and 1 focus group (n=8) were conducted with 3 generations of men and women who were asked to share stories about how they experience and understand their relationships to food.

Results. Local plants and animals have historically been used for shelter, clothing and medicines, and their procurement provided opportunities for physical activity, sharing with others and passing along generational knowledge. The historical absence of government services has meant that stable food supplies were unavailable; local sources of food have, until the recent past, been essential for survival. The significant change over a short period, from having to ensure that one has enough to eat and avoiding nutritional deficiencies, to having both healthy and unhealthy food choices constantly available, has required a different “way” of understanding food.

Conclusions. It is imperative that nutrition programs and resources directed towards improving the health of south-east Labrador Inuit take into account how cultural, historical and social circumstances have shaped south-east Labrador Inuit understandings of food.

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INTRODUCTION

Less than 30 years ago, the Inuit of the south-east coast of Labrador relied upon their own wherewithal for food (1,2). Their diets mainly consisted of what could be acquired through hunting, fishing and trapping. Store-bought foods supplemented what was procured from the natural world, but could not be relied upon entirely since there were no consistent suppliers. Even if there had been, the people would not have been able to purchase it, as credit systems along the south-east Labrador coast were run largely by merchants from elsewhere (Newfoundland and Britain) whose inequitable practices kept residents in perpetual poverty (3). It might be said that the south-east Labrador Inuit had an intimate relationship with the world around them where their respect for their natural surroundings emerged from a need to ensure that those surroundings would continue to provide all that was needed to live and thrive. This intimate relationship, however, was not borne out of romantic notions of living in harmony with the earth; rather, it was borne out of a serious and constant struggle for subsistence that was perpetuated by a “wilful ignorance” of Labrador by colonial authorities (3).

For the south-east Labrador Inuit, as for many cultures, food acts as an important marker of culture, meaning that it provides a window for understanding the collective traditions, practices and social norms that are characteristic of south-east Labrador Inuit (1,2,4–9). Indeed, many cultural traditions and practices still form an important part of life, as many subsistence activities related to food procurement continue to be practised (1,2). The types of foods eaten, as well as when they are eaten, how much, how often and under what circumstances, has helped to mould and shape south-east Labrador Inuit ceremonies, practices and traditions. Indeed, many of the foods traditionally procured were, in fact, more than simply food, but also provided materials for clothing and shelter, and for medicines and tonics for healing (1,2,4). According to a study conducted by Waugh in the late 1920s, traditional foods also protected against many nutritional deficiencies. Those who ate primarily traditional or ‘country’ foods had far fewer signs of nutritional deficiencies than those with access to more imported or ‘store-bought’ foods (10).

The south-east Labrador Inuit had many generations of experience with perfecting techniques of food collection and preparation that were geared towards ensuring that people had enough to eat; nutritional illnesses related to over-eating or eating ‘the wrong kinds of foods’ were simply unheard of.

A plethora of research has documented the changes that are occurring with respect to the traditional Inuit diet all over northern Canada, and this situation is mirrored among the south-east Labrador Inuit. Increasingly, traditional Inuit diets have been supplemented or replaced with store-bought foods (4,5,11–15). Several recent studies have attributed declining health in Inuit communities with the increased availability of imported foods (5,11,12,16). Moreover, the subsequent decrease in the physical activity associated with procuring and preparing traditional foods is also thought to play a role in spiralling rates of chronic disease (12,14,16–18). Among the south-eastern Labrador Inuit in particular, diabetes rates are triple the Canadian average at 10.4%, and 27.2% report multiple chronic illnesses (19). Many population and public health researchers point out that although chronic disease rates may be at least partly related to food choices and eating behaviours, these choices and behaviours are influenced to a great extent by...
social determinants over which individuals may have very little or no control, including poverty, high unemployment rates, systemic social exclusion and external political control over resources (2,4,16,20). The result is that many traditional food practices, while still important, have been significantly diminished, subsequently increasing the amount of store-bought foods being eaten. In northern, isolated communities, these foods are often expensive, of poor quality and not always available (5,12,21). News articles about a southeastern Labrador community reported that in the winter of 2011 over 600 pounds of food aid had to be delivered to its less than 200 residents (22). Although federal and provincial governments subsidize a Food Mail Program to offset the cost of shipping fresh foods to remote and isolated communities in the north, these programs have been labelled as inadequate, while also being expensive to operate (23).

The term “commensality” is often used to describe the multiple, intangible benefits of food beyond its role in nutritional health (1). Since local plants and animals are often used for purposes beyond food, including things like clothing and shelter, subsequent Inuit cultural belief systems position the role of food as influencing all aspects of health, including mental, emotional, spiritual and physical health (4,5,16,20). Ultimately, it is felt that “you are what you eat” (5). Aside from the physical health benefits associated with the activities of procuring traditional foods and eating nutritious foods to ward off deficiencies, Inuit believe that foods reinforce social and cultural connections, which have important implications for social and emotional health and well-being (5,22,24,25). As well, traditional food-sharing activities have been linked with spiritual and mental health benefits, as well as benefits associated with passing cultural knowledge on to future generations (1,2,14,26,27). The significant change over a short period, from ensuring that one has enough to eat and avoiding nutritional deficiencies, to paying attention to the types and amount of foods eaten, has required a different “way” of understanding food.

The findings from this paper are taken from the author’s doctoral dissertation, which explored south-east Labrador Inuit peoples’ relationships to food in the context of global change (2). This study seeks to add to the body of literature that is attempting to understand the connections between Inuit, their changing relationships to food and the subsequent rising rates of chronic disease. In particular, it seeks to position southeastern Labrador Inuit understandings of food at the forefront of how we begin to address chronic disease within south-eastern Labrador Inuit communities.

MATERIAL AND METHODS

Socio-historical background

The study community, St. Lewis, is located on the south-eastern coast of Labrador. The community is home to just under 240 people, who are mainly reliant upon the fishing industry for employment (28). The community forms part of the larger territory of NunatuKavut, which is an Inuit-settled area, currently home to Inuit, mixed-Inuit and European descendants (29). Until recently, the people of this area were known as the Labrador Métis (29). St. Lewis has historically been a place of trade between Inuit and Europeans, but had remained almost entirely absent of government services, including medical, policing and education services, until the 1960s (3,30). Many residents of St. Lewis have historically practised ‘seasonal transhumance,’ which is the practice
of moving one’s family to be close to seasonally available resources. In the case of St. Lewis, residents would live near the sea during the summer months and move inland to trap furs during the winter months (1).

In the relatively recent past (1960s and early 70s), government services and economic development activities began to be introduced into St. Lewis and surrounding areas, creating a shift away from a complete reliance upon traditional foods. For example, the community now has electricity, running water, an airstrip, and a road connection, all of which provide services and/or a means for food delivery beyond what people could procure on their own. Elements of this shift are welcome, since the consistent availability of grocery store food means that families can avoid hunger without the uncertainty of relying upon one’s own wherewithal to obtain enough food.

The Labrador Food Study, published by Mackey and Orr in 1984, used self-reported data to record traditional food consumption in 5 isolated Labrador communities, including St. Lewis (31). In St. Lewis, 64% of households harvested 500 pounds (227 kg) or more of traditional food from June 1980 to June 1981. This included fish, birds, various wild game, seals, and berries. The study also noted that consumer demand for store-bought foods was increasing substantially in all Labrador communities at that time, St. Lewis included, as a result of higher cash incomes. One important difference between St. Lewis and many other Labrador communities, however, is that imported foodstuffs would arrive in St. Lewis via independent, small-scale storeowners, whereas storeowners in many of the other Labrador communities were represented by larger agencies such as the Hudson’s Bay Company. Storeowners in St. Lewis lacked the resources and organization to provide the same volume and quality of foods available in other Labrador communities (31).

There has been no other systematic nutrition research conducted in this region before or since Mackey and Orr’s study. In 2010, a community health needs assessment was completed along the south-east coast of Labrador which found that 42% of participants continue to eat traditional foods more than 2–3 times per week. This study also found that many families regularly rely on store-bought foods, such as breads and pastas (76%), and 30% reported drinking soft drinks on a daily basis (19).

Today, St. Lewis has its own all-grade school, a nursing station with 1 full-time nurse and 3 locally owned convenience stores that provide meats, fruit, vegetables, dairy products, bread and non-perishables. Although the community has road access, it remains isolated from central health care facilities (services like appointments with physicians, X-rays, etc., all take place on the island of Newfoundland, which can be reached by boat in the summer or by plane in the winter). Most specialist appointments take place in the province’s capital, St. John’s, which is located approximately 1,200 kilometres away.

**Research ethics**

This study followed the Canadian Institutes of Health Research Draft Guidelines on Research Involving Aboriginal Peoples (32). The project received ethics approval from the NunatuKavut ethics review board and the university where the author was completing her doctoral studies. With the informed consent of individual participants and the collective consent provided by the NunatuKavut ethics review board, names of participants are reported in the findings and have not been changed. This is to reflect that the information they have provided is owned by them and their community. Only 1 participant in the study
wished not to be named; this person’s identifying information was removed from all data.

**Recruitment and methods**

Individuals were invited to participate in the study if they were over 16 and had lived in or around the community of St. Lewis for most or all of their adult life. Posters were placed throughout St. Lewis, but most participants were recruited by word of mouth.

This qualitative study included semi-structured interviews with 24 women and men from St. Lewis (13 females, 11 males). The study included 8 young adults (16–39), 8 middle-aged adults (40–59) and 8 elders (60+). Out of the 24 participants, 16 self-identified as members of NunatuKavut. Participants came from low- to middle-income socio-economic backgrounds and included storeowners, fish-plant workers, fishers and retired fishers, homemakers, a former conservation officer and a retired power plant worker. After individual interviews were completed, participants were invited to take part in a focus group (n=8), where they could share their stories with other participants. Additional data and clarifying questions from previous interviews were collected at this time. Both the data from the interviews and the focus group are included in this paper. All participants were asked to share photographs or objects to assist in sharing their “food stories.” Photographs were included as part of data collection, but are not included as data for this paper.

The researcher prepared an interview guide to lead the discussion, but in many instances the topics covered depended on the stories that participants felt were important to share, which may or may not have followed the topics covered in the interview guide. Topics included such things as the importance of harvesting and procuring traditional foods, difficulties obtaining these foods and changes to the types of foods eaten over the course of the participants’ lifetimes. With permission from individual participants, each interview and the focus group were recorded on a digital recorder. All recorded interviews and the focus group were transcribed. Three interviews were not recorded, and in each of these cases written notes were taken. All interviews were conducted in English as this was the first language of all participants. Inuktitut words were used on occasion, and were explained to the researcher if they were unknown to her.

**Role of the researcher**

Both the interviews and the focus group took place over a 1-month period in the winter of 2008, during which time the author lived in the community with relatives. The author of the study is a member of NunatuKavut and many of the participants in the study were either close or distant relatives. The close relationship between the researcher and the research participants influenced recruitment, data collection, analysis and interpretation (33–35). In terms of recruitment and data collection, some participants may have been more likely to take part in the study because they knew the researcher. This may have made recruitment easier and may have drawn from a different “pool” of eligible participants than if the researcher had not been connected to the community. Being an insider may have also meant that certain topics ended up being “taken for granted” by the researcher because of her close connection to the subject matter and the research participants. However, the researcher’s insider connection was felt to be a strength of the research itself, as it is not often that those who are most influenced and affected by research (i.e., Aboriginal peoples) have their perspective shared as both “researcher” and “researched.”
Data analysis

Transcripts were analysed by the researcher. The software program Atlas.ti was used for data management. A combination of narrative and thematic analysis was used to identify themes specific to particular generations and overarching themes that cut across all age groups (36,37).

RESULTS

Beyond food

Although trading relationships with international merchants date back to the 1700s, and provided an important source of food, many of these foods were viewed as “supplements” because their supply was inconsistent; during the winter months, trade relationships would cease until the following spring. It was not until the late 1960s and 1970s that government services began to ensure more consistent access to imported foods such as fruit and vegetables. As a result of this inconsistent access to imported foods, prior to the late 1970s the people of St. Lewis viewed foods for their healthful properties – they prevented hunger, cured nutrient deficiencies and other illnesses and acted as gauges for the health of the overall ecosystem. The natural environment was relied upon for all major sources of food, including berries, some local plants and many varieties of animals such as seals, rabbits, beavers and porcupines, as well as fish and birds.

That’s the way life was then…if it wasn’t for seals and ducks you’d never live on the coast, not in the wintertime, not in the fifties. The store had very little food. People had no money, even if there was any to buy. ~Calvin Poole, male, elder

In many cases, local animals and plants from which food was procured were also relied upon for other essential purposes such as shelter, clothing and medicine. Indeed, this reinforced a respect for the natural world that placed great emphasis on not wasting resources and using all parts of an animal. Below, Guy Poole talks about the importance of seal beyond its rich, nutritious meat.

...If we went out and got a seal, you know, and in lots of cases the seal was skinned and the women made skin boots for their husbands and their sons and daughters. We wore the skins of the seal. Sealskin mitts, sealskin cap, sealskin sleeping bag. I’ve seen it all, they made it all. Here in this community, we weren’t wasteful. We weren’t wasteful. ~Guy Poole, male, elder

Food also acted as medicine. Most of the diseases that were acquired by residents along the south-east coast have historically been related to nutritional deficiencies (1). Through generations of living in tandem with the natural world, people had developed local remedies for many of these deficiencies. For example, partridgeberries would freeze throughout the winter and would become known as ‘spring berries’ that could be picked when the snow melted. This was an important source of vitamin C.

I remember when we were growing up…we didn’t have any fruits back then, like you couldn’t get fruits. So mom would say, “Oh, you needs a good glass of berry juice to make you better”…when the snow was melting and you’d go and there would be berries left from the previous fall, she’d pick those and make juice and she’d swear it would make you better and I swear it does too. ~Judy Pye, female, middle generation
“Now we got lots to eat”

Many people in the study noted that in the past, having access to a variety of different traditional foods was not often an issue; instead, the major concern regarding food was its availability. Particularly during the spring, when stored food supplies were at their lowest and the breakup of ice would make travel difficult, ensuring that everyone had enough to eat could be challenging. Stories were shared about the hardships that many faced trying to acquire enough food – many shared their own stories of dangerous or unsuccessful hunting trips and the emotional difficulty of returning home with nothing to feed one’s family. Even more difficult to discuss were the significant numbers of people who lost their lives in attempts to procure food for their families – many related to drowning or being swept away by unpredictable sea ice.

As other communities in Canada were witnessing the introduction of supermarkets and drive-through restaurants, one of the elders in this study reported that the first time he ever tasted chicken was in the late 1950s when a passing military ship dumped a load of food overboard because their refrigeration system had failed. The boxes of food eventually floated to shore, where the chicken was found by some boys playing on the beach, and it was distributed amongst the community members so everyone could try it. Although some food supplies were provided sporadically by the Canadian and U.S military, these “supplies” did not signal a sustained or concerted attempt by the government to address hunger in south-eastern Labrador. Rather, elders in this study reported that supplies were often donations made by individual military members who witnessed the hardships of south-east Labrador Inuit and gave “leftover” foods, or foods that were expired, to community members. Although many community members reported being very grateful for the food that was given, one wonders about the larger processes at work in which a military (whether domestic or international) could witness an entire community’s hardship, recognize it as a problem and still do nothing to address it at a systemic level.

As a result of the collective experiences of hunger, food-sharing amongst community members was, and still remains, a key characteristic that defines south-east Labrador Inuit. Food-sharing was vital for helping other families and community members in need. Being able to share food with those most in need meant that everyone in the community looked out for one another and no one was “better off” than anyone else. If one family acquired additional supplies or food, they would then share those supplies or food amongst everyone in the community. This spirit of sharing continues to exist in St. Lewis. Although some continue to rely upon food-sharing to meet many of their nutritional needs, many more continue to share food because the sharing itself is considered at least as important as being able to procure food in traditional ways (through hunting, fishing or trapping). Food-sharing is an important part of supporting one’s social and emotional health.

I never misses what I give away. I probably give away enough to keep another family going.

~Darry Holley, male, younger generation

Changing food choices

Rene and Brenda Poole own one of the local grocery stores in St. Lewis. They have noticed that in recent years there are more requests from community members to stock different types of fruit and vegetables in their store. They believe that exposure to different foods (in part because of new transportation routes) has, in some ways, created more opportunities for people to eat...
healthier because they have greater and more consistent access to fresh fruit, vegetables and dairy products than ever before. In contrast, years ago, people ate what was available; this largely meant traditional food that had high nutrient value. One did not have to “make choices” about what was healthy and what was not. The choice was simple – you either ate what was available, or you did not eat at all. As well, traditional foods were not considered “healthy” or “unhealthy”; they were simply considered “food.” The result is that traditional foods are often absent from discussions about nutrition and healthfulness. As the quotation below notes, with growing amounts of store-bought food, people are slowly becoming “aware” of which store-bought foods are healthy and which are not.

Interviewer: Do you think peoples’ diets have changed since the road has come through?
Rene: People are eating healthier because they are more aware of what to be eating.
Brenda: And that’s even like, products such as yoghurt…sour cream, cottage cheese…
Rene: Yes, before nobody would know what that is. We wouldn’t.
~Rene Poole, male, younger generation, and Brenda Poole, female, younger generation

Of course, alongside the consistent access to and availability of healthy food choices, the presence of store-bought foods reinforce popularity of less healthy food options, such as “junk” foods and pre-processed meals. Subsequently, many participants note there has been a rise in chronic diseases. This is often felt to be caused, at least to some extent, by poor food choices on the part of individuals. Although these “poor food choices” may be the cause to some extent, these choices must be situated historically; less than one generation ago people had very limited choices to make about food. Therefore, this begs the question: to what extent can an individual raised in such circumstances be faulted for making poor decisions about what to eat? As indicated in the quote below, people are no longer concerned with ensuring they have enough to eat; instead, the concern has shifted to the types of food that are being eaten – and, in some cases, over-eaten.

I was in [the hospital] and I met [an older man] and he was going to have a stress test…And he said, “Well, you know, it’s a really screwed up world we live in,” and I said “How so?” He said, “One time we couldn’t get enough to eat and we were hungry all the time. Now,” he said, “we got lots to eat and they’re telling us not to eat it.”…I had never thought about it like that. ~Diane Poole, female, younger generation

Although there was considerable variety of foods available in years past, food choices were limited by the cyclical availability of certain animals and other variables that were largely beyond the immediate control of any individual. Today there are multiple choices to be made regarding food. These choices involve considerations associated with cost, preparation time, food preferences, and even the marketing associated with particular food products. Combined with this, participants discussed some of the barriers to getting out on the land and accessing traditional foods, such as increasingly strict policies and regulations regarding hunting and fishing; competing commitments such as paid employment and childcare; and rising costs associated with licensing, gun regulations, and so on. Many participants note that these factors are at least part of the reason why youth and many adults do not seem to be eating as much traditional food.
“Now we got lots to eat”

It’s just not something that they have to do now. Like, years ago they had to [learn to hunt and trap]…for survival…you don’t have to go and learn how to hunt and trap to go and put food on your table… ~ Joan Jenkins, female, middle generation

Iris Poole was the eldest participant who took part in the study. She has experienced a significant shift in the meaning of food over her lifetime. Whereas years ago, she always had to ensure that there was enough food for her family, today, the problem is not with getting enough food, but learning about which foods she should and should not eat. She explains that she has recently had to relearn “how to eat” after her diabetes diagnosis; her doctors provided her with a list of things that were the “right” foods to eat and which foods should be avoided or eaten very infrequently. For Iris, the historical collective responsibilities associated with food are now transferred to medical and nutritional professionals who “know” more about which foods are good and which are bad. Importantly, this transfer of responsibility for food, and how it is understood by Iris, also signals an almost inconceivable chasm between current and past relationships to food.

But now you can go to the store. There’s nobody hungry now!...I was over to [the hospital]… and they put me on a special diet…and so I got the list now, of what to have…I sits at the table…I says, “Sure that’s only going to be one good mouthful for me,” but still, ’tis the right foods. That’s what it is. It’s the right foods. ~Iris Poole, female, elder

**DISCUSSION**

A nutrition intervention conducted in northern Labrador in 1983 looked at the importance of corresponding nutrition education with the introduction of store-bought foods. Upon introducing certain nutrition education programs, the authors “…realized that nutrition was a totally unfamiliar area.” One of their participants was quoted as saying that after nutrition counseling she learned “what nutrition is other than a strange word” (31).

The findings from the current study build upon this previous research. These findings suggest that not only is nutrition “an unfamiliar area,” but that the reason for the “unfamiliarity” has much to do with cultural understandings of the term “nutrition” and related social and political forces that would have impeded the uptake of nutrition education. In the absence of health and social services that would have helped protect against hunger in St. Lewis’s recent past, there was an extremely limited availability of store-bought foods and therefore no opportunity to learn about which store-bought foods are more nutritious than others. As a result of relying upon their own wherewithal for food without the comfort of the social safety nets afforded to many others within Canada during that same time period, many decisions that were historically made related to procuring food were done independently of considerations other Canadians may have had regarding exercise and diet, such as “getting enough physical activity” or “avoiding over-eating or eating the wrong foods.” Rather, foods were eaten to ward off hunger and physical activity was a natural result of procuring foods and ensuring that everyone had enough to eat. Combined with this, Inuit, like all other Canadians, today face additional pressures related
to competing demands on their time such as employment, childcare, and other commitments. On top of this, costly permits and licenses – as well as increasing restrictions on when, how much and how often one can fish, hunt or trap – create additional barriers to accessing consistent supplies of traditional foods. As a result, it is more difficult to reap the physical, emotional and social health benefits of engaging in these activities. It should be unsurprising, then, that such significant change over a short period of time – from ensuring that one has enough to eat and avoiding nutritional deficiencies, to paying attention to the types and amount of foods eaten, in the absence of consistent nutrition education – has led to nutritional issues and chronic diseases related to over-eating and “making poor food choices.”

The changes that are happening have implications for future generations, too. Many younger generations still engage in traditional food procurement activities, but these activities are being made more difficult as a result of the barriers to accessing traditional foods mentioned above. Although many of the changes that have happened are positive, ensuring consistent supplies of food for the community, these changes should be balanced with concerted efforts to promote traditional food use. Nutrition education and counselling have an important role to play in privileging traditional food by supporting traditional food procurement activities such as hunting, fishing and trapping.

Inuit believe that foods reinforce social and cultural connections, which have important implications for social and emotional health and well-being (5,14,16,22). These social and cultural connections are reinforced through traditional food-sharing activities and have been linked with spiritual and mental health benefits, as well as benefits associated with passing cultural knowledge on to future generations (1,2,5,38). Associated with food-sharing and ensuring that everyone has enough to eat is the strongly held belief that nothing should be wasted. In this community, it is considered disrespectful to waste food. The respect shown towards food is indicative of a wider appreciation for the land as a provider and caretaker of people – respect must be shown to the land in order for it to continue to provide (4). While in the past, this philosophy of respect protected against hunger and ensured everyone had enough food, the way that food is viewed has changed – since, as one elder pointed out, “now we got lots of food, but they’re telling us not to eat it.” This dramatically changing view of food must be acknowledged within nutrition education programs if such programs are to be successful within NunatuKavut communities.

Nutrition education and counselling, particularly for those with chronic diseases, should embed Inuit principles concerning respect for the natural world and not wasting food with more ‘conventional’ nutrition information about portion sizes, making healthy food choices and how to gauge how much food one’s family needs without over-buying. This would ensure that people like Iris Poole could recognize that, in addition to making the “right” food choices at the local grocery store, her traditional foods are also the “right” foods to be eating. This would also make certain that “healthy foods” would be understood to extend beyond foods that are advocated by conventional nutrition education programs.

Significant strides have been taken in the recent past to introduce nutrition education into Aboriginal communities. One example is the adaptation of Canada’s Food Guide for Aboriginal populations, which includes recommended daily servings of certain traditional types of foods (40). Such efforts represent important educational
resources that will assist in bringing nutritional knowledge into diverse Aboriginal communities. The next step would be to embed Aboriginal understandings of food within nutritional education programs (this has already begun to happen in some Aboriginal communities which have community freezers that ensure traditional foods can be shared with the elderly, disabled or others who cannot get out on the land). That is, how might nutrition programs benefit from re-conceptualizing food through an Indigenous lens? Might conventional approaches to nutrition also benefit from thinking differently about the connections between food and health? It is imperative that Inuit approaches to understanding food are mindfully incorporated into nutrition education programming if such programs are to begin to address food-related health concerns of Inuit populations.

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