

American Indian Culture and Foods

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This toolkit was written with University of Minnesota Public Health Nutrition (MPH) student Sara Wells.

Stereotyping

This is very basic level information about the cultures described, it is meant to offer staff an opportunity to learn in general terms, it cannot account for the diversity within each individual society or culture and is not meant, in any way, to infer to all American Indian people or Tribes. There is no single American Indian culture.

Background

Humans have lived in the area that is now Minnesota for over 10,000 years. Historically, Native peoples used the region's waterways in sustainable ways for transportation, food and as trading routes with other Tribes. The Dakota Oyate, members of the Oceti Šakowiŋ, or Seven Council Fires, have considered the area their traditional and ancestral homelands for time immemorial. The Ojibwe/ Anishinaabe people were well-established in Minnesota by the seventeenth century after a centuries-long westward migration from the northeastern part of North America.

The state name Minnesota is derived from the Dakota name for the region: *Mni Sóta Maŋoce* or "the land where the water reflects the skies." In Minnesota, there are eleven sovereign Tribal Nations including four Dakota governments and seven Anishinaabe (Ojibwe), six of which have joined together as the Minnesota Chippewa Tribe (MCT) governmental authority.

- [Bois Forte Band of Chippewa](#) | Asabiikone-zaag'igan | MCT Member
- [Fond du Lac Band of Lake Superior Chippewa](#) | Nagaachiwanong | MCT Member
- [Grand Portage Band of Lake Superior Chippewa](#) | Gichi Onigaming | MCT Member
- [Leech Lake Band of Ojibwe](#) | Gaa-zagaskwaajimekaag | MCT Member
- [Lower Sioux Indian Community](#) | Cansa'yapi
- [Mille Lacs Band of Ojibwe](#) | Misi-zaaga'iganiing | MCT Member
- [Prairie Island Indian Community](#) | Tinta Wita
- [Red Lake Nation](#) | Miskwaagamiiwi-Zaagaiganing
- [Shakopee Mdewakanton Sioux Community](#) | Mdewakanton
- [Upper Sioux Community](#) | Pezihutazizi Oyate
- [White Earth Nation](#) | Gaa-waabaabiganikaag | MCT Member

According to the 2020 Census records, there were over 157,000 Minnesotans who identified as American Indian (AI) or Alaska Native (AN). This number represents those who identified as American Indian and Alaska Native alone as well as those who identified as AI/AN in combination with one or more other races. In the United States, there are currently 574 federally recognized Tribes, though this list is dynamic and does not include Tribes that are recognized by individual states. Every Tribal community is diverse in many ways including linguistically, ethnically, and culturally.

Acceptable Terminology

A person's specific Tribal Nation: This is the gold standard of referring to Native people.

American Indian: This term is used in legal, governmental, and some academic institutions. This term does not include Alaska Natives or Native Hawaiians. Some Indigenous people dislike using this term due to its origins (Christopher Columbus mistakenly thought he'd landed in Asia); however, some are reclaiming the term.

Native American and/or Native: This term is broader than American Indian since it can include American Indians, Alaska Natives, and Native Hawaiians. It can also include individuals from non-federally recognized Tribes. Individuals may refer to themselves as "Native." This term can also mean being native to a specific geographical area.

Indigenous: Refers to all people Indigenous to an area. This term can include those from outside the U.S.

Ask the person or group which term they prefer and learn how to pronounce it correctly.

Language

In Minnesota, the two Indigenous languages spoken are *Dakotiyapi* by the Dakota people and *Ojibwemowin* by the Anishinaabe people. These languages are unique from each other and have many different dialects. Linguists estimate that, prior to colonization, there were over 300 Indigenous languages spoken in what is currently the United States. Many Indigenous languages are embedded with cultural values and connect Native peoples across generations to each other, to the land, their ancestors, and their spirituality. The policies of assimilation and discrimination threatened Native American language and culture are briefly discussed in the following section. That being said, many communities are undergoing strong language revitalization efforts using a variety of tools. Having Indigenous languages included in signage and handouts is a helpful practice to support these efforts.

Historical trauma

Warning: This section gives a brief overview of historical trauma, assimilationist policies, and violence experienced by Indigenous people and may be retraumatizing for Indigenous readers.

The information shared below is not meant to substitute individual efforts to learn the history of the land you live on and the people who originate from it and who are still here. American Indian history did not start with these events, nor will it end with these events.

Historical trauma and assimilationist policies have had profound and lasting impacts on Tribal communities in Minnesota. The health disparities that Native people experience today are directly linked to the forcible removal from their homelands, traditional customs, and spirituality. This multifaceted issue can be better understood by being familiar with the historical context of the European invasion, the genocide of American Indians, and how specific U.S. policies were made with the intention of eradicating Native peoples and their cultures. It is crucial to acknowledge the legacy and long-term effects of this genocide and displacement on the health and wellbeing of Native people and to be familiar with the discrimination and injustices still occurring to this day. Historical trauma refers to the cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences. For Indigenous communities in the United States, this trauma stems from a history marked by violence, displacement, and cultural destruction at the hands of colonizers. The arrival of European settlers brought about wars, illnesses, forced removals, and massacres, leading to significant population declines and loss of land, customs, and spiritual life of the Tribes.

Late eighteenth and nineteenth-century treaties coerced Native people into ceding land through broken promises. The U.S. aimed to eradicate or assimilate Native populations for westward expansion, leading to brutal displacement and conflict. In Minnesota, deceptive treaties in 1851 resulted in the U.S.-Dakota War of 1862, with severe repercussions including public executions and forced relocations. This period also saw the establishment of boarding schools intended to culturally assimilate Native children through abuse and suppression of their heritage. The twentieth century saw many changes to the status of Tribal Nations and threats to their sovereignty. The displacement of Native peoples caused significant disruption to Native food systems. Any provisions supplied by the U.S. government were often unhealthy and markedly different from traditional diets. The poor quality of these foods, combined with unreliable access to quality medical care, has left many American Indians facing ongoing health challenges.

Powerful advocacy of Indigenous activists led to the current era of Tribal sovereignty and self-determination, leading to the revitalization of Indigenous culture. Native communities are rebuilding and strengthening their sovereignty by reclaiming lands, spaces, ceremonies, societal structures, food systems, and the raising of children. The push towards food sovereignty is a push for reclamation of physical, mental, and spiritual health.

Addressing health disparities

Understanding health disparities in the Native population requires acknowledging the historical context, trauma, and general mistrust of systems that has significantly impacted their health, including a significant level of mistrust towards health care providers leading to hesitancy in seeking westernized medical care.

Public health data often misrepresents or completely leaves Native Americans out of data-collection efforts. “Evidence-based” practices are mostly derived from research on white populations. Reading through data you will find stark disparities when comparing the American Indian population to their white counterparts.

Notable health disparities that affect American Indian people in Minnesota:

- American Indians and Alaska Natives have a life expectancy 5.5 years lower than the U.S. all races population.
 - Higher mortality-rates due to heart disease, diabetes, cancer, chronic liver disease and cirrhosis, accidents, suicide, and homicide.
 - Highest infant mortality rates in the state.
- American Indian WIC enrollees, in all participant categories, have a greater number of reported nutrition risks than the overall WIC caseload and exhibit higher risk prevalence in most of the major categories of risk.
 - Birthing parents were less likely to start early prenatal care and less likely to receive adequate/intensive care compared to state average.
 - Birthing people have 1.8 times the risk of severe maternal morbidity compared to non-Hispanic white birthing people.

It is imperative that healthcare providers familiarize themselves with the historical background that directly links to each of these disparities. Furthermore, when working with American Indian participants, respect that everyone experiences and reacts to trauma differently. Providing culturally appropriate healthcare, investing in Tribal self-determination efforts and economic development, and supporting the revitalization of Indigenous cultural practices, languages, and families.

It is best practice to learn the principles of trauma-informed care and obtaining consent in practice. It is also imperative that providers understand the developing relationships with Native participants may take time. Parental distrust may be a result of a fear of their children getting taken from them or of being otherwise harmed, or of an experience with medical racism. Healthcare providers should be aware of historical trauma and practice trauma-informed care. Building trust with Native participants may take time, and it is crucial to respect their experiences and ensure culturally appropriate care.

Despite the systems of oppression in place, Tribal communities today are exercising their sovereignty, reclaiming their power, and thriving in many areas. It is important to respectfully acknowledge and educate oneself about the ways in which the history and current systems contribute to disparities in Native communities and how settlers are still benefiting from this oppression and genocide. However, lingering on these disparities can perpetuate harmful stereotypes and misconceptions about Indigenous communities.

Resilience, traditions, customs, and taboos

The cultural traditions in Tribal communities are rich and diverse and profoundly different from Western traditions. Some of the most profound differences are in kinship roles, storytelling traditions of oral history, valuing relationships founded on reciprocity, and immense respect for the land they inhabit and share with relatives. Many Native people have different ideas of the meanings of specific family terms like “mother,” “father,” “brother,” “sister,” “niece,” “nephew,” “cousin,” etc. For example, some Native people don’t use the term “half” sibling regularly because they believe that someone having a different parent does not make them any less of a sibling. Gender roles and systems are also different and vary among Tribes, often differing from the binary system of Westerners. Many Tribes and societies were matriarchal. Social gatherings are important to Native people, whether for fun, ceremony, government purposes, celebrating an accomplishment or grieving a loss. In general, Indigenous people have incorporated aspects of their resilience into their contemporary cultures in many ways. For example, some Indigenous humor and inside jokes may seem dark to an outsider but often serve as collective coping mechanisms and healing.

Some things to keep in mind:

- Calls for sympathy should not be done in a way that is objectifying and dehumanizing to Native people. It is rude for non-Natives to bring up traumas experienced by Native communities unexpectedly in conversations or in inappropriate settings. Though the person may have good intentions, it is often done in ways that come off as performative, insincere and may serve more to display the non-Native person’s cultural competency and compassion, rather than driving meaningful changes.
- Do not simply say “I’m sorry for what happened to your people” if you do not truly mean it and if it is not an appropriate time and place. Rather, make space at your organization for Indigenous people and nations to be heard, listen sincerely (without interrupting) to what they have to say, compensate them fairly for their time, and familiarize yourself with the ways that Indigenous people are healing their own communities so that you may be a true ally.
- Never refer to Native people exclusively in the past-tense. Doing so perpetuates the erasure of contemporary Native peoples.

Culture and foods

Understand that the U.S. Government forcibly changed the traditional practices of Native people. Low access to healthy food options combined with poverty and other factors has led many Native people into food insecurity, almost one in every four Native households experienced food insecurity.

As Americans, Native families tend to follow a standard American diet; however, many Native families and communities are implementing efforts to reclaim ancestral foodways and practices. This involves increasing the access, production, consumption, and nutritional science of Indigenous foods as well as advocating for policy changes that support food sovereignty

efforts. In Minnesota, some of these actions include efforts to continue traditional hunting/fishing practices, seed stewardship projects, ongoing efforts to reclaim traditional ecological knowledge, and Indigenous farmer's markets, stores, restaurants, and cafes. For many Tribal communities, food was seen as much more than just physical sustenance and many foods had spiritual meanings. Manoomin/ Psin/ Wild Rice is one example of a traditional food with cultural importance. Foods like commodity cheese and frybread are legacies of cultural eradication of traditional foodways, but now have status as cultural symbols in many Native communities, a testament to their resilience.

Breastfeeding and formula feeding

Prior to colonization, breastmilk was seen as the first medicine and the practice of breastfeeding was seen as sacred for Indigenous people. Due to the effects of colonization and historical trauma, breastfeeding has become less common and American Indians have the second lowest rate of breastfeeding initiation in the state. As Tribal nations and people are asserting their sovereignty over traditional food systems, breastfeeding is becoming reclaimed. [First Food Is Medicine](#) is a toolkit designed to support breastfeeding efforts in a culturally supportive way.

Breastfeeding practices vary among American Indian communities, influenced by cultural beliefs and access to resources. While some mothers prefer breastfeeding, others may rely on formula, especially when returning to work soon after childbirth. American Indians have higher rates of lactose intolerance and may require soy or other dairy-free formula.

Education on breastfeeding benefits and arrangement of support services can help empower American Indian mothers in their infant feeding choices. There is an Indigenous Breastfeeding Coalition in Minnesota who's focus on the [Indigenous Community](#) works to promote and support milk medicine practices across the state.

Starting solids

Specific foods may vary by community. Since family mealtime is an important part of Indigenous cultures, this is an ideal time to encourage families to begin with an introduction to traditional Native foods. Education should include offering foods in appropriate consistency and textures.

Parenting

Parenting in American Indian communities often emphasizes seeing children as sacred and closer to the spirit world. Some societies use carefully crafted cradleboards or baby carriers during infancy as a way to provide comfort to the baby and show reverence. Many communities teach children from an early age values like respect for elders, the importance of community involvement, and traditional cultural knowledge and practices. Elders and extended family members frequently play significant roles in child-rearing. Parenting and child-rearing

practices of Indigenous nations are largely dependent on creating a sustainable society and enhancing the wellbeing of future generations.

Holidays, celebrations & days of remembrance

American Indians celebrate a variety of traditional and contemporary holidays. Important celebrations include tribal ceremonies that happen year-round (often related to the solstice or other natural events), powwows (social dances), and events like Native American Heritage Month (the entire month of November), and Indigenous Peoples' Day (second Monday in October), Native Breastfeeding Week (begins the second Sunday in August). May 5 is the official National Day of Awareness for Missing and Murdered Indigenous Women.

Overall, the resilience and contributions of American Indians are vital to the fabric of American history and society. Creating an environment that celebrates indigeneity and uplifts Native voices is helpful to everyone.

Thank you for taking the time to learn about American Indian culture and ways that you may offer support and encouragement to all our WIC families.

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[US-Dakota War of 1862](#) (University of Minnesota College of Liberal Arts)

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[American Indian Health Status in Minnesota](#) (MDH Office of American Indian Health, 2021)

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[Chapter 3: Boarding Schools](#) (National Museum of the American Indian, 2020)

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[Whose Culture Has Capital? A Critical Race Theory Discussion of Community Cultural Wealth](#) (Yosso, 2005)

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Minnesota Department of Health - WIC Program, 625 Robert St N, PO BOX 64975, St. Paul, MN 55164-0975; 1-800-657-3942, health.wic@state.mn.us, www.health.state.mn.us. To obtain this information in a different format, call: 1-800-657-3942

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