



ACCESS AND INTEGRATION

What We Know

Realities of health care in the North differ greatly from southern Canada. Geography and population density have so far dictated that Inuit do not have access to services equal to their southern counterparts. The 45,000 Inuit in Canada live, for the most part, in 53 communities scattered across a region that encompasses about 40 per cent of the landmass of Canada.

Most Inuit communities are served by nursing stations. Doctors are available in larger regional centres and specialized services are often offered in southern centres, requiring patients to travel great distances, geographically and culturally, to access these services. The net result of this fact is that often disease detection, emergency services, follow-up, rehabilitation, palliative care, services that reflect Inuit culture and language, and social supports for patients are delayed, unavailable, or are substandard by any standards.

Lack of access for Inuit, however, goes far beyond the lack of basic services available in the northern regions of Canada. Inuit do not have the same access to the entire spectrum of health care service and policy design, development, and delivery. Inuit are rarely present when research agendas are developed, programs and services are designed, and policies that affect Inuit lives are discussed, despite constitutional rights to the contrary.²

Inuit do not have the same human resource and infrastructure capacity as many other Aboriginal groups in Canada. Inuit educational attainment is among the lowest in Canada, resulting in low Inuit participation rates in health careers such as service provision, policy development, and research.

Language and cultural differences have an impact on the accessibility of health information, the quality of health service Inuit receive, and access to education and training opportunities for Inuit. "Presently, most health care staff must be hired from the south, which can result in a lack of understanding between providers and patients, as well as high turnover, lack of trust, and other issues resulting from differences in language and culture."

What We Have

New uses of information and communication technology should be explored to better understand their potential. New technologies may be revolutionary in providing access to health services in isolated Inuit communities, as well as providing education opportunities to enable Inuit to become meaningfully involved in the health care system.

Telehealth and telemedicine are having a positive impact on the availability of services in many Inuit communities, but not all. Technology has the potential to deliver health care in a different way than the present system. A system that effectively applies technology to the unique geographic, cultural, and political Inuit environment could drastically improve access to services, continuity of care, and availability of relevant, quality information.

Before these models are adopted by Inuit communities, there is much work to be done. The Internet promises to be a great way to transfer health information; however, the cultural context in which it would be used in Inuit communities must be considered. Furthermore, much medical terminology does not have Inuktitut equivalents. The Ajunnginiq Centre has identified the need to develop Inuktitut medical terminology.

What We Need

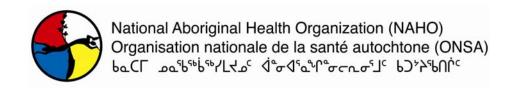
True access to health services for Inuit will result from innovative shifts in the development, design, and delivery (including funding formulas) of services that reflect the unique Inuit realities of geography and culture. Access will result from multi-sectoral initiatives that address the broad determinants—improved access to education will result in more Inuit health care providers and improved health; innovative solutions to service delivery such as the integration of traditional healing practices and implementation of communications technologies; and the inclusion of Inuit in all aspects of service design, development, and delivery.

A number of recommendations were made by Inuit regarding an Aboriginal health infostructure at the National Inuit Health Information Conference in 2001. These included establishing a set of wellness indicators relevant to the needs of Inuit, encouraging community development and awareness of health data, and communicating health information in plain language, written or verbal.

Inuit at the national, regional, and community level need information and knowledge to have meaningful participation in discussions to improve Inuit health. Presently, the National Aboriginal Health Organization fills that gap as an Aboriginal designed and controlled knowledge-based organization.

- 1. Archibald and Grey, Evaluation of Health Care Delivery Models in Inuit Regions. Ottawa, 2000.
- 2. Article 32 of the Nunavut Land Claims Agreement (1993) states that "Inuit have the right to participate in the development of social and cultural policies, and in the design of social and cultural services, including their method of delivery, within the Nunavut Settlement Area."

3.	The Ajunnginiq Centre at the National Aboriginal Health Organization. What Sculpture is to Soapstone, Education is to the Soul: Building the capacity of Inuit in the health field. Ottawa, 2004.





CAPACITY AND SUSTAINABILITY

What We Know

At the Inuit Health Policy Forum in 2000, Inuit recognized and prioritized the lack of capacity of Inuit at all levels to participate in the delivery of health care. Lack of Inuit working in the health field results in a number of problems at the community level in the quality of care and access to care for Inuit:

...most health care staff is non-Inuit and transient, coming from southern Canada often for relatively brief periods. This presents a number of problems affecting health care:

- cultural competence—health providers may not understand the context, ways of relating and issues of patients;
- cultural safety—patients may not feel trust and a sense of being understood and respected;
- lack of continuity in care; and
- omissions and misunderstandings due to language differences.¹

The solution to these issues is simple. The presence of Inuit health care providers able to speak Inuktitut, understand the culture and social systems, and who have family and social supports in the community that enable them to stay in the community for the long-term would create a more sustainable health workforce in the northern regions.

However, few Inuit are entering post-secondary health related programs. Educational attainment among Inuit is lower than the rest of Canada. In fact, two thirds of Inuit do not hold any level of post-secondary education of any kind, twice the national average.² Increasing numbers of Inuit in the delivery of health care would improve the quality of care Inuit receive. Also, many research studies have established an association between education and health. By improving educational attainments among Inuit, it is likely that improvements in health status would follow.

What We Have

Although the numbers of Inuit pursuing post-secondary education are far below those of the rest of Canada, more Inuit are completing secondary school, entering post-secondary institutions, and completing their programs than ever before.

To provide northerners with relevant information about health career training opportunities, the Ajunnginiq Centre has developed Qaigitsi!, an online and CD-ROM

searchable database of health career training opportunities in northern colleges and southern universities located in centres known to Inuit, as well as information on services for Aboriginal students, and study tips.³

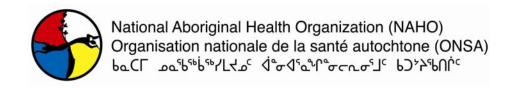
As a companion piece to the Qaigitsi! database, the Ajunnginiq Centre recently completed a research paper on the opportunities and barriers that face Inuit entering health careers. Ajunnginiq Centre staff interviewed students, former students, employees of the education system, and other interested individuals about a number of education related topics. The research found that lack of academic readiness for post-secondary education was a major concern4, as was lack of relevant information for Inuit students about post-secondary study and lack of support for students studying in the south.

What We Need

The Ajunnginiq Centre discussion paper, What Sculpture is to Soapstone, Education is to the Soul: Building the Capacity in the Health Field, also identified a number of areas requiring further research. What are the factors that influence Inuit success in secondary education, such as content⁵ and student personal issues?⁶ It is clear from the Ajunnginiq Centre research that more women enter and complete post-secondary education than men. Why is this? What are Inuit values related to learning? Are there teaching strategies that would be more effective for Inuit?

The research also highlighted gaps in information. As universities do not attach ethnic identifiers to student information, it is unclear how many Inuit are studying at universities or what the rate of success is for Inuit at universities.

- 1. Ajunnginiq Centre, What Sculpture is to Soapstone, Education is to the Soul: Building the capacity of Inuit in the health field. Ottawa, 2004.
- 2. Canadian Institute for Health Information, Improving the Health of Canadians. 2004.
- 3. Qaigitsi! can be found at www.naho.ca/qaigitisi.
- 4. This included lack of prerequisites, inadequate study skills, not being ready for life in the south, and lack of motivation.
- 5. This includes things like academic level courses.
- 6. This includes drug use, family issues, and motivation.





BROAD DETERMINANTS

What We Know

Health is much more than the absence of disease. A number of factors have an impact on the health of an individual and community, including income, housing, education, environment, and self-determination. When these factors are looked at through a health lens, the picture for Inuit is bleak. For example,

- Inadequate and overcrowded housing has led to high rates of respiratory illnesses and violence in Inuit communities. Tuberculosis rates in Inuit communities are 70 times the Canadian average.¹
- Inuit lag behind the rest of Canada in areas such as educational attainment and participation in the workforce. Sustainable economic development rooted in the principles of sound community development (community-driven and holistic), respectful of community knowledge must start with investments in lifelong learning for Inuit. Access to education in the North mirrors access to health services in the North. There are no degree-granting universities in the North. To access degree or specialized programs, Inuit must travel to the south. Teachers often come from the south for short periods of time, unable to speak Inuktitut or understand the cultural context in which they find themselves.
- Inuit have a very close connection to the land. Inuit health cannot be separated from the environment in which they live. Issues such as climate change and environmental contaminants are having a disproportionately high impact on Inuit. In fact, it is in the northern regions of the world where the impact of climate change is expected to be the greatest. Unfortunately, it is the northern regions, including Canada's North, that lack the capacity to deal with such devastating events.
- In a study on food security in Kugaaruk, Nunavut, five out of six Inuit homes were classified as food insecure.²

What We Have

Health Canada has defined a set of determinants of health, some of which have captured information about Inuit as mentioned above. However, although these are useful and pertinent to Inuit, "they do not illuminate the poor health status this group finds itself in. For this reason, colonization, globalization, migration, cultural continuity, territory, access, poverty, and self-determination need special attention and analysis."

According to Dion Stout, these Aboriginal-specific determinants can better capture the health of Aboriginal Peoples. Some of these determinants may be more or less applicable

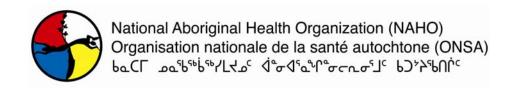
to Inuit—certainly the environment plays a large role in the health status of Inuit. However, to gather quality evidence about Inuit, indicators that are Inuit-specific must be developed.

What We Need

Inuit have a strong cultural identity. Inuit values and practices are significantly different from other Aboriginal groups in Canada. For example, 70 per cent of Inuit can carry on a conversation in Inuktitut.⁴ Presently, there is very little available data on Inuit health status or that address the broader determinants of health. Work must be undertaken to get a better understanding of the Inuit situation. However, this work must recognize Inuit culture and values, and be relevant at the community level.

The link between health and determinants such as education, housing, the environment, self-determination, etc. have been well established. On each of these indicators, Inuit lag behind the rest of Canada. However, indicators used were developed by southerners and applied in the North. Recognizing the unique social, geographic, and political situation of Inuit, it is necessary to develop Inuit-specific determinants.

- 1. Canadian Institute for Health Information, Improving the Health of Canadians. 2004.
- 2. Food Mail Pilot Project, Department of Indian Affairs and Northern Development, cited in Hunger in the Arctic: Food (In)Security Issues in Inuit Communities. Prepared for the Ajunnginiq Centre at the National Aboriginal Health Organization. 2004.
- 3. Madeline Dion Stout, Strategic Directions for an Evidence-Based Decision Making Framework at NAHO. Ottawa, 2001.
- 4. Statistics Canada, 2001 Census.





INUIT BACKGROUND AND CONTEXT

Inuit are a circumpolar people, inhabiting regions in Russia, Alaska, Canada, and Greenland, united by commonalities in culture and language. There are about 45,000 Inuit living in Canada, in 53 communities scattered across a region encompassing 40 per cent of Canada's land mass, and a minority in southern urban centres.

The Inuit population is the youngest in Canada, with 39 per cent under the age of 14.² The Inuit birth rate is twice as high as the Canadian birth rate. The fact that the population is so young has an impact on the health issues, perceptions, capacity and needs of Inuit when compared to other Aboriginal groups.

Although Inuit had contact with Europeans several hundred years ago, meaningful contact and imposition of North American culture did not occur until, in many cases, as late as the mid-twentieth century. For this reason and others, Inuit do not have the same human resource and infrastructure capacity as many other Aboriginal groups in Canada.

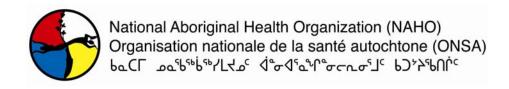
Inuit have a strong cultural identity. Inuit values and practices are significantly different from other Aboriginal groups in Canada. For example, 70 per cent of Inuit can carry on a conversation in Inuktitut3. In the eastern Arctic, Inuktitut is the language people read, speak and use on a daily basis. Language differences have an impact on both the accessibility of health information and access to education and training opportunities for Inuit.

Consideration must be given to the geographical context—most Inuit communities are fly-in only. This fact has a major impact on health-care service delivery, on the costs of doing business, on infrastructure, on communications networks, on access to services, and on the costs of conducting research.

The political situation for Inuit is markedly different from that of other Aboriginal groups. Inuit live in four land claim regions with fractured jurisdictional responsibilities split between various territorial, provincial, and federal governments. Public governments serve the four regions. Services are therefore public services, not Inuit-specific. In most cases, Inuit do not have a direct health care fiscal relationship with the federal government.

Inuit needs, priorities, and concerns are often lost in the broader Aboriginal environment. Organizations with a national Aboriginal focus must strive to ensure the inclusion of Inuit in their work. Inuit are a very small population within the Aboriginal context in Canada, with a strong cultural identity and the greatest needs.

- 1. Statistics Canada, 2001 Census.
- 2. Ibid.
- 3. Ibid.





INUIT DEMOGRAPHICS AND HEALTH STATUS

Inuit Demographics¹

- There are 45,070 people in Canada who identify as Inuit
- Over 90 per cent of the 53 Inuit communities are classified as remote (fly-in only)
- The Inuit birth rate is twice as high as the Canadian birth rate
- The Inuit population is the youngest in Canada, with a median age of 20.6, compared to the median of 37.7 for the non-Aboriginal population
- Thirty-nine per cent of the Inuit population are under the age of 14
- Seventy per cent of Inuit report an ability to carry on a conversation in Inuktitut

Inuit Health Status

Assessing the health of Inuit is not an easy task. Reporting on health status is difficult due to lack of comprehensive information. This results in an incomplete picture of Inuit health status. Furthermore, health does not exist in a vacuum. Socio-economic status, housing, social exclusion, educational attainment, etc. all have an impact on health.

Available information leads us to a dismal picture of Inuit health:

The average lifespan for Inuit women is 14 years less than that of the average Canadian woman²

- Suicide rates in the Nunavut Territory are six times the national average
- Tuberculosis rates are 70 times the Canadian average³
- The 2001 Aboriginal Peoples Survey found 53 per cent of Inuit live in overcrowded housing. Furthermore, 33 per cent of Inuit households are in nned of core housing, almost double the Canadian rate of 18 per cent
- In a recent study in Kugaaruk, Nunavut on food security, five out of six Inuit households were classified as food insecure. This is an issue that affects many Inuit communities. Over half of the households studied had experienced hunger in the last year⁴
- Educational attainment among Inuit is lower than that of southern mainstream Canada. Whereas 33 per cent of non-Aboriginal Canadians do not hold any level of post-secondary education, for Inuit the rate is double at 66 per cent⁵
- The unemployment rate among Inuit is more than three times the Canadian average of seven per cent, at 22 per cent⁶
- Environmental concerns, such as contaminants and climate change, are having a disproportionately high impact on Inuit

• On most indicators where there is health data available for Inuit, Inuit fair far worse than not only their non-Aboriginal Canadian counterparts, but their First Nations and Métis counterparts as well.

On most indicators where there is health data available for Inuit, Inuit fair far worse than not only their non-Aboriginal Canadian counterparts, but their First Nations and Métis counterparts as well.

- 1. All demographic statistics are from the 2001 Census.
- 2. Statistics Canada, The Daily Monday, September 27, 2004.
- 3. Canadian Institute for Health Information, Improving the Health of Canadians. 2004.
- 4. Food Mail Pilot Project, Department of Indian Affairs and Northern Development, cited in Hunger in the Arctic: Food (In)Security Issues in Inuit Communities. Prepared for the Ajunnginiq Centre at the National Aboriginal Health Organization. 2004.
- 5. Canadian Institute for Health Information, Improving the Health of Canadians. 2004.
- 6. Ibid.