



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.

### **Notes**

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.



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.<sup>3</sup>

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 concern<sup>4</sup>, 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 content<sup>5</sup> and student personal issues?<sup>6</sup> 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.

### **Notes**

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/qaigitsi](http://www.naho.ca/qaigitsi).
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.



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.<sup>4</sup> 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.

### **Notes**

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.



## Notes

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



- 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.

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### **Notes**

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.*