

mother experience anxiety about her diagnosis and having to travel a great distance for health care, as a unilingual Inuk woman who grew up traditionally on the land, she also faced language difficulties. Tauni Sheldon's mother did not understand the medical terminology, and while some interpretation services were available at the hospital, they were not available all the time and some English words simply do not have Inuktitut translations, especially medical terminology. This case exemplifies the broader issues of language barriers, cultural insensitivity, and logistical complexities facing Inuit patients seeking health care, and ultimately, the ability to obtain informed consent.

The challenges Inuit face in accessing quality health care can delay a diagnosis, exacerbate the severity of disease, and lead to poorer health outcomes (NCCIH, 2019). For this reason, Inuit often have worse health outcomes compared to other Indigenous¹ and non-Indigenous populations (Young et al., 2020). For example, the projected life expectancy for Inuit in 2017 was more than 11 years shorter than for the non-Indigenous population (Tjepkema et al., 2019); the rate of suicide

in 2016 was 9 times greater among Inuit than for the non-Indigenous population (Kumar & Tjepkema, 2019); and the rate of active tuberculosis disease was 26 times greater than the overall Canadian population in 2022 (Indigenous Services Canada [ISC], 2024). Improving access to quality health care is thus essential for improving health outcomes for Inuit.

This fact sheet is directed at non-Inuit healthcare providers serving Inuit from Inuit Nunangat, particularly service providers located in southern urban centres. It provides an overview of the issues that affect the quality of healthcare services accessed by Inuit, including addressing and eliminating racism within the healthcare system, health care accessibility challenges, dietary changes and resulting health impacts, and a paucity of culturally appropriate mental health and addiction services. The fact sheet also highlights examples of how to provide culturally relevant, appropriate, and safe care for Inuit patients.



¹ The term “Indigenous” is used throughout this fact sheet to refer collectively to First Nations Peoples, Inuit, and Métis Peoples, as defined under Section 35 of the Canadian *Constitution Act* of 1982.

Issues affecting the quality and accessibility of health care for Inuit

Several key issues affect the quality and accessibility of health care for Inuit accessing care in southern hubs. These include exposure to racism, accessibility of health services, dietary changes and related health impacts, and the cultural appropriateness of mental health and addictions services.

Racism

Racism manifests through multiple dimensions. It stems from personal biases and stereotyping, and morphs and changes as it enters into organizational settings where it becomes systemic (Loppie et al., 2014). Racism can present itself as: dismissive, insensitive, or rude treatment; denial or delay of necessary services or treatment; patients being blamed for their illness; insufficient language supports and translation barriers; inadequate consideration for travel associated barriers to accessing care; lack of Inuit representation within the healthcare system; and a failure to adequately represent the needs, interests, values, and worldviews of Inuit in health services (ITK, 2021; Lim et al., 2021).

Racism during the tuberculosis epidemic

The Inuit experience with tuberculosis (TB) and sanatoria in the 20th century is a significant and somber chapter in the history of public health in Canada. During the 1940s to the 1960s, TB epidemics swept through Inuit communities, exacerbated by overcrowded living conditions, poor nutrition, and limited access to medical care, leading to infection rates much higher than in the southern parts of Canada (Government of Canada, 2019). In response, the Canadian government initiated a controversial program to transport Inuit patients to southern sanatoria – specialized hospitals for TB treatment that were often located thousands of miles away from their homes – without adequate explanation or consent. The separation from families and culture, coupled with language barriers and the unfamiliar environment of the sanatorium, had profound psychological and social impacts on Inuit patients. Many stayed in the sanatorium for years and some never returned home, leading to a legacy of trauma and loss still felt in Inuit communities today. The Nanilavut Initiative was created to help Inuit locate burial sites of their loved ones.

Although this period in time is over, there are still living Inuit who remember their time in sanatoria and family members who still seek answers to the circumstances of the death or disappearance of their loved ones who were sent to sanatoria for treatment. This period highlights the need for culturally sensitive and trauma-informed healthcare practices and policies (Halseth & Odulaja, 2024).



One example of systemic racism is the lack of Inuit midwifery practices in Inuit homelands. Inuit midwifery has been practiced since time immemorial. Inuit midwives have knowledge about all aspects of women's sexual and reproductive health and their role is to care for pregnant people, babies, and families throughout pregnancy and postpartum (National Council of Indigenous Midwives [NCIM], 2020). Over the last 100 years, the practice of midwifery was taken away from Inuit (as with other Indigenous populations) and replaced with giving birth in a Western medicalized healthcare setting. This change can be considered as one aspect of the "colonial project of cultural genocide," in that it removed Inuit sovereignty and agency over birthing and imposed Western knowledge systems about birthing as superior to that of Inuit (ITK, 2024; McCarney, 2019). Not only did this change compromise Inuit women's access to maternity and maternal-child care within their communities, it also had devastating impacts on maternal and newborn health outcomes and eroded Inuit culture, practices, and knowledge related to maternal care (NCIM, 2020).

While there has been some resurgence in Inuit midwifery and Inuit midwives are working in some communities² in the North, many expectant Inuit still have no choice but to leave their communities to give birth (Pauktuutit Inuit Women of Canada, 2021, 2024). These women are often expected to leave well before their anticipated delivery dates, spending significant time away from their families in a foreign environment where healthcare providers rarely speak their language and do not understand their cultural needs. This can cause expectant Inuit to experience anxiety, isolation, and trauma (Pauktuutit Inuit Women of Canada, 2021). Southern urban-based maternity care may not be culturally safe or adequately meet the needs of expectant Inuit and their families (ITK, 2024; Lavoie et al., 2022).

Decolonizing childbirth is considered a key strategy for improving maternal and newborn health outcomes among Inuit (Gref, 2018; Lee et al., 2022; Van Wagner et al., 2007, 2012). Increasing the number and capacity of Inuit midwives can play an important role in this process. Inuit midwives are leaders in providing culturally safe and

trauma-informed services that respond to the unique needs of expectant Inuit (Gref, 2018). They are cultural carriers who are able to provide and observe traditional midwifery practices and pass on "important values about health to the next generation"; honour Inuit "peoples, languages, oral cultures, and traditions," "uphold birth as a deeply profound and sacred event," and "play a key role in building healthy and safe ... communities, in rural and urban areas" (NCIM, 2020, n.p.). Providing more birth options in the North is a primary objective of decolonizing childbirth; however, this has been difficult to operationalize to date (Lavoie et al., 2022). Expanding Inuit-specific post-secondary midwifery programming can improve the availability and accessibility of trauma-informed sexual and reproductive health services for Inuit women. However, most midwifery training centres are located outside of Inuit Nunangat (Lee et al., 2022), a challenge that needs to be addressed. There is also an urgent need for more "Inuit-centric and culturally appropriate perinatal and birthing care" in southern hubs (Lavoie et al., 2022, p. 1).

² Nunavik is the only region offering consistent access to Inuit midwifery services, with services offered in Puvirnituq, Salluit, and Inukjuak (ITK, 2024). It is also the only place that offers an Inuit midwifery training program – Inulitsivik. Efforts to establish consistent access to Inuit midwives have been unsuccessful in Nunavut.



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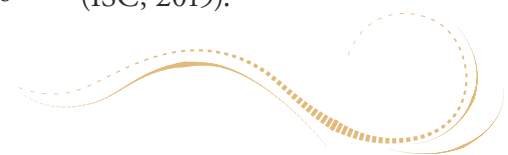
Another example is the use of Indigenous Patient Navigators in southern hospitals. Indigenous Patient Navigators (IPNs) play important roles in supporting First Nations, Inuit, and Métis patients in mainstream healthcare systems. Their roles include health and social services navigation; social, emotional, and cultural support; advocacy and capacity building; administrative navigation; and patient outreach. IPNs can help improve Indigenous people's healthcare experiences (Hiscock et al., 2022), including Inuit, and are integral to bridging the gap between Western and Indigenous healthcare systems (Rankin et al., 2022).

Unfortunately, IPNs may not be required to complete cultural safety training; nor do they

always specialize in distinctions-based health and navigation services (Hiscock et al., 2022). Thus, while well-intentioned, without adequate knowledge about Inuit culture and working in Inuit communities and no cultural safety training, IPNs may not be able to effectively support Inuit patients in culturally appropriate ways (Roberts, 2024). Such a pan-Indigenous approach, which is currently entrenched within mainstream healthcare systems, can lead to harmful health outcomes and experiences for Inuit. Having more IPNs with in-depth knowledge about Inuit and requiring IPNs to complete cultural safety training can go a long way towards enhancing cultural safety for Inuit patients accessing health services in southern hubs.

Health care accessibility

Inuit living in Inuit Nunangat experience unique challenges in accessing health care. The healthcare journey for Inuit patients often involves navigating a complex health system and enduring the psychological stress of cultural displacement. This journey is further complicated by the frequent need for patients to travel, often without an escort (McKenzie, 2015). The Non-Insured Health Benefits (NIHB) Medical Transportation Policy covers costs for transportation, accommodation, and meals for escorts who have received the necessary approvals to accompany patients on their medical travels (ISC, 2019).





It is important to note that there are two main types of escorts – medical and non-medical. Medical escorts are individuals (typically doctors or nurses) who provide care to Inuit patients during travel when they have a health condition that requires monitoring or stabilization (ISC, 2019). Medical escorts must be deemed necessary by a referring medical practitioner (Jull et al., 2021; McKenzie, 2015). They play an important role in helping patients navigate day-to-day decisions about receiving care in urban settings (Jull et al., 2021), as well as enhancing their care experiences (Kerber et al., 2019). In some cases, Inuit patients may also be accompanied by a non-medical escort, typically a family member. This includes cases where the patient: is a minor, unable to give his/her own legal consent, needs assistance

with daily living activities, faces a language barrier, is not able to receive instructions on essential home medical or nursing procedures, is undergoing a medical procedure or has a health condition that requires assistance during the trip, or is pregnant and travelling for the purposes of childbirth (ISC, 2019).

Some Inuit have expressed concerns about inconsistencies applied to the approval of escorts, with some individuals who are able to manage on their own given escorts, while others who need them must manage on their own (McKenzie, 2015). Concerns have also been expressed about the lack of support for escorts. The NIHB Medical Transportation Policy does not offer any compensation for lost income or any other costs incurred (such as costs of childcare), which can

result in financial hardship for escorts (ISC, 2019). Oftentimes, patients and escorts are not given clear information about what to expect while in the South. This information is needed to support their health decision-making (Jull et al., 2021). Requests to accompany a patient can come suddenly; as such, institutional (such as from employers) and other supports (e.g. financial, childcare) may be needed to minimize anxiety and personal hardships for Inuit patients and their escorts (Eggenberger et al., 2022; Jull et al., 2021). It is also important that healthcare providers in the South exercise empathy in relation to medical travel experiences, show extra respect and care for patients who are far from home, and ensure medical information is communicated effectively with patients and their escorts (Kerber



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et al., 2021). As noted by Jull and colleagues (2021), the healthcare system needs to be better structured to support Inuit clients and their escorts.

Interpreters also play an important role in the delivery of quality care for Inuit patients travelling to access services in southern hubs. Interpreters can help enhance communication between healthcare providers and patients, explain terminology, and create comfort for patients by connecting them to their culture (Hordyk et al., 2017). However, accessing interpreters may be challenging for Inuit patients acquiring health care in southern hubs (McKenzie, 2015). There may only be enough interpreters available to provide services during the admission and discharge processes, not for day-to-day translation services. As a result, some patients may not have

access to interpreter services during their medical visit, such as for rehabilitation services, which can leave patients feeling isolated and marginalized (McKenzie, 2015).

Inuit living in northern Arctic regions also experience challenges related to healthcare professionals working in the North. The lack of healthcare professionals and the transient nature of clinical staff can impede the continuity of care for Inuit patients (Huang et al., 2023; ITK, 2021). It is quite common for patients to recount their symptoms to a succession of clinicians, which can heighten the risk of misdiagnosis and delayed treatment. Further, the cultural gap between Inuit patients and predominantly non-Inuit healthcare providers can lead to misunderstandings and a lack of trust, with significant implications for patient outcomes.

Dietary changes and health impacts

Traditional diets are integral to Inuit well-being (ITK, 2024). Inuit country food is rich in protein and often high in fat. This fat content contains high concentrations of fat-soluble vitamins, which are nourishing not only for the body but also for the soul (Caughey et al., 2024).

For many Inuit from the Arctic who receive care in the South, the sudden change from a predominantly country food diet to a processed and agriculturally based diet can make them feel more ill. This can prolong their stay in care, as appetite is often an indicator for improved health. One of the biggest complaints coming from Inuit who receive treatment in the South is that they miss their country food.

Improving access to country foods in southern healthcare facilities can contribute to improved health outcomes for Inuit patients (Silver et al., 2022). For example, Arctic char is available at some grocery stores in southern locations.

Mental health and addiction services: A call for culturally informed care

There is a paucity of mental health and addiction services within Inuit Nunangat. Often, there are no psychiatric services available locally, and individuals in crisis are referred to hospitals further south (Etter et al., 2019). Outside of Inuit Nunangat there are few Inuit-centric programming (Toor et al., 2024). Inuit seeking mental health and addiction services outside of the region thus often encounter programs that lack cultural relevance (Lauzière et al., 2021). These programs are often pan-Indigenous or geared towards First Nations, incorporating only First Nations teachings on healing. While often appreciated, over time these programs can do more harm than good.

It is generally recognized that mental health and addictions interventions that are designed and led by respective Indigenous communities can lead to better health outcomes than those developed for mainstream Canadian society or for other Indigenous groups (Fallon & Vandermorris, 2022; Tan,



2021). This is because they are grounded in traditional cultural values and practices that focus on the connection between mental health and land, family, culture, and traditional food and practices. Given the significant differences between First Nations and western cultures and Inuit cultures, Inuit may choose not to seek treatment when programs are not designed specifically for them. There is a need to develop mental health and addictions interventions specifically by and for Inuit (Graham et al. 2021).

Like for First Nations and Métis children, residential schools also worked to eradicate Inuit ways of being in an effort to anglicize Inuit children, causing trauma that would last generations. The Truth and Reconciliation Commission of Canada (2015) acknowledges these impacts. The next step towards reconciliation in relation to health care is to support Inuit with access to their culture, as Inuit have always had ways of working through trauma in their own culturally healthy ways. Without including Inuit culture in healing,

Inuit will continue to experience non-Inuit ways and the legacy of residential schools will continue to affect Inuit.

Culturally relevant, appropriate, and safe care: Principles and practices

Given the issues facing Inuit from Inuit Nunangat in accessing health services, particularly in southern hubs, there is a need for culturally relevant, appropriate, and safe care. Key elements of such care include effective cross-cultural communication, cultural safety, patient-centred and trauma-informed care, as well as incorporation of Inuit societal values into health care delivery – such as ‘Inuit Qaujimagatuqangit,’ an Inuktitut phrase encompassing and translating to Inuit Traditional Knowledge, created by Inuit Elders in Nunavut and adopted by Nunavut (Tagalik, 2010). These elements are pivotal in fostering trust and understanding between healthcare providers and Inuit patients.

Cross-cultural communication

Acknowledging and adapting to unique Inuit communication styles, including non-verbal cues like eyebrow movements for affirmation and nose scrunching for negation, are essential for meaningful patient engagement. Additionally, healthcare providers must also recognize the cultural context behind behaviours such as avoiding direct eye contact, which is often misunderstood. Many Inuit prefer less eye contact, which is a form of politeness for them. Indirect body language is often preferred over direct body language, especially when meeting someone new. For instance, when sitting by another person, facing each other is considered direct, while sitting side by side is indirect. When engaging in dialogue with unilingual Inuit, it is important to continue speaking to the Inuk patient or client rather than making eye contact with the medical escort or translator, as this continues a respectful and courteous interaction. Avoiding jokes is also imperative, as many Inuit have had to advocate

for themselves at length and repeatedly, and patients want to know that they are being taken seriously. Healthcare professionals must be adept at navigating these cultural nuances to ensure Inuit patients feel understood and respected.

Cultural safety

Culturally safe care can be defined as an “outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe” (BC Centre for Disease Control, 2024, Sect. 4, para. 1). Several key elements are important for providing culturally safe care to Inuit accessing healthcare services from non-Inuit providers, including the importance of building trust, knowing when to use interpreters, understanding the role of escorts, obtaining consent, and utilizing patient navigators (Tungasuvvingat Inuit, 2022).

Healthcare providers must work to build trust with Inuit patients. Inuit have had a long history of being mistreated by non-Indigenous healthcare providers, such as with tuberculosis treatment regimes, which has left many Inuit skeptical of mainstream health services. Healthcare providers can take various actions to build trust with their Inuit patients including:

- Talking slowly;
- Using simple language and avoiding medical jargon;
- Paying attention to non-verbal cues;
- Learning about the different regional dialects of Inukuk languages, and making an effort to learn different greetings;
- Taking time to accommodate longer appointments;
- Asking patients questions to ensure they understand, while avoiding repetitive questions;
- Being clear about next steps when wrapping up an appointment and connecting patients to needed resources;
- Verbally give details of prescriptions because the label is often not in Inuktut; and
- Understanding Inuit culture and conveying respect (Tungasuvvingat Inuit, 2022).



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Healthcare providers must know when to ask for an interpreter (Tungasuvvingat Inuit, 2022). Interpreters can play an important role in helping patients understand healthcare providers. Healthcare providers must also understand the importance and role of escorts – who are typically there to: assist clients who require assistance during medical travel; support client’s physical, psychological, and emotional well-being; attend all of their client’s medical appointments; and assist clients with decision-making and care coordination (Health Department, n.d.).

Use of patient navigators can also help support Inuit patients who are accessing health care in southern institutions. These patients may be feeling trapped in their rooms or worried about their health, missing family members, or experiencing culture shock. Patient navigators can provide clients with any support they may need, including respite for parents, access to cultural programs, and connection to other supports and resources (Tungasuvvingat Inuit, 2022).

Providing culturally safe care also includes the importance of obtaining free, prior, and informed consent from Inuit patients accessing health care in the South (Tungasuvvingat Inuit, 2022). There are extra barriers to obtaining informed consent when clients are non-English speaking, which interpreters can



assist with. It is also important that healthcare providers take the time to find out who has legal guardianship over younger patients and ensure they have provided informed consent for any medical treatment.

Patient-centred care

Patient-centred care is intimately connected to cultural safety. Providing patient-centred care aims to address the needs, values, and perspectives of clients to manage and improve their health through shared decision-making between clients and healthcare providers (Jull et al., 2024). Such an approach entails treating Inuit clients as “valued partners in health systems” (para. 5), and ensuring they have “opportunities to acquire knowledge, skills and confidence to participate in their health care” (para. 7). It also includes delivering services in ways that reflect the values, knowledge systems, and care practices of Inuit clients, which mainstream health care models often do not support (Jull, 2019).

Because Inuit must navigate complex health systems and make decisions in unfamiliar and sometimes unwelcoming settings far from home, strategies must be put in place to support their ability to participate in shared decision-making and ensure health services are more acceptable and aligned with the patient’s needs, values, and perspectives on health and healing (Jull et al., 2024). For example, incorporating traditional activities, such as arts and crafts, into the therapeutic process can provide comfort and facilitate healing.

Trauma-informed care

Trauma-informed care is also intimately connected to cultural safety and to patient-centred care. Trauma can have immediate psychological and physical effects on persons who have experienced it, as well as alter their biology and behaviour over the long term (Kimberg & Wheeler, 2019). When trauma has been experienced across generations,

as is the case for many Inuit families, it can leave long-lasting impacts not only to the health of individuals, but also to the well-being of communities. Certain situations encountered in healthcare settings, such as using physical restraints, needing to undress, undergoing invasive procedures, waiting in a room with a closed door, and seeing blood, may re-trigger traumatic memories for persons who have experienced trauma, either consciously or unconsciously. In turn, these traumatic experiences can influence that person’s health seeking behaviours and adherence to treatment, with subsequent impacts to health outcomes. Understanding the impacts of trauma and mitigating its adverse effects can help promote health equity and improve health outcomes (Browne et al., 2016; Delli Colli & Blanchet Garneau, 2024).



A trauma-informed approach involves recognition of the signs, symptoms, and impacts of trauma and an understanding of potential paths to recovery (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). This type of approach incorporates six key principles: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; and cultural, historical, and gender issues (SAMHSA, 2014). These principles are reflected in:

- ensuring that healthcare staff and the clients they serve feel physically and psychologically safe;
- conducting organizational decisions with transparency, with the goal of building and maintaining trust among clients, their families, and healthcare staff;
- using peer support and mutual self-help as vehicles for establishing safety, building trust, enhancing collaboration, and promoting recovery and healing;
- levelling power differences and sharing decision-making between healthcare providers and clients;
- recognizing and building upon individuals' strengths and experiences; and
- actively moving past cultural stereotypes and biases based on race, ethnicity, sexual orientation, age, religion, gender-identity, geography, and others (SAMHSA, 2014).

To develop a trauma-informed approach, change is needed at multiple levels of an organization (SAMHSA, 2014). Such an approach requires:

- organizational support at the governance and leadership level;
- supportive policies and protocols;
- a physical environment that promotes a sense of safety and collaboration;
- significant and meaningful engagement to hear from patients in all areas of organizational functioning;

- cross-sectoral collaboration;
- trauma screening and assessment services;
- ongoing training in trauma, peer support, and actions that support workforce development;
- ongoing tracking and monitoring of trauma-informed principles and use of trauma-informed services;
- a financing structure that supports a trauma-informed approach; and
- ongoing evaluation of service or program implementation and effectiveness.

Incorporation of Inuit Qaujijatuqangit into health care delivery

Inuit Qaujijatuqangit (IQ) encompasses societal values that guide not only interpersonal relationships, but also approaches to Inuit health and wellness. For example, IQ encompasses eight values:

1. Inuuqatigiitsiarniq (respecting others, relationships, and caring for people),
2. Tunnganarniq (being open, welcoming, and inclusive),
3. Pijitsirniq (serving and providing for family and/or community),
4. Aajiiqatigiinni (decision making through discussion and consensus),
5. Pilimmaksarniq or Pijariuqsarniq (developing skills through observation, mentoring, practice, and effort),
6. Piliriqatigiinni or Ikajuqtigiinni (working together for a common cause),
7. Qanuqtuurniq (being innovative and resourceful), and
8. Avatittinnik Kamatsiarniq (respecting and caring for the land, animals, and the environment) (Government of Nunavut, n.d.).

Integrating IQ values, into healthcare planning and delivery is crucial for creating services that are culturally congruent and responsive to the unique needs of Inuit communities.

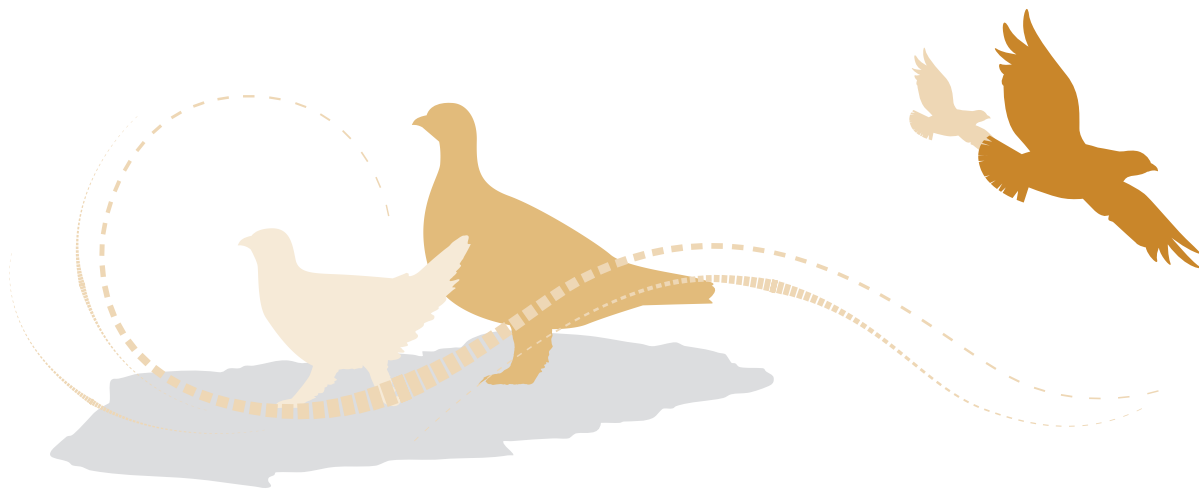
There are several examples of how IQ values can be incorporated into healthcare planning and delivery. Healy (2017) demonstrates the application of some IQ values in a health care model for Nunavut. The value of Inuuqatigiittiarniq can be reflected in respectful relationships between healthcare providers and their clients, which requires healthcare providers to commit to a reflexive approach with clients – one that involves two-way learning. The value of Piliriqatigiinni can be reflected in multi-disciplinary collaboration and in sharing knowledge among health decision-makers.

The Nunavik Regional Board of Health and Social Services (NRBHSS) has also developed an IQI model of health and well-being built on the concepts of Illusirsusiarniq, Qanuinnngisiarniq, and Inuuqatigiitsiarniq. Illusirsusiarniq encompasses the idea that “the body is intended to develop and change over time”, and thus these changes should not be considered as a disease that impedes people from doing what they want and need to do (NRBHSS, n.d., para. 1). Qanuinnngisiarniq encompasses feelings of being calm and at peace. It emphasizes the importance of being with others in an “emotionally warm and safe” environment

(NRBHSS, n.d., para. 2). Finally, Inuuqatigiitsiarniq emphasizes the quality of relationships with family members, friends, community members, and beyond.

Others have demonstrated how the IQ values can be applied to specific health contexts. For example, Brubacher (2021) shows how the values of Avatittinnik Kamatsiarniq, Inuuqatigiitsiarniq, and Pilimmaksarniq can be applied to Inuit birthing and midwifery practices through the importance of country foods during pregnancy and breastfeeding, community and family supports in birthing, and the development of specialized birthing knowledge and skills among midwives. Oskalns (2023) describes how the values of Piliriqatigiingniq, Pilimmaksarniq, and Qanuqtuurunnarniq can be reflected in Inuit youth mental health programs in ways that foster resilience (Oskalns, 2023).

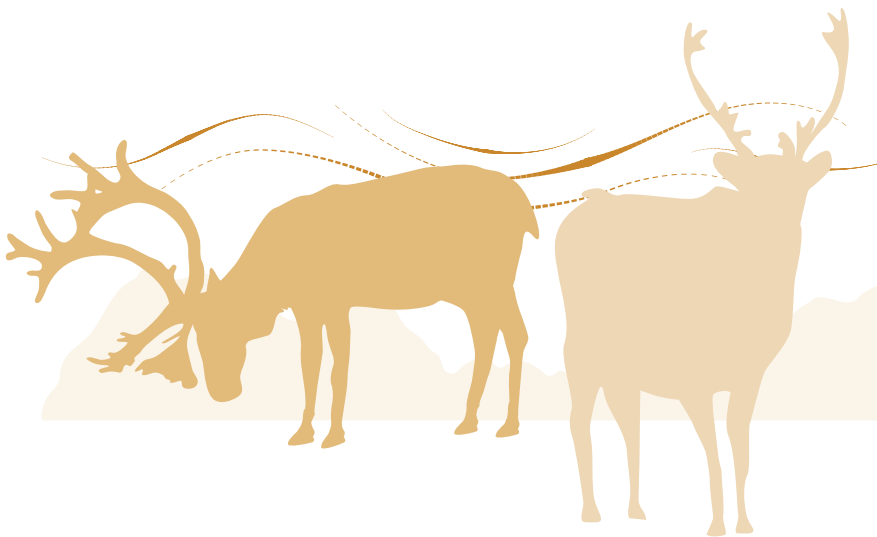
Healthcare programs and interventions designed with IQ values in mind are more likely to be effective, as they resonate with Inuit understandings of health and well-being. This involves not only consulting with Inuit Elders and Knowledge Keepers but also ensuring that Inuit healthcare workers and cultural consultants are integral to the healthcare team. Such an approach facilitates a more holistic and culturally informed healthcare experience, which subsequently promotes better health outcomes among Inuit populations.



Conclusion

Inuit living in Inuit Nunangat face significant barriers to accessing quality and culturally safe health care which have led to poorer health outcomes compared to the general population in Canada. Many times, Inuit must access health services by non-resident, fly-in, healthcare providers in their community or leave their community to access care in regional and southern urban centres. Many of the barriers Inuit face can be addressed by providing culturally relevant, appropriate, and safe care, which can lead to more equitable and positive healthcare experiences for Inuit, and ultimately, improved health outcomes.

Non-Inuit healthcare providers can begin their journey to provide culturally safe care by learning about the issues affecting Inuit living in Inuit Nunangat, and by making a concerted effort to understand and incorporate Inuit cultural values, cross-cultural communication styles, and principles of patient-centred and trauma-informed care into their practice. This includes respect for and integration of Inuit Qaujimajatuqangit values. By embracing these values, healthcare providers can build stronger, more trustful relationships with Inuit patients, ensuring their care is not only effective but also welcoming and respectful of Inuit culture and identity.





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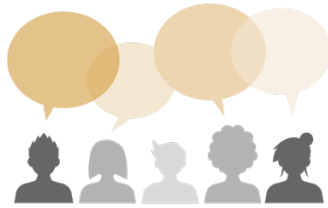
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HOW TO USE THIS FACT SHEET

REFLECT

Talk to others in your community, reflect on the content of this fact sheet, and contemplate how you could make a difference in the health and well-being for yourself, your family or your community.



ENGAGE

Find local friendship centers, community organizations or groups where you can volunteer or participate in healthy positive actions. You too can share knowledge and make a difference in the health and well-being of First Nations, Inuit, and Métis Peoples' of Canada.

sharing knowledge · making a difference
partager les connaissances · faire une différence
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