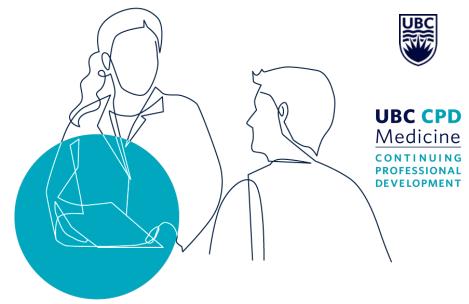
PROVIDING CULTURALLY SAFE CARE FOR INUIT

March 19, 2025 | 6:00-7:30pm PT



Brought to you in partnership by:





LAND ACKNOWLEDGMENT

We acknowledge that we work on the traditional, ancestral and unceded territory of the Skwxwú7mesh (Squamish), xwməθkwəyəm (Musqueam), and Səlílwəta?/Selilwitulh (Tsleil-Waututh) Nations.





LEARNING OBJECTIVES

 Describe Inuit cultural norms, values, and communication styles to support navigation of cross-cultural interactions with sensitivity and awareness.



Medicine
CONTINUING
PROFESSIONAL
DEVELOPMENT

- 2. Apply learnings to build effective and respectful relationships with Inuit patients.
- Use toolkit provided to navigate culturally diverse environments with respect and reciprocity

DISCLOSURES

Speaker

Kevin Qamaniq-Mason: Consulting services have received payment from Government of Nunavut Department of Medical Affairs, Canadian Medical Association, Public Health Agency of Canada for the delivery of Inuit cultural competency training. Volunteers as Canadian Canoe Museum (CCM) Governance Committee member. There is **no potential conflict of interest** between this funding/relationship and this webinar





Planning Team

- Dr. Chris Morrow (UBC CPD): Nothing to disclose
- Sarah Tajani (UBC CPD): Nothing to disclose
- Caldon Saunders (UBC CPD): Nothing to disclose

Topics

- Inuit Nunangat (homelands)
- Understanding the Inuit historical context
- Understanding the Inuit cultural context
- Utilizing Cross-Cultural Competency (CCC) to provide culturally-safe care

This section provides an overview of respectful language and terminology when working with Inuit and Indigenous peoples.

There are three Indigenous groups in Canada:

- First Nations
- Inuit
- Metis

Each group is distinct with their own languages, traditions, customs, and cultural practices.



Drum Dancer by Jake Kadluk, Iglulik, NU

Since there are three Indigenous groups in Canada, the term *Indigenous* should only be used when referring to all three groups. Avoid saying "Indigenous culture" if you are referring specifically to "Inuit culture". It is good practice to use specific terminology.



Drum Dancer by Jake Kadluk, Iglulik, NU

The terms "aboriginal" and "native" have fallen out of use but may still be seen in legal documents.

The term "eskimo" is considered outdated and derogatory. However, some Inuit still refer to themselves as *eskimos*, while many others may find it insulting or offensive.



Drum Dancer by Jake Kadluk, Iglulik, NU

Inuk - one person

Inuuk - two people

Inuit - three or more people

Qallunaaq - one Euro-Canadian

Qallunaak - two Euro-Canadians

Qallunaat - three or more Euro-Canadians

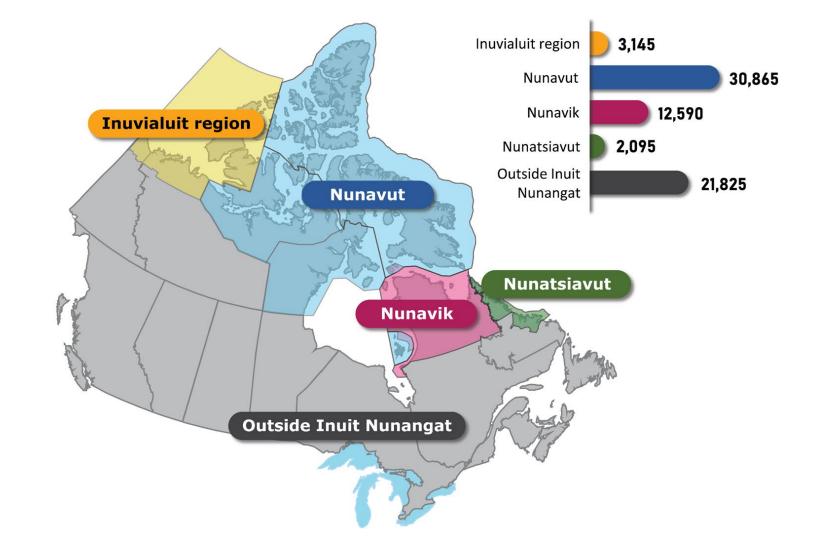


Drum Dancer by Jake Kadluk, Iglulik, NU

Inuit Nunangat







Understanding the Inuit historical context

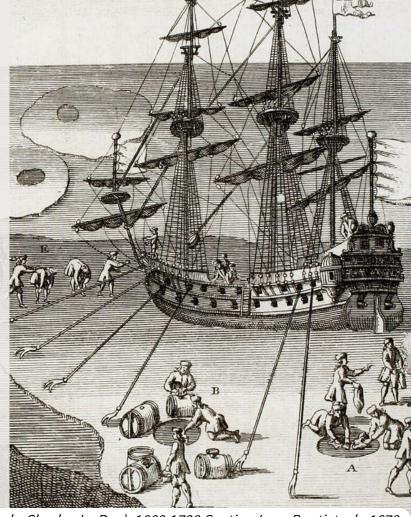
Pre-Contact

Traditionally, Inuit led a nomadic, subsistencebased life, adapting to the challenges of an extremely cold region with limited resources. Societies were organized into small, kin-based groups. Cooperation and sharing were essential for survival. Igloos, sod houses and animal skin tents were used for housing, depending on the season and location. Dog teams played a crucial role in travel, hunting, and survival. The practice of shamanism held central importance in spiritual life, health, and overall well being.



First Contact with Europeans

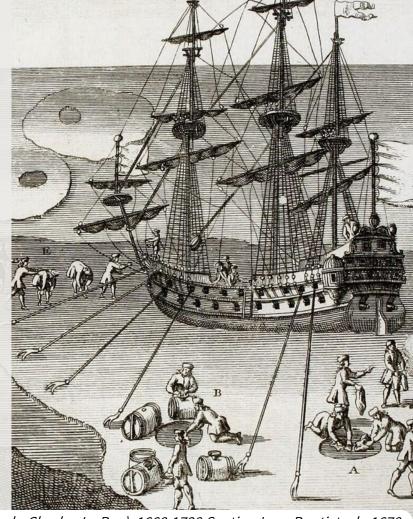
Between 1000 and 1350 CE, Norse seafarers, commonly known as Vikings, made unsuccessful attempts to colonize parts of Baffin Island and Newfoundland. Sir Martin Frobisher arrived on Baffin Island in 1576. The crew met and cautiously traded with Inuit, who appeared to have some familiarity with tall ships. They boarded the ship, tried European food and wine, and competed with the mariners in acrobatics on the ship's rigging.



Engraving by Bacqueville de La Potherie, M. de (Claude-Charles Le Roy), 1668-1738;Scotin, Jean-Baptiste, b. 1678

First Contact with Europeans

Intermarriage and the impregnation of Inuit women by European whalers from the 16th - 19th centuries had significant social impacts in Nunavut and other Arctic regions. These relationships led to cultural exchanges, as well as social stigma, discrimination, and disruptions to traditional family structures and kinship networks. Additionally, the spread of diseases from European whalers to Inuit populations further compounded these social impacts, leading to health crises and population declines in some communities.



Engraving by Bacqueville de La Potherie, M. de (Claude-Charles Le Roy), 1668-1738;Scotin, Jean-Baptiste, b. 1678

The Hudson's Bay Company

The Hudson's Bay Company (HBC) entered what is now Nunavut in the early 18th century. By the mid-19th century, HBC trading posts were well established along the coasts and major waterways of the region. During this presettlement era of colonization, Catholic, Anglican and Protestant missionaries settled at trading posts and whaling stations. Over-hunting by trappers during this period led to decreased populations of many animal populations imperative to subsistence living in the Arctic.



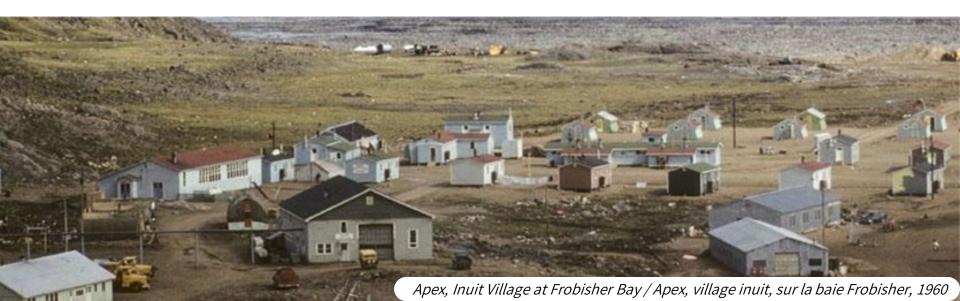
Devon Island Relocation

Political pressures in the pre-war period lead Canada to assert sovereignty over its high arctic regions. The 1934 Devon Island relocation saw the Canadian government forcibly move Inuit families from their traditional homelands in the eastern Arctic to Devon Island with a promise they could return home after two years. However, in 1936, the families were relocated to Arctic Bay, then Fort Ross before finally being settled in Spence Bay.



The "Eskimo Decision"

On April 5, 1939, the Supreme Court of Canada found that Inuit should be considered as "Indians" within the 1867 Constitution Act, thereby making Inuit the legal responsibility of the Canadian federal government.



Eskimo ID Tags

In 1941 the Government of Canada introduced Eskimo ID tags as part of the effort to assert sovereignty and control over the Arctic territories, allowing Canada to identify population size and inhabited regions of the Arctic. The ID tags were a necessity for accessing vital resources and services, becoming a means of control and coercion, reinforcing the authority of government agencies and diminishing the autonomy and agency of Inuit.



Inuit Settlements

Following the end of WW2, continued efforts to demonstrate Canadian sovereignty in the Arctic involved the establishment of government-administered settlements or "resettlement" programs. Settlement living was promoted as a means of providing access to essential services such as healthcare, education, and employment opportunities, as well as facilitating the delivery of government programs and services. This led to the establishment of permanent settlements and the relocation of Inuit from traditional lands to designated communities.



Tuberculosis

With the rise of settlement living and overcrowding came the spread of TB. During the 1950s, at least one-third of the Inuit population was infected with tuberculosis. Approximately 4,500 Inuit were sent to Southern Canada for treatment in sanitariums, including unaccompanied children. About 900 patients never returned.



Inuit family on board the C.G.S. C.D. HOWE at Grise Fiord [Ausuittuq, Nunavut]. [Kyak family from Tununiq (Pond Inlet). Back row, left to right: Moses Kyak, Lazarus Kyak, Mary (née Panigusiq) Cousins, Letia carrying Elizabeth in the amauti, and Leah. Front row, left to right: David, Carmen, Timothy, and Lily.], 1958

Section 88

In 1951, section 88 was incorporated into the Indian Act, granting provincial and territorial laws and regulations authority over matters concerning Indigenous peoples and their lands.



The High Arctic Relocation

The High Arctic Relocation Program, also known as the High Arctic Exile, took place during the Cold War period to address international interest in the region. Between 1953 and 1961, 92 Inuit (approximately 8 Inuit families) from Inukjuak, northern Quebec, were relocated to Resolute Bay and Grise Fiord. The relocation process was coercive, with promises of better living conditions and economic opportunities made to the Inuit families.



The High Arctic Relocation

However, the reality of life in the High Arctic was harsh, with extreme cold temperatures and limited hunting and resources. Many families experienced starvation, isolation, and cultural dislocation as a result of the relocation. Some families were eventually relocated back to their original communities, while others remained in the High Arctic.



Residential Schools

The 1950s and 60s saw Inuit attend residential schools in large numbers. In 1964, about 75% of Inuit children and youth aged six to 15 years were enrolled in residential schools. Fourteen residential schools operated in Nunavut during this period. The first, Turquetil Hall, opened in Chesterfield Inlet in 1945 and the last to close was Kivallig Hall in Rankin Inlet in 1997. Many Inuit families transitioned to settlement living during this period to be near children who had been sent to the residential schools in the settlements.



The Erosion of **Shamanism**

Catholic, Anglican and **Protestant Missionary** presence in both settlement living and residential schools led to a widespread conversion to Christianity and a rejection of shamanism and other important cultural practices like throat singing.



The Dog Slaughter

The RCMP dog slaughter, or mass killing of sled dogs, began during the late 1950s as a means to enforce settlement living. Government authorities initiated campaigns to eliminate sled dogs, which involved mass killings by shooting or poisoning. It's been estimated that between 1,200 and 20,000 huskies were slaughtered by RCMP officers between 1950 and 1970. Many Inuit were stranded at settlements when they discovered their dogs had been shot during a trip to town for supplies or to visit family, having no way to return to their own camps.



Inuk child and dog, Fort Ross, NT, 1945

The Sixties Scoop

During the Sixties Scoop in the 1960s and 1970s, Inuit children were frequently removed from their families and placed into foster care or adopted by families in Southern Canada. Factors such as perceived cultural inferiority, poverty and inadequate housing were used to justify the removal of children. Inuit report stories of coming home to find their children kidnapped, and not knowing whether they would ever see them again.



The Sixties Scoop

The children who were sent to Southern Canada and forcibly adopted into new families continue to struggle with a loss of culture, language and identity. Some of them have returned home, and are trying to navigate the reestablishment of family connections aftering being raised within a different culture, and some were never heard from again.



Project Surname

"Project Surname" was a government initiative in 1969 aimed at assigning standardized surnames to Inuit individuals and families in Canada's Arctic regions to facilitate administrative processes, ending the practice of Eskimo ID tagging. However, the project faced significant opposition from Inuit communities, who objected to the imposition of Southern naming practices and the loss of kinship ties associated with naming.



Project Surname

Despite initial implementation, resistance led to a scaling back of the project, with many Inuit continuing to use traditional naming conventions or adopting surnames of their own choosing. Today many Inuit families in Nunavut use the first name of a father, grandfather, or great-grandfather as their surname.



The Inuit Political Movement

During the 1970s, 80s, and 90s, the Inuit political movement surged with activism, paving the way for significant milestones in Inuit rights in Canada's Arctic regions. Organizations like the Inuit Tapiriit Kanatami (ITK) and the Inuit Circumpolar Council (ICC) tirelessly championed Inuit rights and negotiated landmark land claims agreements with the Canadian government.



The Inuit Political Movement

These agreements, including:

- 1975 James Bay and Northern Quebec Agreement (JBNQA)
- 1984 Inuvialuit Final Agreement (IFA)
- 1993 Nunavut Land Claims Agreement (NLCA)
- 2005 Labrador Inuit Land Claims Agreement

recognized Inuit rights to land, resources, and self-governance, establishing a legal framework for Inuit land ownership and autonomy.



SOCIAL & ECONOMIC INEQUALITY IN INUIT NUNANGAT

Many Inuit face social and economic inequities that impact our health and wellbeing

INUIT NUNANGAT

\$23,485 The median individual income for Inuit in Inuit Nunangat1

52% of Inuit in Nunangat live in crowded homes*1

34% of Inuit aged 25 to 64 in Inuit Nunangat have earned a high school diploma1

70% of Inuit households in Nunavut do not have enough to eat2

30 The number of physicians per 100,000 population in Nunavut4

47.5% of Inuit in Inuit Nunangat are employed1

72.4 years

The average life expectancy for residents in Inuit Nunangat^{†5}

12.5 The infant mortality rate per 1000 for Inuit infants in Canada.6

ALL CANADIANS



\$92,011 The median individual income for non-Indigenous people in Inuit Nunangat1



9% of non-Indigenous people in Inuit Nunangat live in crowded homes*1



86% of all Canadians aged 25 to 64 have earned a high-school diploma1



8% of all Canadian households do not have enough to eat3



119 The mean number of physicians per 100,000 population in Urban Health Authorities4



60.2% of all Canadians are employed1



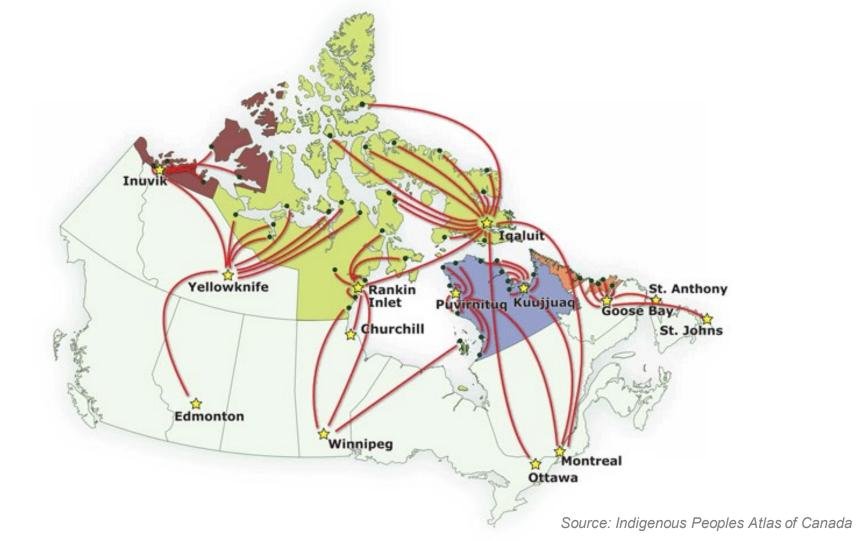
82.9 years

The average life expectancy for all Canadians5



4.4 The non-Indigenous infant mortality rate per 1000 for Canada.6

Source: Inuit Tapiriit Kanatami



Understanding the current Inuit cultural context

What is Culture?

SURFACE

language arts
clothing celebrations
food customs

DEEP CULTURE

social rules body language

silence leadership

personal space how we disagree

manners making requests

time cooperating

respecting Elders talking to children

What is Culture?

In CCC, culture is defined as:

The programming of the human mind by which one group of people distinguishes itself from another group.

Identity

Ethnicity

Refers to people who identify themselves based on common **ancestral**, cultural, national, and social experience.

Culture

Refers to the shared beliefs, customs, values, and behaviors of a group of people, including **social norms**.

Nationality

A **legal status** that identifies a person as belonging to a specific country.

Inuit Qaujimajatuqangit (IQ)

What Inuit have always known to be true

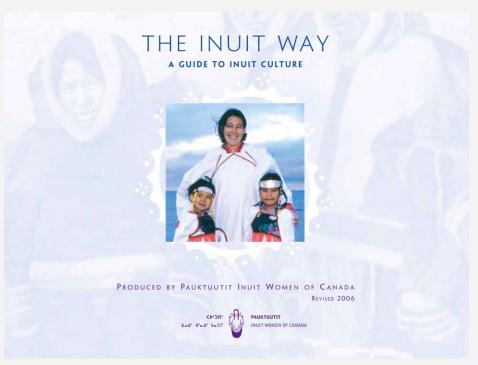
- 1. Inuuqatigiitsiarniq: Respecting others, relationships, and caring for people.
- 2. Tunnganarniq: Fostering good spirit by being open, welcoming, and inclusive.
- 3. Pijitsirniq: Serving and providing for family and/or community.
- 4. Aajiiqatigiinniq: Decision making through discussion and consensus.
- **5. Pilimmaksarniq/Pijariuqsarniq:** Development of skills through practice, effort, and action.
- **6.** Piliriqatigiinniq/Ikajuqtigiinniq: Working together for a common cause.
- 7. Qanuqtuurniq: Being innovative and resourceful.
- 8. Avatittinnik Kamatsiarniq: Respect and care for the land, animals, and the environment.

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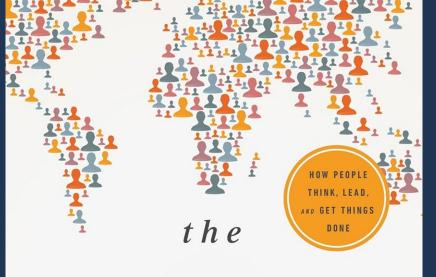






NON-INTERFERENCE

Inuit place a high regard on the right of individuals to lead their lives free from interference from others. This belief strongly affects the way Inuit interact with each other.



CULTURE MAP

BREAKING THROUGH THE INVISIBLE BOUNDARIES OF GLOBAL BUSINESS

Cross-Cultural Competency

Examining Dimensions of Culture

The Communicating Scale

Low-Context & High-Context

Low-Context Communication

(direct, spoken language-based)

- Relies on explicit, clear, and direct verbal expression.
- Meaning is conveyed primarily through precise and exact words.
- Messages are expressed and understood at face value.
- Repetition is appreciated if it helps clarify the communication.
- Typically more task-oriented.
- It is usually okay to be clear with refusals.

Low-Context Communication

(direct, spoken language-based)

Examples:

- "Your test results show that you have Type 2 diabetes. This means your body is not using insulin properly, which leads to high blood sugar. To manage this, you will need to monitor your blood sugar levels, change your diet, and possibly take medication. Do you have any questions about this?"
- "Take this antibiotic twice a day, once in the morning and once in the evening, for seven days. Do not skip doses, and make sure to finish the entire prescription, even if you start feeling better. If you experience side effects like nausea or rash, call my office."

High-Context Communication

(indirect, non-verbal, surroundings)

- Relies on surroundings, context, and non-verbal cues.
- Meaning is conveyed through implicit understanding, shared experience, and context.
- Messages are both spoken and read between the lines.
- Messages are often implied but not plainly expressed.
- Typically more relationship oriented.
- Direct refusals are usually considered unacceptable.

High-Context Communication

(indirect, non-verbal, surroundings)

Examples:

"We've been seeing some changes, and at this point, our focus is on keeping your father as comfortable as possible. Right now, the most important thing is making sure he is surrounded by support and care that aligns with what matters most to him. There are ways we can help manage discomfort and ensure he has peace in these moments. We want to walk alongside you and make sure he gets the care he needs in the way that feels right for your family."



Inuit often express their emotions very subtly, in the tone of voice or the lifting of eyebrows. While appearing to be almost imperceptible to the stranger, Inuit are adept at picking up the slight intonations and facial expressions from each other that reflect emotional states.

Communicating Scale



Case Study

A Euro-Canadian federal public servant is teaching a week-long workshop in Iqaluit during the summer. All of her students are Inuit men who are also hunters. One day she walks into her classroom and sees only one student.

She asks "where is everyone?"

He responds "there's seals in the bay".

- 1. What is the context behind the conversation?
- 2. What are the student's implied messages?

Case Study

A doctor at a hospital in Ottawa was asking an Inuk patient a series of questions. The patient responded in the affirmative by raising their eyebrows—a common form of Inuit non-verbal communication. Unfamiliar with this cultural cue and expecting a verbal response, the doctor repeated the question. The patient again raised their eyebrows in response. Interpreting the lack of verbal feedback as uncooperative behavior, the doctor grew visibly frustrated and informed a nurse that the patient is uncooperative.

Paralinguistics

Speech Rate

The speed at which you speak, calculated in the number of words spoken in a minute (wpm.)

Speech Latency

The lag time between when someone asks a question and the other person responds.

Expressiveness

Refers to the intensity and volume of body language, reflected in how pronounced or subtle non-verbal cues such as facial expressions, hand gestures, and body movements appear.

Worldviews

False Consensus Effect (FCE)

The tendency to see one's own behavioral choices and judgments as common and appropriate to the current circumstances, while viewing alternative responses as uncommon.

Working with High-Context Communicators

Working with High-Context Communicators

- 1. Take time to build trust and establish a rapport
 - a. Ask about the patient's family and home community
 - b. Be willing to share about your own family and community
 - c. If the patient has an Inuk name, ask if the name means anything, or if they are named after someone
- 2. Develop comfort with speech latency
 - a. Allow for pauses
 - b. Resist the urge to fill gaps
- 3. Observe facial expressions, body language, and practice active listening
- 4. Leave an "out" when making requests

Inuit views on food and healthcare

Views on Food

- Traditional food consumption
 - Subsistence-based lifestyle and eating patterns
 - The role of cravings in traditional Inuit health
- Traditional views on weightgain
 - o Inuit gene variations and BAT
- Relatively recent notion that food can be unhealthy



Fish Steaks by Padloo Samayualie

Views on Healthcare

- Historical experiences with health care
- Current experiences with health care
 - Access to healthcare
 - Turnover rates of medical staff
 - Misdiagnoses
 - Language barriers
 - Racism & discrimination
- Notions of a "family doctor" and regular checkups
- Confusion about the iterative nature of diagnoses



Labrador Tea (Mamaittuqutik; Rhododendron groenlandicum)

Known and appreciated by the First Nations and the Inuit of Quebec as tea and medicinal plant, Labrador Tea leaves release an active substance that helps to fight skin infections, colds and flu or any respiratory problems and diabetes. It was also consumed by Inuit women to aid childbirth delivery.

The Disagreement Scale

Confrontational & Conflict-Averse

The Disagreement Scale

CONFRONTATIONAL

- Disagreement and debate is considered positive
- Open confrontation is appropriate and does not negatively impact relationships
- Negative feedback is clear and direct

Example:

"You've missed several appointments and haven't been taking your medication as prescribed. This is why your condition is getting worse. If you don't start following my recommendations, you're putting your health at serious risk."

The Disagreement Scale

CONFLICT-AVERSE

- Disagreement and debate is considered negative
- Open confrontation is inappropriate, disrupts group harmony and/or negatively impacts relationships
- Negative feedback is avoided or indirect

Example:

"I noticed that it's been a while since your last appointment, and it seems like your medication hasn't been taken consistently. That might explain why your symptoms aren't improving as much as we'd hoped. Maybe we can find a way to make the routine easier for you."

Disagreement Scale

Israeli Danish British Japanese French Spanish Euro-American Indian Inuit

Russian Italian Euro-Canadian Ghanaian

CONFRONTATIONAL

CONFLICT-AVERSE

How Cultures Say "No"

Confrontational ways to say "no":

- No, thank you
- That's not part of my job
- Idon't think I can
- I'm too busy
- I'd prefer not to
- No, but maybe next time



How Cultures Say "No"

Conflict-averse ways to say "no"

- I have to unlock the door for my kids
- My family is in town
- Shrug
- "Maybe" or "I don't know"
- If you want me to
- Ignore/Look away





NON-INTERFERENCE

Inuit place a high regard on the right of individuals to lead their lives free from interference from others. This belief strongly affects the way Inuit interact with each other.



The value placed upon a person's independence affects the way requests are made between Inuit.... Since direct requests are considered rude and aggressive, a guest may make their wishes known only by making indirect hints about what they would like...



This oblique way of making requests allows the host to refuse a request indirectly by pretending not to get the hint or to simply ignore it. Direct refusals are also considered aggressive and rude.

Case Study

A fuel truck driver in a remote arctic community comes into the company office one morning. There is a large backlog of fuel deliveries that the company has been busy working through. Looking a little uncomfortable, the fuel truck driver says to his supervisor "my grandfather wants me to go hunting tomorrow." The supervisor responds "I wouldn't want you to go against your grandfather."

What are the implicit messages in this exchange?

Case Study

A Euro-Canadian consultant has been hired to plan an event in Rankin Inlet, Nunavut. She hires an Inuk assistant to help facilitate planning and implementation. Running behind schedule, the consultant asks her assistant "Is there any chance you can stay late this evening to help me finish up?"

The assistant replied "tomorrow is my wedding anniversary."

What was the assistant trying to tell the consultant?

Managing Disagreement

Managing Disagreement

- Ask patients one question at a time (remembering speech latency)
- Avoid double negatives, technical terminology, and colloquialisms
- Leave an "out" if making a request
- Practice identifying indirect refusals

Example:

Doctor: "Can you come back tomorrow for a follow-up appointment?"

Patient: "Maybe"

Managing Disagreement

- Ask patients one question at a time (remembering speech latency)
- Avoid double negatives, technical terminology, and colloquialisms
- Leave an "out" if making a request
- Practice identifying indirect refusals

Example:

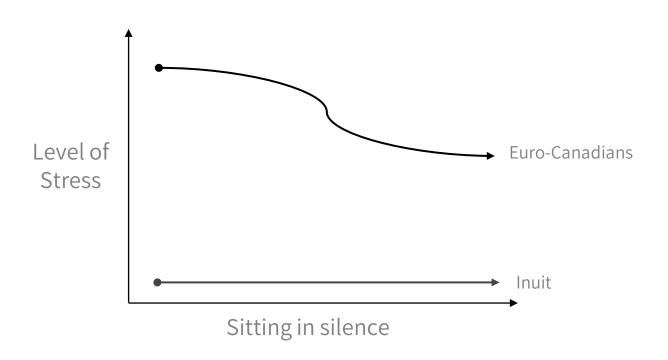
Doctor: "Can you come back tomorrow for a follow-up appointment? Or are you busy?"

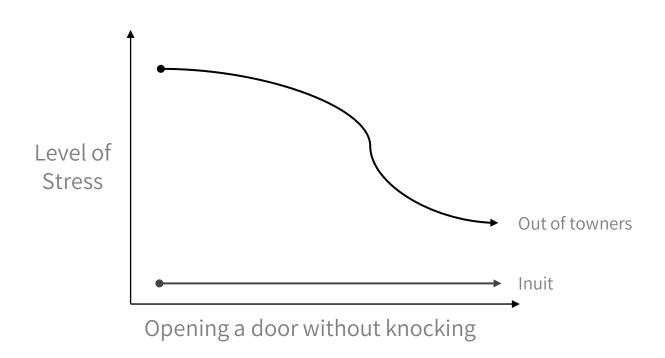
Patient: "I might be busy"

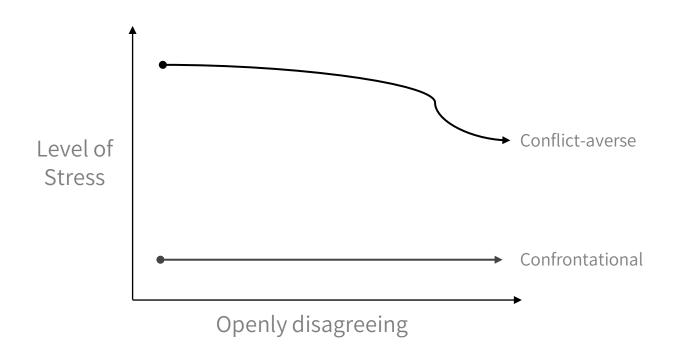
Culture & Identity

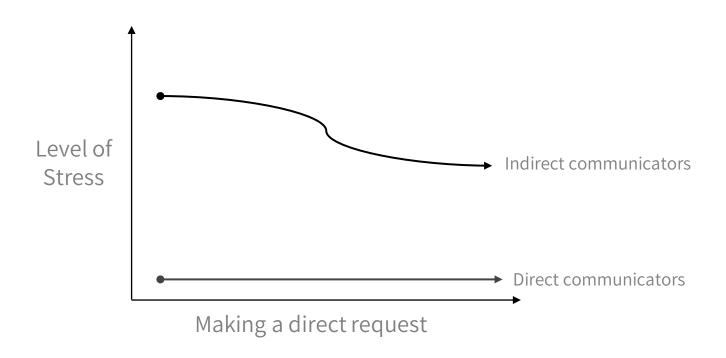
Cultural Identity Conflict (CIC)

CIC is experienced when behavioral demands from attachment to multiple cultures contradict each other.











...Inuit in an unfamiliar social or professional milieu will likely react by withdrawing socially while observing the situation carefully until they figure out what the situation is and how they should behave. Hence, when an Inuk is in a dentist/doctor's office... they may seem rather withdrawn and uncommunicative because the situation may be new to them and they are unsure of what is expected of them.

Ilira

"Ilira can be explained as powerful social fear or inhibition caused by inequality in power. In her 1993 essay, Rosemary Kuptana explained that a generation or two earlier "a challenge to the authority of the Qallunaat or defiance of their requests was almost unthinkable."

This relationship, and the feeling of *ilira* to which it gave rise, meant that whatever the Qallunaat suggested or wanted was likely to be done. Qallunaat could make the difference between success and disaster, sustenance or hunger, and Inuit responded to their desires and requests as if they were commands. In this cultural setting, a challenge to the authority of the Qallunaat or defiance of their requests was almost unthinkable."

Confidentiality & collectivist decision-making

Confidentiality & Collectivist Decision-making

- Immediate and extended family members
 may have a say in a patient's treatment plan
- Given the nature of collectivist decisionmaking, Inuit patients are less likely to be concerned with patient confidentiality
- Patients may sometimes undergo treatment they personally disagree with out of respect for a family member who holds authority.



Drum dance, Uqsuqtuuq (Gjoa Haven), NU, September 2019

Cancer Care Ontario

"An Indigenous patient may have a large number of visitors with them for appointments and treatments as a support system."

"Family members may have a responsibility in decision-making, including health decisions. Furthermore, there may be a situation where no person in the family makes an independent decision."

"Regardless of the illness, an Indigenous person may decide to stay in his or her community with supports and family members rather than risk dying alone in a hospital in an unfamiliar community."

Summary

Summary

- Practice using specific Indigenous terminology
- Avoid *Nunavut-centricity*
- Recognize that Inuit are still healing from the intergenerational impacts of colonization
- Practice identifying your patient's communication style
 - Low- or -high context communication
 - Confrontational or conflict-averse disagreement



Summary

- Observe paralinguistics
 - Speech rate
 - Speech latency
 - Expressiveness
- Observe how your audience makes and responds to requests
 - Are requests direct or indirect?
 - Are refusals direct or indirect?
- Utilize cultural informants



לא בר היים Qujannamiik

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