

Qanuikkat Siqinirmiut? Southern Quebec Inuit Health Survey

QUALITATIVE RESEARCH REPORT SUMMARY

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Christopher Fletcher

Principal Investigator
Département de médecine sociale et préventive
Université Laval

Marie-Claude Lyonnais

Planning, Programming, and Research Officer
Centre de recherche, CHU de Québec

Nathalie Boucher

Research Methodologist
Organisme R.Es.P.I.R.E.

Mathilde Lapointe

Research Assistant
Université Laval

Ariane Benoit

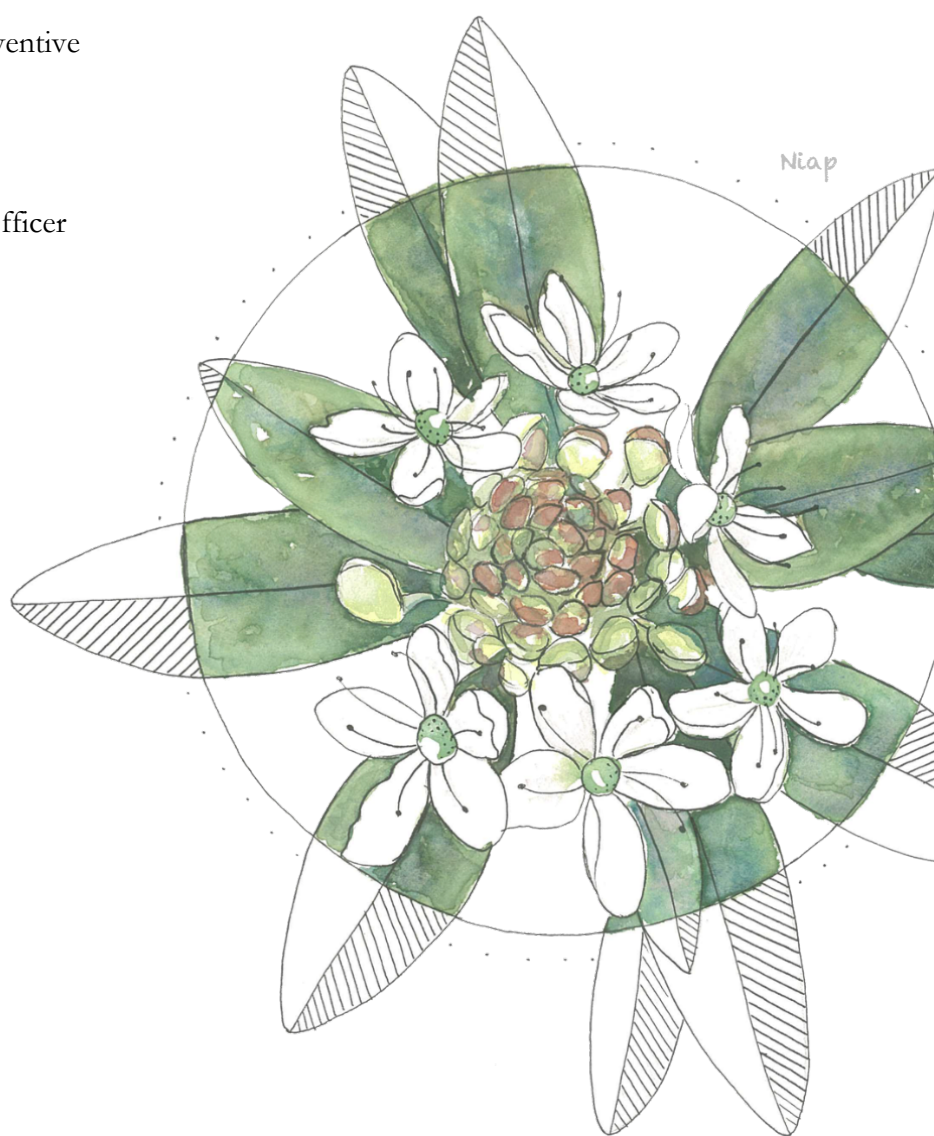
Postdoctoral fellow
Université Laval

Linda Shipaluk

Community Coordinator
QS Project

Southern Quebec Inuit Association

Principal Knowledge User
and Community Partner Organization



SUMMARY REPORT

INTRODUCTION

The Qanuikkat Siqinirmiut (QS) project is a five-year, mixed-methods research study of the health of the Inuit population living in southern Quebec. This report presents the results of the qualitative methods, including interviews and focus groups, conducted in the first phase of the project. The data collected have been organized and analyzed by themes and the themes are presented in detail in this report. Most of the people we spoke with were in Montreal, but we also met with Inuit in several other cities and towns in southern Quebec. The results presented provide an overview of the issues and contexts that influence the health and wellbeing of the Inuit population in Southern Quebec. The information gathered to date are being used to develop a health survey that will be implemented in the next phase of the project.

CONTEXT

It is well known that Inuit experience important health disparities compared to non-Inuit in Canada. Inuit suffer more from a range of chronic and communicable diseases, problems linked to the impacts of historical changes on Inuit lives and lands, and limited or inadequate access to resources and conditions that support individual and community health. While a number of surveys have examined health of people in Inuit Nunangat in recent years (Qanuippitaa? in Nunavik in 2004; Qanuillippitali IPY Inuit Health Survey in 2007; and Qanuilirpitaa? in Nunavik in 2017, to name a few), none have looked at the health status of Inuit in southern Quebec. There is every reason to believe that health disparities experienced by Inuit in the South are also important. While we would expect that many of the health conditions afflicting Inuit in the North are also present in the South, the considerably different material, and social conditions in the South likely influence health in unique ways. Thus, the objective of the QS project is to better understand the health of Siqinirmiut (Inuit living in the South).

The project is conducted as a partnership between the research team based mainly at Université Laval and McGill University and the Southern Quebec Inuit Association (SQIA). Research funding proposals to support the project were supported by letters from Inuit organizations Makivik Corporation, Saturviit, Ivirtivik, and Inuit Tapiriit Kanatami (ITK). The project is funded by the Canadian Institutes for Health Research (CIHR) and ArcticNet Network of Centres of Excellence. The SQIA is the designated Principal Knowledge User of the project.

TIMELINE

Beginning in 2019, a variety of qualitative methods including interviews, focus groups, and photovoice were used to explore the experiences and perceptions of the health and well-being of Inuit in the South. While the qualitative phase has been paused because of the COVID-19 pandemic, we plan to continue with additional qualitative techniques when again possible. This information will feed into the development of a survey questionnaire that will reflect the realities of Siqinirmiut. The questionnaire will be reviewed, tested, evaluated, and administered during the second phase of the project, planned for 2021–2022. During the third phase of the project (2022–2023), data will be analyzed and compiled into a descriptive report. A preliminary version of the report will be validated with community partners in early 2024 before publication. The final report will include findings and recommendations for action.

Work to Date

After working with the director and board of the newly formed SQIA in 2017 and 2018, we submitted a proposal to the CIHR, which was funded. Since the beginning of the project in June 2019, the following activities were undertaken, and milestones achieved:

- Community Advisory Committee recruited, and project meeting held
- Statement of principles developed and adopted by SQIA board
- Governance and research agreement, including OCAP™ (ownership, control, access, and possession) framework drafted
- Ethical approval by the Comités d'éthique de la recherche de l'Université Laval (CÉRUL approbation no. 2018-258) obtained
- Logo, visual identity, and community tools (Facebook page, website) designed
- Inuit model of health described and validated
- Census of Siqinirmiut conducted (\pm 2,200 Inuit in southern Quebec)
- Trauma-informed practice training with Louise Dessertine, MA, psychologist and psychotherapist
- Project launch community meeting held in downtown Montreal (June 1, 2019)
- Presentations at national and international conferences
- Interviews on *Nipivut*, a bi-weekly Inuit cultural radio program
- Created an information [booklet](#) on health resources for Siqinirmiut
- Participated in tuberculosis screening intervention in downtown Montreal (managed by Centre intégré universitaire de santé et de services sociaux du Centre-Sud-de-l'Île-de-Montréal and Département de Santé Publique Montréal)

- [Mapping](#) of health and community resources and assets in Montreal
- Held methodology and communication workshops for the QS team
- Data collection through interviews, focus groups, photovoice activities, and go-along interviews.

Census population of Siqnirmiut

As a first step in the QS project, we undertook a census of Inuit in southern Quebec. We estimate the population of Inuit in Southern Quebec to be close to 2,200 people, roughly 90% of whom live in and around Montreal. People in prison or detention, students who are in the south exclusively for education, people in hospital and staying at Ullivik or other patient residences were not included in the count. While identifying all Inuit is a complex task that is prone to many kinds of errors, we believe the estimate above is more accurate than existing data including that of Statistics Canada which reported only 675 Inuit in Montreal 2016.

SUMMARY OF QUALITATIVE RESULTS

The following preliminary findings are the result of thematic analysis is through the IQI conceptual framework. The results are organized by broad themes that reflect the objectives of this phase of the research and the subjects raised by participants in the study. The focus is on the contexts that support and influence the health of Siginirmiut. The information collected in the qualitative phase of the research was intended to provide a broad a foundation of knowledge to which a survey questionnaire will provide more depth. Consequently, we do not yet have any 'hard data' on rates of service use, disease and illness incidence, morbidity and mortality etc. to report. These will be forthcoming in the next section of the project. What we have developed is a community-based framework describing the social determinants of health and experiences of Siginirmiut. The following are brief summaries of the findings or each section of the report and some preliminary recommendations.

Section 1: Physical and mental health

The physical and mental health profiles of the Siginirmiut population are significantly different than that of other southern Quebecers. The history of northern colonial processes and their impact on determinants of health today are the roots of health disparities experienced by Siginirmiut.

1. There are significant disparities in physical health between the different groups of Siginirmiut. The homeless and vulnerable population have generally greater health challenges than the others.
2. Little is known about the health of people beyond those experiencing the most intensive forms of homelessness and addiction.
3. The ongoing high rates of tuberculosis among Inuit in the North is seen in Montreal as well. Inuit and refugees to Canada are the two populations with the highest rates of this disease.
4. Most participants considered mental health a major concern for the southern Inuit population. Lifetime experiences of emotional trauma, abuse, and relational distress are very common.
5. Personal and collective history significantly impact Inuit mental and physical health. Many participants reported having to cope with different types of traumas. The support of friends/family, workers from community organizations, or healthcare practitioners to find positive ways of dealing with trauma was greatly appreciated.
6. Most participants reported having or aspiring to a healthy lifestyle. Avoiding using drugs and alcohol was a major issue in fostering health.

Section 2: Access to health services

While the Inuit population of southern Quebec is large and multigenerational, very few services have been developed or adapted to their specific health needs. Likewise, the ways that people access the healthcare system, their knowledge of how it works, and the sense of security (or lack thereof) that Inuit feel when interacting with health professionals is complex and can undermine the ability to

identify and access relevant services in a timely fashion. It is clear the unique needs of Siqinirmiut are not recognized by the healthcare system and are consequently unmet. This is particularly true for mental healthcare and services. Additionally, many people do not know which services are available and so do not seek them out.

Health services offered by organizations such as Médecins du Monde are appreciated but targeted to people who otherwise have no medical services, those living in the downtown area of Montreal, and experiencing occasional or long-term homelessness and street involvement. Most of the Inuit population in southern Quebec is not in this situation, yet may still face significant challenges accessing health services. Despite the difficulties people face in accessing healthcare, there is much evidence of self-reliance and strength inherent in the Siqinirmiut community. The values of sharing and mutual aid support people in times of difficulty and are fundamental to the lives of Inuit in the South. Inuit organizations such as the SQIA and Makivik Corporation, and community organizations, including Chez Doris, Open Door, Val d'Or Native Friendship Centre, Projets Autochtones du Québec, make great efforts to help people, and their efforts are well received. There is near universal agreement that health services targeted to the entirety of the Siqinirmiut population are needed. The growing capacity and sophistication of the Inuit organizations in the South, coupled with the dawning realization that Indigenous-specific services are needed—and indeed a right that people hold in Quebec—makes this an opportune time to develop healthcare resources for Siqinirmiut.

1. People working in the healthcare system have little knowledge of Siqinirmiut. When healthcare personnel do know of Inuit, their knowledge tends to be focused on the communities of Nunavik, and thus they make inaccurate assumptions about their patients and clients. Moreover, there are few information resources available.
2. Inuit appreciate and access services designed for and by Inuit. Many people received COVID-19 vaccinations at Akausivik Inuit health center in Ottawa. The COVID-19 pandemic shows the dire need for a systematic public health program and services for Inuit. At present, there are none.
3. Navigating the healthcare landscape is a complex process for most people we spoke with, and language and cultural differences pose significant barriers to effective healthcare and undermine their capacity to access health services.
4. People were appreciative of service providers who were culturally aware or simply open-minded and respectful. While accessing the healthcare system is difficult, many people nonetheless reported positive individual experiences with service providers of all sorts.
5. Most of the participants said they face many difficulties with health-related administrative procedures, especially for the Non-Insured Health Benefits (NIHB) program.
6. The complexity of the health system and long waiting times to access services discourages some Inuit from seeking health services. Some chose to wait, occasionally for very long periods, and return to the North to see a doctor or nurse. Others only went to emergency rooms as a last resort.

7. The participants stressed the importance of having a support network (community or personal) to help them navigate the health services and to find “Inuit-friendly” resources.

Section 3: Community and belonging in the South

There are challenges and opportunities to foster Inuuqatigiitsiani in southern Quebec. The people who participated in this phase of the research brought many insights to the complex notions of community and belonging. While it is common to speak of the “Inuit community” in Montreal, for example, the idea of community proved elusive when we looked closely. The sense of belonging or exclusion that people feel has real impacts on how they find their way to the resources and actions that lead to health. People tend to move between groups and locales over time and as the conditions of their lives change.

While the results show a diverse population with multiple organizing principles, it should be noted that diversity does not mean dysfunction or discord. Many people noted that a sense of unity of Inuit as a people is ultimately more important than the distinctions that may matter in everyday instances. People seek out other Inuit and will go out of their way to greet others they see in the city. For many, there is a sense of joy that comes with recognizing and talking with fellow Inuit.

1. Friends and family in the South, as well as those in the North, support each other in many ways that contribute to well-being.
2. Inuit face discrimination in the South in accessing employment, housing, and public services. Discrimination affects relationships between Inuit and non-Inuit.
3. Having knowledge about life in the south and Qallunaat ways of doing things is an important learning experience for many. A lack of familiarity with southern ways can lead to confusion and social isolation.
4. Good relationships between Inuit and non-Inuit can be experienced when non-Inuit have some knowledge of Inuit culture or the North, or when they show an interest in knowing more about it. These experiences are also possible when Inuit and non-Inuit simply share common values.
5. Distinctions amongst and between Siqinirmiut include coming from different regions of Inuit Nunangat, varied cultural knowledge and linguistic skills, length of time in the South, and scattered places of residence throughout the city and province. There is an important distinction between those with and without substance use problems.
6. Activities, events, and community initiatives, such as the feasts organized by the SQIA, are appreciated but not known to everyone. People living in Quebec City and Val d’Or would like to attend events in Montreal but may not be able to travel.

Section 4: Relations with the North and South

Siqinirmiut have complex and diverse relations and connections to the North and the South. For some, the South and the city truly are where they want to be and where they feel at home. For others, the city is an occasional or temporary living situation determined by circumstances and individual life experiences. People of mixed identity and ancestry may find it comforting and interesting to have multiple connections and networks of people to engage with. Other people question the legitimacy of their Inuit identity in the city and have a difficult time situating themselves within a community.

Life in the South has some advantages for achieving *Ilusirsusiarniq*. Housing is relatively plentiful, there is work for many, and advanced health services are close although difficult to access at times. Perhaps the greatest challenge to *Ilusirsusiarniq* is in the ready access to drugs and alcohol, which both undermine health and are often symptomatic of troubled experiences, trauma, and ongoing ruptures with people in home communities. Several accidental deaths over the course of the project to date in downtown Montreal are indicative of the degree of this problem. We also note that suicide, known to occur at very high rates in the North, is also present among *Siqinirmiut*.

Accessing country foods is an important challenge for people living in the South. When these foods are available, much sharing and community building takes place around them. Thus, *Inuuqatigiitsianiq* may be enhanced, or at least made evident in the act of gathering and sharing food. Generosity and taking pleasure in the company of other Inuit is not, however, dependent on food from the North and can occur in restaurants and people's houses. *Inuuqatigiitsianiq* is not an exclusively Inuit phenomenon; many *Siqinirmiut* have profound friendships and rewarding relationships with non-Inuit in all their diversity. Being together in comforting and supportive environments is a critical part of living well for *Siqinirmiut*.

1. A positive relationship with people and family in the North, as well as in the South, is often linked to health and well-being.
2. Many women reported moving South to escape violence, abusive home situations, and to shield their children from negative life experiences.
3. Physical distance from friends and family in the North does not necessarily impact healthy relationships and may in some cases improve them.
4. Having a solid connection to the North facilitates access to country food. Accessing and eating country food is considered by many as contributing positively to well-being.
5. Many people in the South have a complex relationship with their home communities. People living with trauma from past experiences can feel both an intense homesickness yet avoid going back because of the emotional weight of their experiences.
6. Some people report being comfortable in neither the North nor the South and will move frequently between the two.

7. Some participants are in the South by choice, others because they lack the means or opportunity to live in the North.

Section 5: Identity, culture, and language

Identity, culture, and language are important parts of healthy living. A state of *Ilusirsusiarniq* is directly impacted by people's ability to locate and access health services, to understand healthcare providers' instructions, and to feel motivated to act on their health concerns. With respect to *Qanuinnngisiarniq*, the ability to be understood, feel part of a cultural tradition, and be recognized as Inuk are profoundly important to a sense of emotional well-being. Some people spoke of a continual self-questioning of their identity because of their culturally diverse parentage and their particular upbringing. The perception that others hold of Inuit also impacts *Qanuinnngisiarniq*. Experiences of stereotyping, being mistaken for an intoxicated person, or being looked down upon because one is Inuk makes it difficult for people to feel at ease and welcome in public spaces. Finally, identity, culture, and language are foundational to *Inuuqatigiitsianiq*. The relationships between Inuit, with others, and with the institutions they access are shaped by Inuit identity, language, and culture. There is much positive recognition and mutual support within the Inuit community in all its diversity. People who are only partially connected to their Inuit heritage are seeking more ways to become engaged and to learn.

1. Some *Siqinirmiut* reported a lack of knowledge of Inuit culture and history which undermined their self-esteem, emotional and psychological health. Most of the people reported that their sense of pride of being Inuit is strengthened by opportunities to learn and share with others.
2. Activities that focus on building community, helping people, and sharing are significant contributions to individual health and collective well-being.
3. Learning and practicing Inuit culture, history, and traditional activities—particularly arts—brings a sense of well-being and favours social cohesion. These activities also helped people to overcome trauma and enhanced health and well-being.
4. The possibility for participants to practice cultural activities depends on their social networks. Community organizations play an important role for people with small social networks.
5. There is a strong desire among many people to improve their Inuit language skills, but some feel shy or uneasy when speaking Inuktitut in public.
6. Having little or no knowledge of French can sometimes prohibit access to health and other services.
7. Many people recognize their backgrounds as consisting of Inuit and other heritages. Having more than one cultural identity is seen as a strength and resource to be valued, but some people of mixed heritage report their cultural legitimacy as Inuit questioned by other Inuit and *Qallunaaq* alike.

CONCLUSIONS AND RECOMMENDATIONS

The full report of the qualitative phase of the project provides more detail on the subjects summarized here. These findings are in themselves important and provide one of the most comprehensive assessments of southern Inuit in Quebec health to date. The material gathered has been explored in detail and is being used to build the survey tool. The questionnaire development is well under way and the team should be able to start interviewing in 2022. Our target is between 275 and 350 respondents. The survey will provide a more detailed and complete understanding of the health of the population.

The qualitative research phase has clearly demonstrated several immediate needs among Siginirmiut. From our findings to date we recommend:

- 1) The establishment of an Inuit community health clinic staffed by community members, nurse practitioners, and family medicine doctors.
- 2) Identify and/or develop community mental wellness resources and train workers in this regard as soon as possible.
- 3) The creation of a public health working group to begin to build strategies for managing infectious disease at the population level, establish networks of mental health support, and create pathways for addictions support.
- 4) The creation of Inuit health and city navigator positions with a tailored training program. The navigators should be positioned within a community organization and make the link between Siginirmiut and the healthcare system.
- 5) The creation of a community drop-in centre with Inuit-relevant materials, activities for children, and links to arts and cultural activities.
- 6) The development of information and training for people working in the health care system about the specific contexts of Siginirmiut. These should be presented in a cultural competency framework ultimately fostering cultural safety. The content should focus on the unique situation of Siginirmiut as distinct from other Inuit and from other Indigenous peoples in the South.