Identifying the Needs of Innu and Inuit Patients in Urban Health Settings in Newfoundland and Labrador

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ABSTRACT

Background: Labrador's Innu and Inuit live in nine small, isolated villages, and must travel to the urban centres of Goose Bay, Labrador and/or St. John's, Newfoundland for most health services. This study responds to anecdotal evidence of Aboriginal dissatisfaction with these services from the St. John's Native Friendship Centre Association (SJNFCA); it describes Aboriginal experiences and identifies relevant needs.

Methods: The study consisted of qualitative interviews (N=143), conducted by trained local researchers, and nine focus groups. The interviews were narrative-based, appropriate to the Aboriginal culture of participants. Participants were recruited from the client list of the SJNFCA.

Findings: Almost all study participants experience significant difficulties including profound disorientation, language and communication difficulties, inadequate accommodations, and altered diets. Cross-cultural relations are particularly problematic for the Innu.

Conclusions: These findings, and 19 recommendations made to the provincial government (8 main recommendations appear in Table II), could lead to improved services for Innu and Inuit using urban health services. Workshops in development could mean more awareness among health care practitioners.

The translation of the Abstract appears at the end of the article.

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Acknowledgements: The author gratefully acknowledges the financial support of the Government of Newfoundland and Labrador's Strategic Social Plan (Demonstration Projects), the many skills of the St. John's Native Friendship Centre Association, especially Myrtle Blandford and Gus Dillon, and the assistance and encouragement of Memorial's Faculty of Medicine.

This study responds to calls for more culturally appropriate urban health services for Labrador's 1,800 Innu (formerly known as Naskapi-Montagnais Indians) and 5,000 Inuit (formerly known as Eskimos) who live in 9 isolated villages, almost all without road connections. Innu and Inuit have to travel long distances to urban centres – Goose Bay, Labrador and/or St. John's, Newfoundland – to access most health services. When they travel for health care reasons, Labrador Innu and Inuit are socially isolated and emotionally dependent on experts who do not understand their cultural references and practices.[1] Health care practitioners often have a poor understanding of the social construction of illness events from the Aboriginal patients' perspectives.[2]

Relocation disrupts social support patterns and can create psychological problems;[3] anecdotal evidence from the SJNFCA, an agency that provides transportation and other support for Aboriginal people in St. John's, echoes this. The study arose at the SJNFCA's initiative, and was funded by the Government of Newfoundland and Labrador's Strategic Social Plan-Demonstration Projects program. It is the first study in this province to systematically document Aboriginal people's health services experiences and identify their related needs.

There were 25 Innu and 118 Inuit participants in the study. Neither the Innu nor the Inuit have a settled land claim, although both groups are in negotiations with the federal government. The Innu do not have status under the *Indian Act* as the Act is not applied in Newfoundland; Aboriginal peoples were not considered in the 1949 Terms of Union between Newfoundland and Canada. Consequently, the Innu do not enjoy the relative autonomy and range of services available to other First Nations in Canada. The Inuit are better-funded and have a slightly wider range of services available at the community level.

METHODS

The study was qualitative and built around narratives, given that narrative has an important place in most Aboriginal cultures.[4] Thus, our focus was Innu and Inuit people's described experiences of health services in the urban centres of St. John's and Goose Bay.

Semi-structured interviews were conducted with 143 Innu and Inuit adults in each of the 9 communities (7 Inuit and 2 Innu). The interviews were conducted by 9 local Innu and Inuit researchers who participated in a 3-day orientation and training session at the Faculty of Medicine, MUN. Interviews were conducted in Innu-eimun (the language of the Innu), Inuktitut (the language of the Inuit), or English, depending on the preference of the interviewees. The interviews were recorded by the interviewers, and translated professionally. Study participants were recruited through the SJNFCA's client list and by the local researchers. Virtually everyone who was invited to participate in the study did so.

The interview questions were open-ended, e.g., "Tell me how you travelled to Goose Bay to go to the hospital; what was it like for you staying in the hospital in St. John?" The questions allowed for the story-telling style of communication that characterizes Labrador's Aboriginal cultures.

More than 80% of study participants were Inuit, while 17.4% were Innu (see Table I). The under-representation of the Innu was expected; the Innu were nomadic until the 1960s, and many have had limited contact with non-Innu culture. The cultural gap between the Innu and non-Innu is large. Their native language is always their first, and frequently their only, language; this contrasts with the Inuit. Participation observation, time spent in Innu communities, would be a useful research tool.

The Inuit participants had an age range of 20 to 81, while the age range of participating Innu was narrower: 22 to 58. Almost 75% of the participants were female; this reflects women's greater use of health services, as well as less reluctance on the part of women to discuss health issues.

In both Innu and Inuit communities, we were able to collect rich material through the interviews. We gathered more material through focus groups held in the 9 communities, involving those who had been interviewed. The principal investigator and Myrtle Blandford of the SJNFCA visited each of the study sites and co-facilitated with the local researchers 9 focus groups with 90 study participants (all those who were available to meet). During the focus groups, participants elaborated on the themes that had emerged in the interviews; a few new issues were also introduced. The focus groups also allowed us to supplement the work of the local researchers, some of whom were inexperienced in conducting research. Innu-eimun, Inuktitut, and English were used with interpretation provided.

TABLE I
Interview Participants: Culture and Gender

Community	Participants	Female	Male	Total Number
Nain	Inuit	18	3	21
Hopedale	Inuit	15	3	18
Makkovik	Inuit	6	2	8
Postville	Inuit	13	3	16
Rigolet	Inuit	10	5	15
Happy Valley-Goose Bay	Inuit	16	5	21
Northwest River	Inuit	13	6	19
Davis Inlet	Innu	4	0	4
Sheshatshiu	Innu	12	9	21
Totals		107	26	143

Eight health care practitioners were interviewed in an open-ended manner by the investigators. These included physicians, nurses, social workers, a pastoral care worker, and an art therapist; all except one, an Innu nurse, were non-Aboriginal. They described their occasionally professionally frustrating experiences with Innu and Inuit patients. Their stories matched those of the Innu and Inuit, albeit from a different perspective.

Themes were identified through content analysis of the transcribed interviews. Redundancy for each emerging issue was checked in the focus group notes. Nineteen recommendations were included in a report to the provincial government.

The study was approved by the Human Investigation Committee of the Health Care Corporation of St. John's and the Faculty of Medicine.

RESULTS

Language

Language emerged as the most dominant theme among several (see Table II). Inuktitut is widely perceived to be a dying language with only 435 speakers in the province in 1996.[5] In this study, however, Inuktitut emerged as a living language and an important part of many Inuit lives. It was the first language of participants as young as 18 in Nain and Hopedale. Furthermore, many Inuit who reported English as their first language stated that Inuktitut was their second; this was true of almost 25% of the total. Yet there are no Aboriginal language interpreters in St. John's hospitals and only part-time services in Goose Bay where interpreters work from 8:30 am to 4:30 pm daily. Sometimes family members or other Inuit patients are asked to interpret, putting them in a usually unwelcome position of responsibility.

Inuit of all ages feel vulnerable in a unilingual environment. As an Inuk whose first language is English told us:

"When I am near an Inuktitut speaker, I feel stronger, less scared. I feel at home."

Inuktitut is culturally and emotionally important even to those Inuit who speak none of their native language. Over half of this group mentioned the need for interpretation services.

Innu are even more disadvantaged by the lack of interpretation services. Innu-eimun is a healthy, vibrant language in both Sheshatshiu and Davis Inlet, the two Labrador Innu communities; it remains the first language of every Innu child and adult. Most middle-aged and older Innu do not speak English. Those who do are often "too shy to speak English". This may impact on diagnosis, treatment, and health outcomes. It also contributes to an atmosphere of mutual frustration, and even distrust, between Innu and health care practitioners, given that prospects of understanding each other are slim in such circumstances.

Disorientation

Many participants felt a profound sense of disorientation in urban health care settings, echoing the experience of Aboriginal people elsewhere.[6] While competent in their

TABLE II
Innu and Inuit Experiences of Urban Health Services

Issue	Innu Experience	Inuit Experience	Study Recommendations
Disorientation	Alienation. May leave setting, especially men.	Fear. Loneliness. "Freezing", especially women.	1. Hiring of staff person to be a guide in urban hospitals, or incorporating this into interpreters' duties. 2. Signs in Inuktitut and Innu-eimun.
Lack of interpretation services	Feeling discriminated against. Uncertainty about diagnosis and treatment.	Feeling misunderstood. Uncertainty about diagnosis and treatment.	3. Hiring of Innu-eimun and Inuktitut interpreters, trained in medical terminology.
Cross-cultural communications	Feeling disrespected. Confusion.	Feeling misunderstood. Confusion.	4. Recruitment of Aboriginal people to health professions. 5. More cross-cultural training for health care practitioners.
Accommodations	Loneliness. Effective homelessness in St. John's.	Loneliness. Difficulty finding accommodations.	6. Negotiations with government for Aboriginal hostel in St. John's have begun.
Diet and food access	Alienation. Problem can lead to hunger, affecting health outcomes.	Alienation. Problem can lead to hunger, affecting health outcomes.	7. Accommodations similar to those of the airline industry. 8. Kitchen facilities in Aboriginal hostels.

own cultural settings, Innu and Inuit are intimidated by the size of hospitals, their complicated layouts, the lack of signs in Aboriginal language, and the large numbers of people, many "in a hurry". Some Inuit reported "freezing" (being paralyzed by fear) in these settings. Virtually every participant expressed a strong desire for "someone to show us around".

Accommodations

The Labrador Friendship Centre in Goose Bay has a 21-bed hostel for Aboriginal people visiting the town. Unlike many other major Canadian cities, however, St. John's lacks such a facility. For some Innu and Inuit, this results in effective homelessness, often for an indeterminate period of time. There is a hostel for out-of-town visitors attached to the main St. John's hospital that is heavily used by Aboriginal people when rooms are available. The clear preference of Aboriginal people, however, is to stay with relatives, other Aboriginal people, or failing that, acquaintances with whom there is some individual or community connection, however tenuous. Some Inuit have relatives in St. John's; few Innu do, given their smaller numbers and strong cultural independence. This adds to the stress already associated with medical visits to the city:

> *"If you're an Aboriginal person, you want to stay close with other Aboriginal people. A lot of Innu don't feel comfortable with strange people."*

Diet

In Aboriginal cultures, food is inextricably linked with health. An Innu man explained:

> *"Preparing your own meals is the most important part of health. If you're focusing on health, it's all about traditional foods. When Innu eat partridge or fish, they feel good."*

Traditional food remains important in Innu and Inuit cultures today. Subsistence hunting and harvesting – of caribou, Arctic char, berries, for example – provides nutritious food as well as an important connection to the land and one's heritage.

Thus, Innu and Inuit expressed a deep need for familiar culturally appropriate foods in urban health care settings. They frequently experience food access problems leading to hunger in many cases. This is a problem of both quality and quantity. At home, many Innu elders eat often, whenever they are hungry. In hospital, however, they are restricted to three meals a day at regular times. Some unfamiliar foods, like french fries, are unpalatable to them. They may throw it away surreptitiously so as not to offend the staff.

Younger Aboriginal people also suffer from the lack of culturally appropriate foods and the unavailability of foods in hospitals. A 40-year-old Inuit man said:

> *"You're hungry and tired and after 5:00 the kitchen at the hospital (in Goose Bay) is closed. You can only get Coke and chips. That's not food."*

As study consultants emphasized, these problems may have implications for treatment and health outcomes. Hospital menus in Newfoundland and Labrador feature Newfoundland foods like 'fish and brewis', and fish on Fridays. This awareness of the importance of culturally appropriate foods needs to be extended to populations like the Innu and Inuit. Both consultants and participants suggested that hospitals borrow from the airline industry's methods of accommodation.

DISCUSSION

For many Innu and Inuit, travelling to urban centres for health services is a stressful experience. Innu and Inuit explain this stress in terms of their immersion in culturally alien settings. They suffer profound disorientation in airports, hospitals, and the surrounding cities. Both study participants and health care consultants cite the lack of culturally appropriate services as a relevant factor in the persistence of this disorientation.

Language interpretation is the most obvious example of this; it was the issue participants usually cited first. Given experience in Labrador[7] and elsewhere,[8] poor interpretation is only one of a number of communications issues. Thus, even when interpretation services are available, "…verbal messages must pass through two culturally conditioned screens – the physician's and the patient's."[9]

While essential, interpretation services are not necessarily a complete solution. Other communications issues cited by study participants and elsewhere[10] include eye contact, body language, the practice of asking questions, and the difficulty of conveying concepts that exist in one culture but not in another (e.g., visiting hours). Respect for and understanding of cultural differences is fundamental to improving Aboriginal experiences of urban health care. Until these issues are addressed, it is virtually impossible for health care practitioners to understand, say, how Aboriginal people socially construct their illnesses. The logistical problems (accommodations, diet) cited could be overcome with cultural sensitivity.

In developing recommendations, a priority was placed on the need to train more Aboriginal people in the health professions. Globally, such recruitment is seen as the most effective way to provide culturally appropriate health care services for Aboriginal people.[11,12]

A report based on this study was well received by the Governments of Newfoundland and Labrador and Canada. The SJNFCA is negotiating the establishment of an Aboriginal hostel in St. John's with the federal government. With further funding provided by the provincial government, workshops aimed at health care practitioners and students in the health faculties are being developed.

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Received: July 11, 2000
Accepted: January 15, 2002

RÉSUMÉ

Contexte : Les habitants innus et inuits de neuf petits villages isolés du Labrador doivent se rendre dans les centres urbains de Goose Bay, Labrador ou St. John's (Terre-Neuve) pour obtenir la plupart des services de santé. En réponse à des rapports non scientifiques de la Native Friendship Centre Association (SJNFCA) de St. John's faisant état d'une insatisfaction des Autochtones à l'égard des services reçus, nous avons voulu décrire l'expérience des Autochtones en matière de santé et définir leurs besoins.

Méthode : L'étude a compris des entretiens qualitatifs (N=143) menés par des chercheurs locaux spécialisés auprès de neuf groupes. Il s'agissait d'entretiens narratifs adaptés à la culture autochtone des participants. Ceux-ci ont été recrutés parmi la clientèle de la SJNFCA.

Résultats : Presque tous les participants vivaient des difficultés importantes durant leurs séjours en ville, notamment une désorientation extrême, des problèmes de langue, de communication et d'hébergement et des changements à leur régime alimentaire. Les relations transculturelles étaient particulièrement difficiles pour les Innus.

Conclusions : Ces résultats et nos 19 recommandations au gouvernement provincial (les 8 principales figurent au tableau II) devraient favoriser l'amélioration des services de santé dispensés aux Innus et aux Inuits en milieu urbain. Des ateliers sur le développement pourraient sensibiliser les professionnels de la santé.