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UNGAVA TULATTAVIK HEALTH CENTER
CENTRE DE SANTÉ TULATTAVIK DE L'UNGAVA

FACT SHEET 11 — HEALTH AND WELL-BEING IN NUNAVIK

Understanding Health Beyond Care

Cultural Safety Team
Reference Guide on Nunavik and Cultural Safety
Sheet 11 of 16

MEET NOAH

Today, Noah isn't feeling well.

Noah lives in a small community in Quaqtaq on the Ungava coast.
He decides to go to the CLSC.

For us, his care journey begins here.

But his story began long before he walked into the CLSC.

Noah is a fictional character. His story is inspired by the real-life experiences of service users in Nunavik.

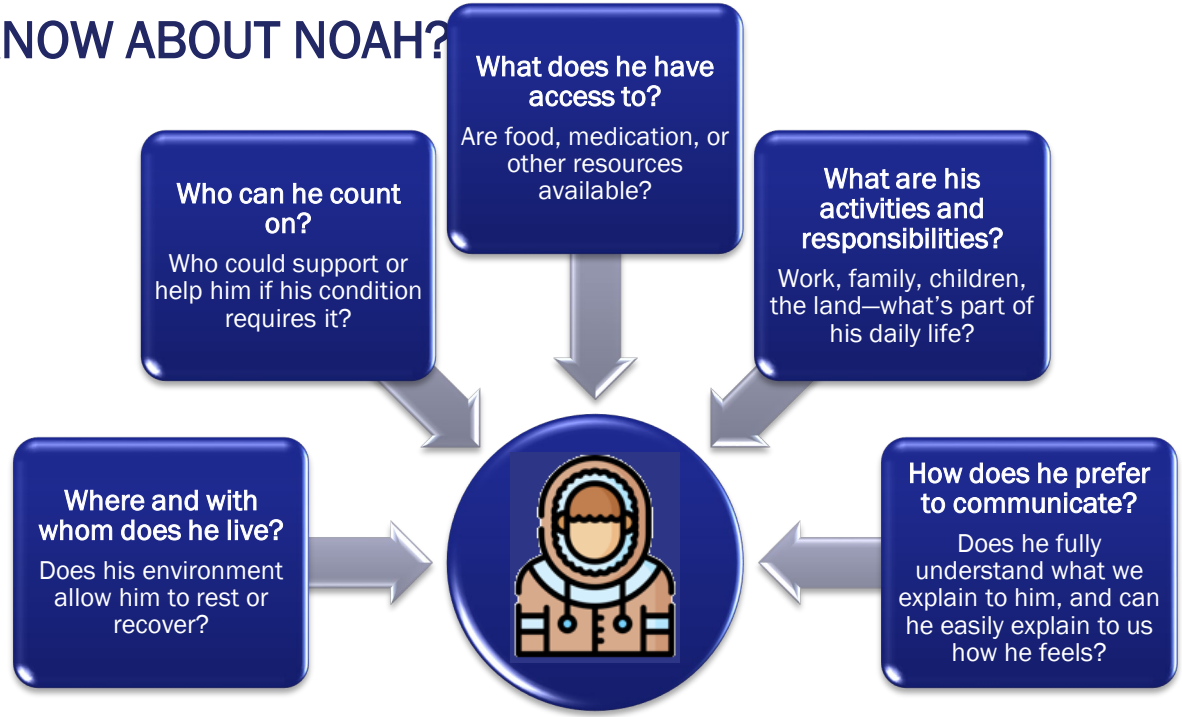
WHAT DO WE KNOW ABOUT NOAH?

Noah arrives at the Quaqtaq CLSC.

We know he isn't feeling well.

We can assess his symptoms, take his vital signs, ask questions, and determine the care he needs.

But what do we know about what's going on around him?



LOOKING AHEAD

A health situation doesn't begin at the CLSC's door.

Understanding a person's circumstances can help us better understand what they need.

WHEN A RECOMMENDATION MEETS REALITY

After his evaluation, Noah can go home.

The professional offers him recommendations to promote his recovery.

The Recommendation	In Noah's situation...
Taking his medication as directed	Can he get it easily? Does he understand when and how to take it?
Resting for a few days	Do his environment and responsibilities actually allow him to rest?
Adjusting his diet	Are the recommended foods available, accessible, and compatible with what he usually eats?
Return for a follow-up	Will he be able to return at the scheduled time? What happens if his activities, responsibilities, or a trip prevent him from doing so?

LOOKING AHEAD

A recommendation may be clinically appropriate but not easy to implement.

Before concluding that a person is "not following" our recommendations, it may be helpful to ask:

What might get in the way of carrying this out at home?

WHEN NOAH RETURNS...

Noah returns to the CLSC a few days later.

He doesn't seem to be doing much better.

He hasn't taken all of his medication.
He hasn't rested as recommended.
He hasn't really changed his diet.

Two Ways to View the Same Situation

A first impression...

- ☐ "He isn't taking his medication properly."
- ☐ "He isn't following our recommendations."
- ☐ "He doesn't take his health seriously."
- ☐ "We explained it to him clearly, though."

Another question to ask...

- ☐ **What made it difficult for him to take his medication?**
- ☐ **Were our recommendations realistic given his situation?**
- ☐ **What other priorities or responsibilities did he have to juggle?**
- ☐ **Did we check to see if he understood what we were suggesting?**

His health is part of a broader reality:

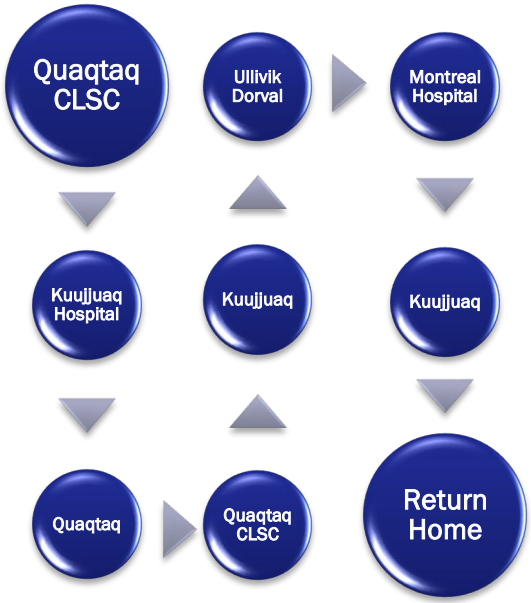
Body • Relationships • Living Environment • Responsibilities • What Brings Him Balance

LOOKING AHEAD

The behavior we observe doesn't necessarily tell us why it's happening.

Caring for Noah also means taking into account what, in his daily life, might make the care he receives easier or more difficult.

NOAH'S JOURNEY THROUGH HIS CARE



He consults with local health services. The resources and tests available on site are not sufficient to establish a complete diagnosis.

Noah must travel to Kuujjuaq to undergo additional tests and consult with healthcare professionals.

After this initial series of tests, Noah is sent back to his community, even though some questions regarding his health remain unanswered.

His condition ultimately requires specialized tests that are not available in Kuujjuaq.

Noah must therefore travel to Montreal to undergo more specialized tests and continue the diagnostic process. Upon his arrival, the healthcare professionals do not necessarily have access to all of his medical records.

Some information must be retrieved or resubmitted, and some tests may need to be repeated, which can lead to delays, additional travel, and a disruption in the continuity of care.

Once the evaluations are complete, Noah returns home, where follow-up care once again depends on the proper transfer of information between Montreal, Kuujjuaq, and his community.

LOOKING AHEAD

Noah's care journey shows that access to care depends not only on the availability of services, but also on distance, travel, and the continuity of his medical records.

WHEN THINGS DON'T GO AS PLANNED

The Transfer

Weather, delayed or canceled flight, missed connection, rescheduled appointment.

The Appointment

Schedule changes, postponed exams, multiple appointments to coordinate, extended wait times.

Clinical information

Incomplete file, results not yet received, information to look up, story to retell.

Communication

Difficulty understanding why a test is necessary, what will happen, or the next steps

Support

Absent or different companion; patient who must navigate an unfamiliar environment alone.

Being Away from home

Family, children, work, responsibilities, or simply the desire to return home quickly.

Daily Life in the South

Meals, local transportation, lodging, and getting around in an unfamiliar city—even when these are arranged.

Returning Home and Follow-Up

Information that needs to be sent back north, a new consultation, follow-up to be coordinated among several teams.

Each step adds a potential point of disruption.

LOOKING AHEAD

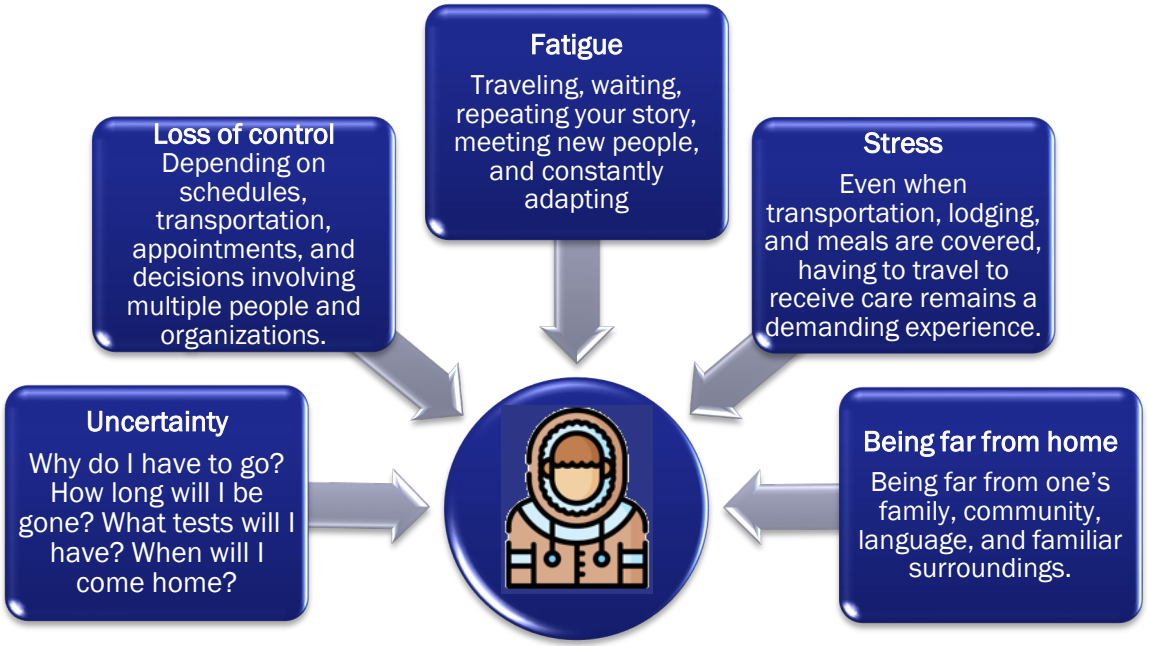
A medical transfer is not just a single trip.

It's a chain of steps that must work together. The more locations, teams, and transitions the process involves, the more important it is for Noah to understand what's happening, know what to expect, and be able to count on continuity across services.

AND FOR NOAH, WHAT DOES THIS MEAN?

From the system's perspective, each step may seem separate. For Noah, they're all part of the same experience.

He isn't just going through a medical appointment or a trip. He's going through the entire journey—often without knowing exactly how long he'll be gone or what awaits him next



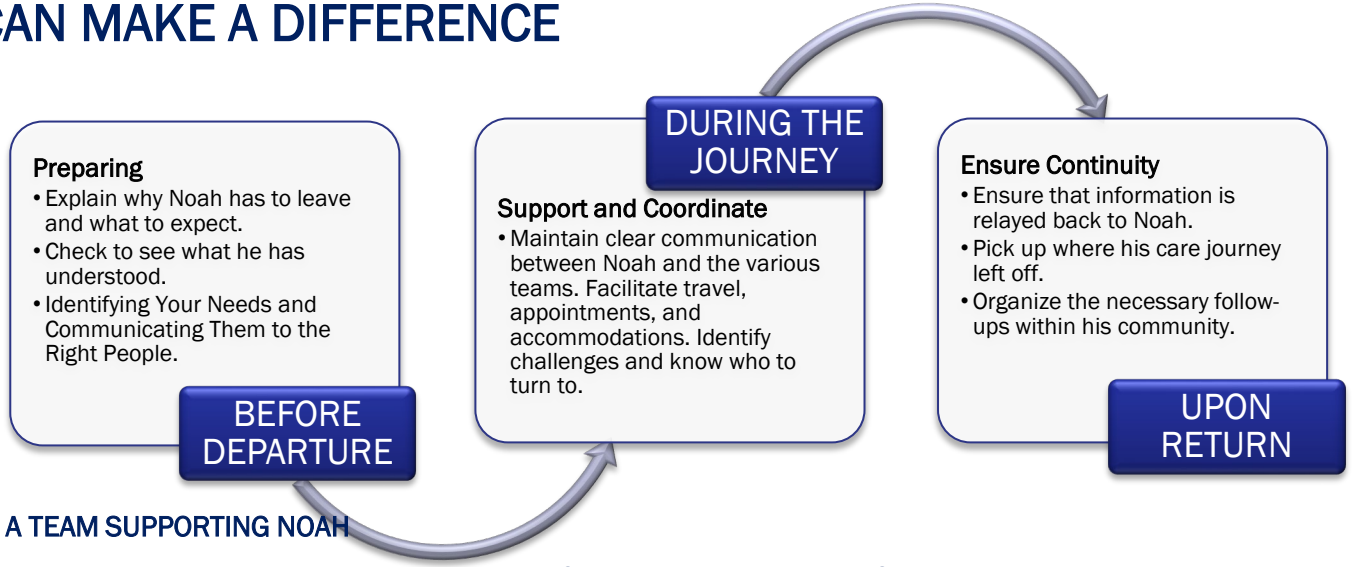
LOOKING AHEAD

Organizing the trip isn't enough to prepare the person.

Ensuring that Noah understands **why he has to leave, where he's going, what's going to happen, and what the next steps will be** can reduce some of the uncertainty and allow him to remain more in control of his journey.

WHAT CAN MAKE A DIFFERENCE

Supporting Noah is a team effort.
His journey doesn't depend solely on the doctor or nurse. At different stages, many people contribute to the quality, clarity, and continuity of his experience.



A TEAM SUPPORTING NOAH

Nurses • Doctors • Liaison • Interpreters • Social Workers • Patient Services • Patient Transport

The roles are different, but each one plays a part in his care journey.

LOOKING AHEAD

Continuity of care doesn't rely on just one person.

A multidisciplinary team can make a real difference when everyone understands their role, shares the necessary information, and knows when to pass the baton. **Every interaction can help make Noah's journey clearer, more reassuring, and more seamless.**

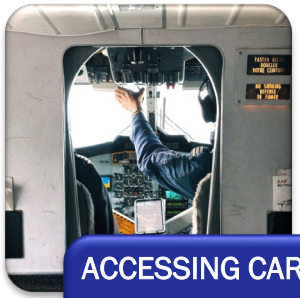
WHAT NOAH'S JOURNEY TEACHES US

Noah's story is fictional, but the realities it brings together are part of everyday healthcare in Nunavik.

His journey offers a different perspective on what it means to receive—and provide—care in the North.

HEALTH CARE IN THE NORTH

Teams provide as much care as possible within the communities, but certain tests, treatments, and specialized services require travel.

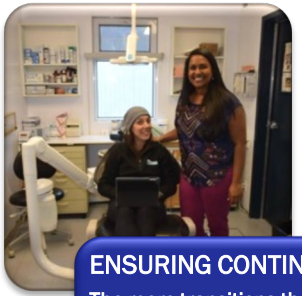


ACCESSING CARE

Receiving the necessary care may require leaving one's community and navigating multiple locations, teams, and organizations.

EXPERIENCING THE JOURNEY

For the individual, these stages are not separate: travel, care, distance, waiting, and uncertainty are experienced as a single journey



ENSURING CONTINUITY

The more transitions there are in the journey, the more essential preparation, communication, support, and the sharing of information become.

LOOKING AHEAD

In Nunavik, distance is a reality of healthcare. It should not become a barrier between the patient and those who care for them.

CHALLENGES, BUT ALSO NORDIC SOLUTIONS

Long distances, scattered communities, and limited access to certain services are part of the reality of healthcare in Nunavik.

But these realities have also led teams to develop ways of providing care, offering support, and collaborating that are tailored to the land.

PROVIDING AS MUCH CARE AS POSSIBLE IN THE COMMUNITY	**CLSCs, with their expanded roles, home care, and local teams, make it possible to meet many needs without having to systematically refer individuals to Kuujjuaq or the South.**
ADAPTING SERVICES TO THE LAND	**The way care is organized must take into account distances, weather, transportation, and the resources available in each community.**
RELY ON PEOPLE WHO KNOW THE LOCAL ENVIRONMENT	**Interpreters, liaisons, Inuit staff, and community workers provide contextual knowledge that medical records alone cannot always provide.**
WORKING AS A NETWORK	**CLSCs, hospitals, community services, professionals, patient care services, and partners from the South must share information and coordinate their efforts to ensure continuity of care.**

LOOKING AHEAD

Adapting care in the North does not simply mean replicating, from a distance, what is done in the South.

It requires developing solutions that take into account the land, the communities, the available resources, and the people who live there.

A SOLUTION TAILORED TO THE DISTANCE

When a transfer is necessary, the geographical reality remains. The challenge, then, is to make this journey as safe and appropriate as possible.

A DEDICATED MEDICAL AIRCRAFT

Since 2025, Tulattavik, in collaboration with Air Inuit, has had a DASH-8-100 dedicated to medical evacuations.

Available 24 hours a day, 7 days a week, with a medical team dedicated to MEDEVAC, it enables a better response to the needs of patients on the Ungava Coast.

917 → Air medical evacuations in 2023–2024

24/7 → Availability for medical evacuations.

2 stretcher → A third stretcher can be added depending on the configuration.

In-flight care → An environment that allows the medical team to continue providing care during transport

Tulattavik's new medical aircraft – Photo: UTHC

LOOKING AHEAD

A northern solution does not eliminate distance. It seeks to mitigate its consequences.

BRINGING CARE CLOSER IN A DIFFERENT WAY

Not all types of care can be provided in every community.

But various solutions make it possible to avoid certain trips and better support those that remain necessary.

AVOIDING CERTAIN TRIPS

Telemedicine and Remote Consultations

Certain treatments, consultations, or follow-ups can be provided remotely, allowing patients to remain in their communities when their situation permits.

WELCOMING PATIENTS IN KUUJJUAQ — INNILAVIK

Community → Innilavik / Kuujjuaq → care in Tulattavik → return

When a patient must leave their community to receive care in Kuujjuaq, Innilavik provides a transit facility tailored to the realities and culture of Inuit patients.

HOSPITALIZATION IN MONTREAL — ULLIVIK

Nunavik → Ullivik / Montreal → care → return to Nunavik

When care requires a trip to Montreal, Ullivik welcomes patients from Nunavik and their companions into an environment tailored to their culture and needs during their stay.

SUPPORTING PATIENTS THROUGHOUT THEIR JOURNEY

- **Transportation**
- **Accommodations**
- **Meals**
- **Appointments**
- **Interpretation**
- **Accompaniment**
- **Return**

LOOKING AHEAD

Bringing care closer doesn't just mean reducing the distance traveled.

When travel is necessary, providing culturally appropriate care settings, maintaining familiar points of reference, and supporting the person throughout their care journey are also part of care.

WHAT IF SOME HEALTHCARE SERVICES COULD REMAIN IN THE NORTH?

Improving patient transfers is essential.
But another way to reduce the impacts of distance is to develop more services directly in Nunavik.

TODAY

There are currently no CT scanners in Nunavik.
When a patient needs this test, they must be transferred to Montreal.

More than $25 million
has been spent on transportation, lodging, and meals over the past 10 years for these transfers.
For patients, this also means travel, time off from work, delays, and time away from their families and communities.

THE PROJECT

Tulattavik is working to install a CT scanner at the Kuujjuaq Hospital.
The project is currently in the design phase. Its cost is estimated at $12.5 million, and the preferred location has been identified within the hospital.

🩺 DIAGNOSIS CLOSER TO HOME

Enable more patients to undergo this test in Kuujjuaq.

✈️ AVOID CERTAIN TRANSFERS

Reduce trips to Montreal when the scan can be performed in Kuujjuaq.

🏠 STAY CLOSER TO LOVED ONES

Reduce the time spent away from family and the community.

LOOKING AHEAD

Adapting care in the North sometimes means better organizing travel. It also means finding ways to avoid having to leave.

Developing more diagnostic services in Nunavik can bring care closer to patients, their families, and their communities.

UTHC RECOMMENDATION

24/7 ON-CALL — SEASON 10

A Closer Look at Healthcare in Nunavik

In February 2024, the On Call 24/7 team traveled to Kuujjuaq, Kangirsuk, and Kangiqsujuaq to document the reality of healthcare provided to Inuit communities in Ungava Bay.

Why the UTHC recommends it:

These episodes vividly illustrate several realities discussed in this fact sheet: distance, resources available in the North, the work of healthcare teams, hospitalizations, and medical evacuations to the South.

Above all, they show northern healthcare in its real-world context, through the daily lives of healthcare professionals working in Nunavik.

🏆 3 GÉMEAUX AWARDS

Season 10 won the 2025 awards for Best Observational Documentary Series, Best Direction, and Best Research.

EPISODE 9 — DISTANCE AND ISOLATION
October 31, 2024

EPISODE 10 — IN ACTION
November 7, 2024

EPISODE 11 — LAST RESORTS
November 14, 2024

FURTHER READING

Voices from the Field – Gone South

Aluki Kotierk speaks with Richard Budgell and Siksik Melodie Sammurtok-Lavallee about the consequences of medical transfers to the South: family separation, isolation, culturally inappropriate care, but also opportunities to further develop healthcare in the North.

Traditional Inuit First Aid — Christopher Fletcher (2011)

Drawing on the knowledge of elders from Inukjuak, Kangiqsujuaq, and Kuujjuaq, this book presents Inuit practices used to treat injuries and accidents. It offers a glimpse into Inuit knowledge of care and healing.

Qanuilirpitaa? 2017 — How are we doing now?

This health survey conducted in Nunavik broadens the concept of health beyond medical care to include physical and mental health, social determinants, living conditions, and the factors contributing to community well-being. It is also from this community-based component that the IQI model emerged.

In Nunavik, caring for others goes beyond medical care itself.

Every person we support has their own journey. It’s up to us to ensure they don’t have to go through it alone.