INTRODUCTION
Speech Language Pathology services is a part of the new Rehabilitation Program run in conjunction with the University of Manitoba in seven Inuit communities in the Kivalliq Region of Nunavut, Canada. The speech component of the Rehabilitation Program began in January 2001. The position is full-time, presently based in the community of Rankin Inlet in the Kivalliq Region of Nunavut, Canada. Previously the region was serviced inconsistently. Clients would often receive services only while in Winnipeg, Manitoba, for other medical appointments. With the introduction of local rehabilitation services by the Nunavut Department of Health and Services, the communities are now visited on a rotation every six to eight weeks with visits varying from three to five days depending on the size and needs of each community. The visits in the summer are shorter in duration as many of the community members are often out on the land. The Hamlet of Sanikiluaq receives Speech Language Pathology services less frequently. These services are based out of Winnipeg and are not included in this study. The 26-month time frame of this review covers January 2001 to February 28th, 2003. The data examined were source of referral, reason for referral and discharge. The majority of the referrals received are made by professionals working in health and education and are based on age-appropriate language skills for the individual. English is the predominant language of the professionals, while Inuktitut may be the only language spoken in the home of the individual. However, language skills are basically the same for any language being learned, and this should have no impact upon the necessity for referral.

METHODS AND RESULTS
Data from the seven communities were calculated separately and then combined together to produce a regional chart. Statistical information gathered over the time period was used to produce the
The following is a brief description of each community, highlighting the referral source.

Arviat is an Inuit Community located on the shore of Hudson Bay. The 2001 census (1) reported a population of 1,899 people, of which 1,750 people speak a language other than English or French.

The largest percentages of referral received in Arviat are from the Department of Health and Social Services (DHSS). Although these referrals are for all three age groups, preschoolers and school-age children compose the largest percentages of referrals. A higher percentage of referrals are received from the elementary school in Arviat. Caregiver/parental referrals are received in this community as well. Home care was established in September 2002, with no referrals made during the time of the study.

Igluligaarjuk (Chesterfield Inlet) is an Inuit community located on an inlet on Hudson Bay. The 2001 census (1) reported a population of 345 people, of which 305 people speak a language other than English or French.

DHSS represents the highest percentage of source of referrals. Igluligaarjuk is unique in that it has a Special Care Facility, Pimakslerivik, with Level 2, 3, and 4 residents. Home Care was set up in approximately July 2002 and Pimakslerivik residents constitute the majority of referrals received from the Home Care Program. However, an increase in referrals from the community is expected.

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**Table 1. Detailed data of referrals from Inuit communities in the Kivalliq region of Nunavut, Canada.**

| Referral Source | Arviat | Qamani'nuq (Baker Lake) | Igluligaarjuk (Chesterfield Inlet) | Salliq (Coral Harbour) | Kangiqsualujjuaq (Rankin Inlet) | Naujaat (Repulse Bay) | Tikiraqjuaq (Whale Cove) | Total |
|-----------------|--------|-------------------------|-----------------------------------|-----------------------|---------------------------------|---------------------|--------------------------|-------|
| **Referral Source** |        |                         |                                   |                       |                                 |                     |                          |       |
| Health & Social Services | 16     | 10                      | 19                                | 6                     | 22                              | 9                   | 7                        | 89    |
| Otorhinolaryngology | 2      | 0                       | 0                                 | 0                     | 4                               | 3                   | 0                        | 14    |
| Caregiver        | 2      | 5                       | 0                                 | 0                     | 4                               | 3                   | 0                        | 14    |
| School           | 11     | 32                      | 0                                 | 26                    | 42                              | 10                  | 11                       | 132   |
| Self            | 0      | 0                       | 0                                 | 0                     | 3                               | 1                   | 0                        | 4     |
| Home Care        | 0      | 0                       | 4                                 | 0                     | 0                               | 0                   | 0                        | 4     |
| SLP/Winnipeg     | 0      | 1                       | 0                                 | 0                     | 2                               | 2                   | 0                        | 4     |
| Public Health    | N/A    | N/A                     | N/A                               | N/A                   | N/A                             | N/A                 | N/A                      | 4     |
| Paediatrics      | 0      | 0                       | 0                                 | 0                     | 2                               | 0                   | 0                        | 2     |
| Physician        | 0      | 0                       | 0                                 | 0                     | 2                               | 0                   | 0                        | 2     |
| Other (includes OT & PT) | 0      | 0                       | 0                                 | 0                     | 3                               | 0                   | 0                        | 3     |
| **Reason for Referral** |        |                         |                                   |                       |                                 |                     |                          |       |
| Articulation     | 5      | 14                      | 3                                 | 4                     | 28                              | 2                   | 8                        | 64    |
| Language         | 23     | 34                      | 20                                | 22                    | 55                              | 21                  | 9                        | 184   |
| Voice            | 3      | 0                       | 0                                 | 0                     | 2                               | 1                   | 0                        | 6     |
| Fluency          | 0      | 0                       | 0                                 | 1                     | 0                               | 1                   | 0                        | 2     |
| Hearing Concerns | 0      | 0                       | 0                                 | 5                     | 0                               | 0                   | 1                        | 6     |
| **Reason for Discharge** |       |                         |                                   |                       |                                 |                     |                          |       |
| Moved           | 3      | 0                       | 0                                 | 1                     | 3                               | 6                   | 2                        | 15    |
| Follow up not required | 0     | 4                       | 0                                 | 4                     | 5                               | 1                   | 3                        | 17    |
| Goals met       | 2      | 1                       | 0                                 | 0                     | 2                               | 1                   | 0                        | 6     |
| Refused service | 2      | 2                       | 5                                 | 0                     | 1                               | 0                   | 0                        | 10    |
| Expired         | 0      | 0                       | 3                                 | 1                     | 1                               | 0                   | 1                        | 6     |
Kangiqsliniq (Rankin Inlet) is the largest Inuit community in the Kivalliq Region, located off Hudson Bay. The 2001 census (1) reported a population of 21,777 people, of whom 1,325 speak a language other than English or French.

Referrals from the three schools in Kangiqsliniq make up the bulk of the referrals. They come primarily from Leo Ussak Elementary School and Maani Ulujuk Illiniarvik. DHSS refers the clients who are living in the two group homes, which are located in Kangiqsliniq. Referrals from general practitioners are received more frequently here, as there is usually at least one physician consistently based in this community. Public Health is a separate entity in Kangiqsliniq and not a part of the Health Centre as in other communities. As well, there are more caregiver/parental referrals and self-referrals, in this community. Other referrals from Occupational Therapists and/or Physical Therapists are also received here. Home Care was established in September 2002 and no new referrals were received during the time of this study.

Naujaat (Repulse Bay) is an Inuit community located on the Arctic Circle. The 2001 census (1) reported a population of 612 people, of which 580 people speak a language other than English or French.

The main referral source in Naujaat as in most of the other communities is the school. Initially the majority of the referrals received came from DHSS; however, by the completion of this study the majority of referrals had come from Tusarvik School. Naujaat is one of the few communities that have received referrals from a Speech Language Pathologist from the Winnipeg area. Home Care will be established later in 2003, with referrals expected to come from that program at that time.

The primary source of referrals for this community came from the elementary grades in Inuglak School. Home care was set up in approximately April 2002, with an increase in referrals anticipated.

DISCUSSION

When the Speech Language Pathology component of the Rehabilitation Program was initiated, the number of school referrals quickly became the overall highest referral source in the majority of the communities, at 132 of the 264 referrals made.

The Department of Health and Social Services (DHSS) had the next highest number of referrals, at 88. These referrals came from preschool, school-age, and the adult population, residents of...
group homes, and children in care. Table I indicates the exact number of referrals from all sources including Public Health Nurses, Paediatricians, General Practitioners, Occupational Therapy, and Physical Therapy (OT and PT are the other two components of the Rehabilitation Program, included under others on Table I) Caregivers includes both adults, and parents of children. A comparison of these numbers is shown in Referral Source (Table I).

Census information indicates that the majority of the populations in these seven communities speak a language other than French or English; the most commonly spoken language by report is Inuktitut. Reason for Referral, indicates language skills as the main reason for referral for speech and language services with 184 of the referrals for language (Table I). There are no tests for language normed or standardized for the Inuktitut language. The tests used were for baseline information only and were not and could not be used as a relevant evaluation of language skills, as the test results would indicate results expected against a population of English-speaking subjects. The results were used as a baseline and to help direct intervention plans. Augmentative communication is included in this section.

Articulation was the second most commonly made referral. Voice, hearing concerns, and dysfluency referrals were also made, but to a significantly lesser degree.

Reason for Discharge indicates that no required follow-up and the refusal of services were the two main reasons for discharging the referred clients (Table I). Refusal of services occurred most frequently when the services were first available at the beginning of this study. Due to the length of time between referral and the provision of service, several of the persons/caretakers referred were no longer interested in services. After attending the initial session, some clients declined any follow-up services. These reasons accounted for 50% of the decision to discharge. Some referrals were made for informational purposes only. The goals met data included delays that were very mild, where suggestions were given to the caretaker/parent and the file was closed. The caregiver/parent was encouraged to contact the therapist at any time should further questions or concerns arise. Several families moved between communities in the Kivalliq Region and a few moved out of the Region completely. If the family stayed within the Region they were followed in their new community; if not, pertinent information was forwarded to the Health Care Agency in the new region/community. A small number of the sample died before the study was completed.

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