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Building Nunavut Together
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Bâtir le Nunavut ensemble

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Department of Health
Munaqhiliqiyitkut
Ministère de la Santé

Medical Travel Policy Review
<u>What We Heard Report</u>

Department of Health
Government of Nunavut
August 2025

Contents

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Medical Travel Policy Review

What We Heard Report

1. Overview

1.1 Context

Travel for medical reasons is a key feature in the lives of Nunavummiut, and a significant cost within the health care system. Medical travel provides Nunavummiut with access to specialist medical services in several Canadian urban centres including in Nunavut (Iqaluit), Ontario (Ottawa), Manitoba (Winnipeg), Alberta (Edmonton), and the Northwest Territories (Yellowknife). Medical travel is comprised of two primary elements:

1. Air transport: The provision of air travel from all communities in Nunavut to Iqaluit or to southern centres to access medical services.
2. Boarding home services: The Government of Nunavut (GN) has contractual relationships with vendors to provide boarding home services and overflow hotel services in the five southern centres. These boarding homes offer clients and escorts accommodations, meals, and ground transportation to and from the airport, clinic, and hospital while receiving care.

Medical travel is managed and administered by the Department of Health (Health) through the department's Health Travel Programs Division. The GN aims to provide access to services in a prompt, equitable, efficient, and compassionate way.

Medical travel for Nunavummiut is complicated because of overlap with the federally run Non-Insured Health Benefits (NIHB) program, which funds services for Inuit and other Indigenous peoples. The Inuit Child First Initiative (ICFI), modeled after Jordan's Principle, has increased the complexity of medical travel in Nunavut by requiring closer coordination among health systems and funders. Recent procedural changes by Indigenous Services Canada for Jordan's Principle will also apply to ICFI, which has followed similar processes since its launch in 2018 as the interim approach for Inuit children.

A further feature of medical travel in Nunavut is that the GN offers an Extended Health Benefits (EHB) program which helps eligible persons who require health care products, services, and medical travel support beyond the coverage offered under the Nunavut Health Care Plan and other third-party plans (i.e., employer or private insurance). The GN also offers medical travel benefits to eligible employees and their dependents through the GN Employee Medical Travel Assistance Program (GEMTA Program), which covers non-elective medical care outside GN employees' home community.

The current Medical Travel Policy was last updated in 2022 in response to the COVID-19 pandemic and sunsets on March 31, 2026. The outcomes of the public consultation are intended to provide a strong foundation for the review and updating of the current Medical Travel Policy.

1.2 Policy Review Goals

The GN's overall Medical Travel Policy review goals are to promote and support:

- Medical travel services that are accessible and transparent;
- Nunavummiut's access to the same level of health care as other Canadians; and
- Appropriate and approved health services that are provided and accessible to Nunavummiut when these are not available in their home community.

1.3 Consultation Process

The Medical Travel Policy review consultations, conducted between September and December 2024, intended to engage stakeholders and the public to document findings to support the ongoing review of the GN's Medical Travel Policy. The consultation process was inclusive, involving direct, in-person engagement with clients, escorts, and staff at five boarding homes, as well as more broadly with Nunavummiut. Methods included conversational interviews with clients and escorts at boarding homes in Iqaluit, Ottawa, Winnipeg, Edmonton, and Yellowknife. Interviews were held with Health officials, non-GN stakeholders, and boarding home operators. A public survey, available in English, French, Inuktitut, and Inuinnaqtun, was conducted between October 21 and December 9, 2024, receiving 706 valid responses (refer to Appendix A for a demographic breakdown of the survey respondents). A separate survey was also completed by Health officials who provide medical travel services.

2. Summary of Findings on the Medical Travel Policy

The consultations intended to identify barriers to Nunavut medical travel services, and overall accessibility and transparency. The findings are presented based upon the major topics that were used to plan and organize the consultations:

- General policy barriers and gaps;
- Policy scope and application;
- Definitions;
- Territorial service standards;
- Roles and responsibilities of officials and others;
- Clients and escorts;
- Children and infants;
- Return of deceased; and
- Appeals process.

This section focuses on findings which are more closely tied to the Medical Travel Policy itself, rather than the Medical Travel Program (and how it is administered and delivered). More insight on the Medical Travel Program and experiences of Nunavummiut with this program are set out in Section 3 of this report.

2.1 General Policy Barriers

The consultations identified general policy barriers to Nunavut medical travel services, and overall issues with accessibility and transparency. Concerns were raised about how the Policy was being interpreted, with issues regarding the level of understanding by GN employees of the Policy and how it should be applied. The Medical Travel Policy was viewed as vague and open to interpretation, leading to inconsistent application and perceptions of unfairness. It was reported that the Policy leaves significant room for interpretation by officials, including medical practitioners, medical travel clerks and regional directors on a wide range of matters, leading to public perception that the Policy and its application is non-standardized, unfair, and even arbitrary. Respondents identified a need for greater clarity and compassion in implementing the Policy.

> *"Compassion is not an element in the medical travel policy. Lack of compassion makes it difficult to navigate exceptions [to the policy]."*

Some Health officials raised concerns that the Medical Travel Policy lacks clarity around decision-making authority, making it difficult to determine who is responsible for approvals and determinations. Some suggest that the Medical Travel Policy and standards of

practice are hidden to users of the system, and that it is challenging for people to find information about whether they qualify for medical travel, what benefits and services are available, and what the processes to access them are.

> *"The Medical Travel Policy is 90% nuance."*

Medical travel is funded through NIHB even though NIHB is the 'payer of last resort.' Challenges arise from the reliance on NIHB and its policies which do not always align with GN policies. Many question whether NIHB is an appropriate funding mechanism for Nunavut but recognize its importance.

> *"The GN cannot provide medical services without NIHB. This needs to change. The budget for medical travel needs to come from somewhere else."*

Boarding home operators identified several policy barriers. Operators identified that the Policy, as it relates to screening of escorts, could be improved to encourage selection of more suitable escorts, and those who are committed to caring for the patient and their needs. They also felt that it is important to improve information sharing by medical travel staff to improve communication with families regarding mental health conditions, potential for alcohol and other substance use, and other vulnerabilities of both clients and escorts. The Policy does not provide guidance to boarding home operators in dealing with clients and escorts who are experiencing challenges, leaving boarding homes with the responsibility to manage the resulting issues and liabilities such as clients and escorts under the influence of substances or having to expel clients and escorts from accommodations.

2.2 General Policy Gaps

Participants in consultations, specifically Health officials and stakeholders who participated in interviews, were asked to identify areas where gaps exist within the Medical Travel Policy, such as areas where the Policy is either silent or not sufficiently clear.

According to participants, the Medical Travel Policy does not provide sufficient guidance on consequences for clients and escorts when it has been breached, and consequences associated with failure to comply with rules have not been rigorously enforced. There is a need for clarity in the Policy regarding when clients and escorts are no longer aligning with the policy requirements and where eligibility for medical travel benefits is in question.

It was suggested that the elements of the Policy regarding banned clients may need to be reconsidered. There were calls for the Policy to better address situations where clients are banned from a boarding home but may be required to act as an escort for their child or family member. The Medical Travel Policy and associated program does not address in a comprehensive way how alternative accommodation arrangements are to be dealt

with in cases where clients are banned from a boarding home and as a result may need to seek alternative forms of shelter.

The Policy does not provide sufficient direction on managing travel arrangements, specifically actions to be taken when there are missed flights, when there is a need to rebook flights, and/or when clients request changes to return dates without prior consultation with medical travel staff.

Participants indicated there is a significant lack in support systems available to those struggling with mental health conditions and substance use disorders while on medical travel. With respect to substance use and addictions, there is a need to consider alternatives including extending harm reduction approaches and/or requiring that specific types of support be available to clients on medical travel who are known to have mental health conditions; this was identified as a priority.

In addition, participants noted that the requirement for medical travel to originate in Nunavut may be restrictive, that client benefits need to be more clearly defined (e.g., meals, transportation), and that the Policy needs to be more 'patient friendly' and easily understood by the public.

2.3 Policy Principles

The consultations explored the extent to which the Policy and its implementation is guided by the Policy principles, and whether there are other principles that should be considered. Only Health officials were asked to comment on this topic, and they provided the following comments:

- *Inuit Societal Values:* While the Policy incorporates some values like consensus decision-making and support for unilingual individuals needing translation and escorts, it is criticized for not "truly" reflecting and incorporating Inuit Qaujimajatuqangit principles. There are calls for better integration of Inuit Societal Values in the Policy and in operations.
- *People First:* The Policy aligns with the principle of putting people first, especially in terms of funding travel for medical care. However, the application of this principle is inconsistent, particularly when it comes to meeting the needs of mental health clients, or when clients face difficulties when there are travel delays or a perceived lack of support. A "people first" approach should be informed by the qualities of compassion and empathy.
- *Sustainability:* The sustainability of the medical travel program is challenged by increased costs and the presence of private health care services.

A number of other principles were identified as potentially guiding the Medical Travel Policy including:

- Clear rules and accountability
- Access to support services in all the official languages of Nunavut
- Timely communication
- Service and client care
- Trauma-informed and culturally safe care
- Family support
- Flexibility based on Inuit health needs
- Collaboration in decision-making
- Cost of travel should not be a barrier to access services
- Nunavummiut patients should feel safe, secure, and supported throughout the medical travel journey
- Dying with dignity

2.4 Policy Application and Scope

Regional Equity

There is widespread perception that the Medical Travel Policy is not consistently applied across Nunavut and that there are regional differences and inequities, but the consultations found no consistent view in this regard. Health officials and stakeholders recognize the existence of regional differences and challenges and point to the fact these can arise due to varying geographical circumstances as well as different out-of-territory medical facilities, arrangements at boarding homes, and different stakeholder groups. It is suggested that these differences can be important and significant and indeed may need to be taken into consideration when applying the Policy. Many suggested that there should be no distinction between Inuit and non-Inuit with respect to access or provision of medical travel services (i.e., access to boarding home accommodations).

> *"Everybody does it differently. How patients get their itinerary and information on the boarding home is very different region to region. Everyone does their own thing to make it work for their region."*

There is a sense that equity issues could be addressed through greater collaboration and consistency across regions as well as taking other steps to improve the Policy, its implementation, and public knowledge and transparency. Suggestions for improvement covered a number of areas, including:

- ensuring equal levels of capacity within each region for Medical Travel Policy and program operations, or placing the program under a single territory-wide supervisory structure;
- increased awareness and understanding of the Policy and basic service standards, as well as expectations regarding policy implementation; and

- consistent approaches to enforcing the Policy and "rules" that stem from the Policy in all situations of non-compliance, and building in room for discretion to be exercised within reasonable limits; and
- having the Policy rewritten or available in a user-friendly format including using posters and pamphlets, and making information available on radio shows, community information sessions, and on social media.

Extending Medical Travel Policy to Other Areas

The review also found there is general, but not universal, support for extending the application of the Medical Travel Policy to other program areas including oral and mental health. Health officials do not see the potential to have the Policy apply to continuing or long-term care programs and highlighted that the mental health program has its own criteria and approaches to managing client travel and providing responsive and specialized care. However, others noted that mental health and addictions services are medical services and as such, should be encompassed by the Medical Travel Policy and program.

Regarding oral health care, participants suggested that dental services should be included under medical travel, noting that efforts are being made to organize this within the medical travel program. It was noted that, overall, there is a need for better coordination between the oral health and medical travel programs.

Additionally, it was suggested that compassionate travel should be considered within the Policy, allowing additional family members to travel for medical purposes for compassionate reasons, such as terminally ill family members.

Boarding home operators noted that if the Medical Travel Policy were extended to other programs there would be significant impacts on boarding homes and their operations, with many changes required to staffing, processes, and services.

2.5 Definitions

Participants identified the need to consider revisions to several definitions in the Policy, including:

- *Elder:* Review the definition to ensure it is appropriate.
- *Immediate Family:* Align the definition with Inuit views on what constitutes immediate family.
- *Mature Minor:* Provide better guidance about how the Policy applies to mature minors (e.g., as escorts) and consider eliminating the term.
- *Medical Escort:* Clarify the term to make clear this refers to a health care provider and what type (e.g., medivac nurse, physician).
- *Repatriation:* Review the appropriateness of the term.
- *Guardian:* Align the definition with the *Guardianship Act*.

- *Age Classifications:* Update classifications to better reflect different age groups.

2.6 Roles and Responsibilities

The consultations explored whether the Medical Travel Policy provides sufficient direction and authority to Health officials and others working within the medical travel system with respect to their duties, roles, and responsibilities. A number of areas for clarification were identified.

- *Health Staff*: Officials making decisions about medical travel often do not have a base of medical knowledge to draw upon that may be relevant to the decisions they are making.
- *Escorts*: The Policy is considered rigid, leading to inappropriate denials of escorts by officials.
- *Physicians:* There is a misconception that doctors can decide, and approve, which clients are eligible for escorts.
- *Mental Health:* There is some confusion between the Medical Travel Policy and the Client Travel Policy, which is a separate policy that covers travel benefits for eligible clients who must travel to access mental health and addictions treatment or long-term residential care services that are not available within their home community. There is a lack of clarity on the structure regarding approvals for mental health and addictions clients. The Policy does not provide sufficient structure and support to officials when they are dealing with situations that involve clients or escorts with mental health conditions and/or who require mental health supports while travelling under the medical travel program.

  > *"Mental health: A large part of our policy is zero tolerance for addictions such as alcohol and drugs. If we go in this direction, we will have to make a lot of changes."*

- *Health Care Professionals:* More direction is needed for healthcare professionals on how the policy is implemented. Not all medical travel staff have a strong understanding of the Medical Travel Policy.
- *Other Partners:* Communication gaps with stakeholders and a lack of understanding of the benefits available under the Policy.

  > *"Change is needed in the policy for what to do with intoxicated people – from putting them up in a hotel to sending them to a shelter. This happens without real clarification from the medical travel program. Some people are left in unsafe situations. Shelters are not a safe place to send people."*

2.7 Service Standards

The subject of service standards for medical travel that could be applied equally across Nunavut was explored through the public survey and questions addressed to Health officials and stakeholders. Comments received through the public survey confirm that Nunavummiut would like to see territorial service standards in areas such as:

- Expected response times to inquiries and requests.
- Timeframes within which a client can expect medical travel arrangements to be booked and communicated, and how these will be communicated to clients.
- Access to basic services such as ground transportation for clients staying in hotels and specifically who pays for such services.
- Standards for patient/client safety.
- A standardized approach to providing information and contact numbers for after-hours services that can be utilized by clients/escorts.
- Standards for collaboration with case managers especially where medical traveller cases present more challenges. Interviewees expressed concerns about lack of clarity and gaps in the Policy, particularly regarding transportation and coordination of travel logistics.
- The need for a concise document outlining territorial service standards for medical travel and associated responsibilities of GN officials was identified. In association with this, there is a need for consistent supporting travel documents to ensure clients and escorts understand their own responsibilities and commitments, and the consequences of non-compliance.

Although this section of the report notes findings related to the Medical Travel Policy, many respondents favored incorporating service standards in operational policies, procedural documents, and accessible reference materials, ensuring that they are widely available to both staff and the public.

2.8 Clients

During the consultations, Health officials, stakeholders, and participants identified several areas of concern related to clients of the medical travel program including eligibility for benefits, the travel process, client responsibilities, and the consequences of breaching those responsibilities.

With regards to whether any modifications or changes are needed with respect to eligibility requirements for medical travel there were suggestions that covered a range of subjects. Several of these are related to children, such as infants without healthcare cards being made eligible for medical travel or providing dental access to children under two years of age. It was also suggested that new residents of Nunavut should be able to access medical travel benefits immediately rather than having to wait 90 days. Concerns were also raised with the eligibility process itself, such as restrictive interpretations of the

Policy potentially denying some individuals access to needed care, and the need for a more efficient process for granting exceptions and conducting reviews in a timely manner.

Questions about modifications or changes to the Policy with respect to client travel benefits authorization and the GN as the “payer of last resort” led to a range of responses. Costs to clients were raised as a concern, both in terms of out-of-pocket costs for some expenses as well as the impact of co-payment requirements on some clients. With regards to the co-payments issue, it was suggested that the Policy should expand its definition of who is eligible for accommodation costs. The need for improvement in the Policy to be more inclusive of mental health clients was raised, as was the need for clearer wording in the Policy; for example, one respondent noted the Policy should be clarified to note that airfare benefits should only be offered to individuals without third-party insurance coverage.

Health officials were asked whether modifications or changes were needed to the requirement for travel to the nearest approved centre for treatment (e.g. Iqaluit, Yellowknife, Edmonton, Winnipeg, or Ottawa). Some respondents felt that clients should be required to cover costs if they choose to travel beyond the nearest approved medical centre, while for mental health and addictions patients, the priority should be selecting the most appropriate medical center for care. Some respondents questioned the rationale behind the requirement for clients to pay for travel when they are moving from one approved service centre to another.

Health officials were asked to describe their concerns in terms of defining medical travel and the changes that might be needed. Overall, Health officials expressed a desire for more flexibility, better communication with clients, and clearer guidelines regarding travel arrangements and the return process. A number of specific suggestions were made in terms of increasing the flexibility in making travel arrangements, including more leniency in arranging the first flight home after treatment had been completed to consider the client’s condition and the length of the full return journey home. Clearer rules for the duration of stay outside the client’s home community were also raised, along with the need for better oversight of travelling clients once they have left the medical facility.

Consideration was given to the need to review and revise client responsibilities and/or the Client Travel Agreement. The need for increased responsibility and accountability was a major theme within the responses. Some felt the rules and responsibilities in the Client Travel Agreement were not being enforced, and there are no consequences for missed appointments. Officials reported that escorts often fail to properly take care of the client during travel. Some said the Policy is clear but not always followed, suggesting the issue lies in its application rather than its wording. Others noted that expectations for clients and escorts need clearer consequences when not met. Many emphasized the importance of accountability and consistent responses to inappropriate behaviour.

Related to the above, participants were asked to comment on actions that can be taken when a client is deemed to have not fulfilled their responsibilities as per the Client Travel Agreement. Several participants emphasized the need for greater accountability for both patients and escorts. Some called for establishing clear consequences for clients who are booked for medical travel but fail to show up or cancel without notice. Multiple participants proposed the need for legal measures to recoup costs from clients who do not meet expectations. They also suggested that any damage to rooms or accommodations caused by the client should be included in the agreement, making the client responsible for paying. It was suggested there should be more consequences and stronger enforcement of the Client Travel Agreement.

There was a strong focus on the need for accountability and consequences. However, concerns were also raised about limited access to services for clients and escorts who have been banned from boarding homes. These individuals can be left in unsafe situations, such as being stranded in unfamiliar cities without shelter or a way to get home. Clearer guidance is needed on how to manage these situations. In the same way, people banned from airlines may have trouble getting the medical care they need. This issue should be addressed in both the GN Medical Travel Policy and the NIHB Program. One interviewee noted that while clients should be held responsible for their actions, it is also important not to prevent them from receiving necessary medical treatment.

2.9 Escorts

The consultations explored a number of topics related to medical travel escorts. Public survey comments confirm Nunavummiut have concerns with respect to policies and practices for approval of escorts.

Boarding home operators commented on the issue of escort switching, and how the Policy impacts prenatal clients. They report escort switches often occur at less than four weeks. They suggest the policy is not responsive to the realities of prenatal medical clients who are at a boarding home for six to seven weeks – a situation bringing stress to not only clients but also their escorts. Interviewees on this topic provided a range of responses, including need for the Policy to allow appeal requests for travel back earlier than the standard four-week period, providing more clarity regarding what happens when escorts wish to switch or go home earlier than expected, and ensuring the Policy addressed patient safety concerns, such as in situations involving intimate partner violence, or where an escort switch might be needed immediately.

It was also suggested that consideration be given to establishing a group of professional escorts who would be available to support those with longer term stays in the medical travel system and at boarding homes – including prenatal clients and those with more complex medical conditions and support needs.

Several suggestions were made to revise the escort eligibility criteria and approval process. It was raised that there is a need to provide two escorts in certain situations, for example, when the patient is a parent traveling with an infant, has a disability, or is in palliative care. Respondents also highlighted challenges in obtaining approval for a second escort, particularly when involving the NIHB Program.

Some participants recommended automatically allowing an escort when the patient is 65 years of age or older, or when language barriers are present. Many interviewees stressed the importance of assessing escort eligibility on a case-by-case basis. They suggested a more inclusive approach that looks beyond physical ability—such as whether the patient can walk, speak, or manage their luggage—and consider the patient's broader needs, including language and interpretation, and emotional support.

> *"Medical boarding homes need more Inuktitut-speaking staff. Elders struggle to communicate and feel isolated."*

Several issues were identified around determining escort eligibility and suitability. Some respondents noted that a patient's personal or family situation should be considered in eligibility decisions. Concerns were raised about cases where a client and escort should not be in contact—such as those involving legal no-contact orders—and the need for clear processes to address them. A suggested policy change was to disallow individuals banned from boarding homes from serving as escorts. Respondents also supported setting minimum qualifications, vetting escorts, and creating a system to track those with a history of misconduct. Finally, there was strong support for holding escorts accountable to the Escort Travel Agreement, with consequences such as liability for damages, ineligibility for future escort roles, or recovering costs tied to missed appointments.

2.10 Infants and Children

Stakeholders raised concerns regarding how infant travel is managed under the Medical Travel Policy. In particular, the denial of a second escort in cases involving infants has, in some instances, prevented the infant from traveling with the mother.

There were also concerns about the coordination between the Government of Nunavut's medical travel program and the ICFI. In some cases, ICFI funding has been used to support infant and child travel. However, the overlapping responsibilities between the two programs have created administrative and logistical challenges, placing additional strain on system staff. Stakeholders expressed the need for better coordination between these programs to improve service delivery.

Participants provided several findings and recommendations related to infants and children in the context of medical travel. Suggestions included greater policy flexibility for situations involving children accompanying parents, better handling of unapproved infants

on flights, and more accommodating approaches when individuals seeking addictions treatment need to travel with infants. Some respondents recommended allowing parents to stay with their children during medical travel to support family reunification, noting that prolonged separation may impact recovery or deter patients from accessing care. Additional areas for clarification included travel for children without health cards, travel involving twins, procedures when an infant turns two during travel, childcare guidelines, and family reunification for long-term medical travel.

2.11 Return of Deceased

The policy review asked Health officials and others to comment on benefits provided under “Return of Deceased” provisions of the Medical Travel Policy and the degree to which these are appropriate. Respondents indicated that repatriation of the deceased and preparation of the body needs to be clear regarding cremation and whether this is covered. It was also felt that the Policy does not adequately address the return of deceased who have passed away in long-term mental health care facilities; however, this is addressed in the Client Travel Policy.

2.12 Appeals

The medical travel appeals process is an important element of the Medical Travel Policy and can directly impact medical travellers’ experiences. About one quarter of respondents to the public survey, and many clients and escorts who were interviewed, indicated they had made appeals and had accessed the process at some point.

Levels of satisfaction with the appeal process were reported in the survey, with approximately 45% of respondents indicating they were either “very” or “somewhat” satisfied with the appeal process, and with a combined 33% indicating they were either “not satisfied” or “very unsatisfied”. Suggestions for improvement include establishing an independent medical appeals officer and making the process more accessible.

Clients and escorts were asked to comment on their experiences with the appeals process during conversational interviews that took place in boarding homes. Several reported that they had accessed or utilized the appeal process though this was infrequent. There is some perception that the appeal process is applied inconsistently. However, quite a few clients and escorts who had appealed decisions reported they had received answers that were helpful to them, and that often their appeal was accepted, and a good outcome followed. It was reported that many appeals were related to approvals for escorts.

Participants commented on the appeal process as it relates to escorts, noting this is problematic and can be overly bureaucratic, including with respect to the forms that need to be completed. They suggest simplifying the process through greater empowerment of clients in selecting escorts.

"*The more forms you provide to people the less effective the system is."*

Participants suggested that discretionary decisions made by medical travel staff and other officials should always be made "in the best interests of the child." For example, when there are questions around approvals for eligibility to travel with a parent or guardian, this should be a guiding policy principle. Some suggested there is a role for independent bodies, such as the Office of the Representative for Children and Youth, in appeals processes associated with medical travel.

- Health officials view the appeals process as clear, but not always accessible to medical travellers. In some cases, it is unclear who is eligible to submit an appeal. Concerns were also raised that appeals are sometimes managed by individuals without medical or clinical expertise, even when such knowledge may be necessary.
- Suggestions for improvement included:
    - Establishing an independent appeals officer with medical or clinical background.
    - Making the process more accessible, such as through telephone support rather than relying on written forms.
    - Ensuring appeal decisions reflect compassion and consideration of personal impacts.
    - Providing clear guidance to staff responsible for applying the policy and communicating with clients about appeal processes and decisions.

3. Findings on the Medical Travel Program and Client Experiences

This section of the report focuses on medical travel experience of Nunavummiut. The primary sources of information for this section of the report are the conversational interviews conducted with more than 70 clients and escorts at boarding homes, and results of the public survey which received over 700 valid responses. Perspectives that were shared by Health officials and other stakeholders during interviews are also reported in this section, although the data presented in Figures 1 through 8 are based upon the responses to the public survey.

During conversations with clients and escorts in boarding homes, most described their medical travel experience as being tolerable and positive. The most significant exception and source of dissatisfaction came from travel arrangements and particularly the perception of short notices being given for outbound travel and that long waits for returns were becoming the norm rather than the exception.

There were many issues that medical travellers identified in respect to boarding homes. The medical travel experience can be stressful, but Nunavummiut demonstrate resilience in the face of many challenges and barriers they encounter. Specific experiences can be shaped by encounters with staff in boarding homes, at hospitals, and throughout the medical travel process. Many reported they felt they had been dealt with punitively when trying to self-advocate and noted their sense that self-advocacy is often “penalized.”

More negative experiences seem to arise when people are accommodated in hotels. In more than one location it was suggested that a boarding home may overlook the needs of clients at hotels and may not be helpful in providing supports and services.

> *“The attitude is that if you’re at a hotel you’re on your own. And when you ask for help you are told you are not part of [the boarding home].”*

Escorts are a complex issue, compounded when decisions on travel and arrangements are made hurriedly and there is little time to prepare.

> *“It is so awful when they tell you last minute, and then they make excuses when you ask them ‘why did you tell me last minute’?”*

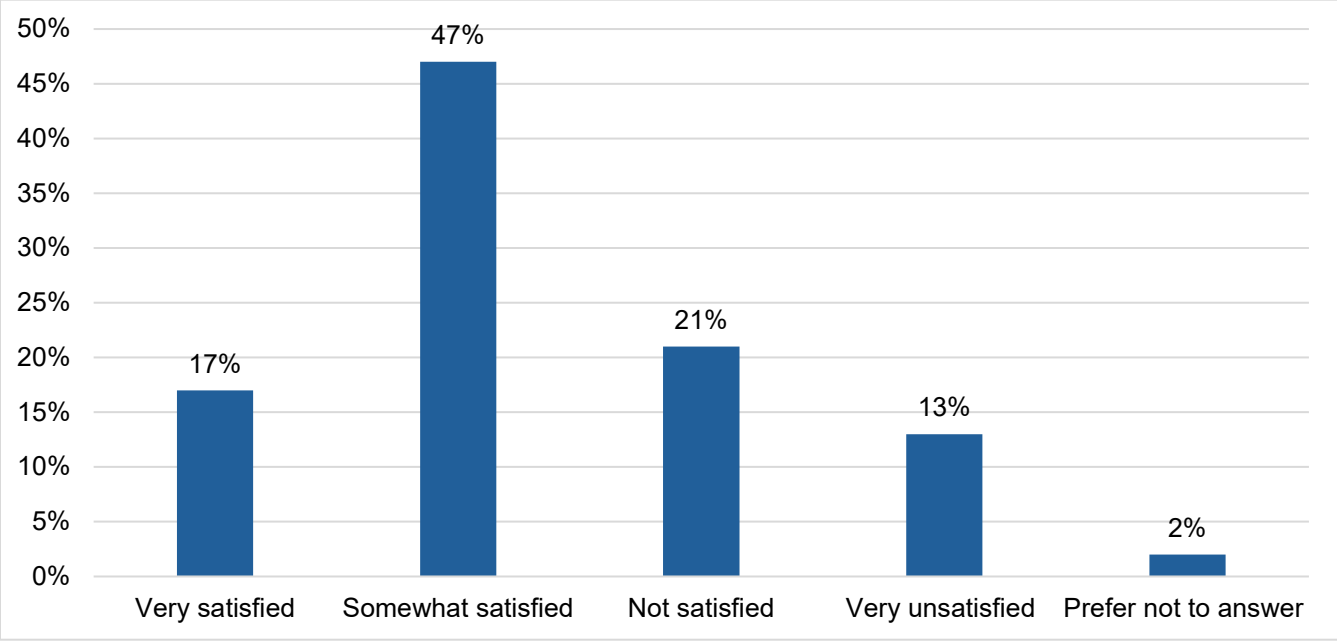
The rippling impacts of travel arrangements and notifications made on short notice can be significant, with these felt at the level of the individual medical travel client, their children, families, escorts, and beyond them to communities, airlines, airline staff and others.

> *“Medical travel used to inform medical travellers 2-3 weeks ahead of time of the anticipated departure time. Now it is 1 day max, and sometimes even hours.”*

Through the public survey respondents were asked to share their general level of satisfaction with medical travel. Almost half, 47%, of respondents indicated they were "somewhat satisfied" while 17% reported they were very satisfied. Approximately one in five, 21%, indicated they were "not satisfied" and 13% reported they were "very unsatisfied".

Figure 1 – Level of Satisfaction with Overall Experience of Medical Travel

(591 Responses)



Respondents were also asked about their overall level of satisfaction with features of the medical travel program. Results from the survey reported in Figure 2 below indicate there are higher levels of satisfaction with respect to support received during referrals by a medical practitioner, assistance with managing medical appointments, and with respect to arrangements for return to community. Slightly lower levels of satisfaction were expressed with respect to flight arrangements, accommodations bookings, and ground transportation.

The responses below portray clients' level of satisfaction with the medical travel program:

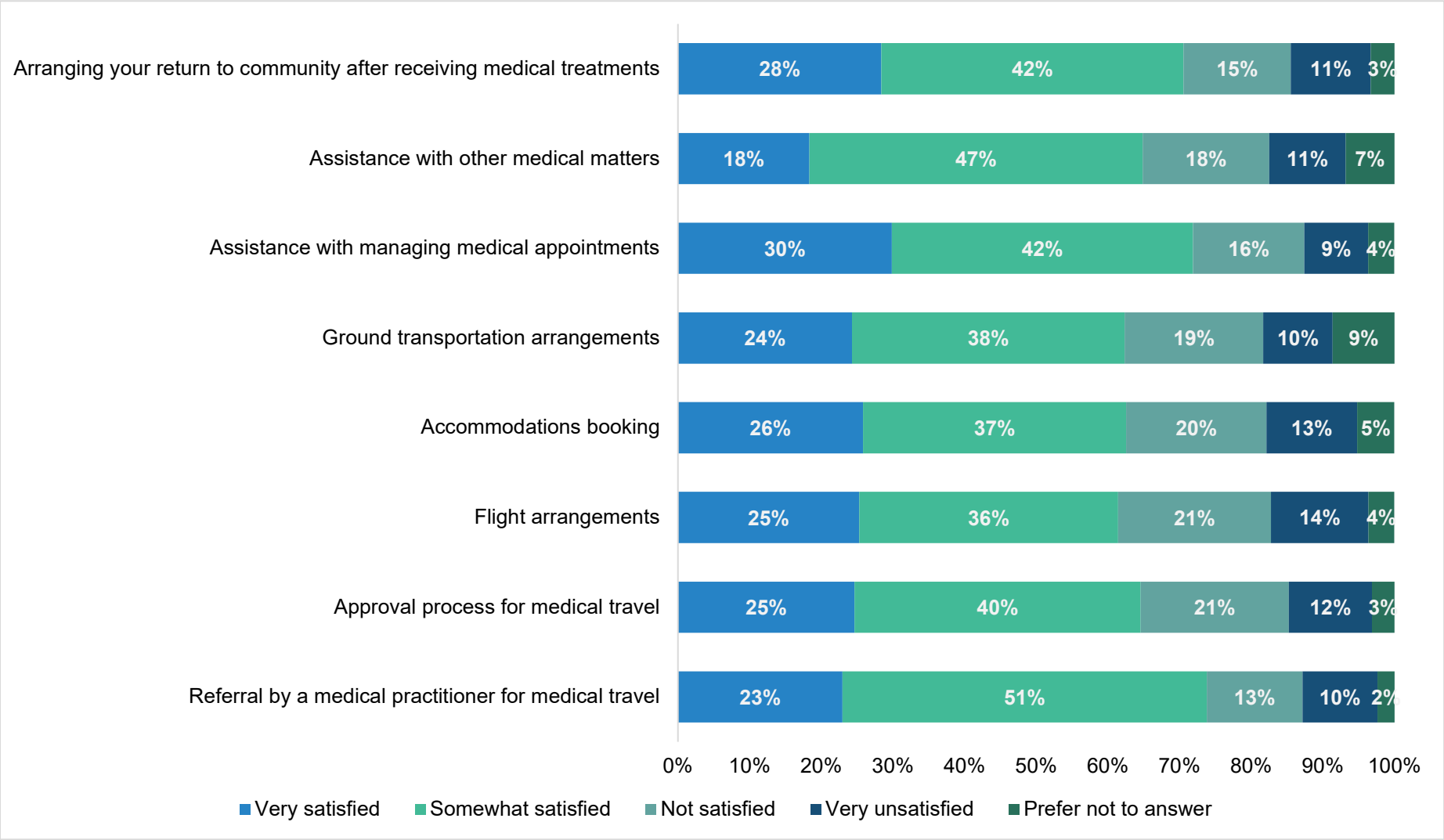
> *"I stayed at HSC – Canada Inn with my 12-year-old son as his escort. We both felt unsafe and uncomfortable from intoxicated guests."*
>
> *"Too often, we receive 24-hour notice that we're leaving for medical, and that's an extremely tight timeline, especially if you need to appeal for an escort."*

“There is not enough escort/client care while you are in the hospital. It is hard when you are stressed with a medical condition and have no idea where and how to get support from the boarding home.”

“Medical staff should inform transportation staff that the medical client is ready to return home as quickly as possible so there is no delay in airline travel.”

Figure 2 – Level of Satisfaction with Support Received from Medical Travel Program

(589 Responses)



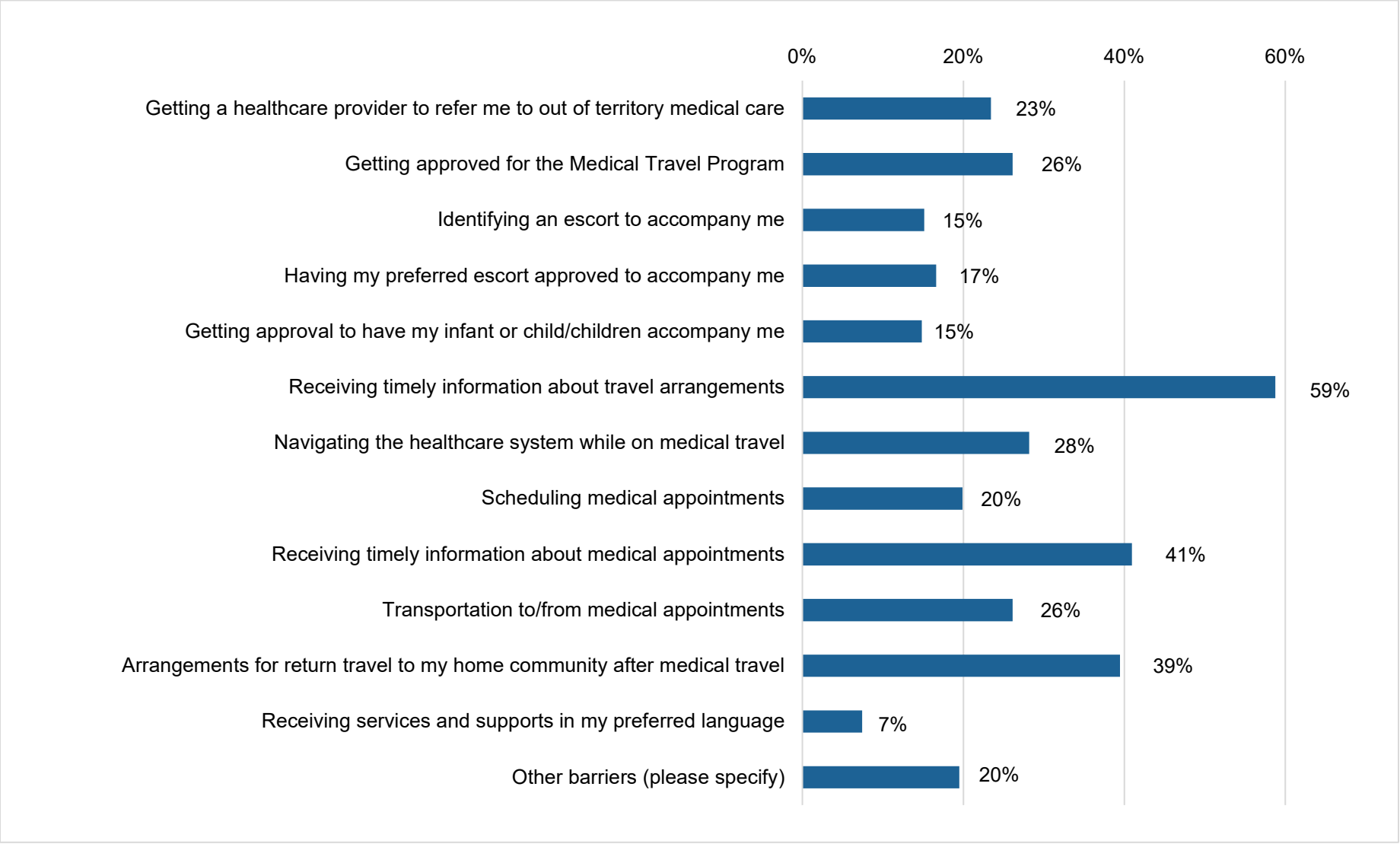
3.1 Barriers

Through the public survey, Nunavummiut were asked to identify whether they face barriers or challenges during medical travel, and if so, what these are. Approximately half, 52%, indicated they had experienced barriers and challenges while 42% indicated they did not, with 7% preferring not to answer.

Figure 3 details the respondents' opinions on the specific barriers and challenges they faced with medical travel. Concerns about communication of information had the highest response, with 59% of respondents identifying receiving timely information about flight arrangements as an issue. Receiving timely information about medical appointments (41%), arrangements for return travel (39%), getting approved for the medical travel program (26%), were also top concerns.

Figure 3 – Identified Barriers and Challenges

(337 Responses)



Public survey responses included the following regarding key barriers and challenges:

> *"Once an appointment has been booked, they should arrange travel immediately, not just a few days before. We need time to prepare."*
>
> *"Most times I am notified about my son's appointment by reminders from [Children's Hospital of Eastern Ontario], then it's up to me to contact medical travel for flight arrangements—always last minute."*
>
> *"I waited 10 days to get a ticket home just for an MRI in Ottawa."*
>
> *"My doctor said I needed an escort, but medical travel still denied it. I had to appeal and pay out of pocket."*
>
> *"Waiting hours for transportation in the city after appointments is exhausting, especially when sick."*
>
> *"Unclear process for what to do with documents and how to claim per diems/expenses after the medical travel trip."*
>
> *"There should be an option to go TWO days before specialist appointments, to better the chances of making it since there are ALWAYS so many flight cancellations."*

Clients and escorts interviewed at boarding homes also identified major barriers and challenges within the medical travel system. Some of these relate to communications (e.g. access to information before and during travel, lack of transparency and communication about escort approval process). The issue of support was also raised as a barrier, including lack of support when travelling (particularly when there are weather issues), challenges in getting arrangements for return flights, and a lack of medical support and guidance when travelling. The lack of financial support and having to pay out of pocket was seen as a barrier, as was the perception that clients who complain about intoxicated clients or escorts are often moved instead of the person who is intoxicated. Some participants felt they had to constantly advocate with medical travel and 'argue.'

The following quotations drawn from client and escort interviews underscore identified key barriers and challenges:

> *"Medical boarding homes need more Inuktitut-speaking staff. Elders struggle to communicate and feel isolated."*
>
> *"My patient has mobility issues, but medical travel denied an escort. I had to fight for it."*
>
> *"My hotel wasn't paid for before arrival. I had to call medical travel on call just to get a room."*

“No support when dealing with travel disruptions due to weather. We are just left on our own.”

“They said I didn’t need an escort, but I don’t speak English well. How am I supposed to navigate the hospital system alone?”

“Sometimes my patient runs out of oxygen—between here [Winnipeg] and Rankin. They need to have a bed available all the time. We wait in Rankin for 4-6 hours.”

3.2 Medical Travel Approvals

Health officials were surveyed on their perceptions of barriers or challenges encountered during medical travel by Nunavummiut. Respondents reported that the main barriers or challenges that medical travel clients experience relate to approval of escorts, approval of child/infant travel, timely access to information related to medical travel and appointments, and navigating the health system. The way in which medical travel is delivered and experienced (including trauma informed, culturally aware, and language accessibility) was identified a less significant barrier.

Health officials offered suggestions on what could be done differently or improved with respect to the Medical Travel Program's referral and approval processes, including approval of escorts and approval of travel for infants and children. A summary of suggestions is provided below.

Improvements to Provisions:

- Build flexibility into the Medical Travel Policy surrounding escorts.
- An infant is turning two years old during a medical travel trip should not prevent the infant from travelling.
- Reduce the level of interference by requiring 'confirmation in writing of childcare arrangements' and by allowing parents or guardians to simply answer YES/NO to the question.

Education:

- Educate clients on the importance of signing medical travel paperwork early.
- Educate clients on maintaining valid identification, including health cards.

Timeframes and Logistics:

- Send appointment times early for accommodation planning.
- Ensure timely approval for escorts and infants.
- Health centres to wait for approval before sending certain paperwork.
- Notify patients well in advance about appointments and travel details.
- Ensure the Medical Travel referral form includes as much information as possible including information related to Inuit Child First Initiative (ICFI) access and use, allergies, dietary restrictions, etc.
- Develop a pre-approved travel list (based on diagnoses) to streamline the approval process for travel.

Inuit Child First Initiative:

- Address issues that have arisen around the application of ICFI and how this impacts the Nunavut medical travel system and its operations. This includes better coordination with ICFI in the interests of meeting the needs of children and families and supporting effective planning by parents or guardians when determining their medical travel and planning.

Escorts:

- Develop a GN-approved escort program (as opposed to family escorts).
- Referral and identification of escorts done at the same time.
- Mental health patients provided with two escorts.
- All clients eligible for an escort.
- Ensure all patients and escorts receive prompt notification of approval, allowing for travel arrangements to be made.
- Develop a simplified escort application to reduce unnecessary documentation.

3.3 Medical Travel Arrangements

Suggestions were offered through the public survey and client and escort interviews on what could be done differently or improved with respect to the Medical Travel Program's travel arrangements. In summary these included:

General Travel Arrangement Improvements:

- Longer notification times for travel.
- More medical travel seats on flights.
- Priority boarding for medical travellers.

On-the-ground Transportation and Accessibility:

- Timely pick up of clients from airports, wheelchair-accessible transportation, and shorter waiting times for rides.
- Food and travel vouchers should be provided during travel, especially in case of cancellations.
- More support is needed to complete travel expense claims.
- More taxi vouchers or alternative arrangements need to be available.

Staffing, Support and Safety:

- Medical travel staff should be professional, welcoming, and understanding, and have cultural sensitivity training to ensure clients feel respected.
- There is a lack of support for clients who have delayed or cancelled travel.
- Medical travel staff need to be available to be contacted on weekends and after hours.

Communication:

- Earlier communication with community travel clerks.
- The need for a Frequently Asked Question (FAQ) page for medical travel.
- Standardized medical travel forms.
- An online portal for travel documents and notifications.

Administration:

- Clear guidelines on travel expense claims.

Health officials also offered suggestions on modifications or improvements to the Medical Travel Program's travel arrangements. These suggestions were consistent with the general travel arrangement approvements noted above, and included:

Communication:

- Start communication with the travel clerks in the communities as early as possible.
- Develop a FAQ page to educate clients on the role of regional travel specialists and health centre medical travel clerks.
- Provide contact information for after-hours questions and assistance.
- Establish standardized medical/client travel forms and make these available on the GN website with a clear process on use of forms required for clients, especially when they are returning to their home community.

Administration:

- Process appointment sheets received by travel clerks promptly.
- Check that referrals are complete, including required signatures and associated details to avoid incomplete referrals being sent back for revision.

Client/Escort Travel Agreement:

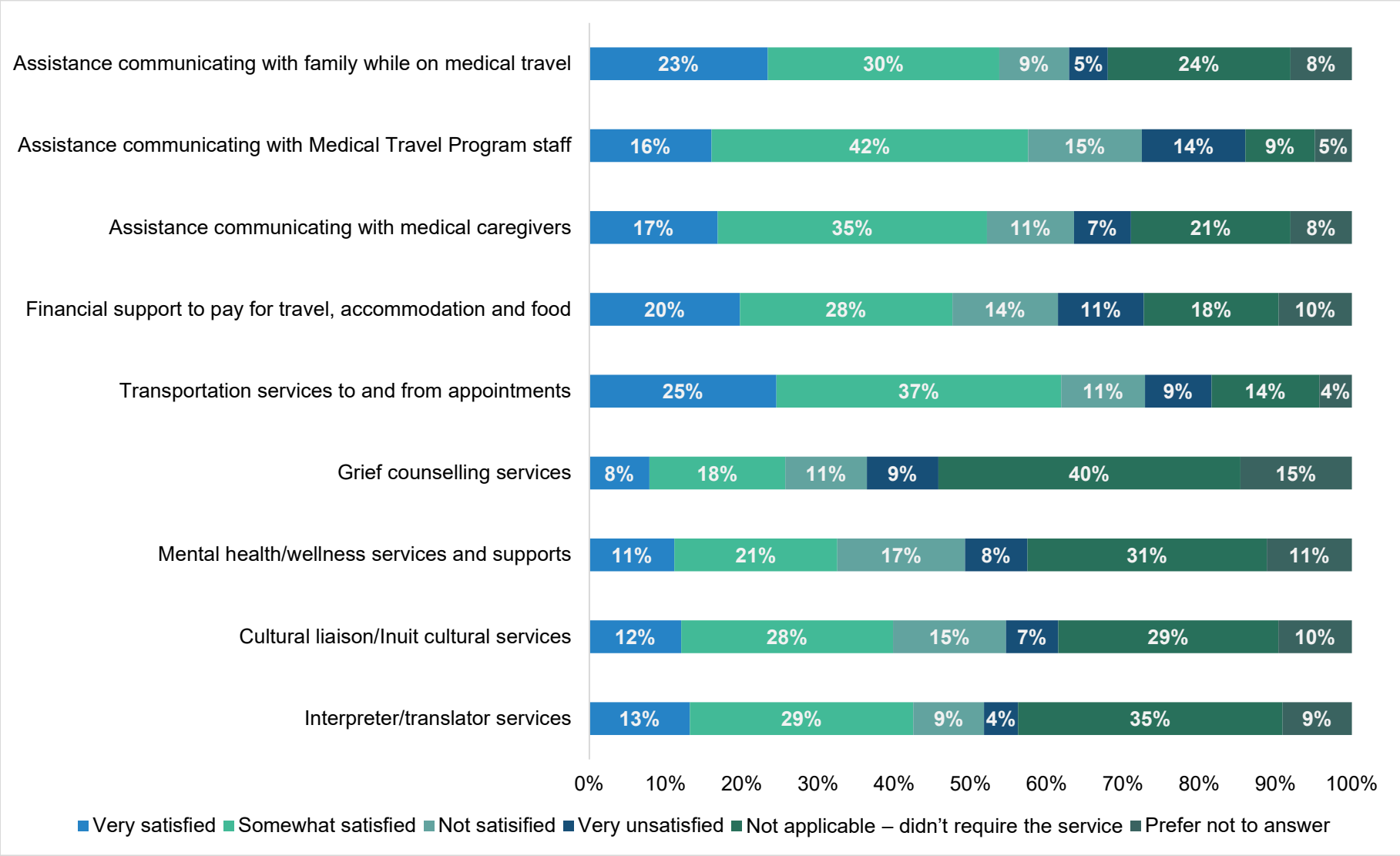
- Review the client/escort travel agreement with client before client or escort goes on medical travel.

3.4 Medical Travel Supports and Services

The Medical Travel Policy consultations explored perspectives on the effectiveness of medical travel supports and services provided by Health as part of the Medical Travel Program. Results from the public survey are reported in Figure 4 below. Feedback on other support services varied. While some participants did not require grief counselling, mental health support, interpreter access, or cultural liaison assistance, others—particularly medical travellers—identified a need for crisis and supportive counselling at boarding homes

Figure 4 – Level of Satisfaction with Medical Travel Services and Supports

(551 Responses)



Despite several respondents indicating they did not require access to interpreters, other respondents called for more Inuktitut staff in boarding homes and access to in-person and virtual interpreters for unilingual elders and patients, indicating the value of having these services available.

> *"Elders need to have interpreters and guaranteed escorts at their appointments."*
>
> *"Provide phone and video interpretation services for patients who require language support."*
>
> *"As a parent, having access to interpreters and cultural support would be invaluable, especially when travelling to unfamiliar places."*

Survey respondents indicated the need for additional supports, particularly for families and children. It is often noted that parents face additional stress if a child or children are separated from their parents during medical travel.

> *"If there are no available babysitters for parents and their children, please schedule children with parents for travel without any restrictions."*

Boarding Home Operators

Boarding Home Operators also shared perspectives, through interviews, on the effectiveness of services and support provided to medical travelers (e.g. translation, cultural liaison, systems navigation, financial support, mental health support, and grief counselling). They identified no major challenges except with respect to counseling. There are often differences between what is available in boarding homes and how services are delivered.

For example, it was reported that in Yellowknife, the Government of the Northwest Territories (GNWT) provides access to mental health support through hotlines that people must reach out to. In Ottawa, Larga provides a pamphlet with counselling numbers and contact numbers for shelters for those who are asked to leave the boarding home because of their behavior. In both Winnipeg and Edmonton there are available mental health supports and safe ways to address crises. These facilities can offer programs that help keep children busy and entertained, taking some stress off parents. Grief counselling and other forms of counselling are reported to be less available in boarding homes. Mental health and counselling support is limited; however Boarding Home Operators note there are non-professionals that help address issues as they arise.

In Winnipeg, Kivalliq Inuit Services has a team that offers a range of services including access to nurses on site and travel arrangers. These service providers and professionals work on-site and are employees of the GN, unlike in Ottawa where supports are provided through the Ottawa Health Services Network Inc. (OHSNI). This was noted as an effective

model that could be replicated elsewhere and is seen to be a unique feature of the Winnipeg boarding home.

Boarding home operators do not identify translation as a concern, noting that unilingual clients often travel with escorts who provide interpretation support, and many staff members speak Inuktitut.

Operators suggested expanding Inuit cultural programming and increasing recreational activities for patients and escorts, particularly children.

Child protection concerns were raised in connection with medical travel, especially when infants and children accompany clients. Child welfare agencies may become involved in cases of substance use by parents.

Operators also highlighted coordination challenges between the Medical Travel Program and initiatives such as Jordan's Principle and the Inuit Child First Initiative (ICFI). While children under two are usually covered under the Medical Travel Policy, ICFI approvals for children over two have led to separate travel arrangements without coordination. This has contributed to logistical difficulties and family separation during travel.

A significant increase in the number of children in boarding homes—driven by ICFI funding—was reported, with a 25% overall increase in 2023. Some operators noted that client numbers now regularly exceed capacity, requiring alternative accommodations such as hotels, which bring additional operational challenges.

3.5 Boarding Homes

While boarding homes are not addressed directly in the Medical Travel Policy, the consultation process offered an opportunity to gain insight into boarding homes and other forms of accommodation for medical travelers. Nunavummiut's experiences are important parts of the overall medical travel ecosystem and landscape.

The figures below present results from the public survey. Client and escort interviews provide additional insight into what Nunavummiut reported about the quality of boarding homes and accommodation.

Figure 6 reports on public survey respondents' overall levels of satisfaction with boarding homes, demonstrating moderate levels of satisfaction with boarding home facilities (rooms, food and nutrition, comfort, cleanliness, laundry facilities). The data suggests areas where there may be room for improvement to boarding home facilities and services, including:

- Access to traditional and country foods
- Escort and client behaviors

- Meeting dietary needs, food, and nutrition
- Ability to meet the needs of children

When asked about overall levels of satisfaction with boarding home cleanliness, comfort, physical safety and respect for Inuit culture, there are mixed responses across the range of levels of satisfaction, with portions of the respondent population very satisfied, somewhat satisfied, neutral through to not satisfied; see Figure 5 and Figure 6 below.

Figure 5 – Level of Satisfaction with Boarding Homes

(516 Responses)

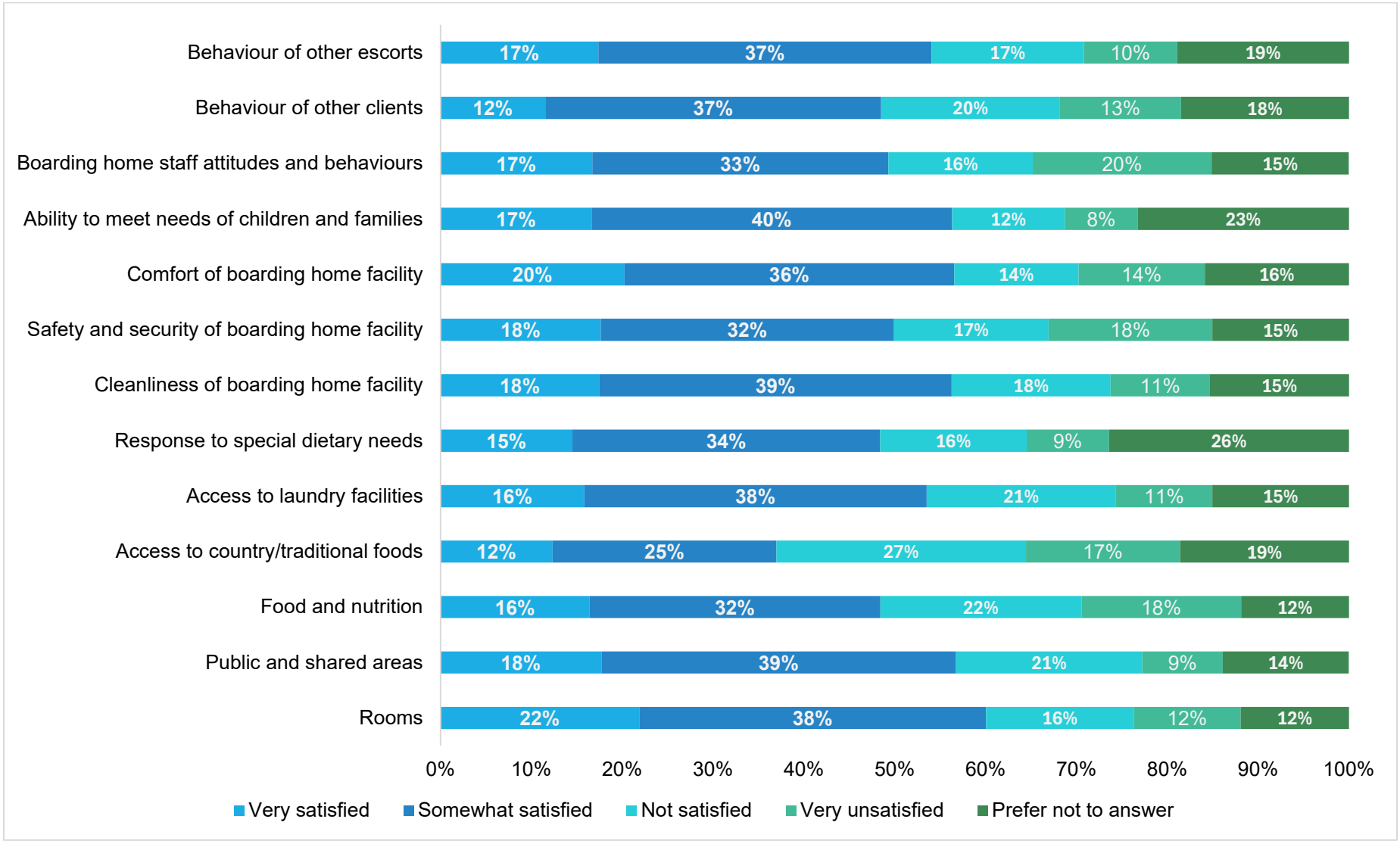
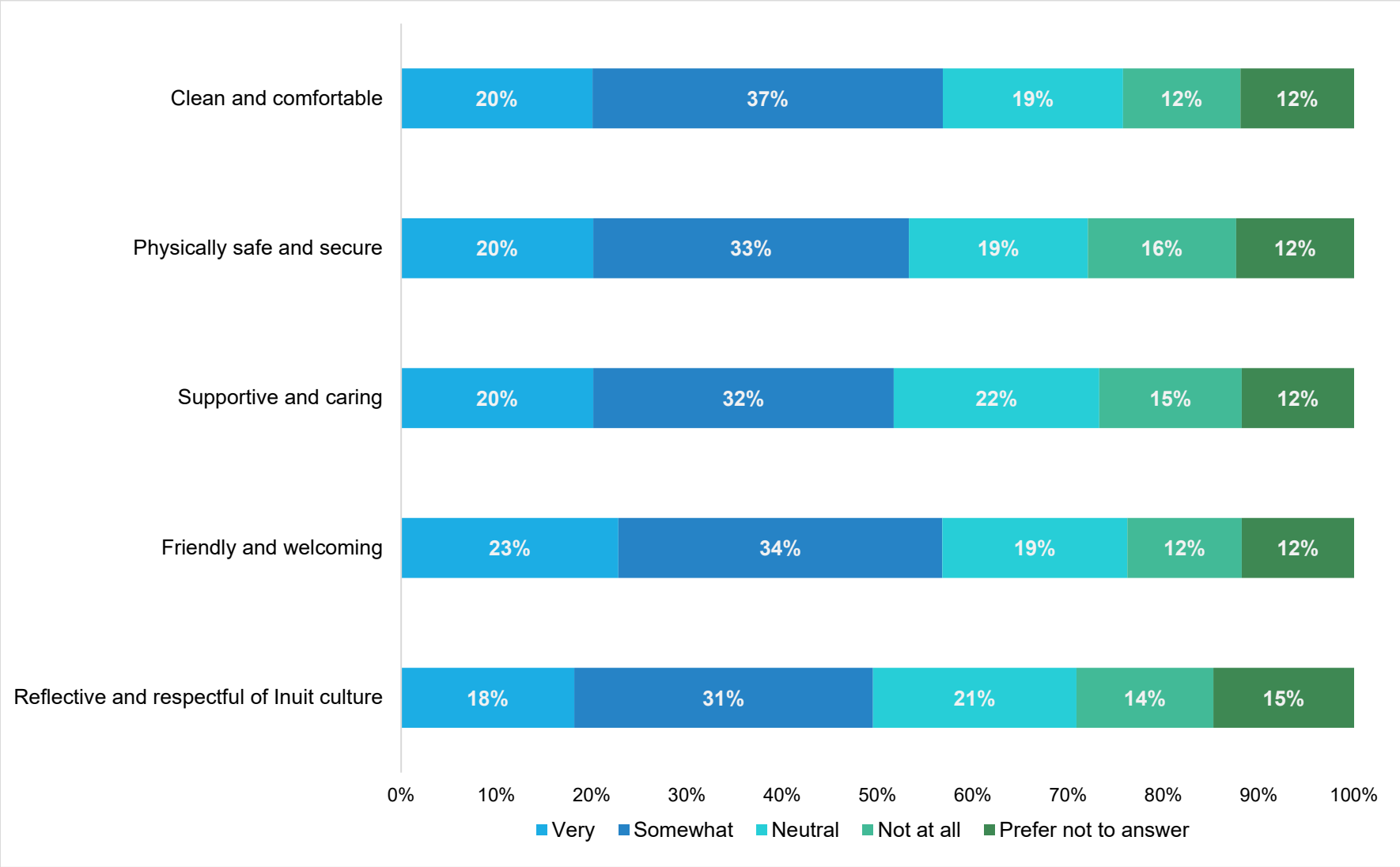


Figure 6 – Specific Experience of Boarding Homes

(507 Responses)



Other comments received from the public survey regarding boarding homes include:

- Some report that the boarding homes have overly restrictive rules and can feel like "prisons" or overly institutionalized. On the other hand, hotels provide fewer rules and can be more comfortable but lack safety and security and less access to support services.
- There is a need for more Inuktut speaking staff in boarding homes.
- Rankin Inlet lacks accommodations, with calls for a boarding home in this community.
- Adequately funded boarding homes are important. It is important to look at the quality of boarding homes rather than the bottom line.
- There are high levels of concern about alcohol in and around boarding homes.
- Greater cultural respect and understanding of Inuit and their cultural needs (i.e., more traditional country food).
- Clients experience disrespectful behaviour from non-Inuit boarding home staff need to be aware of Inuit Qaujimajatuqangit principles).
- More programming at boarding homes.

The following quotations underline the comments noted above.

> *"Better efforts need to be made to ensure that reception at the medical boarding home speak and understand Inuktut."*
>
> *"Provide accommodations with essential amenities, such as wi-fi, laundry facilities, and meal option."*
>
> *"We need a boarding house in Rankin Inlet to wait comfortably with snacks made available as well as transportation."*
>
> *"The boarding home front counter and staff needs to quit treating us all as alcoholic, drug addicts and ill responsible people. Some of us are responsible."*

Clients and escorts also shared their views on boarding homes with common observations as follows:

- Rooms are often not big enough and clients have to be doubled up, with occasionally the mixing of genders.
- Beds are sometimes not cleaned, and some are uncomfortable.
- While security is recognized as being good at boarding homes, it is also a major concern for medical clients and escorts.
- There seems to be less understanding of the effectiveness of support such as grief counselling, financial support, and mental health and wellness support.

Comments from clients and escorts include:

“Food could be better—sometimes too spicy, no country foods here.”

“The security is so protective.”

Racism and discrimination within the boarding home context was reported, however, there are some boarding homes where this is more of an issue. Inuit clients have noted that often boarding home staff display racist attitudes towards their own staff, when they are Indigenous, members of visible minorities, or newcomers lacking English language skills.

“Inuit patients/escorts need to be more respected by the boarding home securities and not be discriminated in any way.”

“They all need to understand how difficult it is to leave home for medical reasons and treat people with respect and understanding.”

“Most staff are foreign and racial profile Inuit and treat them wrongfully.”

“There is no mention to Inuit cultural programs. There is racism at Larga Yellowknife.”

3.6 Communications and Information Sharing

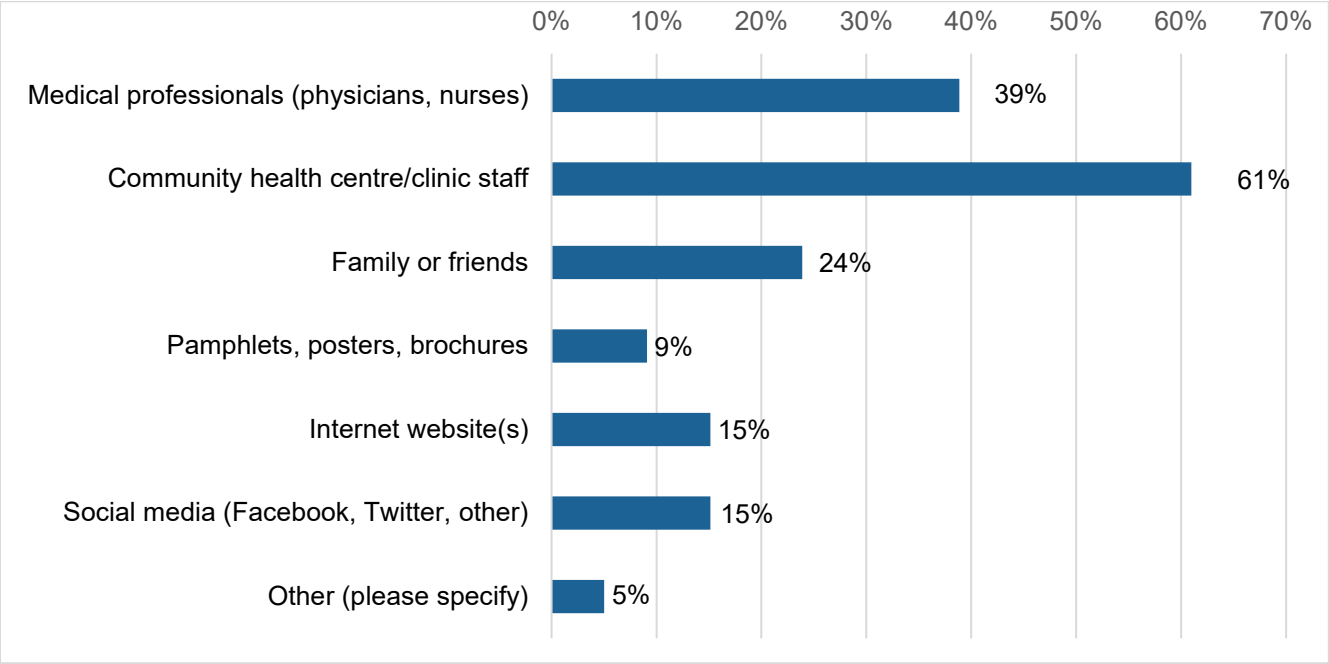
The public survey also explored the way in which information on medical travel services is received and experienced. Public survey respondents report that the most common way they receive information is through community health centres and staff, followed by medical professionals. Word of mouth, through family and friends, also registers as a way in which information is received, with less reliance on internet or online information and social media.

Other ways that information is received that were identified include:

- GN website or GN emails
- Information included on plane tickets
- Insurance providers
- Knowledge gained from personal experience
- Public media
- Hearsay

More than half, 54%, of respondents reported that information on medical travel is easy to find, use and understand, while 33% did not. The majority, 85%, indicated that the information was available in their preferred language, while 11% felt it was not. Figure 7 demonstrates medical travellers’ primary sources of information.

Figure 7 – Primary Sources of Information on Medical Travel Program (561 Responses)



Comments received through the public survey raised several points, including:

- A lack of timely communication and information regarding medical travel, such as itineraries, appointments, and flight details. Medical travel staff should inform patients and escorts of travel arrangements well in advance of travel.
- Medical travel clients need more information on medical travel policy and procedures, such as what is allowed and reimbursement processes. The Medical Travel Policy must be better explained to clients.
- A lack of communication between out-of-territory and GN health care professionals.
- Clients currently struggle to contact medical travel offices during medical travel.
- Modernized communication methods have been requested, rather than relying on paper documents.

This feedback is supported by comments from respondents to the public survey.

> *"It is hard when you are stressed with medical condition, and you have no idea where and how you get support from the boarding home there needs to be more communication between the client and escorts."*

> *"I have missed appointments in the past; no communication."*

> *"Train staff to properly administer the medical travel process and learn to provide communication."*

“Have the itinerary available via email and not wait for a paper copy.”

“It would be really nice to have any agents/assistance more accurately available during the weekends.”

Boarding home operators pointed to some challenges in ensuring that clients have access to, and understand, information provided to them. They report that clients rely heavily on them to “explain things” with one boarding home operator stating:

“[Medical travellers] get supported in attending appointments, but we have to hold their hands because they don’t know what the process is and how it works. 30-40% of the time, they don’t understand the process.”

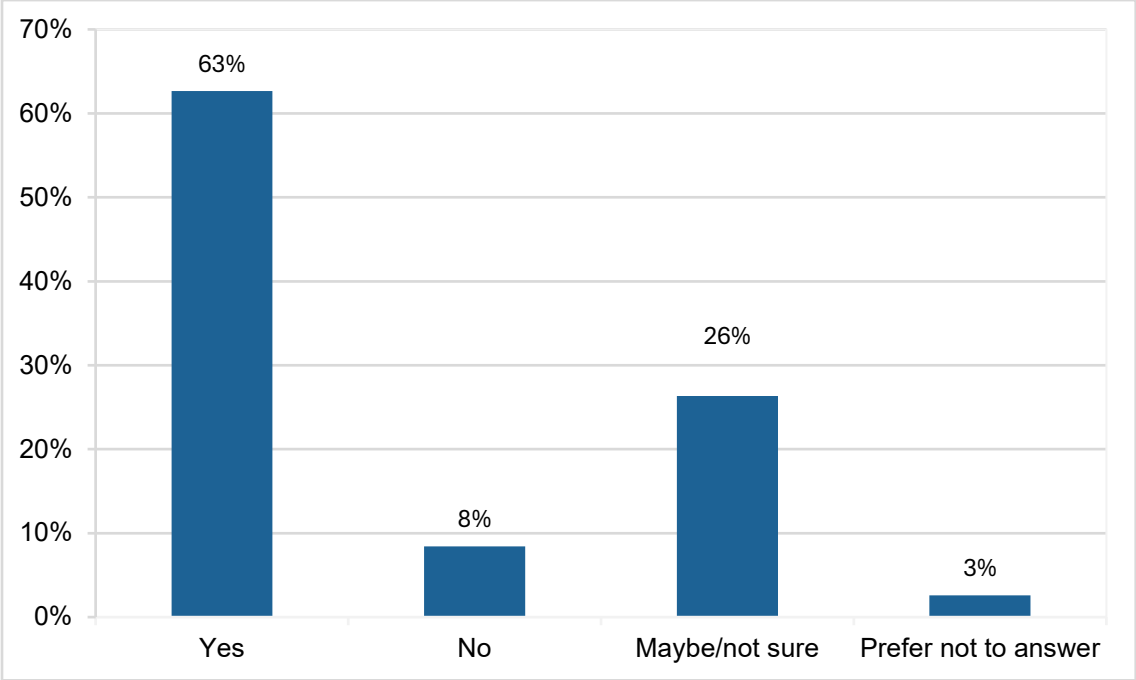
The receipt of information in a timely manner remains a significant issue with respect to the Medical Travel Program. This was evident from all sources of information and data gathered through the consultation process. Thirty-nine percent (39%) of survey respondents indicated they did not receive information in a timely manner, while 52% indicated they did.

Also, as evident from all data sources and reflected in Figure 8, there is strong support for finding alternative, digitally based and digitally platformed solutions to providing information on medical travel. Interviews confirmed that Nunavummiut have an interest in the potential for phone-based apps or better communication and notifications to be received through email.

With that observation comes some caution, however. There is a segment of the population that is uncertain about the potential for alternative and digitally focussed methods of delivering information to Nunavummiut, and medical travellers in particular, about their medical travel itineraries and appointments, as well as having information potentially private and confidential information housed on digital platforms.

Figure 8 – Interest in Accessing Medical Travel Information Through Mobile 'App', Online Portal, or Website

(581 Responses)



Through comments shared via the survey, Health officials indicate they are generally supportive of increased access to information through digital systems and web-based options that provide medical travellers the ability to check on the status of their itineraries, appointment times and locations, and where Health officials can upload information. There is support for a medical travel application (app) that can be used on smartphones, allowing clients easy access to travel information, resources and supports.

Health officials also suggest more information sharing through radio, informative posters and brochures in health centres is another way to strengthen communication and information dissemination.

4. Conclusion

The consultation process undertaken as part of the Government of Nunavut's Medical Travel Policy (MTP) review generated valuable feedback from a wide range of stakeholders, including GN Health Officials (both Inuit and non-Inuit), boarding home operators, clients, sector representatives, and Nunavummiut.

Although the feedback received may not capture every nuance of the medical travel experience, it offers meaningful direction for policy improvements. These insights will directly inform the development of a revised Medical Travel Policy, which is expected to be operational in 2026. The proposed update aims to reflect diverse community needs and support more equitable, accessible, and culturally appropriate services for all Nunavummiut.

The feedback received, in particular that of patients and escorts who have travelled under the MTP and their families, has reinforced its vital role in accessing health care. While the responses have shown satisfaction in some areas, significant issues have been identified that remain to be resolved through either the refinement of the policy itself or through its operations under the Medical Travel Program.

Appendix A: Public Survey Demographics

The following tables provide a demographic breakdown of the 706 respondents to the public survey.

Table A – Breakdown by Gender

Response	Number of Responses	Percentage
Female	565	80%
Male	135	19%
Non-binary	3	0%
Prefer not to answer	3	0%

Table B – Breakdown by Age

Response	Number of Responses	Percentage
18-30 years	157	22%
31-50 years	323	46%
51 to 65 years	203	29%
Over 65 years	20	3%
Prefer not to answer	3	0%

Table C – Breakdown by Region Lived In

Response	Number of Responses	Percentage
Qikiqtaaluk Region	192	27%
Kivalliq Region	286	41%
Kitikmeot Region	99	14%
Iqaluit	122	17%
Outside Nunavut	7	1%