# You Are Not Alone

## Caring for those with Long-term Dementia

Photo by Nellie Kusugak

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AMAUTIIT

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## Dementia Circle of Care Phase 2

In 2021, Amautiit, Nunavut Inuit Women's Association started the Dementia Circle of Care project wherein nine caregivers of family members living with dementia were interviewed. The care givers shared the challenges they faced and made recommendations about how they and their family members could be better supported. Because of Covid restrictions the interviews in the first phase were all done over the phone with interpretation as required. Post Covid the Amautiit board acknowledged that personifying the struggles and challenges faced by caregivers of family members living with dementia in Nunavut would be more effective in realizing meaningful improvements in the support they can access. With funding from the Service Canada, New Horizons for Seniors Program Amautiit was able engage an Iqaluit based journalist and the writing and research team involved in phase 1. Phase two of project was carried out between February and March 2024, Dustin Patar, assisted by Michael O'Connor, Ooleepeeka Shoo, Suzy McKitrick, and Dorothy Tootoo, conducted seven interviews both in-person and remotely, with caregivers in or from Rankin Inlet, Iqaluit, Ottawa, Kimmirut and Gjoa Haven—representing lived experiences from all three regions of Nunavut. The full report can be found here.

**Project Leader:** Michael O'Connor
**Project Support:** Ooleepeeka Shoo, Victoria Perron, Dorothy Tootoo (Board Representative)
**Report Author:** Dustin Patar
**Layout:** Vicky Coulombe-Joyce | Design TANDEM

We are grateful to those who gave their time, knowledge and experience to participate in interviews:

- Jack Anawak
- Syula Bobinski
- Selma Eccles
- Hanna Kilabuk
- Kitty Markwell
- Patty Qamukkaq
- MaryAnn Tattuinee
- Dorothy Tootoo

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Photo by Dustin Patar

# Background

Dementia is a debilitating condition that affects millions of people worldwide. It can be particularly challenging for family members who are tasked with caring for loved ones with the condition. Caregivers of people with dementia face a host of unique challenges, including managing difficult behaviors, providing round-the-clock care, and coping with the emotional toll of watching a loved one's mental faculties decline. In Nunavut, these challenges are magnified by the territory's geographical size, lack of resources, and limited medical infrastructure. Nunavummiut caregivers are often the primary source of care for people living with dementia.

The 2021 *Dementia Circle of Care* report interviewed nine familial caregivers of Inuit living with dementia at home or in group settings across the territory and beyond. Their issues and challenges were then categorized into four key themes: Limited Support, Long-term Care, Limited Previous Experience and Knowledge, and Recommendations. The report identified corresponding opportunities for Amautiit to follow up based on the identified themes.

Feedback on the initial report was positive. However, the Amautiit board felt the narrative of the report could be enhanced to humanize the stories of families supporting their loved ones with Dementia.

To facilitate that, Amautiit applied for and received funding from the New Horizons for Seniors Program to continue the project. In December of 2023, Dustin Patar, an Iqaluit-based freelance journalist, was retained to assist with producing a more rounded, in-depth report.

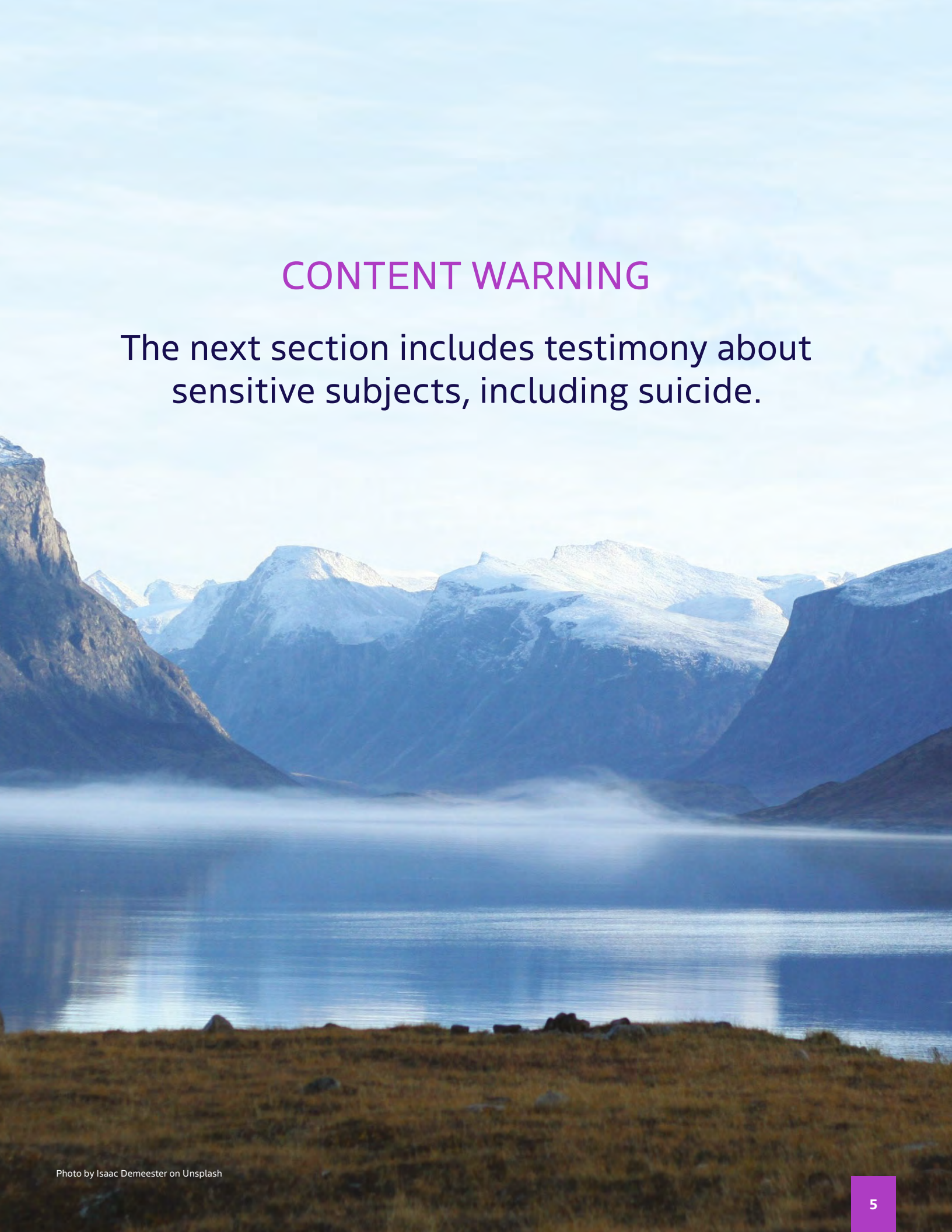
Between February and March 2024, Dustin Patar, assisted by Michael O'Connor, Ooleepeeka Shoo, Suzy McKitrick, and Dorothy Tootoo, conducted seven interviews both in-person and remotely, with caregivers in or from Rankin Inlet, Iqaluit, Ottawa, Kimmirut and Gjoa Haven—representing lived experiences from all three regions of Nunavut. All but one of the interviewees gave permission to be identified. Similarly, only one interview was conducted in Inuktitut, though the option to converse in Inuktitut through an interpreter was offered to each of the caregivers.

The following case studies were selected based on their relevancy and diversity.

Together, they explore the experiences of caregivers of people with dementia, including the challenges they face, the strategies they use to cope, and the resources available to support them or those they wish they had.

# Scope

Unlike the original report, the focus and direction of this work was simply to personify the struggles and challenges faced by caregivers of family members living with dementia in Nunavut. Given the deeply personal nature of the topic, the interviews were as conversational and unscripted. To minimize distractions, interviews were recorded without handwritten notes from the interviewer and transcribed later from the audio. The conversations organically touched on all the issues and challenges identified in the previous report.



## CONTENT WARNING

The next section includes testimony about sensitive subjects, including suicide.

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*A caregiver has to have that commitment, love and patience, a lot of patience. But again, you can only do so much for the person who you're taking care of, but there has to be that understanding that the caregiver has to be taken care of as well, much more than in my case, much more than what I've gone through.*

– Jack Anawak

Photo by Dustin Patar

# Hanna Kilabuk and Kitty Markwell - Iqaluit

Sometime before Christmas of 2017, Hanna Kilabuk's husband was medevacked to Ottawa from their home in Iqaluit for numerous medical issues, a common occurrence in Nunavut given the limited medical infrastructure. After many tests at The Ottawa Hospital, doctors came to deliver Hanna and her husband the dementia diagnosis.

"I knew what it meant, but I wasn't ready to hear that," said Hanna. Hanna was also acting as an interpreter for her husband, who, at by that point in his illness only spoke Inuktitut. "I turned around and ignored the doctors, and my husband asked what was going on. I told him they were talking about something they didn't know about."

"I felt very alone with him. I felt completely alone."

When the two got back to Iqaluit, she was able to talk to the rest of her family, including her daughter Kitty Markwell, about the diagnosis. It would be another year before she could break the news to her husband. "We've always been very open with each other. I never kept anything from him. But at the same time, it was like protecting him," said Hanna.

Despite not telling him, Hanna believes her husband knew something wasn't right during that year. "We never slept properly after that," she said. "Because he kept getting awake [and] when he's awake, I'm awake, and it was getting really exhausting."

To make matters worse, Hanna's husband had suicidal thoughts, and she believes that at one point, he went out on a trip intending end his life.

"It wasn't a very nice day, and he claimed he was going out ptarmigan hunting and I told him...the weather's not good for hunting; ptarmigans hide from the wind," said Hanna. Despite this, he insisted on going out that afternoon, and by the time it was getting dark, he had not come back home yet. When she checked to see what kind of rifle he brought, it wasn't one used for ptarmigan hunting. As a result, Hanna called her grandson, brother and search and rescue. It was her grandson who found him unharmed in a stranger's cabin.

Another challenge was when Hanna's husband lost his driver's license. Driving played a big part in his earlier life when he was once a heavy equipment operator and taxi driver. Increasingly, he would get their vehicle stuck, thinking it was a more capable machine. When questioned about his driving by a doctor at the hospital, Hanna told them about her husband driving on the wrong side of the road and how his driving got increasingly scary. His license was revoked. "Of course, I got the blame for losing his license because I told the doctor," recalls Hanna.

Over time, her husband also began to see things, sometimes a dog and sometimes a family member. "I always had to be careful where we placed our coats, somewhere he can't see them, because he thinks they're dogs."

As the dementia progressed, Hanna says he got more fidgety and aggressive. "He couldn't sit still." Despite this, she says he tried to keep himself occupied, "He used to carve, so he tried a carving, but it wasn't shaping the way he used to be able to shape them."

The challenges Hanna faced were not just from her husband. "Every time we'd go to the hospital it was a different doctor. In the emergency room, it was one doctor. When we'd go upstairs, when he's admitted, you would see a different doctor, and I'd have to repeatedly talk to them about what's going on," said Hanna. The lack of continuity also extended to help

Hanna Kilabuk and Kitty Markwell
Photo by Dustin Patar

at home. At the time, homecare nurses made visits once a week to monitor his blood pressure and medication, but it wasn't enough. "They weren't coming as much as we needed it."

Over time, Hanna reached a breaking point. Her husband wanted to control his medication; he wanted to sleep or be up whenever he wanted, and he wanted Hanna to keep driving him around town despite her own health issues.

"I lost it. I drove him to the hospital, phoned the home care nurse [told her] Look, I've had it. I can't go on like this. I'm dropping him off," said Hanna. "He got admitted, and I drove away. I couldn't take it anymore."

Despite the homecare nurse assuring her they would look after him, she returned to the hospital to look after him and ensure his sleep apnea machine was working when he went to bed. One morning, she left the hospital to return home and rest. Shortly after that, he got dressed, went downstairs, and left the hospital, walking with his walker. Somehow he was dropped off at their house by a van belonging to the boarding home. "The nurses upstairs didn't even know he was gone," remembers Hanna.

Her husband was slated to be sent to Embassy West the next day. So when the RCMP showed up, she refused to let them take him back to the hospital. "I'd talked to him before that [and told him] It's not up to us for him to be home anymore," said Hanna. "He kind of understood, and he knew he was going to Ottawa."

Once he arrived at Embassy West, "He was very unhappy and didn't want to be in there," said Hanna. At one point, a nurse called Hanna to tell her that she was afraid of her husband. He was having a fit in his room and threw a microwave off the shelf. The incident resulted in the police being called, and he was sent to the Ottawa Hospital, where Hanna remembers he was kept for several weeks.

At one point, back at Embassy West, Hanna's husband told her that he tried to stab himself in the thigh with a fork. "I could see the scar and the scratch," said Hanna. "I asked him, why did you do that? He said, 'I wanted to die. I heard if you start bleeding on the thigh, they can't stop it."

The COVID-19 pandemic further complicated Hanna's ability seeing her husband in Ottawa. At one point, she went down for four weeks to assist the staff there because staff were contracting COVID and unable to report to work. "I went back and forth between here [a hotel in Ottawa] and there three

times a day to make sure he ate his meals and help him clean himself," said Hanna. It was work that came at a significant cost. "It was exhausting. I was getting hives and started bleeding here and there because of stress...[there were] two other times where I was barely able to get out of bed because of a stiff neck, sore back and legs from being stressed."

Hanna admits she's thought about taking him out of Embassy West many times but couldn't. "Every time there's an infection in his system, he loses his mind, he becomes like a drunk person, and the next day he'll be apologetic," said Hanna. "I would have been embarrassed to say this, but I think people need to know what they're doing to themselves. One of the doctors had said the dementia he has is probably related to alcohol."

During his time at Embassy West, he lost a lot of weight. "Every time I come down, he's smaller, weaker," said Hanna.

The dementia itself continued progressing. "He was having bouts of 50 years passed, and now he's having bouts of 60 years passed before he met my mother," said Kitty.

"He remembers the old times, the people that have passed on [that] he knew and forgets the younger ones...It used to be that he'd talk about our grandkids, but this time, he hasn't even talked about that," said Hanna.

The week before Hanna was interviewed, her husband kept mistaking her for one of his cousins, whom he grew up with. "Why is this person here, and Hanna is not here?" said Hanna, recalling her husband's words.

The dementia has also impacted his reading ability in English and Inuktitut. "He kept saying, I need to learn, and he kept buying Bibles with bigger letters because he thought he could learn to read," recalls Hanna.

Throughout the whole process, both Hanna and Kitty have said they have few people they can talk with about their experiences. "I feel I have support if I reach out," said Hanna, who knows she's selective about who she talks to. "I didn't want to talk to somebody I don't know," she said, referencing mental health supports. Instead, she'll talk to a sister, cousin, or another lady she knows experiencing a similar situation. Given the positive impact of talking to someone with shared experience, Hanna added, "It would be nice if there was a support group or a body that people like us can reach out to emotionally because I started with nothing."

In addition to more support, Hanna and Kitty would like to be able to have more and longer visits. "One week is never enough," says Hanna. "He starts asking when are you going back home? When am I going back? When am I going home? Stuff like that. It's really hard."

Although he has become increasingly sick, Hanna says compassionate travel won't cover additional trips because he hasn't been in critical condition. If she wants to see him during those periods outside of her allotted two trips a year, paid for by the Government of Nunavut, she must pay for them out of pocket.

Even with the issues Hanna and her husband have had with Embassy West, she acknowledges the important role assisted living facilities play, and when reflecting on the experience of people living with dementia she thinks "if they were not getting placed so far away from home, they'd be loose like zombies...they're being fed and housed and controlled because we couldn't manage them."

Despite this, she questions why that care cannot be provided within Nunavut, so that families can continue to see and help care for their loved ones on a more regular basis, "My thoughts always go back home, back in there in our own communities."

*I have a big family, but not everybody is a caregiver and then when you're in this role, you're also the communicator. And all of a sudden, you're making decisions on behalf of another person's life that you never thought, to that level, that their life is in your hands, in the choices that you're going to make for this person. It is scary.*

– Selma Eccles

Photo by Dustin Patar

# Patty Qamukkaq - Gjoa Haven

Patty Qamukkaq, originally from Gjoa Haven, is the youngest of 15 children. She remembers her mother as a calm, quiet, sweet woman who loved babies, taught sewing, and worked on skins. Over a decade ago, Patty was 19 and attending Nunavut Arctic College to become a teacher when she noticed that her mother, who was in her late 60s, was beginning to act strange. She would leave the stove on after making tea, put things into the cupboard instead of the fridge, and began having problems sleeping. Eventually, Patty dropped out of school to care for her mother.

In addition to not sleeping, Patty noticed that her mother would be worried about things she shouldn't have to worry about. Things from both the recent and distant past. One of those things was her dog team. "She would wake up in the middle of the night and try to go feed them, but they were not there anymore," said Patty. At that point, she hadn't had a dog team since her second stroke, some 5 to 10 years earlier.

Patty's mother also often thought of her parents, "She was the only child of her parents, and there were so many nights like she would fall asleep crying for her mom."

"It was really hard on us, like really hard on us. And we didn't know how to cope with it. For most of my siblings, it was too hard for them. They didn't want to be around her anymore because she didn't recognize anybody anymore."

It was the same for Patty. Any little change in her appearance, like makeup or wearing her hair differently, would confuse her mother. She also didn't recognize Patty's children because she thought they were still babies. Often, these instances led to frustration and aggressive behaviour, sometimes throwing things around.

Knowing something was off with her mother, Patty asked the local health centre for help many times over the course of months. "How can we know what's wrong with her and what we can do? And they just kept telling me to redirect her to Mental Health...I know it has to do with her mental health, but it's not that kind of mental health that she needs. She needs to be checked out."

It wasn't until her mother flew to Yellowknife for an unrelated checkup that Patty asked the doctor there if there was a way to screen for Alzheimer's or dementia. After a week of tests, a diagnosis was confirmed.

Because Patty's mother only spoke Inuktitut, the responsibility of delivering that news fell on Patty, who was already fighting back tears and her own emotions. "It's hard enough knowing, and then it's even harder telling them."

Having Patty translate for her mother would continue to create issues throughout her treatments, "There were times that my Anaana thought I wasn't saying what the doctor was telling me. There were times she thought I was lying to her or something. But I wouldn't lie about anything."

At the time of the diagnosis, Patty says the doctors told her that there was not much they could do for her mother, "no medication or anything." Over time, that would change, particularly as the and she began to experience painful symptoms related to the disease progression. Getting her mother to take her pain medications eventually became a challenge, and Patty was forced to come up with ways to get her mother to listen.

Patty's mother had often told stories about having no choice but to listen to her own grandmother as a child. Knowing this, Patty would sometimes tell her

mother that her grandmother was coming and was going to scold her if she didn't take her pills. "It was so awful to do that to her, but we didn't want her in pain," said Patty.

Following the diagnosis, Patty was connected with homecare nurses in Gjoa Haven. "They gave me some things like little fidget toys and [told me to] wrap her in a blanket to keep her calm, and basically, they just told me to baby her." Despite this, Patty and her family still struggled; "she wouldn't cooperate with us."

"I just tried my best, and when I couldn't handle any more...I would ask them to come over, and they would come over, even if it was the middle of the night," said Patty.

The home care workers were from Gjoa Haven, and they knew Patty's mother from before the dementia. "Most of the ladies grew up around her...I guess she was one of their teachers in sewing and skin preparation classes."

Despite the help home care workers provided, Patty admits there were times that they almost gave up and sent her mother to Ottawa, but they couldn't bring themselves to do it. Doing so would separate her mother and father. "They were two peas in a pod, and they would never get away from each other. Just to bring up sending her down to Ottawa, they would just break down, and both of them would be so broken." Patty says it may have been a different story if there were a closer option in Yellowknife for level of assisted living Patty's mother required.

Meals became challenging because Patty's mother would sometimes forget to chew but still try to swallow. This meant food needed to be cut up into little pieces or blended. Eventually, she stopped eating country food and preferred oatmeal or apple sauce. "She would just swish it around in her mouth, and it would calm her down," said Patty.

Coming up with ways to calm her mother was a constant challenge. Patty often found herself digging into the past for solutions. At one point, she gave her mother a baby doll that weighed as much as an actual baby to calm her down, it worked. "If you gave her a baby to hold, she wouldn't want to give the baby back," chuckled Patty, recalling her mother's deep love for babies. Patty also found that smells served as a good way to calm her mother down. From Dawn dish soap and Pinesol—cleaning products her mother used to use—to Vick's VapoRub—which her mother sometimes used to mask the smell of cigarettes from her husband, who didn't know she smoked.

Although counterintuitive, Patty also found that giving her mother space also worked well. "When there are so many of us surrounding them, trying to calm them down, they get more agitated. I would say that if they're in a safe space, with nothing that they could hurt themselves with or others, just give them space and wait until they're ready to talk to you again."

Eventually, Patty formed a connection with a worker at the Gjoa Haven Continuing Care Centre. But rather than get tips on caring for people with dementia, she found herself giving them. A dementia patient there would have episodes similar to her mother, and Patty began asking what the man liked. After learning that he liked fish, she suggested they keep some dried fish around to give to the man to chew on when having an episode in order to calm him down. It worked.

"I just tried to think of ways to help her," said Patty. "We're a really small community, and nobody liked to talk about things like that at that time, but I feel like they're more open now, even more open than when I was going through what I was going through."

In total, Patty lived with her mother for nearly five years to care for her, almost three years before the diagnosis and two following.

In the years that followed the passing of her mother,

Patty Qamukkaq
Photo by Dustin Patar

Patty's father was diagnosed with Alzheimer's. This time, the experience for her family was very different, in part because of the experience they had with their mother but also because the aggression wasn't there; "he wanted to be babied." Similar to the help Patty received with her mother at the end, everybody in her family was pitching in and taking shifts, "Nobody was getting super exhausted or burnt out."

Roughly six months after his diagnosis, Patty's father passed away. Although Patty will be the first to say that her experiences with her mother and father made her stronger as a person, they also took a toll on her.

"Before her illness, I was a really outgoing person; I wouldn't want to miss any special events in the community. But after that, I just stayed home and I just closed everything out and became a hermit. Even now, today, I struggle a little bit with social anxiety because I got so used to staying home and taking care of somebody with an illness that we couldn't fix."

Recently, Patty came across a booth at Nunavut Arctic College promoting the Healing by Talking program, a free telephone counselling service provided by the GN's Department of Health. "It really helps, and I'm really hoping caretakers take advantage of that," she said. She wishes she had access to it while taking care of her mother, as talking with family members and community members only helped so much.

In addition to mental health support, having someone to speak with other than homecare workers, be it an expert or even someone who has been a caregiver, would have also helped Patty and her family. "There were times I felt so alone and questioned myself. Am I doing the right things? Or what can I do? It would have been nice to have that circle, to get advice, give advice, and just give each other reassurance, and that would have been really helpful."

But as many caregivers know, the shadow of dementia and Alzheimer's can still loom overhead after a loved one has passed on, and a support group could help caregivers process their challenges post-caregiving.

"One of my girls just recently asked me...Mom, how come Anaana was so mean to you? You took good care of her, and she was so mean to you? And I finally told her that she was sick and...I tried my best."

Patty now lives in Iqaluit with her partner and children, where she is once again enrolled in the Nunavut Teacher Education Program at Nunavut Arctic College.

# Government Response

Since the initial *Dementia Circle of Care* report was published three years ago, elder care and dementia have remained at the forefront of Nunavummiut's concerns. In late 2021, over 19,000 people signed a petition calling for elder care homes in all 25 Nunavut communities. Months later, in February 2022, residents of Iqaluit staged a silent protest outside the Legislative Assembly to show their support for a Coral Harbour family that was trying to bring their father home from an Ottawa dementia facility. When the first session of Nunavut's sixth legislative assembly began a month later under the leadership of a new premier, P.J. Akeeagok, it did so, having identified five priorities. One of those priorities was implementing a comprehensive elder care strategy.

Two years later, and just days after the last interview for this report was conducted, the Government of Nunavut released *Aging with Dignity*, their Elders and Seniors Strategy and *What We Heard*, a summary of the regional elder gatherings that informed their strategy. At the same time, the Government of Canada committed more than $12 million dollars to support this plan.

Unsurprisingly, the issues and concerns raised by Elders in *What We Heard* are consistent with those heard by the teams involved with the original Dementia Circle of Care project and this report.

> ***"Illnesses such as dementia or Alzheimers used to be rare in Inuit society. Today, these illnesses are becoming more common among the elderly. There is a need for family members and society as whole to gain a better understanding of these conditions. There should also be training for immediate family members who are most directly affected."***
>
> *(What We Heard Report - Annex of Summaries p.67)*
>
> ***"Not enough services are available for elders living with dementia or Alzheimer's. We have one psychiatric nurse, but that person cannot speak Inuktitut. This must be corrected."***
>
> *(What We Heard Report - Annex of Summaries p.75)*
>
> ***"As we age, we are being sent out for elder care. Elders who are sent down south for medical care often die shortly after they leave. Our adult children don't want us to be sent out, but the family is not able to look after us. The doctors in communities send elders out against their will, even those who want to stay with their family. It should not be like this. There must be other options within the community. Every community should have an elder-care facility that can also care for elders with dementia."***
>
> *(What We Heard Report - Annex of Summaries p.23)*

With these concerns in mind, The Government of Nunavut made several commitments in *Aging with Dignity* that, if followed through with, would significantly improve the lives of Elders and their caregivers. Several of these commitments also directly address the themes identified in the initial Dementia Circle of Care report, which were echoed in the interviews above.

Arguably, the most pertinent of the commitments is:

**The Government of Nunavut is committed to expanding and improving homecare and health-related services for Elders, including specialist services in communities. To support this commitment, we will:**

- Develop a continuing care services action plan to support Elders to age in place and enhance their wellness and quality of life.
- Establish regular schedules for home care and other care provider visits.
- Make a wider range of home-care programs and services available, 24 hours a day, when needed.
- Train and hire home-care workers in communities to provide an increased level of programs and support services in Inuktut.
- Provide terminology training, as requested, to staff involved in providing care and support to Elders.
- Create and maintain a list of approved escorts who are able to help Elders with their travel logistics and appointments.
- Train more Inuit in homecare, mental health, social work, and other care services.
- Increase programming with a new Personal Support Worker program, Practical Nursing Diploma and increased Social Service Worker offerings.
- Deliver an awareness campaign for dementia and Alzheimer's, including printed resource materials in Inuktut.
- Continue to provide funding to organizations delivering disability awareness training and related services.
- Support the development of disability training for Elders, family members, and all Elder-care providers.
- Provide increased support to Elders and their families who are caring for an individual living with a disability.

As of this writing, the Government of Nunavut anticipates its new long-term care centre in Rankin Inlet will open in 2024. The facility "will have a capacity of 24 beds and is designed to provide care levels 2-3 in an assisted living style." The centre will also "allow for the provision of level 4 and 5 care," which is the level of care that those living with dementia often require.

The Government of Nunavut has also committed to opening similar long-term care centres in Cambridge Bay and Iqaluit, the other regional hubs.

As with all governmental commitments, there are boundless questions surrounding them. How will the Government of Nunavut make a wider range of home care programs and services available? When will that happen? Who will train more Inuit in-home care, mental health, social work, and other care services?

Despite P.J. Akeeagok's opening message in Aging with Dignity, "We need to act now to make the lives of Nunavut Elders better," the creation of their strategy was a two-year endeavour. Given the pace at which governments and organizations in Nunavut move, many of these commitments will undoubtedly take much longer to implement.

That said, these commitments do show that Nunavummiut's concerns have been heard. While having these commitments written down and published is a good initial step, more will be needed. In order to ensure that these commitments are fully realized, Nunavummiut will need to continue voicing their concerns and raising questions about these commitments.

# Opportunities for Follow-up

Given the developments that have occurred since the initial Dementia Circle of Care project was completed, a re-evaluation of the opportunities for follow-up may be necessary.

Although such a re-evaluation was beyond the scope of the interviews, the idea of a peer support group for caregivers of people living with long-term dementia did organically come up during those interviews. Given such an idea was both in the original opportunities for follow-up and a request by the Native Women's Association of Canada, the facilitation of a peer-support group should be a priority. If implemented sooner than later, such a group would also serve as a helpful stop-gap until the Government of Nunavut is able to fulfil its many related commitments.

> *Everybody has seen John as a very capable, fun kind of guy, and to treat him or to care for him in this capacity, I think was hard for some of them, to switch and realize he is a patient, a patient that now has been diagnosed with Alzheimer's. So how can we give the care? How can we take care?*
>
> – Dorothy Tootoo

Photo by Dustin Patar

# Resources

## What you should know if you are a care giver of someone living with dementia

The focus of the medical system is on carrying for the needs of the person living with dementia (PLWD), often the needs of their care givers are ignored. Here is a list of some of the tools and information care givers can access to learn more about dementia and get the support and information they need.

### Online resources:

**Dementia Information for Indigenous Peoples: First Nations, Métis and Inuit**
This site, published by the Alzheimer's Society of Canada, contains links to a wide range of resources on dementia focusing specifically on the experience of Indigenous, First Nation, Metis and Inuit

**Caring for Yourself and Your Loved One While Living with Dementia**
This pamphlet produced by the Native Women's Association of Canada (NWAC) with input from Amautiit Dementia Circle of Care project (2021) provides practical advice for care givers and phone numbers for help lines anyone can access.

**Dementia fact sheets** prepared by the Dementia Society of Canada cover a wide range of topics and tips for care givers.

### Podcasts:

**Helping Nunavut elders age in their communities**, The Current, CBC radio March 15, 2024
Featuring an interview with Federal Minister of Health on the Canada-Nunavut Aging with Dignity funding agreement.

**What did you learn caring for someone with dementia?** Ontario Today CBC radio, call in program, August 16, 2003. Featuring clinical psychologist Dasha Kiper, author of *Travelers to Unimaginable Lands: Stories of Dementia, the Caregiver, and the Human Brain.*

### Psychosocial support

Respite support is available in most communities offering home visits so care givers can have a much-needed break. For information on services available and who to contact refer to this pamphlet.

### Peer support

Informal support groups among care givers of PLWD have been found to be very helpful. Health clinics and elder centers may be able to connect care givers to each other, for informal peer to peer support.

### Books

Kiper, D. (2023). *Travelers to Unimaginable Lands: Stories of Dementia, the Caregiver, and the Human Brain*, Random House.

Davis, P. (2021). *Floating in the Deep End: How Caregivers Can See Beyond Alzheimer's*, Liveright.

Jauhar, S. (2023). *My Father's Brain: Life in the Shadow of Alzheimer's*, Farrar, Straus and Giroux.

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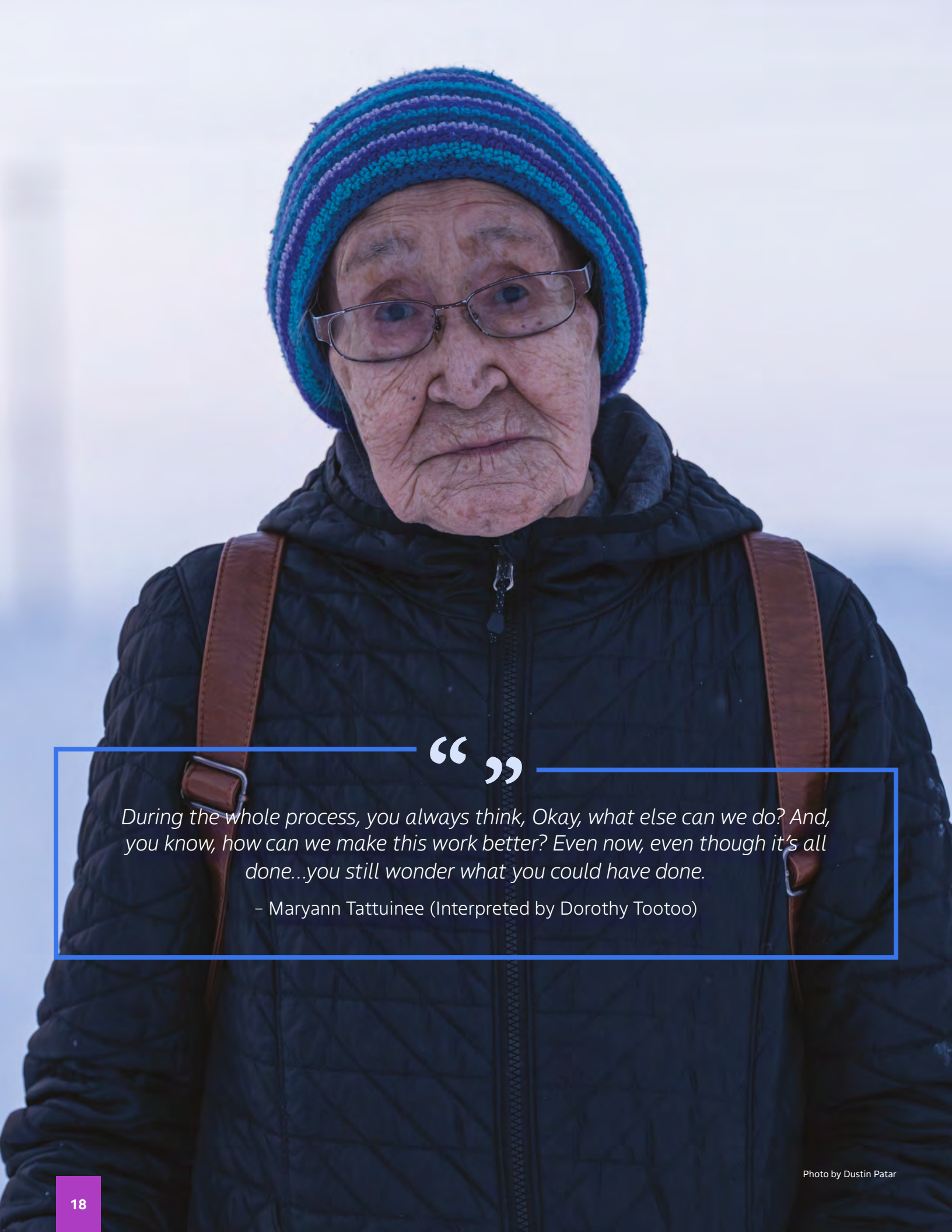

> *During the whole process, you always think, Okay, what else can we do? And, you know, how can we make this work better? Even now, even though it's all done...you still wonder what you could have done.*
>
> – Maryann Tattuinee (Interpreted by Dorothy Tootoo)

Photo by Dustin Patar

# Key Contact in Elder Care Centres

**Government of Nunavut, Department of Elders and Youth**
Director: T (867) 934-2032

**Elders Centre, Arviat**
T (867) 857-4084
arv_ecnurse@qiniq.com
arv_ecmanager@qiniq.com

**Health Centre and Home Care, Arviat**
T (867) 857-3100, (867) 857-3112

**Gjoa Haven Continuing Care Centre**
T (867) 360-6310
rmarshall@gov.nu.ca

**Igloolik Continuing Care Centre**
T (867) 934-4055, (867) 934-2100
oajayi@gov.nu.ca
mmifflin@gov.nu.ca

**Cambridge Bay Health Centre**
T (867) 983-4500
ang@gov.nu.ca

**Embassy West Senior Living. Ottawa**
T (613) 729-4321
Director of Operations: selma@embassywestseniorliving.com
Director of Wellness: wendy@embassywestseniorliving.com

**Iqaluit Elders Society**
T (867) 979-8640
Executive Director: execdir@pairijait.ca

**Grise Fiord Health Centre**
T (867) 980-9923
Jennifer: jblomely@gov.nu.ca

**Resolute Bay Health Centre**
T (867) 252-3844
Annette:aavery@gov.nu.ca

**Arctic Bay Health Centre**
T (867) 439-8873
Grace: gaola@gov.nu.ca

**Pond Inlet Health Centre**
T (867) 899-7500

**Clyde River Health Centre**
T (867) 924-6377

**Qikiqtarjuaq Health Centre**
T (867) 927-8916

**Pangnirtung Health Centre**
T (867) 473-8977

**Iqaluit: Public Health Centre**
T (867) 975-4800

**Kimmirut Health Centre**
T (867) 939-2217

**Sanikiluaq Health Centre**
T (867) 266-8965

**Kinngait Health Centre**
T (867) 897-8820

**Coral Harbour Health Centre**
T (867) 925-9916

**Naujaat Health Centre**
T (867) 462-9916

**Sanirajak: Hall Beach Health Centre**
T (867) 928-8827

**Igloolik Health Centre**
T (867) 934-2100

**Kugaaruk Health Centre**
T (867) 769-6441

**Taloyoak: Judy Hill Memorial Health Centre**
T (867) 561-5111

**Gjoa Haven: Kativik Health Centre**
T (867) 360-7441

**Baker Lake Health Centre**
T (867) 793-2816

**Chesterfield Inlet Health Centre**
T (867) 898-9968

**Rankin Inlet Health Centre**
T (867) 645-8300

**Whale Cove Health Centre**
T (867)-896-9916

**Arviat Health Centre**
T (867) 857-3100

**Cambridge Bay Health Centre**
T (867) 983-4500

**Kugluktuk Health Centre**
T (867) 982-4531

**Iqaluit Community Tukisigiarvik Society**
Executive Director: T (867) 979-1578

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AMAUTIIT

**Amautiit Nunavut Inuit Women's Association**

**E:** info@amautiit.ca

**amautiit.ca**

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