ABSTRACTS: Posters

ARCTIC HEALTH WEB SITE: AN INFORMATION PORTAL TO ISSUES AFFECTING THE HEALTH AND WELL-BEING OF OUR PLANET’S NORTHERN-MOST INHABITANTS

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The Arctic Health website (www.arctichealth.org) is a collaborative effort between the University of Alaska, Anchorage (UAA), Health Sciences Information Services (HSIS), the Consortium Library and the National Institutes of Health, National Library of Medicine, Outreach and Special Populations Branch. The goal of the website is to bring together, in one location, information on diverse aspects of the Arctic environment and the health of northern peoples. It provides access to evaluated health information from hundreds of local, state, national and international agencies, as well as from professional societies, universities and Native Alaska and Indigenous communities. The portal contains several resources for both researchers and consumers. The resources include publications and research, environmental health, telehealth and telemedicine, traditional healing, health topics and links to government organizations and programs. A climate change and circumpolar health section is being developed that will provide access to unique and special collections not currently available on the Internet.

Arctic Health has made several unique and special collections available on the Internet. The traditional healing page offers interviews and video panel discussions about traditional healing and practices in the Native Alaska community. These provide a great resource for understanding the practices of the storytelling tradition to pass on stories and understandings from generations of Native Alaskans. Arctic Health has created robust databases containing bibliographic information, research projects and grey literature. The Frostbite Collection is a series of photographs and notes from the leading frostbite expert Dr. William J. Mills, Jr. The collection illustrates the danger of frost bite, treatments and progression of the injury. Arctic Health also hosts several educational cancer videos for consumers created by the Alaska Native Tribal Health Consortium. Arctic Health strives to locate, preserve and provide access to special collections for future generations.

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AURORA COLLEGE’S INTRODUCTION TO ADVANCED PRACTICE PROGRAM: PRODUCING ADVANCED-PRACTICE NURSES WITH NORTHERN-SPECIFIC SKILLS

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Providing quality health care in northern communities requires overcoming many barriers, one of which is the dearth of qualified human resources. Aurora College, in conjunction with the Government of the Northwest Territories, has addressed this problem by developing a program called the Introduction to Advanced Practice (IAP) that provides registered nurses the skills and knowledge to provide basic primary health care to specifically northern populations. Nurses attend the IAP from across Canada’s North and from many southern provinces, often as a pre-requisite to working in remote locations. This program is delivered in Yellowknife, NWT, and in a short time frame (six weeks) moves the nurse hospital, community, or public health practice to the (novice) independent primary and emergent care practice that is required when working in isolated northern regions. Advanced health assessment and primary health care theory (diagnosing and treating common illnesses, suturing, X-ray imaging and interpreting) are learned. Evidence-based education using northern health research, as well as instruction and mentoring by experienced nurse-instructors, is used to introduce the nurse to northern health care. The course is considered a vital part of the GNWT strategy for...
northern health care provision, and is especially relevant at a time when many provinces are considering formalized certification for nurses providing primary care. This educational model would be of interest to other northern primary health care providers, managers and administrators.

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PROVIDING LIBRARY SERVICES TO CONTRIBUTE TO CAPACITY-BUILDING AND KNOWLEDGE TRANSLATION IN THE CANADIAN NORTH

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Program Objective: Bringing academic health sciences library services to community-based partners in Canada’s northern territories of Nunavut, NWT, and the Yukon.

Setting: The Neil John Maclean Health Sciences Library (NJMHSL), located in Winnipeg, Manitoba, Canada, has been building an Aboriginal Health Collection and Information Services component, including outreach services to health care providers in the Kivalliq Region of Nunavut since 1999. This model has been so successful that the NJMHSL was invited to join the Canadian Institutes of Health Research (CIHR) Team in Circumpolar Health by team leader Kue Young. Several team research projects are being undertaken between 2006 and 2011.

Participants: CIHR Team members and community partners include Canadian academics, international partners, and community-based researchers.

Program: Key elements of the CIHR Teams’ projects rely on developing community partnerships. The NJM Library provides services to enhance the skills of community-based researchers, giving more equitable access to the professional literature similar to that enjoyed by most Canadian academic researchers. Librarians provide consultation, research and information services to enhance knowledge translation, scholarly communication, open access initiatives and evidence-based practice.

Conclusions: The NJM Library provides outreach services to community partners, including literature searches, document delivery and training in using open access databases like PubMed. Providing library services at no-cost to the end user enhances partnership building, creating more equitable relationships between academic researchers and community partners. Partnerships between academics and community-based researchers are found in most Canadian universities. Academic libraries have a role to play in supporting the information needs of all researchers involved in such exciting partnerships.

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CADTH’S HEALTH TECHNOLOGY INQUIRY SERVICE

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The Health Technology Inquiry Service (HTIS) was officially launched by the Canadian Agency for Drugs and Technologies in Health (CADTH) in February 2005 to meet the needs of Canadian health care decision-makers. While comprehensive HTA reports are used to support many important deliberations, the urgency of some decisions requires a more immediate response. The goal of HTIS is to provide evidence-based information in a quick and efficient manner.

HTIS reports can be completed in 24 hours to go days. The types of reports include a list of references (completed in 24 hours to five business days), a summary of abstracts (10 business days), a summary report with critical appraisal (30 business days) and a peer-reviewed systematic review (90 days).

HTIS responds to inquiries about drugs, medical devices, diagnostic tests and medical and surgical procedures from Canadian health care decision-makers in the federal government, provincial health ministries, hospitals, regional health authorities and Local Health Integration Networks. Each response is tailored to the specific needs of the requestor.

Feedback is gathered from the requestors to determine how reports were used in decision-making. Users of the service indicate that
HTIS has met their decision-making needs when information is required in short timeframes. HTIS reports have been used to make decisions about purchasing medical equipment, to determine coverage of specific pharmaceuticals and to make policy changes.

Since the service began, HTIS has responded to over 1,000 inquiries. The service has grown substantially, and almost 300 of those requests were completed from 1 April 2008 to 31 December 2008.

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SHARING HEALTH RESEARCH KNOWLEDGE AMONG NORTHERN COMMUNITIES: A MULTIPRONGED APPROACH

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Introduction: Commonly, the concept of knowledge translation has been developed to refer to the creation and implementation of a strategy to translate health research results into applicable findings for those requiring the information. In the context of Qaujigiartiit/Arctic Health Research Network – Nunavut and the work that is conducted by this Iqaluit-based organization, knowledge sharing is defined as "the synthesis, translation and communication of health knowledge between various knowledge holders, such as policy- and decision-makers; researchers; community members; and health care providers. Knowledge is dynamic and does not flow in a line from top to bottom, but fluidly between people and groups."

Approach: A multilevel approach has been implemented at Qaujigiartiit to facilitate knowledge sharing among four identified stakeholder groups in Nunavut: researchers; policy- and decision-makers; community members; and front-line health workers. This approach has included electronic communication via a website and an electronic mailing list, in English and Inuktitut; face-to-face meetings, including community visits and community consultations; a quarterly newsletter in English and Inuktitut; development of teaching resources and delivery of community workshops on community-identified topics in northern health research; review of the literature on knowledge sharing in the North and in Canada.

Findings: Evaluation of these initiatives in ongoing. At this time we have found that national and territorial organizations, researchers and non-governmental organizations make the greatest use of the Qaujigiartiit website and publications section; the electronic mailing list has been very helpful in sharing information and soliciting feedback from community members, front-line health workers, and other stakeholders in Nunavut communities; face-to-face meetings and workshops in Nunavut have been well-attended by community members across the territory and have been the arenas where knowledge sharing has been most effective between community members, health professionals and policymakers. They have been positive and exciting learning and sharing forums to date.

Conclusions: A multipronged, creative and dynamic approach to knowledge sharing is necessary to ensure effective communication and opportunities for knowledge sharing with different audiences in Nunavut. Knowledge sharing is an essential part of northern health research and Qaujigiartiit/Arctic Health Research Network – Nunavut is playing a key role in the process.

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MÉTIS HEALTH/WELL-BEING DATA COLLECTION: CONCEPTUAL SNAPSHOT OF FACTORS BEHIND DATA PAUCITY AND ACTION STEPS

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Numerous reports, environmental scans and discussion papers allude to the dearth of Métis health/well-being data. The shortcomings of the current sources of data range from poor data quality, insufficient/inadequate data to a complete lack of data. These deficiencies have serious consequences, including an inadequate understanding of the true state of Métis health, the disparities and determinants and insufficient funding for programs, all of which collectively
perpetuate health/wellbeing disparities. In this paper we present some of the limitations of current sources of Metis data, including surveys and peer-reviewed publications. Further, we elucidate a conceptual snapshot of the factors behind the scarcity of data, with some emphasis on jurisdiction/exclusion issues. Following this, some recommendations including potential approaches to achieving a wide-ranging set of Metis health/wellbeing data are discussed. A comprehensive collaborative strategy that could incorporate many of the outlined approaches is explored.

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INNOVATIONS IN KNOWLEDGE
TRANSLATION: CHILD INUIT HEALTH SURVEY RESULTS DVD

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Background: All too often research results are inaccessible to communities and research participants. In efforts to improve knowledge translation and dissemination, a DVD describing the key findings of the International Polar Year Child Inuit Health Survey of Nunavut was developed.

Methods: Key findings were reviewed with steering committee members and other key stakeholders, a draft DVD was developed in English and translated into Inuktitut, Nettilik and Innuiaqtun, representing the three primary Inuit dialects found in the communities that participated in the child health survey conducted in Nunavut.

Results: A total of 384 pre-school children, aged 3-5 years, participated in the survey in 16 Nunavut communities. Key findings relating to household crowding, passive smoking, food security, traditional food use, dietary adequacy and dietary quality, healthy weight, visual acuity, methymercury exposures and other health indicators are presented. Recommendations are provided for promoting children’s health in the Arctic. Specific information about the results is embargoed until dissemination of information on findings to communities is completed in May of 2009.

Conclusions: Presentation of research results in a multilingual DVD format enhances uptake of research results by communities and other stakeholders and improves the capacity of research to empower communities, inform policy and ultimately make meaningful differences that will improve the health of children living in Arctic communities.

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USING A DVD TO ADMINISTER INFORMED CONSENT: IPY CHILD INUIT HEALTH SURVEY

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The ethical requirements for the administration of informed consent forms for potential participants in research has resulted in lengthy consent forms that represent a barrier to effective communication, especially in cross-cultural and diverse linguistic settings. In order to facilitate recruitment into the International Polar Year Child Inuit Health Survey of Nunavut, a DVD was developed.

A multilingual informed consent DVD was developed that followed word-for-word the content of the written informed consent document that was approved by the McGill Ethics Review Committee. Revisions were made in consultations with steering committee members and then translated into three Inuit dialects (Inuktitut, Innuiaqtun and Netsilik) found in the 16 Nunavut communities that participated in the child health survey. The travelling child health survey team included nurses, bilingual interviewers, nutritionist and a lab technician/graduate student and involved local community research assistants. Inuit children aged 3-5 years were identified by the community health centre and parents or guardians were invited to have their children participate. In larger communities, children were arbitrarily selected using random digit numbers, while in smaller communities all appropriately aged children were eligible for participation. After viewing the DVD informed
A DAY IN THE LIFE OF THE IPY INUIT HEALTH SURVEY SHIP TEAM: PARTICIPANTS VISITING THE CCGS AMUNDSEN

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The IPY Inuit Health Survey was developed to better understand the factors contributing to Inuit health and spirit of thriving in the face of changes. Because of the vast distances involved, the CCGS Amundsen was used to visit the 33 coastal communities in the Inuvialuit Settlement Region, Nunatsiavut and Nunavut Territory in 2007 and 2008. Members of the ship survey team included interviewers, nurses, laboratory technicians and specialists. A greeter welcomed participants onboard and Coast Guard personnel ensured safe transportation to and from the ship. Once participants were on board, nurses took fasting blood samples, administered a glucose tolerance test, measured blood pressure and pulse and took body composition measurements. Participants over 40 years of age underwent specialty tests.

Participants also met with bilingual interviewers to answer questions about diet, general health and well-being, tobacco use, mental health, alcohol and drug use, physical activity and social support. Lab technicians prepared all blood samples on board the Amundsen. Participants received some of their results (height, weight, waist circumference, blood pressure and hemoglobin readings) while on board the ship. The fieldwork took place over two years. A total of 2,100 participants, ranging in ages from 18 to 90 years from 33 coastal and 3 non-coastal communities in Inuvialuit Settlement Region, Nunavut and Nunatsiavut participated.

The Inuit Health Survey will provide Inuit specific information that will aid Inuit in making informed choices about their health. It also provides an analytically rich database for researchers exploring determinants of health and for those developing health policies and interventions. Nearly all participants agreed to a 7-year follow-up forming the International Inuit Cohort Study in collaboration with plans for a Nunavik, Quebec and Greenlandic follow-up evaluation. The successful work onboard the Amundsen is a testimony to capable individuals working together for a common goal.

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SYSTEMATIC REVIEW OF EDUCATIONAL INTERVENTIONS TO INCREASE HIGH SCHOOL GRADUATION AMONG INDIGENOUS HIGH SCHOOL STUDENTS

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Background: Aboriginal populations in Canada are younger than then non-Aboriginal population and Aboriginal children and youth are making up a larger proportion of the school population. Education is an important determinant of health, and Aboriginal populations have lower educational attainment than the non-Aboriginal population. A larger school-aged population, the lower levels of educational attainment among Aboriginal youth and the importance of education for future well-being has made it critical to identify strategies and programs that are effective in increasing high school completion among Aboriginal youth.

Objectives: To evaluate educational interventions effective at increasing high school completion among Aboriginal high school students in Canada and Indigenous students internationally.

Methods: A systematic overview was conducted in February 2009. Articles, reports
and program evaluations were identified through a systematic search of five electronic databases (MEDLINE, Psycinfo, ERIC, CBCA Education and the Bibliography of Native North Americans). Reference lists of articles and reviews as well as websites of international organizations (governmental, non-profit and research) were reviewed for relevant studies and reports.

Studies that were included examined a program, intervention or educational strategy that focused on improving retention and graduation among a student population of predominantly (>50%) Indigenous high school students. Only English-language studies available through the University of Toronto library system were reviewed. No restrictions were made based on study design, dates or location of publication.

**Results:** Over 1,700 abstracts were identified and a total of five articles that met the inclusion criteria and were available through the University of Toronto library system were reviewed. All reports were from Canada (n=2) or the United States (n=3). Reports focused on either individually targeted programs for high risk students (n=2) or population-level interventions for an entire class, school or school division (n=3). The most common intervention was the integration of Indigenous knowledge and pedagogical styles into school curriculum (n=2). Other strategies included an alternative high school, an intensive academic summer program and a program aimed at developing creative problem skills and work experience. Although all projects reported positive outcomes, there was insufficient homogeneity in terms of populations, interventions, study design or study quality to calculate a single measure of effect.

No exclusions were made based on study design because of the small number of applicable studies. As such, the quality of the studies varied significantly but was generally low. Three of the five studies lacked comparison groups. Papers generally lacked structure and detail that would allow judgments of potential biases. No randomized control trials or well-designed quasi-experimental trials were located.

The identification of only five studies, despite a rigorous search (1,738 seemingly relevant abstracts were studied, and other efforts were made to find relevant studies without abstracts), suggests that this is an underdeveloped area of research.

**Conclusions:** Additional methodologically sound research in this area is required to capture and evaluate strategies and programs that maximize the ability of Aboriginal youth and communities to succeed academically.

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**CREATING MODELS FOR MOTHER'S WELLNESS THROUGH PARTNERSHIP RESEARCH: A COMMUNITY PARTNER EXPERIENCE**

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**Purpose:** The purpose of the Healthy Community Mothers and Children Research Project was to develop respectful and culturally appropriate models of supporting the health and well-being of mothers at risk and ultimately promote the birth of healthy babies. The Inter Tribal Health Authority is committed to developing its capacity for community based research as a way of promoting family and individual well-being among its 29 member First Nations. The poster will profile one of four innovative models developed through collaboration between researchers and four community partners in Canada. The models are designed to assist post-partum mothers with risky drinking behaviours in their journey to wellness.

**Process/Approach:** The research process incorporated both community- and university-based expertise to modify a model of brief alcohol intervention to better fit the unique aspects of the partner communities. Aboriginal community members in four communities developed community-specific interventions utilizing local knowledge and expertise. University-based researchers provided examples of research tools and a structured approach, which supported community-based researchers in conducting the research. These models can be useful to frontline workers and others who are working with women in preventing maternal alcohol consumption during future pregnancies.

**Findings:** A community model of brief alcohol intervention profiled in this poster has incorpo-
rated local/Indigenous knowledge and preliminary results indicate the models are both acceptable and effective.

**Results:** The community participation increased awareness of FASD and the importance of supporting prospective mothers. As a result of the HCMC research, ITHA successfully developed a proposal for an FASD mentor program to provide supportive services to women in five First Nation communities on Vancouver Island. The research process and partnership has raised awareness of the value of research as an important tool for improving health status in Aboriginal communities.

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**ETHICAL AND CULTURAL IMPLICATIONS OF SPECIMEN BANKING AMONG ALASKA NATIVE PEOPLE: HISTORICAL PROJECT**

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**Background:** The use of human biological specimens in research studies has occurred in Alaska since the 1950s. Approximately 532,500 serum specimen aliquots from 91,500 individuals are currently housed at the Arctic Investigations Program of the Centers for Disease Control (AIP CDC) located in Anchorage, Alaska. Specimens from Alaska Native people make up 79% of the bank, 17% of the samples are from non-Native people and 4% are unknown. The historical project focuses on when and how the AASB was created and how it has been used and governed over time. This includes changes in consent for collection, storage and use. This chronology is important as a historical context for discussions regarding policy and procedures for the AASB.

**Purpose:** To describe initial findings about the inception, use, management and documentation for collection and storage of the Alaska Area Serum Bank (AASB) over time. Some members of the Alaska Native community have expressed concern about the use and storage of specimens.

**Methods:** Medical researchers were interviewed about their knowledge and use of the AASB. They were specifically queried about research approval processes and consent. Archived approval processes were used to cross-reference information shared by informants and contemporary documentation.

**Results:** The AASB was created around 1960, but no informants involved at inception have been interviewed to date. In 1973, management was transferred from the Arctic Health Research Center (a university-based site) to the Arctic Investigation Program at the Centers for Disease Control and Prevention (CDC) in Anchorage, Alaska. Research since 1973 has predominantly involved immunizations or improved screening for pressing public health issues. Consent processes have become increasingly detailed with more regulations and reviews by Tribal Health Organizations, village councils and institutional review boards. Management of the AASB is now the joint responsibility of the CDC and a group of Alaska Native leaders from across the state.

**Conclusions:** Accounts of the early years of the serum bank are less defined than more recent years. Preliminary information gathered does not reveal evidence of inappropriate access or use of the AASB. Future work will focus on obtaining additional information about the early years of AASB.

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**A REPORT OF THE JAPAN WORKSHOP ON ANTARCTIC MEDICAL RESEARCH AND MEDICINE – WE NEED A BROAD NETWORK OF ANTARCTIC MEDICAL RESEARCH**

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**Background:** Antarctic medical issues are very widespread and some of them are related to Arctic ones. In Japan, Antarctic medical research is done by Antarctic doctors going on specific expeditions. In spite of so many medical problems, the Antarctic medical research group is very small and does not have any specific department. To overcome this obstacle, we set up a series of workshops to focus on Antarctic medical research and medicine.
Methods: Primary members of the workshop are medical doctors with Antarctic experience. The task of the workshops is to discuss previous medical studies and to make research plans with the next expedition doctors. Extensive specialists are invited to lecture on various concerns of Antarctic medicine. We also manage joint research projects between participants and the Antarctic medical group. In 2006, we began to invite Asian researchers to the workshops.

Results: We started the workshop in 2004 with 23 participants from 16 institutes, universities and hospitals. The workshop in 2008 brought together 63 participants from 38 departments of four Asian nations putting in for winter operations in the Antarctic. The resident doctors at the Antarctic Station joined the discussion through a real-time telecommunication system. The issues discussed included psychological studies in an extreme environment, the mortality and morbidity among the Antarctic wintering team, medical equipment, the telemedicine system, the relationship between Antarctic medicine and space medicine, nutrition and metabolism in a cold environment, and a survey of Legionella species in Antarctic stations. Several joint research projects have been initiated and some are running now.

Conclusions: The Antarctic medical workshops successfully gather together many researchers from various institutes, universities and Asian nations. The joint research projects contribute to Antarctic medical study. We will continue to pursue co-operative projects in many fields, including the Arctic area.

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