

Circumpolar Inuit Health Strategy 2010 – 2014

Background

At the 2006 ICC General Assembly in Barrow, Inuit health and wellness was identified as a priority for ICC action. This was expressed in two of the directives contained in the Utqiaġvik Declaration. One of the directives to ICC was to hold a pan-Inuit Summit on health and well-being and the second was to develop a Circumpolar Inuit Health Action Plan. This document sets out the proposed strategy for the Circumpolar Inuit Health Action Plan to guide ICC's health advocacy work over the next four years.

The strategy's development comes out of the work of the Circumpolar Inuit Health steering committee which was formed in 2008 to help shape the health plan by identifying ways for ICC to act as an advocate on behalf of Circumpolar Inuit health. The strategy also reflects the findings and recommendations of the Circumpolar Inuit Health Summit which was held in Yellowknife, Canada in July 2009. The Summit, which was one of the initiatives called for in the Utqiaġvik Declaration, brought together representatives from each of the Inuit regions to consider the health concerns and priorities for Inuit in their respective countries and to identify ways in which ICC could move forward on key health issues.

The Strategy outlined in this document reflects the outcomes of the Yellowknife Summit, the principles expressed by the Summit's participants in their concluding statement and their recommendations. It also reflects the advice and counsel of the Circumpolar Inuit Health Steering Committee since its establishment. The Strategy's objective is to improve Inuit health and wellness across the Arctic. Its goals are to

1. Influence international, regional and national policies and programs that impact on Inuit health and wellbeing;
2. Improve awareness of Inuit health and wellness issues across the Arctic;
3. Encourage greater focus on Inuit health and wellness issues through ICC's representation on international fora;
4. Support improved understanding by health professionals of Arctic/Inuit specific issues;
5. Promote research to improve Inuit health and wellness.

This document summarizes the key health and wellness issues impacting on Inuit, sets out the principles and recommendations for ICC action which came out of the 2009 Circumpolar Inuit Health Summit and describes the actions and activities ICC will undertake to implement this Strategy and achieve its objective and goals.

Key health and wellness issues

The importance of health for ICC is underscored by the fact that across the Arctic, many of the health and wellness challenges are similar, shaped in part by the shared uniqueness of the pan-Inuit experience. However, along with the similarities are differences in the impact and timing of the respective challenges and community responses. The differences are also influenced by social determinants, environmental issues, the effectiveness of the local health services and historical contexts.

While there have been major improvements in health and survival for circumpolar Inuit, advances in some areas have been overshadowed by emerging problems or stalled progress such as tuberculosis and sexually transmitted infections. Furthermore, stark differences still remain between key health indicators for Inuit and those of the broader national populations in USA, Canada and Russia despite the variations in economic, political and social circumstances of the three countries (See table 1). Similar differences can be seen between Greenland and Denmark. For example over the period 2000-2004 in Canada, life expectancy for Inuit men was almost 11 years less than the national statistic, while for Inuit women there was a gap of almost 12 years. Infant mortality rates, another basic indicator of health and wellness within a community, demonstrate the same trend of significant gaps between Inuit and broader national populations.

Table 1 – Comparative health indicators for Inuit and national populations

Indicator (2000-2004)	USA	Alaska natives	Canada	Nunavut	Denmark	Greenland	Russia	Chukotka
Life expectancy at birth	M 74.6 F 80.0	M 68.1 F 75.4	M 77.2 F 82.2	M 66.6 F 70.0	M 74.9 F 79.6	M 63.7 F 70.0	M 58.8 F 72.1	M 53.6 F 63.7
Infant mortality/ 1000 live births	6.9	10.8	5.3	15.3	4.7	12.1	13.3	20.3

Source: Circumpolar Health Indicators: Sources, Data and Maps; T Kue Young; Circumpolar Health Supplements 2008

Underlying the big gaps in these indicators are a range of health issues, social and economic determinants and environmental factors which have emerged and continue to develop as priority challenges across the Arctic region for Inuit.

The leading causes of death throughout the Arctic are circulatory diseases and cancer. While it is difficult to obtain Inuit-specific data on chronic disease incidence because data is often simply not collected in ethnic-specific ways, Table 2 below provides a stark contrast in the differences in the incidence of lung cancer between broader national populations and Inuit communities. Related to this is the comparatively high usage of tobacco among Inuit particularly among Inuit women.

Table 2 – Rates of lung cancer and daily smoking

Indicator (2000-2004)	USA	Alaska natives	Canada	Inuit (Nunavut)	Denmark	Greenland	Russia	Chukotka
Lung cancer	M 57.0 F 36.3	M 69.2 F 46.6	M 50.7 F 32.9	M 163.7 F 196.0	M 47.0 F 31.8	M 116.7 F 65.4	n/a	n/a
Daily smoking/% of adult population	M 19.3 F 15.6	M 17.5 F 51.1	M 22.4 F 18.5	M 59.1 F 57.2	M 34.0 F 29.8	M 60.6 F 56.0	M 40.8 F 6.9	M n/a F n/a

Source: Circumpolar Health Indicators: Sources, Data and Maps; T Kue Young; Circumpolar Health Supplements 2008

Also very significant across the Inuit regions is the very high incidence of death due to suicide and injury. In Canada, suicide rates for Inuit are estimated to be between 6 and 11 times higher compared to the national average. Furthermore, suicide rates in all Inuit inhabited areas have been increasing during the last 15 years and are the highest in the Nunavik region of northern Quebec. Alarmingly, 51% of the total suicides in Inuit inhabited areas in Canada are committed by males under the age of 25 and 14% by females in that age range. In Alaska, the north-west coast has the highest rates of suicides. In Russia, the overall suicide rate in Russia was 32.2 per 100,000 in 2005 and experts estimate that the rate for Native peoples in Russia is three to four times higher. In the early 1990s, East Greenland reached one of the highest suicide rates ever recorded with 1,500 per 100,000 in a year. Since then, however, the rates have been declining particularly among young men in Nuuk although they have remained constant for the rest of the west coast and are still highest in East Greenland.

Overall, mental health is a key health concern for Inuit communities and has been identified as one of the highest priority health issues. Factors contributing to mental health difficulties include loss of culture, poverty; inadequate housing and addictions. In responding to mental health problems, Inuit health organizations have recognized that the skills and values that Inuit have traditionally used to cope with life – patience, resolve, perseverance and responsibility – are just as necessary today as they were in the past and that they are the attitudes and behaviours that can help prevent suicide. Better integration of health, school and social services particularly in small communities is also important in promoting and supporting mental health.

Often overlooked is the significance and incidence of injuries which are among the most serious health problems affecting Inuit, particularly younger men, with injuries accounting for the highest number of deaths up until 35 years. Accidents have always been a hazard in the often physically challenging and hostile Arctic environment, but again, the trappings of transition are contributing to the rising incidence of injury and injury-related mortality. Related to the alcohol and other substance abuse is the rise in assault and domestic violence.

While the story of controlling and reducing infectious diseases in the Arctic has been mostly positive, tuberculosis stands out as a stark and tragic exception. A recent report from Canada's Public Health Agency showed that the infection rate of tuberculosis among Canadian Inuit was 185 times greater than others born in the country. The four Canadian Inuit regions have a TB incidence rate of 157.5 for every 100,000 people according to agency's latest data. The rate in southern Canada is 0.8 per 100,000. In Alaska, the rate of tuberculosis continued to be one of the highest in the US with a 2008 rate of 7.4 cases per 100,000 compared to the national average of 4.2 cases per 100,000 according to Alaska's Division of Public Health. More disturbing was the high proportion of Alaska natives infected representing 65 per cent of the cases reported between 1999 and 2008. In Greenland, TB rates are more than 16 times that of Denmark's. In Russia, there is a major concern that many people only receive partial treatment so instead of being eradicated, the TB bacteria is modifying and becoming drug resistant.

While sexually transmitted infection rates are variable across the Arctic and there has been little research into the factors contributing to their escalation, the limited research that has been done shows that rates for some sexually transmitted diseases are very high compared to southern rates.

Social determinants and other factors

Approaching Inuit health and wellness requires an appreciation of the various and in some cases unique factors which impact on Inuit wellbeing. These include:

- The centrality of Inuit culture and traditional knowledge
- Environment particularly the impact of climate change and contaminants, inadequate housing and sanitation
- Continuing access to traditional country foods and other food security issues
- Access to health facilities
- Substance abuse resulting in physical and mental health problems as well as violence, sexual abuse and neglect of children

Traditional knowledge and medicine: A key component in underpinning Inuit health and wellness is traditional knowledge and culture. Alienation from and changes to Inuit culture have been cited as major contributors to both physical and mental health problems. There is an ongoing need to strengthen the interaction between elders and youth to protect and promote these health-reinforcing traditional practices.

Climate change and other environmental drivers: The impact of climate change on the Arctic is now well recognized and well documented. The impact of climate change on Inuit health and wellness in particular is expected to be felt in a number of areas ranging from increased injuries due to fragile and changing ice behaviour through to changes in animal and bird migration patterns and increased exposure to environmental contaminants. Other longstanding environmental issues are housing, water supply and sanitation. Inadequate, overcrowded and damp housing often polluted with tobacco smoke is contributing to high rates of respiratory illness and violence and sexual abuse.

Food security and economic vulnerability: Factors that contribute to food insecurity are the high cost of food in remote communities, the cost of hunting, a limited amount of income and inadequate government support. An additional factor is the concentration of contaminants in animals which comprise much of the traditional diet for Inuit. Inuit have been found to have these contaminants in their blood at levels exceeding international safety guidelines. While the so-called 'nutrition transition', in which the traditional diet is being replaced with a more western one deficient in the range of essential nutrients is observed independently, a fear of contaminants in traditional foods may exaggerate the problem.

Substance abuse: Alcoholism has been and continues to be one of the most acute problems for many Inuit communities. Identified as a primary health and social concern in Inuit communities because of its devastating consequences, alcohol and other substance abuse is both a contributor to behavioural and mental problems and is also a symptom of existing trauma – both at the individual and community level. Sexual abuse, violence, personal injury, neglect of children and Fetal Alcohol Spectrum Disorder are among the major consequences of substance abuse.

Access to services: Access to appropriate health facilities and support services is a longstanding challenge stemming in part from the inherent difficulties of providing services and attracting staff to what are often remote and harsh Arctic locations. The challenge has two parts: getting the diagnosis right and then making sure that the right treatment is provided for the right length of time. In part, innovations in telemedicine and

e-health can help overcome some of the limitations posed by the isolation, distance and climatic constraints of operating health facilities in the Arctic. However, administrative turf battles, budget restrictions and reluctance on the part of patients themselves are contributing to a low usage of this new technology while there remains a significant demand that isn't being met for more standard approaches. Also important in strengthening service capacity is the training of Inuit in health and social services professions.

Circumpolar Inuit Health Summit, Yellowknife July 2009: Principles and recommendations

Representatives from each of the four Inuit regions across the Arctic attended the two-day Circumpolar Inuit Health Summit which was held in Yellowknife on July 9-10, 2009.

In their concluding statement, participants stressed the importance of five overarching principles to underpin improvements to Inuit health and wellness:

- Selflessness, sharing and respect for each other, values that have guided Inuit for millennia, are the fundamental building blocks for healthy Inuit communities;
- Fostering traditional values with the help of elders is essential as communities wrestle with the challenges of balancing traditional and modern approaches to health and other social issues
- Family values and the health and wellness of children and youth are the priorities
- Individuals must take responsibility for their own health, families must take responsibility for ensuring the health and wellness of their children and communities must take ownership over responses to emerging crises and rely less on external support;
- Inuit leaders must respond to their communities' health and wellness needs and ambitions.

The four main recommendations which came out of the Summit for ICC follow-up were:

- ICC to use its circumpolar position to push for amendments to government policies which are at odds with Inuit health and wellness
- Documentation of the different experiences in each region to serve as a reference for ICC in its advocacy work at the international, regional and national levels
- Arctic Council's Human Health Expert Group attached to the SDWG to be approached with a proposal to take forward a significant ICC-sponsored activity focusing on Inuit health across the Arctic
- ICC to advocate for Inuit-specific and culturally-relevant training for non-Inuit health professionals to address the limited understanding of health professionals of Arctic/Inuit specific issues.

Circumpolar Inuit Health Strategy 2010-2014

Objective, goals and action

The health and wellbeing of Inuit is a major priority for ICC. ICC's work in promoting Inuit health and wellness across the Arctic is in keeping with the organization's principal goals including the promotion of Inuit rights and interests at the international level. The objective, goals and actions outlined in this Strategy reflect the principles and recommendations coming out of the 2009 Circumpolar Inuit Health Summit as well as the advice and guidance of the Circumpolar Inuit Health steering committee.

In implementing the Circumpolar Inuit Health Strategy over the next four years, ICC will undertake activities in line with its international focus and advocacy role, using its representation and membership of key international and regional bodies.

Strategy Objective

*Improve Inuit health and wellness
across the Arctic*

Goal 1	Goal 2	Goal 3	Goal 4	Goal 5
<p>Influence international, regional and national policies and programs that impact on Inuit health and wellbeing</p>	<p>Improve awareness of Inuit health and wellness across the Arctic</p>	<p>Encourage greater focus on Inuit health and wellness through ICC's representation at international fora</p>	<p>Support improved understanding by health professionals of Arctic/Inuit specific issues</p>	<p>Promote research to improve Inuit health and wellness</p>

ICC will advance these goals through the following

ICC's position on Arctic Council working groups (especially AMAP and SDWG health expert groups) to expand understanding and encourage Inuit-specific health activities sponsored by Arctic Council

ICC's position associated with the Convention for Biological Diversity including Access and Benefit Sharing to highlight importance of traditional knowledge for Inuit health and wellness

Negotiations with the European Union, United States of America and Canada relevant to sustainable wildlife to highlight importance to Inuit health and wellness

Highlighting Inuit health and wellness issues through the regular session of the UN Permanent Forum for Indigenous Issues

ICC's ongoing work on climate change to highlight the impact of global warming on the Inuit homeland and the consequences for Inuit health and wellness

ICC's continuing work in highlighting the impact of contaminants in the Arctic environment

ICC's involvement and contribution to WHO forums and meetings on issues of direct relevance to Inuit health

ICC will initiate the following actions to advance these goals

Document the different health and wellness experiences in each Inuit region to be used as a reference for ICC in its advocacy work at international, regional and national levels. Recognizing the importance of this initiative, ICC will seek funding from national and international bodies to undertake the documentation exercise as a matter of priority

Work with the Arctic Council's Human Health Expert Group attached to the Sustainable Development Working Group to take forward a significant ICC-sponsored activity focusing on Inuit health across the Arctic.

Encourage Inuit-specific and culturally relevant training for non-Inuit health professionals to address the limited understanding of health professionals of Arctic/Inuit specific issues. ICC will work in collaboration with Inuit health organizations in advocating this approach.

Identify and contribute to Arctic research activities which can make a significant contribution to circumpolar Inuit health. ICC will use its significant involvement in Arctic Council working groups including the Arctic Monitoring Assessment Programme and Sustainable Development Working Group as well as Canada's Northern Contaminants Program and other research-focused bodies to identify relevant opportunities.

Develop a communications strategy to promote the Circumpolar Inuit Health message. ICC will consult with each of the country offices to identify the key message and theme that ICC wants to promote over the next four years and develop a strategy to support this direction.

Work with national and regional Inuit organizations to promote the Inuit health and wellness message. ICC will collaborate with these organizations to identify the best ways to develop and promote this message and to strengthen the focus on mental health.