

CANADIAN SOCIETY FOR CIRCUMPOLAR HEALTH SOCIÉTÉ CANADIENNE POUR LA SANTÉ CIRCUMPOLAIRE

Winter 2014

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The CSCH News Letter

Message from the CSCH President

Kami Kandola, MD, MPH, CCFP, FCFP

Winter 2014 CSCH Newsletter- Message from the CSCH President

October 2013 marked the first time the Canadian Society for Circumpolar Health participated in a sub-plenary presentation at the Canadian Conference on Global Health. The sub-plenary focused on the Global Mental Health Agenda: Challenges and Current Debates. It was chaired by Dr. Duncan Pederson whose main focus was on how societies impact the mental health of their citizens. I provided an overview on mental health and addictions as a major public health issue present throughout the jurisdictions within Circumpolar Canada (Yukon, NWT, Inuit Nunangat). During this presentation, I was able to highlight the Stats Canada data on Inuit youth suicide rates being 11 times the national average, and affecting primarily young males. Suicide rates in the Inuit Nunangat has increased in the past decades and was relatively low in the Inuit youth prior to the 1970s. The CIHI data was used to point out the high rates of hospitalizations for substance-related disorders in the Northwest Territories (about five times the national average). In addition, it was noted that Yukon had the highest per capita alcohol consumption rate in Canada whereas the Northwest Territories had the highest heavy drinking rate 5 or more drinks in any single occasion for those greater than or equal to twelve years of age. (Cont'd page 2)



President's message-contd...

New approaches addressing mental health and addictions taking into account traditional values are needed to build resilience especially in the youth. This includes back to the land programs or providing a culturally safe environment to improve access to mental health services. To this the end, the work of Gwen Healey, the Executive Director of Qaujigiartiit Health Research Centre (QHRC) was shown in a 3 minute video clip using Photovoice. QHRC had collaborated with youth centres in Nunavut communities to provide youth with the opportunity to explore and share perspectives on Mental Health and Wellness through Photovoice on a larger scale. Photovoice is a research method that allows the photographer to be the researcher. This short overview was followed by a presentation by another CSCH member, Dr. Arlene MacDougall, a psychiatrist working in London, Ontario. Her main focus was to provide a high level perspective on her recent experience working as a psychiatrist in the Northwest Territories through a partnership with Dalhousie University.

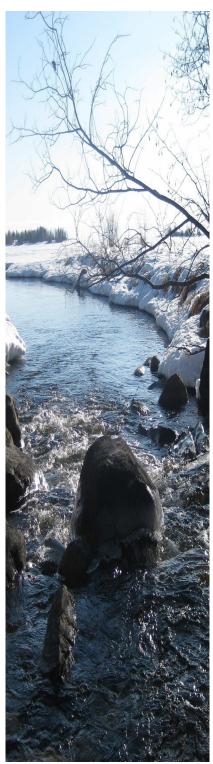
The remaining presenters Drs Jaswant Guzder and Laurence Kirmayer were both McGill University-based psychiatrists. Both focused on global mental health, particular-

ly within a developing country context.

Overall, all the presentations were received well. The main questions from the audience centered on finding an alternate model of mental health care to respond to the pressing needs of the aboriginal communities. It was generally agreed that the current practice of medication and psychiatric evaluation is not working. Alternate models need to apply a cultural lens. One family physician was bold enough to acknowledge the limitations of western medicine for his aboriginal clients. Thinking out loud, he commented that what would be considered best practice in southern Canada in psychiatric evaluation and treatment is in fact malpractice in his context. Not a single patient in his practice had improved their mental health state on meds alone. A different model is needed.

It was noted that many of the mental health issues faced by Northern clients are also being experienced by those in developing countries. A cultural lens would need to be applied not only locally but globally.

Kami Kandola, MD, MPH, CCFP, FCFP



MEMBERS Soap Box (Your opinion is welcome!)

What happened after the 2012 Congress?

Michael Chappell asked me to write "a few hundred words" to reflect on the state of circumpolar health after the Congress and, secondly, what has happened to me. He seems to be one of the few people who listened to my plenary talk in Fairbanks and pretends to be "interested" and "intrigued". As to what happened to me, for one thing, I got even older. Secondly, in a moment of folly, I decided to start, a new job as Dean of the School of Public Health at the University of Alberta. I have been on the Job Store August 1, 2013. It is a challenging job, but it is also good to be learning new skills and meeting new people. Keeping up standards and further developing the school are among my priorities, as U of A is the only accredited school of public health in Canada, with an impressive cast of highly productive faculty, staff and students.

Most of you who attended the congress surely suffered the "post-congress blues" afterwards, having said good bye to friends old and new. Imagine spending a week in congenial surroundings, listening to presentations good and not so good, and discovering that there were people in other circumpolar regions who were doing something similar and had tales to tell. And of course, the social program was not to be neglected, and staggering out of the banquet and dance in the midnight sun is certainly an experience to be cherished.

Circumpolar health is in good health. As someone who brags about not having missed a single congress since the year X, I never fail to be amazed by the new crop of people – students, researchers, and practitioners – who join the circumpolar health "movement" at each congress, a significant proportion of whom end up becoming stalwarts within a couple of congresses. The CSCH has new leadership. A new international network calling itself Circumpolar Health Research Network [what an imaginative name – please join at http://circhnet.org] arose from the ashes of two other organizations. It has taken up the tasks of publishing the journal and organizing summer schools and other developmental activities. Increasingly, research is being "repatriated" to the North, under the auspices of northern-based research centres such as ICHR, QHRC, and AICBR – if you don't know what these initials stand for, it is high time you find out [Hint: Google ® them]. "Decision-makers" and researchers are teaming up to design, implement and evaluate innovative approaches to community-based primary health care, and mental health, among others.

The amazing thing is, the next congress in Oulu, Finland is only just around the corner (2015). So plan a study in time for the presentation and start saving up for the airfare. See you there!

Kue Young [kue.young@ualberta.ca]

Circumpolar Health Without Boundaries



Snap shot of Nuuk delegation

Contributed by Caroline Divine June 2013 (unpublished previously)

Vanishing red willow bark in Nunavut and reindeer pasture in Norway are relevant to circumpolar health concerns, responses, innovation and potential collaboration.

A medical humanitarian and an early career polar scientist, I'm drawn to the globe's northern region to better understand circumpolar health, politics and environment. I advanced my learning curve exponentially at the Circumpolar Health: Approaching a collaborative research agenda for systems performance seminar at University of Toronto on March 26, 2013 hosted by the Institute of Health Policy, Dalla Lana School of Public Health and the Institute for Circumpolar Health.

After working in Antarctica, Australia, Rwanda, East Timor, Malawi and Canada, I have health, access to medicines, human rights and climate change on the brain—both north and south of 60 and in between.

This seminar was a rare opportunity to learn from and meet front-line health care providers, researchers and policy-makers from Canada-Nunavut and NWT and Labrador- and from Alaska, Iceland, Norway, Denmark and Greenland (via internet) and to reflect on my global health experiences, especially those in Africa.

A commonality in the eight circumpolar countries and 27 regions is an association between socio-economic determinants and health outcomes in the circumpolar north despite variances in health system approaches and challenges.

Healthcare access for all.

An early theme from panelists was the value of equal access to health care regardless of location. Médecins Sans Frontières (MSF) and other humanitarian organizations I work with also defend the principle all should have access to health care whether in a makeshift surgical centre in Syria, a pop-up clinic for Malian refugees stranded in the Mauritanian desert, or a health care centre in Greenland, next to the world's second largest ice sheet after Antarctica.

Topics raised at this seminar including equity, remote health, gender-based violence and community care are familiar to me in my work with Dignitas International in Malawi. Dignitas does HIV and TB treatment and care, operational research, and health system strengthening with Malawi's Ministry of Health. Starting in 2004

with a modest budget and facing a massive health and human resource crisis, Dignitas had to rapidly respond, partner, evaluate, innovate and adapt.

The AIDS pandemic revealed that universal access to HIV prevention, treatment, care and support cannot be achieved without human rights. Rights and responsibility must be at the centre of all global health efforts.

In the interest of sharing models and knowledge, Dignitas is doing a small feasibility study exploring the role of medical NGOS in improving access of Aboriginal communities to quality and appropriate health care in Canada. Of special interest are TB and HIV initiatives, community health support cadres, and tech based health solutions in remote settings.

Conference panelist Debbie Delancy, Deputy Minister, Department of Health and Social Services, Government of the Northwest Territories, Yellowknife suggested challenges there are tackling inequity and ensure access to health care and transforming how resources and research are used. In NWT indigenous people experience higher unemployment, less education and more mental health and drugs/alcohol issues than non-indigenous people.

Decentralizing care to rural health facilities using an integrated primary care model improved care and geographic equity to HIV-related services in Malawi. Decentralization of health care systems (not only fiscal decentralization) also appears effective health care model in northern Norway and Greenland and to a degree in Canada's north.



A lesson learned in NWT to increase health outcomes was the example of screening for cancer. Health care providers must offer culturally and clinically appropriate services, said Delancy. Indigenous males will not come for a prostrate test given by a white female nurse. In Malawi, we learned for HIV-positive pregnant women to access treatment for herself and to prevent HIV transmission to her baby, the success was higher if her partner (if she had one) joined her for initial visits. Informed by operational research and evidence, Dignitas and the government changed policy and are providing higher quality care.

A new challenge for me in the circumpolar context is how to describe resource-rich wealthy countries like Canada that have regions with poorer health outcomes. With the race for resources, I wonder if after the "Arctic Rush" peoples of Nunavut will be like or unlike those in the Democratic Republic of Congo, for example where average citizens benefits little from local resource exploitation. "Low-resource" or "resource-restricted" regions or countries could more accurately refer to a need for more band-width, quality health care training and local participation in and access to health care services, than a lack of human resources or funding.

Indigenous Adaptations in Circumpolar regions

trees, whose bark traditional healers use.

The Elders council assists with protection, prevention, hospital liaison, informing protocols and integrating traditional practices and medicines. Paulette said the council's advising and pushing has had positive effects. Partnerships are two-way and traditional knowledge and language must be part of research. Western and traditional medicine can work together, he said.

I think of the Dignitas experience collaborating with Malawian traditional authorities in a "One man one blade" male circumcision campaign to reduce infection and disease transmission.

Expect the unexpected, resilience

Participants noted the important theme of resilience of health care systems. Societies globally face economic instability, competition for resources and migration to urban centres.

Helga H. Bjarnadóttir, Director, Department of Economics, The National University Hospital of Iceland, Reykjavik shared how they coped following Iceland's 2008 economic system collapse. The collapse occurred in the context of a growing and aging population, an increase in chronic diseases and a health staff brain drain. The hospital's 2012 budget was also cut 22% yet the hospital produced good clinical results compared with other OECD nations, said Bjanadóttir.

I recently visited Iceland to research glacier retreat. I couldn't but



Panelists shared examples of the effective involvement and leadership of indigenous peoples in their own health care.

I found the South Central Foundation (SCF) in Alaska a refreshing circumpolar and global success story of a health care system that invests in health care access for all, urges customer-owner involvement in health care, and has integrated and culturally appropriate services. SCF, a non-profit, has excellent health outcomes and high staff retention.

SCF is an Alaska native-owned health care system called the Nuka System of Care. Nuka is an Alaska native word used for strong, giant structures and living things. Dr. Donna Galbreath, an Alaska Native physician, said SCF medical team compare outcomes, honour its vision and are "great thieves", adapting others' best practices.

Across the circumpolar north in Fort Smith, Canada is another health care body that seeks stakeholder involvement. Elder Francois Paulette, Chair of Stanton Territorial Health Authority Elders Council, Fort Smith, Canada, describes himself as a grandfather of eight who takes his grandchildren as young as four to snare rabbits.

The Dene face new health issues, he says, experiencing an imbalance. While the government is focused on resource development and the economy, the Dene need to protect the environment and their way of life, Paulette said. He doesn't know the extent of the Tar Sands development effect on health, but he's seen an increase in cancers and clean water issues. Paulette is worried he can't easily find red willow

think of my humanitarian hat there because earthquakes, volcano eruptions and sea rise are a constant threat. Icelanders, like peoples of other Arctic countries, have suffered and survived harsh climates and change. Analyzing and remembering their past resiliency and adaptation it appears can help with crisis management, planning, responsiveness, cost-effectiveness and effectiveness of future health care.

Stating the needs, driving the agenda

Predictions on glacier loss and related sea rise levels have been revised several times due to accelerated glacial melt in the Arctic. Circumpolar countries are responding to the major changes. They are also vulnerable to health threats in the related race to exploit the north's resources and shipping routes. Now is an opportunity for circumpolar populations to demand effective infrastructure and services for their wellbeing

Jury member and Panelist Dr. Peter Bjerregaard, Professor of Arctic Health, Centre for Health Research, Greenland, said Greenland is feeling the "bombardment from the outside" and thus needs to develop a research agenda vs. be driven. This seminar was a timely, fruitful opportunity to discuss circumpolar research priorities, to articulate shared values, evidence and best practices and I hope strengthen existing collaborative efforts across borders.

From my experience with MSF's Access to Essential Medicines Cam-

THE CSCH'S BOARD MEMBERS

"WANT TO TALK TO A BOARDMEMBER ABOUT THEIR WORK IN THE NORTH?"



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Member's Survey Moment:

Would you like to receive instant media updates from CSCH through Twitter, Facebook, etc? Yes No Tell me More Would like to be a Regional Contact for CSCH? (Be the Newsletter contact for your local news) No Tell me More Would like to publish something about your work in the North but need a mentor to help? Yes No Tell me More Would you like to attend a conference on any area of Health in the Circumpolar North? No Tell me More Would you like to have access to a Circumpolar Health net work of researchers and clinicians? Yes No Tell me More Would you like to have more access to normative information on indigenous populations? No Tell me More Do you have indigenous cultural references/material that you think are great? Yes No Tell me More Done? Please just cut and paste your responses to CSCH at mchappell@gov.nu.ca. Thanks! Yes No Tell me More

Return to: info@csch.ca

(Cont' from pg 2)

Circumpolar health awareness and advocacy

Wearing my activist hat I am also concerned about the impact of some industry and political action on circumpolar populations. Russia, whose northern populations have the poorest health expectancy and least health funding of all circumpolar countries, used a submarine to plant a flag in a seabed under the North Pole in 2007. Canada and Denmark continue to dispute Hans Island but made a recent tentative deal over the Lincoln Sea's maritime border. There are ongoing Indigenous land

trial political disputes and decisions on health and health decisions must be observed.

Health is interrelated with sovereignty, rights and people's ability to take and make decisions about their livelihood, health, food and future. Scientists, policy-makers and civilians can influence the prioritizing of health, food and human security and climate change response vs. corporate and military development. Circumpolar health professionals and

advocates can model leadership and cooperation. Medical statistics and testimonies are powerful advocacy tools.

Dr. Siv Kvermno, Professor of Child and Adolescent Psychiatry, Department of Clinical Medicine, University of Tromsø, Norway, told us a Sami proverb, Mas amas diehtá maid oarri borrá? "How can a stranger know what a squirrel eats?"

The obvious answer is for the stranger to observe. Metaphorically, the proverb means to me that to help solve a problem, one must ask the persons most affected what they think and involve them in solutions.

Kvernmo is a product of Norway's post-war efforts to revitalize Sami culture and rights and to increase the Sami's education, including quotas for Sami medical students. This created what Kvernmo called the "Salmon Effect": Sami doctors "go back to the river" to their communities. This is a contrast to brain drain in the global south: there are more Malawian doctors in Manchester than Malawi.

Sami health care has good outcomes. The first Sami health survey in 2003 showed the Sami have lower substance abuse and cancer rates than non-Sami. While the Sami and non-Sami had the same incidence of mental health concerns, Kvernmo said a recent increase in mental health issues in Sami men is related to transition from traditional occupations such as reindeer herding.

If the squirrel's proverbial nut is toxic, scarce or unavailable they are forced to find alternatives. Obesity and malnutrition are problems in circumpolar regions of Canada and Russia. With existing and looming food insecurity worldwide, it will pay to know what a squirrel eats and how the food claims and disputes in Canada. The impact of indus- chain is changing. Both "strangers" and those im-

> pacted must speak out about concerns. Campaigning for access to medicines I witnessed the power of "one message, many voices."

> Carol Devine is a board member of Dignitas International and association member of Médecins Sans Frontières (MSF). She was MSF Canada's Access to Essential Medicines Campaign Liaison. Carol led the first civilian ecological expedition to the Antarctic with The VIEW Foun-

dation in cooperation with the Russian Antarctic Expedition.



Young, T. Kue and Susan Chatwood, "Health care in the North: what Canada can learn from its circumpolar neighbours." Canadian Medical Association Journal, vol. 183 no. 2 (2010): 209-214 "A Formula for Cutting Health Costs" New York Times, July 21, 2012, accessed April 19, 2013, http://www.nytimes.com/2012/07/22/opinion/ sunday/a-formula-for-cutting-health-costs.html? pagewanted=all& r=0

An Introduction to Drug-Resistant Tuberculosis (DR -TB), Dr. Peter Saranchuk, TB-HIV Adviser, Southern Africa Medical Unit (SAMU), Médecins Sans Frontières (MSF). MSF Annual General Meeting, 25 May 2013 Montreal.



Up and Coming Confer Bill Boas



Global Epidemiology in a Changing Environment: the Circumpolar Perspective Anchorage, Alaska August 17-21, 2014.

International Congress of Arctic Social Sciences (ICASS) VIII, Prince George BC May 22-26, 2014.

16th International Congress on Circumpolar Health Oulu, Finland June 7-13, 2015

"Do you have a conference you'd like to announce? Send us the dates and place! We'll share it for you."

Attended a Conference? Like to share some highlight you took away? Why not send us a note?

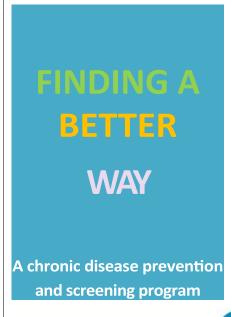
Projects and Initiatives Around the North

Check out this link: https://www.dropbox.com/s/vrd5jkx3wp70m4w/lqaluit%
20photovoice%202-Display.m4v Inspiring?

Below is a Health Guide Brochure being developed in Yellowknife for the North West Territories. Want to see more? Why not ask for a copy when it's finished? Or visit now the website www.choosenwt.com

NWT BETTER PROGRAM:

Building on Existing Tools to Improve Chronic Disease Prevention and Screening in Primary Care







Featured Submitted Resources and Perspectives for Health Care Practice in the North

This interesting and insightful review of practices in health care provided to the Inuit of Hudson's Bay has practical information for all service providers in the North. This 54 page resource provides thoughtful and compassionate perspectives on 'current practice' and suggested 'best practice' while working with cultural diversity.

Pierre-Antoine Guinard worked for more than 35 years in health and social services facilities notably in the dispensation, development and evaluation of services. Concerned about providing relevant and adequate services to the individual, his family and their community, he served in the South and still today in Nunavik, as a local Complaints and Service Quality Commissioner. His experience inspired the design and implementation of this research project he hopes will serve the welfare of the Inuit population of Nunavik.

Chloe Daigneault-Clermont studied anthropology and works as a consultant in the community, with a specific sensitivity to cultural issues. Alternately coordinator, facilitator, researcher and analyst, she works with a variety of clients whose common denominator is a concern for a more just and egalitarian society.

Reading Panel

Ginette Lazure holds a PhD in nursing and is a senior professor and head of the International Department of the Faculty of Nursing at

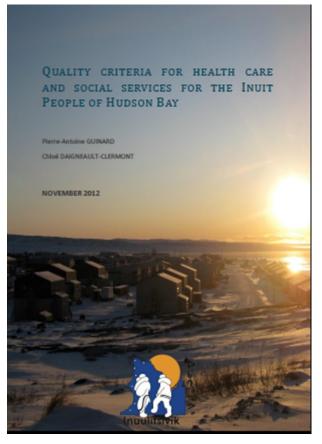
Laval University. Her research and teaching focus on omen's health, international health care in an intercultural context, and organizational cultural competence. The present study is in keeping with her interests.

François Prévost has been practicing medicine as a permanent physician for the last twelve years in the villages of Hudson Bay, mainly Inukjuuak. He also served as chairman of the CMDP, (Council of Physicians, Dentists and Pharmacists) to Inuulitsivik's Centre of Health and Social Services in Inuulitsivik. He is also responsible today for managing the Nunavik region DRMG for Nunavik Regional Board of Health and Social Services in Kuujjuaq.

Andréanne Robitaille is a nursing consultant in development of professional practice at the Northern Health Program and Aboriginal communities at The Montreal Children's Hospital and a former nurse coordinator at the Nunavik Centre. Her professional interests focus mainly on improving the quality of care for Aboriginal clients and also improving support to professional practice in remote and isolated regions.

Julie Schreiber has practiced northern medicine in Nunavik over the last eight years as a permanent physician. She practiced in all villages of Nunavik, especially in Puvirnituq where she also acted as head of the Department of Medicine for the Inuulitsivik Health and Social Services Centre. She has since practiced in many regions of Québec like Gaspé, Québec Centre and now works in the immediate area of Quebec City.

Contact an author: pierre.guinard@cgocable.ca



Canada's Most Vulnerable

PSA

John G. Abbott, CEO, Health Council of Canada November, 2013

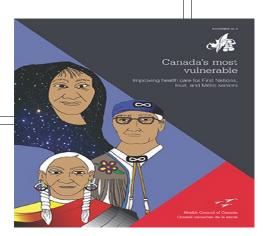
The Health Council of Canada released the report <u>Canada's most vulnerable</u>: <u>Improving health care for First Nations</u>, <u>Inuit and Métis seniors</u> at the Native Canadian Centre of Toronto.

In order to address the concerns and perspectives of the people and providers who work with this vulnerable population and to learn what is being done for seniors in their communities, the Health Council conducted interviews with senior government officials and First Nations, Inuit and Métis organizations and hosted three regional meetings over the past year. We also convened focus groups in Iqaluit, Inuvik and Happy Valley-Goose Bay to capture the unique situations of Inuit seniors. The Health Council found communication and coordination were often lacking between health care services and Aboriginal peoples and the communities in which they live which can prevent seniors from getting the care they need. However, we did find innovative practices that encourage coordination through culturally competent care arrangements. Some of these practices have been developed, led and managed by and for Aboriginal peoples, such as the BC First Nations Health Authority. Twelve innovative practices are profiled in the report.

The report is available in both official languages to governments, stakeholder organizations and members of the general public via the Health Council's website: www.healthcouncilcanada.ca.

The Health Council has profiled a number of practices that are aimed at improving care for Aboriginal people: www.healthcouncilcanada.ca/innovation

Blogger? Checkout www.healthcouncilcanada.blogspot.com.



Have you read this?



Dr. Gustavo Turecki, director of McGill Group for Suicide Studies, Douglas Mental Health University
Institute, conducted a follow-back study:
Qaujivallianiq Inuusirijauvalauqtunik. June 2013

Health Issues:

What's trending in your community?



Tell us what we can do to help you get your ideas, questions and practice shared. Email us about what you read while waiting for a flight?

Circumpolar Health Links and Suggested Resources:

Indigenous Health Conference (University of Toronto) Nov 20-21/14

Circumpolar Health Journal

http://www.circumpolarhealthjournal.net/index.php/ijch

CAHS report on Global Health

http://www.cahs-acss.ca/canadians-making-a-difference-the-expert-panel-on-canadas-strategic-role-in-global-health/

National Indian & Inuit Community Health Representatives Organization (NIICHRO)

www.niichro.com

Health Canada - Fact Sheets

www.hc-sc.gc.caInuit

Tobacco-Free Network

www.InuitTobaccofree.ca

Did a service you provide get deserved attention? Please share your success with us.

The Iqaluit 'Pediatric Complex and Chronic Care Group' was nominated for a CHEO Communication Award!!

CSCH Newsletter

Editorial/Publisher Michael Chappell, Guidance by CSCH Board (Photos taken by Michael, Kami, and in Nuuk by C. Divine)



