



The CSCH News Letter

CSCH Sets priorities for 2013



The goal of the Canadian Society for Circumpolar Health is to improve and maintain the health of circumpolar people.

Objectives

1. To provide a forum for networking and sharing of information on circumpolar health.
2. To foster the dissemination of information of a scientific or otherwise educational nature relevant to circumpolar health.
3. To serve as coordinating agent for international contacts relevant to circumpolar health.
4. To increase the awareness in Canada and the global community of the health conditions and perspectives of circumpolar people.
5. Where appropriate, to serve in a consultative fashion with responsible agencies to satisfy these goals and objectives.
6. To encourage the conduct of scientifically based research in areas pertaining to circumpolar health.
7. To develop contacts in the international health arena to allow for the sharing application of knowledge relevant to both third world and circumpolar health.
8. To develop liaisons with other agencies which have health related involvement in circumpolar areas.
9. To serve as a medium for the publication of materials relevant to circumpolar health.

“Ottawa is awaking to the health challenges and needs of the North.....” NDP health and aboriginal affairs critic visit Iqaluit March 2013.

Anti—Tobacco

Did you know that smoking can increase your risk of contracting and dying with TB?

Three recent systematic reviews:

Slama et al. Int J Tuberc Lung Dis 2007; 11:1049

Lin , et al Plos Medicione, 2007 4,e142

Bates et al. Arch Intern Med. 2007 Feb 26; 167(4):335-42

“Smoking increases the risk of active TB by 2-3 times.”

“Smoking impacts treatment outcomes There is increased morbidity.”

CIRCUMPOLAR VOICES

Circumpolar health collaborations: a description of players and a call for further dialogue Susan Chatwood, Alan Parkinson, Rhonda Johnson

- See Table I below. Objectives and memberships of circumpolar organizations (2009–2010)
- Highlights international members in Global Circumpolar Health
- **IUCH: International Union of Circumpolar Health * now part of CirchNet**
- **INCHR: International Network for Circumpolar Health Research— now part of CirchNet**
- AHHEG: Arctic Human Health Expert Group
- IACHP: International Association for Circumpolar Health Publishers
- *The **Circumpolar Health Research Network (CirchNet)** was formed in 2012 with the coming together of two international circumpolar health organizations — the International Network for Circumpolar Health Research



Table 1. Objectives and memberships of circumpolar organizations (2009-2010).

IUCH objectives (5)	INCHR objectives (6)	AHHEG objectives (7)	IACHP objectives
<ol style="list-style-type: none"> 1. Promote international cooperation in circumpolar health. 2. Encourage and support research and exchange of scientific information in the circumpolar health sciences. 3. Promote public awareness of circumpolar health. 4. Provide a means of communication with other scientific organizations. 5. Promote and encourage the participation of indigenous peoples in circumpolar health affairs. 	<ol style="list-style-type: none"> 1. Conduct, sponsor and promote research programs and projects investigating the patterns, determinants and impact of health conditions among circumpolar peoples and the strategies for improving their health. 2. Support research at all levels and increase capacity for circumpolar health research in communities, service delivery agencies and higher educational institutions. 3. Facilitate exchange, communication and dissemination of research data. 4. Strengthen the health information system in the circumpolar region. 	<ol style="list-style-type: none"> 1. To establish an interdisciplinary group of health experts and researchers, statisticians, social scientists, community health specialists and others to provide from an Arctic region perspective further insight on the relationship between human health and society. 2. To fully engage indigenous communities and organizations in developing the research instruments and in understanding community responses. 3. To strengthen cooperation and collaboration between Arctic council working Groups, academic institutions as well as circumpolar human health organizations. 4. To provide timely communications and outreach on the activities of the AHHEG at meetings, conferences and gatherings. 	<ol style="list-style-type: none"> 1. Highlight specific features of health and well-being of circumpolar populations. 2. Promote quality of life in circumpolar regions. 3. Advance research in the field of health and well-being in circumpolar populations. 4. Disseminate valuable and scientific and practical information. 5. Promote interactions between specialists by offering a forum. 6. Support the development of the circumpolar infrastructure. 7. Promote the versatile identity of the circumpolar region. 8. Aid the further development of cultural contacts throughout circumpolar regions. 9. Advance scientific and professional knowledge.

YUKON DELEGATION 2012 FLASHBACK

A SNAPSHOT OF THE 15TH INTERNATIONAL CONGRESS

Contributed by Karolina Machalek & Shannon Ryan

Here are some highlights from the ICCH15 in Fairbanks from the Yukon delegation that included: Dr. Brendan Hanley, Yukon's Chief Medical Officer of Health; Karolina Machalek, Canadian Public Health Service, Public Health Agency of Canada located at the Dept. Health and Social Services, Government of Yukon; Norma Kassi, Arctic Institute of Community-Based Research; Breanna Blottner, Arctic Institute of Community-Based Research; Marilyn Van Bibber, Arctic Institute of Community-Based Research; Charlotte Hrenchuk, Yukon Status of Women Council; Jennifer Jones, University of Alaska graduate student; Dawn Priestley, Canadian Agency for Drugs and Technologies in Health; Shannon Ryan, Ryan Policy Research Consulting.

The conference was enjoyed by all: the first-rate scientific content, professional networking opportunities with Canadian and international colleagues and the social events were together a welcome change to the day to day work we all accomplish in our respective offices and a wonderful opportunity for all who attended.



Karolina Machalek and Shannon Ryan from Yukon at the ICCH15 Banquet Gala held at the Antique Auto Museum.



Canadian colleagues enjoying the Banquet Gala at the Antique Auto Museum: Karolina Machalek, Yukon; Shanna Sunley, Ontario; Stephanie Metcalfe, Quebec; Sorcha Collins, British Columbia & Nunavut; Shannon Ryan, Yukon; Brendan Hanley, Yukon.



INTRODUCING THE CSCH'S BOARD MEMBERS

A SNAPSHOT OF DEDICATION TO THE HEALTH OF THE NORTH



President: Dr. Kami Kandola is currently the Deputy Chief Public Health Officer of the Northwest Territories (NWT). She has lived in the Northwest Territories since August 2003. She was also the former President of the NWT Medical Association (2005-2007).



Vice President: Dr Michael Jong is a professor of family medicine at Memorial University and Vice President of Medical Services for Labrador-Grenfell Health Regional Health Authority. He has lived in Labrador for 30 years.



Treasurer: Dr Alex Drossos is a psychiatry resident at the University of Toronto. He has clinical experience in Canada's north (in both Iqaluit and Churchill) as well as Tromsø, Norway



Secretary: Gwen Healey Gwen co-founded the Qaujigiartiit Health Research Centre, an independent, community driven, northern lead, health and wellness research centre. She was born and raised in Iqaluit, Nunavut.



Member-At-Large
Michael Chappell has practiced speech-language pathology since 1983. He has called Iqaluit home from 2007.



Past President: Susan is happy to be staying involved on the CSCH executive as past president, and will support the continuity and smooth transfer of operations within the CSCH. Susan has many achievements and long dedication to the people of the North where she has lived for over two decades.



Member-At-Large
Candice Lys was born and raised in Fort Smith in a large Métis family, now a Research Associate with the Institute for Circumpolar Health Research in Yellowknife.

RESEARCH SUMMARY

“Improving Criminal Justice for People with Mental Illness in Remote Arctic Communities”

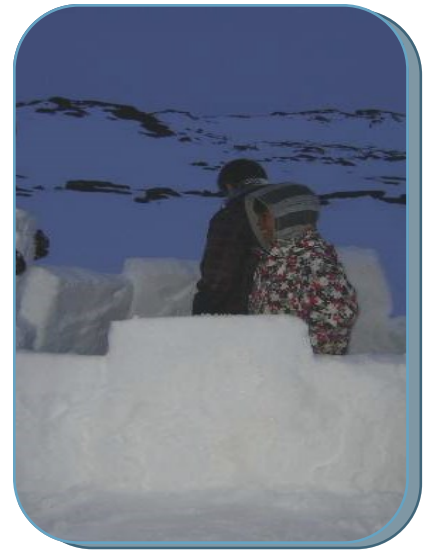
Priscilla Ferrazzi LLB, LLM, PhD Candidate

The overrepresentation of people with mental illness in the Canadian criminal justice system and in Canada’s prisons is a growing problem. In the past two decades, rehabilitation-oriented mental health programs in criminal courts have developed in large Canadian centres and elsewhere as one answer to this challenge. These programs are intended to encourage therapeutic goals as alternatives to criminal penalties for people with mental illness in conflict with the law while generally maintaining or improving community safety. Meanwhile, in remote Arctic communities in Nunavut, mental health programs in criminal courts do not exist and the capacity of these courts to deal with persons with mental illness is constrained by scarce resources and unique cultural considerations. These problems contribute to accused people with mental illness in Arctic communities, many of them Inuit, being swept up in the criminal justice system for crimes that have mental illness at their root. This research examines how the underlying rehabilitative principles that guide mental health programs in criminal courts in larger Canadian communities and elsewhere—principles derived from the theoretical concept of “problem-solving courts” that look to the underlying causes of crime—can be used in the absence of the resources usually associated with these courts to achieve their rehabilitative objectives in remote, mainly Inuit communities in the Arctic. The study straddles the traditional boundaries between law and health sciences to combine contemporary scholarship regarding mental illness rehabilitation and legal theories of therapeutic justice.

Cont'd

Also vital is the incorporation of Inuit concepts of “mental wellness,” resilience and wrong-doing in the context of northern health and criminal justice.

This innovative research involves interviews with justice and health workers as well as Inuit elders in three communities in Nunavut—Iqaluit, Arviat and Qikiqtarjuaq—and has three objectives: (1) to identify problem-solving principles used by mental health programs in criminal courts to provide therapeutic justice and to identify the particular goals and objectives of each principle; (2) to determine whether and how the objectives of these problem-solving principles could be met in Arctic communities given available resources, geographic isolation, and Inuit cultural considerations; and (3) to develop benchmark indicators as practical tools to assess whether or not the problem-solving principles behind mental health programs in criminal courts are achieved in any future program to deliver therapeutic justice in Nunavut. This work will create both a theoretical foundation and practical indicators that can be used to inform future criminal court initiatives in the Canadian Arctic that respond to the needs of people with mental illness in remote, mainly Inuit communities while enhancing community safety.



-- Priscilla Ferrazzi is a Candidate student at Queen's University. She is also a long-time Assistant

“Did you know....?” That the Canadian Society for Circumpolar Health has now achieved charitable status? Those inclined to help may do so on www.canadahelps.org website. Simply type Canadian Society for Circumpolar Health and click on Donate Now. Thanks!

ATII TAKI BE SMOKE FREE



At more than 60 per cent, tobacco use in Nunavut is the highest in Canada. The territory has 25 communities, accessible only by air. Eighty-five per cent of the 33,000 population are Inuit.

The Government of Nunavut launched the **Tobacco Has No Place**

Here campaign in January 2012, informed by findings from the “Smoking: Can it change? / Supuutuqniq Asitjirunnaqpaa” community-based research project conducted by the University of Waterloo in 2011.

The campaign, part of the Nunavut Tobacco Reduction Framework for Action, used mass media campaigns, social media engagement, youth projects, community events, and tax increases to increase the profile of tobacco reduction in the territory, and ultimately curb tobacco use.

Preliminary results have been promising. Over 5,000 Nunavummiut attending community events in 2012 (15 per cent of the population). There are almost 5,000 “likes” on the Facebook page. There was a reduction of \$750,000 spent on tobacco from March to November 2012 compared to the same period the year before.

For more information about Tobacco Has No Place here, please visit the website

(<http://www.nuquits.gov.nu.ca>) or contact tobacco@gov.nu.ca.



Past mistakes shape a poisoned future.....?

Nunavut's Department of the Environment predicts that health risks will grow unless clear plans are made for the management of old chemical spills and old chemical stores. With new mines opening and communities growing to support them Nunavut faces the twin challenges of ecological management and health care planning.

Issues:

"Housing shortages and over crowding contribute to health issues in growing Inuit populations....."

"Asbestos and Mold found in community homes....."



Circumpolar Health Links and Suggested Resources:

- 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 (NIICHO) www.niichro.com
- Health Canada - Fact Sheets
www.hc-sc.gc.ca/nuit
- Tobacco-Free Network
www.InuitTobaccofree.ca

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CSCH Newsletter

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Nunavut Literacy Council

Conseil des littératies du Nunavut