

2009 CIRCUMPOLAR INUIT HEALTH SUMMIT

Yellowknife, Canada
July 9-10, 2009



Across the Arctic region which constitutes the Inuit homeland – Greenland, much of Alaska, Arctic Canada and coastal Chukotka - many health and wellness challenges are similar, shaped in part by the shared uniqueness of the pan-Inuit experience.

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Front cover

Representatives from each of the four Inuit regions – Alaska, Chukotka (Russia), Canada and Greenland – attended the Circumpolar Inuit Health Summit in Yellowknife on July 9-10, 2009.

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From the Summit Chair

Duane Smith, President, ICC Canada



Too often, it is easy to give lip service to the importance of Inuit health. The reality is that there are some enormous health problems confronting circumpolar Inuit, and many of them are common to our people right across the Arctic.

For this reason, at its 2006 General Assembly, the Inuit Circumpolar Council (ICC)

through the Utqiagvik Declaration was directed to hold a pan-Inuit summit on health and well-being. The aim of the summit would be to share information on national and regional initiatives and approaches to health policy and programs, as well as promising practices among Inuit across the circumpolar region. The ICC was also instructed to work in cooperation with national and circumpolar partners to develop a circumpolar Inuit Health Action Plan that would identify health issues and priorities and the mechanisms by which Inuit health priorities can be advanced.

To help it carry out this task, ICC Canada formed a Circumpolar Inuit Health Steering Committee in 2008 with representatives from each of the four countries where Inuit live and ICC has offices: USA (Alaska), Canada, Russia (Chukotka), and Greenland. The role of this committee is to exchange information on challenges, emerging trends and best practices in response to circumpolar Inuit health issues.

The Steering Committee also had an advisory role in the planning and staging of the Circumpolar Inuit Health Summit, which was held in Yellowknife in July 2009.

Attending the Summit were twelve delegates representing Chukotka, Alaska, Canada and Greenland, along with observers from Canada's Inuit Tuttarvingat and Health Canada. It was my privilege to chair this important meeting.

Over the Summit's two days, representatives from different regions told us about the major challenges to health and wellness in their communities and the work they are doing. Many of these challenges are similar in the different regions, because they are shaped in part by our shared experiences, whether we are from Alaska, Greenland, Chukotka or Canada. But there are differences too. For a start, the health services to which we do or do not have access vary significantly, depend-

ing on where we live. Environmental factors, economic opportunities and other local conditions all contribute to different health results. In short, the way in which communities and countries respond can vary, depending on local circumstances, available resources and the broader political context.

But whatever the differences, there is one overarching fact that remains the same for all of us: the stark gap between the key health outcomes for our people and those of the broader populations in our countries. For example, in Canada, Inuit men are dying 11 years earlier than the rest of the population. Inuit women are dying 12 years earlier. Inuit have more babies dying before the age of one than people have in the rest of the country.

Mental health problems, high suicide rates among our young people, substance abuse and violence are all too common in our communities. Nutrition and the quality of health care are factors that affect our health, sometimes positively, but unfortunately, often negatively.

What is also clear is that there is a range of social factors and influences that affect our wellness. We know that our culture, and the way it guides our daily lives, is a significant factor contributing to the wellness of individuals and our communities. Linked to this is the undisputed value of our traditional medicine and broader traditional knowledge.

There are also external influences and developments, often linked to events and decisions taken well beyond our own borders, that have a real impact on our health and wellness. Climate change and the international debate on Arctic wildlife are two such examples.

In all these areas, it is the ICC's role to bring to the world's attention the concerns of Inuit, to ensure that our voice is heard, and to ensure that we get a response.

The Circumpolar Inuit Health Summit in Yellowknife has helped us to identify the mechanisms by which ICC will be able to support improvements in the health and wellness of circumpolar Inuit. These mechanisms can be found in the recommendations put forward by the Summit participants .

These recommendations and the broader findings of the Summit set out in these proceedings will form the basis of the report made to the next ICC General Assembly, to be held in Greenland in 2010. However, ICC's work on health will not be put on the back burner until then. ICC, with the ongoing support of the Steering Committee, will continue its work to advance Inuit health across the Arctic.

Report on the Summit

Introduction

Across the Arctic region which constitutes the Inuit homeland – Greenland, much of Alaska, Arctic Canada and coastal Chukotka – many health and wellness challenges are similar, shaped in part by the shared uniqueness of the pan-Inuit experience.

Concerned about the stark health issues confronting Inuit across the circumpolar region, delegates attending the ICC's 2006 General Assembly in Barrow, Alaska, directed the ICC through the Utqiagvik Declaration to address Inuit health and wellness (1).

In response, ICC Canada which is the lead ICC office on health, has been working on the development of a Circumpolar Inuit Health Action Plan, to identify Inuit health issues and the mechanisms by which ICC can support the advancement of Inuit health priorities.

To guide this work, a Circumpolar Inuit Health Steering Committee with representatives from each of the four ICC regions has been established. The Committee's role is to help shape the Circumpolar Inuit Health Plan by identifying ways for ICC to act as an advocate on behalf of circumpolar Inuit.

One of the Utqiagvik Declaration directives to ICC was to hold a pan-Inuit summit on health and wellness. Accordingly, ICC Canada hosted the Circumpolar Inuit Health Summit in Yellowknife, on July 9-10, 2009. The four Inuit regions – Chukotka (Russia), Alaska (USA), Canada and Greenland – were represented by a total of 12 delegates.

The Summit was chaired by ICC Canada's President, Duane Smith, with observers from Inuit Tuttarvingat and Health Canada. Over the two days, representatives from each of the regions gave presentations about the current health concerns and priorities in their respective regions, as well as good practices that may be replicated by other countries. The results and recommendations of this Summit are presented in this paper.

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Health inequalities in the circumpolar Arctic

Although there have been improvements in health and survival for circumpolar Inuit in the last 100 years, stark differences still exist between Inuit and the respective national populations in the four different countries (2, 3). For example, **life expectancy**, one of the key indicators for health, is on average between 4.6 to 12.2 years lower for Inuit compared to the national average in the respective countries (2). This discrepancy is greatest for Canada and Greenland, where the life expectancy for Inuit men and women is around 10 years less than the national average (Table 1).

Life expectancy

	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

Table 1: Life expectancy at birth for national versus indigenous populations in the USA (Alaska), Canada (Nunavut only), Denmark (Greenland), and Russia (Chukotka) in the years 2000 – 2004. (2)

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. Infant mortality rates are calculated as the number of deaths under 1 year of age divided by the number of live births and expressed per 1,000 live births. Infant mortality is greatest in Chukotka with a rate of 20.3, and Nunavut, Canada follows with a rate of 15.3 (Figure 1). Here again, Canada and Greenland have the greatest discrepancies between Inuit and national populations, with Nunavut's infant mortality 2.9 times higher than Canada's national average, and Greenland's infant mortality 2.6 times higher than Denmark's national average (2).

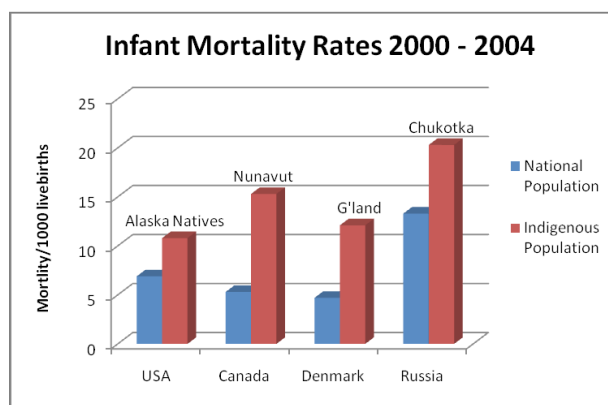


Figure 1: Infant mortality rates for national versus indigenous populations in the USA (Alaska), Canada (Nunavut), Denmark (Greenland), Russia (Chukotka) in the years 2000 - 2004. (2).

The gaps are particularly notable and disturbing in the case of **tuberculosis (TB)**. In Russia, the overall national rate of TB is high compared to the other three countries, and even exceeds the rate of the indigenous population (2) (Figure 2). It should be noted though that the data for Russia are only based on two years, 2001 and 2005 (2). The highest discrepancy between national and indigenous TB rates can be found in Canada, where Nunavut's TB rate was roughly 20 times that of the national average in the years 2000-2004 (Figure 2) (2). However, TB rates up to almost 140 times higher have been reported for Canada in the last few years if self-identified Inuit are compared with non-indigenous Canadians (Figure 3)(4). Large fluctuations are evident due to periodic outbreaks occurring in relatively small populations.

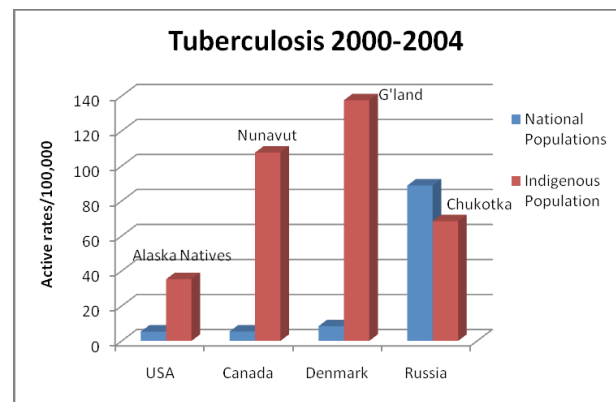


Figure 2: Active rates of tuberculosis (TB) for national versus indigenous populations in the USA (Alaska), Canada (Nunavut), Denmark (Greenland), and Russia (Chukotka) in the years 2000-2004. (2).

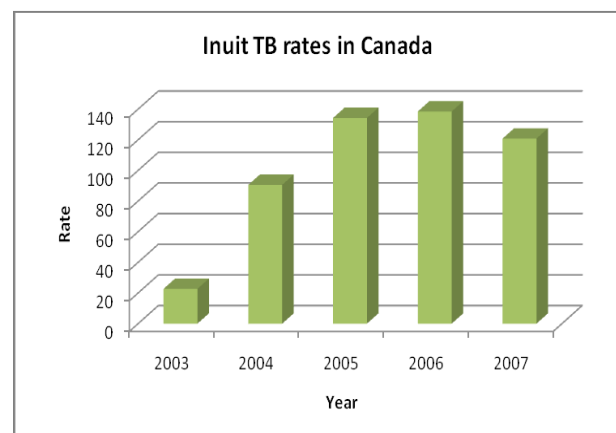


Figure 3: Tuberculosis (TB) rates for Inuit to non-Aboriginal Canadian-born in the years 2003-2007. (10)

Leading causes of death in the circumpolar Arctic are currently circulatory diseases and cancers. However, in regions with a high proportion of indigenous people, death due to **suicide** and injury are prevalent (3). In Canada, the suicide rate in 2004 was 11.3 per 100,000 inhabitants (5), and rates for Inuit are estimated to be between 6-11 times higher compared to the national average (4). Furthermore, suicide rates in all Inuit-inhabited areas have been increasing during the last 15 years, and are highest for Nunavik in Quebec (Figure 4). Alarming, 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 (4).

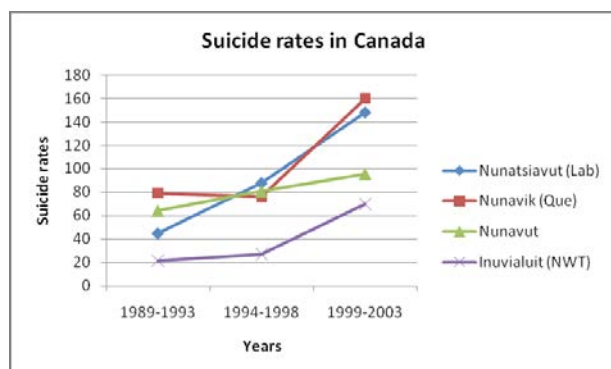


Figure 4: Age-standardized suicide rates (cases/100,000) for the four Inuit regions in Canada.
Source: (4)

Data for the other countries is scant. In Alaska, the Northwest Coast has the highest rates of suicide (6). The overall suicide rate in Russia was 32.2 per 100,000 in 2005 (5), and experts estimate that the rate for native peoples in Russia is at three to four times higher. (7) In the early 1990's, East Greenland reached one of the highest suicide rates ever recorded with 1,500 per 100,000 in a year (6). Suicide rates have been declining since then, especially among young men in Nuuk; however, they have remained constant for the rest of the west coast, and are still highest for East Greenland (6).

Food security is another priority that all Inuit in the circumpolar region share. In 2004, studies done in some isolated communities in Arctic Canada reported high food insecurities of 40 – 83%, while overall food insecurity in non-indigenous households was 9% (3). The Survey of Living Conditions in the Arctic (SLiCA) found that only 14% of the total of 58,333 people surveyed in Greenland, Chukotka and Alaska were satisfied with the amount of fish and game available to them (8). The highest satisfaction rate was recorded in Alaska (40% of a total of 10,608 people interviewed), with very low rates in Greenland (9% of 30,117) and Chukotka (6% of 17,608 people interviewed). There was no data available from Canada.

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An additional factor influencing food security is the so-called “**Arctic dilemma**”: contaminants such as polychlorinated biphenyls (PCBs), pesticides and flame retardants, which have been mass-produced and accidentally or intentionally released into the environment, and which have found their way into the Arctic food web. The persistence of these contaminants has brought them to very high concentrations, especially in the fat or muscle tissues of predatory fish and marine mammals. Inuit, who have high intakes of marine mammals, have been found to have contaminant levels in their blood exceeding international safety guidelines (3). At the same time, the traditional Inuit diet has high amounts of nutrients and is of extremely important social and cultural value to Inuit.

The Arctic dilemma complicates the problem of “**nutrition transition**,” which has been taking place among

indigenous peoples all over the world. A nutrition transition has been described in several studies (9) and is commonly associated with industrialization, urbanization, economic development, and the globalization of markets. During nutrition transition, the traditional “country” food is replaced with a more “western,” store-bought diet. Unfortunately, the store-bought diet often consists of cheap foodstuffs that have high contents of refined carbohydrates and saturated fats, but low contents of nutrients, vitamins and essential unsaturated fatty acids. Added to the more

sedentary lifestyle of people who do not hunt or gather their food, this diet causes obesity and related diseases, such as diabetes and coronary heart disease. Therefore, when asked for recommendations regarding Inuit diet, scientists and health experts face the predicament of contaminants and associated health consequences of country food on one hand and a bad, market-based diet and its health consequences on the other hand. Because of its high nutritional and cultural value and the relative accessibility of country foods, the traditional diet is usually promoted (especially food items with lower contaminant concentrations) along with healthy, store-bought food choices.

Data availability

The first step to improving a situation is an accurate and complete description of the problem, which makes

the availability of reliable data imperative. When health indicator data are being compared between countries, but also within countries for national and indigenous populations, it is important that the same health indicators are reported on and that indigenous populations are identified in statistics.

However, it is often difficult to match the data reported by different countries (e.g., causes of death are categorized into different groups by the different countries, also see (2)). Further, it is very challenging to find Inuit-specific data, since it is not being recorded by any of the circumpolar countries. Mostly, geographically separated data has to be used (for regions where the majority of inhabitants are Inuit), or data generated by studies or surveys specifically covering Inuit. Results reported on a geographical basis can be biased, since the non-Inuit populations recorded (for example in Nunavut, Canada), though making up a small percentage overall, predominantly include younger, healthy, temporary inhabitants from the south (such as teachers and health care workers).



Figure 5: Crystal Lennie, member of the Canadian National Inuit Committee on Health speaking during the Summit.

Also, if national and indigenous-specific data from a given country are being compared, it should be kept in mind that the national data usually *include* the indigenous population. The difference is striking in the case of TB, as shown in the example of Canada. When the national average was compared to Nunavut, the rate in Nunavut was about 20 times higher in the time-frame of 2000-2004 (2). However, if self-identified Inuit were compared to the non-indigenous, Canadian-born population, the rates for Inuit were 90 times higher in the same time-frame (10). This example clearly shows that not only the availability of Inuit-specific data is crucial, but also the way in which the data is reported.

Summit Outcomes

Health issues and concerns

Generally, health issues are similar for Inuit across the different countries and regions, as outlined in the *Introduction* above. However, along with the similarities are differences in the impact and timing of the respective

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challenges and community responses. The differences are also influenced by extraneous factors such as social determinants, environmental issues, the effectiveness of the local health services and historical contexts. Even within one country, there can be nuanced differences or varying perspectives of the same challenges from area to area.

Common problems that were mentioned by all participants include: substance abuse (particularly alcohol); suicide and mental health; injury; infectious diseases (particularly sexually transmitted infections and TB); and non-communicable diseases (particularly cancer, cardiovascular diseases and diabetes).

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They noted in particular the severity of the loss of the traditional lifestyle (especially loss of traditional values and traditional knowledge) brought about by assimilation policies undertaken by national governments. In all of the four circumpolar countries, the usually nomadic Inuit had been forced to settle in villages, and indigenous children had been taken from their families to be raised and educated in residential or boarding schools. In these schools, children had often not been allowed to speak their language, had become detached from their culture, and had been abused. Many health issues surfacing today, such as substance abuse, violence, suicide and other mental health issues can be directly

attributed to this loss of the traditional lifestyle and the experience of physical and/or mental abuse. The loss of the traditional lifestyle also contributes to health problems such as diabetes and cardiovascular disease; a more sedentary lifestyle is accompanied usually by a switch from the healthy, traditional diet to cheap, unhealthy, processed, store-bought foods.

The participants also noted the following factors that affect Inuit health in a negative way: environmental contamination; the impact of climate change on communities, wildlife and the physical environment; substandard living conditions, including chronic housing shortages and overcrowding; inadequate dental hygiene, and a lack of accessibility to health care.

These factors exacerbate the health problems mentioned in the *Introduction* above. For example, environmental contamination can directly affect the health of Inuit, but it can also influence food choice and cause avoidance of traditional foods, which in turn may contribute to diabetes and cardiovascular disease. Climate change has effects on food security by negatively affect-

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ing wildlife and weather conditions, and by increasing food spoilage and the risk of food-related illnesses (for example, by melting traditional ice cellars that are used to store meat). Access to clean water is also expected to become more difficult with the melting of glaciers and the deterioration of water sources due to higher water temperatures and erosion. The often poor and crowded living conditions contribute to higher rates of infectious diseases such as TB.

While all of the above health concerns are shared by circumpolar Inuit to varying degrees, each country emphasized specific concerns over others.

In North Slope Borough, **Alaska**, oil and gas develop-

ment brings with it a host of concerns, including those related to contaminant exposure, access to subsistence resources, and economic and social effects. For example, an influx of non-resident workers causes a strain on local services and infrastructure and may increase drug and alcohol problems and outbreaks of infectious diseases. Access to clean water is a concern. And in the Northwest Arctic Region, sudden infant death is a big concern, with the region having the highest rates in Alaska.

In **Greenland**, infectious diseases are higher than in Denmark, while life expectancy is lower. There is an increase of obesity in children starting school in Greenland and related increases in diabetes. Greenlanders still have higher levels of contaminants (e.g., PCBs and mercury) than other Inuit (**11, 3**). Further, the intake of traditional foods is declining considerably: while 75% of the overall energy intakes came from imported foods and 25% from local, country foods four to five years ago, the intake from country foods can be as low as 10% (**12**). Of concern also is the high level of sexual abuse and child poverty. In a recent study, 35% of mothers said they had been sexually abused as children (**13**). Another study reported that 11% of children go to bed feeling hungry (**14**), and 9% live in relative poverty (**15**).

In **Chukotka**, emphasis was placed on health issues related to alcoholism. It was estimated that 80% of the trauma that occurs in Chukotka is due to alcoholism, and death from chronic alcoholism has increased 6.5-fold in men and 19-fold in women (**16**). The severity of health issues related to alcohol abuse is increased by home-made alcohol, which leads to accidental alcohol poisoning. Currently, there is no government program to deal with the issue of alcohol, and only short-term treatment is available. Producers and distributors of home-made alcohol are not prosecuted. Other concerns are the lack of health care providers and the high levels of contaminants in the indigenous population. In the case of Chukotka, the sources of contamination are often local; for example, hazardous chemicals have been left in drums at former military sites. Although there are efforts underway to clean contaminated sites, progress is slow.

In **Canada**, cancer is of particular concern. It is the second leading cause of death among Inuit (**18**), and lung cancer rates are the highest in the world and continue to climb (**17**). Lung cancer among Inuit in Canada is most likely related to the high smoking rates: more than half of Inuit adults smoke daily. There is also concern about food security, since Inuit pay on average twice as much for food as people in Canadian urban centres (**3**). Another big challenge is the recruitment and retention of health care workers in northern regions.

Good practices

Participants described many programs that are underway in their respective countries and that are good examples of how the health and well-being of Inuit may be improved. A few of these projects are briefly described below.

Alaska

- **World Eskimo-Indian Olympics (WEIO):** First held in Fairbanks, Alaska, in 1961 and annually since then, WEIO aims to keep alive the tradition of circumpolar gatherings in which Native peoples competed in games of strength, endurance, balance and agility – all of which were required for daily survival. The games are accompanied by dancing, storytelling, and other activities. Competitions include traditional skill-testing challenges, such as the high-kick, the blanket toss, and seal skinning (www.weio.org).

Northwest Arctic Region

- **ASIST (Applied Suicide Intervention Skills Training):** ASIST is a formalized, two-day training program provided by a minimum of two ASIST trainers. In combination with traditional “talking circles,” ASIST training helps to get people talking about suicide and teaches people how to intervene in a situation where someone may be at risk of suicide, to provide a form of suicide first-aid. It teaches people to recognize a person at risk, to get that person to obtain help, or to keep that person safe until professional help can be found. It is hoped that the combination of traditional and formalized training will reduce suicide rates in Northwest Alaska, which now has 4 ASIST trainers, three in Kotzebue and one in Nome.

North Slope Borough (NSB)

- **Healthy Communities Initiative:** In 2006, newly-elected NSB Mayor, Edward S. Itta, began the Healthy Communities Initiative. The Initiative provides funding for healthy activities for all residents of the North Slope Borough: physical activities, such as basketball clinics and tournaments; mental activities, such as short-story contests and music lessons; and cultural activities, such as educational events at which elders and hunters teach youth and other community members how to butcher a seal, braid the sinew and sew skin (<http://www.north-slope.org/departments/mayorsoffice/HcInitiative.php>).
- **Health Impact Assessment Program:** Because Health Impact Assessments were not routinely

part of Environmental Assessments in Alaska, NSB started its own program in 2006. The program incorporates health impact assessments into reviews of policies and oil and gas projects to examine the potential public health effects in North Slope villages.

Greenland

- **May is Healthy Month:** Greenland celebrates May as a “healthy month.” The initiative was started by the Pikkori Sportshop. Events and activities are organized by the Center of Primary Health Care in Nuuk and include wheelchair races, staircase running, culture walks, running, swimming, skiing, cycling, and calorie walking. Information is distributed by various organizations, including clubs for skiing, running and swimming, diabetes groups, nursing schools, and Primary Health Care. In May 2009, 128 free events took place and drew 9,500 participants (www.sundmaj.gl - in Danish only).
- **MIPI – Documentation Centre on Children and Youth in Greenland:** The Centre has been established to collect and disseminate information about the living conditions of children and youth in Greenland to ensure decision-making is based on documented knowledge. MIPI can be used by decision-makers, the general public, researchers and students, and is free of charge unless inquiries involve complex responses. The Center organizes public meetings and debates on relevant topics and publishes an electronic newsletter four times a year and various reports (<http://en.mipi.nanoq.gl/>).
- **Older people for Older people (O4O):** O4O is an EU Northern Periphery Programme in which workers from partner regions across the north of Europe help communities to meet the service and support needs of their older citizens. In Greenland, O4O is working with the communities of Nuuk, Tasiilaq, Paamiut and Ittoqqortoormiit and the four settlements of Arsuk, Kuumiut, Kulusuk and Qeqertarsuaat. Communities are conducting a survey of older people to find out about their current participation in activities, perceptions of wellbeing, what they would like to do to help each other, their willingness to volunteer and what they expected of service provision. Following this survey, there will be community meetings and interviews with older people. This will help the municipality consider how to provide services and how to support the development of voluntary services. (<http://www.o4os.eu/about-o4o.asp>).

Canada

- **Arctic Winter Games:** The Games are being held every two years in varying locations in Canada, and have also been hosted by Alaska in the past. The goal is to provide a high-profile, circumpolar sport competition to northern athletes and to promote the benefits of sport and traditional culture and values. The next Games will be held in 2010 in Alberta, with competitions in mainstream sports such as skiing, hockey, biathlon, curling, figure skating, soccer, badminton, gymnastics and table tennis, but also with competitions in snowshoeing, dog mushing, "Arctic Sports" and "Dene Games" (www.arcticwintergames.org).
- **Clyde River Family Center, Ilisaqsivik:** Ilisaqsivik is trying to achieve community wellness by providing community members a place where they can find programs and activities to promote health and develop strength. Programs and services include: counseling by elders, where elders can advise individuals, families and youth about matters such as traditional lifestyles, personal or cultural issues, proper use of Inuktitut (Inuit language), etc.; an archive project where elders' stories are digitally archived for preservation; counseling for women; a food bank; a prenatal nutrition program; an after-school program for children aged 5-12; a summer work-experience program for youth; a young men's healing program; a crime prevention project where a youth counselor meets with youth and oversees activities such as sports and cooking; wellness counseling; dog team races; and many more. Ilisaqsivik also provides a community library with books, videos and games, as well as a meeting room which is free to use for wellness activities (<http://www.ilisaqsivik.ca/>).
- **Sled dog races:** Traditional sled dog races are organized in various places in Northern Canada. The Hudson Bay Quest is a 400-km dog sled race linking Churchill (Manitoba) with Arviat (Nunavut). In the race, the best Inuit teams are joined by teams from other locations in North America to celebrate Arctic life and sled dog culture (<http://www.wapusk-dogsled.com/>). Others are the Nunavut Quest (see Ilisaqsivik website mentioned above) and the Big Land Challenge Dog Team Race in Labrador (www.biglandchallenge.com). The Ivakkak race, organized by the Makivik Corporation in Nunavik, spans over 500 km of the eastern Hudson Bay coast and aims to promote the traditional dogsledding and the return of purebred Inuit husky dogs in Nunavik (www.ivakkak.com).

Russia

- During the Soviet era, **mobile health units** traveled into remote communities and provided health services related to disease treatment and prevention. Diagnostic tools even included x-ray machines. Unfortunately, with the collapse of the Soviet Union, this practice was discontinued.
- Since 2006, there are **annual exams for children**. Ultrasounds during pregnancy and prenatal check-ups are provided. Children are seen by a specialist every month during their first year.

Ways forward

Summit participants stressed that there is a need for all levels of society to take responsibility for Inuit health and well-being.

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Governments at federal, regional and municipal levels need to provide support for private and public initiatives and to ensure that health care is accessible and culturally appropriate. Health care providers should be of local origin; this would help prevent problems with staff attrition and retention and difficulties due to differences in language and culture. More emphasis should be placed on health promotion, instead of only on treatment. Self-determination and empowerment of regions/communities to take charge of their own health programs is an important factor in their success and would also ensure that traditional values are promoted adequately.

Public institutions, such as schools and health clinics, should provide necessary health education and health programs. Traditional values and lifestyles should be emphasized here as well. Due to the previous policies of assimilation in the four countries, families need to be helped to relearn and reincorporate traditional values and healthy lifestyles, since much traditional knowledge has been lost.

Private institutions and businesses can and should start health programs and should promote healthy lifestyles among their employees.

Communities and families have to realize that they, too, have an important role to play in educating their chil-

dren to lead healthy lives and in making sure traditional values and knowledge are kept alive.

Finally, there is a vital need to have access to Inuit-specific data. As stated in the introduction above, only limited data is available. In order to create culturally relevant action plans, the availability of Inuit-specific health data is crucial.

Recommendations for ICC

ICC was congratulated for recognizing the importance and significance of health issues affecting Inuit across the circumpolar region. ICC's role as the unified voice of Inuit across the Arctic should be used to push for amendments to government policies that are at odds with Inuit health and wellness.

Across the Arctic, the constraints on Inuit health and wellness are similar. At the same time, each of the countries and regions responds differently to health challenges in light of differing political and economic circumstances. To support ICC's advocacy work at the international, regional and national levels, documentation of each region's experiences and responses should be provided to ICC as reference material.

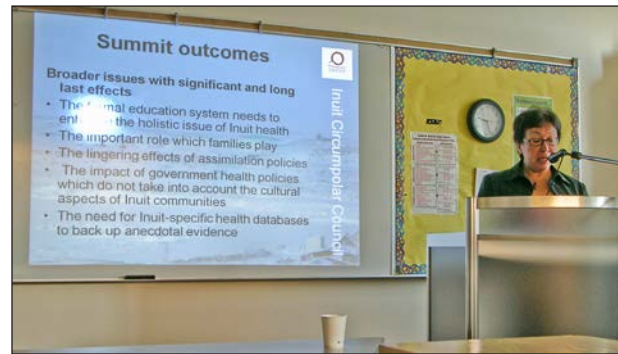
Given that the current chair of the Arctic Council, Denmark/Greenland, wishes to strengthen the focus of the Council on human health in the Arctic, the Arctic Council's Human Health Expert Group attached to the SDWG should be approached by ICC with a proposal to implement a significant, ICC-sponsored activity focusing on Inuit health across the Arctic.



Minnie Grey, Canadian member of the ICC Circumpolar Health Steering Committee, is interviewed by CBC on the outcomes of the Circumpolar Inuit Health Summit.

A major constraint to improved health services in each country is the limited understanding among health professionals of health issues specific to Inuit and the Arctic. ICC should be working nationally and internationally

to advocate for Inuit-focussed and culturally relevant training for non-Inuit health professionals.



Minnie Grey, in her role as member of the ICC Circumpolar Health Steering Committee, gives a presentation on the findings and conclusions of the Circumpolar Inuit Health Summit at the International Congress on Circumpolar Health which was also held in Yellowknife on July 11-16, 2009.

There were four main recommendations which came out of the meeting:

- (1) ICC to use its circumpolar position to push for amendments to government policies which are at odds with Inuit health and wellness
- (2) 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.
- (3) 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.
- (4) 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.

Next steps

While the findings of this Summit will form the basis of a report to the next ICC General Assembly, to take place in Greenland in 2010, the recommendations noted here will be presented at the next meeting of the ICC's Executive Council for ratification and to facilitate prompt implementation.

In their efforts to work on behalf of all Inuit to improve Inuit health and wellness across the circumpolar region, ICC will promote the findings of this Summit in other forums, including the Arctic Council, UNESCO and UNPFII.

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Yellowknife Statement

Circumpolar Inuit Health Summit
Yellowknife
July 9 – 10, 2009

Participants attending the Circumpolar Inuit Health Summit issued this statement at the conclusion of the two day meeting.

In accordance with the directions of the 2006 Uqiaġvik Declaration, the Inuit Circumpolar Council (ICC) hosted the Circumpolar Inuit Health Summit July 9-10, 2009, in Yellowknife. The Summit brought together representatives from each of the four Inuit regions across the Arctic to share information on health and wellness programs and approaches, identify promising practices across the circumpolar region and develop recommendations for initiatives and approaches that ICC could take forward at the international, regional and national levels.

Representatives from each of the four regions – Chukotka (Russia), Alaska (USA), Canada and Greenland – gave presentations on major health and wellness issues affecting their respective communities. Information was shared on the ways in which the major challenges confronting Inuit health and wellness manifest themselves. It was noted that while many of the challenges and problems are similar across the Arctic, the responses often vary, depending on available resources and political contexts. It was also noted that there have been a number of positive advances in the support of Inuit health and wellness and that resilience and patience remain sustaining characteristics of Inuit.

Discussions reflected the breadth of issues that affect Inuit health, ranging from the adequacy of local health services, diet and environmental contamination to external factors such as climate change and legislation affecting the sustainable use of wildlife. The nourishment of Inuit culture and the application of traditional Inuit knowledge, including traditional medicine, were identified as essential to the development of healthy Inuit communities.

Participants were urged to consider ways in which ICC could promote the health concerns and interests of circumpolar Inuit through international and regional organizations and forums such as the UN Permanent Forum on Indigenous Issues (UNPFII), UNESCO and the Arctic Council. It was agreed that ICC facilitation of country-to-country dialogue and information exchange would be an effective means of advancing Inuit health and wellness interests.

The participants stressed the importance of the following overarching principles:

- Selflessness, sharing and respect for each other, values that have guided Inuit for millennia, are the fundamental building blocks of 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 our 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 participants identified the following as the most common health challenges facing Inuit across the circumpolar region:

- Substance abuse, particularly alcohol and drugs
- Suicide
- Mental health
- Infectious diseases (particularly sexually transmitted diseases and tuberculosis)
- Non-communicable diseases (particularly cancer, cardiovascular disease and diabetes)
- Injury

The participants identified the following as factors that have a significant and negative impact on Inuit health and wellness:

- Inadequate diet and the diminishing consumption of country foods
- Poor dental hygiene
- Limited access to health care in some regions
- Substandard living conditions, including chronic housing shortages and overcrowding
- Environmental contamination
- The impact of climate change on communities, wildlife and the physical environment

Participants agreed that there is a range of broader social issues that have significant and, in many cases, long-lasting effects on the wellness of Inuit, at the levels of both the individual and the community:

- Approaches by the formal education system to the issue of Inuit health (There is a need for a holistic approach to Inuit health and an acknowledgement of the important role that families can play by encouraging their children and spending quality-time with them.)
- The lingering effects of assimilation policies undertaken by national and state governments
- The impact of governments' health policies that do not take into account the cultural components of Inuit communities
- The need for Inuit-specific health databases to back up anecdotal evidence and so convince governments of the need for policy change

Participants identified many initiatives and programs in the four Inuit regions that contribute to health and wellness and that could be replicated in other Inuit regions.

Participants

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Elder

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Presentations

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