



Fulbright Arctic Initiative
Consensus Seminar on Community Health and Wellness in the Arctic
Okalik Egeesiak | Dartmouth College, Institute of Arctic Studies | January 11, 2016

Inuit Determinants of Health and Wellness
(check against delivery)

Ullukkut.

Good Morning and thank you for the introduction and the invitation to be here with you. Dartmouth College has always been a strong supporter of the value of partnership with Inuit. The Fulbright vision of excellence in scholarship, diversity, and community service and the promotion of bi-national collaborative research and thoughtful public debate is welcomed by Inuit who face challenging health and wellness realities in our communities.

ICC has worked with many of your Fulbright scholars and Noor Johnson who is here is one that has worked closely with us to navigate the astounding rate of change we are facing in the Arctic and we would welcome others.

Inuit have lived and occupied the Arctic for millennia so as we hear about melting sea ice and the impacts on polar bears we must remember that a strong and vibrant hunting culture exists and Inuit intend to continue to thrive - not just survive - the rapid and unpredictable changes that face the Arctic's physical and social environments. That Inuit are so connected to the land and its animals through hunting and our dependence on our country food for much of our daily healthy nutrition intake -- means that changes to the physical environment has a direct impact on the social fabric of our communities and the health and wellness of our people.

Inuit are, as Shelia Watt-Cloutier so eloquently coined, "the human face of the Arctic" and we depend on a sustainable Arctic to sustain our hunting culture.

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As the International Chair of the Inuit Circumpolar Council (ICC), I represent approximately 160,000 Inuit in Chukotka, Alaska, Canada and Greenland. Our relationship at ICC is based on a common culture and language, undivided by political borders. So the Fulbright philosophy of bilateral partnership resonates well with ICC as Inuit must constantly work with neighbouring countries and the global community as many Arctic challenges, such as climate change, are born by the actions of many countries and cannot be solved by Inuit but rather require global action.

Since the inception of ICC in 1977 the issues we prioritize have basically remained the same – concern for the environment, wildlife, education, and paramount the Health and wellness of our communities.

Through ICC, Inuit reaffirm their unity and celebrate it formally through quadrennial General Assemblies, the last of which was held in July 2014 in Inuvik, Canada, when I took over the Chairmanship. My four-year mandate is largely expressed in the *2014 Kitigaaruit Declaration* and builds upon the work started in 1977. Within the Kitigaaruit Declaration are no less than 11 articles specific to health wellness and many others that indirectly support healthy communities.

Defining “health and wellness” for Inuit, Indigenous Peoples and non-Indigenous Arctic residents in the Arctic is not an easy task as it varies and is unique for each community due to a variety of realities.

The circumpolar Inuit population is relatively young and rapidly growing. In Canada the life expectancy in Inuit Nunangat is 10 years below the Canadian average. The infant mortality rate for those living in Inuit Nunangat is nearly 3 times that of the total Canadian population.

Another indicator of the poor health outcomes in Inuit communities is the high number of suicides. Suicide is a demonstrative sign of socio-economic distress and is eleven times higher than the rate for all Canadians. An increasing amount of literature outlines the higher rates of chronic illnesses and infectious diseases among Inuit infants and children such as respiratory infections. These studies link many health problems to crowded and poor quality housing,

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unemployment, marginal access to health services, food insecurity, as well as behavioural and environmental factors. Many health indicators currently in use within the circumpolar world reflect the significant challenges currently impacting the health of Inuit, however there is a need to further develop more culturally appropriate indicators of health and well-being that reflect the values of Inuit.

With these health indicators and statistics Inuit cannot take advantage of the opportunities Arctic change may bring, but also put communities at a disadvantage. The health and wellness challenges of Inuit today test the resilience of Inuit and our communities to meet the negative impacts of Arctic change. Therefore, it is easy to see why Inuit health and wellness is perhaps the most important issue for Inuit and other Indigenous Peoples in the Arctic.

One knowledge gap we have identified is that it is very hard to determine what health and wellness needs are the priority for Inuit -- as there is a lack of health surveillance data across the Arctic. The National Inuit Committee on Health (NICOH) developed four theme areas serve as the foundation of the NICOH Strategic Framework (2014):

- Inuit Mental Wellness
- Healthy Inuit Children and Families
- Healthy Living and Healthy Life Choices
- Inuit Health Research

In advancing Inuit health and wellness priorities, ICC supports the Circumpolar Inuit Health Steering Committee and has been developing and updating the Inuit Circumpolar Health Strategy. Part of this work has been to develop the Inuit Mental Health and Wellness Map www.arcticcbm.org/wellness which maps existing projects and initiatives. I urge you to look at this site.

The health and wellness of Inuit communities remains the pillar of our work and as noted earlier all aspects of the change to the physical Arctic landscape end with the health and wellness outcomes in our communities. You will hear about the Rising Sun and One Health

Initiative under the Arctic Council and how it acknowledges the suicide issues in our communities and the holistic nature of health and wellness and Arctic peoples -- you cannot separate climate change impacts in the Arctic from the health of Inuit, nor can you discuss the health of Arctic wildlife without it impacting the health and wellness of Inuit. Tourism, shipping, exploration and development all impact Inuit families and their health and wellness.

In 2004 the Nordic Council of Ministers, Nordic Council of Ministers Secretariat released the Arctic Human Development Report (AHDR). This report described the unprecedented combination of rapid and stressful changes confronting Arctic societies today including environmental processes, cultural developments, economic changes, industrial developments and political changes. The report called for the development of indicators to track and monitor these changes, and to help facilitate the evaluation and assessment of the impact of change, including helping facilitate the setting of priorities by policy makers, including local communities and health agencies, national and regional governments and the Arctic Council.

The 2004 AHDR identified a critical gap in knowledge as being the need for the construction of social indicators to help facilitate monitoring of changes in Arctic human development.

In 2010 the Arctic Social Indicators Report was published and followed by the 2015 release of the Arctic Social Indicator Report Implementation (ASI II – Implementation). This report in combination with the Survey of Living Conditions in the Arctic (SLiCA) which interviewed 7,000 people and measured the living conditions in a way relevant to Arctic residents; documented and compared the present state of living conditions among the indigenous peoples of the Arctic and improved the understanding of living conditions to the benefit of Arctic residents and the AHDR II (2015) which was an assessment that contributes to the understanding of the interplay and consequences of physical and social change processes affecting Arctic residents' quality of life, at both the regional and global scale. It shows that the Arctic is not a homogenous region. Impacts of globalization and environmental change differ within and between regions, between Indigenous and non-Indigenous northerners, between genders and along other axes.

The holistic need to consider health and wellness for Inuit communities can be seen as social determinants of health poverty rates, food security rates, cultural connections to the land and hunting -- rather than scientific health and wellness indicators such as infant mortality, life expectancy or disease statistics. Scientific indicators may well speak to physical health but they do not address wellness, which for Inuit include such indicators as access to elders, access to the land, to the hunting culture, to traditional/country foods and preservation of language among other things. The development of culturally appropriate social indicators of health and wellness in Indigenous populations in the Arctic are needed for informed knowledge based policy and decision making.

One identifiable need that would advance Inuit health and wellness is the development of a contestable performance measurement framework for Inuit health and wellness to gauge if current health and wellness research and initiatives is monitoring the right Inuit health and wellness indicators and contributing to improved and improving health and wellness outcomes for Inuit and other Indigenous people in the Arctic.

All changes and activities in the Arctic have a direct relationship to Inuit health and wellness. The challenge is how do we measure if Inuit health and wellness is improving or not, the relative impacts on communities of various physical changes in the Arctic, the effectiveness of policies and interventions? We need unique Inuit health and wellness indicators that reflect and respond to the realities of Inuit and the communities we live in. What works in Toronto, Seattle, Moscow or Copenhagen may not work in Nuuk, Barrow, Iqaluit or Providencia and especially not Grise Fiord – the smallest community in the Qikiqtani Region in Nunavut.

This lack of comprehensive surveillance data on the health of Indigenous peoples across the Arctic poses challenges to those of measuring health and wellness indicators, for example in co-ordinating data sets that cover different populations. A recommendation that would support Inuit Health and wellness indicators could be to support the collection of comprehensive surveillance data on the health of Indigenous Peoples across the Arctic that identifies health and wellness needs for a healthy population. This would also help address the knowledge gap

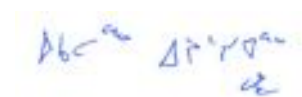
that not enough research has been conducted that explores the variation of chronic diseases and their risk factors within Arctic indigenous peoples communities.

As noted earlier Inuit health and wellness issues today, intersect with a number of other key government priorities whether in Canada, the USA, and/or Denmark - notably in areas such as social and economic policy, community safety, and the environment.

Three words summarize ICC's perspective on health and wellness indicators and the institutional arrangements for health and wellness to improve the ability of Arctic communities to deal with change: inclusiveness, respect and responsiveness. Inuit need to be involved in decision-making that affects the Arctic region. Our views, interests and objectives need to be respected. And our unique needs to be balanced and sustained efforts, inside and outside the region, to address the threats and challenges facing the health and wellness of Arctic communities and the Arctic generally.

Inuit are very pragmatic and adaptable people and we welcome cooperation and collaboration with those who have an interest in the Arctic. Inuit are the constant of the Arctic with the experience about the Arctic with intuitive protectiveness for the Arctic. Strong and sustainable Arctic communities benefit Inuit most – and also has value for the planet.

Work with us.



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