

Collaborative approaches to wellness and health equity in the Circumpolar North: Introduction to the Special Issue

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ABSTRACT

This special issue brings together a series of papers that were presented at the Northern, Rural, and Remote Health Conference in Labrador, Canada. In this collection, scholars and community leaders use local examples to explore some of the most pressing issues in Circumpolar health: Indigenous self-determination in health care and health research; access to traditional medicines; language and identity; youth engagement; mental health; climate change; and health technology. Recognizing the dynamic ways that these topics were raised at the conference, we've included a diverse slate of papers: from commentary essays and case studies, to primary research and evidence synthesis. The goal of this special issue is to bridge local insights, innovations, and varied forms of evidence from the Circumpolar North, with global conversations about health equity, health system transformation, and the rights of Indigenous peoples. This editorial provides an overview of the conference and an introduction to the scholarship that emerged from it.

KEYWORDS

Self-determination; health sovereignty; Indigenous health; health systems; Labrador

Communities across the Circumpolar North are at the forefront of efforts to transform healthcare delivery and governance [1]. In part, this transformation involves reasserting sovereignty over the resources and institutions that shape health systems [1–3], while also redefining the concept of health to reflect Indigenous epistemologies, values, cultures, and histories [1,3–5]. For many communities, this work involves envisioning a reality in which everyone has meaningful opportunities to grow, thrive, and contribute, yet it does not ignore the persistent health disparities that many communities struggle against. This premise is a central theme in all of the papers in this special issue of the International Journal of Circumpolar Health.

This special issue builds on discussions that were sparked in October 2017 at the Northern, Rural, and Remote Health Conference in Happy Valley-Goose Bay, Labrador, Canada. The conference was jointly organized by the Canadian Society for Circumpolar Health and the Society of Rural Physicians of Canada, in partnership with the Innu Nation, Labrador-Grenfell Health, the Mushuau Innu First Nation, the Nunatsiavut Government, the NunatuKavut Community Council, the Sheshatshiu Innu First Nation, the Town of Happy Valley-Goose Bay, and the Labrador Institute and Faculty of Medicine of Memorial University. The conference brought together

238 delegates from across Canada and abroad, including Indigenous leaders, citizens, clinicians, researchers, educators, and government decision-makers.

Coming together in Labrador was important because it helped sustain the global dialogue that happens every three years at the International Congress on Circumpolar Health. By design, the Northern, Rural, and Remote Health Conference was an opportunity for collaboration and engagement across sectors. The transdisciplinary nature of Circumpolar health as a field helped create a setting that promoted partnerships and knowledge sharing, fostered dialogue on best practices in research ethics and methods, explored local innovations in community-based programming, health service delivery, and teaching, and encouraged a reimagining of Northern health systems.

The conference began with a keynote address by Natan Obed, President of the national Inuit organization in Canada, Inuit Tapiriit Kanatami. His talk, *Toward Health Equity for Inuit*, situated the systemic health disparities experienced across the North in the context of social justice, Inuit-Crown relationships, sovereignty, and the unfinished process of Nation-building. President Obed's remarks provided a critical foundation for opening up discussions about the experiences in other northern contexts. A video of his talk is available online (<https://youtu.be/xDXgDbdjohA>).

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Over the four days of the conference, delegates participated in a range of dynamic plenary talks and concurrent sessions focused on promoting and strengthening collaboration in community health. As co-chairs of the scientific committee and emcees for the conference, we were honoured to have a role in creating a space for this dialogue. We are equally privileged to be sharing highlights from the conference as guest editors for this special issue.

Over the past 18 months, we have worked with a diverse group of scholars to bring together this collection of papers which provide a synthesis of many of the ideas and themes from the conference. Our goal with this special issue is to help bridge local insights, innovations, and varied forms of evidence from the Circumpolar North, with global conversations about health equity, health system transformation, and the rights of Indigenous peoples [6].

For many of the authors in this special issue, Indigenous self-determination in health care, education, and research is a foundational step on the path to human rights and health equity. The points of entry into this overarching theme are varied in both content and form. The articles in this collection touch on substantive and intersecting issues in Northern Canada related to Indigenous governance, access to traditional knowledge and medicines, language and identity, youth engagement, mental health, climate change, and health technology. Recognizing the dynamic ways that these topics were raised at the conference, this collection includes commentary essays, case studies, primary research, and evidence synthesis.

Indigenous self-determination in health care and research

In the first two papers in this special issue focus on Indigenous governance in healthcare, education, and in research, all of which are key steps on the path to reconciliation, decolonization, and better health. In an example from Manitoba, **Cook et al.** describe the development and launch of Ongomiizwin-Indigenous Institute of Health and Healing [7]. The Institute has a mandate to advance leading-edge research, health professional training, and Northern health services to support health and wellness for Indigenous peoples. In the wake of the Truth and Reconciliation Commission's Calls to Action [8], Ongomiizwin is an example of how mainstream institutions can be transformed to reflect Indigenous knowledge, and be firmly rooted in a framework built around self-determination and anti-racism.

Picking up on the notion of Indigenous governance, **Bull and Hudson** offer an example of how NunatuKavut communities in Labrador have created infrastructure for

self-determination in the context of research [9]. Situating themselves in their dual roles as both community members and scholars, the authors reflect on more than a decade of work with Inuit communities, researchers, and research ethics boards. They describe the process of developing a research ethics framework, governance policies, and consent processes that reflect community values and knowledge. The authors underscore the importance of Inuit – and other Indigenous communities – having control over the research as an inherent part of self-determination and overall wellness.

Centering Indigenous knowledge

In the context of health service delivery, there is a need to consider the role not only of Indigenous governance and values, but also of Indigenous knowledge and practices. **Redvers and colleagues** take-up this challenge in their grassroots efforts to develop an Aboriginal Wellness Centre in the Northwest Territories [10]. In their essay, they examine the importance of integrating Indigenous medicines and traditional health providers into mainstream health systems to help foster culturally-safe environments. For the authors, hospital-based services in the North can be more patient- and community-centered if they make space and develop policies to support access to traditional medicines, foods, and ceremonies. Drawing on examples from across Canada, this article argues that integrating Indigenous and biomedical approaches to care can be an act of reconciliation that creates structures within health systems to better serve Indigenous communities.

Moore offers a case study on the role of Inuktitut in post-secondary education in an Inuit context [11]. Drawing on her experience in the Inuit Bachelor of Education Program at Memorial University, Moore reflects on how learning Inuktitut impacts cultural identity and wellness. The article explores the lived experiences of five Inuit students who were training to be teachers in Nunatsiavut, the Inuit region in northern Labrador. Moore argues that language and the ability to connect to one's culture are important determinants of health, and the loss of language and resulting cultural erosion has contributed to poorer health outcomes for many Indigenous peoples in Canada. Moore posits that that language rejuvenation through programs such as the Inuit Bachelor of Education program, can have positive influences on health and wellness.

Mental wellness

In 2017, Inuit Tapiriit Kanatami released the National Inuit Suicide Prevention Strategy, which set out an innovative

approach to suicide prevention that was grounded in Inuit perspectives on well-being, trauma, and social equity [12]. One of the recommendations in the Strategy was to support community-designed and Inuit-led programming. Many communities across Inuit Nunangat have designed local programs to reflect community strengths and culture and promote resilience [13]. Funding and resources, however, are often time-limited, which makes programs difficult to sustain and evaluate.

In their report from Naujaat, Nunavut, **Anang et al.** provide insight to the processes of co-designing, developing, and implementing a youth-focused community initiative [14]. Through a community-based participatory research approach, researchers worked with Inuit youth to create a self-directed and self-sustaining health promotion initiative. Through their research and the co-development journey, the authors illustrate the importance of ensuring that Inuit youth are supported to become the driving forces behind programs to support youth resilience, and that youth creativity and passion is essential to generating knowledge and create a collective vision for a better future.

While research on Indigenous mental health is increasingly framed by strengths-based approaches, relatively few studies have examined protective factors or the ways in which community might guard against experiences of psychological trauma. **Bernards and colleagues** analyzed survey data from two First Nations communities in Ontario, Canada [15]. Their goal was to examine the effects of social support on historical trauma, loss, depression, and/or anxiety. A key finding was that social support appeared to buffer against the effects of adverse childhood experiences on depression and anxiety. However, this was the case for women, but not men.

Innovations in community health systems

Increasingly, public health practitioners and clinicians in the Circumpolar North are finding innovative ways to incorporate new technologies into clinical care [16], emergency response [17], and climate change adaptation strategies [18]. In part, this is an effort to build on the assets and strengths of communities, while also attempting to deal with perennial challenges in service delivery across a large geographic area, such as high costs [19]. Yet, inequitable access to information technologies, including reliable and high speed internet, is a critical challenge for innovation. Alongside advocacy to decrease the North-South disparities in broadband infrastructure, many communities have developed creative ways to monitor environmental changes and deliver services.

To better understand the landscape of existing community-based monitoring programs in the North, **Kipp et al.** conducted a review and environmental scan to identify,

characterize, and contextualize existing environmental and health monitoring programs [20]. This review identified elements that are necessary to support climate-related health surveillance, including the need for strong community leadership, the inclusion of environment and human health, and the incorporation of innovative technology.

Understanding the challenges in providing accessible and affordable health care in remote communities, **Jong and colleagues** explore opportunities for reducing healthcare expenditures and increasing access to health services in Northern regions of Canada through the incorporation of telemedicine [21]. Recognizing the massive impact of medical travel in places such as Nunavut and Labrador [19], the authors argue that telehealth technologies can have a positive impact on service delivery, access, and affordability.

Conclusion

The Northern, Rural, and Remote Health Conference assembled diverse voices, perspectives, and knowledge systems from across sectors and geographies. As the articles in this special issue highlight, improving health outcomes in the Circumpolar North continues to be both a challenge and an opportunity in health systems, in policy, and in research. As health researchers working in partnership with Innu and Inuit organizations throughout Labrador, we have been fortunate to witness the unfolding transitions in healthcare and health research in the region. Indigenous governments and communities in Labrador are actively asserting their right to self-determination by creating institutions and governing structures that reflect cultures and histories, and build on community strengths.

From the perspectives and evidence shared in this special issue, and from other work that emerged from the conference [17,18,22–25], it is clear that the gritty work of upending the disparate health consequences of colonization requires forging a path built on Indigenous self-determination, human rights, and health equity. Although this work is a shared responsibility, communities must be the primary benefactors of collective action to improve health.

Notes

The papers by Bull and Hudson [9] and Redvers et al. [10] included in this special issue were previously published in the International Journal of Circumpolar Health Volume 77, Volume 1 and Volume 78, Issue 1 respectively, in addition to appearing in this special issue.

Information about the Northern, Rural, and Remote Health Conference is available on the website of the Canadian Society for Circumpolar Health: <https://www.csch.ca/copy-of-2017-conference-3>.

Acknowledgments

We are grateful for the vision, leadership, and mentorship of Dr. Michael Jong from Happy Valley-Goose Bay. Dr. Jong was the chair of the Northern, Rural, and Remote Health Conference and is the former President of both the Canadian Society for Circumpolar Health and the Society of Rural Physicians of Canada. The conference and this special issue were made possible by his tireless efforts and long-standing commitment to the health of northern and rural communities.

We also wish to acknowledge and thank the members of the organizing and scientific committees of the Northern, Rural, and Remote Health Conference. Their contributions individually and collectively were immense, and helped make the conference the success that it was.

We are also grateful to the organizations and governments that provided in-kind, logistical, and financial support for the conference. This included the Innu Nation, Labrador-Grenfell Health, the Mushuau Innu First Nation, the Nunatsiavut Government, the NunatuKavut Community Council, the Sheshatshiu Innu First Nation, the Town of Happy Valley-Goose Bay, the Trappers' Running Club, the Labrador Institute, NorFam, and the Faculty of Medicine at Memorial University, the Movember Foundation, the Society of Rural Physicians of Canada, and the Canadian Society for Circumpolar Health.

Thank you to the presenters and delegates who took part in the conference and offered us all a rich and engaging experience. Thank you to the authors of the articles in this special issue whose scholarship and perspectives have helped sustain an important conversation. Thank you as well to the reviewers of the articles in this special issue. Finally, thank you to Dr. Tracey Galloway and Dr. Rhonda M. Johnson for support and guidance during the editorial process.

Contributors

Nathaniel Pollock and Dr. Ashlee Cunsolo were co-guest editors of this special issue. They contributed equally to the editorial process and to the writing of this editorial.

Disclosure statement

No potential conflict of interest was reported by the authors.

Funding

Funding for this special issue was provided by the Canadian Society for Circumpolar Health

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