Government of Nunavut
Department of Health and Social Services

Developing Healthy Communities

A PUBLIC HEALTH STRATEGY FOR NUNAVUT

2008-2013
Message from the Minister of Health and Social Services

It is my pleasure to introduce “Building Healthy Communities”, the first Public Health Strategy for Nunavut.

Although a great deal of attention is paid to the acute care functions of my Department, I know that, in addition to caring for people when they are ill, it is just as important to develop policies, programs, and services which keep people from becoming ill. That is why we developed a public health strategy.

The Government of Nunavut has recognized that in order to achieve the goal of building healthy communities we have to develop short and long term plans to keep people well and healthy. Just as important the Government of Nunavut also recognized that it would require the involvement of all Nunavummiut and communities to reverse the trend of ever increasing acute care demands in Nunavut.

“Building Healthy Communities” has clear goals and objectives for the next five years, in the areas of “Healthy Children and Families” and “Addiction Reduction”.

We will be working to assist the local Health Committees of Council of each community to assess health needs, develop interventions, and monitor and evaluate those interventions.

We will also be strengthening our public health team to allow it to work more efficiently and collaboratively not only within our Department, but also with other stakeholders, including other Government of Nunavut Departments, Inuit organizations, and the Federal Government.

The results of today’s public health programs and services are designed to bring long term benefits for the health and well-being of Nunavummiut. A successful public health strategy builds the foundation for future savings in acute care costs in years to come.

Sincerely,

Leona Aglukkaq
Minister, Department of Health and Social Services


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**Introduction**

In recent years, there has been renewed interest in the state of public health systems in this country. Canada’s First Ministers have recognized that “public health efforts on health promotion, disease and injury prevention are critical to achieving better health outcomes for Canadians and contributing to the long-term sustainability of medicare by reducing pressure on the health care system.”

In creating a stronger public health system for Nunavut, there is an opportunity to build on existing strengths. These include an existing workforce that wishes to have a greater impact and recognizes the need for system strengthening and renewal. Capacity at community, regional, and territorial levels has been gradually increasing, and pilots of new programs to meet local needs have been occurring. Creating change in public health will be assisted by Inuit principles and values that have a built-in appreciation for the many factors that influence health.

“Developing Healthy Communities: A Public Health Strategy for Nunavut”, is the first public health strategy in the history of our territory. Many individuals, both from within the Department of Health and Social Services as well as community members throughout Nunavut, and representatives of regional and national Inuit organizations, have participated in a series of consultations which have guided the preparation of this strategy. Their knowledge, wisdom, and cooperation are hereby acknowledged, with appreciation.

The primary purpose of the public health component of a health system is to promote and protect health and prevent disease and injury. It is, therefore, a critically important part of the response to the health issues facing Nunavummiut.

Appendix A provides a definition of the five core functions of public health:

**Population Health Assessment**

**Health Surveillance**

**Health Promotion**

**Disease and injury prevention**

**Health protection**

The health of the population is influenced by many factors or determinants which extend well beyond the provision of personal health care services and include many social factors such as housing, education, and income. These multiple health determinants are to a large extent responsible for the poor health status measures for Nunavut compared to Canadian averages. Early detection and treatment of those who become ill are important services, but will not affect the forces that are creating ill health. A more ecological or holistic approach to improving health is required. For example, fundamental health promotion strategies include building personal skills, supporting community action, and creating environments that support health. This perspective also permeates Pinasuqatavut, the guiding principles for the Government of Nunavut.

Many organizations contribute to public health; therefore, the strategy includes working collaboratively and in partnership with other departments and non-governmental sectors.

Appendix B lists the Community, Territorial, and National partners who will all contribute to the success of our public health strategy.

The over-riding goal of the Nunavut Public Health Strategy is to improve the health status of all Nunavummiut. This will take time as public health actions take many years to yield results. The focus of this strategy is to put in place the foundations that will build a strong public health system in partnership with communities so that Nunavut is optimally positioned to promote and protect health and prevent disease and injury.

“Developing Healthy Communities: A Public Health Strategy for Nunavut”, is designed to empower our communities to take the lead in determining their own health needs and design public health programs and services to address those needs. The Department of Health and Social Services commits to providing resources, in the form of funding, expertise, support, and ongoing consultation, in order to build local community capacity to achieve success in improving the health of individuals, communities, and Nunavut.
A Vision for Public Health
To create the conditions that enable all Nunavummiut to enjoy excellent health and reach their full potential.

Guiding Principles
• Approaches that address root causes of poor health
• Shared responsibility – participation of communities in public health decision making
• Collaboration and partnerships for collective action
• Multiple strategies in multiple settings
• Accountability
• Evidence based decisions

Health Status of Nunavummiut
A health status report that comprehensively analyzes health determinants and health outcomes is not available for Nunavut. However, some information on the health of Nunavummiut is summarized in the *Nunavut Report on Comparable Health Indicators 2004*, as well as the *Health and Social Services Business Plan 2007-2008*.

With a few notable exceptions such as breast cancer and heart disease, Nunavut’s health status measures are substantially below the Canadian average. Overall life expectancy trails below the Canadian average by 10 years and infant mortality rates are almost four times higher in Nunavut. Selected health status outcomes for Nunavut are provided in Appendix C.

Merely looking at health outcome measures can be misleading. As a snapshot in time, they can reflect trends in risk factors that occurred years and sometimes decades earlier. Similarly, current behaviours such as high smoking rates point to future rates of lung cancers and other diseases if current circumstances do not change. Many other factors influence health. For example, Nunavut has the highest proportion of the population that feels a very or somewhat strong sense of belonging to the local community (80.9% vs. 62.3% across Canada). In other areas such as education, employment and housing, there is substantial room for improvement.

Another important factor for consideration in a public health strategy is that the population of Nunavut is young and growing. The current population is estimated at 30,782, which has almost doubled since 1981 (population: 15,600). Figure 1 indicates the much younger age distribution for Nunavut compared to Canadian averages. Unlike most other parts of Canada, which are experiencing a gradual reduction in the population of small, rural and remote communities, this does not appear to be the case in Nunavut. An examination of population trends over a 20-year period indicates that most regional, medium and small communities are continuing to grow.
Strategic Priorities for Public Health Action

In order to improve the health status of the population there is a need to establish strategic priorities for overall system action.

A collective vision and clear understanding of public health is needed to effectively support the achievement of these priorities (see Appendix A for a listing of core functions of public health).

It is also important not only for the Department of Health and Social Services to determine priorities, but also to engage communities in the development and implementation of programs and services at the community level which are consistent with those priorities. Each community may choose to focus on one or a few priority areas at a time, with assistance and funding made available from the department.

While there are many issues to address with respect to program priorities for public health in Nunavut, in order to achieve progress, the scope of this 5-year plan is limited to two major areas; Healthy Children and Families and Addiction Reduction.

In selecting these areas, consideration was given to priorities identified during a workshop on public health planning that was held in Iqaluit in January 2006 and other previous focus group and key informant consultations. Several key reports were also considered, such as “Piliqatigiingnngiq – Working Together for the Common Good”, “Nunattinni Qanuinginnivut – A Draft Health Promotion Plan for Nunavut”, the “Nursing Perspectives on Public Health and Programming in Nunavut”.

Figure 1: Population Age Distribution, Nunavut (2004) and Canada (2006).
Consideration towards the following aspects were also important:
- **Burden of illness in the population**;
- **Potential for preventive intervention**;
- **Ability to measure impact**;
- **Resource implications**; and
- **Interest among key stakeholders to address the issue**.

Overall, the key priority areas are those that would contribute most to an increase in life expectancy, reduction in premature deaths and decrease in infant mortality in Nunavut. Therefore our two broad priority areas are:

1. **Healthy Children and Families**
2. **Addiction Reduction**

Within these two broad categories, there are a number of goals and objectives which can be targeted. Recognizing that to address each of these goals and objectives in the next few years would be overambitious, it is expected that, in consultation with regional and local staff, as well as with the key input from Community Health Committees, local communities will address a limited number of these goals and objectives in the next business cycle.

Public health has traditionally been associated with disease prevention and the regulatory protection services related to, for example, communicable disease control, immunization, safe food and water and health education programs. These programs and services continue to be the foundation upon which public health in Nunavut is expected to meet its obligations when responding to immediate and urgent public health issues. Therefore, communicable disease control including immunizations and environmental health including emergency preparedness will continue to be developed with each program developing its own goals, objectives and indicators.

However, this strategy will focus on broader public health issues which have a profound impact on the health of Nunavummiut.

**Priority One**

**Healthy Children and Families**

**Goals**

1. **To increase the incidence of healthy birth outcomes.** Infant mortality is a commonly used measure of the overall health status of a population. In Nunavut infant mortality is almost four times the national average. Higher rates of preterm birth, low birth weights and poor maternal nutrition contribute to the higher infant mortality. Many of these risk factors can be improved with targeted interventions.

2. **To increase the number of children achieving age appropriate developmental milestones.** The experience from conception to age 6 years is seen to be the most important influence of any time in the life cycle for learning and good health right into adulthood. Secure loving attachment between child and parent/caregiver in the first 18 months develops trust, self esteem, emotional control and the ability to develop positive relationships. Positive parenting reduces the chances of developmental problems in children. Those children who experience neglect and abuse are more likely to develop substance abuse and/or partake in criminal behaviours later in life.

3. **To improve food security for all families especially families with infants and children.** Good nutrition plays a critical role in supporting lifelong well being and disease prevention. Many Nunavummiut are living with varying levels of hunger, malnutrition and rising rates of related diseases, such as diabetes, certain cancers, high blood pressure and childhood conditions such as rickets and anemia. The department’s new nutrition strategy “Nutrition in Nunavut - A Framework for Action” will guide our efforts to achieve niqitti-avaknik niirinasauniq.
4. To decrease the number of people experiencing mental, physical, emotional or sexual abuse, particularly children. Children require a safe nurturing environment for optimal physical, emotional and social development. Children who have been victims of maltreatment are at increased risk for violent behavior, substance abuse, accidental injury, teenage pregnancy and becoming perpetrators of abuse. Programs which support parenting, education and mentoring help modify these factors.

5. To decrease the incidence of youth engaged in risk behaviors. Risk behaviors (smoking, drug use, unsafe sex, alcohol) generally emerge during adolescence and have important implications for both immediate (injuries, suicide) and future health of young people. Multifaceted approaches that are community-based and prevention focused are needed to reduce these risks.

7. To minimize substance abuse to protect the health, safety and quality of life for all, with special attention to the needs of children. The consequences of excessive alcohol use are extensive and serious. They include injuries from accidents and violence, depression and suicide, poor pregnancy outcomes and fetal alcohol spectrum disorder (FASD) to name a few. While the social problems such as conflict, violence and trouble with the law are also devastating. Use of illicit drugs are also associated with an extensive array of health and social problems similar to those of alcohol use, including blood borne pathogens for users of intravenous drugs. Programs which increase self-esteem and personal coping skills as well as social supports to reduce isolation in communities will be targeted.

Priority Two
Addiction Reduction

Goals

6. To reduce tobacco use and the harm it causes to Nunavummiut. Tobacco has an enormous impact on health and Nunavut has the highest smoking rate of any jurisdiction in Canada. Youth and pregnant women are identified as priority groups, both because of their vulnerability to tobacco and also the potential impact that interventions might have on the effects of tobacco use in these groups. Key elements of a multi-year strategy include prevention, cessation, protection and harm reduction. Considerable success has already been achieved with the 2003 tobacco strategy reducing the smoking rate to 53%; we need to build on this success to bring rates down to the national average.
### GOAL 1 - To Increase the Incidence of Healthy Birth Outcomes

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Indicators</th>
<th>Evidence-based strategies</th>
</tr>
</thead>
</table>
| By 2013 there will be an increase in the number of pre-conception health activities with families/women who are planning a pregnancy | Number of families reporting that the pregnancy is planned | Preconception programs can be offered through a number of venues  
• School  
• Work place  
• Health professionals  
• Media |
| The number of women seeking information on pregnancy | The number of women seeking counseling for  
• Healthy lifestyles  
• Smoking cessation  
• Abuse  
• Physical activity  
• Nutrition | Preconception health counseling can be provided as part of general preventive care  
• Well woman check  
• Pap test  
• Outreach programs  
• Maternity Care Worker (MCW) program |
| Number of women seeking counseling for  
• Healthy lifestyles  
• Smoking cessation  
• Abuse  
• Physical activity  
• Nutrition | | Sexual health and family life education at school  
Counseling and support for healthy lifestyle as part of the Community Health Representative (CHR) program |
| By 2013 there will be an increase in the number of women accessing Canada Prenatal Nutrition Programs (CPNP) | Percentage of women attending CPNP classes | Ensure CPNP programs are available in all communities |
| By 2013 there will be a decrease in the number of prenatal women exposing their babies to risk conditions | Percentage of women reporting quitting smoking during pregnancy | Targeted programs to address risk behaviors, especially during pregnancy  
• Smoking cessation  
• Addiction counseling  
• Nutrition counseling |
<p>| Percentage of women discontinuing drug use (including alcohol) during pregnancy | Percentage of women discontinuing drug use (including alcohol) during pregnancy | Prenatal screening for early identification and linking to appropriate community services |
| Percentage of women seeking nutrition counseling during pregnancy | | Support and counseling for pregnant women |</p>
<table>
<thead>
<tr>
<th>Objectives</th>
<th>Indicators</th>
<th>Evidence-based strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>By 2013, 80% of pregnant women will be taking their prenatal vitamins including adequate vitamin D</td>
<td>Percentage of women taking prenatal multivitamins including vitamin D</td>
<td>Prenatal food supplementation programs</td>
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<td>Involvement of elders in prenatal education programs.</td>
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**GOAL 2 - To Increase the Number of Children Achieving Age Appropriate Developmental Milestones**

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<thead>
<tr>
<th>Objectives</th>
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</thead>
<tbody>
<tr>
<td>By 2013, increase by 5% the rates of exclusive breastfeeding from birth to 6 months</td>
<td>Breastfeeding rates (exclusive) at 6 months</td>
<td>Breastfeeding support and creation of Baby Friendly Places in the communities</td>
</tr>
<tr>
<td>By 2013, decrease by 5% the incidence of child injury</td>
<td>Rates of childhood injuries</td>
<td>Support the education of parents and day cares regarding injury prevention, emotional development, etc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Injury surveillance</td>
</tr>
<tr>
<td>By 2013, the reported rate of rickets in Nunavut will be halved</td>
<td>Percentage of children and pregnant and breastfeeding mothers taking vitamin D supplements</td>
<td>Vitamin D supplementation for prenatal and breastfeeding mothers and infants</td>
</tr>
<tr>
<td></td>
<td>Reported rates of rickets</td>
<td></td>
</tr>
<tr>
<td>By 2013, the rate of anemia in infants and toddlers will be halved</td>
<td>Rate of infant anemia as reported through infant screening program</td>
<td>Screening of prenatal mothers and infants for anemia and iron supplementation</td>
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## Developing Healthy Communities

*A Public Health Strategy for Nunavut*

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<tr>
<th>Objectives</th>
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<th>Evidence-based strategies</th>
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</thead>
<tbody>
<tr>
<td>By 2013, increase the number of children eating country foods</td>
<td>Number of children eating country foods as reported by parent.</td>
<td>Country foods available in day cares and schools on a regular basis</td>
</tr>
<tr>
<td>By 2013, increase parenting knowledge and confidence</td>
<td>Number of parents attending parenting classes</td>
<td>Parenting classes such as “Great Kids” available in all communities</td>
</tr>
<tr>
<td>By 2013, increase access to day care and programs such as Head Start.</td>
<td>Number of communities offering Head Start and number of children attending</td>
<td>Early Childhood Development programs such as Head Start available in all communities</td>
</tr>
<tr>
<td>By 2013, increase the number of community activities involving parents and children</td>
<td>Number of community activities for parents and children</td>
<td>Consider pilot of family resource centre in a community, staffed by local people trained in Early Childhood Development, nutrition and health sexuality (CHR. CPNP, MCWs, elders)</td>
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</tbody>
</table>
### GOAL 3 - To Improve Food Security for All Families Especially Families with Infants and Children

<table>
<thead>
<tr>
<th>Objectives</th>
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<tbody>
<tr>
<td>By 2010, improve understanding of determinants of food insecurity in Nunavut through in-depth analysis</td>
<td>Advisory group will be informed of the causes, nature, extent and impact of the problem</td>
<td>Develop research and analysis, guided by multi stakeholder advisory group</td>
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<td></td>
<td>Number of pregnant women reporting food insecurity</td>
<td>Design and implement a strategy based on the information from the first objective</td>
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<td></td>
<td>Rate of low birth weight babies</td>
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<td>Number of communities with Healthy Foods North Program</td>
<td>Support Healthy Foods North as an evidence based community approach</td>
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<td>Cost of target nutritious foods</td>
<td>Work with partners to reduce the cost of nutritious foods</td>
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<td></td>
<td>Range of nutritious foods available</td>
<td>Design and implement community-based approaches that will increase access to traditional food</td>
</tr>
<tr>
<td></td>
<td>Number of healthy school food programs implemented</td>
<td>Work with community organizations, programs and schools to determine community based, sustainable approaches to school food programs</td>
</tr>
<tr>
<td>Increase knowledge and skills regarding healthy foods, menu options and budgeting</td>
<td>Use of healthy foods (surveys, retail info)</td>
<td>Collaborative efforts led by stakeholders, i.e. schools, retailers, media and community partners</td>
</tr>
</tbody>
</table>
## GOAL 4 - To Decrease the Number of People Experiencing Mental, Physical, Emotional or Sexual Abuse, Particularly Children

<table>
<thead>
<tr>
<th>Objectives</th>
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<th>Evidence-based strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>By September 2008 regions will determine resources currently available to children and families</td>
<td>Number of resources available</td>
<td>Inventory of parent support programs developed</td>
</tr>
<tr>
<td>By 2009 the regions will have formed partnerships with their communities, especially Community Health Committees to identify, develop and improve supports to families in their communities</td>
<td>Community partnerships with common plans of action to address issues around child abuse and support to parents</td>
<td>Link families to community supports</td>
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<td></td>
<td></td>
<td>Consider pilot of a family resource centre, staffed by local people trained in early childhood development, parenting and healthy sexuality</td>
</tr>
<tr>
<td>By 2013 parenting programs, groups, or resources will be available in all communities</td>
<td>Number of communities with parenting programs</td>
<td>At risk groups can be targeted for specific interventions</td>
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<tr>
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<td>Home visitation programs to support parents in need, in collaboration with Home Care and MCWs</td>
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</table>
## GOAL 5 - Decrease the Incidence of Youth Engaged in Risk Behaviors

<table>
<thead>
<tr>
<th>Objectives</th>
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<th>Evidence-based strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>By 2013, reduce by 5% the number of youth who are regular smokers</td>
<td>Rates of smoking in youth</td>
<td>Programs that provide youth with opportunities for developing life skills and knowledge e.g. mentoring, experiential learning, peer support groups, use of media</td>
</tr>
<tr>
<td>Reduce the number of youth practicing unsafe sex</td>
<td>Rates of STIs in youth</td>
<td>Schools that support the sexual health of youth through policies, sexual health curriculum, and a healthy school environment</td>
</tr>
<tr>
<td>By 2013 reduce the rate of teen pregnancies</td>
<td>Teen pregnancy rate</td>
<td>Focusing on decision making, assertiveness, communication, resisting peer pressure, conflict resolution, stress management</td>
</tr>
<tr>
<td>By 2013 reduce the number of vehicle injuries involving youth</td>
<td>Rates of injuries involving vehicles and boats</td>
<td>Healthy public policies that impact on youth health in school, workplace, hamlets, i.e. safe transportation, life vests, etc.</td>
</tr>
<tr>
<td>Reduce the number of youth using alcohol or other harmful substances</td>
<td>Rates of alcohol and drug use in youth</td>
<td>Community partnerships that identify the need for and the development of community based programs</td>
</tr>
<tr>
<td>Reduce the number of suicides and parasuicides in youth</td>
<td>Rates of suicide and parasuicide in youth</td>
<td>Community based programs for youth focusing on decision making, resisting peer pressure and conflict resolution</td>
</tr>
<tr>
<td>Increase traditional knowledge and skills of youth</td>
<td>Number of youth attending traditional skills programs</td>
<td>Increase knowledge and pride in culturally relevant life skills</td>
</tr>
<tr>
<td>Increase the number of youth involved in decision making bodies in</td>
<td>Number of decision making bodies involving youth</td>
<td>Youth participating in community activities and decision making bodies that impact on them and their families</td>
</tr>
<tr>
<td>communities</td>
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### GOAL 6 - Reduce Tobacco Use and the Harm it Causes Nunavummiut

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<tbody>
<tr>
<td>By 2013 reduce by 5% tobacco use among youth</td>
<td>Rate of smoking in 15 to 19 yr olds</td>
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<tr>
<td></td>
<td>Number of school and community based tobacco control initiatives planned or implemented</td>
<td></td>
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<tr>
<td>By 2013 reduce by 10% tobacco use among pregnant women</td>
<td>Rate of women who smoke during pregnancy</td>
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<tr>
<td></td>
<td>Rate of women who give up smoking during pregnancy</td>
<td></td>
</tr>
<tr>
<td>Reduce exposure to environmental tobacco smoke (ETS) in homes</td>
<td>Levels of ETS as reported by indoor air quality surveys in homes</td>
<td></td>
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<td></td>
<td>Comprehensive approaches combining community interventions, mass media campaigns, policy and regulation are most effective in changing norms</td>
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- Develop youth based curriculum for schools
- Establish youth-by-youth programs
- Increase awareness of risks of smoking through media campaigns
- Smoking cessation programs aimed at women
- Smoking cessation programs offered as part of CPNP MCW and other prenatal visits

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**Image Description:**

A group of individuals engaged in a craft activity, possibly related to the content of the Goals and Objectives discussed in the text.
**GOAL 7** - To Minimize Substance Abuse to Protect the Health, Safety and Quality of Life for All, with Special Attention to the Needs of Children

<table>
<thead>
<tr>
<th>Objectives</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Reduce exposure of unborn babies to alcohol</strong></td>
<td>Rates of screening for substance abuse among pregnant women</td>
<td>Partner with communities to develop and implement strategies related to Fetal Alcohol Spectrum Disorder (FASD) prevention</td>
</tr>
<tr>
<td></td>
<td>Number of public messages visible</td>
<td>Work with women in settings such as schools and prenatal groups</td>
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<td></td>
<td>Work with professional groups to increase knowledge and awareness of FASD</td>
</tr>
<tr>
<td><strong>Decrease the adverse consequences of substance use and abuse</strong></td>
<td>Rates of injuries involving alcohol</td>
<td>Work with community partners (RCMP, Health Committees, etc.) to assess problems, identify barriers to change and develop and implement programs</td>
</tr>
<tr>
<td></td>
<td>Rates of hospitalization due to substance abuse</td>
<td>Provide accessible services for treatment and prevention</td>
</tr>
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<td></td>
<td>Rates of substance abuse family dysfunction</td>
<td></td>
</tr>
<tr>
<td><strong>Reduce the initiation of alcohol and illicit drugs among young people</strong></td>
<td>Proportion of youth who perceive risks associated with substance use</td>
<td>Implement multiple strategies in youth education including refusal skills, support groups including family, and programs focusing on group norms on substance use</td>
</tr>
</tbody>
</table>
## GOAL 8 - Increase Capacities of Communities to Reduce Unhealthy Lifestyles and Improve the Overall Well-being of Residents

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Reduce the levels of poverty in order to improve mental well-being</td>
<td>Percentage of low income families</td>
<td>Support programs that provide opportunities for advancing education levels, increasing number of available jobs, remove barriers to employment and advocate for the review of current social assistance programs</td>
</tr>
<tr>
<td>Increase levels of education by increasing levels of graduation from high school and also post secondary education</td>
<td>Percentage of graduates from high school, Percentage of graduates from post secondary education</td>
<td>Advocate for removal of barriers to completing education, Explore distance education options, Support adult upgrading, including part-time study</td>
</tr>
<tr>
<td>Increase resiliency and well-being of families</td>
<td>Number of support programs available in communities, Percentage of parents taking classes and availing of services</td>
<td>Work with partners to identify needs and barriers related to family support. Work together to implement solutions, Ensure access to prenatal classes, CPNP, parenting classes, early childhood programs such as Head Start or Great Kids, Support on the land programs for families and communities</td>
</tr>
</tbody>
</table>
Prerequisites for Success

The challenge for Nunavut is that while the population faces levels of health that considerably trail the rest of the country, compared to other Provinces and Territories, its public health system is much less developed to address these issues. Substantial attention and effort are urgently required to build a more effective public health system to promote and protect the health of the people of Nunavut. This requires a critical examination of the current structure, leadership and processes.

Success in implementation of the outlined strategic priorities and achieving targets depends on strengthening the infrastructure by:

• **Improving public health capacity in the communities**
  The strategy relies heavily on action at a community level it is therefore imperative to ensure capacity in the communities to carry out these actions. Support for Community Health Committees, including dedicated budgets for community-led public health programs are essential.

• **Establishing information and surveillance systems suitable for the needs of the territory**
  Information and surveillance systems are essential to track progress, evaluate actions and determine needs.

• **Reconfiguring the current organizational structure to facilitate integrated public health teams at all levels**
  The potential of our current capacity is not being realized. The organizational structure needs to reinforce team-based approaches to the goals of the strategy and other areas of public health practice and interest.

• **Recruiting trained professionals and promote training opportunities for public health for staff at all levels**
  Implementation of the strategy is dependent on the extent to which a sufficient and competent public health workforce is achieved.

Conclusion

Since the establishment of Nunavut, there has never been a public health strategy. Without a strategic approach, the poor health status of Nunavummiut and its root causes can only be addressed in a fragmented, piecemeal manner.

This Nunavut Public Health Strategy provides direction for public health activities for the territory for the next five years and beyond that time, since the experience acquired during this stage will contain many lessons that can be used in subsequent plans.

The eight goals described provide the framework for action at the territorial, regional and community levels, while at the same time allowing flexibility so that local plans can match local needs. They set out an agenda for engaging partners in turning a shared vision into reality. A number of preliminary priorities are outlined in “Prerequisites for Success” to support implementation of these goals.

Implementation of this strategy is vital in order to make progress towards creating the conditions which enable Nunavummiut to lead healthy lives.
Developing Healthy Communities
A PUBLIC HEALTH STRATEGY FOR NUNAVUT

Appendix A
The Core Functions of Public Health Systems

Population health assessment
This function entails the ability to understand the health of populations, the factors that underlie good health and those that create health risks. A typical output of this analysis is the creation of profiles of the health of populations and health status reports for communities and decision makers to inform priority setting, planning of programs and policies, and the monitoring of their impact.

Health surveillance
This function involves the ongoing monitoring of trends in diseases and health determinants. As such, it is an important source of information to inform population health assessment efforts. It allows for early recognition of outbreaks and changes in disease trends, health factors, and cases of illness. Doing so allows for earlier intervention and lessened impact. Seeking patterns and understanding of trends needs to occur at multiple levels since occurrences that seem random at a community level may only be recognized as part of a pattern when viewed territory- or even nation-wide.

Health promotion
Public health practitioners work with individuals, agencies, and communities to understand and improve health through healthy public policy, community-based interventions, and public participation. Comprehensive approaches to health promotion may involve community development or policy advocacy and action regarding the environmental and socio-economic determinants of health and illness. Health promotion contributes to disease prevention by catalyzing healthier and safer behaviors.

Disease and injury prevention
The occurrence of diseases and injuries are not random phenomenon. Much of the premature mortality and morbidity experienced by populations are potentially preventable through the application of available knowledge. Many illnesses can either be prevented or delayed and injuries can be avoided. Disease and injury prevention overlaps with health promotion, especially as regards programs targeting safer and healthier lifestyles. This category also includes investigation, and preventive measures targeted at reducing risks of outbreaks of infectious disease.

Health protection
This is a long-standing core function for all public health systems. The assurance of safe food and water, the regulatory framework for control of infectious diseases, and protection from environmental threats are essential to the public health mandate and form much of the body of current public health legislation worldwide.

A public health system applies these core functions in a systematic way to a number of core responsibilities including:
• Prevention and control of communicable diseases
• Prevention of chronic diseases and injuries
• Environmental health issues
• Supporting healthy development across the lifecycle.

The ability to fulfill the public health system’s core functions depends on the existence of a supporting infrastructure that is comprised of teams of public health staff working collaboratively within and outside the system under strong and effective leadership. This requires:
• A sufficient and competent workforce.
• Efficient and effective organization of the system.
• The collection and application of information and knowledge to decision making.
• Clarity regarding what is to be achieved and performed, i.e. setting specific goals and targets for improvement.

Recognizing the range of underlying health determinants, public health strategies employ comprehensive approaches that typically comprise combinations of education and skill building; social policy; inter-sectoral partnership and collaboration; regulation; community development; and the support of effective clinical preventive interventions.

Establishing a collective vision for and understanding of public health is a prerequisite for building a stronger and more effective system. Core functions need to be explicitly identified and addressed, and core programs further developed. Strong and visible system leadership is necessary to achieve this.

Appendix B
Public Health Partners

Community Partners

Successful public health interventions are community-driven

The Community Health Committees throughout Nunavut are the prime partners in our public health strategy. The Committees will be supported by and work with the local health care team (especially with the community CHR), with regional public health specialists, and with our Territorial public health staff at our Department’s Headquarters in Iqaluit. The Committees, supported by our Department, will assess their communities health needs, determine which priority areas they wish to address on a year-by-year basis, implement public health programs to focus on those priority areas, and evaluate progress or success on a continuing basis.

Territorial Partners

A public health approach to improve health status requires more than the resources of the Department of Health and Social Services. Improving the public’s health should be a goal for every level of government, as well as civil society as a whole.

Government departments especially interdepartmental groups such as: Violence Against Women Working Group. Led by Justice, this group examines family violence issues in Nunavut, including interagency agreements such as the Child Abuse Response Protocol. As well as government representation from Justice, Culture Language Elders and Youth, Education, Health & Social Services, Nunavut Housing Corporation, Executive and Intergovernmental Affairs, this group is linked to Justice Canada and the RCMP, Qulliit Nunavut Status of Women Council, and Nunavut Tunngavik Incorporated.

Suicide Intervention Working Group. Led by Executive and Intergovernmental Affairs, this interdepartmental group has government representation from Justice, Economic Development and Transportation, Education, Health & Social Services, Housing, Environment, and Nunavut Arctic College. Another interdepartmental working group, the Senior Officials Healthy Lifestyle Committee works on suicide prevention and is chaired by Health and Social Services and Executive and Intergovernmental Affairs. This group is also linked to the Isaksimagit Inuusirmi Katujjiqatigiit Embrace Life Council, a non-profit organization that educates the public on suicide issues, raises funds to promote suicide prevention, and hosts workshops to teach youth about coping strategies, depression, and healthy living.
National Partners

As noted in the case of SARS, public health needs to be well-coordinated at the local, regional, national, and international level in order to be truly effective. It is essential that the voice of Nunavut be heard and recognized at the national level in order to build and sustain an effective public health strategy to meet the needs of Nunavummiut.

Each jurisdiction in Canada participates in national public health deliberations to advocate for appropriate public health programs, services, and resources, both for its own jurisdiction, as well as for Canada as a whole.

Public Health Agency of Canada (PHAC)
The Agency is part of the federal public service and is headed by the Chief Public Health Officer who reports to the Minister of Health. Health Canada also reports to the Minister of Health. Although separate, both are members of the health portfolio and work together to improve and protect the health of Canadians.

This relatively new department came into being as a result of SARS when it was found that the fragmentation of Public health in Canada hampered the necessary response to this critical public health issue. Most interaction with the P/Ts occurs through participation on the pan-Canadian Public Health Network (CPHN).

Canadian Public Health Network (CPHN)
This network was created in 2004 to foster multilateral intergovernmental collaboration on public health issues. The CMOH is the departments representative on the Public Health Network Council (PHNC). There are several FPT Expert Committees with Nunavut territorial representation:
- Communicable Disease Expert Group
- Health Surveillance and Information Expert Group
- Emergency Preparedness and Response Expert group
- Population and Health Promotion Expert Group
- Chronic Disease and Injury Prevention Expert Group

Other FPT committees report through the expert groups and also have Nunavut territorial participation such as:
- Canadian Immunization Committee
- Pandemic Influenza committee
- Canadian Tuberculosis Committee
- National Non-Enteric zoonotic Diseases Working group
- Council of health emergency Management Directors
- Committee on health and the Environment
- FPT Advisory Committee on HIV/AIDS
- West Nile Virus Steering committee
- Sexually Transmitted Infections Group

Council of Chief Medical Officers of Health (CCMOH).
The Council is part of the Public Health Network. It provides advice on public health and population health issues, advocates for prevention and control of diseases and strengthening of community public health systems and practices across the country. The CMOH is also a member of this council.

First Nations and Inuit Health Branch (FNIHB)
FNIHB is a branch of Health Canada responsible for providing a range of health related goods and services to First Nations and Inuit people. A division called the Northern Office funds many health promotion programs in Nunavut through contribution agreements.
Inuit Tapiriit Kanatami (ITK)
The national Inuit organization in Canada has a health department which has a mandate to advance the well-being of Inuit in Canada. It receives direction from the National Inuit Committee on Health and has recently established an Inuit Public Health Committee with representation from all Inuit regions including H&SS.

Pauktuutit
The National advocacy group for Inuit women. They have developed a national strategy to prevent family abuse in Inuit communities, and have developed partnerships with H&SS in the areas of sexual health and Fetal Alcohol Spectrum Disorder (FASD).

National Aboriginal Health Organization (NAHO)
The Inuit Health Branch of NAHO is a center of excellence for Inuit Health, focusing on improving Inuit health and wellbeing by sharing information.

Appendix C
Selected Health Status Measures
Selected health status outcomes for Nunavummiut include:

- **Life expectancy:**
  - At birth, trail national average by over 10 years (68.7 vs. 79.3)
  - At age 65, trail national average by 4.7 years (14.1 vs. 18.8)
  - Unlike rest of country, at age 65, life expectancy lower in women than men in Nunavut (11.4 vs. 16.3)

- **Infant outcomes:**
  - Low birth weight: 9% in Nunavut; 5.8% in Canada
  - Infant mortality: highest in Canada, 15.6/1,000 live births (Canada: 4.4/1,000)

- **Cancer mortality rates:**
  - Lung cancer mortality: 209.5 vs. 48.2 in Canada – increasing
  - Breast cancer mortality: lowest in Canada: 18.8 vs. 25
  - Colorectal cancer mortality: highest in Canada: 80.5 vs. 18.4

- **Acute myocardial infarction (heart attacks) rates:**
  - lowest in Canada: 3.7 vs. 52.1

- **Injuries:**
  - Suicide: premature mortality 10 times higher than Canada
  - Unintentional injury: premature mortality 5 and 3 times higher in men and women respectively

- **Infectious diseases:**
  - Tuberculosis rate: decreasing but very high: 93.4 in 2002 vs. 5.2
  - Chlamydia rates: very high: 1/10 teens/young adults infected each year

- **Smoking:**
  - High rates – in 2003, 65% of those 12+ smoke
  - 12-19 year olds: daily smokers 37% vs. 12.9%

- **Physical activity:**
  - Physically active: 14.2% vs. 26.7%.

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1 Physical activity is calculated based on average daily physical activity over the previous 3 months based on type of activity, duration, and average energy expenditure. “Active” defined as 3.0 kcal/kg/day or more.
Appendix D

Key sources


This workshop brought together public health staff from throughout the Territory to discuss a public health strategy for Nunavut.


Department of Health and Social Services (Nunavut). Proposal for a coordinated expansion of the maternal/newborn health services in Nunavut (Draft) 2007


This report was produced with the assistance of a Departmental Advisory Committee and included a review of prior consultations and publications related to a public health strategy for Nunavut. The author of the report consulted as broadly as possible, both within the Department, as well as with regional and national Inuit organizations, in the development of the report.


Public health/Population health Services in Saskatchewan. Saskatchewan Health. 2001


This report was produced after broad consultation with Health and Social Services Staff, and with regional, and national Inuit organization input.