

CIRCUMPOLAR VOICES

Circumpolar health collaborations: a description of players and a call for further dialogue

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INTRODUCTION

With international attention on health in our circumpolar regions, it is timely to review the state of our community and our effectiveness in providing the circumpolar voice, networking, research and action that the International Union for Circumpolar Health (IUCH) and emerging circumpolar health organizations were designed to provide. Over the years a number of IUCH presidents have written about the organization (1-3), agreeing that synergy is created through the cooperative union of many individual societies wherein the whole is greater than the sum of its parts. Over the past decade there has been the development of multiple circumpolar health organizations both within and outside the IUCH structure. In times of limited resources, we should look at the current administrative frameworks within our networks and consider the potential for a more streamlined structure of support for circumpolar health collaboration.

The IUCH was founded in 1981 and had its status documents signed in 1986 (4). It consists of

5 adhering bodies: American Society for Circumpolar Health, Canadian Society for Circumpolar Health, Danish/Greenlandic Society for Circumpolar Health, Nordic Society for Arctic Medicine and the Siberian Branch of the Russian Academy of Medical Science. In addition, there are affiliated members from a number of other circumpolar groups.

The IUCH was once the sole voice and network for circumpolar health. In 2002 Peter Bjerregaard nicely summarized the IUCH's purpose by noting that the lives of an Inuit hunter, a Norwegian schoolteacher and a Russian mine-worker are very different, as is their health; no one person can professionally cover all circumpolar health areas. The IUCH's primary role is to continue cooperation in between international congresses of circumpolar health (ICCH) and to actively contribute to the success of the *International Journal of Circumpolar Health* (IJCH) (1).

Over the past 20 years the IUCH has continued to operate and evolve, though there have been few amendments to its governance or by-laws despite changing times and expanding

roles. Growing demands for circumpolar health collaboration and specialized leadership for diverse and growing IUCH functions have been met through the creation of new networks, interest groups, publishing groups and advisory bodies, such as the International Network for Circumpolar Health Research (INCHR), the Arctic Human Health Initiative (AHHI), Arctic Human Health Expert Group (AHHEG) and the International Association for Circumpolar Health Publishers (IACHP). The IUCH played a significant role in the creation of each group. What was once solely the mandate of the IUCH is now done by 4 bodies with overlapping functions, leadership and membership. The continued strength and relevance of the IUCH is evident in its continued association with the new bodies, and the affiliate status it shares with some

of them. There lies no question as to the high level of professional activity within the circumpolar health community. As we move forward, questions may be raised as to the strengths and weaknesses of the current framework and the possible optimization of affiliations between the international health bodies. The potential for much duplication exists in overlapping objectives between organizations (Table I). One important question is, Could a revised organization of the circumpolar health community improve the effectiveness of all bodies? The aim of this paper is to stimulate a dialogue within our community about how best to maintain the depth of activities and achieve a revitalized, more efficient and stronger collaboration between circumpolar health organizations while meeting their shared vision and strategic aims.

Table I. Objectives and memberships of circumpolar organizations (2009–2010).

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

Summary points:

IUCH, INCHR, AHHEG, IACHP have overlapping mandates, membership and functions.

All are active in advancing important health issues in our circumpolar communities.

All organizations are in need of by-law renewal and/or development.

All organizations have a collective knowledge regarding international needs for circumpolar health.

All organizations share challenges in resource allocation to maintain their fiscal sustainability. Collaboration and strategic planning are required to target resources and access funds for shared goals.

IUCH has a considerable history, accumulated knowledge, financial framework, name recognition and Arctic Council observer status, thus may provide the best base framework should a reorganization of networks and organizations be considered.

Within the overlapping membership of IUCH, INCHR, AHHI/AHHEG, there exists a core executive of common individual members who could form a Working Group with other interested parties to oversee governance renewal and collaborative development to reflect current needs in the circumpolar health community.

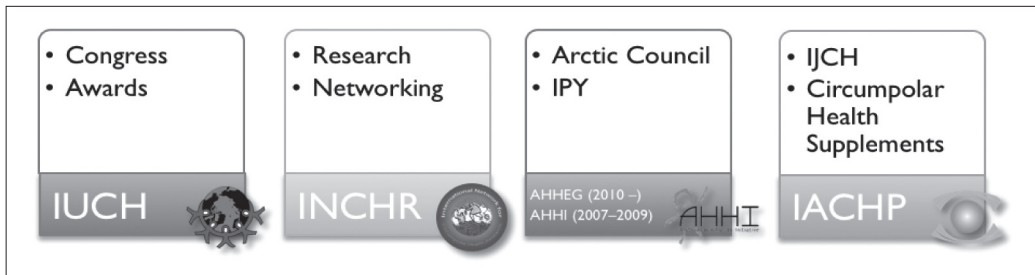


Figure 1. Main activities of circumpolar health organizations.

History and transitions

The division of the circumpolar health community into at least 4 separate bodies can be broken down by what were once the central functions of the IUCH: networking researchers (annual seminars, scholarships), international networking (Arctic Council), supporting the journal (*International Journal of Circumpolar Health*, IJCH), planning the triennial International Congress on Circumpolar Health (ICCH) and granting awards. Now these functions have been distributed among various groups with shared objectives and members. It could be said that the INCHR

currently fulfils the need to network researchers and hold annual meetings; the IACHP aims to sustain a circumpolar network to finance and support the IJCH; and the AHHEG was created to provide a human health voice within the Arctic Council. The IUCH remains the main scientific advisory and planning group for the congress, which is held once every 3 years and administers prestigious circumpolar health awards.

Links between the IUCH and these newly created bodies do exist; the IUCH president often holds a seat on the executives of the new bodies, or vice versa. However, these linkages have the

potential to duplicate efforts, split minimal network resources and increase the administrative burden of maintaining numerous networks. Understanding the transitions by key IUCH mandate activities, specifically scientific networking, international relations, Indigenous affairs, international congress and journal publications, allows one to follow the historical trajectory and may help us to identify areas where collaboration could be enhanced.

Scientific networking

Circumpolar scientific networking in health research has existed from the International Study of Eskimos in the 1950s (8) to present-day collaborations, which encompass broader areas of study that include health service delivery, monitoring of population health, community-based methods and the socio-economic determinants of health (9). To support scientific networking, the IUCH provided funding to Working Groups in the early 1990s (10). Over time funding decreased and a diverse continuum of activity across Working Groups has emerged, with some (e.g., Infectious Disease; Congenital Anomalies; Women's Health and Well-Being) remaining quite active in between the congresses and others becoming effectively dormant, or at least lacking activity within the IUCH. Some have questioned the ability of the Working Group structure to achieve IUCH objectives in between these congress meetings (11). Certainly circumpolar collaborations can be costly and, without infrastructure or support, the national and regional priorities of union members and societies may take precedent. As well, Working Groups that remain active tend to be those that have financial support through existing programs with shared IUCH Working Group objectives and are thus able to financially

support the international networking between congresses.

In 2006, INCHR was created as a "voluntary network of individual researchers, research trainees, and supporters of research based in academic research centres, Indigenous people's organizations, regional health authorities, scientific/professional associations, and government agencies, who share the goal of improving the health of the residents of the circumpolar regions through international cooperation in scientific research" (7,12). It could be said the INCHR has advanced the need for collaborations between the triennial congresses. It holds annual scientific meetings (13-16), is a member of the IACHP and supports student scholarship and researcher exchanges. These activities have been supported through the contributions of individual members and their research programs, primarily the president and those affiliated with host institutions for the annual meetings who provide financial, logistic and in-kind support. The IUCH executive and some of the more active IUCH Working Groups have held their annual meetings alongside INCHR meetings. While the INCHR has not replaced IUCH Working Groups, it could be viewed as a responsive model to support Working Group objectives and growing needs of the scientific community within the IUCH. Currently, the INCHR is an affiliated member of the IUCH.

Arctic Council activities

The IUCH currently holds observer status in the Arctic Council (<http://arctic-council.org/section/observers>). One need only look at the attention given to the Arctic Council by EU and the national governments to know that this vehicle has the potential to influence key policymakers. To date, the IUCH's involvement in

Arctic Council activities has primarily been as a general advisory group to advocate for health priorities of Arctic peoples. Two recent IUCH initiatives include the implementation of the Arctic Human Health Initiative (AHHI) to advance health activities during the International Polar Year (IPY) (12) and advising on the creation of a government-appointed expert group (Arctic Human Health Expert Group – AHHEG) within the Sustainable Development Working Group of the Arctic Council. The AHHEG provides expert advice, identifies health priorities and recommends projects for endorsement by the Arctic Council. Further discussion may be warranted within the circumpolar health community to explore the mandate and potential for activities in relation to the Arctic Council and the interface between the status of the IUCH observer and the newly formed Arctic Human Health Expert Group.

International relations and external affairs

There are other international collaborations that bear consideration. Since the creation of the IUCH, the international community has undergone much transition and development, as have mechanisms for networking and sharing information. It is timely for the circumpolar health community to reconsider its position(s) in the international scientific community and prioritize partnerships and activities consistent with its evolving mandate. This includes health groups such as the Partnership in Public Health and Social Well-Being (NDPHS) and Co-operation Program on Health and Related Issues in the Barents Euro Arctic Region (BEAC) who are active in the Nordic regions. As well as Arctic science groups such as the International Arctic Science Committee (IASC), Association of Polar Early Career Scientists (APECS), International

Arctic Social Sciences Association (IASSA) and World Meteorological Organization (WMO) who have not traditionally collaborated with human health societies. As we move out of the International Polar Year, the diversity of projects within the AHHI, collaborations across disciplines and the role of health in the scientific community are beginning to be noted in the broader scientific community. Currently, the IUCH is collaborating with the international scientific community to plan the 2012 IPY conference, to be held in Montreal, Canada, in 2012 – the final event of IPY. Prominent science organizations such as the International Arctic Science Committee (IASC) have recognized the need for collaborations across disciplines and have a newly created Working Group that focuses on human health (17). IASC has also recognized the need to include health networks (such as INCHR) within their partnership organizations. As well, IPY legacy projects such as Sustaining Arctic Observing Networks (SAON), which were created to strengthen the development of multinational engagement for coordinated pan-Arctic observing and data sharing systems, have included health data initiatives and networks (18).

Indigenous representation

Circumpolar Indigenous organizations are well-positioned to advocate for their people and their health. To this end, Indigenous peoples participate in a number of international forums and do important work to advance health issues. There are 6 international Indigenous organizations within the circumpolar regions: Aleut International Association, Arctic Athabaskan Council, Gwich'in Council International, Inuit Circumpolar Council, Russian Association of Indigenous Peoples of the North and Saami

Council (<http://www.arcticpeoples.org/>). While these organizations have broad mandates, each participates in activities that promote health and wellness within its individual region. Activities such as the Inuit Health Summit held by the Inuit Circumpolar Council (ICC) prior to the IUCH congress in Yellowknife is a good example of how Indigenous groups are raising and addressing current health issues and priorities. An important document that came out of this summit was the Inuit Health Action Plan (19).

These organizations are also active within the Arctic Council as permanent participants. Representatives from these organizations are active members and have played a key role in the development of the AHHEG and have played a significant role in advancing the group's objectives.

Within the IUCH there is an Indigenous health Working Group. It plays a role in planning the congress, holding special Indigenous sessions and developing resolutions that identify areas of common interest. While the IUCH Indigenous Working Group shares the resource challenges of other IUCH Working Groups, many members have been active leaders within the Indigenous organizations described earlier and are very active in health activities through their other affiliations.

Dissemination and knowledge sharing

International Congress on Circumpolar Health

The International Congress on Circumpolar Health (ICCH) has been a centrepiece activity of the IUCH since the first congress was held in Fairbanks in 1967. The ICCH provides for the dissemination of scientific outputs in circumpolar regions. Over the years its focus has shifted from human biology to public health with a specific focus on the significant health disparities within these regions, health services and outreach

and the effect of physical factors on human physiology and health (20). The ICCH has played an important role in providing scope and direction to circumpolar research programs through opportunities for networking.

Most congresses have developed proceedings that serve as a partial record of activities in circumpolar health over the last 50 years (21). While the congress is typically the culmination of IUCH dissemination networks and activities, it also provides an opportunity to host independent meetings of other organizations and to bring community members, policymakers, educators and researchers together to discuss current issues in circumpolar health.

International Journal of Circumpolar Health

The *International Journal of Circumpolar Health* is the major communication forum for the circumpolar health community and the IUCH (12). It was established under the Nordic Council for Arctic Medical Research (NCAMR) in 1969 (22) and underwent transitions that led to having its administration and funding responsibilities transferred to the International Association of Circumpolar Health Publishers (IACHP) in 2002. Members of the IACHP include research institutes, universities and networks. A significant number of journal editors are found within the membership of the IUCH and the INCHR. As the journal is closely intertwined with the organization of the circumpolar health community, its current status, opportunities for growth and financial support of operations need to be considered in this environment.

State of affairs

It is evident that the circumpolar health community is as dynamic and active as ever. Growth in key functions (networking researchers, Arctic

Council activities, ICCH and the IJCH) has been supported and advanced through the creation of new networks and associations. We have attempted to highlight activities within the circumpolar health community and propose that the current strengths of the interrelated bodies be more effectively coordinated within a stronger and more strategic international union

In summary, the activities related to circumpolar health have slowly transitioned from centralized coordination within the IUCH to a more dispersed body with loose organizational associations among various networks, including the IUCH, AHHEG, IACHP and INCHR, each with significant overlap of membership and mandates. Each body has limited resources and increasingly costly administrative functions and operations. While several groups are actively collaborating on issues today, we would like to suggest that we give thoughtful consideration to how we can create more effective linkages that would enhance the ability to share costs and reduce administrative burdens and duplications. As we prepare for our next International Congress (to be held in Fairbanks in August 2012), there is a need to build on these evolving partnerships and reintegrate our complementary functions.

Competing interests

Susan Chatwood is the President of the Canadian Society for Circumpolar Health, a member of the International Association of Circumpolar Health Publishers and the Secretary of the International Union for Circumpolar Health.

Rhonda Johnson is a Board Member of the American Society of Circumpolar Health, President of the International Association of Circumpolar Health Publishers and Vice-President of the International Network for Circumpolar Health Research. She also co-chairs the Women's Health

and Well-Being Working Group of the International Union of Circumpolar Health.

Alan Parkinson is a member of the American Society for Circumpolar Health, the U.S. representative to the Arctic Council's Sustainable Development Working Group's Human Health Experts Group and co-coordinator of the Arctic Human Health Initiative.

The views expressed in this paper are solely those of the authors, not of their affiliated bodies or institutes.

REFERENCES

1. Bjerregaard P. Circumpolar health cooperation and the International Union. *Int J Circumpolar Health* 2002;61(1):3-4.
2. Hansen JP. After Reykjavik. *Arctic Med Res* 1993;52(4):142.
3. Bruce M. The International Union for Circumpolar Health – an important actor in circumpolar health. *Int J Circumpolar Health* 2011;70(1):3-5.
4. Mala TA. The International Union for Circumpolar Health. *Arctic Med Res* 1986;42:49-51.
5. International Union for Circumpolar Health (IUCH). About IUCH - Objectives. International Union for Circumpolar Health; 2000 [cited 2011 Sept 28]. Available from: <http://www.iuch.net/about.php>.
6. International Network for Circumpolar Health Research. Goals and objectives. Toronto: International Network for Circumpolar Health Research; 2011 [cited 2011 Sept 28]. Available from: <http://www.inchr.com/aboutus.htm>.
7. Parkinson A. Arctic human health initiative. *Circumpolar Health Supplements* 2010;6:1-43.
8. Milan FA. The international study of Eskimos. *Arctic* 1968;21(3):123-126.
9. Young K, Chatwood S. Circumpolar health: What Canada can learn from its neighbours. *CMAJ* 2011;183(2):209-214.
10. Hassi, J. Toward versatile international cooperation in circumpolar health. *Arctic Med Res* 1996;55(3):106.
11. Orr P. Overview 1. Circumpolar Health Movement. Aajiqatigiinniq: Seeking solutions through collaboration. In Proceedings of the 14th International Congress on Circumpolar Health. *Circumpolar Health Supplements* 2010;7:21-25.
12. International Network for Circumpolar Health Research launched [News]. *Int J Circumpolar Health* 2005;64(1):101.
13. Update of the International Network for Circumpolar Health Research [Publisher's Corner]. *Int J Circumpolar Health* 2007;66(3):276-277.

14. Update of the International Network for Circumpolar Health Research [Publisher's Corner]. *Int J Circumpolar Health* 2008;67(5):484.
15. Odland JØ. Annual conference of the International Network for Circumpolar Health Research [Publisher's Corner]. *Int J Circumpolar Health* 2008;67(4):384–385.
16. Update from the International Network for Circumpolar Health Research [Publisher's Corner]. *Int J Circumpolar Health* 2010;69(3):316.
17. IASC. IASC Working Groups Workshop Report. Potsdam: IASC; 2011 [cited 2011 Sept 28]. Available from: <http://www.wcrp-climate.org/meetings/CliC7/IASC%20Working%20Groups%20Workshop%20Report%202011.pdf>.
18. SAON, Arctic Council, IASC. Report to the Arctic Council and the International Arctic Science Committee. "Plan for the Implementation Phase of SAON." SAON, Arctic Council, IASC; 2011 [cited 2011 Sept 28]. Available from: http://www.arcticobserving.org/images/stories/SAON_Reports/SAON_Report_February_20112.pdf.
19. Krümmel E. The Circumpolar Inuit Health Summit: A summary. *Int J Circumpolar Health* 2009;68(5):509–518.
20. Bjerregaard P, Young TK, Curtis T. 35 years of ICCH: Evolution or stagnation of circumpolar health research? Nuuk, Greenland: Circumpolar Health; 2003 [cited 2011 Sept 28]. Available from: <http://www.iuch.net/documents/article-2003-icchreview.pdf>.
21. Murphy NJ. The Circumpolar Health Movement Comes Full Circle. *Alaska Med* 2007;49(2 Suppl):3–7.
22. Granberg PO, Stenback F. Nordic Council for Arctic Medical Research Annual Report 1985. *Arctic Med Res* 1986;41:5–8.

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