

Inuit Governance and Self Determination in Planning and Responding to the COVID-19 Pandemic





Challenging Living Conditions



*In Nunavut









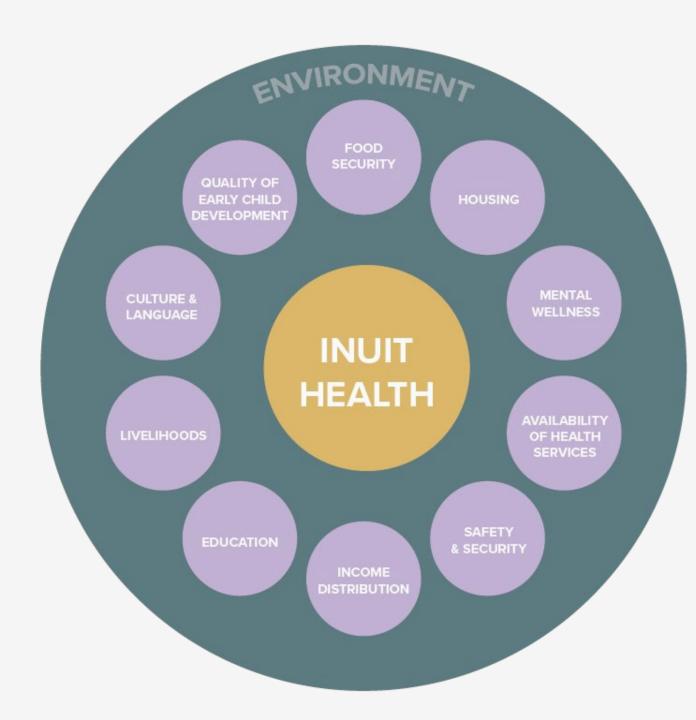
Inuit have the **highest rate** of lung cancer in the world In 2016, the overall rate of TB reported for Inuit living in Inuit Nunangat was more than 300 times that of Canadian-born non-Indigenous people

Rates of Inuit infant mortality are over **3 times higher** than the overall rates in Canada

Inuit children
have the highest
rate of hospital
admission for
lower respiratory
tract infections
in the world

Inuit Self-Determinatio n in COVID-19 Response

The COVID-19 pandemic has impacted all Social Determinants of Inuit Health (SDoIH)



Inuit Self-Determination

Opportunities: There were many opportunities for Inuit to exercise autonomy in COVID-19 response decision making and make meaningful impacts on social determinants of Inuit health.

Barriers: The pandemic also shone light on areas where work is still needed to achieve self-determination for Inuit in the decisions that directly impact their health and wellbeing.

The following slides outline some key examples of these opportunities and barriers.

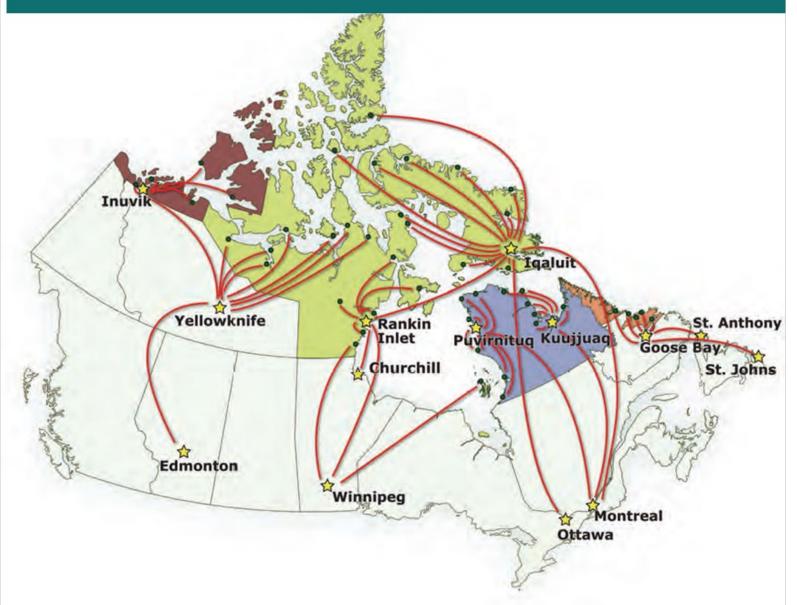
Access to Health Services

Significant barriers to self-determination in health services continue to exist in access to health services in Inuit Nunangat.

One key area where Inuit have been particularly impacted by COVID-19 is medical travel.

As long as health systems in Inuit Nunangat continue to be completely dependent on southern facilities and staff, Inuit have little choice but to travel outside their communities and regions for care.

Multiple Flights for Healthcare Access



Access to Health Services

During the pandemic, medical travel has put Inuit and their communities at risk for acquiring COVID-19 infection.

COVID-19 has made it necessary for Inuit to go through isolation protocols every time they access care out of their region and outside their control.

Access to Health Services

The pandemic has demonstrated the importance of bringing care closer to home and illuminated some possibilities on how that can be done, including:

- virtual or telemedicine,
- maximizing the use of regional hospitals,
- expanding the use of point of care laboratory testing, and
- training Inuit paraprofessional health care workers.

It will be important to ensure that the gains made in these areas are maintained post-pandemic



Indigenous Community Support Fund (ICSF)

The federal government allocated \$67.5M of the Indigenous Community Support Fund to Inuit.

Funding was provided to Inuit regional land claims organizations in accordance to a funding allocation formula previously determined by the ITK Board of Directors for government funding.

Inuit regions used this money to fund Inuit-led programs to mitigate the impact of COVID-19 disease and pandemic response measures on social determinants of Inuit health

Indigenous Community Support Fund (ICSF)

Programs to improve social determinants of Inuit health (SDOIH):

SDoIH	Inuit-led, ICSF funded programs
Food Security	Grocery supplements, community food banks & freezers, harvester support
Mental Wellness	Support services, youth programs, isolation packages
Safety & Security	Shelter funding supplement, community preparedness planning
Income Distribution/ Livelihoods	Elder support, business relief, wage subsidies
Culture & Language	On the land programs, traditional activities support
Housing	Cleaning supplies, increased water delivery, heating fuel
Education	Education packages

In Conclusion:

Our reality is much different than that of the rest of Canada. A successful response to COVID-19 must be both evidence-based and Inuit-specific.

Inuit governance structures place Inuit organizations in the best position to respond directly to the pandemic to ensure the most vulnerable households in our communities are supported, as quickly and as equitably as possible

Nakummek Thank you $\Delta \Delta \Delta_c$ CV ψ_c P σ CL Inuit Tapiriit Kanatami