

Message from the Chief Public Health Officer

January 2025

Living for many centuries in the Arctic demonstrates the strength and resilience of Nunavut Inuit. There is value in focusing on these strengths in public health approaches, especially as we recover from the impacts of the global pandemic and look forward to the days ahead. This report offers an opportunity to reflect and consider both the strengths and challenges as we work towards improving the health and wellbeing of Nunavummiut. It is a snapshot of the public health approaches used in Nunavut and highlights ongoing partnerships with communities, Inuit organizations, and other stakeholders.

The purpose of this report is to provide information that supports policies and programs to improve health and decrease health inequities for Nunavummiut. It provides an overview of current program priorities including vaccination and immunization, cancer, tuberculosis, tobacco cessation, sexually transmitted infections, and suicide prevention.

Throughout this report, health equity and the social determinants of health are referenced. It is critical to understand the public health priorities noted above with an understanding of the health inequities that exist in Nunavut, and the need to address health in a holistic manner. I remain hopeful that a sustained focus on social determinants of health such as housing, education, mental health and food security will support efforts to improve health outcomes in Nunavut.

My profound gratitude goes to the Health Protection team, other members within the Department of Health and community organizations who work diligently to protect and promote the health of Nunavummiut. I thank frontline staff who enthusiastically provide health care services across the territory. I am very grateful for the opportunity to live in Nunavut and work together (*Ikajuqtigiinniq*) with communities and other leaders to improve the health of Nunavummiut.

Sincerely,



Dr. Ekua Agyemang

Acting Chief Public Health Officer

Government of Nunavut, Department of Health

Introduction

An important part of public health practice is to share information about the health of its population. It can include information on numbers of people, health status and behaviours, health care service access, and broader determinants of health.

The Chief Public Health Officer's biennial report is intended to serve this purpose and is a requirement of Nunavut's *Public Health Act*. It provides a summary of the health of Nunavummiut. The previous and first biennial report focused on the COVID-19 pandemic.¹

The purpose of the report is to provide information that supports public health policies, programs and partnerships. These policies and programs are informed by data; both qualitative and quantitative data is reflected in this report from multiple sources. Qualitative data, in the form of quotes, are from public sources where Nunavummiut have expressed their experiences and aspirations relating to public health in the territory. Where there is background information about Nunavut that is prepared by Inuit, or in partnership with Inuit organizations, such resources are cited throughout the report. Information from such resources is important when conceptualizing the quantitative data that is presented here.

Quantitative data, such as ratios, rates, and percentages, can be a useful measure to monitor health outcomes over time. However, there are limitations to quantitative data, especially in Nunavut, including challenges associated with small population numbers. Small changes in case counts can create large fluctuations in ratios. As well, frequent updates to Nunavut's population numbers mean that various publications may have used different population sizes, making it challenging to compare rates across publications. Such limitations in quantitative data are relevant to the topics discussed here. Cautionary interpretation and comparing of rates and graphs are important and the report tries to draw attention to this, when necessary.

This report uses data from public health programs and operations, as well as from external sources. It is important to recognize the significant harms that have been done by research from external sources, and the ongoing research practices that can continue to cause harm, especially when done from out of territory or not led by Nunavut Inuit.

The report is structured as follows: it begins with an overview of public health in Nunavut, context and the determinants of health, information regarding population and health distribution, and ends with a focus on six areas including vaccination and immunization, cancer prevention, tuberculosis, tobacco cessation, sexually transmitted infections, and suicide prevention.

¹ Government of Nunavut. Chief Public Health Officer's Health Status Report on the COVID-19 Pandemic Biennial Report [Internet]. Nunavut, The Legislative Assembly of Nunavut; 2023 [cited 2024 Sep 26]. [Available from: 2024-02-22 - HEA - COVID- CPHO Biennial Report -en.pdf](#)

Public Health in Nunavut

What is Public Health?

Public health is "the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals."² Public health services take a population approach to improve health and decrease health inequities. The primary focus of public health is on the population rather than the individual, and on prevention rather than treatment. Its work is complementary to the health care system, which focuses more on individuals and their treatment. Two examples demonstrate the difference between how the health care and public health systems interact with individuals:

1. Smoking: the public health approach to smoking is preventative in nature, reducing the incidence of smoking through education, community mobilization, etc. The health system, alternatively, most often interacts with people experiencing health complications from smoking (e.g., lung cancer) and work to treat that particular issue.
2. Tuberculosis: the public health approach focuses on education, creating awareness, screening healthy individuals to identify sleeping tuberculosis, and encouraging people who are symptomatic to seek care. The health system, alternatively, treats people with tuberculosis with medications.

Both health care and public health systems have methods of diagnosing and intervening to improve health, for individuals and groups respectively.

In Canada, public health is typically described with six core functions:

1. Population health assessment: assessment of a population's health status and identifies factors underlying good health or health risks.
2. Health surveillance: includes the systematic collection and analysis of health-related information to track and forecast health events and risks.
3. Health protection: includes controlling communicable disease and protecting against environmental threats, whilst ensuring the safety of water, air and food.
4. Health promotion: focuses on working with communities and partners to support healthy living such as being active, healthy eating, and mental wellbeing, etc., as well as advocating for health-promoting public policies.

² Winslow CE. The untitled fields of public health. Science. 1920 Jan 9;51(1306):23-33.

5. Disease and injury prevention: focuses on reducing the risk and occurrence of communicable and non-communicable diseases, illnesses and injuries.
6. Emergency preparedness and response: includes preparing for natural disasters or other events (e.g., pandemics) to minimize serious illnesses, deaths, and societal disruption.

How is Public Health Organized in Nunavut?

In 1993, the *Nunavut Land Claims Agreement* was signed (now called the *Nunavut Agreement*), which led to the creation of the territory in 1999. Nunavut Tunngavik Incorporated (NTI) is the legal representative of Nunavut Inuit and ensures promises made under the *Nunavut Agreement* are met.³ Article 32 of the *Nunavut Agreement* ensures the right of Inuit to be involved in the development and delivery of the government’s cultural and social programs and policies. This is important to consider in understanding the key partnerships that underpin public health approaches.

“The overarching goal of this partnership [the government and NTI] is to foster Inuit prosperity. It will do so by identifying solutions, providing guidance, and addressing challenges. It is structured to ensure success through a unified approach that is based on partnership and accountability.”⁴

The Government of Nunavut is a public government that serves the needs of all Nunavummiut. The Department of Health is responsible for overseeing and delivering health care directly to Nunavummiut. It is the only jurisdiction in Canada where a department is responsible for both oversight and delivery of care (other jurisdictions have ministries of health that provide strategic oversight *and* health authorities or departments that provide the frontline health care).

Health services in the territory, including public health, are guided by the partnership with Nunavut Tunngavik Incorporated, as well as the government’s mandate, Katujjiluta, and Inuit Qaujimajatuqangit, also known as Inuit Societal Values.⁵ The *Public Health Act*, brought into

³ Nunavut Tunngavik Incorporated (NTI). The Nunavut Agreement [Internet]. Nunavut Tunngavik Incorporated; [cited 2024 Sep 26]. Available from: [Nunavut Agreement \(tunngavik.com\)](https://www.tunngavik.com/nunavut-agreement)

⁴ Government of Nunavut. GN and NTI achieve another milestone in cooperation through signing of new Partnership Declaration [Internet]. Government of Nunavut; 2022 [cited 2024 Sep 26]. Available from: [2022-03-NR-GN-NTI sign-Nunavut-Partnership-Protocol-ENG.pdf \(tunngavik.com\)](https://www.tunngavik.com/2022-03-NR-GN-NTI-sign-Nunavut-Partnership-Protocol-ENG.pdf)

⁵ Government of Nunavut. Government of Nunavut Progress on Katujjiluta: Highlights of 2022 Achievements and Plans for 2023 [Internet]. Nunavut, Government of Nunavut; [cited 2024 Sep 26]. Available from: [katujjiluta-report-2023-03-eng-inuk-web.pdf \(gov.nu.ca\)](https://www.gov.nu.ca/katujjiluta-report-2023-03-eng-inuk-web.pdf)

force in 2020, is the main legislation that informs public health services in Nunavut and mandates that the public health system in Nunavut is based on Inuit Societal Values.

Public health and health care teams deliver services at the community, regional, and territorial levels in Nunavut. At a territorial level, the Health Protection, Population Health and Health Information divisions provide program oversight. These divisions report directly to their respective senior executive lead, including the Chief Public Health Officer and Deputy Chief Public Health Officer (Health Protection), the Assistant Deputy Minister of Programs and Standards (Population Health), and the Chief Information Officer (Health Information). At a regional level, there are communicable disease and environmental health staff, among others. The community level is comprised mostly of nurses, community health representatives, clerk interpreters, and others.

Although Health Protection is the only division that reports directly to the Chief Public Health Officer, public health activities are spread across several divisions, including those noted above as well as others such as Operations. For example, vaccinations are a pivotal public health activity but are carried out by Operations (e.g., nurses), which reports to the Assistant Deputy Minister of Operations.

Partnerships are integral in public health, from a strategic to operational level. There are partnerships with many stakeholders including communities, Inuit organizations, governments, federal agencies, and academic institutions. In essence, it is partnerships that enable the delivery of public health programs and services, facilitating the coordination, funding, knowledge sharing, and capacity building that ensures the continuity and improvement of public health programs and services to Nunavummiut.

Context and Determinants of Health

This section provides a brief overview of the larger context that public health operates in Nunavut and includes historical, cultural, geographical, social, and economical influences that shape the health outcomes of Nunavut Inuit.

Nunavut is one of four Inuit regions in Canada (that form Inuit Nunangat). The territory spans two million square kilometers and covers one-fifth of Canada's total landmass. Communities are small and spread out over hundreds of kilometres accessible only by plane and sea in the warmer months.

Prior to the 1950s, most Inuit lived in smaller family units at seasonal camps. This changed when the Royal Canadian Mounted Police and religious missionaries forced Inuit into permanent communities; tactics tied to Canada's ongoing efforts to colonize Inuit. This led to

massive social and cultural upheavals for Inuit, that contributed to significant social inequities and poor health outcomes in Nunavut communities.⁶

“When we were in the outpost camp, we had this tradition: We ate together, lived together in one place. The family system that was harmonious was lost when we moved to the community” Annie Shappa of Arctic Bay⁷

Inuit Tapiriit Kanatami’s report, the *Social Determinants of Inuit Health in Canada*, reviews in detail several broader social determinants that impact the health of Inuit.⁸ It is a resource to support public health activities across Inuit regions in Canada and reiterates that public health activities must recognize the social determinants of Inuit health to create change. These determinants include:

- Quality of early childhood development
- Culture and language
- Livelihoods
- Income distribution
- Housing
- Personal safety and security
- Education
- Food security
- Availability of health services
- Mental wellness
- Environment

When reading the following sections on population and health distribution, and the highlighted public health priorities, it is critical to consider the above social determinants of health that contribute to health outcomes and frame the way public health is delivered in communities.

Population and Health Distribution

This section provides an overview of Nunavut’s population and general indicators of the overall health status of Nunavummiut from published sources. The significance of each indicator is

⁶ Inuit Tapiriit Kanatami. National Inuit Suicide Prevention Strategy [Internet]. Inuit Tapiriit Kanatami; 2016 [cited 2024 Dec 18]. Available from: <https://www.itk.ca/wp-content/uploads/2016/07/ITK-National-Inuit-Suicide-Prevention-Strategy-2016.pdf>

⁷ Qikiqtani Inuit Association. Qikiqtani Truth Commission (QTC) Final Report: Achieving Saimaqatingiingniq [Internet]. Inhabit Media Inc; 2014 [cited 2024 Sep 26]. Available from: [thematic reports english final report.pdf \(qtcommission.ca\)](https://www.qitc.ca/thematic-reports-english-final-report.pdf)

⁸ Inuit Tapiriit Kanatami. Social Determinants of Inuit Health in Canada [Internet]. Inuit Tapiriit Kanatami; 2014 [cited 2024 Dec 20]. Available from: https://www.itk.ca/wp-content/uploads/2016/07/ITK_Social_Determinants_Report.pdf

described. These indicators, although standard to describe the health of large populations, have many nuances when applied in a small population like Nunavut. This information provides a basis for defining the scope of public health, its priorities, and implications when planning public health programs in Nunavut.

Demographic

As of the 2021 census, there were close to 37,000 people living in Nunavut, and approximately 85% of the territory's population is Inuit. Nunavut has the youngest population among the provinces and territories in Canada. Close to 40% of Nunavut's population is aged 18 and under. In Canada as a whole, this same age group encompasses roughly 19% of the population. As a result of this young population, the average age is 28-years compared to 41-years old nationally. From a disease prevention point of view, a young population generally means a higher burden of infectious diseases.

Furthermore, Nunavut has the smallest population, as well as the lowest population density, of all jurisdictions in Canada. The largest community is the capital, Iqaluit (approximately 8,000 people), and the smallest is Grise Fiord (approximately 130 people). The difference in communities across Nunavut offers both opportunities and challenges to public health. In 2021, 63% of the total population of Nunavut reported Inuktitut as their mother tongue.⁹ In smaller, predominantly Inuit communities, this percentage is likely much higher given non-Inuit populations are mostly concentrated in the three large regional centres, especially the capital.

In 2021, the non-Inuit population was mostly concentrated in Iqaluit (60%),¹⁰ with a larger proportion also found in Rankin Inlet (8%)¹¹ and Cambridge Bay (6%).^{12,13}

⁹ Statistics Canada 2024. Languages in Nunavut, 2021. [cited 2025 Jan 29]. Available from: [Languages in Nunavut, 2021](#)

¹⁰ Indigenous Population Profile, 2021 Census of Population: Iqaluit, CY. Statistics Canada. [cited 2025 Jan 29]. Available from: [Profile table: Iqaluit, City \[Census subdivision\], Nunavut](#)

¹¹ Indigenous Population Profile, 2021 Census of Population: Rankin Inlet, HAM. Statistics Canada. [cited 2025 Jan 29]. Available from: [Profile table: Rankin Inlet, Hamlet \[Census subdivision\], Nunavut](#)

¹² Indigenous Population Profile, 2021 Census of Population: Cambridge Bay, HAM. Statistics Canada. [cited 2025 Jan 29]. Available from: [Profile table: Cambridge Bay, Hamlet \[Census subdivision\], Nunavut](#)

¹³ Office of the Languages Commissioner of Nunavut. Consolidated Annual Reports for April 1, 2021, to March 31, 2024 [Internet]. Nunavut: Languages Commissioner of Nunavut, [cited 2024 Sep 26]. Available from: [Combined Annual Report 2021-2024 with Appendix A - ENG.pdf \(langcom.nu.ca\)](#)

“Inuktut was a spoken language across the Arctic for thousands of years before writing systems began to be used...There are many dialects of Inuktut spoken across Inuit Nunangat. This diversity of dialects is part of the richness of the language.”¹⁴

Self-Reported Health

Self-reported health is an indicator of general health self-rated by individuals. It reflects one’s own sense of wellbeing, in general. The meaning of this indicator can be quite broad and is influenced by personal circumstances ranging from the current absence/presence of illness to connection to families and to the land. This indicator can reflect physical, emotional, and social aspects of health and wellbeing. Approximately 60% of Canadians consistently report their health to be excellent or very good. For Nunavut, the percentage reporting excellent or very good health is less than the Canadian average and varies widely. For example, in 2019-2020 Nunavut’s percentage varied between 42-62%, as seen in Figure 1. The gap in self-reported health between Nunavut Inuit and other Canadians likely reflects, in part, the gaps in the social determinants of health referenced throughout this report.

¹⁴ Inuit Tapiriit Kanatami. Inuktut [Internet]. Inuit Tapiriit Kanatami; [cited 2024 Sep 26]. Available from: [Inuktut — Inuit Tapiriit Kanatami](#)

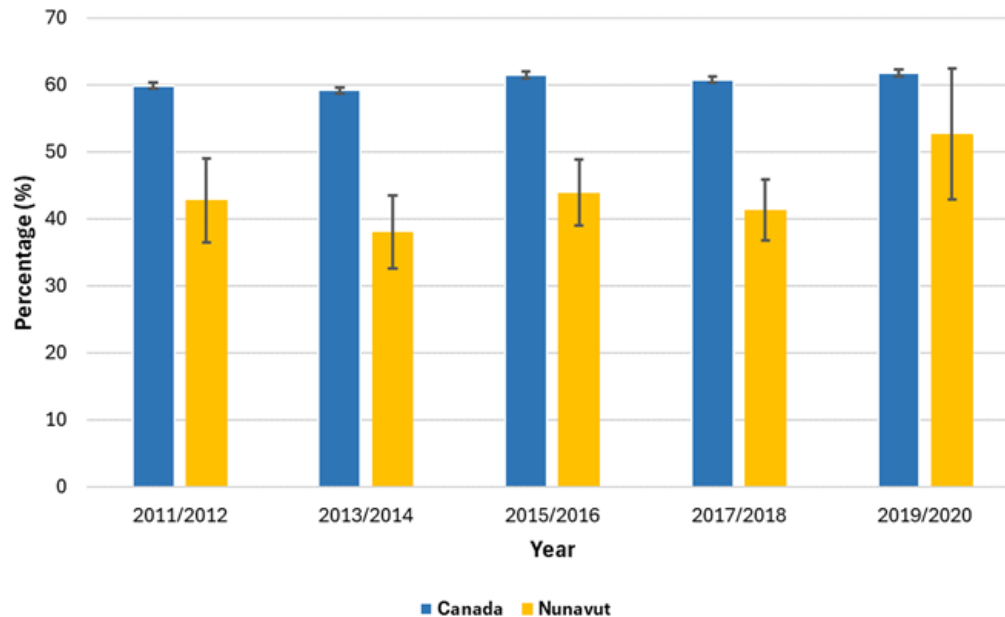


Figure 1: Percentage of population that reported "very good" or "excellent" perceived health, Nunavut and Canada 2011/12 to 2019/20¹⁵

Causes of Death

It is important to know the common causes of how people die to improve how people live.¹⁶ Approximately 200 individuals die each year in Nunavut. The leading cause of death is cancer, followed by suicide, and then heart disease. Cancer and heart disease tend to impact older individuals more and are the leading causes of death in all provinces and territories. Suicide is more prevalent in Nunavut than in other provinces and territories. Lung cancer is the most common cancer among Nunavummiut and is mostly linked to cigarette smoking.

Life Expectancy

Life expectancy at birth is the number of years a person is expected to live from birth and can be an indicator of the general health of a population. A newborn in Nunavut is expected to live 71.7 years.¹⁷ Life expectancy in Nunavut has improved over the past 20 years but is still lower

¹⁵ Statistics Canada. Table 13-10-0113-01 Health characteristics, two-year period estimates. Available from: <https://doi.org/10.25318/1310011301-eng>

¹⁶ World Health Organization. The top 10 causes of death [Internet]. World Health Organization; 2024 [cited 2024 Sep 26]. Available from: <https://www.who.int/news-room/fact-sheets/detail/the-top-10-causes-of-death: It is important to know, where they are needed most.>

¹⁷ Statistics Canada. Table 13-10-0140-01 Life expectancy and other elements of the abridged life table, three-year estimates, Prince Edward Island and the territories. Available from: <https://doi.org/10.25318/1310014001-eng>

than the national average of 82.6 years. Deaths caused by lung cancer and suicides are major contributors of lower life expectancy in Nunavut.

Infant Mortality

Infant mortality refers to the death of a child under one year of age. It is considered a reliable and long-established indicator of the overall wellbeing of a society. It is an indicator of not only infant health but also of a mother's health, both prenatal and postnatal, and the quality of their support system and environment. Roughly 800 infants are born annually in Nunavut compared to over 360,000 babies in Canada. Small changes in the number of deaths can lead to large changes in rates. In general, however, the infant mortality rate in Nunavut is higher than the Canadian average.¹⁸

The next section focuses on several public health priorities. Some of the indicators noted above (e.g., life expectancy, causes of death) drive public health priorities such as cancer prevention and tobacco reduction.

Public Health Highlights

Vaccinations and Immunization

Vaccinations are safe and effective ways to protect yourself and others against certain infections. It strengthens the body's immunity against infections, prevents diseases, minimizes sickness and the risk of early death. It can also sometimes prevent the spread of infections from person to person. Babies and children have a higher chance of getting sick from several deadly diseases such as mumps, rubella, measles, and pertussis. The vaccinations a child receives before the age of two are especially important for this reason. Protection from a vaccination can last for several years, and some for the rest of one's life.

Trends

There are goals, recommended nationally, for immunization coverage. These targets vary by the type of immunization and the age group. For example, one national vaccine coverage goal for some specific immunizations for two-year-old infants is 95%. The measles, mumps, and rubella vaccine are especially important. Estimates for the territory have been lower than this goal, but it is unclear how much lower because the quality of the data is insufficient due to existing record systems and reporting practices. Considerable gaps in data collection in Nunavut, including the lack of Inuktitut translation for national surveys, means it is problematic to report on trends.

¹⁸ Statistics Canada. Table 13-10-0713-01 Infant deaths and mortality rates, by age group. Available from: <https://doi.org/10.25318/1310071301-eng>

Public Health Approach

The Department of Health delivers vaccination programs, supports vaccination best practices, and monitors the level of immunization (immunization coverage) in Nunavut. There are currently 15 publicly funded vaccines that are routinely administered in territory. These vaccines are offered throughout one's life; that is, infants, school-aged children, adults, seniors, and in special circumstances such as an outbreak (e.g. pertussis).

Public health ensures Nunavut's vaccination program is supported and updated by the most current, evidence-based information. To this end, immunization protocols are developed and updated, and training is provided to all health care providers to update their vaccine administration practices.

In general, when more people are vaccinated in a community, there are fewer infections in said community. As such, the protection at the community level protects people who cannot be vaccinated, such as persons with certain health conditions and those too young to receive vaccines (e.g., very young babies). Therefore, it is important to monitor the level of community protection to inform public health actions. This includes managing outbreaks, coordinating support for persons who are most at risk for getting sick, and addressing questions about immunization.

In Nunavut, there are a few ways immunization data is recorded, including paper immunization cards and in the electronic medical record (Meditech). There is also a national survey that estimates immunization coverage.

There is significant room for improvement in how Nunavut captures immunization data and reports on immunization coverage rates. There is work underway to improve this and have an effective immunization registry system. This registry will provide data to better assess Nunavut's immunization coverage, further inform public health actions, and give Nunavummiut access to their immunization records.

Cancer Prevention

Trends

Cancer data needs to be examined over a long period of time to establish long term trends. In the 10 years between 2011 and 2021, there were approximately 800 people diagnosed with cancer in the territory. Annually, the number of new cancer patients varied between 55 to 85 per year. Overall, the cancer rate in Nunavut has been fluctuating around four to five persons per 1,000 population (or 450 persons per 100,000 population in Figure 2 below). The top three cancer types in Nunavut are: (1) lung, (2) colorectal, and (3) breast, accounting for 57% of all cancers diagnosed (as shown in Figure 3 on the following page). Both males and females are impacted by lung and colorectal cancer in older age groups.

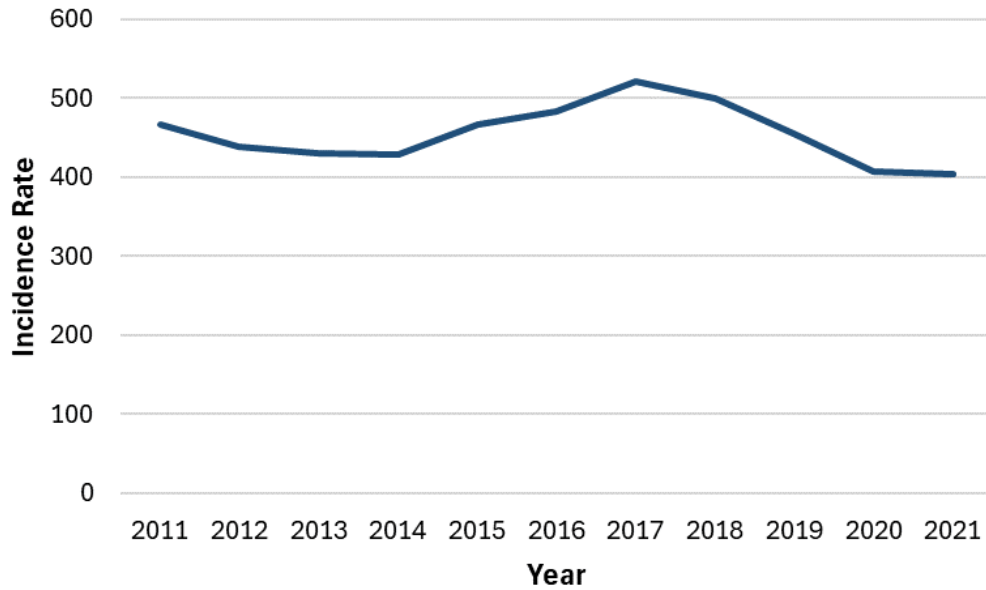


Figure 2: Age standardized cancer rate per 100,000 persons in Nunavut 2011-2021¹⁹

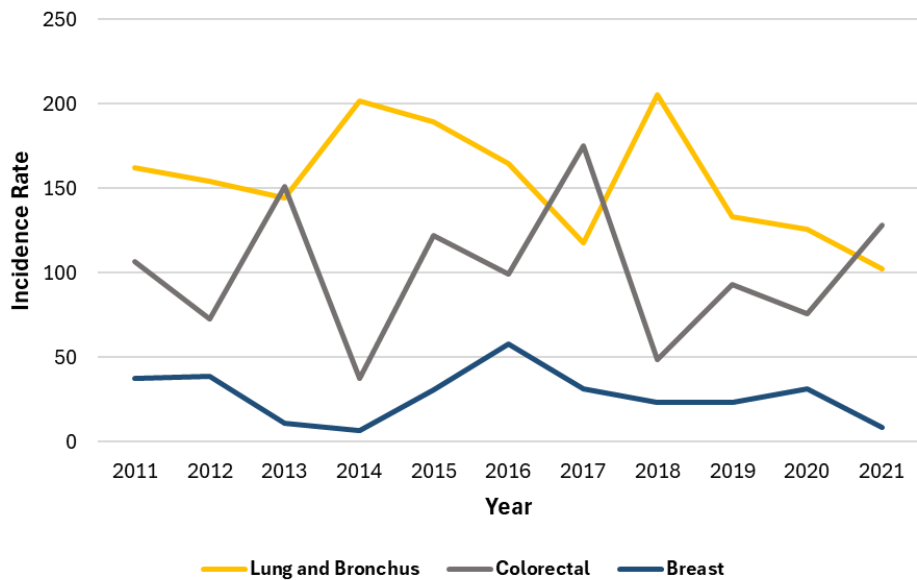


Figure 3: Age standardized incidence rates per 100,000 persons for lung, colorectal, and breast cancers in Nunavut 2011-2021²⁰

¹⁹ Statistics Canada. Table 13-10-0747-01 Number of new cases and age-standardized rates of primary cancer, by cancer type and sex. Available from: <https://doi.org/10.25318/1310074701-eng>

²⁰ Statistics Canada. Table 13-10-0747-01 Number of new cases and age-standardized rates of primary cancer, by cancer type and sex. Available from: <https://doi.org/10.25318/1310074701-eng>

Public Health Approach

Public health programs that support cancer prevention in Nunavut include the Tobacco Reduction Program, the Human Papillomavirus (HPV) immunization program, and opportunistic screening for colorectal, breast, and cervical cancer.

The high smoking prevalence in the territory contributes to lung cancer, the most common cancer among Nunavummiut. Reducing or quitting tobacco offers the best chance to reduce one's risk of developing lung cancer. The Tobacco Reduction Program provides a wide range of one-on-one services including counselling and tobacco cessation programming to hospital clients in- and out-of-territory. The Program also delivers population-level programs in communities including public education and quitting support. Community health representatives play a vital role in ongoing harm reduction efforts to educate and engage communities through local radios, public displays, and presentations to schools and other organizations like youth groups.

Significant updates and changes to practices relating to the prevention and identification of cervical cancer are happening around the country. There are also national and global goals for the elimination of cervical cancer.²¹ The HPV immunization program in Nunavut has been in place for several years, and is a school-based, publicly funded immunization program for both boys and girls aged 11-years old and up. This immunization prevents HPV infection which is known to increase the chance of cervical and other cancers.

The public health team is currently developing a population-based colorectal cancer screening program. A pilot program of colorectal cancer screening was completed in three communities with significant learnings and opportunities for improvement, which will support the development of a territory-wide program.

Tuberculosis

The introduction of tuberculosis in Nunavut can be traced back to the 17th century, when European explorers and whalers arrived in the Arctic. Rates of tuberculosis were exacerbated when Nunavut Inuit were forced into communities. Continued high rates of active tuberculosis across the territory are impacted by socioeconomic factors such as overcrowded houses and high rates of smoking. As well, colder climates necessitate more time indoors and can increase the chance of spreading the infection to other household members.

²¹ Global strategy to accelerate the elimination of cervical cancer as a public health problem [Internet]. Geneva: World Health Organization; 2020 [cited 2024 Sep 24]. Available from: [World Health Organization](https://www.who.int/publications/m/item/global-strategy-to-accelerate-the-elimination-of-cervical-cancer-as-a-public-health-problem)

Trends

The rate of tuberculosis in Nunavut is much higher than the rest of Canada. The annual number of persons with active tuberculosis fluctuates year to year, between less than 10 to over 100 persons during 2000-2023. Active tuberculosis is contagious and therefore important to receive quick follow-up. Latent (sleeping) tuberculosis is not contagious.

While rates are not increasing, the recent incidence rate corresponds to approximately 170 per 100,000 (Figure 4 below). Most active tuberculosis infections are pulmonary (lungs). These are diagnosed across all age groups.

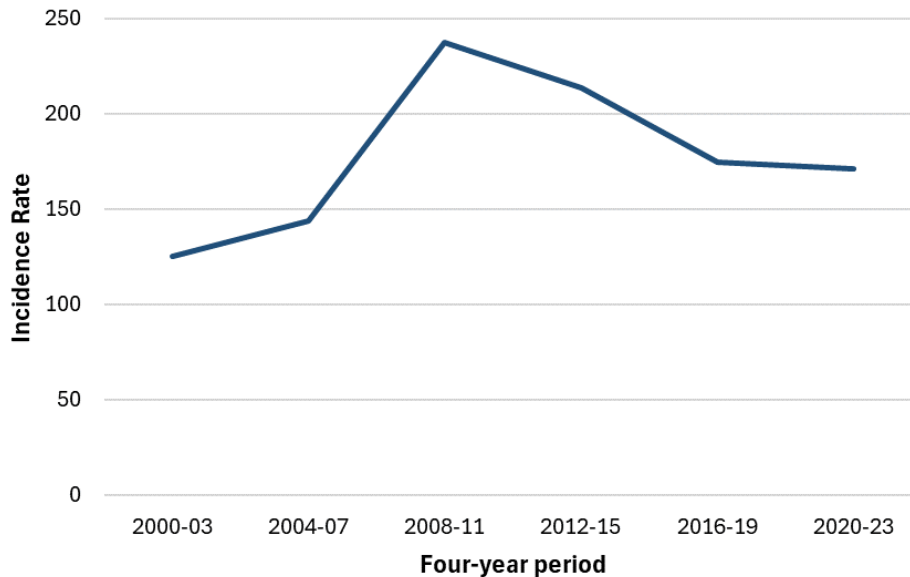


Figure 4: Age standardized TB rates per 100,000 persons in Nunavut 2000-2023 to 2020-2023¹⁵

Public Health Approach

Tuberculosis continues to remain a public health challenge in Nunavut. The ongoing and historical impacts of the tuberculosis epidemic in Nunavut is multifaceted and complex. Some communities continue to face challenges with stigma, low screening rates, and treatment hesitancy. Some of this can be attributed to the history of tuberculosis treatment in Nunavut, which included the removal of people with active tuberculosis from their communities, separating them from their family with little notice, often for several years.²² As such, an effective public health approach to addressing tuberculosis in Nunavut not only warrants best public health practices, but strong community engagement and trust.

²² Inuit Tapiriit Kanatami. Inuit Tuberculosis Elimination Framework [Internet]. Inuit Tapiriit Kanatami; 2018 [cited 2024 Dec 18]. Available from: <https://www.itk.ca/wp-content/uploads/2018/12/FINAL-ElectronicEN-Inuit-TB-Elimination-Framework.pdf>

Several communities have individuals with active tuberculosis, while Pangnirtung, Pond Inlet, and Nauyasat reported outbreaks in recent years. Outbreaks are typically associated with settings that can increase transmission. This includes extended periods of time in a small space, often with individuals smoking (tobacco or cannabis), and sometimes with heavy coughing.

The Department of Health and its partners, including Nunavut Tunngavik Incorporated, actively work to control outbreaks through bolstered outbreak responses and expanded screening in each community. This includes appropriate health care follow-up for individuals diagnosed with active or latent tuberculosis, as well as appropriate public health services for contacts, communities, and at a population level.

Aside from ongoing outbreak efforts, there is an active tuberculosis community engagement committee co-chaired by the Government of Nunavut and Nunavut Tunngavik Incorporated that focuses on health promotion and community education. Additionally, Health develops and distributes educational materials to communities based on their self-identified needs. This includes radio call-in shows, materials on addressing stigma, and sharing tuberculosis screening and surveillance processes with Nunavummiut.

Nunavut Tunngavik Incorporated continues to support tuberculosis elimination in Nunavut through various projects including food hamper programs, tuberculosis elimination community champions, community awareness and engagement, and support for community wide screening. Nunavut Tunngavik Incorporated, in collaboration with the Government of Nunavut and Inuit Tapiriit Kanatami, is also leading the Regional Action Plan for Tuberculosis Elimination. These partnerships are pivotal in the efforts to reduce tuberculosis in Nunavut.

Tobacco Cessation

The high tobacco use in Nunavut remains a significant challenge. It is a key determinant hindering the health and overall wellbeing of individuals, families, and communities in Nunavut. Serious public health concerns in Nunavut, such as the high prevalence of tuberculosis, morbidity, and mortality due to lung cancer and respiratory issues among infants, can be largely attributed to direct use or exposure to second-hand smoke. As such, many public health programs and interventions regularly include community-run efforts to promote tobacco and cannabis-free lifestyles. These efforts are ongoing and are done in collaboration with Health's Tobacco Reduction Program.

Trends

Inuit were once tobacco free until the late 17th and 18th century when tobacco was first introduced by European whalers and fur traders. Cigarettes were traded in exchange of furs and the addictive property of tobacco led to the disproportionately high use of tobacco we see today. Although there have been positive changes recently, with less smoking indoors and around children, over 50% of Nunavut's population aged 12 and over reported smoking

currently, either on a daily or occasional basis. This figure is nearly four times the national average, which is at 14%.²³ Figure 5 below is territory wide and does not reflect that some communities may experience rates higher or lower than the territorial rate. Although smoking is the most common form of tobacco use, other forms such as chewing tobacco are more common in certain regions in Nunavut. As well, there are increasing concerns about vaping amongst youth.

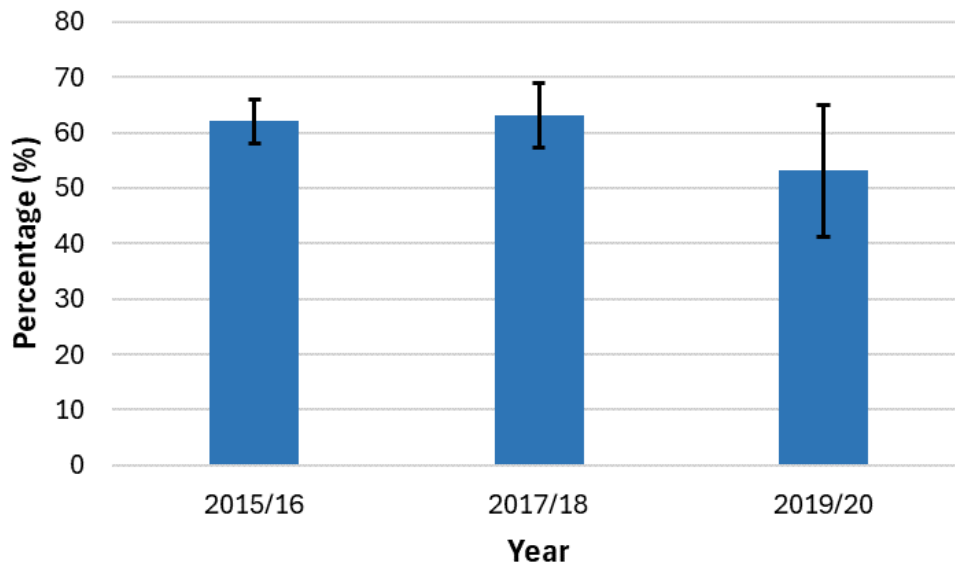


Figure 5: Percentage of persons (aged 12+ yrs) smoking “daily” or “occasionally” in Nunavut 2015/16 - 2019/20

There are several factors contributing to the high rate of smoking in Nunavut. High smoking rates amongst adults can facilitate the initiation and normalization of recreational tobacco use at young ages. Highly crowded housing environments make it difficult for individuals to smoke away from others.

It is important to note the environmental impacts of smoking. Globally, the most common litter are cigarette butts, and their complete degradation can take up to 12 years. They can enter the food chain when aquatic animals such as birds, seals, and fish mistake them for food. Furthermore, rain can cause the cigarette butts to breakdown and release their chemicals, which then run into the ground and ultimately end up in water sources such as bays, lakes, rivers, and oceans.

²³ Statistics Canada. Table 13-10-0113-01 Health characteristics, two-year period estimates. Available from: <https://doi.org/10.25318/1310011301-eng>

Public Health Approach

One of the core public health functions is health promotion, which is used to reduce tobacco and cannabis use. The Tobacco Reduction Program has four overarching goals, including prevention, protection, denormalization, and cessation/harm reduction, achieved through communication, education, training, and enforcement.

Health promotion actions are most effective when communities are empowered to conduct their own tobacco reduction efforts that support Nunavummiut in their cessation journeys. The Tobacco Reduction Program provides the coordination, tools, and knowledge necessary for these community efforts. The Smoke-Free Places Campaign, for example, is a mass-media campaign that was implemented to support communities and inform Nunavummiut about legislation concerning tobacco use, buffer zones, and designated smoke-free places.

The Community Cigarette Receptacle Project (Butt Bins) is another community focused initiative. This project was piloted in Pangnirtung and involved the implementation of designated outside smoking areas with bins for discarded cigarettes. Findings from the pilot will be used to better inform the territory-wide launch of this program.

The Tobacco Reduction Program also partners with communities to design and implement programs and events during key days or months in the year, such as Tobacco Reduction Month in January, World No Tobacco Day in May, and the Community Butt Clean-Up Challenge in July.

Sexually Transmitted Infections

Sexual health refers to one's physical, emotional, mental, and social wellbeing in relation to sexuality and is an integral part of one's overall health and wellbeing. Although sexual health is not just about sexually transmitted infections, the prevention and treatment of infections is important. In both Canada and Nunavut, the most common sexually transmitted infections are chlamydia, gonorrhoea, and syphilis. Sexually transmitted infections are often preventable and treatable but can cause serious health issues if left untreated. In response, health care teams and public health professionals, including community health representatives, collectively take actions to improve sexual health education, reduce stigma, and increase access to testing and treatment.

Trends

Across Canada, rates of sexually transmitted infections are increasing. Rates of syphilis remain a significant concern for provinces and territories including Nunavut, where there has been an outbreak since 2012. Syphilis poses additional risks, as syphilis can be transmitted from mothers to babies and create health complications for babies. The highest infection rate for syphilis is among 30-39-year-olds, and the next highest is among 20-24-year-olds. Figure 6 on the following page outlines the syphilis rate in Nunavut from 2014-2023. The decrease in 2020 is

likely due to reduced tracking efforts during the COVID-19 pandemic and should be interpreted with caution.

Chlamydia rates in territory have been consistent over the past 10 years. The most recent rate in 2023 was 34 new infections per 1,000 persons. Gonorrhoea rates are lower than chlamydia but are showing more of an increase with a rate of 16 new infections per 1,000 persons. It is concerning to note that children 0-16 years account for a significant number of chlamydia and gonorrhoea infections in Nunavut, particularly in the 12-16 age group. Several departments and organizations are working together to address the increase in paediatric sexually transmitted infections.

Figure 7 on the following page captures both the chlamydia and gonorrhoea rates. Many people with infections of chlamydia and gonorrhoea will have no symptoms (i.e., asymptomatic), but these infections can still be passed onto partners. Generally, approximately 60% of new infections annually are identified in females and 40% in males; the highest rates of these infections were identified among adolescents and young adults between 15 and 24-years-old.

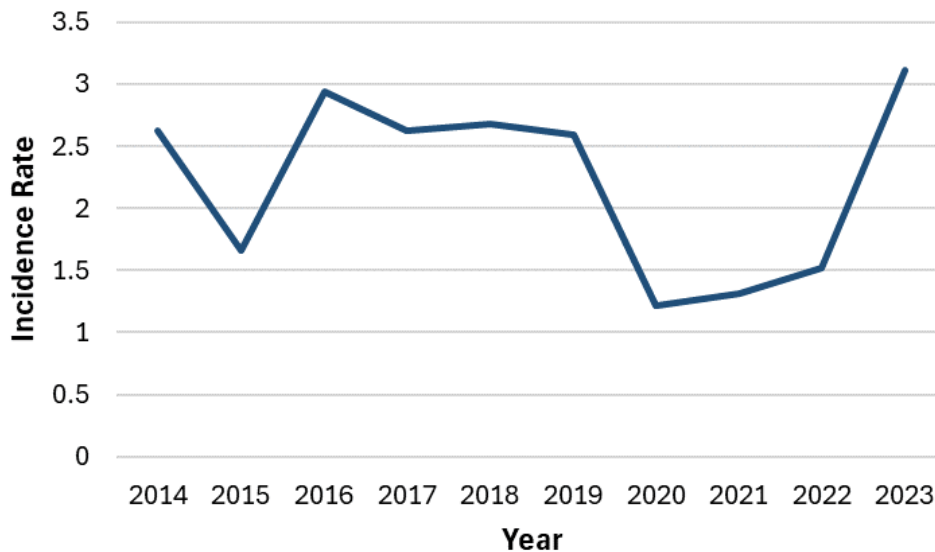


Figure 6: Age standardized syphilis rate per 1000 persons in Nunavut 2014-2023

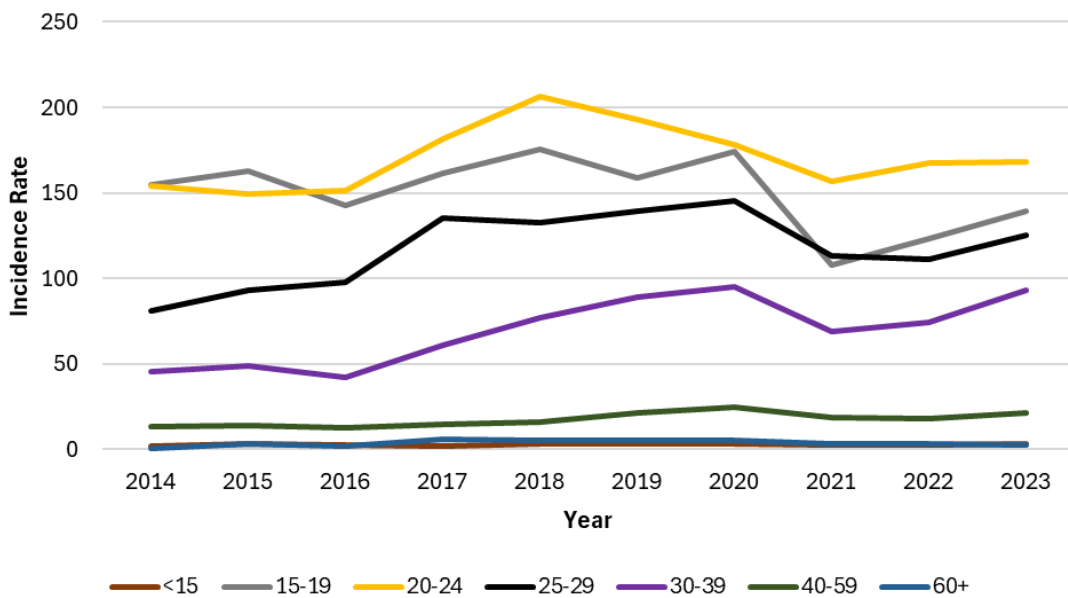


Figure 7: Chlamydia and gonorrhea incidence rates per 1000 persons according to age group in Nunavut 2014-2023

Public Health Approach

Public health focuses on improving sexual health literacy, testing, and treatment. Community health representatives play a vital role in improving sexual health literacy by engaging community members through a variety of mediums such as radio shows, health fairs, school campaigns and presentations, as well as promoting safe sex practices by distributing free contraceptives within communities.

Sexual health literacy is key in promoting testing and treatment for many reasons, including combatting the stigma and mistrust about the confidentiality of a diagnosis, as well as making people more aware of symptoms and thus more likely to recognize when they should get tested.

Timely testing and treatment are essential for preventing the spread of sexually transmitted infections and the occurrence of outbreaks. To this end, public health teams and health care providers work in partnership to ensure testing and treatment practices are done according to best practice and guidelines. One of the challenges in the timely treatment of sexually transmitted infections is having to wait to begin treatment until test samples are processed in southern laboratories. Flight schedules in remote communities and extreme weather conditions can extend the turnaround-time for test results up to one or two weeks. Encouragingly, interventions such as rapid diagnostic tests can help reduce these delays. Currently, efforts are

being made to introduce rapid point-of-care testing for syphilis into the territory, which produce test results within minutes onsite.

Suicide Prevention

Suicide in Nunavut is deeply rooted in the impacts of colonization, historical losses, and further exacerbated by ongoing socioeconomic inequities. Strategies like the National Inuit Suicide Prevention Strategy (2016) and the Inuusivut Anninaqtuq Action Plan (2024-2029) emphasize the importance of Inuit cultural strengths and knowledge in addressing this crisis. These strategies guide the collaborative efforts in Nunavut, bringing together communities, Inuit organizations, government, and non-governmental organizations. Addressing suicide requires a multifaceted approach that depends on strong partnerships across these groups. Public health is integral to these initiatives, particularly in areas such as early childhood development, harm reduction, and understanding data.

Protective factors reduce suicide risk and exist at the individual, family, and community levels.²⁴ These protective factors are optimal early child development, mental wellness, social equity, cultural continuity, family support, and coping with acute stress. In contrast, factors that increase suicide risk are historical trauma, community distress, families experiencing crisis, traumatic stress, early adversity, mental distress, acute stress, and loss.

Trends

The annual number of deaths due to suicide in Nunavut during 1999-2023 has fluctuated between 19 and 45. Over this almost 25-year period, suicide rates in Nunavut have remained much higher than the rest of Canada. The rates for males are much higher than those for females. Over 80% of deaths are males and the majority of those deaths (over 80%) are men aged 15-39 years. The rates included in Figure 8 below may be different than other estimates published. This is due to differences in how the population size is accounted for and changes in population size and age over time.

²⁴ Inuit Tapiriit Kanatami. Social Determinants of Inuit Health in Canada [Internet]. Inuit Tapiriit Kanatami; 2014 [cited 2024 Dec 20]. Available from: https://www.itk.ca/wp-content/uploads/2016/07/ITK_Social_Determinants_Report.pdf

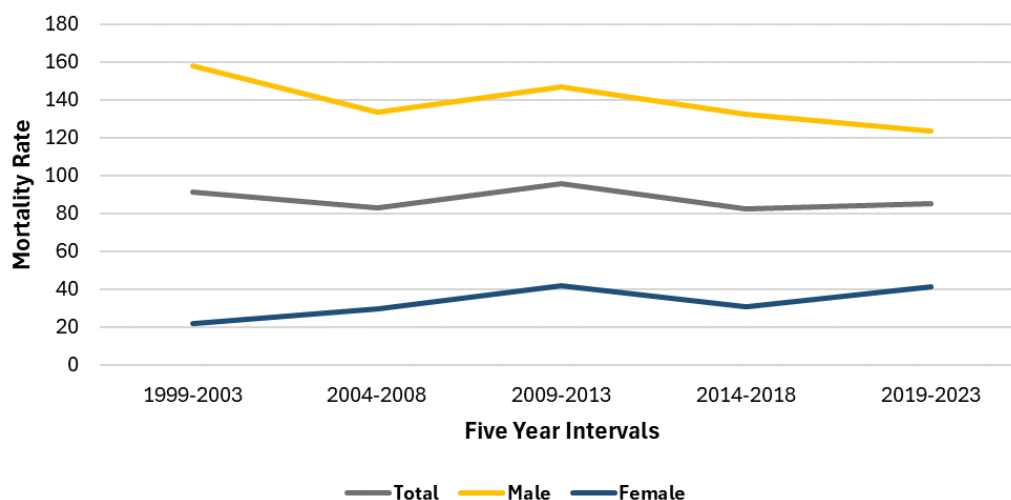


Figure 8: Suicide age standardized mortality rate (ASMR) per 100,000 persons according to sex in Nunavut 1999-2003 to 2019-2023

It is important to reiterate that deaths from suicide are one part of this story. There are many types of self-harm, and not all individuals seek health care services. These include suicide attempts (with suicidal intent), suicidal ideation (thoughts of attempting suicide), and self-harm (without suicidal intent). Some estimate that there are 20 times as many suicide attempts as suicide deaths.²⁵

Public Health Approach

Public health programs focus on key health determinants, including access to care, prevention of harmful substance use, and social cohesion, while emphasizing community wellness and culturally affirming care. Nunavut’s Addictions and Trauma Treatment System is an essential component of the public health strategy, offering community-based services such as on-the-land addiction treatment programming and the forthcoming establishment of the Aqqusariaq recovery centre in Iqaluit. These services provide culturally relevant, trauma-informed care to individuals dealing with addiction and mental health challenges. This comprehensive public health approach not only meets immediate mental health needs, but also strengthens long-term community resilience, ultimately reducing the risk of suicide. There are other examples of public health approaches that are embedded in mental health, including the *Atii Angutiit!* men’s wellness program, specifically designed for Inuit men. Implemented with support from

²⁵ World Health Organization. Practice manual for establishing and maintaining surveillance systems for suicide attempts and self-harm [Internet]. Geneva, World Health Organization; 2016 [cited 2024 Sep 24]. Available from: https://iris.who.int/bitstream/handle/10665/208895/9789241549578_eng.pdf?sequence=1

local organizations like the Pulaarvik Kablu Friendship Centre and Embrace Life Council, this program empowers men to plan and lead community-based wellness initiatives that address substance use and mental health and create a supportive environment to mitigate suicide risk.

Additionally, public health is looking for ways to capture information related to self-harm and suicide, such as demographic patterns and behavioural characteristics, to help inform suicide prevention and intervention strategies. It can also, at a clinical level, support the coordination of health and social services. Improvements to this coordination are being trialed and evaluated in the Kitikmeot region. An example of such improvement includes the protocol development for documenting suicide behaviour incidence by community health nurses and mental health nurses.

Conclusion

This report outlines existing health data information. There are opportunities for improvement in both quantitative and qualitative data relating to numbers and stories respectively. Public health data and information systems help manage a range of public health services including, but not limited to, immunization data, communicable disease data and environmental health data. Information from such systems, combined with community knowledge, improve our understanding of individuals' health and ability to anticipate and respond to emerging public health concerns. Health is currently working to strengthen existing health information systems that will support public health programs and responses.

This report highlighted several public health priorities; while it is easy to focus on the public health challenges and barriers that exist in Nunavut, there is value in shifting the focus to community strengths and working together to improve health outcomes.

In Canada, the strengths-based public health approach is gaining momentum, especially in Indigenous populations. This approach focuses on individuals' strengths, not their deficits. In Nunavut, there are many opportunities to incorporate this strengths-based approach into our work, to improve public health. Some opportunities are aspirational, while others are more actionable.

A large part of public health is addressing the social inequities that communities experience. We cannot resolve low health outcomes in Nunavut, without addressing the broader factors impacting communities, largely the result of colonial influences. This must be our continued narrative moving forward, partnering together as governments, organizations and communities, and lobbying for real change in communities.