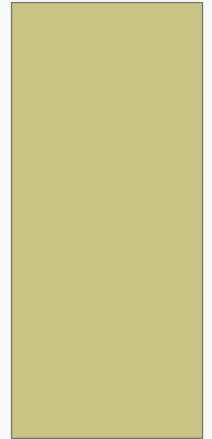


CIRCUMPOLAR HEALTH SYSTEMS INNOVATION TEAM [CircHSIT]

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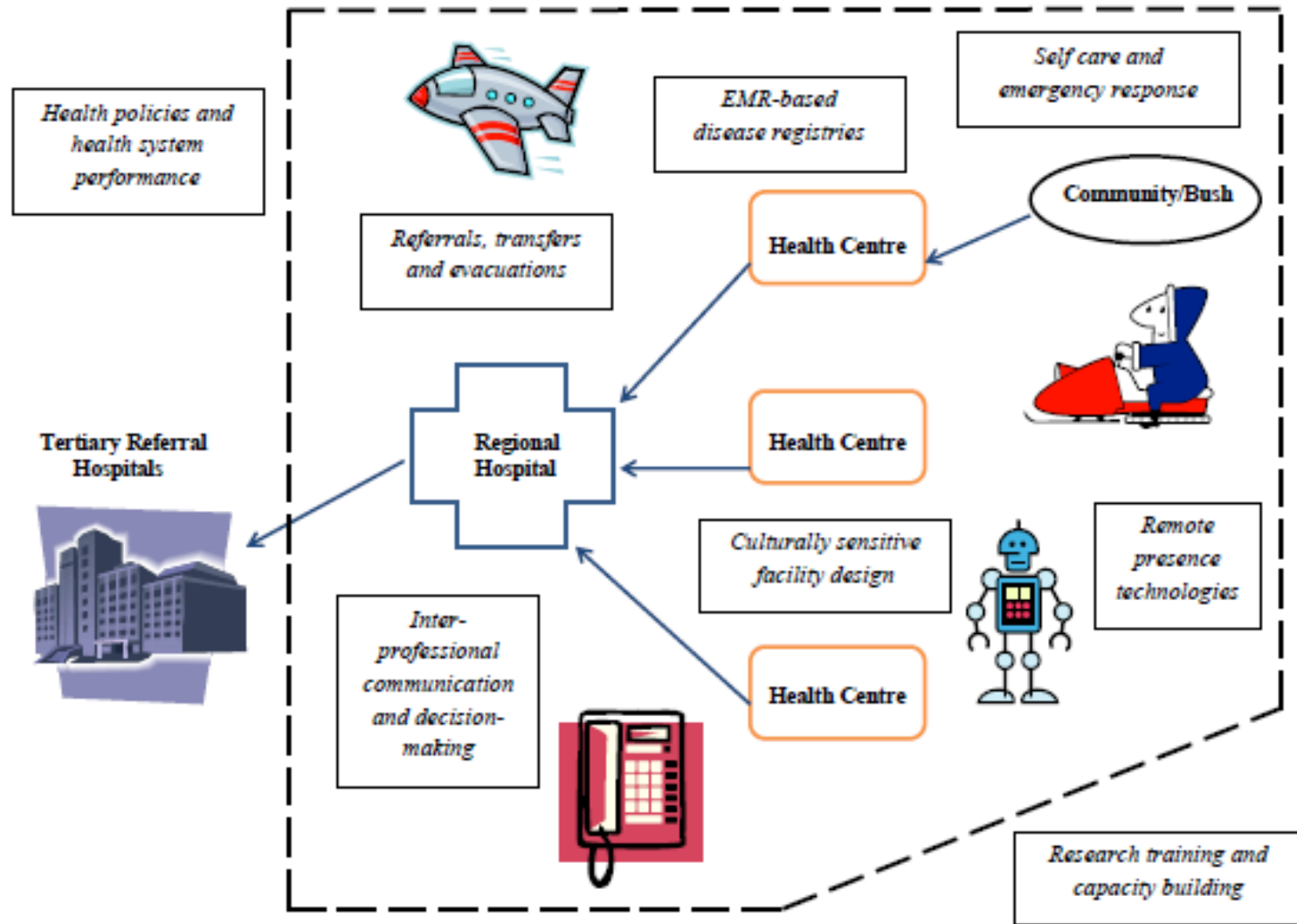


RESEARCH OBJECTIVES

Provide research evidence to enable transformation of PHC in northern remote regions of Canada, by:

- Reviewing and comparing innovative PHC models in northern regions of circumpolar countries;
- Creating northern-oriented health system performance metrics
- Designing, implementing and evaluating PHC interventions and technology innovations;
- Investigating and adapting health facility design, work flow and performance
- Developing community capacity in health system improvements;
- Collaborating with decision makers in health care
- Training the next generation of northern-based researchers and practitioners in PHC-relevant research

NORTHERN PRIMARY HEALTH CARE SYSTEM



“WHY THIS RESEARCH MATTERS? TO WHOM?”

- Health care in Canada's North faces considerable challenges with its remote and widely dispersed population, harsh environmental conditions, and thinly deployed health professionals
- Per capita health expenditures are among the highest in the world – why no value for money?
- Health disparities between North and South, and within the North, between Aboriginal and non-aboriginal, persist.

*Evidence-based solutions needed by those who **pay**, those who **plan**, those who **spend**, those who **serve**, and those who **use** health services.*

ANTICIPATED IMPACTS

- Rapid translation and application of research outputs;
- Cross-jurisdictional and international collaboration in seeking solutions
- Improved community capacity to contribute to planning, evaluation and delivery of services
- A sustainable, research-intensive environment in northern institutions
- Reduction in disparities in access and outcomes between northern and southern Canada;

KEY OPPORTUNITIES

- Remote communities exist in northern parts of provinces – globally there are isolated outposts, oases, islands, offshore platforms, etc
- Cross-cultural issues in health care widely applicable [not just Aboriginal/non-aboriginal]
- Interprofessional communication and decision-making key glue that keeps health care system together
- Technology solutions – commercialization, social impact, dissemination

TIPS AND/ OR CONUNDRUMS TO GETTING STARTED

- Getting high-level endorsements first step
- Get beyond letters of support – face-to-face interactions critical [but expensive – airfare for Ottawa <-> Iqaluit costs \$1000 at a “seat sale”]
- Need to identify key ministry/health authority middle-level manager who will liaise with research team
- Get moving before decision-makers change!
- Putting money where our mouth is – majority of grant subgranted to northern agencies; team coordination based in north.