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INUIT FIVE-YEAR STRATEGIC PLAN ON HEPATITIS C
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INTRODUCTION

Pauktuutit Inuit Women of Canada works to foster greater awareness about the needs of Inuit women, to advocate for equality and social improvements, and to encourage the participation of Inuit women in the community, regional, and national life of Canada. For more than two decades, Pauktuutit has successfully undertaken a full range of health promotion campaigns that include sexually transmitted infections (STIs) and HIV/AIDS awareness campaigns. A key objective has been to ensure resource materials are culturally and linguistically appropriate and are gender and age appropriate.

This *Inuit Five-Year Strategic Plan on Hepatitis C* is intended to increase awareness about the disease and to support health promotion, prevention, screening, care, and disease surveillance and research. This plan has been developed to complement Pauktuutit's existing *Inuit Five-Year Strategic Plan on Sexual Health (2010 – 2015)*. Both plans share a common vision and mandate as well as common priorities and their activities should be undertaken in a coordinated manner. The overall intent is to prevent the spread of hepatitis C, STIs, and other sexually transmitted blood-borne infections (STBBIs) in a manner appropriate for Inuit. Both plans serve to guide how Pauktuutit will collaborate with the Public Health Agency of Canada (PHAC) and with other stakeholders over the next five years.

The actions outlined in this strategic plan and in the *Inuit Five-Year Strategic Plan on Sexual Health (2010 – 2015)* are to be undertaken in an integrated manner that avoids the duplication of services and programs. In 2015, funding permitting, following the completion of the sexual health strategic plan, Pauktuutit will begin drafting a new and integrated strategic plan that incorporates future priorities and actions involving hepatitis C, sexually transmitted blood-borne infections, and other communicable disease into a single coordinated agenda.

There is a need to consider the determinants of health and the environmental realities of Inuit Nunangat and for Pauktuutit to develop goals and activities that complement its current initiatives and those of federal, provincial, and territorial governments and of regional health authorities, national and local Inuit organizations, and the work of non-governmental organizations (NGOs). This strategic plan serves to identify fundamental priorities for actions that will increase Inuit health literacy about hepatitis C and encourage Inuit to assess their risk factors. Fundamental to these efforts is the need to provide health care providers with the tools and resources to prioritize the importance of hepatitis C awareness, prevention, and testing.

Pauktuutit has already developed strategic plans on sexual health, injury prevention, and fetal alcohol spectrum disorder. The development of this plan was guided by the outcomes of Pauktuutit's *Hepatitis C Gaining the Tools to Make Informed Decisions* project. This project included a literature review, an environmental scan, five knowledge-attitude-behaviour focus groups on the subject of hepatitis C that were conducted in the Inuit regions, and two hepatitis C strategic planning sessions that took place in Happy Valley-Goose Bay, Labrador in February 2012 and in Kuujjuaq, Nunavik in January 2013. Both planning sessions involved the participation of the Canadian Inuit HIV/AIDS Network (CIHAN), Inuit organizations, health providers, government representatives, elders, and a select number of NGOs working on hepatitis C, HIV/AIDS, and sexual health. Participants learned about Pauktuutit's focus group research, about the work on hepatitis C undertaken within Inuit regions, and about the work of NGOs relevant to Inuit. Participants then considered gaps in

existing knowledge, programs, and services and worked to identify the priorities for future work. These fall within five broad categories of awareness, promotion, prevention, screening/care, and surveillance/research and serve as the fundamental structure underlying this strategic plan.

Pauktuutit's research suggests public awareness about hepatitis C within Inuit communities is limited and that participation in testing is limited. For some, the reluctance to get tested may be based on a denial of risk, a belief that hepatitis C is not a priority concern, and/or the fear that treatment requires leaving home communities. Some Inuit believe the risk of hepatitis C and HIV is a concern only for those living in southern urban centres, but the regular north-south travel of Inuit can bring the diseases to Inuit communities. Focus group participants indicated that homemade tattoos and home body piercing are common in some Inuit communities; that overcrowded housing may lead to the sharing of personal hygiene items; and that decisions to get tested are likely to be based on having symptoms of hepatitis infection and not on having engaged in risk behaviours. Some focus group participants expressed concern about labelling such traditional practices as hunting and the sharing raw food as risk behaviours. This information provides a strong basis with which to develop hepatitis C awareness resources.

Inuit remain a vulnerable population that is very young and geographically, linguistically, and culturally distinct from the rest of Canada. Effective programming must recognize this and the challenges of poverty, low education, overcrowded housing, high unemployment, and the limitations of basic community infrastructure that some Inuit face. Accordingly, this strategic plan outlines a set of options and goals that serve to meet these challenges in a manner that promotes healthier communities and informed health care decisions.

The actions outlined in this strategic plan will:

- contribute to the prevention of hepatitis C and related infections among Inuit through greater awareness and testing, greater health literacy, and better health decisions;
- contribute to a stronger evidence base for policy and programming decisions as a result of greater testing and more accurate measures of hepatitis C incidence rates among Inuit;
- strengthen partners' and stakeholders' capacity to address hepatitis C in Canada through the dissemination of culturally and linguistically appropriate hepatitis C awareness resources that will, in turn, encourage healthy supportive environments for the diagnosis, treatment, and support of Inuit suffering from hepatitis C and other blood-borne diseases; and.
- address the hepatitis C risk factors that are shared with blood-borne infections and other communicable diseases.

GOVERNANCE

Since it was incorporated in 1984, Pauktuutit has proven to be a dynamic national Inuit organization that has a reputation for researching, developing, and implementing projects and initiatives in response to the diverse needs of Inuit women, their families, and their children. The organization has the expertise to deliver timely and cost-effective initiatives.

Pauktuutit has a reputation for enhancing capacity and community awareness and for delivering community-level tools and resources. Importantly, many initiatives are not solely gender-specific. For example, hepatitis C, HIV/AIDS, and sexual health are multi-faceted problems where the solutions lie within the entire community. Often Pauktuutit's work has been groundbreaking in that it broaches subject areas that have not been addressed by any other organizations.

Pauktuutit is governed by a 14-member Board of Directors that represent all Inuit regions in Canada. In addition, the Board is complemented with urban and youth representation. Only Inuit women are eligible for Board membership. An Ottawa-based staff of approximately 10-15 individuals support the Board with administrative and financial expertise and subject matter expertise. A key to the success of many initiatives is a strategy of building community networks and advisory bodies that provide broad and comprehensive Inuit input and expertise. This strategy ensures that the differing socio-economic and regional circumstances of Inuit are captured and incorporated during program and project development. As a result, the initiatives better meet the needs of Inuit women and those of their families and communities.

In 1998, Pauktuutit began a prevention program that produced and distributed HIV/AIDS-related materials in English and Inuktitut. Pauktuutit also established CIHAN to guide its HIV/AIDS programming in the Inuit regions and with particular Inuit groups. Through the years, the work on HIV/AIDS has expanded to include hepatitis C. This has included fact sheets to inform Inuit about hepatitis C and the support of health fairs that inform Inuit youth about HIV/AIDS and Hepatitis C. In 2009, an Annual General Meeting resolution called on Pauktuutit to expand its work on sexual health to include hepatitis C and to develop relevant policies, interventions, and communication strategies to advance awareness, prevention, care, and support for all Inuit.

CIHAN functions as a consultative group to Pauktuutit on matters pertaining to sexual health, HIV/AIDS, and hepatitis C. Pauktuutit serves as CIHAN's secretariat, and in return, CIHAN serves as a window on the regions, helping to facilitate Pauktuutit's outreach to Inuit communities and groups. Pauktuutit provides CIHAN with financial and administrative support and the network functions as a mechanism to share information on HIV/AIDS and hepatitis C across all regions. Pauktuutit and CIHAN work together to raise awareness; produce and distribute newsletters, posters, CDs, and training videos, develop web-based information, train front-line health workers; support AIDS and hepatitis C fairs and walks in Inuit communities; attend meetings to share information and encourage cooperation; and serve as advocates for Inuit at the national and regional levels.

STRATEGIC DIRECTIONS

The actions outlined in this strategic plan and in the existing *Inuit Five-Year Strategic Plan on Sexual Health (2010 – 2015)* are to be undertaken in an integrated manner that avoids the duplication of services and programs. In 2015, following the completion of the sexual health strategic plan, Pauktuutit will begin drafting a new and integrated strategic plan that incorporates future priorities and actions that address hepatitis C, sexually transmitted and blood-borne infections, and other communicable diseases together into a single coordinated strategy.

MISSION

The mission of the *Inuit Five-Year Strategic Plan on Hepatitis C* is to prevent the further spread of hepatitis C and other communicable diseases among all Inuit in Canada. Through a holistic approach that complements the *Inuit Five-Year Strategic Plan on Sexual Health (2010 – 2015)*, Pauktuutit and CIHAN will advance culturally appropriate knowledge and awareness about hepatitis C and communicable diseases in a manner that promotes healthy attitudes and behaviours and benefits all Inuit and health providers.

VISION

The *Inuit Five-Year Strategic Plan on Hepatitis C* envisions Inuit women, their families, and their communities having the knowledge, awareness, and the support they need to protect themselves from hepatitis C so that they can enjoy healthy and safe lives.

VALUE STATEMENT

Holism

This strategic plan adopts a population health approach that addresses the underlying social determinants of health and the underlying causes of illness. Disease prevention must consider the conditions that affect the physical, mental, and spiritual lives of Inuit.

Partnerships

Partnerships are needed to maximize the reach and success of hepatitis C and communicable disease awareness and prevention programming. Potential partners include various levels of governments, local health boards and health departments, school boards, various Inuit organizations and communities, NGOs, and Aboriginal and non-Aboriginal HIV/AIDS organizations.

Inclusion

Inclusion of elders, youth, and men during program design and delivery is essential to increase the reach of health awareness, promotion, and disease prevention activities.

GOALS

The goal of the *Inuit Five-Year Strategic Plan on Hepatitis C* is to coordinate activities and initiatives with those outlined in the *Inuit Five-Year Strategic Plan on Sexual Health (2010 – 2015)* in order to prevent the spread of hepatitis C, HIV/AIDS, and related communicable diseases using a wide range of integrated preventive measures aimed at empowering Inuit living in Canada to make healthy choices.

PRIORITIES

The issues of hepatitis C, HIV/AIDS, and related communicable diseases are complex and the landscape for supporting population-specific responses is changing in favour of an integrated approach. The shift aligns disease-specific programs within a broader communicable diseases perspective that supports innovative partnerships and links to chronic diseases, mental health, aging, and the social determinants of health. The social determinants of Inuit health include acculturation, productivity, income distribution, housing, education, food security and nutrition, health care services, quality of early life, addictions, social safety nets, gender, and the environment.¹ As such, the priorities outlined in this strategic plan are linked to the priorities and actions detailed in the *Inuit Five-Year Strategic Plan on Sexual Health (2010 – 2015)*. In 2015, funding permitting, Pauktuutit will begin drafting a new and integrated strategic plan that incorporates future priorities and actions involving hepatitis C, sexually transmitted and blood-borne infections, and other communicable disease into a single coordinated approach.

All priorities require a cooperative network to share information and planning with community-based organizations and with territorial, provincial, and national organizations, agencies, and government departments. The result will be the effective exchange of information, the identification of best practices, the sharing of resources, the elimination of unnecessary duplication, and ultimately, the undertaking of initiatives that meet the specific needs of Inuit, address the underlying determinants of health, and which mutually support activities that address hepatitis C, HIV/AIDS, and other communicable diseases.

Awareness

The need for awareness among Inuit about hepatitis C is a top priority. There is a need for targeted messages that resonate among different age groups and sub-groups of Inuit society and a need to raise awareness among front-line health providers. Research suggests Inuit need to know more about the different types of hepatitis, about major risk factors, about who should seek testing and why, and what is involved when someone seeks testing and treatment. There is a need to dispel the belief that hepatitis C is a disease of urban injection drug users or a problem found only in the south. In addition, front-line service providers need tools to facilitate the transfer of knowledge about hepatitis C to their clients. Awareness and knowledge will reduce risk behaviours and will increase health literacy which, in turn, will promote informed health decisions among Inuit. As well, greater awareness about hepatitis C risk factors is relevant to awareness and prevention of HIV/AIDS and other STBBIs.

Promotion

Health promotion fosters positive health behaviours and lifestyles through supportive environments and activities. The key to successful health promotion is to work with all relevant partners to coordinate, collaborate, and create initiatives that strengthen community action on hepatitis C and related communicable diseases and empower Inuit through increased health literacy and advocacy. Inuit need the tools to help them assess their risk for hepatitis C, to make healthy decisions about their lives, and to be

1. Nunavut Department of Health and Social Services (2005). *Social Determinants of Health in Nunavut Workshop: Final Report*. March 8-10, 2005, Iqaluit.

empowered to seek testing for hepatitis C, HIV, and other STBBIs. Tools and resources are needed to support the work of educators, front-line workers, translators, and other stakeholders. These activities require a collaborative effort at the regional, territorial/provincial, and national level in order to promote information exchange.

Prevention

The results of Pauktuutit's *Hepatitis C Gaining the Tools to Make Informed Decisions* project identified prevention as an important priority of this strategic plan. Actions are needed to diagnose and prevent the incidence of hepatitis C, HIV, and other STBBIs among Inuit and to limit the progress and consequences of these diseases once they are established. Important actions include risk reduction initiatives among Inuit who are engaged in home tattooing and body piercing. The benefits of early testing must be promoted to help identify those who are infected and need treatment and to limit the further spread of the diseases.

Screening and Care

Normalization of early testing is needed to help Inuit overcome the fear, stigma and discrimination associated with hepatitis C, HIV, and other STBBIs. Anonymous testing is a critical factor within Inuit communities for promoting this normalization and increasing testing. As well, the asymptomatic nature of the hepatitis C infection and the need for two diagnostic tests is particularly challenging. As gatekeepers to screening, health providers require information resources to inform Inuit clients about these diseases, the risks, the tests and the options for treatment so that Inuit can make informed decisions. For those who test positive, there is a need to encourage supportive communities. Those who are infected need to know what services are available to them and they need community support groups or virtual networks in which to share their experiences.

Surveillance and Research

There is a fundamental need for Inuit-specific data. This requires a dialogue with territorial and provincial statistical agencies and with Statistics Canada. There also is a need to examine some traditional Inuit activities in the context of risk factors for hepatitis C and STBBIs in order to dispel concerns that Inuit culture fosters a high-risk environment.

CURRENT OPERATING ENVIRONMENT

STRENGTHS, WEAKNESSES, OPPORTUNITIES, AND LIMITATIONS

A brief review of Pauktuutit's strengths, weaknesses, opportunities, and limitations (a SWOT analysis) will demonstrate that the organization is well situated in terms of meeting the priority objectives detailed in this strategic plan.² It is important to identify the weaknesses and limitations faced by Pauktuutit in order to better strategize for the successful outcome of the strategic plan.

2. A SWOT analysis refers to strengths, weaknesses, opportunities, and threats. However, the word "threats" has stronger negative connotations within Inuit culture and therefore the word "limitations" is preferred.

Strengths

Since it was incorporated in 1984, Pauktuutit has proven to be a dynamic national Inuit organization that has a reputation for researching, developing, and implementing projects and initiatives that meet the diverse needs of Inuit women, their families, and their communities. The organization has the expertise to deliver timely and cost-effective initiatives. Areas of strength for Pauktuutit include:

- Reputation for groundbreaking work on matters that have not been addressed by other Inuit organizations.
- Reputation for enhancing community capacity and awareness, and for delivering community-level tools and resources that are culturally appropriate and sensitive to regional differences.
- Reputation for addressing health, social, economic, and traditional issues that are not limited by gender.
- The capacity and commitment to partner with Inuit women and with a wide variety of organizations. This strength includes:
 - The priority to work at the grassroots level to develop the capacity of Inuit women.
 - Establishing Advisory Committees composed of qualified and experienced representatives from Inuit regions, governments, and organizations and from key stakeholder organizations and agencies to oversee and guide projects.
 - Past partnerships with Health Canada, PHAC, Aboriginal Affairs and Northern Development Canada (AANDC), Status of Women Canada, and a number of other federal departments, territorial, and provincial governments.
 - Close working relationships with Inuit organizations including Inuit Tapiriit Kanatami (ITK), Inuit land claim organizations, Regional Inuit Associations (RIAs), and various First Nation and Métis organizations.
- Capable of participating in policy-level discussions that ensure regional, community, and gender-specific issues are articulated.
- Pauktuutit's role as secretariat to CIHAN provides regional and urban expertise on Inuit-specific matters related to sexual health, HIV/AIDS, and hepatitis C. CIHAN functions as a mechanism to share information on HIV/AIDS and hepatitis C across all Inuit regions.

Weaknesses

- There are no HIV/AIDS service organizations in the Inuit regions and this restricts Pauktuutit's ability to establish collaborative efforts to prevent the spread of hepatitis C, HIV/AIDS, and STBBIs among Inuit at the community level.
- Financial support is a limiting factor. Projects are financed on a project-by-project basis and funding priorities may be narrow and changing. An investment in human resource capacity may be lost once a project is complete.
- Human resource challenges include the loss of skilled Inuit staff when time-limited projects end and when skilled staff are targeted by other employers who can offer secure full-time employment.
- Staff turnover hampers programming capacity with the loss of skills and knowledge invested in staff members. Staff turnover can result in project disruptions and delays.

- Working in communities located in Inuit Nunangat takes time, patience, and flexibility as unforeseen circumstances can arise and disrupt planning. Weather and local community events and crises can delay the planned arrival of individuals for meetings, workshops, symposiums, or forums. Pauktuutit must always be prepared to adjust programs and plans on short notice. This, however, can take a toll on staff in terms of long hours and stress.

Opportunities

- Positive relationships have been established with different federal, provincial, and territorial government departments on a wide-range of topics and projects. These can serve as opportunities for future partnerships and sources of financial support.
- The Inuit Relations Directorate within AANDC is the government's primary point of contact for Inuit organizations. Its mandate includes developing strong ongoing relations with national, regional, international, and urban Inuit organizations and working to identify opportunities to leverage resources from multiple sources to address Inuit priorities. The Inuit Relations Directorate can serve as an important liaison in support of the strategic plan.
- Partnerships with territorial and provincial governments and with the Inuit land claims organizations offer important opportunities to advance the priorities of this strategic plan. Potential partners and collaborators include:
 - Government of Nunavut Department of Health and Social Services
 - Government of the Northwest Territories Department of Health and Social Services
 - Inuit Public Health Task Group (IPHTG)
 - Inuit Tapiriit Kanatami (ITK)
 - Inuvialuit Regional Corporation
 - Kitikmeot Inuit Association
 - Kivalliq Inuit Association
 - Nasivvik Centre for Inuit Health and Changing Environments
 - National Inuit Committee on Health (NICoH)
 - Nunatsiavut Government Department of Health, Education, Social and Economic Development
 - Nunavik Regional Board of Health and Social Services (NRBHSS)
 - Nunavut Tunngavik Incorporation (NTI)
 - Qikiqtani Inuit Association
 - Qullit Nunavut Status of Women Council
 - Society of Gynecologists and Obstetricians of Canada (SOGC)

- Various organizations hold potential opportunities to advance the *Inuit Five-Year Strategic Plan on Hepatitis C*. These include:
 - Canadian Aboriginal AIDS Network (CAAN)
 - Canadian AIDS Society (CAS)
 - Canadian Federation for Sexual Health
 - Canadian Liver Foundation
 - Canadian Public Health Association
 - Canadian Treatment Action Council (CTAC)
 - CATIE
 - Global Hepatitis C Network in Canada (Canadian Society for International Health)
 - Hepatitis C Society of Canada
 - Native Youth Sexual Health Network (NYSHN)

Limitations

- There are limited resources allocated to hepatitis C and sexual health and Pauktuutit does not have dedicated staff working solely on the file.
- Multiple health concerns can result in conflicting priorities among health workers and the shifting of attention and resources. Hepatitis C, STBBIs, and sexual health initiatives may receive low priority as a result of competing and pressing health concerns and emergencies.
- The responsibility for hepatitis C and related initiatives may shift to the domain of Community Health Representatives (CHRs) who may be over-burdened with other health-related tasks and responsibilities.
- There is limited regional capacity to establish dedicated sexual health/hepatitis C coordinators.
- Remoteness is a barrier to testing and treatment.
- High nurse turnover in community health centres limits the continuity of care between medical visits. Some Inuit fear tests results are lost or that they will not receive proper follow-up regarding medical tests. This may discourage testing.
- High staff turnover limits the opportunity for Inuit to develop trusting relationships with health professionals and they remain uncomfortable or unwilling to discussing health matters, especially with respect to sexual health.
- Some Inuit remain uncomfortable discussing sexual matters within the family and this is a barrier to raising awareness and encouraging inter-generational dialogue on such topics.
- The Inuit population is young. This demographic characteristic may not be reflected in communication strategies originating from southern Canada. Health promotion must be adjusted to the unique Inuit demographic profile.
- The production of awareness products may rely on expensive print media because Internet services and the use of new media tools are less widespread in Inuit Nunangat.

PRIORITIES AND ACTIONS

AWARENESS

There is a fundamental need for greater awareness among Inuit about hepatitis C. There is a need for targeted messages that resonate among different age groups and sub-groups of Inuit society and a need to raise awareness among front-line health providers about the importance of testing and assessing personal risk behaviours.

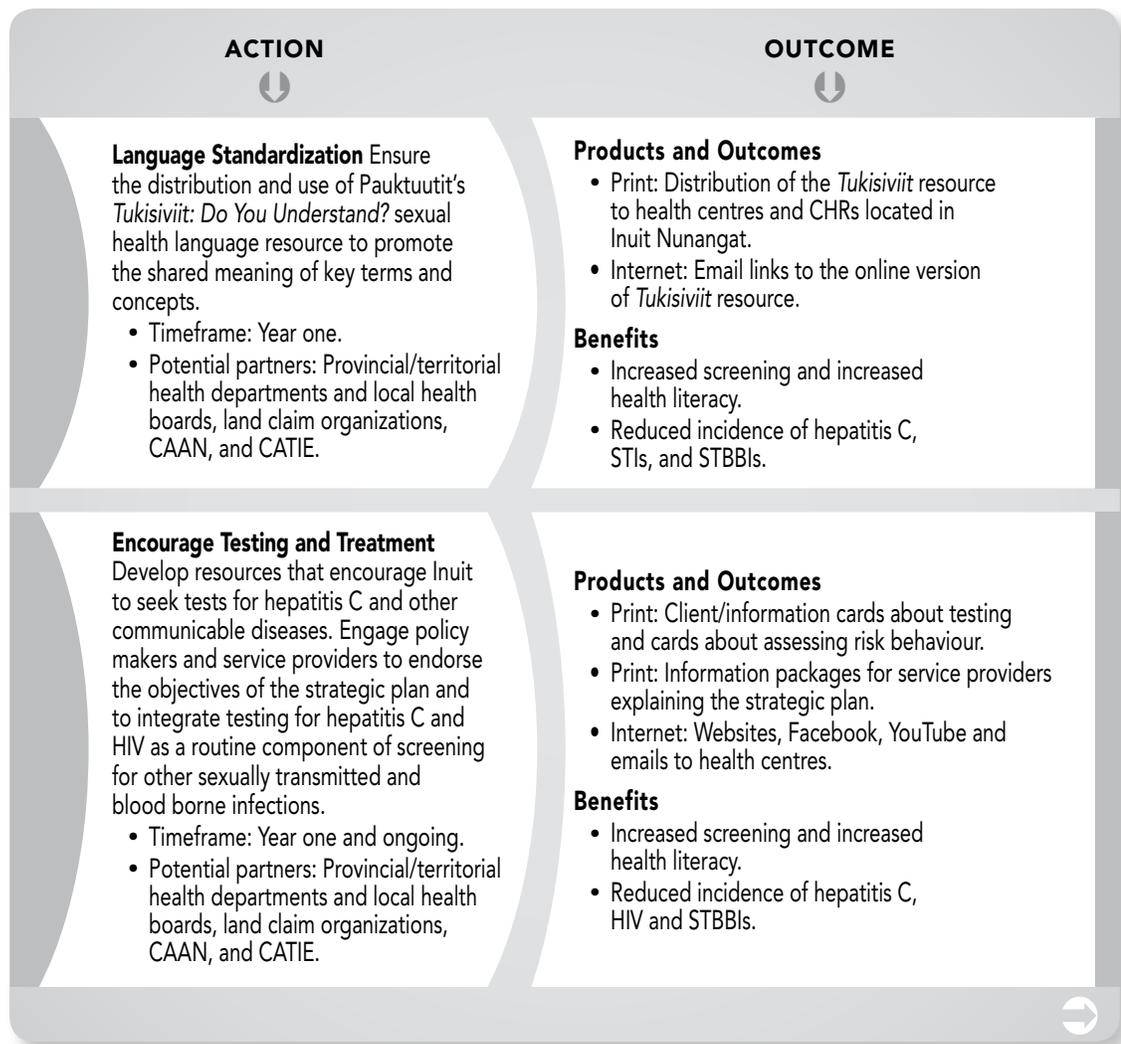
ACTION	OUTCOME
<p>Engage Inuit Population Raise awareness about hepatitis C infection, the associated risk factors, and about testing (where to get tested, what the test involves, and why someone should consider getting tested). Address misconceptions, major risk factors, and safe practices. Re-affirm that traditional Inuit activities are not high-risk behaviours.</p> <ul style="list-style-type: none"> • Messages: What is hepatitis C? Should I get tested? What is safe and unsafe sharing? • Timeframe: Year one and ongoing. • Potential partners: Provincial/territorial health departments and local health boards, land claim organizations, CAAN, CATIE, and PHAC. 	<p>Products and Outcomes</p> <ul style="list-style-type: none"> • Print: Posters, brochures, fact sheets appropriate to Inuit audiences, and magazines (ads and articles). • Print: Client/information cards about testing. • Print: Knowledge transfer tools for use by health providers. • Radio: PSAs and call-in programs. • Internet: Websites, Facebook, YouTube. • Collaborations: Greater sharing of information strategies and promising practices. • Role models: Encourage known Inuit personalities or hepatitis C positive individuals to serve as spokespersons or conduct Inuk-to-Inuk messaging. • Other: World Hepatitis Day, information sessions, stickers, temporary tattoos, and free condoms in public washrooms. <p>Benefits</p> <ul style="list-style-type: none"> • Reduced risk behaviours; increased condom use; increased screening, and increased health literacy. • Reduced incidence of hepatitis C, HIV, and STBBLs. • Shared strategies that reduce duplication.
<p>Engage High-Risk Inuit Inform Inuit engaged in home tattoos, body piercing, illicit drug use, and the sex trade about the risks of hepatitis C and other STBBLs. Develop strategies to target school dropouts who are less likely to read fact sheets or listen to radio call-in programs.</p> <ul style="list-style-type: none"> • Messages: What are risk behaviours? What is safe sharing? Why is safe sex important? Information about co-infection. It is OK to get tested. • Timeframe: Year one and ongoing. • Potential Partners: CATIE, and CAAN. 	<p>Products and Outcomes</p> <ul style="list-style-type: none"> • Print: Risk reduction posters, brochures, and fact sheets appropriate to Inuit audiences. • Print: Client/information cards about testing and cards about assessing risk behaviour. • Internet: Websites, Facebook, YouTube. • Collaborations: Greater sharing of risk reduction strategies and tools across Inuit regions. • Other: Stickers and temporary tattoos, and free condoms in public washrooms. <p>Benefits</p> <ul style="list-style-type: none"> • Reduced risk behaviours associated with home tattooing, body piercing, and drug use; increased condom use; and increased screening. • Reduced incidence of hepatitis C, STIs, and STBBLs.

ACTION ↓	OUTCOME ↓
<p>Engage Inuit Elders Dispel misunderstanding that hepatitis C is solely an STI or a disease of illicit drug users. Re-affirm that traditional Inuit activities are not high-risk behaviours.</p> <ul style="list-style-type: none"> • Messages: What is hepatitis A, B, and C? It is OK to get tested. Everybody has the right to ask the doctor questions. When is sharing healthy? • Timeframe: Year one and ongoing. • Link: See awareness priorities of the <i>Inuit Five-Year Strategic Plan on Sexual Health (2010 – 2015)</i>. • Potential Partners: CATIE, and CAAN. 	<p>Products and Outcomes</p> <ul style="list-style-type: none"> • Print: Fact sheets appropriate to Inuit audiences and magazines (ads and articles). • Print: Client/information cards about testing. • Radio: PSAs and call-in programs. • Other: World Hepatitis Day, information sessions. <p>Benefits</p> <ul style="list-style-type: none"> • Increased screening, increased health literacy, and reduced incidence of STBBIs. • Reduced incidence of hepatitis C, HIV, and STBBIs.
<p>Engage Nurses, Doctors and CHRs Provide plain-language resources to support knowledge transmission to Inuit clients. Raise awareness to encourage testing and the importance of anonymous testing.</p> <ul style="list-style-type: none"> • Messages: Should I get tested? What clients should know about hepatitis C. Respecting patient privacy is important. • Timeframe: Year one and ongoing. • Potential Partners: Provincial/territorial health departments and local health boards, land claim organizations, CAAN, CATIE, and PHAC. 	<p>Products and Outcomes</p> <ul style="list-style-type: none"> • Print: Posters, brochures, and fact sheets appropriate to Inuit audiences. • Other: World Hepatitis Day. <p>Benefits</p> <ul style="list-style-type: none"> • Encourage increased screening and increased health literacy. • Reduced incidence of hepatitis C, STIs and STBBIs.



PROMOTION

The key to successful health promotion is to work with all relevant partners to coordinate, collaborate and create initiatives that strengthen community action on hepatitis C and related communicable diseases and to empower Inuit through increased health literacy and advocacy. Inuit need the tools to help them assess their risk for hepatitis C, to make sound decisions about their health, and to feel empowered that they have the right to request tests for hepatitis C, HIV and other communicable diseases. A balance must be struck between a client's perception of risk and the readiness of health providers to initiate client risk assessment and routine testing. These activities require a collaborative effort at the regional, territorial/provincial, and national level in order to promote information exchange.



ACTION ↓	OUTCOME ↓
<p>Information Clearinghouse Work with partners to establish a clearinghouse for information related to Inuit hepatitis C and sexual and reproductive health.</p> <ul style="list-style-type: none"> • Timeframe: Year two and ongoing. • Link: See promotion priorities of the <i>Inuit Five-Year Strategic Plan on Sexual Health (2010 - 2015)</i>. • Potential Partnerships: CAAN, CATIE, CIHAN, FNIHB, PHAC, and SOGC. 	<p>Products and Outcomes</p> <ul style="list-style-type: none"> • Internet: Inventory of educational and awareness resources, webinars, clinical protocols, and testing guidelines related to hepatitis C, sexual health, and STBBIs for use by health providers, educators, and policy-makers. • Internet: Clearinghouse of online resources for access by educators, health providers, HIV/AIDS organizations, policy-makers, and community-based organizations, etc. • Internet: Establish a resource pointer that provides the location and contact information of holders of relevant resources. <p>Benefits</p> <ul style="list-style-type: none"> • Increase the exchange of knowledge. • Increased integration of health promotion activities.
<p>Professional Forum Establish an integrated Internet-based focal point for dialog about communicable diseases, sexual and reproductive health, and related diseases. Promote an integrated approach towards STBBIs risk assessment and testing.</p> <ul style="list-style-type: none"> • Timeframe: Year two and ongoing. • Link: See promotion priorities of the <i>Inuit Five-Year Strategic Plan on Sexual Health (2010 - 2015)</i>. • Potential Partners: PHAC, CAAN, and CATIE. 	<p>Products and Outcomes</p> <ul style="list-style-type: none"> • Internet: Online forum where front-line workers, health professionals, and relevant organizations, etc. can exchange information. • Internet: Inuit resource pointer identifying who is doing what and where; central electronic distribution point for sexual and reproductive health-related information and resource materials. <p>Benefits</p> <ul style="list-style-type: none"> • Better communication and information exchange between regions and organizations. • Routine availability of hepatitis C and HIV testing. • Increased integration of health promotion activities.



PREVENTION

Risk reduction is a growing priority within some Inuit communities. Actions are needed to reduce the undetected incidence of hepatitis C and related communicable diseases and to reduce the risk behaviours associated with them. Practical initiatives are needed to address the risks of home tattooing, body piercing, drug use, and to continue to promote safe sexual practices.

ACTION ↓	OUTCOME ↓
<p>Address Testing Stigma Overcome the stigma and discrimination among Inuit about tests for hepatitis C, HIV, and STBBIs. Ensure testing is anonymous.</p> <ul style="list-style-type: none">• Timeframe: Year two and three.• Link: See prevention priorities of the <i>Inuit Five-Year Strategic Plan on Sexual Health (2010 - 2015)</i>.• Potential Partners: Provincial/territorial health departments and local health boards, CATIE, and CAAN.	<p>Products and Outcomes</p> <ul style="list-style-type: none">• Print: Fact sheets appropriate to Inuit audiences and magazines (ads and articles).• Print: Client/information cards about testing.• Print: Knowledge transfer tools for use by health providers.• Radio: PSAs and call-in programs.• Internet: Websites, Facebook, and YouTube.• Professional Forums: Online forum for health providers to share information about testing and confidentiality.• Role models: Encourage known Inuit personalities or hepatitis C positive individuals to serve as spokespersons or conduct Inuk-to-Inuk messaging.• Other: World Hepatitis Day. <p>Benefits</p> <ul style="list-style-type: none">• Increased testing for hepatitis C and STBBIs.• Confidential/anonymous testing and safe access for all Inuit in all regions.• Reduced community stigma about testing.• Pre- and post-counselling support for those testing positive.

ACTION ↓	OUTCOME ↓
<p>Safe Tattoos and Body Piercing Reduce Inuit risks for hepatitis C associated with home tattoos and body piercing. Increase awareness about the risks and ensure enforcement of existing health and licensing regulations.</p> <ul style="list-style-type: none"> • Timeframe: Year two and three. • Potential Partners: Provincial/territorial health departments and local health boards, CATIE, and CAAN. 	<p>Products and Outcomes</p> <ul style="list-style-type: none"> • Print: Posters, brochures, and fact sheets appropriate to Inuit audiences. • Print: Client/information cards about testing. • Print: Knowledge transfer tools for use by health providers. • Internet: Websites, Facebook, and YouTube. • Other: World Hepatitis Day, stickers, and temporary tattoos. <p>Benefits</p> <ul style="list-style-type: none"> • Reduced risk behaviours associated with home tattooing and body piercing. • Reduced incidence of hepatitis C.
<p>Co-Infection Initiative Promote awareness and develop Inuit-specific protocols and material that address the issues of co-infection.</p> <ul style="list-style-type: none"> • Timeframe: Year four and five. • Link: See promotion priorities of the <i>Inuit Five-Year Strategic Plan on Sexual Health (2010 - 2015)</i>. • Potential Partners: Provincial/territorial health departments and local health boards, CATIE, and CAAN. 	<p>Products and Outcomes</p> <ul style="list-style-type: none"> • Print: Posters, brochures, and fact sheets appropriate to Inuit audiences. • Internet: Websites, Facebook, and YouTube. • Other: World Hepatitis Day, World AIDS Day, Aboriginal AIDS Awareness Week, World TB Day, stickers, and temporary tattoos. <p>Benefits</p> <ul style="list-style-type: none"> • Greater awareness among Inuit about the links between HIV, STIs, and the Hepatitis viruses. Reduced risk behaviours associated with home tattooing and body piercing. • Reduced incidence of hepatitis C, STIs, and STBBIs.



SCREENING AND CARE

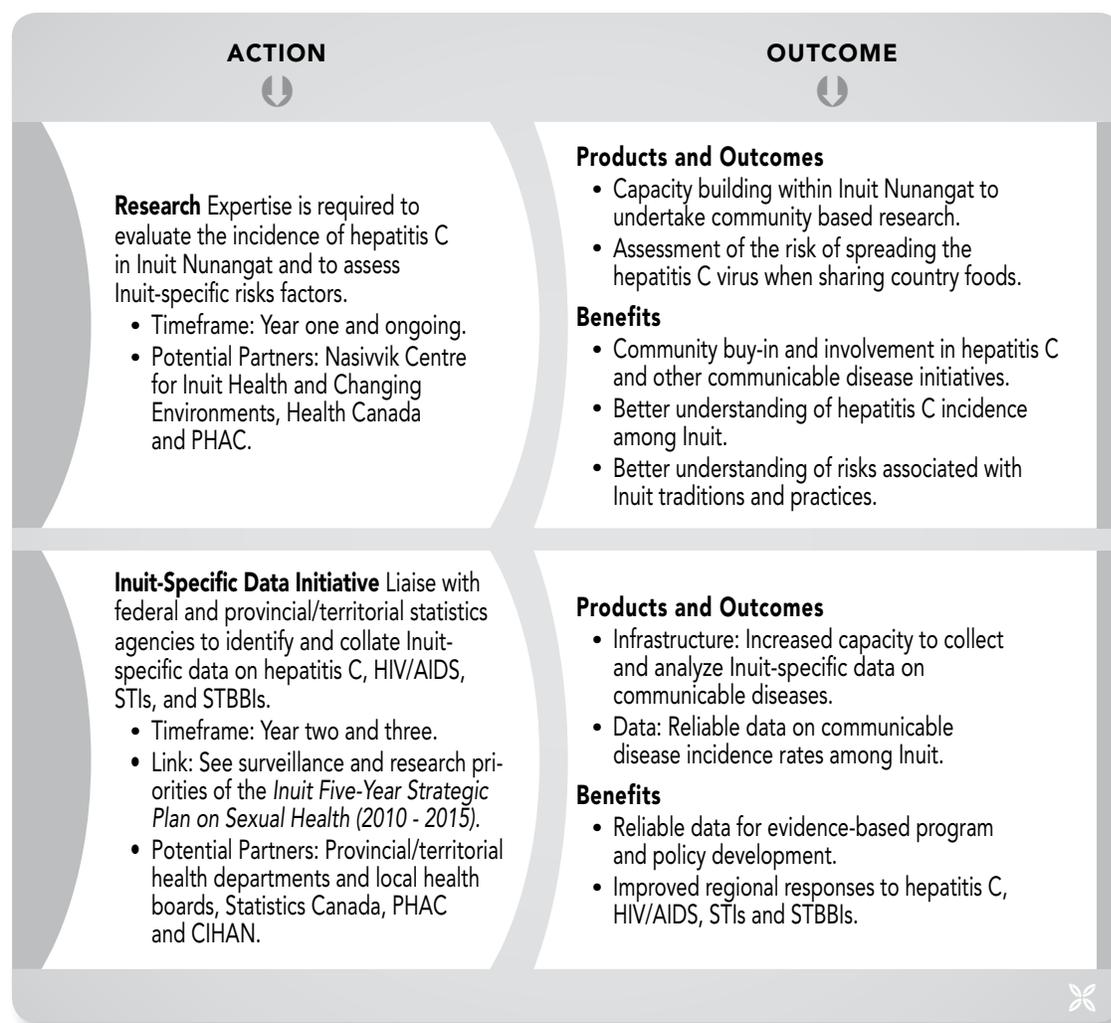
Continuing effort is needed to help Inuit overcome the fear, stigma, and discrimination associated with testing for hepatitis C, HIV, and STBBl. Assurance of anonymous testing is a critical factor for promoting increased screening within Inuit communities. As gatekeepers to screening, health providers require information resources to inform Inuit clients about these diseases, the tests, and the options for treatment so that Inuit can make informed decisions. For those who test positive, there is a need to encourage supportive communities. Those who are infected need to know what services are available to them and they need community support groups or virtual networks in which to share their experiences.

ACTION	OUTCOME
<p>Counselling, Treatment, and Support Pre- and post-counselling and treatment services for Inuit who test positive for hepatitis C, STIs, and STBBl.</p> <ul style="list-style-type: none"> • Timeframe: Year three and ongoing • Link: See screening and care priorities of the <i>Inuit Five-Year Strategic Plan on Sexual Health (2010 - 2015)</i>. • Potential Partners: Provincial/territorial health departments and local health boards, CATIE, CIHAN, and CAAN. 	<p>Products and Outcomes</p> <ul style="list-style-type: none"> • Services: Establish care, treatment, and support systems. • Internet: Inventory of relevant sexual health educational and awareness resources; Clearinghouse of online resources for access by educators, health providers, HIV/AIDS organizations, policy-makers, and community-based organizations, etc. <p>Benefits</p> <ul style="list-style-type: none"> • Community acceptance of Inuit living with hepatitis C and HIV/AIDS. • Better treatment plans, compliance and patient outcomes.
<p>Medical Protocols Promote access to screening and testing. Establish routine testing for hepatitis C, HIV, and STIs.</p> <ul style="list-style-type: none"> • Timeframe: Year four and five. • Link: See screening and care priorities of the <i>Inuit Five-Year Strategic Plan on Sexual Health (2010 - 2015)</i>. • Potential Partners: Provincial/territorial health departments and local health boards, CATIE, and Provincial/Territorial Medical Officers for Health. 	<p>Products and Outcomes</p> <ul style="list-style-type: none"> • Professional Forums: Online forum for health providers to share information about testing and confidentiality. • Print/Internet: Information packages for service providers explaining the strategic plan. <p>Benefits</p> <ul style="list-style-type: none"> • Greater rates of hepatitis C, HIV, and STI testing within Inuit regions. • Reduced Inuit stigma for testing.
<p>Utilize New Treatments Ensure accurate and up-to-date information is available about new treatments and procedures. Promote provincial and territorial clinical practice guidelines regarding hepatitis C, HIV, and STBBl.</p> <ul style="list-style-type: none"> • Timeframe: Year one and ongoing. • Link: See screening and care priorities of the <i>Inuit Five-Year Strategic Plan on Sexual Health (2010 - 2015)</i>. • Potential Partners: Provincial/territorial health departments and local health boards, IPHTG, CATIE, and CIHAN. 	<p>Products and Outcomes</p> <ul style="list-style-type: none"> • Internet: Emails and through various types of social media to health providers explaining the importance of clinical practice guidelines. <p>Benefits</p> <ul style="list-style-type: none"> • Up-to-date information about hepatitis C, HIV, and STBBl screening and treatments to health providers in Inuit Nunangat.



SURVEILLANCE AND RESEARCH

There is a need for Inuit-specific data. This requires a dialogue with territorial and provincial health departments and agencies and with Statistics Canada. There is a need for greater capacity within Inuit communities to undertake community based research regarding hepatitis C, HIV/AIDS, and STBBIs.



SUMMARY OF PRIORITIES, ACTIONS, TIMEFRAMES, AND POTENTIAL PARTNERSHIPS

INUIT FIVE-YEAR STRATEGIC PLAN ON HEPATITIS C 2013–2018
Summary of Priorities, Actions, Timeframes, and Potential Partnerships/Collaborations

Year 1	Year 2	Year 3	Year 4	Year 5
AWARENESS				
<p>Engage Inuit Population → Partnerships: provincial/territorial health departments and local health boards, land claim organizations, CAAN, CATIE, and PHAC.</p>				
<p>Engage High-Risk Inuit → Partnerships: CATIE and CAAN.</p>				
<p>Engage Inuit Elders → Link: Awareness priorities of the <i>Inuit Five-Year Strategic Plan on Sexual Health (2010 – 2015)</i>. Partnerships: CATIE and CAAN.</p>				
<p>Engage Nurses, Doctors, CHRs → Partnerships: provincial/territorial health departments and local health boards, land claim organizations, CAAN, CATIE, and PHAC.</p>				
PROMOTION				
<p>Language Standardization → Partnerships: Provincial/territorial health departments and local health boards, land claim organizations, CAAN and CATIE.</p>				
<p>Encourage Testing and Treatment → Partnerships: Provincial/territorial health departments and local health boards, land claim organizations, CAAN and CATIE.</p>				
<p>Information Clearinghouse → Link: Promotion priorities of the <i>Inuit Five-Year Strategic Plan on Sexual Health (2010 – 2015)</i>. Partnerships: CATIE, CAAN, PHAC, FNIHB and CIHAN.</p>				
<p>Professional Forum → Link: Promotion priorities of the <i>Inuit Five-Year Strategic Plan on Sexual Health (2010 – 2015)</i>. Partnerships: PHAC, CAAN and CATIE.</p>				



Continued

Year 1	Year 2	Year 3	Year 4	Year 5
PREVENTION				
	Address Testing Stigma → Link: Prevention priorities of the <i>Inuit Five-Year Strategic Plan on Sexual Health (2010 – 2015)</i> . Partnerships: provincial/territorial health departments and local health boards, CATIE and CAAN.			
	Safe Tattoos and Body Piercing → Partnerships: provincial/territorial health departments and local health boards, CATIE and CAAN.			
			Co-Infection Initiative → Link: Promotion priorities of the <i>Inuit Five-Year Strategic Plan on Sexual Health (2010 – 2015)</i> . Partnerships: Provincial/territorial health departments and local health boards, CATIE and CAAN.	
SCREENING & CARE				
		Counselling, Treatment, and Support → Link: Screening and care priorities of the <i>Inuit Five-Year Strategic Plan on Sexual Health (2010 – 2015)</i> . Partnerships: Provincial/territorial health departments and local health boards, CATIE, CIHAN and CAAN.		
			Medical Protocols → Link: Screening and care priorities of the <i>Inuit Five-Year Strategic Plan on Sexual Health (2010 – 2015)</i> . Partnerships: provincial/territorial health departments and local health boards, CATIE and Territorial Chief Medical Officers.	
	Utilize New Treatments → Link: Screening and care priorities of the <i>Inuit Five-Year Strategic Plan on Sexual Health (2010 – 2015)</i> . Partnerships: provincial/territorial health departments and local health boards, CATIE and CIHAN.			



Continued

Year 1

Year 2

Year 3

Year 4

Year 5

SURVEILLANCE & RESEARCH

Research →

Partnerships: Nasivik Centre for Inuit Health and Changing Environments, Health Canada, and PHAC.

Inuit-Specific Data Initiative →

Link: Surveillance and research priorities of the *Five-Year Strategic Plan on Sexual Health (2010–2015)*

Partnerships: provincial/territorial health departments and local health boards, Statistics Canada, PHAC and CIHAN.

