



Sustainable Development
Working Group

SDWG Project Proposal Template

SDWG PROJECT PROPOSAL TEMPLATE

<p>Project Title:</p> <p>Arctic community perspectives on Covid-19 and public health: A Multi-Site Case Study</p>	<p>Lead Country/Project leader(s):</p> <p>Canada – Sarah Cox (Crown-Indigenous Relations and Northern Affairs Canada)</p> <p>Other country/project leads TBC</p>
<p>Estimated Cost of Project (in CAD funds):</p> <p>Phase I: 100,000 CAD (provided by Canada)</p> <p>Phase II: 485,875 CAD</p> <p>Phase III: 520,375 CAD</p> <p><i>Total: 1,106,250 CAD</i></p> <p>(Budget in Annex B)</p>	<p>Relationship to other AC Working Groups:</p> <p>Health stakeholders in other working groups are likely to have cross-over with this project, particularly the AMAP Human Health Assessment Group.</p>
<p>Summary of project objectives and main outcomes:</p> <p>The purpose of this project, <i>Arctic Community perspectives on COVID-19 and public health</i>, is to implement a case study in each Member State to assess the positive and negative societal outcomes associated with the public health measures taken in response to the COVID-19 pandemic in Arctic communities. The research, led by a circumpolar team of Fulbright Arctic Initiative Alumni, will identify community-driven models and evidence-based promising practices and recommendations to inform pan-Arctic collaboration and decision-making in public health during times of global emergencies.</p>	

Project Objective(s)

The purpose of this project is to implement a three-phase multi-site case study in each Member State to assess the positive and negative societal outcomes associated with the COVID-19 pandemic in Arctic communities. Specifically, it will assess the impact of public health measures associated with COVID-19. This work will identify community-driven models and evidence-based promising practices and recommendations that can help inform cohesive and coordinated public health responses and protocols related to future public health emergencies in the Arctic. Research sites will include one community each from Nunavut, Alaska, Greenland, Iceland, Norway, Sweden, Finland and Russia.

The project will address the following research questions:

- 1) In what ways are public health measures implemented to address the COVID -19 pandemic the same or different in Arctic communities?
- 2) What are Arctic community experiences of public health measures during the COVID-19 pandemic?
- 3) How has Indigenous knowledge and local knowledge been integrated with recommended/mandated public health measures to address the COVID-19 pandemic?
- 4) What coping strategies did Arctic communities engage in to adapt to the COVID-19 pandemic?
- 5) What can we learn from these community case studies to inform policy and program implementation now and in the future?

Background - Research Topic

In the Circumpolar region, communities have, and continue, to rise to the challenge of implementing the complex public health measures aimed at limiting the spread of COVID-19 (UN, 2020). The different national states in which Arctic peoples live have implemented different policies regarding the pandemic, and a variety of public health measures have been introduced to influence/impact community level behaviors: these include, but are not limited to social distancing, travel restrictions, self-isolation, quarantines, mask wearing and testing. At times, these measures are imposed by nation-state onto communities, including Indigenous communities, with little input from those communities. While well intended, community context might require adaptation of the measures, which may or may not be supported by state level decision-makers. Furthermore, Indigenous organizations, governments, communities and leadership require timely and reliable information to prepare, track, and communicate the impacts of COVID-19 in ways that reflect their unique experiences in Arctic communities (Healey, 2018; Redvers, Marianayagam, & Blondin, 2019; UN, 2020). To fully understand the implications of COVID-19 in the Arctic, diverse data sources are needed that include Indigenous knowledge and local knowledge with western scientific methods.

Background – Project Development

In June 2020, the Arctic Council Secretariat coordinated, through the SDWG, the drafting of the *Covid-19 in the Arctic Briefing Document for SAOs*, which explores the effects of COVID-19 on Arctic Council initiatives and on the Arctic more broadly. The information note was presented for

discussion at the June SAO Executive Meeting and involved input and coordination across Arctic Council Member States and Permanent Participants. Upon its completion and submission to SAOs, the information contained in this note was to be used by the Arctic Council to address possible next steps in addressing COVID-19's impact on Arctic Council work in the short, medium and long-term.

Subsequently, the SAO Chair invited Member States, Permanent Participants, Working Groups and the Black Carbon and Methane Expert Group to review the briefing document and provide more formulated advice regarding work that the Arctic Council could undertake to respond to the “knowledge gaps and areas for potential action” identified in the briefing document. In response, Canada identified the potential project, *COVID-19 Public Health Outcomes in Arctic Communities*, as a concrete next step the SDWG could undertake to advance the Arctic Council's efforts to respond to COVID-19 in the Arctic.

The project was highlighted in the *SDWG's Analysis and Advice for SAOs: Arctic Council COVID-19 Work*, which was submitted to SAOs prior to their November 2020 meeting. To build further understanding of the project and solicit expert advice, Canada circulated a project concept note to SDWG and SECEG members in November and arranged for the research leads, Fulbright Arctic Initiative Alumni, to make a presentation at the February 2021 plenary meeting. This proposal reflects the international consultation undertaken and the feedback provided by SECEG, Permanent Participants and relevant subject matter experts.

Rationale

The project goes to the core of the SDWG's mission to champion the human dimension of the Arctic by protecting and promoting the health and well-being of Arctic and Indigenous community members. It supports several of the themes of the SDWG Strategic Framework (2017), including community vitality, heritage and culture of Arctic communities, and human health. The research would provide the Arctic Council with vital knowledge of how Covid-19 is affecting communities across the circumpolar world and provide Member States with important feedback on the intended and unintended effects of the public health measures they have taken in response to Covid-19 in Arctic communities.

The project is complementary to the SECEG/AHHEG proposal to develop a *COVID-19 in the Arctic Report* and would demonstrate how the SDWG and Arctic Council include Indigenous knowledge and local knowledge with western scientific methods to provide an in-depth and holistic understanding on issues of importance to Arctic communities. The initiative could be completed as a key SDWG deliverable under the Russian Federation Chairmanship and its priority area of Arctic inhabitants and Indigenous peoples.

The project places a heavy emphasis on capacity building and resilience so that Arctic residents and communities can manage current and future challenges (e.g., outbreaks, disasters) and opportunities (e.g., collaborative research, education, training, and preparedness action planning for Arctic communities members). The initiative will help to address the United Nations Sustainable Development Goals of good health and wellbeing and reduced inequalities (Goal 3 and 10 respectively), through supporting an effective response to COVID-19 and future health emergencies in Arctic communities.

Activities and Outputs

Project phases:

Phase I: Using a combination of literature review validated by key informant interviews, Phase I will identify the public health directives and measures that were/were not mandated/implemented and how these processes impacted community level behavior, as well as what Indigenous and local driven beliefs and practices transpired to adapt to the COVID-19 pandemic. Case communities for Phase II will be identified in Phase 1. Each member state research team will identify Arctic communities and local approaches for their case study collaboratively.

Phase II: A case study from each Arctic State will be undertaken that highlight the strengths, challenges and adaptations of COVID-19 public health directives and measures as well as the lessons learned. The goal of Phase II will be to produce community driven models that provide examples of how diverse Arctic communities have exhibited resiliency and adapted thus far to the COVID-19 pandemic.

Phase III: The community models developed in Phase II will be combined with Implementation Science to develop recommendations and strategies that can be examined by the Arctic Council for cohesive and coordinated public health responses and protocols related to future public health emergencies in the Arctic.

Further information on the project design and methodology can be found in Annex A.

Anticipated Products

- An overview of the compendium of in-depth analyses of each of the 8 case studies;
- A tool kit presenting differing community models for public health emergency responses and lessons learned from the case studies along with worksheets for communities to use in future global emergency preparedness planning;
- A policy brief for the Arctic Council; and
- Peer reviewed presentations and papers.

Anticipated Outcomes

- Contribute to the strengthening of capacity and engagement across multiple sectors in Arctic Public Health;
- Reinforce a vision for health research that acknowledges the importance of applying both Indigenous and local models and western science models in understanding and addressing health concerns of Arctic communities;
- Enhance the generation of meaningful knowledge and ultimately contribute forward movement to the overall goal of improving the health and well-being of Arctic peoples through evidence and action; and
- Create evidence for future long-term follow-up studies on the impacts of COVID-19 in Arctic communities.

- The case studies are expected to reveal emerging themes of relevance to health and well-being in the Arctic including, but not limited to housing and overcrowding, infrastructure deficit, and food security.

Partnerships

Partnerships are a necessary component of this initiative. COVID-19 has cut across sectoral and geographic boundaries, so cooperation and partnership are essential aspects of developing a circumpolar understanding and response to the pandemic. Each member state research team will leverage partnerships within their own context. Partnering organizations may include local authorities, Indigenous leadership, health care providers, public health experts and Indigenous and northern community members and leaders.

The project will be led by a team of Fulbright Arctic Initiative Alumni and other Arctic scholars, including:

Denmark/Greenland

- Dr. Christina V.L. Larsen. PhD, Centre for Public Health in Greenland, National Institute of Public Health, University of Southern Denmark & Greenland Centre for Health Research, University of Greenland.
- Ingelise Olesen. Indigenous Research Coordinator Centre for Public Health in Greenland, National Institute of Public Health, University of Southern Denmark & Greenland Centre for Health Research, University of Greenland.

Sweden

- Dr. Jon Petter Stoor, PhD, Department of Epidemiology and Global Health, Umeå University
- Dr. Miguel San Sebastián, PhD, Department of Epidemiology and Global Health & Várdduo-Centre for Sámi Research, Umeå University

United States

- Dr. Katie Cueva, ScD, Center for Behavioral Health Research and Services, Institute of Social and Economic Research, University of Alaska Anchorage
- Dr. Elizabeth Rink, PhD, Department of Health and Human Development, Montana State University

Canada

- Dr. Josée Lavoie, PhD, Ongomiizwin Research, Rady Faculty of Health Sciences, University of Manitoba
- Dr. Gwen Healey Akearok, PhD, Qaujigiartiit Health Research Centre, Nunavut

Russia

- Dr. Elena Gladun, PhD, Institute of State and Law, University of Tyumen
- Dr. Larisa Zatseva, PhD, Institute of State and Law, University of Tyumen

Iceland

- Dr. Lara Johansdottir, PhD, Environment and Natural Resources Graduate Programme, Faculty of Business Administration, University of Iceland
- Dr. David Cook, Post-Doctoral Researcher, Environment and Natural Resources, Interdisciplinary Graduate Programme, University of Iceland

Finland

- Dr. Arja Rautio, Thule Institute Research Centre, University of Oulu
- Dr. Ulla Timlin, Post-doctoral Researcher, University of Oulu

Norway

- Dr. Inger Dagsvold, PhD, Centre for Sami Health Research, Dept. of Community Medicine, UiT – the Arctic University of Norway
- Dr. Susanna Siri, PhD, Centre for Sami Health Research, Dept. of Community Medicine, UiT – the Arctic University of Norway

The researchers will explore synergies with existing and planned COVID-19 studies in order to avoid redundancy and ensure that the research undertaken is complementary and builds the knowledge base concerning the impacts of COVID-19 in the Arctic. The team will learn from and connect with other research teams throughout the whole study to explore potential ways of knowledge translation and potential collaboration.

Timetable and Project Completion

The project will take approximately two years to complete, with the final deliverables being completed prior to the 2023 Ministerial meeting. The following provides time estimates by research phase:

- Phase 1 (February- April 2021): review of public health measures, assembly of pan-Arctic team, and identification of case communities.
- Phase 2 (May 2021- November 2022): case study in each Arctic country, data collection and analysis (and reporting/writing).
- Phase 3 (December 2022-May 2023): Implementation Science focus on application of lessons learned, in-depth data, production of recommendations and knowledge translation (products, briefs, graphics, etc.).

Costs

The Fulbright research leads estimate the project costs (all funds in CAD) as follows:

- 100,000 CAD in 2020-2021
- 485,875 CAD in 2021-2022
- 520,375 CAD in 2022-2023

Canada has funded the entire cost of the project in 2020-21 and would expect equitable contributions from each Member State in years 2 and 3 of the study.

Further information on the project budget can be found in Annex B.

Integration of Indigenous Knowledge and Local Knowledge

The participatory community-based approach is core to this project. This approach takes into account Indigenous knowledge and local knowledge and uses that experience to identify and respond to COVID-19 in Arctic communities. The researchers will pay particular attention to what Indigenous, local and/or community driven beliefs and practices transpired to adapt to the COVID-19 pandemic. Project leads will work to incorporate potential Permanent Participant feedback concerning this project to ensure the appropriate integration of Indigenous knowledge and local knowledge.

Communications

The Arctic Council's Sustainable Development Working Group, through the COVID-19 project co-leads, will communicate information about the goals and objectives, implementation strategies and final results of this project to the wider community of the Arctic Council, including Permanent Participants, through the various stages of the project.

More in-depth communication strategies may be developed through the various components, including but limited to organizing virtual participation at meetings, and exchanging views and conclusions among case studies and experts, as required.

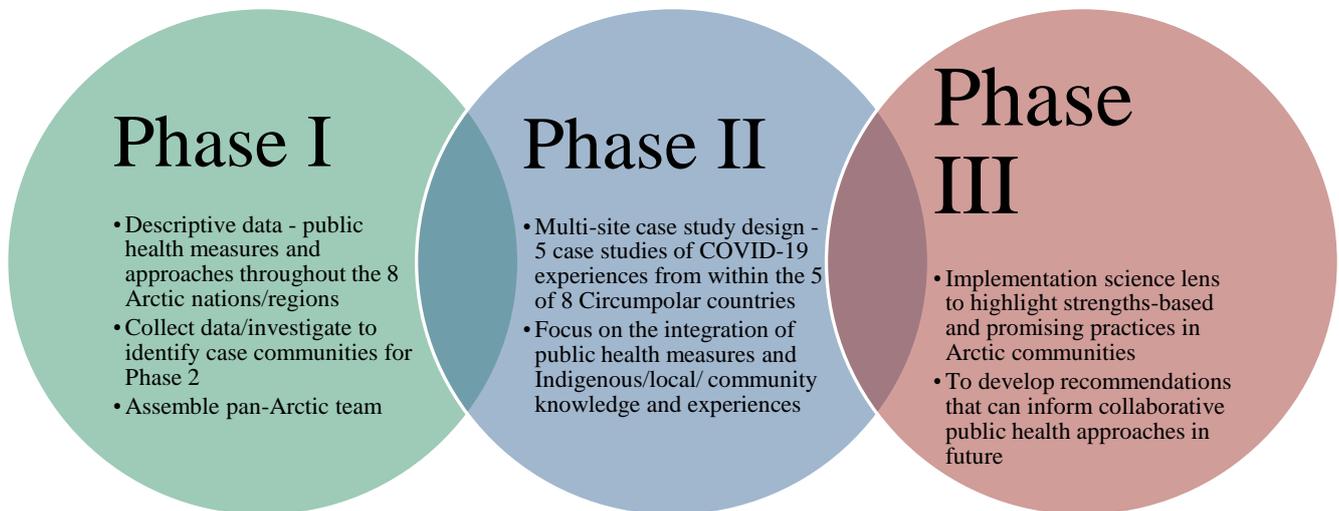
Teleconferences will take place on an ad-hoc basis to ensure effective implementation of the various project components.

Research outcomes may be published and disseminated through existing networks.

Feedback may be requested from expert groups and applicable parties, as required.

ANNEX A: METHODOLOGY

Arctic community perspectives on Covid-19 and public health: A Multi-Site Case Study



Outline of phases

Phase I: Phase I includes an examination of the public health measures in place in each of the Arctic regions.

Using a combination of literature reviews, validated by key informant interviews, Phase I will identify the public health directives and measures that were/were not implemented, such as social distancing, self-isolation, travel restrictions, quarantines, mask wearing and testing, how these processes impacted community level behavior, as well as what Indigenous beliefs and practices transpired to adapt to the COVID-19 pandemic. Case communities for Phase II will be identified in Phase 1, including additional pan-Arctic collaborators.

Phase II: Phase II will encompass a multi-site case study design that examines the intersection of community narratives in response to the pandemic and the public health directives and measures in the 8 Arctic countries.

Phase II will include one case study from each of the 8 Arctic nations that highlights the strengths, challenges and adaptations of COVID-19 public health directives and measures as well as the lessons learned from each case study. The goal of Phase II will be to produce community driven models that provide examples of how diverse Arctic communities adapted to the COVID-19 pandemic. The case studies will primarily take place in Indigenous communities, but not exclusively. Indigenous Peoples and communities will be involved as research partners and collaborators in all phases if they so desire.

The Case studies intend to include a diversity of perspectives. For example, narratives will be collected from:

- Pandemic response
- Community Members (including youth and Elders)
- Government representatives
- health care providers

Types of questions asked could include:

- Impact of pandemic on community
- Impact of pandemic on family
- Impact of pandemic on self
- Role of social media in the pandemic
- Role of federal, state, and regional and local pandemic mandates and orders
- Role of community sovereignty in the pandemic
- Role of cultural strengths in the pandemic
- Role of natural/built environment in the pandemic

Phase III: Phase III will combine the Indigenous, local, community models developed in Phase I with Implementation Science to explore 8 additional case studies (for a total of 16, 2 from each of the 8 Arctic countries). Implementation Science is commonly defined as the study of methods and strategies to promote the uptake of effective interventions into routine practice, with the aim of improving population health (Bauer, 2015). Our Phase III combined approach will provide a culturally relevant systems' change lens. Our goal is to develop recommendations and document promising practices that can be examined by the Arctic Council and Permanent Participants of the Arctic Council for cohesive and coordinated public health responses and protocols related to future public health emergencies in the Arctic. Phase III will also form the basis for long-term follow-up studies on the impacts of the pandemic in Arctic communities.

Integration of Indigenous Knowledge and Local Knowledge

The participatory community-based approach is core to this project. This approach takes into account Indigenous knowledge and local knowledge and uses that experience to identify and respond to COVID-19 in Arctic communities. The researchers will pay particular attention to what Indigenous, local and/or community driven beliefs and practices transpired to adapt to the COVID-19 pandemic.

Project leads will work to incorporate potential Permanent Participant feedback concerning this project to ensure the appropriate integration of Indigenous knowledge and local knowledge.

Knowledge Translation

Products from the project will include:

- 1) A compendium of in-depth analyses of each of the 8 case studies;

- 2) A tool kit presenting differing community models for public health emergency responses and lessons learned from the case studies along with worksheets for communities to use in future global emergency preparedness planning;
- 3) A policy brief for the Arctic Council; and
- 4) Peer reviewed presentations and papers.

ANNEX B: BUDGET

Phase 1	2020-21		IN-KIND
Human Resources			
Primary Investigator (6*\$10000)	\$ 60.000,00		
Research Assistant time (6*\$5,000)	\$ 30.000,00		\$ 7.500,00
Grant Administration (Qaujigiartiit)	\$ 10.000,00		
TOTAL PHASE 1	\$ 100.000,00		
Phase 2 and 3	2021-2022	2022-2023	
Human Resources			
Lead Research Team (2 months in 2021-2022; 2 month in 2022-23); 4 months per person * 8 people	\$ 200.000,00	\$ 200.000,00	\$ 75.000,00
Research Assistant in each country (8*12 months = \$30,000 each)	\$ 120.000,00	\$ 120.000,00	
Knowledge translation			
Graphic design and policy brief, infographics and visual presentation	\$ -	\$ 15.000,00	
Language translation (Arctic Council languages)		\$ 15.000,00	
Services and telecommunications			
Virtual meeting space (in underserved areas)	\$ 2.500,00	\$ 2.500,00	
Travel			
Community Travel (to case study communities as per regulations) (\$5000 each * 8 cases)	\$ 20.000,00	\$ 20.000,00	
Lead research team travel - 4 team group meeting per year 2022/2023 if permitted by COVID	\$ 80.000,00	\$ 80.000,00	
Grant Administration Fees 15% (Indirect costs claimed by universities and institutions)	\$ 63.375,00	\$ 67.875,00	
TOTAL PHASE 2 and 3	\$ 485.875,00	\$ 520.375,00	\$ 82.500,00