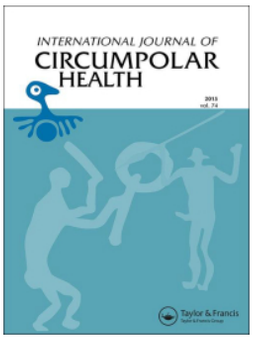

International Journal of Circumpolar Health

ISSN: 2242-3982 (Online) Journal homepage: www.tandfonline.com/journals/zich20

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To cite this article: Christine Ingemann, Gwen Healey Akearok , Allison Crawford, Katie Cueva , Alex Drossos , Anastasia Emelyanova, Kimberly Fairman , Ketil Lenert Hansen, Anders Koch, Gert Mulvad , Ingelise Olesen, Arja Rautio , Elizabeth Rink, Anna Reetta Rönkä, Jon Petter A. Stoor & Christina VL Larsen (2026) Strengthening networks in Arctic health research and education through mentorship and collaboration, International Journal of Circumpolar Health, 85:1, 2634480, DOI: 10.1080/22423982.2026.2634480

To link to this article: https://doi.org/10.1080/22423982.2026.2634480

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INTERNATIONAL JOURNAL OF CIRCUMPOLAR HEALTH
2026, VOL. 85, NO. 1, 2634480
https://doi.org/10.1080/22423982.2026.2634480

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Strengthening networks in Arctic health research and education through mentorship and collaboration

Christine Ingemann[a,b], Gwen Healey Akearok[c], Allison Crawford[d], Katie Cueva[e], Alex Drossos[f], Anastasia Emelyanova[g], Kimberly Fairman[h,i], Ketil Lenert Hansen[j], Anders Koch[k,l,m], Gert Mulvad[b], Ingelise Olesen[a,b], Arja Rautio[n], Elizabeth Rink[o,p], Anna Reetta Rönkä[g], Jon Petter A. Stoor[q] and Christina VL Larsen[a,b]

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ABSTRACT

This proceedings paper summarizes the first network meeting in the project *Strengthening Networks in Arctic Health Research and Education through Mentorship and Collaboration*, held in Copenhagen, Denmark, from 26–28 May 2024. The meeting brought together 31 participants from across the Arctic, including Indigenous and non-Indigenous researchers, students, and health professionals. The aim was to enhance collaboration among circumpolar health networks and to develop a mentorship program supporting young scholars. Sessions included mapping exercises, regional health updates, and discussions on ethics, education, collaboration, and community engagement. Participants identified overlapping mandates, gaps in coordination, and opportunities for joint initiatives across different health networks and societies. The meeting emphasized inclusive, community-based approaches and the integration of Indigenous knowledge. Action items for the coming years include developing and evaluating a model for mentorship in circumpolar health research, enhancing ethical research practices, and continuing the work and conversation of coordinating efforts across health networks. The workshop was concluded with a strong sense of shared purpose and commitment to advancing health and well-being in Arctic communities through strengthened collaborative in both research and education.

ARTICLE HISTORY
Received 31 October 2025
Revised 13 February 2026
Accepted 16 February 2026

KEYWORDS
Circumpolar health; Arctic research; health networks; community-based research; research collaboration; mentorship

Background

Circumpolar health is a vital field that explores the unique health challenges and strengths of Arctic and sub-Arctic communities, shaped by geographic isolation, climate change, and cultural transitions. Studying health and well-being in the circumpolar North is essential for building equitable, culturally safe, and sustainable health systems. It also highlights the resilience and knowledge of Indigenous peoples and local communities, offering insights that enrich global health. Increasingly, the field

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embraces holistic approaches such as One Health—a perspective long embedded in Indigenous worldviews, recognising the deep interconnection between human, animal, and environmental health.

The circumpolar region is not only a shared environment but also a space of collaboration and mutual learning, where researchers, practitioners, and communities strive to work across disciplines and co-create solutions.

Circumpolar health research is represented across various councils, networks, conferences, and working groups. As described by Chatwood et al. [1], the field has evolved from centrally coordinated efforts under the International Union for Circumpolar Health (IUCH), established in 1981, to more independent and loosely connected networks [2]. These networks often share members and goals but operate with limited administrative resources, leading to potential duplication and inefficiencies. During these years The University of the Arctic (UArctic) has grown into a strong organisation and a leading actor in Arctic science and education.

The UArctic is a network of universities, colleges, research institutes, and other organisations concerned with education and research in and about the North. UArctic builds and strengthens collective resources and infrastructures that enable member institutions to better serve their constituents and their regions.

To address the challenge of loosely connected networks and lack of coordination, the UArctic Thematic Network on Health and Well-being in the Arctic (TNHW) was proposed as a central hub for collaboration in this project, *Strengthening Networks in Arctic Health Research and Education through Mentorship and Collaboration*. The TNHW, part of UArctic, has successfully organised PhD and advanced master's level courses and supported sub-groups focused on One Health, Ageing in the Arctic, and Circumpolar Maternal and Child Health. Many TNHW members are also active in other key organisations, such as the Circumpolar Health Research Network and the Inuit Circumpolar Council (ICC) Health Committee.

This article presents insights from the first network meeting under the project titled *Strengthening Networks in Arctic Health Research and Education through Mentorship and Collaboration*, held in Copenhagen, Denmark, from 26–28 May 2024. Participants spent time together in a safe environment, shared food and engaged in meaningful conversation over the course of three days. The event focused on fostering stronger ties among circumpolar health networks and initiating a mentorship programme to support emerging researchers and Indigenous academics. This initiative responds to the ongoing fragmentation in Arctic health research, where overlapping mandates and limited coordination often hinder progress. Building on this foundation, the project seeks to strengthen these existing networks through structured mentorship, shared initiatives, and inclusive methodologies. Both in-person and virtual meetings are designed to foster collaboration, reduce siloed efforts, and amplify the collective voice of Arctic health researchers. The mentorship component aims to create opportunities for internships, knowledge exchange, and Indigenous-led research.

The Copenhagen meeting was hosted by the Centre for Public Health in Greenland (University of Southern Denmark) and strategically timed alongside the UArctic conference in Bodø, Norway, to minimise travel costs and environmental impact.

Methodology, harvesting and analysis

The meeting methodology included sharing circles and was aligned with UArctic's six core values: circumpolar, inclusive, respectful, collaborative, open, and influential.

A participatory approach was applied to both the planning and hosting of the meeting, involving project partners and meeting participants throughout the process. The final programme and exercises were prepared by CVLL and CI based on input from pre-meetings with project partners, who also approved the final programme.

The meeting was facilitated by CVLL, who ensured that all programme points were covered while maintaining flexibility to follow the input from and needs of participants and incorporate suggestions for discussions and activities. This adaptive facilitation was key to sustaining high engagement and productivity across the meeting days. Programme planning also prioritised opportunities for harvesting input through exercises and group activities.

CI took notes throughout the meeting and the participants worked together in open online documents to capture notes and ideas during group work. At the end of each day, photographs were taken of all exercise papers, flipcharts, and post-its. On the final day, all materials were collected for systematic processing.

After the final meeting day, all notes and visual materials were transcribed and organised digitally. The content was then summarised by themes within each exercise topic, using an iterative process that moved back and forth between summaries, notes, and group outputs to ensure accuracy. These thematic summaries were presented to project partners in a follow-up online meeting, where they were validated and supplemented with additional input. The validated summaries of each exercise are presented in the following sections.

Pre-meetings for defining questions

In preparation for the in-person network meeting, two virtual pre-meetings were held via Microsoft Teams with all project partners invited. These sessions served to collaboratively define the meeting's objectives and structure, resulting in a set of guiding questions that shaped the agenda and ensured alignment with the project's overarching goals. The questions provided a shared framework for discussions, grounding them in the practical needs and strategic priorities of the participating organisations and networks. They are presented in Table 1.

In-person network meeting in May 2024

A three-day in-person network meeting was held from 26 to 28 May 2024 in Copenhagen, Denmark, ahead of the Arctic Congress in Bodø, Norway. The Copenhagen Network Meeting brought together 31 participants, including Indigenous and non-Indigenous students, early-career and senior researchers. Attendees represented institutions and communities from Finland, Sweden, Norway, Greenland, Denmark, Canada (Nunavut, Northwest Territories and Ontario), and the United States (Alaska and Montana).

All participants actively contributed to discussions on circumpolar networks, mentorship programmes, regional health challenges and priorities, and future action points for the network. In preparation for the meeting, participants representing a network, council, or similar body were asked to prepare brief presentations outlining their organisation's purpose, membership, activities, and impact. Additionally, participants were grouped by Arctic regions (Alaska, Canada, Greenland, Norway, Sweden and Finland) and invited to reflect on three guiding questions prior to the meeting. These reflections were presented and discussed during the sessions:

- What are the major health topics in your region?
- What current developments are affecting health and well-being?
- How are these issues being addressed through research and education?

Table 1. Guiding questions for programme planning of the meeting.

Overall theme	Questions
Health and well-being status	• What are the current regional updates in health? Understanding ongoing activities is essential for identifying opportunities for collaboration. • What current developments are affecting health and well-being in the Arctic, and how are these being addressed from interdisciplinary, methodological, and educational perspectives? • What are the most pressing health issues in the Arctic, and how are these topics addressed across different networks?
Joint projects	• Are there opportunities for new joint projects? For example, can the network facilitate co-authored funding applications or other tangible outputs?
Ethics	• What are the current discussions and practices around research ethics in Arctic health research across regions?
Educational opportunities	• What are the educational opportunities related to Arctic health in each region? What courses and educational programmes are available, and how can the network support or collaborate on these initiatives?
Overview of networks	• What are the current existing Arctic health and well-being related networks? Is there a need for all existing networks, or could some be merged to improve efficiency and impact? • How can collaboration be made more visible, and how can we better understand the interactions between different networks?
The role of UArctic	• While the expansion of UArctic membership is welcomed, how can access to the thematic network and its members be made more transparent and navigable? • How can the goals of UArctic be supported and advanced through the work of the networks including Indigenous involvement and representation?

Day 1—May 26, 2024

The meeting opened with a welcome by Christina V.L. Larsen, who invited participants into the workshop space and helped foster a collaborative atmosphere for the sessions ahead.

Arja Rautio opened the meeting with her presentation on *Learning about UArctic and Arctic Research and Education*, where she introduced the UArctic as a cooperative network of 185 institutions dedicated to northern education and research. She highlighted the role of UArctic's Thematic Networks (TNs), which enable flexible, issue-driven collaboration across Arctic regions. The presentation also touched on recent trends in Arctic research and emphasised the importance of partnerships and outreach in strengthening the circumpolar knowledge base.

Subsequently, participants delivered presentations on various networks, councils, and initiatives related to circumpolar health. In parallel, a physical mapping exercise was conducted, where networks were visually positioned on the meeting room wall. This session, titled *Mapping and Common Values*, aimed to explore the landscape of Arctic health research, collaboration, and education through both structured presentations and interactive engagement.

Mapping of networks and organisations

All of the following networks, organisations, councils or committees described below are international with a focus on the Arctic, non-profit and not based in specific countries, but typically leadership, chairship or presidency changes on a regular basis between Arctic countries/regions or is collaboratively shared.

The UArctic hematic Network on Health and Well-being in the Arctic. The network's vice-leads Anastasia Emelyanova and Anna Reetta Rönkä presented this TNHW, which is under the UArctic [3]. They shared how yearly funding calls for activities related to the TNHW are available from countries, led by Norway, Canada, and Denmark, along with Greenland and the Faroe Islands, together with other Arctic partners. This financial support is vital for sustaining and expanding the network's initiatives, which directly benefit institutions like the University of Greenland. Much of the funding received in the TNHW has been administered by the University of Greenland to organise PhD courses through the network. These courses do not only foster academic collaboration but also play a crucial role in building local capacity, enhancing the university's ability to develop expertise and foster research within Arctic health and well-being. By being part of this network, the University of Greenland can access broader resources, expertise, and collaborations, further strengthening its academic and research capabilities.

The International Union for Circumpolar Health. The International Union for Circumpolar Health [2] was presented by the past president Anders Koch. The Union serves as a central gathering point for all circumpolar health associations across the Arctic. The associations include the American Society for Circumpolar Health, Canadian Society for Circumpolar Health, Danish/Greenlandic Society for Circumpolar Health, Nordic Society for Circumpolar Health and the Siberian Branch of the Russian Academy of Medical Science. The IUCH unites medical professionals, community members, and researchers who are dedicated to improving the health and well-being of Arctic communities. One of its key functions is to facilitate the sharing of knowledge and best practices related to health issues unique to these regions.

The presidency of the Union rotates among the associations, with leadership transferring to the organisation hosting the upcoming International Congress on Circumpolar Health (ICCH). The current president Kimberly Fairman provided updates on the planning progress for the upcoming ICCH and highlighted the Northern Research Leadership and Equity report [4], drawing attention to key issues in the Arctic.

The union's primary activities include organising the ICCH every three years, where circumpolar health professionals and researchers convene to discuss challenges and solutions. Additionally, the Union fosters collaboration between regional associations, further strengthening health initiatives and research efforts across the Arctic. The overall goal is to enhance the health and well-being of Arctic communities through shared knowledge and coordinated efforts.

The Circumpolar Health Research Network. The Circumpolar Health Research Network [5] presented by the president Christina V.L. Larsen has historically played an important role in fostering collaboration across

various health networks by providing essential support to students, early-career researchers, and Indigenous researchers. The network was originally created to maintain contact between the International Congresses on Circumpolar Health organised by the IUCH every third year. Today the role of the network is mainly to sustain the publishing of the International Journal of Circumpolar Health (IJCH), a significant platform for disseminating both qualitative and quantitative research related to health issues throughout the circumpolar region. The journal serves as a valuable resource for researchers and practitioners, contributing to a deeper understanding of health dynamics in Arctic communities and promoting informed discussions on relevant health policies and practices. The Members of the CHRN Board have historically secured funding for the network and the journal from each of their universities and organisations but today the funding to sustain the journal comes from the publishing fees.

The International Journal of Circumpolar Health. The International Journal of Circumpolar Health [6] was presented by Editor-in-Chief Rhonda Johnson, who invited the audience to consider various roles in engaging with the journal. Johnson's relationship with the journal, at that time named Arctic Medical Research, began as a reader, during its initial publication in Finland. At that time, the journal was not indexed, lacked open access, and did not require a publication fee.

In 1996, the Arctic Medical Research transitioned to become the International Journal of Circumpolar Health. Sustaining the journal was the subject of extensive discussions over multiple years. Ultimately, a small publication fee was introduced to enable open access, and the publishing operations transitioned to an international publishing company, today Taylor and Francis.

Johnson highlighted the importance of the journal as a key resource in circumpolar health education. She then took on the role of author, encouraging others to visit the journal's website for information for authors. Aspiring authors are also encouraged to consider becoming reviewers and to share contacts of potential reviewers.

Johnson's involvement deepened as she became part of the editorial team and eventually took on the position of Editor-in-Chief in 2015. As the year concludes, she calls for new members to join the editorial team, emphasising, "It is our journal; we create it together, so we are open to ideas regarding whatever role you are considering."

The journal's impact factor has been steadily increasing, with over 400,000 views recorded this year alone, reflecting its growing influence and reach in the field of circumpolar health research.

The Fulbright Arctic Initiative. Presented by co-lead scholar Elisabeth Rink, the Fulbright Arctic Initiative [7] seeks to support research through an interdisciplinary, collaborative model that will inform policy and support a more secure, just, and sustainable Arctic future. This includes approaches that value the assets and potential of Indigenous and Northern communities and focuses on the strength of bringing together scholars from diverse cultural backgrounds, trainings, and disciplines to collaborate on topics of importance to the Arctic.

The Fulbright Arctic Initiative brings together a network of professionals, practitioners and researchers from the United States, Canada, the Kingdom of Denmark (including Greenland and the Faroe Islands), Finland, Iceland, Norway, Russia (until 2022) and Sweden for monthly webinars, thematic group collaboration, three in-person meetings during a scholarship and an individual exchange experience to address key research and policy questions related to promoting Arctic Security through a diverse, multi-dimensional, cooperative interdisciplinary framework. The Fulbright Arctic Initiative stimulates international research collaboration on different dimensions of Arctic security while increasing mutual understanding between people of the United States and member countries of the Arctic Council. Using a collaborative, diverse, multi-dimensional, interdisciplinary approach, the Fulbright Arctic Initiative addresses public-policy research questions relevant to Arctic nations' shared challenges and opportunities as they relate to the multiple elements that contribute to the Arctic being a safe, healthy, prosperous, and sustainable place to live and thrive.

The Lancet Commission on Arctic and Northern Health: Urgently accelerating Indigenous health and well-being. The Lancet Commission on Arctic Indigenous Health was presented during the meeting by commission members Gert Mulvad, Susan Chatwood, and Christina VL Larsen. The Commission was

initiated by the Lancet Journal in 2020 and brings together a majority of Arctic Indigenous peoples in collaboration with researchers and practitioners from across the region. Its aim is to identify and address the health and wellness challenges experienced by Arctic and Northern Indigenous communities [8]. The Commission examines the economic, social, cultural, political, and spiritual determinants of health, and explore how Indigenous values, knowledge systems, and worldviews can inform global health practice and policy.

Central to the Commission's work is the recognition of Indigenous peoples' right to self-determination in health and the importance of self-governance, as well as the deep relationship between Indigenous communities and their lands, territories, and resources. Building on lessons from the COVID-19 pandemic, the Commission seeks to generate global awareness of Arctic Indigenous health and knowledge, and to develop a roadmap for improving health outcomes in ways that respect cultural integrity and human rights.

The Commission will summarise existing evidence, identify knowledge gaps, and present concrete recommendations for addressing health disparities. It will highlight solutions that are consistent with Indigenous peoples' understandings of wellbeing and the environment and propose pathways for change that strengthen community resilience and uphold Indigenous values [8]. The publication of the report is expected in 2026.

The International Arctic Science Committee. Presented by Susan Chatwood and Christine Ingemann. The International Arctic Science Committee [9] offers an excellent platform for individuals looking to engage and create meaningful change, as its initiatives often influence member countries at the policy level. IASC provides funding for workshops and other activities aimed at advancing Arctic research and collaboration.

Additionally, IASC is closely connected with the International Conference on Arctic Research Planning (ICARP), which comprises various research priority teams. Ingemann and Chatwood suggested that there is a need to examine health representation within these groups and explore connections with other networks, including the UArctic.

Currently, health considerations are perceived to be somewhat underrepresented in the strategies and priorities of both IASC and ICARP. It is crucial for stakeholders to advocate for the inclusion of health in these frameworks to ensure that it becomes a central focus of Arctic research and policy initiatives. By engaging with ICARP and emphasising health's importance, participants can significantly impact policy and enhance the representation of health issues in their countries.

Arctic Council working and expert groups. The Arctic Council is the leading intergovernmental forum that promotes cooperation, coordination, and interaction among the Arctic States, Arctic Indigenous Peoples, and other Arctic inhabitants on issues of common concern—particularly sustainable development and environmental protection [10]. Established in 1996, the Council operates by consensus among its eight member states. Six organisations representing Arctic Indigenous Peoples hold Permanent Participant status, ensuring their voices are central to the Council's work. Most activities are carried out through six Working Groups and their Expert Groups, covering topics from climate change and emergency response to mental health and sustainable development. The current chairship (2025–2027) is held by the Kingdom of Denmark, with Greenland taking a leading role in its implementation.

Arctic Human Health Expert Group.

The Arctic Human Health Expert Group (AHHEG) serves as an expert group under The Sustainable Development Working Group (SDWG) in the Arctic Council. AHHEG was represented by Gwen Healey Akearok, Christina VL Larsen and Arja Rautio [11]. The Arctic Human Health Expert Group has representatives from all member states as well as Permanent Participants. The AHHEG advises The Sustainable Development Working Group on health issues affecting Northern and Arctic communities and relevant research priorities and collaborations as well as health promoting initiatives to support Arctic communities.

Arctic Monitoring and Assessment Programme.

The Arctic Monitoring and Assessment Programme (AMAP) is one of the six working groups of the Arctic Council [12]. Arja Rautio and Gert Mulvad represented the group during the meeting. AMAP is mandated to monitor and assess the status of the Arctic region with respect to pollution and climate change issues, to document levels and trends, pathways and processes, and effects on ecosystems and humans. AMAP

proposes actions to reduce associated threats for consideration by governments; produces sound science-based, policy-relevant assessments and public outreach products to inform policy and decision-making processes.

Partnerships under development Other networks and organisations relevant to this project were mentioned and discussed, such as the International Arctic Social Sciences Association [13]. The Inuit Circumpolar Council [14] and The Saami Council [15] have been identified as relevant partners, but they were unable to attend the meeting. The hope is that they will join the partnership and take part of future meetings.

Sharing circle on common values

The first day concluded with a sharing circle facilitated by Ingelise Olesen, who invited participants to reflect on two guiding questions: "What are you thinking about after today?" and "How does one of the UArctic values relate to your work or the networks you represent?" Participants expressed feelings of happiness, positivity, honour, and pride in being part of a meeting where everyone felt welcomed and where trust-based relationships were being built. One participant noted, "The collaboration is more important than the accomplishments."

The group also reflected on the many interconnections between the networks mapped earlier in the day, recognising both overlapping memberships and a shared interest in strengthening the collaboration across the networks. Figure 1 presents a visual representation of the words participants used when discussing shared values. These reflections were grounded in the six UArctic values: circumpolar, inclusive, respectful, collaborative, open, and influential.

Day 2—May 27, 2024

Group discussions: mapping strengths and gaps

On the second day, participants were divided into smaller groups to reflect on the previous day's mapping exercise, guided by the question: "What are the strengths and major gaps in our map of networks and organisations?" Discussions revealed concerns about the structure and clarity of existing networks, with a shared recognition of the need for modernisation and improved coordination.

Key questions that emerged included:

- Can we simplify the current 'network of networks'?
- What are the respective roles of the IUCH and the UArctic Thematic Network on Health and Well-being in the Arctic?
- How are networks interconnected, and how do they engage with communities, stakeholders, and regions?

Figure 1. Visual representation of common values.

Participants noted a shift in focus from the IUCH to UArctic, reflecting broader changes in the Arctic health research landscape. UArctic's increasing activity, visibility, and influence, particularly through its thematic networks and collaborative initiatives, have made it a more meaningful and accessible platform for engagement. As a result, many individuals and networks now find it natural to align their efforts with UArctic, which offers a shared space for interdisciplinary collaboration and knowledge exchange across the circumpolar region.

This overlap between IUCH and UArctic presents opportunities for synergy but also creates confusion due to unclear boundaries and limited communication between the two. Participants emphasised the need for improved coordination to streamline activities and enhance collective impact. Regular mapping of networks, clarification of roles, and the establishment of clear pathways for engagement were recommended as practical steps to support better alignment and reduce duplication.

Suggestions for improvement included:

- Simplifying network structures
- Enhancing virtual participation in conferences
- Staggering event schedules to reduce overlap and increase accessibility
- Creating informal, low-barrier spaces for engagement

The UArctic TNHW was identified as a potential platform to connect and integrate the broad range of research networks and educational opportunities. Participants emphasised a shift from a clinical focus to a more holistic view on health, centred on community well-being. To support this, a Memorandum of Understanding, better coordination of financial resources, and recognition of Indigenous knowledge and participation were seen as essential to strengthen collaborations. Participants addressed that funders should be encouraged to support these relational and inclusive approaches.

A lack of support for early-career researchers was also highlighted as a challenge that needed to be tackled. Participants stressed the importance of education in attracting young talent and fostering interdisciplinary knowledge. Ideas for future initiatives included planning for the International Polar Year 2032/33, with a strong emphasis on Indigenous research methodologies and ethical frameworks.

Additional discussion points included:

- Communication: Are newsletters effective in sharing activities and opportunities?
- New members: How do we engage new members meaningfully into our work?
- Support for early-career researchers: There is a need for clearer pathways, mentorship, and career development.
- Meetings and conferences: How can we reduce reliance on in-person attendance and overlap and improve scheduling?
- International Polar Year: How can this opportunity be leveraged collaboratively to advance shared goals?
- Arctic health on the agenda at high-level policy forums:
  - Who sets priorities for health research and education in the Arctic?
  - How are key findings from research disseminated to support health and well-being in Arctic communities?
  - How can Arctic health challenges and opportunities be communicated more effectively to the Arctic Council, The Nordic Council of Ministers and the EU?

In conclusion, participants acknowledged that while many networks share overlapping membership, they remain poorly connected. Several attendees were unaware of existing networks, underscoring the need for a comprehensive review to improve visibility, connectivity, and collaboration. Strengthening collaboration, supporting the International Journal of Circumpolar Health (IJCH), and developing stronger governance structures across networks were identified as key priorities for advancing Arctic health research.

Regional perspectives

In the regional perspectives' session, participants representing the different Arctic countries and regions, presented insights on three guiding questions:

1. What are major health topics in your region?
2. What is currently going on that affects health and wellbeing in each region?
3. How are they addressed through research and education?

Across the Arctic, participants identified common challenges, including the impacts of climate change on traditional livelihoods, such as reindeer herding in Sámi communities and growing health inequalities, particularly in mental health, with rising rates of depression and anxiety. Geopolitical tensions and socio-economic reforms, including changes in healthcare access and delivery, were also noted as factors influencing health systems. Indigenous populations continue to experience disproportionately poorer health outcomes, including higher rates of suicide and alcohol/substance use-related harm.

Despite these challenges, participants highlighted several strengths and opportunities. These included the use of community-based participatory research that integrates Indigenous knowledge, the expansion of telemedicine, and increased research funding focused on climate change and health. These developments offer promising avenues for collaboration across regions.

Participants also noted several limitations. The absence of Russia, Iceland, and the Faroe Islands in the current regional participation (all for different reasons) was seen as a significant gap. Additionally, there is a lack of clinical resources in some regions and a need for diverse perspectives on digital health, given the varying needs across the Arctic. A broader understanding of the regional research landscape is also needed to strengthen circumpolar health research. Nonetheless, the session was seen as valuable for gathering and sharing regional insights. Participants expressed interest in engaging in regional overview discussion on a regular basis to support ongoing collaboration and knowledge exchange.

Although the session did not reference it directly, a recent publication by the Arctic Human Health Expert Group (AHHEG) under the Sustainable Development Working Group (SDWG) of the Arctic Council provides a timely and relevant overview of Arctic health priorities. The report, published after the meeting, synthesises input from stakeholders across the region and aligns with many of the themes raised during the session (Arctic Human Health Expert Group, 2025).

Mentorship programme & educational opportunities

At the end of day 2, suggestions and perspectives for a mentorship programme were presented by Christine Ingemann and by young scholars among the meeting participants who in earlier group work had discussed "What do you need from a mentorship programme?"

Young scholars' perspectives Meeting participants emphasised the need for a structured, supportive, and inclusive mentorship programme that fosters connection, trust, and guidance among young scholars in the Arctic region. They suggested holding regular meetings at least once every three months to ensure consistency and nurture ongoing relationships. Organising two annual events for the mentorship programme would also facilitate networking among young scholars, mentors, and mentees.

Participants recommended clarifying expectations for mentors, who should provide guidance on career choices. They expressed that the programme should support young scholars in pursuing their interests and achieving their goals, with multiple mentors addressing different needs and sharing their lived experiences. Additionally, the programme should facilitate connections between young scholars and mentors across Arctic regions, enabling mentors to guide individual work and career development. Opportunities for young scholars to connect with each other should also be included, potentially involving both group events and individual connections between scholars and mentors. The scholars noted that mentors need not always be professors; for instance, Ph.D. candidates could mentor master's students, creating a tiered support model.

As for topics, they suggested offering guidance on career paths and life choices, personal development support, and information about networking activities, available opportunities, and grants within the networks. Insights on conferences and connecting with relevant partners, including outreach strategies, were also deemed important. Finally, addressing specific themes such as AI in research and issues related to plagiarism was recommended.

Experienced input from successful mentorship programmes Kimberly Fairman, Executive Director at the Institute for Circumpolar Health Research and Lead to Strengthen the Network and Environment for Indigenous Health Research in the Northwest Territories Canada highlighted a few key elements regarding Indigenous mentorship. The principles that underlie the mentorship model are relationship, collaboration and fostering dialogue. Along with community Elders, the NT NEIHR has four broad goals to strengthen mentorship in the health research space:

1. To build capacity through supporting northern youth and undergraduates to understand health research related careers.
2. To conduct community-based participatory research through the support of Indigenous communities and organisations.
3. To uphold and implement co-learning strategies through developing curriculum and training materials that support co-learning.
4. Knowledge translation.

Followed by this, Gwen Healey Akearok, Executive and Scientific Director of the Qaujigiartiit Health Research Centre (QHRC) in Iqaluit (Nunavut, Canada), presented the QHRC's experiences with mentorship programmes. Qaujigiartiit's mentorship model is grounded in the Inuit concept of *Ajunngitiarlinniq* - the pursuit of becoming capable or developing mastery. The model supports individuals to deepen their knowledge and skills in specific areas to the point where they can confidently teach and mentor others. It is applied across the Inunnguiniq Mentorship Programme, Makimautiksat Mentorship Programme, and the Nunavut Network Environment for Indigenous Health Research (NEIHR) student support programmes. Rooted in Inuit knowledge and practice, two-year mentorship opportunities foster leadership, confidence, and cultural continuity by cultivating capacity through guided experience, peer learning, and reciprocal teaching in community and academic settings.

Mapping educational opportunities As a final activity for the day, participants were asked to write on post-its and answer in writing to the questions:

- What educational opportunities exist? (courses, programmes, etc.)
- What are the educational gaps? What is missing?

Day 3—May 28, 2024

On the final day of the network meeting, Christina V.L. Larsen provided a summary of the discussions, inputs, and activities from the previous days.

Action items in the next 2 years

Then participants were divided into four groups. Each of the groups were asked to discuss the following questions:

- What are action items in the next 2 years to strengthen collaboration across networks?
- What are action items in the next 2 years for the TN/networks to work on ethics in circumpolar health research?
- What are principles of community engagement for the TN/networks?
- What do we want to see happen with our mentorship programme in the next 2 years?

Strengthening collaboration across networks To strengthen collaboration across networks over the next two years, several action items were identified. These include developing community partnerships by engaging health professionals, youth groups, and community leaders; selecting a primary platform such as UArctic TNHW or International Union of Circumpolar Health (IUCH) and clarifying membership processes; focusing on sustainability and efficiency in health initiatives; and establishing a unified governance structure for representation. Additionally, the plan should involve securing observer status at the Arctic

Council, facilitating linkages for collaborative conferences, and creating a comprehensive communication plan for internal and external communication within networks. An inclusive network gathering should be organised, along with biannual online meetings for information exchange. An orientation infographic should be developed to guide new members, and initiatives should be coordinated to engage students across circumpolar regions. Responsibilities for these efforts will be divided among IUCH, Circumpolar Health Research Network, and UArctic, particularly regarding congress organisation, journal publication, and communication with the Arctic Council. Figure 2 provides an overview of the actions items.

Strengthening ethics in circumpolar health research Over the next two years, several action items have been identified to strengthen ethics in circumpolar health research, focusing on community involvement and the integration of Indigenous knowledge. Key initiatives include mapping and analysing existing ethics guidelines to identify mandatory elements and gaps and creating a repository of these guidelines. The development of ethics education is also emphasised, with plans to incorporate ethics courses into international programmes and use mentorship to promote ethical research practices. Additionally, ethical considerations will be integrated across all health activities, congresses, and International Journal of Circumpolar Health (IJCH) related efforts. Securing funding to advance ethics work is essential, along with engaging Indigenous knowledge holders through advisory roles and community-based councils. A communication plan will include workshops, presentations, and a dedicated website with resources on ethics, with the goal of producing at least one manuscript or special issue for the IJCH on ethics-related topics. Figure 3 provides an overview of the actions items.

Principles for community engagement Groups noted that principles for community engagement in circumpolar health research emphasise a respectful, collaborative, and equitable approach that prioritises Indigenous voices and fosters mutual understanding. Key principles include identifying shared values to establish common goals and promoting co-creation to enhance collaboration with communities. Inclusivity of Indigenous Peoples is essential, requiring active participation from community members and elders to avoid tokenism, as well as the use of culturally relevant formats and language. Community-driven initiatives and ownership are vital, with an emphasis on community research institutes and Indigenous leadership, particularly in places like Yellowknife, where research aims to improve lives through community-based efforts. Membership accessibility should be explored to allow community members to join networks, and historical understanding must be acknowledged to recognise both unique and shared community histories. Engagement should be approached with humility, fostering trust, reciprocity, and knowledge sharing while addressing existing power dynamics. Finally, adherence to Indigenous community guidelines is critical for ensuring respectful and effective engagement. Figure 4 provides an overview of the actions items.

Figure 2. Action items for strengthening collaboration.

Action Items for strengthening ethics

- Map and Analyse Existing Ethics Guidelines: Review current ethics frameworks to identify mandatory elements, shared values, and gaps across circumpolar regions.
- Create a Centralized Ethics Resource Hub: Develop an accessible online repository of ethics guidelines, regulations, and community protocols, supported by a dedicated website.
- Integrate Ethics into Education and Mentorship: Embed ethics modules into international courses, summer schools, and mentorship programs to build capacity and awareness.
- Engage Indigenous Knowledge Holders and Communities: Establish elders' councils and community-based advisory roles to guide ethical practices and ensure cultural relevance.
- Promote Ethics as a Dynamic and Relational Practice: Encourage continuous reflection on ethical actions, emphasizing community well-being, relational accountability, and evolving contexts.
- Secure Funding and Institutional Support: Pursue funding opportunities and partnerships to sustain ethics initiatives and support community-led ethical frameworks.
- Coordinate Through Thematic Networks and Partnerships: Leverage UArctic and other networks to lead ethics work, facilitate collaboration, and align with national and international priorities.
- Communicate and Disseminate Ethics Work: Organize workshops, presentations, and publications to share knowledge and promote dialogue.

Figure 3. Action items for strengthening ethics.

Action Items for advancing community engagement

- Ensure Inclusive Participation and Accessibility: Actively increase Indigenous participation by involving community members and elders meaningfully, avoiding tokenism, and creating accessible pathways for joining research networks.
- Support Community-Driven, Indigenous-Led Research: Promote community-led initiatives and Indigenous leadership through local research institutes and co-creation of research agendas that reflect community-defined priorities.
- Promote Shared Values and Historical Understanding: Facilitate the articulation of shared mission, vision, and values across networks, while integrating both unique and shared community histories into research frameworks.
- Foster Trust, Reciprocity, and Knowledge Exchange: Build relationships based on mutual respect, shared leadership, and the equitable exchange of Indigenous and Western knowledge systems.
- Clarify and Uphold Principles of Engagement: Define and adopt clear principles of community engagement that align with ethical guidelines, emphasizing community ownership of research and culturally grounded practices.
- Use Inclusive, Culturally Relevant, and Land-Based Approaches: Conduct activities in community settings using culturally appropriate formats, language access plans, and land-based, relational methods that reflect Indigenous worldviews.
- Secure Resources and Build Capacity: Advocate for funding to support community participation, leadership, and capacity-building, while encouraging researchers to reflect on their positionality and respect local protocols.

Figure 4. Action items for advancing community engagement.

Developing a mentorship programme Participants at the meeting suggested several key actions to develop the mentorship programme for the next two years. They emphasised the importance of establishing clear goals and principles to foster effective mentor-mentee relationships while creating a sense of community among participants. Aligning the programme with UArctic's priorities and implementing shorter mentorship cycles of around six months were highlighted as ways to allow for more flexible engagement. Suggestions included clearly defining commitments and focus areas, such as community engagement and academic development, as well as promoting a two-way mentorship model. Participants also stressed the need for financial sustainability, administrative support for logistics and coordination, and securing funding to support mentors. To improve recruitment, attendees recommended providing mentor training, developing a matching survey to pair mentees with suitable mentors based on their needs, and ensuring diverse recruitment practices. By implementing these suggestions, participants hope to create a mentorship programme that effectively supports professional development and strengthens collaboration across Arctic health research. Figure 5 provides an overview of the actions items.

Action Items for developing a mentorship program

- Define Program Overview and Objectives: Establish a clear framework for the mentorship program, including its purpose, structure, and alignment with UArctic's mission to integrate research and education.
- Develop Core Principles and Expectations: Identify guiding principles for ethical, accountable, and respectful relationships, and define clear roles, responsibilities, and commitments for both mentors and mentees.
- Pilot and Structure the Mentorship Model: Launch an initial cohort using short-term (six-month) cycles, with built-in evaluation and refinement mechanisms.
- Design Matching and Recruitment Processes: Develop a survey-based matching tool and inclusive recruitment strategies that consider discipline, geography, education level, language, and Indigenous representation.
- Support Elder and Indigenous Scholar Involvement: Integrate mentorship from elder academics and Indigenous scholars to support culturally grounded learning and retention of northern scholars.
- Provide Mentor Training and Resources: Offer training and materials to prepare mentors for effective and culturally sensitive engagement.
- Foster a Supportive and Relational Environment: Build a sense of belonging and community among participants, maintaining the strengths of informal networks.
- Appoint Administrative Support: Designate a coordinator to manage logistics, scheduling, communication, and overall program facilitation.
- Secure Financial Sustainability: Identify and pursue funding sources to support mentor stipends, travel, coordination, and program activities.
- Integrate Internship or Exchange Opportunities: Include structured opportunities for mentees to engage in professional development through internships or academic exchanges.
- Monitor, Evaluate, and Adapt: Conduct ongoing evaluation of mentor and mentee experiences, using feedback to refine the program and measure impact.

Figure 5. Action items for developing a mentorship programme.

Closing sharing circle

The workshop concluded with a closing sharing circle led by Kimberly Fairman. Participants left the meeting feeling inspired and united in their commitment to continued collaboration across networks. The discussions emphasised the importance of strengthening efforts to highlight the health and well-being of Arctic populations through community-based and participatory research approaches. While many participants initially felt isolated in their challenges, the workshop fostered a strong sense of community and shared purpose. Several expressed feeling honoured and inspired to be part of a network where Indigenous and non-Indigenous researchers work together toward common goals in circumpolar health. The warm and welcoming atmosphere contributed to a deep sense of togetherness and connectedness among the group.

Conclusion and continuation of the work

The network meeting in Copenhagen successfully brought together a diverse group of Arctic health researchers, educators, and students to strengthen collaboration across circumpolar networks. Through mapping exercises, regional reflections, and shared discussions, participants identified key challenges and opportunities related to mentorship, ethics, education, and governance. The meeting emphasised the importance of inclusive, community-based approaches and the integration of Indigenous knowledge. Action items for the coming years include developing a mentorship programme, enhancing ethical research practices, and continuing the work and conversation of coordinating efforts across health networks. The strong sense of shared purpose and commitment to continued collaboration provides a solid foundation for advancing health and well-being in Arctic communities.

The partners have received funding from UArctic to continue this project, and the next meetings will be held at the Greenlandic Health Conference Nunamed in Nuuk October 2025. Moreover, the UArctic thematic network on Health and Well-being has introduced biannual member meetings to increase the engagement of members.

Acknowledgements

We would like to thank all collaborators and meeting participants for sharing their knowledge and insights.

CVLL is the project lead and CI is project manager. All authors participated in the meetings and shared their expertise and insights, which are presented in this paper. CI draughted the manuscript under the supervision of CVLL. Critical revision of the manuscript was given by all authors. All authors reviewed and approved the manuscript.

Author contributions

CRediT: **Christine Ingemann:** Conceptualization, Data curation, Formal analysis, Funding acquisition, Investigation, Methodology, Project administration, Writing – original draft, Writing – review & editing; **Gwen Healey Akearok:** Conceptualization, Investigation, Writing – review & editing; **Allison Crawford:** Conceptualization, Investigation, Writing – review & editing; **Katie Cueva:** Conceptualization, Investigation, Writing – review & editing; **Alex Drossos:** Conceptualization, Investigation, Writing – review & editing; **Anastasia Emelyanova:** Conceptualization, Investigation, Writing – review & editing; **Kimberly Fairman:** Conceptualization, Investigation, Writing – review & editing; **Ketil Lenert Hansen:** Conceptualization, Investigation, Writing – review & editing; **Anders Koch:** Conceptualization, Investigation, Writing – review & editing; **Gert Mulvad:** Conceptualization, Investigation, Writing – review & editing; **Ingelise Olesen:** Conceptualization, Investigation, Writing – review & editing; **Arja Rautio:** Conceptualization, Investigation, Writing – review & editing; **Elizabeth Rink:** Conceptualization, Investigation, Writing – review & editing; **Anna Reetta Rönkä:** Conceptualization, Investigation, Writing – review & editing; **Jon Petter A. Stoor:** Conceptualization, Investigation, Writing – review & editing; **Christina VL Larsen:** Conceptualization, Funding acquisition, Investigation, Methodology, Project administration, Supervision, Writing – original draft, Writing – review & editing.

Disclosure statement

The authors declare that they have no competing interest. An AI language model (Microsoft Copilot 365) was used to assist with wording improvements in parts of this manuscript. All content was reviewed and edited by the authors.

Funding

Funding for the network meeting was provided by UArctic and the Danish Agency for Higher Education and Science as part of the project with the same title under the UArctic Thematic Network for Health and Well-being in the Arctic.

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Data availability statement

There are meeting notes from the workshop, which are not publicly available.

Ethics

All workshop participants provided oral consent for the documentation of the workshop discussions to be used for this proceedings paper.

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