Building relationships and shared understanding: Developing a community-based participatory
action research project with an Inuit community

by

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A thesis submitted in partial fulfillment of the requirements for the degree of

Master of Science
in
Epidemiology

School of Public Health
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Abstract

Introduction: Evidence-based, community-led health promotion initiatives can offer a culturally-grounded option to address the effects of colonization in many Indigenous communities. Community-based research offers valuable insight into community needs and priorities when planning, delivering, and evaluating health promotion initiatives. Indigenous research paradigms, including the Inuit Aajiiqatigiingniq Research Model, have been recognized as a valuable research framework to engage in strengths-based, community-led research with Indigenous communities. Community-based (CB) and/or participatory action (PA) research methods have been widely acknowledged to complement or be situated within many Indigenous research paradigms. Building relationships is an essential component of Inuit research paradigms and CB and/or PA research methodologies as these approaches to research are oriented around trusting and reciprocal relationships. Currently, most literature discussing Indigenous research paradigms and CB and/or PA research methods focuses on the outputs or findings. More research into the earlier phases of Indigenous and CB and/or PA research is needed.

Objectives: This thesis has four, inter-related goals:

a) Provide an in-depth narrative and critical reflection of my experiences with an Inuit community during Aajiiqatigiingniq Research Model's *piliriqatigiingniq* and *inuuqatigiitsiarniq* stages.
b) Characterize logistical requirements needed to advance research projects during the early stages of a CBPAR project.
c) Describe practice recommendations for researchers wishing to build community relationships and foster community engagement in a research context.
d) Identify policy recommendations for research and funding institutions to encourage and enable CB and/or PA research methods.

Methods: This thesis is grounded in the Aajiiqatigiingniq Research Model and utilizes a community-based participatory action approach. Autoethnography data generation strategies were employed to characterize and analyze the relationship building phases of this project.

Critical reflections of work completed: To build relationships and shared understanding with the community, I have participated in multiple discussions with the community's Council, mayor, and other community members. I have worked to build trusting relationships with the community by demonstrating my relational accountability when liaising with outside institutions such as the Nunavut Research Institute, University of Alberta, and Health Canada. Work I have completed includes: 1) two ethics approvals from the University of Alberta's Research Ethics Board, 2) research licensing from the Nunavut Research Institute, and 3) securing community-held funding from Health Canada. Due to COVID-19, I have collaborated remotely with the community which has led to some relationship building-related challenges. Additionally, I have experienced timeline and financial-related pressures and limitations imposed by various institutions, including the University of Alberta and Health Canada. Strategies I have learned to develop trusting relationships with community partners include respecting and following community processes, demonstrating humility, and seeking opportunities to promote community research sovereignty.

Conclusion: This study is one of few that examines the relationship building stages of CB and/or PA research methods. Indigenous research methodologies, specifically the Aajiiqatigiingniq Research Model, necessitate conscientious relationship building between outside researchers and community members as a first step in research processes. Further research is needed to explore communities' experiences engaging in relationship building with researchers and policies that will increase Inuit research sovereignty.

Preface

This thesis is an original work by Rachel Cassie. It explores the early stages of a research and health promotion project with an Inuit community. The overarching project received ethics approval by the University of Alberta Research Ethics Board and a research license from the Nunavut Research Institute. Ethics application and research license numbers are not disclosed to protect the community's identity and privacy.

Dedication

I dedicate this project to the Inuit community with whom I have worked. Words cannot express my gratitude for sharing your experiences and knowledge with me. I hope my intentions to respectfully promote your research sovereignty have been adequately conveyed and that my relationship with you all continues to grow and strengthen. I am truly honoured to have worked with and learned from you all.

Acknowledgements

I want to express my sincere gratitude to the many people who made this thesis possible. Firstly, I would like to thank my family for supporting me throughout my education journey. I would not be where I am today without your guidance, encouragement, and love.

To my friends across the globe who have listened intently to my thesis' many twists and turns, thank you for your support, questions, and humour. I am fortunate to have such an incredible support network on which to land.

To the community Councillor with whom I have worked closely for the past eighteen months, thank you for your belief in me and the project. This project would not exist if not for your passion and vision.

To my supervisor, Dr. Susan Chatwood and advisory committee member Dr. Sherilee Harper, thank you for your invaluable guidance and reassurance throughout community-based research and thesis writing processes. Community-based participatory action research is challenging and uncertain at times – thank you for helping me make sense of the uncertainty.

To the Inuk Elder who sits on my advisory committee, thank you for sharing your knowledge and perspectives with me. I am incredibly grateful to you for teaching me about your culture and sharing with me your experiences facilitating healing through Inuit methods. I am humbled to have had the opportunity to work with and learn from you.

Finally, I would like to give thanks to the institutions that provided myself and the project with financial support. Funding institutions include UAlberta North (Janet and Ashley Cameron Graduate Scholarship) and Health Canada (Substance Use and Addictions Program grant). Thank you to the staff at UAlberta North for encouraging me throughout this project. To the Senior Advisor at Health Canada with whom we have worked, thank you for your accommodations and advice as we have navigated the grant process.

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Chapter 1: Introduction

This thesis describes the first phase of a community-based participatory action research (CBPAR) project with an Inuit community. The research goals of this work are to explore ways to foster cultural continuity and social connection among youth in the community. These goals were then embedded within a CBPAR method.

From this project's origins, I have aimed to respond to the community's identified needs and collaborate closely with a diverse group of community members. I came to this project with humility and have been reflective on my positionality to ensure the project meets the community's needs and is community-led. In this way, I have been able to position this work to align it with community goals and timelines.

In this chapter, I describe key elements that have been considered during this CBPAR's project's early development and planning phases. This includes a description of Indigenous research and CBPAR methodologies and methods, relational epistemology and accountability, the community's cultural and wellness context, and applied research frameworks. These features of CBPAR relationship building phases are not linear, but interrelated and building upon one another.

Positionality

This thesis explores my experiences as a southern, non-Indigenous Master's student building relationships with an Inuit community during the early stages of a CBPAR project. My intention throughout this thesis is to respectfully acknowledge and reflect on Inuit knowledge given the context within which these early CBPAR phases occurred.

I am a settler Canadian, born and currently living on the unceded, stolen, and ancestral lands of the Musqueam, Squamish, and Tsleil-Waututh Nations in what we now call Vancouver, British Columbia. I am fortunate that most of my family lives in Vancouver today. My maternal grandmother's family immigrated from Scotland in the early 19th century and lived in the Canadian Prairies until the late 1930s. My maternal grandfather's family is originally from

Ireland and immigrated from England to Vancouver in the 1920s. My father's family immigrated from England in the 1950s and has predominantly British ancestry.

My experiences as a fifth-generation white settler have shaped my worldviews, values, and expectations, therefore creating biases. In accordance with multiple Indigenous rights scholars, I believe settlers play a critical role in decolonizing and Indigenizing work by supporting and following Indigenous Peoples' guidance and direction. (1,2) As a settler, understanding my role in decolonization and Indigenization work by educating myself and respectfully asking questions is fundamental to meaningful allyship with Indigenous Peoples. Continual self-reflection and humility when learning about my biases and privileges is also critical to be an effective ally. Regardless of research methods used, power imbalances between communities and research institutions are present; as a non-Indigenous researcher working with an Inuit community, it is my job to acknowledge these imbalances and self-evaluate and -critique any biases I may hold to ensure just and representative research occurs. (3)

Throughout my childhood and youth, my family and educators worked hard to foster an appreciation for Vancouver's multicultural environment. As settlers of English, Scottish, and Irish descent, my family is privileged to have our culture and language be dominant in Vancouver's society, including an education grounded in our culture and taught in our mother tongue. This privilege is one of many unjust and harmful manifestations of Canada's ongoing colonization, and comes at the expense of the Musqueam, Squamish, and Tsleil-Waututh peoples.

While not necessarily deliberate, my family recognized the importance of facilitating cultural and social connection and worked hard to facilitate these experiences for me and my brother from a young age. As a child, I consumed and learned to make traditional British foods and crafts with my mother and grandmothers. I also was a competitive Irish dancer and learned various aspects of Irish culture through this activity. These experiences facilitated inter- and intragenerational social connection, thus densifying my social network. The ease with which I accessed and practiced my culture is another example of how my settler privilege has shaped my worldviews.

My views on and approaches to substance use are guided by family experience and my work as a mental health worker in Vancouver's Downtown Eastside. In this frontline harm reduction work, I have seen the life-changing impact of accessible cultural and social connection for people experiencing harmful substance use, especially for those who are Indigenous.

It is also essential that I locate myself within the research and community context. As a Master's student at a Canadian university, I am an insider to the research process. I am an outsider to the community and recognize that I will never fully understand the community members' experiences and perspectives. I have worked hard to form genuine and reciprocal relationships with community members to respectfully bridge this gap.

I began working with a community in Nunavut in May 2021 as an intern in the area of mental health. Working closely with community members, I heard many describe a need for more research into various mental health-related challenges. When my previous Master's thesis project fell through due to a devastating flood, I reached out to a community Councillor in Nunavut to inquire if they thought the community would be interested in beginning a community-based research relationship. After discussions with multiple community members, we decided to proceed. Now, more than fifteen months later, I am writing this thesis that describes the first phase of the community engagement process. Upon graduation, I have been asked to continue working with the community to develop and implement this project as a community engaged research assistant.

Throughout the community engagement process, I have listened carefully to community members and asked questions when needed in the spirit of relationality and relational accountability. I am honoured and humbled to have had the opportunity to work with and learn from many community members.

Thesis outline

This thesis is composed of five chapters. Chapter one discusses the community's cultural context, introduces the topics of Indigenous research and CBPAR methodologies, relational

epistemology, Inuit knowledges, and an Inuit research framework, and locates this thesis within a larger health promotion and research project. Chapter two gives a comprehensive literature review on Inuit research paradigms and CBPAR methods, impacts of colonization among Inuit, and evidence-based strategies to foster cultural continuity and social connection among Inuit communities. Chapter three details my role in the overall project and this thesis' methods, data generation strategies, ethics, and rigour. Chapter four presents the timeline and work I have done to date. Chapter five concludes with a reflection of my roles throughout this CBPAR project, lessons I have learned when building relationships with the community, and next steps for the project. Figure 1 provides a visual representation of this thesis' themes.

Figure 1. Key themes discussed in this thesis dissertation.

Community description

History, geography, and colonization

As this thesis explores my experience building relationships during the early stages of a CBPAR project, I will not identify the community to respect their privacy. After discussions with multiple community members about this topic, I gained the consensus that at this point in the project development, it aligns best with the community's needs and preferences to not identify them. Many community members are hesitant to share their knowledge in academia as they have experienced stigmatizing and harmful media exposure from previous research projects that identified the community during knowledge sharing without their awareness or consent.

The community with whom I am working is a remote, fly-in community in the Inuit territory of Nunavut. Inuit Nunangat translates to "Inuit homelands" (p. 2603, 4) and is composed of four distinct regions: 1) Inuvialuit Settlement Region, 2) Nunavut, 3) Nunavik, and 4) Nunatsiavut (Figure 2). While these regions and their communities are abundantly diverse with unique geography, cultural traditions, and current social contexts, they share commonalities that are grounded in their Inuit identities. (4) Nunavut, Canada's newest territory, arose from Inuit land claims after decades of negotiations by the Inuit Tapiriit Kanatami (ITK). In 1993, the Nunavut Agreement was signed which ratified the plan to create Nunavut territory; on April 1, 1999, Nunavut separated from the Northwest Territories. Nunavut is the first territory in a settler colonial nation to be governed by an Indigenous People group. (5) Self-determination is central to Nunavut's establishment, and its governance reflects Inuit values and perspectives. There are three Regional Inuit Associations within Nunavut that represent, advocate for, and provide programming to Inuit within their jurisdictions. (6)

The community with whom I am working has a population of less than two thousand, with about one-third of the community under the age of fifteen. For residents for whom there is 2016 census data, about 95% of the community's residents identified as Inuit and 90% identified the local Inuktut language as their mother tongue. Many community members currently engage in a variety of activities that promote cultural continuity and social connection. For example, families often participate in on-the-land activities such as hunting and berry gathering, preparing and consuming country foods, and sharing cultural stories. (7,8) The accomplishments of the

community's residents are attributable to their resilience and perseverance in the face of many ongoing challenges. Canada's historical and ongoing policies of colonization, including forced relocation and assimilation, residential schools, and dog slaughters, have resulted in widespread intergenerational trauma among Inuit. (9–13) This trauma has wide-reaching impacts, including breaks in cultural continuity and social connection. (9–13) For example, on-the-land activities are not equitably accessible as they require cultural knowledge that may not have been passed intergenerationally due to colonization and expensive resources such as equipment and gasoline. (6,14,15)
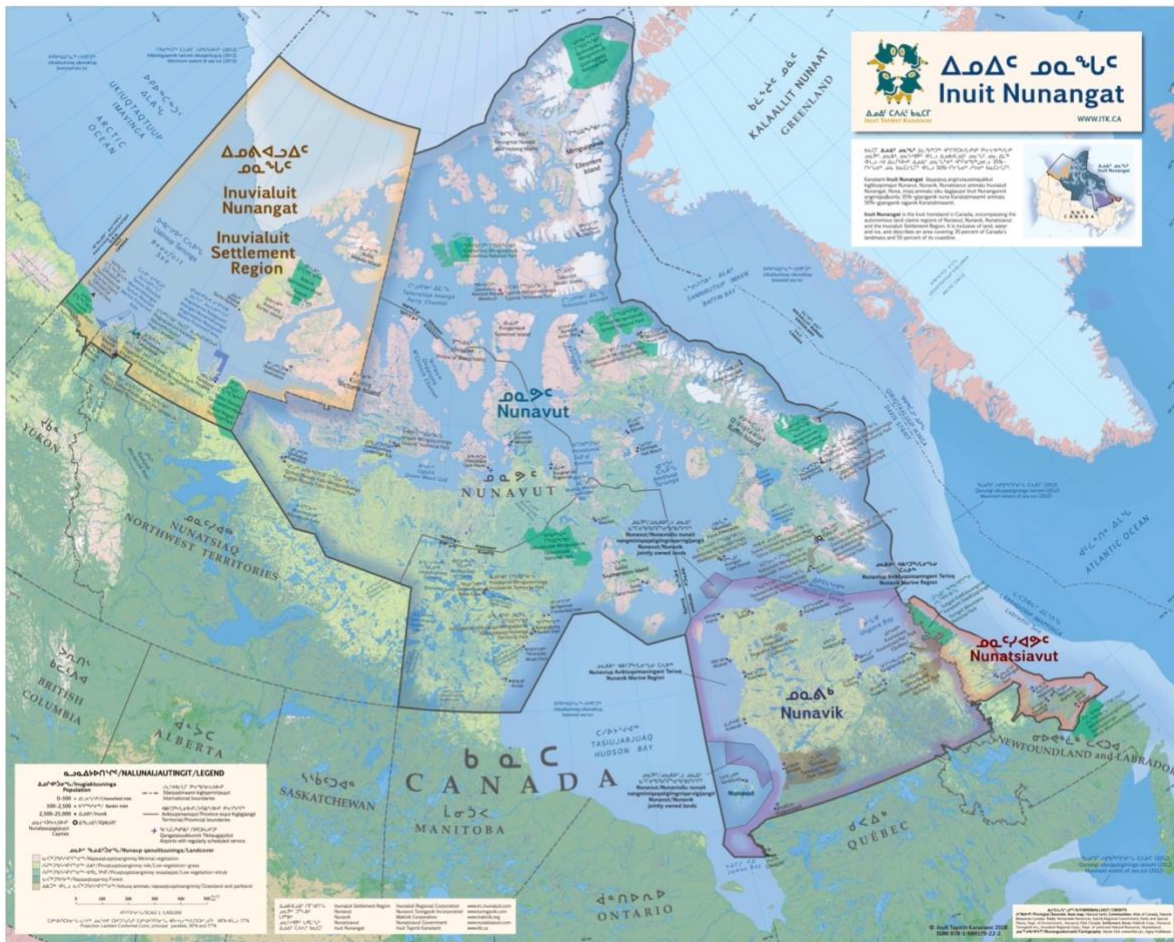
Figure 2. Map of Inuit Nunangat. (16)

Community context for wellness

Indigenous understandings of and approaches to wellness often focus on the collective, rather than the individual. (17,18) IQ principles reflect this collectivist viewpoint which is rooted in a cultural emphasis placed on community wellbeing. (17–22) Indigenous groups within Canada advocate for collective approaches in both health promotion and intervention work, often extending this approach to other aspects of society including education and family life. (17–20)

It is widely understood that cultural continuity and social connection promote positive mental health among Indigenous Peoples. Cultural continuity can be defined as "[one's] identity, the practice of traditional and cultural activities, and spirituality" (p.72, 19). (23) Cultural continuity is passed intergenerationally and is considered to be a social determinant of health for Indigenous Peoples. (20,24,25) Notably, resilient mental health characteristics such as a positive sense of self-identity, belonging, and culture are thought to be facilitated by cultural continuity. (11,19,25–28) Additionally, culture's powerful role in supporting and treating mental health challenges among Indigenous Peoples is widely acknowledged. (17,18,29,30) More recently, means and mechanisms to incorporate culture into upstream approaches that aim to foster positive mental health, resiliency, and problem-solving skills among Indigenous Peoples is being explored and better understood. (11,17,19,27)

Most cultural activities are administered in a group setting, thus, social connection is usually embedded into culture-based programming. (18) Facilitating intergenerational and peer social connections are an important aspect of mental health promotion, especially among youth, as these connections are thought to increase youth's positive sense of belonging and community, resiliency, and perceived problem-solving capacity. (25,27,28) Family-based programming nurtures unique familial connections that are understood to be important to child and youth development by fostering adolescents' sense of support and stability. (27,28,31,32)

Community-based participatory action research methodology

Community-based participatory action research (CBPAR) is an intersectoral methodology that combines the strengths of community-based participatory research (CBPR) and participatory

action research (PAR). (33) CBPR and PAR are common methodologies employed in health-related and education research, respectively. (34) There are four primary tenets of CBPR: 1) CBPR is grounded in a questioning of assumed power relationships in Western practices of knowledge creation and sharing, 2) CBPR advocates for a dismantling of these power structures, and a return of power to those being researched, 3) CBPR recognizes the value and rigour of experiential knowledge, and 4) CBPR is strengths-based and solutions-oriented. (35) CBPR is acknowledged to be "particularly useful when working with populations that experience marginalization" (p.2, 35) because it promotes community capacity for research and related subsequent programs, and aims to ensure research processes align well with the community's culture and values. Both CBPR and PAR engage community members throughout all stages of research, including the identification of the community's needs and priorities, methods, data collection and analysis, and knowledge sharing strategies. (35–37) As well, in both CBPR and PAR, communities are "considered experts of their own experiences, with complementary knowledge and skills to contribute to the research process." (p.43, 38) (35) PAR is solutions-oriented, emphasizes the research process itself to be a knowledge sharing opportunity, and seeks to create, promote, and/or support strategies that lead to community change. (36–38)

CBPAR aims to facilitate meaningful engagement with a diverse group of community members throughout the research process and ensure that all research activities and products are community-led and -owned. (33) As the research process in CBPAR is community-directed and utilizes collaborative research techniques, there is no distinction between the 'researchers' and those being researched. (33) Important to this project, CBPAR acknowledges that "complex social issues often cannot be understood… by 'expert' research" and that "there is value and legitimacy" (p.5, 33) in individuals' and communities' knowledges. CBPAR is also strengths-based and solutions-oriented, therefore it is a well-suited framework for developing and evaluating an Indigenous-led health promotion initiative. (33) Together, CBPAR's characteristics, namely its community-led approach that is guided by community needs and priorities, indicate that it complements and bolsters Indigenous research methodologies. (39,40) As a non-Indigenous scholar working in the Indigenous research space, it was important that I consider my positionality, relational epistemology, accountability to the community, and build my understanding of Indigenous research methods. There has been significant scholarship

exploring the intersections of Indigenous research methodologies and CBPR which has guided me and informed my work with the community.

Relational epistemology

At its core, relational epistemology acknowledges that knowledge is formed through one's relationships with others and the environment throughout their lifetime. This epistemology views "knowledge in relation to knowers" (p.240, 41) and assumes that everyone is a contextual, social being whose perspectives and beliefs are influenced by their physical and social environment. Relational epistemology acknowledges all beings' interconnectedness and honours these relationships by connecting one's knowledge to others and their environment. (41) As relational epistemology utilizes one's relationships throughout their life to contextualize their knowledge, there is no objective knowledge. (41) Rather, relational epistemology embeds one within their understandings of reality and views people as simultaneously impacting their knowledge as they experience it. (42)

Relationality is fundamental to many Indigenous ways of knowing and Indigenous research methodologies. (39,40) Indigenizing research that is reflective of Indigenous epistemologies and is representative of Indigenous communities must be performed within a relational paradigm. (39) Indigenous knowledge must be viewed within its relational surroundings as it is context-specific and based on relationships; this approach to knowledge is a fundamental shift from western science epistemologies that typically utilize a positivist lens, therefore separating knowledge from its relational context. (43) Relational epistemology creates a framework that allows researchers to treat Indigenous knowledges with respect and nuance, as is expected when the knowledge is shared. (39,40) Relational epistemology also provides an Indigenizing approach to learning and knowing that is especially important for non-Indigenous researchers working with Indigenous communities. (44)

In all research methods, the researcher's relationships with the community impact the research process and associated outcomes. Research that uses relational epistemology incorporates relationality from grassroots to knowledge sharing by acknowledging and accounting for these relationships in the literature and findings. (39) Relationships between the researcher and self

and researcher and research are the primary relationships considered in research that utilizes relational epistemology. (6) Utilizing a relational paradigm, my relationships with community members and the collective community existed prior to and I plan to maintain them beyond the research project. (43) When using this approach to knowledge, it is important I reflect upon and acknowledge how my relationships have influenced the research process and findings.

Establishing trusting relationships with community members has enabled this project to exist and will ensure future data generation methods are rigorous and respectful of Inuit knowledge. (39,40,45) When forming these relationships, I have become part of the community's web of relations to which I am now accountable. (45,46) My supervisory committee is composed of an Inuk Elder who is originally from the community and two researchers who have dedicated most of their careers to working with communities in northern Canada. Thus, my relationships with the community and supervisory committee have shaped my understanding of community engagement and are reflected throughout this thesis. As well, my understandings and views on cultural continuity, social connection, and colonization are shaped by my experiences of these phenomena. It is important to note that my perspectives and beliefs have impacted the way I interpret my interactions with the community and that they may view their relationships with me and/or my actions in a different light.

When using a relational epistemology, researchers must also take time to consider their positionality and critically self-reflect on their motivations, goals, and perspectives for the research and their role in the knowledge construction process. Using a relational epistemology lens, one's interests and passions arise from experiences and relationships amassed throughout their lifetime. In addition to the experiences laid out in the positionality section, my parents are both educators and our dinner conversations often centred around ways to foster social and health-promoting behaviours among children and youth in Vancouver's education system. Listening to and participating in these conversations informed my understanding of the intersections of health promotion and education. My family also worked hard to emphasize my privileges and the importance of equity throughout my childhood and youth. From a young age, they encouraged me to volunteer my time with non-governmental organizations (NGOs), including an organization that offered meals to people who are unhoused in Vancouver's

Downtown Eastside. My young awareness of my privileges and participation in these activities instilled in me a passion for equity and social justice. These experiences continue to guide my personal ethics and inform my relational approach to and motivations for community engagement and research.

Indigenous research methodologies and methods

Since the early 2000s, there has been a growing body of literature discussing Indigenous research methodologies and methods. (39) Indigenous research methods are not novel, rather their acceptance in Eurocentric academia as rigorous and valid is contemporary. Indigenous research methods are grounded in Indigenous ways of thinking, are actively anticolonial, and centre relationships throughout the research process. (39,40,47) Indigenous research methods are acclaimed not only for the richness of knowledge gained, but for the processes of inquiry that promote community engagement and capacity building. (39,48)

An Indigenous research methodology, the Aajiiqatigiingniq Research Model, underpins the participatory relational work and this research. The distinctions between Indigenous and Western approaches to research require some discussion to highlight Indigenous methods' contributions to further improve Indigenous communities' research quality and sovereignty. (48) Prioritization of relationships is at the core of the differences in the orientation of power and control between Western and Indigenous research methods. Western approaches to research often prioritize the researcher's position of power to the community's detriment, which can result in research othering and supporting negative stereotypes of Indigenous communities and peoples. (39,40) In contrast, participatory[1] and Indigenous research methods are oriented around relationships and aim to privilege and promote Indigenous perspectives, knowledges, and sovereignty. (39,40,49)

Western approaches to research are often damage-centred and lack nuance and community-led solutions. (50) As an alternative to damage-centred research, Tuck suggests desire-based research frameworks that work with communities to celebrate their strengths, while acknowledging their challenges. (50) Indigenous research methods operationalize Indigenous

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[1] In this context, I am using participatory to capture CBPAR, CBPR, and PAR methods.

ways of knowing and use a holistic, strengths-based lens to explore research goals, assumed knowledge, and findings, thus emphasizing the community's strengths and opportunities for change. (39,40)

Indigenous research methodologies acknowledge and promote oral knowledge sharing which is integral to many Indigenous communities' cultural and knowledge transmission. (48) While qualitative methods are increasingly being used in Western research, Western inquiry processes and analysis techniques are often inconsistent with Indigenous values. (39,48) Ultimately, Indigenous research methods centre Indigenous communities' needs and priorities, and orient research around positive community change. (39,40,51)

Relational accountability
Relationality and relational accountability are also critical for researchers to apply Indigenous research methods and situate research within an Indigenous sovereignty paradigm. (39) Relationality in Indigenous research methodologies "assumes asking only for what you need, giving back, and taking care of each other, and requires time and knowledge". (p.127, 52) Researchers engaging in relational accountability can be characterized by being accountable to the relationships they form during the research process and engaging in research processes that are led by community needs and desires. (39) To engage in relational accountability, researchers must continually reflect on their value to the research process using relational accountability's central tenets of respect, reciprocity, and responsibility. (6,39) Respect in this context applies to both those involved in the research and the knowledge shared. (6,39) Responsibility refers to researchers' duty to properly care for and distribute knowledge that has been shared with them, while acknowledging knowledge ownership by the person sharing it. (6) Reciprocity is grounded in strong and mutually held relationships with people, knowledge, and land. (6,39)

Critical reflexivity is closely tied to relational accountability. Critical reflexivity encompasses self-reflections of how one's perspectives and goals interact with and influence the research process. (51) Researchers must self-reflect throughout the research process to explore and understand how their experiences, locations, and privileges have influenced their perspectives, and ultimately their constructions of meaning. (6) Researchers wishing to work with Indigenous Peoples through Indigenous research methods must first deconstruct their own privileges and

reflect how these impact the ways in which they interact with the world. (6) This outward introspection involves a rigorous analysis of how and why Eurocentric societies developed and continue to uphold the colonial power systems within which we live, work, and play. (6)

Researchers' representations of stories and knowledge is inherent to all research. When working with Indigenous Peoples, researchers must recognize their involvement in 'the politics of representation'. (40) Throughout media and academia, Indigenous Peoples' representations are rife with negative stereotypes located within damage-centred narratives. (50) Researchers working with Indigenous Peoples must understand and appreciate their role in shaping representations as a political one that holds great power. (6,49) To create positive and empowering representations, researchers working with Indigenous Peoples must commit to respectful representations that: 1) honours the knowledge shared with them, Indigenous epistemologies, and relationships, 2) contextualizes the findings and recognizes the role of colonization and colonizing practices and policies, and 3) celebrates Indigenous Peoples' resistances and ensures knowledge accessibility to the communities they represent. (6)

Inuit Qaujimajatuqangit principles

Inuit Qaujimajatuqangit (IQ) principles translates most directly to "that which Inuit have always known to be true", (p.1, 22) or "… the knowledge, belief system, principles, and values at the core of Inuit identity and that guide/govern Inuit society" (p.413, 53). (21) Inuit Qaujimaningit is a closely related term that refers to Inuit epistemology "without reference to temporality" (54) and can be defined as "local and community based knowledge, ecological knowledge (both traditional and contemporary), which are rooted in the daily life of Inuit" (55). (53) IQ principles are the basis of Inuit culture and inform all aspects of society including wellness, knowledge creation and sharing, family life, and more. (21,22,56,57) IQ principles vary geographically within Inuit Nunangat, but there are common themes and terms used throughout the region. (21,53) These principles and values are passed intergenerationally and were traditionally modelled or learned through experience, rather than taught in a structured lesson format. (11,21,58)

Due to Canada's ongoing colonization of Inuit, there are barriers to IQ principles' traditional transmission. (9,10,12,13,22) To address these challenges, since 1989, there have been continual amendments to the school curriculum delivered in modern-day Nunavut in efforts to expand younger generations' understanding and awareness of IQ principles. (57–59) There has also been considerable work done by the Nunavut government, NGOs, and public institutions to explore ways to re-align organizational structures and values to incorporate IQ principles to better serve Inuit communities. (54,55,57,60,61)

There are hundreds of IQ principles used by Inuit throughout Inuit Nunangat. (21,53) The Nunavut Government, with Elders and other Inuit knowledge holders, has described eight main principles to align government and private sector work with Inuit culture: 1) *Inuuqatigiitsiarniq*, or "Respecting others, relationships and caring for people", 2) *Pijitsirniq*, or "Serving and providing for family and/or community", 3) *Pilimmaksarniq/Pijariuqsarniq*, or Skill development "through observation, mentoring, practice, and effort", 4) *Piliriqatigiinniq/Ikajuqtigiinniq*, or "Working together for a common cause", 5) *Tunnganarniq*, or "Fostering good spirits by being open, welcoming and inclusive", 6) *Aajiiqatigiinniq*, or "Decision making through discussion and consensus", 7) *Qanuqtuurniq*, or "Being innovative and resourceful", and 8) *Avatittinnik Kamatsiarniq*, or "Respect and care for the land, animals and the environment". (p.2, 61) Most often, multiple IQ principles apply to a situation or decision, thus fostering a holistic, critical-thinking-based approach. (62,63)

IQ principles can be viewed as providing a framework in which Inuit communities' values and goals are rooted. While Inuit Nunangat is abundantly diverse, many of the communities' shared strengths can be seen as rooted in IQ principles. For example, sharing food and hunting equipment is common and encouraged in many Inuit communities. (8) This practice relates closely to multiple IQ principles including *Pijitsirniq* and *Piliriqatigiinniq/Ikajuqtigiinniq*. In the context of this thesis, IQ principles are discussed broadly because further community discussions are needed to determine local principles that apply and how best to utilize them.

Thesis framework

I have applied a framework to position the discussion of the early phases of this CBPAR project. I have used an Inuit model to guide the work and facilitate the ongoing community-led development of this research project.

Aajiiqatigiingniq Research Model
Multiple Inuit researchers and communities have called for Inuit research methodologies to "reflect local perspectives and Indigenous ways of knowing in health research". (p.6, 64) The *Aajiiqatigiingniq* research methodology was developed by the Arviat Wellness Society to characterize "research grounded in Inuit worldviews". (65) *Aajiiqatigiingniq* is an IQ principle that refers to "building agreement together through a group process" (65) and was identified by Inuit Elders as important during decisions that impact collective wellbeing. (66) Employing the IQ principle of *aajiiqatigiingniq* necessitates an inclusive and participatory method built on "trusted relationship[s] with others in the process". (65) Researchers are seen as participants throughout the *aajiiqatigiingniq* research process, thus they must begin the research relationship from a place of humility and respect and commit to supporting solutions that aim to improve the community's collective wellbeing. (45,65) The iterative, solutions-seeking method of *aajiiqatigiingniq* is "a trusted cultural form of consensus building" (65) and follows a general progression that can be characterized by four phases: 1) meaning making to develop shared understanding of the situation to which a solution is sought, 2) sharing experiences and knowledge to contextualize the topics at hand, 3) developing innovative solutions to address the issue(s), and 4) committing to support the agreed upon "actions to achieve resolution". (65) Everyone involved has equal status and voice when using *aajiiqatigiingniq*, therefore, no one can be viewed as an "objective observer" (65) to the discussion.

The Aajiiqatigiingniq Research Model's process has four stages which relate to other IQ principles: 1) *piliriqatigiingniq*, or building relationships and meaningful community engagement, 2) *inuuqatigiitsiarniq*, or building understanding, 3) *aivaqatigiit* and *uqamangatigiit*, or personal data collection such as sharing experiences and/or knowledge, and 4) *qanurtururangniq*, or validation and relational consensus building. (65)

The *Aajiiqatigiingniq* research methodology's first phase is considered to be the most important for research outcomes as it builds relational accountability and shared understanding among all participants, including the classically-viewed 'researchers'. (45,65) *Piliriqatigiingniq* relationships are grounded in respect, trust, and equitable voice and negotiation power. (45,65) In the research context, these relationships lay the foundation for establishing research goals, processes, and definitions of success that meet all participants' needs and priorities. (45,65)

Inuuqatigiitsiarniq, the second stage, develops a shared understanding of research contexts and goals. (65) *Inuuqatigiitsiarniq* refers to a "place where iterative discussions" (65) facilitate equitable opportunities for all participants' perspectives to be heard and considered, thus creating relational consensus regarding all aspects of the research process. (45) Discussion topics may include terminology, research priorities and goals, identification of people who hold valuable and relevant knowledge to the research, and agreement on the research process and methods. (45,65) Additionally, community engagement continues to ensure collective awareness and support for the research process. (45,65) This stage aims to raise the community's "critical consciousness" (65), thus establishing meaningful community engagement to ensure rigorous knowledge sharing processes are followed. (45)

In the third stage, participants are able to engage in respectful data generation because shared understandings of research parameters, terms, and goals exist. (65) *Aivaqatigiit* and *uqamanggatigiit* describe ways to "express ideas and engage in heavy discussions" (65) to ensure respectful communication during data generation. Data generation methods that were decided upon during phase two are employed in phase three to create and/or gather knowledge relevant to the community's research goals. Among Inuit, oral communication is considered to be the most respected and trusted form of communication, thus oral data generation strategies, such as storytelling, are expected to be favoured. (39,40,45,64,65)

Data analysis and knowledge sharing occurs in the final phase of the Aajiiqatigiingniq Research Model, using the "IQ process of qanurtururangniq to review, assess, and validate the data collectively." (65) Data analysis, including theme identification and contextualization, occurs through iterative and collective "consensus building process[es]". (65) Once agreement has been

reached, collaborative processes are employed to discuss how to apply this knowledge. (45,65) This action-oriented phase is guided by the IQ principle *isumaliuqatijiitsinirningniq* which refers to "a way of arriving at collective decisions that can be used to improve the common good." (65) Sharing knowledge with the greater community, including research findings and action plans, is a fundamental component of this phase and ensures research aligns with Inuit values. (39,45,65)

To date, my work with the community can be situated within phases one and two as laid out by the Aajiiqatigiingniq Research Model. Primarily, my work with the community has been centred around building trusting relationships and relational accountability with individual community members and the collective community; examples of strategies I have used include respectful conversations centring around my and the community's research intentions and goals and securing community-held funding for the project. I have also conducted a thorough literature review (see Chapter two) based on topics that were identified during conversations I had with community members; the knowledge I gained during these conversations and the literature review will guide my involvement in the second phase of the research model.

CBPAR Methods

During initial discussions with community members, community direction of all research activities was necessitated to ensure research is culturally competent and addresses community priorities. The community's caution when interacting with researchers and agreeing to research projects is a response to harms the community has previously experienced in the name of research. Due to this project's intersectoral and solutions-oriented approach, we decided to employ CBPAR methods in conjunction with the Aajiiqatigiingniq Research Model. CBPAR methods are grounded in CBPAR methodology which is defined as:

> …a collaborative approach to research [that] involves all stakeholders throughout the research process, from establishing the research question, to developing data collection tools, to analysis and dissemination of findings. (p.5, 33)

CBPAR is an approach to research that results in community-led and -owned research. This research framework acknowledges experiential knowledge's value and place in health promotion initiatives. When using CBPAR methods, experiential knowledge is crucial not only for data generation purposes, but also when planning research activities, analyzing findings, and

developing action plans. This research approach aims to incorporate multiple perspectives and ways of knowing during planning phases, to increase the research process' accessibility and safety for all. CBPAR is solutions-oriented and "recogniz[es] that social action requires further research and social research requires further action". (p.5, 33) CBPAR can begin with either a desire for action or research, but these processes are inextricably linked, thus creating an iterative process of research and action as presented in Figure 3. (33)
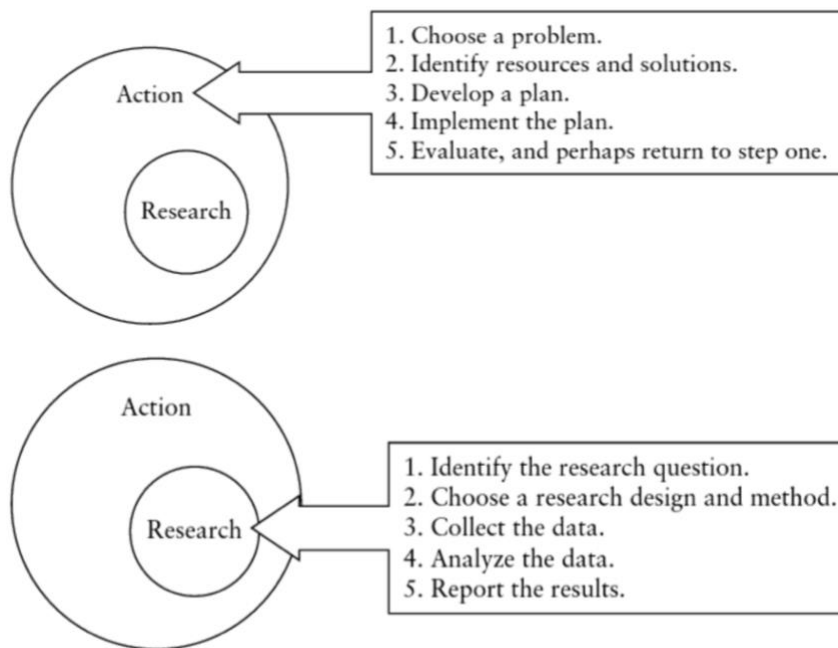
Figure 3. Iterative process of research and action in CBPAR methods.

Note: These images were created to show CBPR's iterative process of research and action. (p.85,97, 67 as cited in p.5, 33)

Intersections of CBPAR Methods and Aajiiqatigiingniq Research Model

This thesis is informed by two overlapping and aligning research methodologies and methods: 1) the Aajiiqatigiingniq Research Model and 2) CBPAR methods. These approaches to research complement each other as they emphasize community-led action throughout the research process and require an inclusive, participatory, and iterative approach to research. (33,65) Additionally, among Inuit,

…knowledge can only be described as such if it is used to improve the lives of others. If one has 'knowledge' but does not share it or use it for the common good, then it is seen to have no value. (65)

This cultural understanding of knowledge's role in relational accountability aligns well with CBPAR methods which emphasize solutions-oriented action. Both the Aajiiqatigiingniq Research Model and CBPAR methodology are oriented around action that improves community wellbeing, particularly for those who participated in the knowledge generation and/or sharing process. (33,65)

Thesis objectives

CBPAR methods result in findings that are meaningful for the community as all research activities are driven by community needs and priorities. Building community relationships and fostering community engagement with a diverse group of community members is fundamental to CBPAR processes and necessitates a significant time investment before data generation planning or activities can begin. Currently, the vast majority of participatory research literature focuses on research outputs or end results. More research is needed to understand the early stages of CBPAR research processes. This thesis is a response to this gap in the literature and discusses the first two phases in the Aajiiqatigiingniq Research Model that focus on engaging the community by forming relationships and building mutual understanding. More specifically, this thesis:

A) Provides an in-depth narrative and critical reflection of my experiences during Aajiiqatigiingniq Research Model's *piliriqatigiingniq* and *inuuqatigiitsiarniq* stages;

B) Characterizes logistical requirements needed to advance research projects during the early stages of a CBPAR project;

C) Describes practice recommendations for researchers wishing to build community relationships and foster community engagement in a research context; and

D) Identifies policy recommendations for research and funding institutions to encourage and enable CBPAR methods.

Locating research within a larger project

This thesis explores the initial stages of the Aajiiqatigiingniq Research Model, 1) *piliriqatigiingniq*, and 2) *inuuqatigiitsiarniq*, or building relationships and understanding, respectively. This discussion occurs in the context of planning a community-led, health promotion project among youth. These are the first steps in a project that hopes to explore and implement initiatives for youth that will instill capacity-building traits, including resilience and problem-solving, through activities that encourage cultural continuity and social connection. Examples of activities include learning on-the-land skills such as hunting and navigation, country food preparation, and Inuit art activities. This larger project is driven by a desire to foster positive mental health among the community's youth. Specifically, the project aims to instill and promote cultural pride, healthy relationships with substances, and positive interactions with law enforcement. See Figure 4 for a visual representation of this larger project's process and goals.
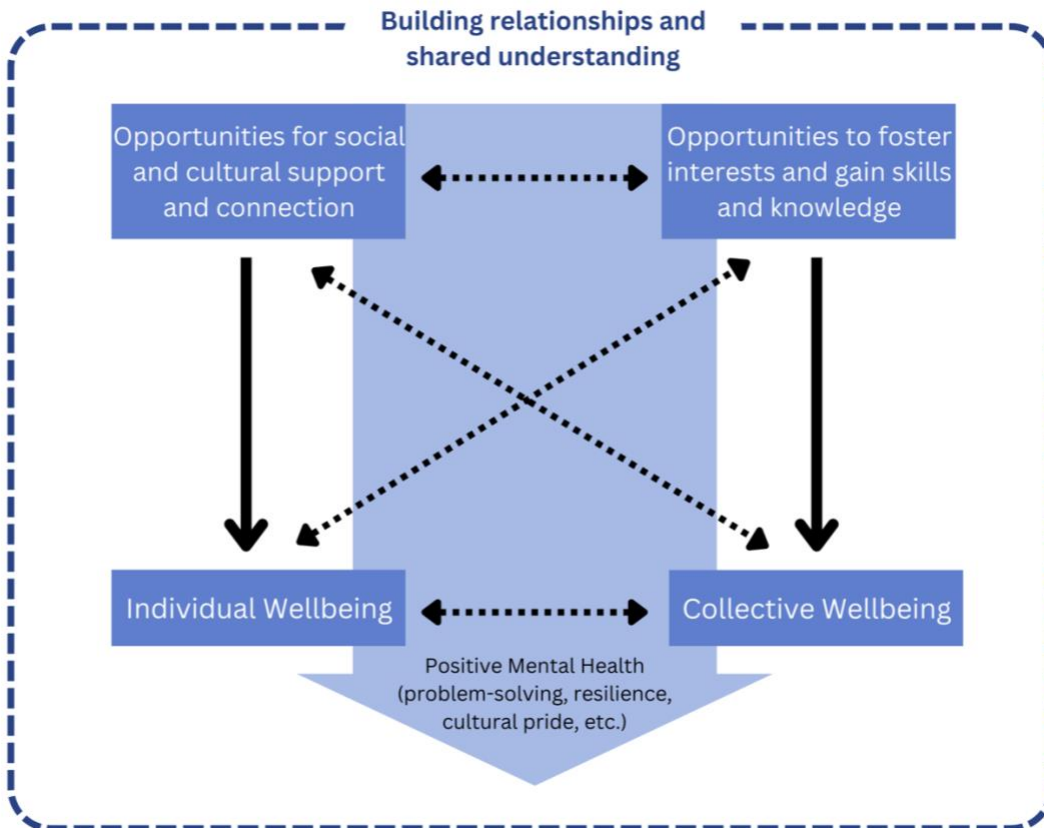
Figure 4. Research and health promotion project framework.

Note: Image inspired by conceptual model presented in (68).

This larger project framing was coordinated by myself, a community municipal Councillor, and an Inuk Elder from the community. A research committee composed of a diverse group of community members will be formed to direct all project activities in the next phases.

Currently, there are seven overarching phases planned for this health promotion project:

1) Foster meaningful community engagement by building relationships and shared understanding;

2) Form the research committee and collaboratively discuss roles and responsibilities to create a shared understanding of work distribution and timelines;

3) a) Explore how to safely conduct research with the community to maximize benefit and minimize potential harms, and
b) Plan pilot activities for youth that aim to foster cultural continuity and social connection;

4) Characterize how youth are currently engaging in: a) cultural continuity and social connection, and b) substance use;

5) Qualitatively explore how youth would like to engage in cultural continuity and social connection (i.e., what activities or initiatives would they be interested in?);

6) Implement pilot projects grounded in IQ principles that serve the needs and interests of youth with ongoing activity evaluation by youth; and

7) Re-characterize how youth engage in: a) cultural continuity and social connection, and b) substance use.

This research thesis discusses my experiences during the project's first phase which aligns with the Aajiiqatigiingniq Research Model's first two steps. As noted by the Arviat Wellness Society, relationship building "is a process that cannot be overlooked or rushed through". (65) Building strong relationships with community members will ensure this research project effectively engages in CBPAR going forward and is grounded in Inuit culture. This initial phase of the project has three goals: 1) form relationships with a diverse group of community members to ensure relational accountability, 2) informally learn about community members' interests, needs, and priorities, or "explor[e] contexts … [and]… seek[] shared understandings/starting points" (65) and 3) gain support from Council-identified stakeholders, including the community's

mayor, mental health nurse, elementary and secondary school principals, and the education board, or "community outreach/awareness". (65)

Relationships formed during the first phase will guide the research committee composition as we will employ snowball sampling. Phase three is essential to ensure research processes are safe and that the necessary supports and safeguards are in place for participants experiencing distress. Knowledge created during the fourth phase will inform qualitative topics explored during the fifth phase, as well as activity delivery and type during phase six. Phase four results will also provide the baseline data with which we can compare phase seven results to evaluate the project.

Rationale for larger project and study
The community with whom I am working is a young, resilient, and resourceful community whose members are committed to finding solutions to challenges they are experiencing. In 2018, a community needs assessment was conducted during which community members voiced concerns over challenges they experience related to structural violence, including insufficient housing and food insecurity. Addressing these challenges forms the larger project's foundation. As many of these challenges can be linked to historical and current colonization policies that disrupt Inuit ways of life, the larger project will implement programs that aim to address the effects of colonization, by fostering cultural continuity and social connection among youth. (11) Further, community members, particularly Elders, have long called for initiatives that promote intergenerational knowledge sharing between Elders and youth. Therefore, this project's community-led, upstream, strengths-based approach is rooted in Inuit cultural values and IQ principles and aims to facilitate appealing and accessible cultural and social programming for youth.

During initial discussions with the community, it was made clear that total community direction and ownership over the research process is critical. Various Councillors have expressed a desire for the project and support the project's goals, but the collective Council has necessitated various community stakeholders' support before proceeding to phase two. The Council also emphasized the importance of thoroughly planning the research committees' composition, roles, and responsibilities. Thus, this project demonstrates a CBPAR approach as community members have been meaningfully engaged from grassroots and direct all research and program activities.

Conscientious planning of the research committee will ensure purposeful engagement with and direction from a diverse group of community members throughout the research process. As noted previously, building relationships with the community is an essential first step to ensure the subsequent phases of this larger project are conducted in ways that are culturally appropriate and maximize positive impact while minimizing any potential harms.

In this chapter, I have introduced Indigenous research paradigms, CBPAR methodology and methods, the community's historical and cultural context, and situated this thesis within a larger health promotion project.

Chapter 2: Literature Review

This chapter highlights the findings of literature review which provides a critical assessment of the literature pertaining to community engagement during CBPAR. I provide an overview of definitions and discourses, Indigenization and decolonization, Inuit research paradigms, CBPAR methods, guidelines for researchers wishing to work with Inuit communities, building community relationships, cultural continuity and social connection among youth and strategies to foster these health-promoting characteristics among Inuit youth, colonization in Inuit Nunangat, and CBPAR as a health promoting initiative itself. The literature review's findings capture the depth of scholarship and Indigenous knowledges guiding participatory research with Inuit communities. Figure 5 illustrates the interconnected nature of this literature review's discussed phenomena.
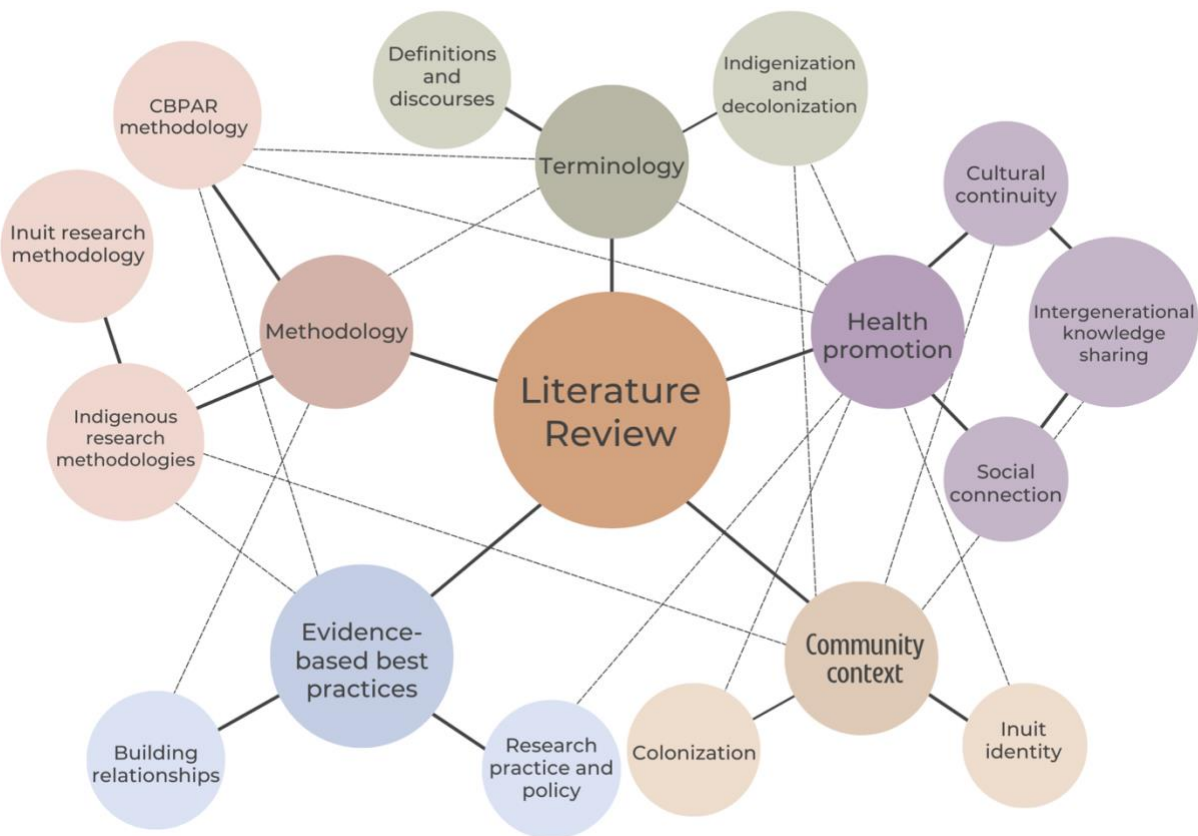
Figure 5. The web-like nature of the literature review.

Definitions and discourses

It is important to define terms within spatial and temporal contexts as definitions are shaped by these characteristics. (6) Indigenous research paradigms are inherently defined by the community employing them, thus, defining an Inuit research methodology is essential to understand this thesis' approach. (39,40) CBPAR methods are often used synonymously with other qualitative methods; therefore, a definition of CBPAR in this context is necessary to understanding this research project's methods. Cultural continuity is a relatively new term in Indigenizing literature that is intrinsically defined by the people group using it. (69,70) Within Canada, the mechanisms and ramifications of colonization vary geographically and with people group. Additionally, social connection and substance use are terms that have evolved with time and reflect changes in our understanding of human psychology. The aforementioned terms are highly context-specific and vary temporally, spatially, and culturally. Thus, defining these terms' applications in this work is crucial to contextualizing my experiences beginning a CBPAR project with an Inuit community.

Discourses allow us to understand current social processes or phenomena, in the context of historical practices or circumstances and their public discussions. (6,71) Indigenous research paradigms reflect the great diversity seen between Indigenous People groups; thus, further discussion of this thesis' Inuit research methodology is needed. CBPAR methods vary greatly between applications, therefore a discussion of this thesis' approach to community engagement, funding, ownership over research, and next steps is required. Cultural continuity and social connection are dynamic, complicated processes and phenomena that have evolved significantly over time and vary widely between and within people groups. The discourses surrounding these processes and phenomena reflect their dynamic and context-specific nature. (72–75) The lens with which colonization and its ramifications are viewed is embedded in cultural values and norms. Discourses surrounding this oppression structure have changed significantly in the last century, with current academia focusing on ways to enable and promote decolonization and Indigenous Peoples' self-determination. Collectively, these terms' nuanced meanings and applications highlight the need for a context-specific review of their discourses to understand this work's context, findings, and implications.

Indigenization and Decolonization

In academia and wider society, there is great discussion over the use of the terms Indigenization and decolonization. While these terms have varied definitions, Indigenization within research is generally described as research methodologies and methods that promote the culture, values, knowledges, and goals of the Indigenous Peoples with whom the research is being conducted and "[move] beyond tokenistic gestures of recognition or inclusion to meaningfully change practices and structures". (76) Indigenizing processes "should be led by Indigenous Peoples and should respect Indigenous intellectual sovereignty". (77) Indigenization includes work such as developing and utilizing Indigenous research methodologies, methods, and data generation strategies. (77,78) On the other hand, decolonization processes divest colonial power from "bureaucratic, cultural, linguistic, and psychological" (p.101, 79) spheres to "[bring] about the repatriation of Indigenous land and life". (p.1, 80) In the Inuit context, decolonizing initiatives have been described as "action oriented solutions [that] empower Inuit community members to engage in problem solving, create relationships, and honour community knowledge". (p.9, 81) Decolonizing research work includes research methods that actively further Indigenous sovereignty by promoting research capacity building and knowledge sharing that "decentre[s] … Euro-Western structures of knowledge" (77) and results in increased self-determination. (79) Thus, while distinct processes and phenomena, decolonization and Indigenization are complementary. There is currently a debate in academia over whether Eurocentric institutions aiming to 'Indigenize the academy' (2), must first decolonize by challenging and transforming the "ways in which they reproduce settler colonial power". (77)

Recently, decolonization has become a 'buzz word' in academia and larger society, with people using the term haphazardly, thus neglecting its true meaning. As asserted by Tuck and Yang, "the metaphorization of decolonization makes possible a set of evasions … that problematically attempt to reconcile settler guilt and complicity, and rescue settler futurity." (p.1, 79) Decolonization only describes work that dismantles colonial structures and restores Indigenous Peoples' self-determination over their land, leadership, and/or decision-making, thus researchers must be careful when applying the term to ensure its specificity, power, and urgency are preserved. (2,77,79) Non-Indigenous people have an important role to play in decolonizing and Indigenizing work by simultaneously "identifying, challenging, and dismantling settler colonial

privileges and structures" (p.358, 82) and stepping aside to allow Indigenous Peoples to lead these movements. Thus, researchers who engage in decolonizing work with Inuit must 'tread lightly' to ensure they are acting in ways that affirm and align with "community leadership, structures, values and beliefs". (p.9, 81)

Throughout this thesis, I respectfully use the term Indigenization to reflect the current project's work and acknowledge that I have applied Indigenous knowledges with the intent of amplifying their presence within academia. Using the term decolonization to describe this thesis' work would be an act of metaphorization as I focus on my experience, as a non-Indigenous graduate student, building a CBPAR project with an Inuit community. Additionally, the project is in its early stages of capacity building to achieve research self-determination and has not yet dismantled any colonial structures. However, as necessitated by many community members, this project's goalposts are decolonization and research sovereignty, thus the language with which we describe the project will continue to evolve.

Inuit research paradigms, methodology, and methods

Research paradigms can be defined as "the beliefs that guide our actions as researchers." (p.13, 39) A research paradigm includes the researcher's ontology, epistemology, axiology, and methodology. (38,39) These facets of research together guide the research goals, processes, and outcomes. Briefly, ontology examines what we can know or understand about the world, epistemology explores how we have gained and currently view knowledge, axiology scrutinizes our morals and ethics, and methodology studies research methods or how research produces or gathers knowledge. (38,39) Thus, methodology is just one component of the research paradigm and it must align with the project's ontology, epistemology, and axiology. (38) Research methods, while often used synonymously with methodology, are located *within* their respective methodology, and are defined as the "collection of research strategies and techniques based on theoretical assumptions that combine to form a particular approach to data and mode of analysis". (p.2, 83 as cited in p.31, 38) While I have been privileged to engage in informal discussions with community members about Inuit ontology, epistemology, and axiology, I am not Inuit myself, thus it would be inaccurate and an act of cultural appropriation to reflect on

these aspects of Inuit research paradigms. Thus, this thesis focuses on my experience employing a published Inuit research methodology.

An Inuit research methodology is described by Healey and Tagak as an approach to research that acknowledges and supports the relationships that form "the foundation from which we [Nunavummiut] move forward to achieve wellness" (p.11, 45) by being inclusive, participatory, and action-oriented. (65) Inuit research methodology is grounded in a relational epistemology which describes knowledge as originating in "people's histories, stories, observations of the environment, visions and spiritual insights." (p.3, 45) Inuit epistemology is holistic, thus research using Inuit methodology encourages multi-sectoral collaboration to develop solutions. (45,65)

Prioritizing relationships is critical to meaningfully engage and apply an Inuit methodology. (45,65) Accountability to these relationships lays the methodology's foundation by ensuring respectful participant engagement, research ethics, data generation and analysis strategies, and knowledge sharing. (39,40,45,65) Researcher characteristics that are important to engaging in relational accountability include, "responsiveness and openness… methodological coherence, and reflection upon intentions and relationships" (p.10, 45). (65)

In practice, relational accountability influences the research process because one who is engaged in relational research must consider and act in ways that strengthen their relationships. (45,65) Wilson (2008) notes that relational accountability impacts their work in four, interconnected ways: 1) research question formation, 2) data generation strategies, 3) data analysis, and 4) knowledge sharing. (39) For example, community relationships provide researchers with a nuanced understanding of the community's histories and current realities to allow them to meaningfully contribute to the collaborative question formation process. (45) Healey and Tagak also discuss an example of how relationships can impact participant engagement and recruitment, "snowball engagement method[s]… [focus] on the establishment of trusting relationships… which strengthens the response to the project, as well as contributes to greater rigour and accountability overall". (p.6, 45)

Researchers engaging in collaborative discussions with communities around data generation must reflect on their relationships and their knowledge to determine which data generation

techniques to propose that will result in meaningful outcomes and be respectful of the community's needs and preferences. Oral history and culture are important aspects of Inuit ways of being and knowing. (45,65) Data generation methods which encourage storytelling and sharing narratives allow Inuit to engage in research in ways that respect cultural values and norms. (45,65) Data generation strategies which facilitate storytelling are "grounded in [an] Inuit epistemology" (p.6, 64) by enabling multiple truths and reflect Inuit societal values by ensuring the researcher and community members are engaged as partners. In relational epistemologies, stories are offered in the spirit of sharing, rather than giving. (45) In practice, this means that data generation may resemble a conversation where the researcher first shares their experiences and available resources related to the topic, while creating space for the participants to share their stories. (45) The language in which knowledge is shared or gained influences its interpretation; thus, research processes, especially data generation and knowledge sharing, provide opportunities to further strengthen relationships by respectfully communicating through the local Inuktut language. (45)

Consistent with relationality, it is important for the researcher engaging in data generation to reflect upon and acknowledge their role in shaping the conversation to determine the stories' meaning and intent. (45) When analyzing the knowledge and experiences shared, researchers must contextualize findings and align them within an Inuit epistemology; concurrent member checking by engaging those who participated in the data generation process during data analysis is also essential to be relationally accountable to the community. (45) It is important that researchers allow themselves sufficient time to immerse themselves in the knowledge that has been shared with them and allow ideas to organically form. (45) From a relationality perspective, discussing proposed findings' validity and potential with those who hold relevant knowledge, including community members and academic colleagues, and situating these ideas within a literature review, is fundamental to rigorous data analysis. (45)

Relationships also play an important role in knowledge sharing. When sharing others' stories, researchers must ensure the knowledge holder consents to the story being shared on their behalf, take care to honour the holder's intent when it was shared, and give credit, if desired. (45) When stories are shared with researchers, they are shared in the spirit of relationality; this means that the knowledge contained within the stories and the narrative are meant to co-exist to allow

individuals to derive relevant lessons for themselves. (45) However, in Western academia, qualitative data is typically grouped thematically and separated from its context as there is limited textual space in academic publications or presentations. (45) In alignment with Inuit methodology, when sections of stories must be omitted due to imposed constraints, researchers must seek approval from the story holder and could honour the omitted sections by acknowledging their existence. (45)

As discussed above, sharing and applying knowledge to improve the community's collective wellbeing is fundamental to Inuit research methodology. (45,65) This approach to knowledge sharing is grounded in relational accountability as that knowledge was originally shared with the mutual understanding that the research will benefit the community. Prior to knowledge sharing, a diverse group of community members should be engaged to decide upon the content and method of knowledge sharing to ensure it aligns with community needs and goals. Efforts must be made to make knowledge sharing formats accessible to all community members, particularly those who participated in the research process, by translating all materials, using plain language and visuals throughout, and hosting oral presentations with an interpreter present.

In Inuit research methodology, research ethics are grounded in relational accountability. (45,65) Inuit values are unique from Eurocentric ones; non-Inuit researchers working with Inuit communities must engage a diverse group of community members to ensure research processes align with community values. (45,65) The ways in which Inuit values direct the research process varies between projects and depends upon community needs and priorities. For example, the cultural emphasis placed on collective wellbeing could prioritize community-level knowledge or solutions over individual-oriented action. (61,62) Consent processes must also act from a place of strengthening relationships by discussing formal consent procedures and offering options that respect oral communication and language preferences. Similarly, confidentiality must utilize a relational approach by ensuring safeguards are in place that meet the community's needs. (45) These practices should be collaboratively developed with the community to ensure the research process is accessible and safe for all community members.

Community-based participatory action research methods

CBPAR and other participatory research methods' popularity have been increasing in recent years, especially among university-based researchers working with Indigenous Peoples. (84) Similar to Indigenous research methods, participatory research methods are not "novel approach[es] to research outside the academy" and have been used since the 1970s "as an intervention for positive social change". (p.162, 84) CBPAR methods are rooted in a desire to work towards change the community views as beneficial, while addressing social inequities and power imbalances that manifest in conventional research approaches. (84)

There is no unanimous definition of CBPAR. In this thesis, CBPAR is defined as an approach to research wherein a diverse group of community members direct all research activities, including research question formation, research methods, and knowledge translation strategies, and research is solutions-oriented to benefit the community. (33,35,85–87) As community members are both conducting the research and the ones being 'researched', the line between the 'researchers' and 'researched' is blurred. (33,35,85–87) One can also view the distinction between 'researchers' and community members as sitting on a "participation continuum" (p.7, 33) where traditional Western research methods have less community participation and researchers and participants are distinct from one another, and CBPAR methods have greater community participation and there is minimal distinction between 'researchers' and 'participants'. CBPAR aims to not only validate experiential knowledge that is often not recognized in Eurocentric academia, but also build research capacity within the community. (33,35) As CBPAR is a method or "collection of research strategies and techniques based on theoretical assumptions that combine to form a particular approach to data and mode of analysis" (p.31, 38), various qualitative data collection strategies can be used. (4,83) For example, CBPAR can be utilized with focus group, photovoice, or participatory film strategies. (38)

Distinctions between CBPAR, CBPR, and PAR are unclear in the literature and these terms are often used interchangeably. (38) These terms' use varies based on discipline, with CBPR and PAR often describing indistinguishable approaches to public health and education work, respectively. (34) In this thesis, CBPAR is used to respectfully acknowledge calls for research with Inuit communities to be community-based, participatory, *and* action-oriented, this project's

interdisciplinary nature and intent to build research capacity, and minor differences in these terms' definitions. CBPR can be defined as

> … an approach to research that involves collective, reflective, and systematic inquiry in which researchers and community stakeholders engage as equal partners in all steps of the research process with the goals of educating, improving practice, or bringing about social change. (p.2, 35)

This work utilizes a CBPAR framework over CBPR because this work is solutions-oriented and all research activities are oriented around a goal to positively change the community. (88) PAR can be defined as a form of qualitative research where researchers collaboratively work with the 'researched' to understand human experiences, and take constructive action to make positive change. (85) This work utilizes a CBPAR framework over PAR because CBPAR is "grounded in the needs, issues, concerns, and strategies of communities". (p.5, 33) While some view CBPR and PAR as inherently solutions-oriented and community-based, respectively, this work utilizes CBPAR to emphasize the critical roles of both action-oriented methods and Inuit knowledges and perspectives throughout research planning, implementation, and follow-up phases. (88) However, in this thesis, I collectively refer to community-based (CB) and participatory action (PA) research as 'CB and/or PA research' to reflect their similar meanings and practical implications.

There are three main strengths of CBPAR methods. (33) Firstly, in CBPAR, research is community-led and -owned which facilitates: 1) research that addresses needs prioritized by the community, 2) strategies and solutions that are sustainable and align well with the community's cultural, physical, and social context, and 3) a research process that fosters community research capacity growth. (33,35,88) Secondly, relationships with a diverse group of community members ensure varied perspectives are considered during the planning and implementation phases to increase equitable opportunities to participate in the research process. (33,38,88) This not only increases the equity of the research process, but strengthens the research's rigor as a more representative group of people will be able to participate. (33,88) Lastly, CBPAR is solutions-oriented and utilizes a desire-based approach, thus providing the community with ways forward from challenges they are currently experiencing. (33,38,88) Not only does this facilitate research

that aligns with an Inuit epistemology, but it strengthens and reasserts community sovereignty over health promotion initiatives. Tuck emphasizes the important intersections of sovereignty and solutions-oriented work by stating, "a framework that accounts for and forwards our [Indigenous Peoples'] sovereignty is vital." (p.423, 50)

Challenges researchers experience when engaging in CBPAR are largely grounded in academia's and other institutions' characteristics and requirements. (88) While many institutions have begun to take steps to ameliorate these challenges for researchers and communities, some barriers persist. For example, research ethics boards (REBs) typically require researchers to specify or outline all research activities from the outset; this requirement is not amenable to CBPAR's iterative research and action phases that develop organically based on knowledge shared and gained. (38,89) While many REBs allow researchers to update their methods throughout the research process, this can be highly time-consuming and therefore impractical or inaccessible for researchers and/or communities. (89,90) Further, many REBs' standards and guidelines are not appropriate for CB and/or PA research methods, especially for research with Indigenous communities, as they focus on individual wellbeing over collective. (89,91,92) Additionally, CB and/or PA research requires a lengthy time investment to foster trusting, long-term relationships between the institution-based researchers and community and to develop sustainable solutions based on findings. (87,93) Researchers often receive pressure from their affiliated institution(s) to publish research results regularly which can be challenging given CB and/or PA research project timelines. (84,93) As well, research grants are often short-term, thus creating barriers for researchers and communities wishing to engage in CB and/or PA research methods. (93–95) When funding is attained, these short-term grants can undermine the sustainable and long-term nature of CB and/or PA research work. (93–95)

Suggested strategies to ensure REBs are appropriate tools to evaluate CB and/or PA research methods are grounded in ethical principles of respect, beneficence, and justice. (92) Such recommendations to REBs include utilizing a flexible and holistic definition of authorship so that communities are recognized in academia, requiring a community-created collective agreement that describes the research process and all potential impacts prior to REB approval, and ensuring community rights to and ownership of knowledge are acknowledged. (92) There is also a push for REBs to move beyond the individual-centred risk analysis and consider the rights of and risks

to the community during ethics review. (96) More research into the experiences of communities and institution-affiliated researchers engaging in CB and/or PA research is needed to effectively address these challenges and increase access to these valuable research methods and frameworks. Additional challenges associated with the REB process in the context of CB and/or PA research with Indigenous communities are discussed in the following section.

Guidelines for researchers wishing to work with Inuit communities on health-related topics

Worldwide, but especially in communities experiencing inequities, research is needed to support evidence-based policies that will "support optimal outcomes" and inform "actions that create safer, healthier, and more resilient communities". (p.3, 97) However, research with Indigenous communities that utilizes colonial approaches and/or methods undermines research's potential and causes harm. (97) Now, more than ever, "research governance bodies, policies, and practices must be transformed to respect Inuit self-determination in Inuit Nunangat". (p.4, 97) These calls for collective, community-based Inuit research leadership aim to maximize research impact and limit research-related harm(s). (97) As asserted by the Inuit Tapiriit Kanatami (ITK), research with Inuit communities must function as a tool to achieve sovereignty and empower community members to seek solutions to meet the community's needs and priorities. (97)

Currently, there are fiscal and human resource limitations preventing research sovereignty among Inuit. Federal research funding must be amended to allow Inuit representational organizations to access funding as lead institutions or principal investigators. (97,98) To address the human resource limitations, Eegeesiak, former president of the Qikiqtani Inuit Association, "recommend[s] that the governments of Canada and Nunavut provide training and other support that will allow Inuit to actively participate in Arctic … studies and activities." (p.80, 9) Inuit communities who operate community-based research centres can be exemplified for other communities wishing to scale-up their research capacity. (64) Additionally, as affirmed by the ITK and the Murdered and Missing Indigenous Women and Girls' (MMIWG) Call for Justice 16.26, a university in Inuit Nunangat is needed to build research capacity among Inuit which will ultimately address the "continued domination of Inuit Nunangat research by non-Inuit researchers based outside of Inuit Nunangat" (p.4, 97). (99)

Indigenous rights movements across Canada have repeatedly called for resources to develop research that is respectful of community needs, priorities, and epistemologies. The Truth and Reconciliation Commission's (TRC) Calls to Action 58, 65, and 78 highlight research's critical role to further reconciliation and provide opportunities for communities to share their truth, healing, and reconciliation journeys. (100) The MMIWG's Call for Justice 5.25, "call[s] upon all governments to resource research on men who conduct violence against Indigenous women, girls, and 2SLGBTQQIA people." (p.186, 99) The Qikiqtani Truth Commission recommends that the "Qikiqtani Inuit Association should develop a framework (principles, policies, and techniques) for all private, public, and research agencies to use in conducting consultations with Inuit" (p.67, 9) to further strengthen Inuit governance.

Summary of guidelines

To address the "growing recognition of unethical research practices involving Indigenous Peoples in Canada" (p.163, 84), multiple Indigenous organizations and governmental bodies began publishing research guidelines and policies in the 1980s. In this section, I will synthesize and analyze ten organizations' published guidelines for research-related policy change and researchers working with communities in Inuit Nunangat. These organizations include: ITK, Qaujigiartiit Health Resource Centre (QHRC), Nunavut Research Institute (NRI), TRC, MMIWG Report, QTC, Association of Canadian Universities for Northern Studies (ACUNS), Canadian Federal Panel on Research Ethics, Canadian Institute of Health Research (CIHR), and Social Sciences and Human Research Council (SSHRC). These research guidelines and policy recommendations can be viewed along an impact scale from institutional policy to individual researchers working with communities. For the purposes of this thesis, I will focus the discussion on recommendations for individual researchers working with Inuit communities. The ITK's five priority areas are used as a framework to analyze and synthesize the other guidelines: 1) research sovereignty, 2) research ethics grounded in Inuit ways of knowing and being, 3) financial control, 4) community-held control of knowledge, and 5) research capacity building. (97)

Research sovereignty

To promote Inuit self-determination in research, Inuit and their representational organizations must be "engaged as partners" (p.11, 97) when determining research project timelines, focus, methods, data analysis strategies, and knowledge sharing. (9,98,101–106) Article 9.6 of the Tri-

Council Policy Statement 2 (TCPS 2) highlights the importance of engaging "all relevant sectors – including individuals and subgroups who may not have a voice in formal leadership" (103) when building community partnerships. As all other research recommendations can be seen as tools to further Inuit sovereignty, researchers must reflect on their role in and actions to support Inuit research self-determination. (97)

Participatory methods grounded in trusting and respectful relationships were highlighted by most of the guidelines as fundamental characteristics of research that aims to advance Inuit research sovereignty. (9,97,98,101–103,105,106) Many of these guidelines highlight the importance of relationship building as an important first step when beginning a research partnership with an Inuit community. (98,100,102,103) When building relationships with communities, it is important that researchers critically reflect on their understanding of and commitment to relational accountability as these relationships are often the primary mechanism communities employ to protect their interests and centre their needs throughout the research process. The NRI and TCPS 2 acknowledge that not all research projects will inspire the same degree of community engagement, but all projects can be initiated from a place of respectful relationship building. (98,103) A collaboratively-drafted research agreement between all parties has been suggested as a way to ensure respectful and reciprocal research is planned and delivered and that the research process strengthens community sovereignty. (98,102,103,105)

The importance of contextualizing findings within Inuit epistemologies is another crucial way for researchers to foster research sovereignty. (9,102,104–106) At a workshop with Inuit from across Nunavut, the importance of respectfully including Elders and others who hold Inuit knowledges in research processes was emphasized. (101) However, plans to incorporate Inuit knowledge must be accompanied by rigorous planning and resource commitment as, "token references to traditional knowledge are viewed as insincere attempts by researchers to leverage funding or fulfill requirements." (p.4, 98) (103,105) Strategies researchers can use to ensure they are respectfully applying the Inuit knowledge shared include thorough member checking, encouraging the knowledge holders to participate in the research and/or action planning process, and seeking consent and feedback prior to any knowledge mobilization or action phases.

Research ethics grounded in Inuit ways of knowing and being

Inuit values are located within a relational paradigm, thus researchers working with Inuit communities can consider research ethics as manifestations of relational accountability. (39,102) As Inuit consider themselves as being in relationships with other people, wildlife, and the environment, researchers must also be accountable to these relationships to ensure ethical research with Inuit. (97) Additionally, confidentiality and consent processes must be collaboratively determined with community members to ensure they align with Inuit values; special consideration must be given to ensure individuals' confidentiality in small, densely-connected communities. (103,105–107) Consistent with Inuit interpretations of knowledge and reciprocity, research must be action-oriented and seek to improve the collective wellbeing. (65,98,101,105,106)

Guidelines based on discussions with Inuit community members from across Inuit Nunangat affirmed the importance of equitable "treatment of researchers and community knowledge holders" (p.5, 101) throughout the research process and that research ethics must incorporate Inuit values. Researchers must also ensure that community members who shared their time, skills, and/or knowledge are recognized as authors and/or contributors, if they desire, in all knowledge sharing products. (98,103–106)

Financial control

Access to funding and financial control is a keystone element to furthering research sovereignty and capacity building among Inuit. (97) While policy changes by funding institutions are the primary means to increase financial control, researchers wishing to begin a research relationship with an Inuit community could discuss adding the respective Inuit representational organization to grant applications to facilitate funding control. (108) Additionally, researchers should "assist community members in pursuing and securing research funding, wherever possible". (p.5, 98)

Appropriate compensation given community members' time, skills, and/or knowledge shared is an essential piece of ethical research and one that must be determined during project planning with the community. (98,102) While under-compensation is the more-frequent concern, over-compensation can be argued as equally problematic because it could function as a form of

coercion, thus encouraging community members to participate when they otherwise would not have. (102,107)

Community-held control of knowledge

Most guidelines highlighted the importance of supporting and encouraging community-held control of knowledge and research data. (98,101–103,105) Eurocentric academia instills and promotes researcher-favoured proprietary structures. Therefore, researchers, especially those who are experienced in traditional Western research methods, must critically reflect on their biases and the implications of community-held knowledge control and ownership. In practice, community-held control results in community members having access to and authority over research data, final decision-making power in collaborative discussions around knowledge sharing, and long-term data storage in communities. (98,103,105,106) As participatory research methods engage community members throughout the research process, they facilitate the community's retention of control and ownership over their knowledge. (101,102) Explicit parameters around the researcher's rights to and usage of knowledge created must be stated in the research agreement to ensure the community agrees to this power distribution. (98,103,105,107) Additionally, biological samples from humans and other organisms may be seen as sacred within some communities; explicit parameters around sample extraction, handling, usage, and long-term possession must be discussed with the community. (105)

Integrated knowledge sharing is encouraged to facilitate a transparent research process and enable larger community engagement with the project. (98,105) Researchers must ensure that all knowledge sharing products are collaboratively created and/or provided in a timely manner to the community in "useful and understandable" (p.2, 101) formats, including oral presentations and visual and textual materials in the local Inuktut language. (98,102) Researchers must also ensure Inuit-appointed entities own all knowledge and research products. (97,98,105) To affirm the community's control and ownership during knowledge sharing with groups from outside the community (e.g., academic journals or presentations), researchers must work collaboratively with community members to determine the material's content, format, and organization or institution with whom the knowledge will be shared. (98,102,103,105,106)

Research capacity building

Research processes that build Inuit research capacity are needed to further research sovereignty within communities in Inuit Nunangat. (9,97–99,103,105) Capacity building also promotes reciprocal relationships between institution-based researchers and communities. Examples of ways researchers can foster research capacity include learning about and respectfully utilizing Inuit research methodologies to amplify their presence in academia and meaningfully engaging community members, especially youth, throughout the research process to learn about and foster an appreciation for research. (97,101,109) Hiring local research assistants and giving credit for their contributions is another strategy institution-affiliated researchers can employ to build Inuit research capacity and invest in the local economy. (101)

Critiques of the Tri-Council Policy Statement 2

While the TCPS 2 was created "in the spirit of respect" (103) to promote ethical and respectful research with Indigenous communities in Canada, the ITK discusses three main critiques of this document when applying it in the Inuit research context. (97) Firstly, REB review is the primary mechanism to ensure researchers are compliant with the TCPS 2, "making it a relatively inefficient mechanism for facilitating Inuit self-determination in research." (p.24, 97) While communities can report research misconduct to the NRI and/or affiliated REB, this would require community members having a detailed understanding of research ethics and act in a way that may go against their views of relational ethics. Issues around REBs' role in TCPS-2 application and regulating mechanisms lays the foundation for the ITK's subsequent concerns. REB review processes typically have a vested interest in the research proceeding, thus their review and consideration for TCPS 2 policies may be undermined by biases in favour of the researcher or research project. (97) Lastly, TCPS 2 applies only to "institutions and entities that receive federal funding from the Tri-Council Agencies" (p.24, 97), most of which are located outside of Inuit Nunangat; thus, research risk is typically evaluated by people who are not Inuit and do not consider the broader definitions of Inuit wellbeing.

These concerns, among others, are echoed in the literature. Many researchers have expressed frustration and concern with the REB process as reviewers often do not "fully appreciate the tenets of community-based participatory Indigenous research." (p.9, 110) For example, Moore *et al.* and Stiegman and Castleden highlight concerns around REBs' requests for "detailed

timeframe[s] and activities related to the research" (p.9, 110) which are contradictory to CB and/or PA research approaches that are organic in nature and respectful of the community's timeline. (90) While many REBs are amenable to project alterations, revision processes are time-intensive and divert the researcher's attention from the community. (90) Stiegman and Castleden also highlighted that the TCPS-2:

> …does not give any guidelines to REBs or researchers in terms of how to navigate the tensions that arise when the ethical guidance of Indigenous peoples contradicts that of a university REB. (p.1, 90)

Thus, researchers engaging in community-based research with Indigenous partners are often placed in situations where they must either compromise their relationships with the community or violate REB processes and thus risk lose funding and/or career progression. (90) These circumstances indicate that the TCPS-2 not only enables, but often requires, tokenistic Indigenous jurisdiction over research projects.

These concerns highlight the importance of prioritizing relationships and employing relational ethics in all research projects. Stiegman and Castleden posit that REB review could be transformed to empower Indigenous partners and invert the "balance of power between the academy and Indigenous research partners". (p.4, 90) Expanding upon this, they offer that when analyzing projects, reviewers should focus on

> …evaluating the strength of the researcher-community partnerships and structures of mutual accountability that have been established while acknowledging the jurisdiction of the nation in question and deferring to their authority… (p.5, 90)

As REB review remains the primary mechanism to implement the TCPS-2, communities' and researchers' concerns around the REB process are fundamental challenges that must be addressed to appropriately reflect Indigenous research methodologies and CB and/or PA research methods. (90,97)

Building community relationships

As relationships form the foundation of Indigenous research methodologies and CB and/or PA research methods, investing time and resources into these relationships' formation is an important first step to begin participatory research projects with Inuit communities. (90)

Community relationships function to: 1) establish trust and relational accountability between outside researchers and community members to foster robust community engagement with the project, 2) situate the research within community needs and narratives to facilitate shared understandings of research goals and parameters, and 3) ensure, to the extent possible, that research outcomes and actions benefit the collective community and community members. (64,90,98,108,110,111) In a series of health research ethics workshops, Nunavummiut highlighted prioritizing relationships early in the research process as it "relieves stress for both researchers and community and creates a pleasant environment in which to work." (p.16, 102) In research partnerships that cross "cultural, socioeconomic, and Indigenous-Settler bounds" (p.2609, 4), these relationships enable richer, more rigorous findings by utilizing data generation strategies that are consistent with cultural values and norms and facilitating discussions around the "complexities and interrelationships" (p.90, 108) during data analysis. (110)

Relationship building, and participatory research approaches generally, require more time- and initial resource-investment that traditional, Western research approaches. Often, participatory research projects exist within relationship-building and planning phases for several years before any data generation can occur. (64,84,90,103,108,110) These initial research phases are often ineligible for funding as there is no defined research project. (84,90) In 2022, the CIHR initiated a grant for researchers engaging in "planning activities, [and] partnership development" (112) to increase funding accessibility for participatory research projects. (113) To the best of my knowledge, there are about 162 grants available, and this is the only grant provided by CIHR that supports community partnership and project planning. (112,113) Additionally, researchers experience pressures to publish frequently which are often incompatible with participatory research timelines and processes. (84) Even within health research spheres, researchers not engaging in participatory research are often unaware of the time- and resource-investment necessary to build trusting and collaborative research relationships with communities. (84)

Respectful relationships with community members are important in all research projects. (98) Community relationships can be characterized as existing along a community engagement spectrum from "basic consultation" (p.11, 98) in which the communities who may be impacted by the research are informed of the project and asked for feedback on methods, to "community-initiated and directed research" (p.11, 98) in which a community identifies a gap in knowledge,

develops, and delivers a research project, potentially with the help of outside researchers. Relationship depth will vary based on the community's interest and engagement in the project; for example, a project exploring "geomagnetic phenomena" (p.10, 98) will likely garner less interest and engagement than a project exploring "narwhal distribution and abundance". (p.10, 98) Regardless of research content, it is crucial that researchers initiate these relationships from a place of humility and respect and that the community has been respectfully and meaningfully offered the highest degree of feasible community involvement.

It is widely acknowledged that ideally, participatory research relationships are community-initiated. (84,98,103,110) Examples of how these community-initiated partnerships can begin include meeting at knowledge sharing events such as conferences or successfully working together on a previous project. (84) However, a study exploring researchers who engage in collaborative research with Indigenous Peoples found that most CB and/or PA research projects were researcher-initiated. (84) There are a myriad of explanations for this discrepancy between ideals and practice, including researchers unknowingly, or otherwise, engaging in colonial methods to initiate participatory research projects, time and workload pressures placed on community members that prevents them from initiating a research project, and communities' previous negative experiences with researchers and financial limitations. (84)

Practical suggestions for researchers wishing to establish relationships with communities centre around communication and community engagement strategies that are rooted in partnership and community autonomy. (45,98) Community needs and expectations around their role(s) and responsibilities are important to establish early in the research relationship building process to create mutual understanding around the community's capacity and guide the researcher's approach. (45,98) It is also critical that accountability, communication, and decision-making methods and processes are collaboratively established early to inform researchers of effective strategies they can employ that will align with community needs and foster respectful and reciprocal relationships. (45,98) Other recommendations to researchers looking to foster respectful relationships with Inuit communities include: 1) critically reflecting upon and honestly communicating intentions and goals, 2) following community timelines and processes, 3) respectfully utilizing the local Inuktut language throughout the research process, 4) demonstrating a desire to engage in a community-led partnership by learning from, meaningfully

incorporating, and giving credit to community contributions, 5) engaging a diverse group of community members, especially Elders and other knowledge holders, 6) researching previous and current research projects with the community and, if available, any community-identified research priorities, and 7) promoting capacity-building activities to foster research sovereignty. (84,98,102) Once the community has indicated that they wish to proceed with a research relationship, discussions around funding, data generation and analysis strategies, consent processes, and knowledge control, ownership, and sharing can occur to facilitate a collaborative drafting process for the community research agreement.

Examples and discussions of Inuit research methodologies' and participatory methods' intersections

In this section I will review and analyze three studies that utilize Inuit research methodologies and CB and/or PA research methods in the context of the ITK's National Inuit Strategy on Research's (NISR) five priority areas. (97) These studies also illustrate the priority areas' interconnected nature.

'Changing Climate, Changing Health, Changing Stories' Profile: Using an EcoHealth Approach to Explore Impacts of Climate Change on Inuit Health
This paper discusses an EcoHealth approach to explore the impacts of climate change on Inuit health in Rigolet, Nunatsiavut. (108) Community research sovereignty was promoted throughout the research process by utilizing "participatory, community-run methodological strategies to explore climate-health relationships" (p.93, 108) and data generation strategies that resulted in knowledge that is meaningful, useful, and beneficial for community members and researchers. This paper describes multiple techniques researchers utilized to ensure research ethics were grounded in Inuit epistemologies. For example, this research project was action-oriented and aimed to address a community-identified need and produce rich data to best inform evidence-based policies. (108) Authors also note that the project's success can be linked to their strength-based approach which aligns with Inuit values and epistemologies and its "unique funding structure [which] allowed community members to control the project finances" (p.99, 108). (39,40,45,65) Community-held control over knowledge was facilitated through digital storytelling methods that respect and honour Inuit "oral traditions and cultural stories". (p.97, 108) This data generation technique enabled maximal data control by community members

because "it is the participants, not the researchers, who have the power to decide what information is important, relevant, and appropriate for the research topic." (p.96, 108) Lastly, "capacity development was a project priority" (p.96, 108) whereby six community members were trained to develop and host digital storytelling workshops for other community members, including youth, and gained experience presenting research at academic conferences. This community-led approach to research has enabled the community to develop "their own approach to the research process" (p.96, 108), thus promoting research sovereignty.

"Sewing Is Part of Our Tradition": A Case Study of Sewing as a Strategy for Arts-Based Inquiry in Health Research With Inuit Women

This article discusses a project that explored Inuit women's childbirth experiences through arts-based inquiry. (4) To contextualize the research topic, at 36 weeks' gestation, women within Nunavut's Qikiqtaaluk Region typically fly to Iqaluit for birthing care. As the project was held in Iqaluit with women from across the Qikiqtaaluk Region who have experienced pregnancy, I have conceptualized this group to be the research community for the purposes of this analysis.

This project was developed "in light of calls for Inuit-led and Inuit-directed research" (p.2612, 4) and demonstrates sewing as a means of inquiry that has the potential to expand "Inuit leadership in research design and implementation, [and root] research in an Inuit epistemological and ontological framework". (p.2612, 4) Inuk women were involved throughout the research process as researchers, holders of Inuit sewing and other cultural knowledge, interpreters, and participants. Inuk researchers were critical to this project's success as they shared "the nuances of how and when to ask questions, and what questions were appropriate" (p.2609, 4) to ensure question formatting "invite[d] conversation in ways that resonated with Inuit culture and respected people's dignity and differing comfort levels in sharing." (p.2609, 4) At the intersections of research sovereignty and ethics, sewing was incorporated into this research project as "a strategy for arts-based inquiry that facilitated and enhanced the data collection component of the research" (p.2605, 4) by aiming to create a comfortable atmosphere where women feel welcome to engage in conversation and share their experiences. (4) This project was highly action-oriented as the method for inquiry itself and research goals were meaningful and beneficial for the women participating. Relationality was strengthened through the sewing activity as women shared knowledge and expertise, thus, sewing can be situated within Inuit

research methodologies by encouraging a "relational research space and co-creating research through storytelling and sharing of knowledge". (p.2611, 4) Understanding the community to be Qikiqtaaluk Inuit women who have experienced pregnancy, efforts to increase community-held control of knowledge are demonstrated by ensuring members of the research team include community members and member-checking findings with women who participated in the research. Using sewing methods, capacity building was woven into this project's structure as women were able to share knowledge with and learn from each other about this Inuit craft. Relationships among participants and between participants and local team members were also born or strengthened through this research process. Thus, sewing as an inquiry strategy can be seen "as a way to teach and carry on Inuit culture, and embody Inuit knowledge and traditions." (p.2609, 4)

Going Off, Growing Strong: Building Resilience of Indigenous Youth

Aullak Sangillivalianginnatuk (or, Going Off, Growing Strong) is a grassroots, health promotion program grounded in Inuit knowledge and culture for youth in Nain, Nunatsiavut. (68,114) In this program, youth engage in on-the-land activities run by community harvesters and other knowledge holders. Aullak Sangillivalianginnatuk was developed in response to a community-identified need to foster resilient mental health among youth through activities that promote cultural continuity and social connection. Research methods are employed to conduct program evaluation which is an "integral part of Aullak Sangillivalianginnatuk in order to measure and capture the program's impact and provide valuable information on which to make operational adaptations along the way". (p. 81, 114) Research sovereignty, ethics grounded in Inuit ways of being and knowing, community-held control of knowledge, and community capacity building are highly interconnected in this example as this research stems from a community-led health promotion project.

In this example, authors describe the ways in which research sovereignty is promoted through a PAR approach that guides the program evaluation's process, goals, and conduct. Program evaluation planning and methods are conducted by community members associated with Aullak Sangillivalianginnatuk, including staff members and harvesters. Additionally, this program is hosted in a pre-existing community space that was established "to provide a hub for traditional food sharing, and to help reduce food insecurity issues." (p.81, 114) Program activities and

format were based around youth-identified interests, thus Aullak Sangillivalianginnatuk "was born to meet the needs of these youth." (p.80, 114) Grounded in Inuit values and relationality, each program's cycle occurs over a period of more than a year which provides youth and program staff enough time to build trusting and safe relationships. The program also takes a strength-based approach and utilizes cultural activities to promote mental health resilience. Some community-held control of knowledge was demonstrated as both papers listed multiple community members as authors. Additionally, community representatives "helped guide Aullak Sangillivalianginnatuk towards its core goals and objectives" (p.71, 68) and continue to "advocate on behalf of youth, help select program participants, and act as key points of contact for any concerned adults and for community agencies." (p.71, 68) Capacity building among youth is a fundamental goal of Aullak Sangillivalianginnatuk; through activities, youth are encouraged to engage in cultural and social connection and youth who have completed the program are "given the opportunity to become Junior Leaders for the next cohort". (p.81, 114) For example, the Aullak Sangillivalianginnatuk program has evolved to encourage youth to distribute country food to community members who experience challenges when trying to access the community freezer (e.g., Elders and single-parent households). Community capacity is also developed among adults involved with Aullak Sangillivalianginnatuk as they gain experience developing programs that aim to support and foster positive mental health among youth.

Inuit cultural continuity and youth

There are a range of terms used to describe connection to culture among Indigenous Peoples, including cultural continuity, cultural connectedness, and enculturation. (69) In this thesis, I utilize cultural continuity as it reflects the active process by which culture is shared and gained. The historical use of the term cultural continuity in the Indigenous context forms the basis for how it is defined and used today. In 1956, Eggan first used cultural continuity in an Indigenous wellness context to describe the Hopi Nation's "transmission of cultural heritage from one generation to another – and … the means by which that transmission is accomplished". (p.347, 115) In 1998, Chandler and Lalonde described cultural continuity among First Nations youth in British Columbia (BC), Canada as "understanding themselves as connected to their own past and building future". (p.208, 70)

The evolution of the term cultural continuity reflects changes in our understandings of social, cultural, and psychological phenomena and processes. Today, we understand culture to be necessarily both fixed and evolving, to ensure its continuation within "the social realities of each generation". (p.78, 116) More recent descriptions of cultural continuity express this paradoxical nature. In 2007, Kirmayer *et al.*, expressed that cultural continuity was expressed as depending on the "notion of culture as something that is potentially enduring or continuously linked through processes of historical transformation with an identifiable past of tradition" while emphasizing culture's "fluidity and negotiated realities". (p.77, 116) They go on to discuss how cultural identity and traditions provide resources for people to construct a social and psychological identity, in a world with interacting cultures. (116) In 2020, Newell, Dion, and Doubleday described cultural continuity in Inuit Nunangat as "the links between food, culture and health, … the continuation of traditional culture in current society, or as the degree of social and cultural cohesion within a community". (p.64, 69) In 2021, Auger described a holistic view of cultural continuity in the context of Métis youth in BC as encompassing "identity, the practice of traditional and cultural activities, and spirituality". (p.72, 19) Pulling from the above definitions, this thesis uses cultural continuity to describe individual and community identity, participation in traditional, cultural, and spiritual activities, spirituality, and how these phenomena and knowledges are transmitted.

More recently, cultural continuity has been explored as a social determinant of health among Indigenous Peoples. (19) Social determinants of health can be defined as "non-medical factors that influence health outcomes". (117) Thus, understanding cultural continuity to be a social determinant of health illustrates its role in wellness outcomes among Indigenous Peoples. Indigenous Peoples have long called for holistic interventions and practices that are designed to foster and enhance wellness beyond the biomedical sense. (13,19,20,22,118) These sentiments are echoed in the literature and emphasize the importance of collaborative and intersectoral initiatives that use upstream, strengths-based, and community-led approaches. (13,20,22,24,118) According to Greenwood and de Leeuw, to effectively address the social determinants of health among Indigenous youth,

> Approaches must be flexible, while also addressing historical and contemporary
> determinants and should include decolonizing strategies… Interventions should not target

individual behavioural change or focus solely on proximal determinants of child health. Instead, interventions should account for broader contexts and distal determinants that continue to influence the context and, thus, the health of the child. These broad contexts require collaborations across and between sectors and disciplines; medical or even health sectors alone cannot address or influence these determinants of health and must work in concert with other sectors such as education, child welfare, housing and justice, among others. (p.383, 24)

Cultural continuity is affirmed and protected within multiple legal documents. The Canadian Constitution affirms and protects cultural continuity, especially among children and youth. (24) The United Nations (UN) Convention on the Rights of the Child "tak[es] due account of the importance of the traditions and cultural values of each people for the protection and harmonious development of the child" (p.2, 119). (24) The UN Declaration on the Rights of Indigenous Peoples (UNDRIP) emphasizes the importance of culture and cultural continuity throughout the report. (120) While the adoption and speed with which the UNDRIP has been implemented by the Canadian government have been widely criticized, on June 21, 2021, Canada's UNDRIP Act, also known as Bill C-15, received Royal Assent and was enacted. (121–123) More research into Canada's implementation of the UNDRIP is needed.

Previous studies exploring the relationship between cultural continuity and health among Indigenous youth have found cultural continuity to significantly protect against mental health challenges including depression, anxiety, harmful substance use, self-harming behaviours, and suicide. (19,70,116) Chandler and Lalonde's (1998) influential work explored the association between cultural continuity and suicide rates among First Nations' youth in BC. (70) Using six variables measuring attempted cultural rehabilitation, they found that communities with more factors of cultural rehabilitation showed reduced suicide rates among youth. Subsequent studies have found similar findings, illustrating the critical role of culture and cultural activities in mental health promotion initiatives for Indigenous youth. (24,28,116,118,124) It is thought that cultural continuity provides youth with resources and skills to manage challenges in life; when there are disruptions to cultural continuity, youth experiencing challenges may be more likely to engage in harmful coping mechanisms as they lack the advantageous resources and skills derived from cultural and social connection. (70,116) There is also evidence of the relationship between

cultural continuity and physical health outcomes including diabetes, tuberculosis, and HIV among Indigenous Peoples, further illustrating the fundamental role of culture in individual and community wellness. (125–127)

For decades, Inuit have advocated for initiatives that promote cultural continuity in their communities. With the use of CB and/or PA research methods, academia has begun to explore how Inuit communities define wellness and culture's role in wellness. Inuit holistic understandings of and approaches to wellness are grounded in IQ principles that emphasize community wellbeing and incorporate the "the social/emotional, spiritual, cognitive and physical wellbeing". (p.3, 22) Similar to research findings among First Nations and Métis, research exploring the links between culture and wellness among Inuit have found significant associations, particularly among youth and when exploring mental health phenomena. (69) Cultural continuity has also been found to be associated with food security among Inuit, emphasizing culture's central role in other social determinants of health. (128) Previous research has highlighted that initiatives aiming to improve wellness among Inuit require approaches that are community-led and grounded in IQ principles and Inuit culture. (69) More community-led research exploring ways to strengthen cultural continuity among Inuit, particularly youth, is needed to adequately inform health promotion initiatives that aim to foster community and individual wellbeing.

Social connection, Inuit culture, and youth

While dependent on others, social connection, or social connectedness, is a highly personal phenomenon. Social connection can be defined in a myriad of ways, and it can be argued that each person's description will vary depending on their needs. Baldwin characterized social connection as a "cognitive structure representing regularities in the patterns of relatedness". (p.461, 129) Lee, Draper, and Lee described social connection as "an attribute of the self that reflects cognitions of enduring interpersonal closeness with the social world *in toto*". (p.310, 130) They later contrast social connection to belongingness as social connection having an emphasis on the "independent self in relation to others" (p.310, 130) and belongingness being "defined by group membership or peer affiliation". (p.310, 130) In contrast to Eurocentric societies, Inuit identity is thought to be ecocentric, thus an Inuit-aligned definition of social

connection that reflects relational accountability is needed. (81) Drawing on previous definitions and descriptions of social connection among Inuit, this thesis describes social connection as one's reciprocal connection with and accountability to people, ancestors, and future generations that provides emotional, spiritual, and physical resources which one can access. (131,132)

There is strong evidence supporting the critical role social connection plays in individual and community wellness among Indigenous Peoples. (131–133) It is theorized that positive effects of social connection, including sense of support, belonging, and satisfaction, buffer health challenges one may face and may encourage people to engage in health-promoting behaviours. (131) Some researchers have even suggested that social connection could be as important to health outcomes as "established disease risk factors" (p.1423-1424, 131), including smoking and high blood pressure, thus illustrating social connection's pivotal role in individual and community wellness.

Social connection can be viewed as a network of social ties, of which there are varying levels. (131) Communities with higher density networks, or greater social connection, are more likely to share knowledge and resources and provide "social feedback" (p.1424, 131) which can work to re-align an individual's actions that are deemed harmful by the larger group. (134) Richmond and Ross discuss Gottlieb's three levels of social connection: micro, mezzo, and macro. (131,134) The micro level refers to one's most intimate relationships, including partners and family with whom you live, and is defined by relationships that provide "deep and nurturing emotional" (p.1424, 131) support. The mezzo level refers to those one interacts with on a regular basis for reciprocal support and respect, such as friends or teachers. (131,134) The macro level is composed of one's most distant social connections, including acquaintances or people with whom there is limited contact. (131,134) Reflecting relational accountability's role in social connection, varying levels of connection are important to community wellbeing as they embed and intertwine individuals within "the social context of their families and communities." (p.1424, 131)

As discussed above, social connection has many well-established positive associations, including increased sense of belonging, resiliency, and self-esteem. However, some research indicates that a high degree of social connection does not necessarily have a positive impact on community

wellness. Richmond and Ross discuss First Nation and Inuit communities that appear to experience high levels of social connection, but are also prone to experiencing wellness-related challenges. (131) They propose that social connection, via conformity pressures, can foster negative phenomena such as harmful substance use, in closely connected communities. (131) Conformity pressures are thought to be heightened by reduced community resources which is commonly experienced by remote and rural First Nations and Inuit communities. (131) However, conformity pressures are not inherently negative and can promote community wellness, especially in collectivist cultures. (135) Thus, one can view social connections that routinely promote negative conformity and do not provide reciprocal support and respect, as disconnections or breaks in social connection. Using this lens, patterned negative conformity pressures can be understood as a type of social disconnection that a community or individual may experience.

Social connection among Inuit is an important part of their collective wellbeing and holistic wellness. In traditional Inuit societies, relationships with immediate and extended family, and community, were essential to survive and thrive. (81) Inuit Elders have emphasized intergenerational relationships' importance to collective and individual wellness, and have highlighted the particular significance of family connections. (81,131) It is important to view Inuit social structures with a decolonial lens, as Eurocentric assumptions of family structures can be damaging for Inuit. Inuit families often live intergenerationally, with children growing up closely with extended family. These networks of intergenerational relationships are fundamental to Inuit's societal fabric. (81) Among other harmful outcomes, colonization has disrupted Inuit society by encouraging families to live separately due to overcrowded, western-style homes and by removing children from homes deemed 'unsafe' by government employees who are often southern and non-Indigenous. (136–138) These disruptions to Inuit society have created social disconnections; however, across Inuit Nunangat, Inuit Elders and other community leaders are encouraging social connection through cultural activities and modelling positive social behaviours. (81,114,139,140)

Previous research with Inuit has found that central guiding values among Inuit include responsibility, respect, sharing, and reciprocity. These values are grounded in IQ principles and

embedded within social connections among Inuit. (132) Further, social connection was prevalent in traditional Inuit societies, with many cultural traditions and activities occurring in groups, including hunting, food preparation, and ceremonies. (8,114,141) Today, these traditions and activities are being used to facilitate healthy and reciprocal social connections among Inuit.

Social development and connection among youth is a widely researched area. However, there is limited research into social connection among Inuit youth. As discussed above, there are many facets of Inuit society that are unique from Canada's Eurocentric, non-Indigenous society. Thus, discourses and frameworks discussing youths' social development and connection in a non-Indigenous setting do not necessarily apply well in an Inuit context. (74,142–144) More research into social development and connection among Inuit youth is needed to better understand these phenomena and processes.

However, there are discourses and theories of social development and connection that apply to this thesis. These include the motivating factors for social connection such as a sense of belonging, resiliency, and self-esteem, as well as effects of harmful social ties including negative conformity pressure. (81,131,144) Additionally, generational disconnect due to social media and mobile communication that has been explored in other cultures likely exists among Inuit. (145,146) As intergenerational relationships are fundamental to Inuit society, harm associated with this disconnect may be amplified among Inuit compared to non-Indigenous populations. (81) More research into digital media's impact on social connection among Inuit is needed.

Colonization in Inuit Nunangat

This section provides a highly superficial summary of Canada's historical and ongoing colonization of Inuit. In the 1950s, Inuit began to experience regular contact with non-Indigenous people and government-directed relocations from on-the-land camps to permanent settlements commenced. (136) Inuit actively resisted these changes to society, however, non-Indigenous people continued to act in harmful ways against Inuit, including the killings of *qimmiit*, or dog teams, which were integral components of Inuit society and essential to hunt and travel long distances. (9) Beginning in the 1960s, many Inuit children were removed from their families and forced to attend residential schools or sent to live with non-Indigenous families,

sometimes thousands of kilometers from their families. (9) In these residential schools, the children were "made to forget their Inuit roots" (p.34, 9) and were punished for speaking an Inuktut language. Among Inuit and other Indigenous Peoples, residential schools created a "deep cultural and generational divide" because children could "no longer communicate with parents and grandparents" and had lost "cultural teachings, beliefs, values, and skills, especially those needed for activities on the land." (p.36, 9) Inuit continue to live with the harmful impacts of former colonization policies and tactics. (9,13)

Colonization is an ongoing practice in settler colonial states such as Canada. Colonization has displaced Indigenous societal structures, including those of wellness, justice, and education; thus, colonization continues to have "profound effects at community, social, familial, and individual levels" (p.2, 81) among Inuit. (24) While the territory of Nunavut was founded by and for Inuit, it exists within Canada's colonial structures which continue to undermine and obstruct Inuit's sovereignty. (5,97,147) For example, even though education, healthcare, and justice systems are under territorial jurisdiction, federal funding for these services is associated with requirements that are rooted in colonial values and expectations. (147–149) Further, Canada's criminal laws and the Supreme Court of Canada are under federal jurisdiction, thus their implementation in Nunavut by the Royal Canadian Mounted Police (RCMP) continues to impose colonial structures upon Inuit. (148,149)

Research conducted with Inuit "has largely functioned as a tool of colonialism" with Inuit often viewed "as either objects of study or bystanders". (p.5, 97) Regardless of researchers' intent, this exploitative and racist research style at its best magnifies pre-existing challenges and traumas experienced by communities, and at its worst manifests new challenges and traumas for Inuit. (97) This legacy has resulted in many communities and individuals having a traumatic relationship with research that "continues to be reflected in current approaches to research governance, funding, policies, and practices". (p.5, 97) As noted above, multiple Inuit political and advocacy institutions, including the ITK and QHRC, have called for research to be led by Inuit and promote Inuit sovereignty. (97,109,150)

Examples of impacts of colonization among Inuit

As noted above, colonization has disrupted all facets of Inuit's pre-colonization society. To exemplify colonization's wide-ranging effects, this section briefly discusses two examples of its harmful effects among Inuit and current initiatives Nunavummiut are taking to address these challenges.

Tuberculosis
Tuberculosis (TB) is a highly infectious disease that mainly targets the respiratory system and spreads by airborne droplet nuclei. In this thesis, active TB refers to someone who is currently experiencing a TB infection, may or may not be symptomatic, and can transmit the disease. (151) Overall, Canada is considered to be a low-incidence country for active TB. (152) However, in 2016, Inuit living in Inuit Nunangat experienced active TB rates of more than 300 times those experienced by Canadian-born non-Indigenous people, thus illustrating a health disparity between non-Indigenous people and Inuit in Canada. (151,152) The impacts of these high rates of TB are exacerbated by barriers to culturally-appropriate healthcare that many communities across Inuit Nunangat experience, including many communities lacking a local physician and healthcare workers being unaware or neglectful of Inuit cultural values and norms. (153,154)

TB was initially spread to Inuit Nunangat by "early European explorers and whalers" (p.7, 151). (154) Throughout the first half of the twentieth century, medical officers continued to report "concerns about the high rates of TB in their areas and the need for improved services." (p.7, 151) Early interventions to address the growing TB crisis among Inuit "marked a general shift in healthcare from Inuit ways to Euro Canadian ones" (p.38, 154) and included screening, removal of infected people from communities, and immunization campaigns. (151) By the middle of the twentieth century, "it was estimated that one in seven Inuit was living in a southern sanitorium" and "incidence rates of TB among Inuit … were in the 1500-2900 per 100,000 range." (p.8, 151) The staggering impact of TB among Inuit "cannot be overstated." (p.8, 151)

In the 1960s, a mass screening, testing, and treatment program began throughout Inuit Nunangat. (151) Under this program, the incidence of active TB among Inuit decreased fifteen percent each year until 1997. (151) While similar strategies of community-wide screening, testing, and treatment have been ongoing since 1997, the rates of TB among Inuit, mainly in the Eastern

Arctic, have increased substantially. (151) In 2016, the incidence rate of TB among Inuit in Inuit Nunangat was estimated to be about 183 per 100,000. (151) Additionally, TB outbreaks and TB-related deaths among youth are becoming increasingly common in Inuit Nunangat. (151)

The persistently high rates of TB in communities across Inuit Nunangat reflect health inequities present among Inuit. (151) Specifically, contributing factors include the region's prevalence of food insecurity, overcrowded housing with poor ventilation, and culturally-inappropriate TB surveillance and treatment protocols. (152,154) Poverty has also been cited as a contributing factor with non-Indigenous people in Inuit Nunangat earning almost $70,000 more annually than their Inuit counterparts. (151,154) These contributing factors, among others, can be linked to colonization, illustrating the web-like results of Canada's historical and ongoing colonial practices and policies. For example, during government-directed relocations, the Canadian government built Eurocentric housing that did not take into consideration Inuit's intergenerational family structures, thus encouraging overcrowded homes. (9,151,153,154) Today, quality housing shortages remain a crisis across Inuit Nunangat. (9,151,153,154) Additionally, food sovereignty is associated with TB as current TB medication must be taken with food and experiencing malnutrition increases one's risk of a severe TB infection. (153,154) Inuit's barriers to food sovereignty are widely considered to be a direct consequence of Canada's historical and ongoing colonization; colonial policies and practices that can be linked to Inuit food sovereignty include government-directed relocations and federal food security programs that are incompatible with and disruptive to Inuit culture (e.g., Nutrition North). (6,7,9,15,153,154)

In 2018, the ITK and Government of Canada committed to "reduce the incidence of active TB by 50% … by 2025, and eliminate the disease by 2030 in Inuit Nunangat." (p.699, 152) (151) Throughout the report, a holistic and coordinated approach that addresses the social determinants of health was highlighted as essential to reduce and eliminate TB among Inuit. (151) Until recently, strategies to prevent and control TB have largely focused on medical interventions. (151,154) As proposed by the Inuit-specific TB Strategy (2013), programs that aim to address the interconnected social determinants of TB should consider: 1) housing, 2) food sovereignty and nutrition, 3) mental wellness, 4) income distribution, and 5) accessibility of health services. (151,153) It is well-acknowledged that prior to colonization, these social factors were equitably

distributed among Inuit society. Thus, challenges Inuit experience today related to these social determinants of health are a direct consequence of historical and ongoing colonization. (151,153)

The Inuit TB Elimination Framework provides both "strategic direction for Inuit regions … [to] develop and implement region-specific TB elimination action plans" and "an evidence-based, transparent tool for ensuring accountability and measuring progress toward TB elimination." (p. 16, 151) Thus, the framework does not prescribe detailed plans, rather gives regions and communities the tools and knowledge to transform TB care and prevention and develop tailored programming. (151) The Inuit TB Elimination Framework is grounded in principles such as collaborative decision-making processes, respect for Inuit values, knowledge, and culture, and equitable and efficient resource use. (151) The priority actions laid out in the framework emphasize the importance of increasing Inuit sovereignty, addressing the social determinants of health, and empowering and engaging communities throughout program planning, delivery, and evaluation. (151)

Grounded in the Inuit TB Elimination Framework, Nunavut Tunngavik Incorporated (NTI), in partnership with the Government of Nunavut, created the Nunavut Tuberculosis Elimination Action Plan, 2020-2023. (155) This regional action plan has ten focus areas including housing, food sovereignty, and Inuit-governed research. (155) As of November 2022, the full action plan is unavailable to the public. The territory's previous strategy to prevent and manage TB was published in 2017 and focused on clinical aspects such as screening, contact tracing, and treatment and care plans. (156)

A study that evaluated the ITK's goal of reducing the annual TB incidence in Inuit Nunangat by 50% by 2025 found it to be implausible; they found that "if active TB cases are identified rapidly within one week of becoming symptomatic" (p.699, 152) a 50% reduction in active TB incidence could be achieved between 2025 and 2030. This study also found that eliminating TB from Inuit populations altogether "would extend beyond 2030" and would "require high rates of contact-tracing". (p.698, 152) Given these findings and Nunavut's ongoing TB outbreaks, program evaluations are needed to determine effectiveness and provide realistic timeframes and goals.

Substance use

Substance use can be defined as the consumption of psychoactive substances including tobacco, alcohol, and drugs. (157) There are an array of widely-debated terms to describe the harmful effects of substance use including substance addiction, substance dependence, substance use disorder, substance abuse, and problematic substance use. Substance dependence can be defined as a physical dependence on a substance, characterized by increased substance tolerance and withdrawal symptoms. (158) Addiction can be defined as "the loss of control over the intense urges to take the drug even at the expense of adverse consequences". (p.764, 158) Substance abuse or problematic substance use can be defined as "drug use [that] dominates a person's life at the expense of other activities and has negative mental and/or physical side effects". (p.345, 159) Currently, physicians in Canada use the Diagnostic and Statistical Manual of Mental Disorders (DSM), Fifth Edition to diagnose patients with substance use disorder. (157) Discussion of the DSM-5 and its applications is beyond this thesis' scope.

In this thesis, the term 'harmful substance use' is used to encompass the phenomena of substance dependence, substance abuse, and addiction. Harmful substance use is preferred over substance abuse or problematic substance use as it emphasizes the experience of the phenomenon, rather than placing blame on the individual. Thus, harmful substance use is considered less stigmatizing than substance abuse or problematic substance use. (160) Harmful substance use can be defined as a "persistent preference for drug rewards that provide immediate reinforcement… but [with] longer term costs in important life-health domains… as compared to drug-free alternatives that typically have lower short-term, but higher long-term value". (p.740, 161) In other words, harmful substance use occurs when someone experiences a pattern of substance use that provides an immediate reward (e.g., euphoria, anxiolytic, or analgesic effects), but results in delayed or long-term negative consequences (e.g., harmful physiologic effects). In comparison, healthier substance use can be characterized by engaging in substance use in a way that may lower immediate rewards (e.g., depressive symptoms), but there are delayed or long-term benefits (e.g., healthy familial relationships and academic or professional achievement). In this thesis, I use the phrase 'healthy relationships with substances' to describe abstinence or substance use patterns that mitigate the harm to the individual and/or their community.

Prior to European contact, Indigenous Peoples of Canada did not consume alcohol, opiates, and stimulant drugs such as cocaine or methamphetamines. (162,163) It is widely understood that the intergenerational trauma experienced by Indigenous Peoples is reflected in the disproportionately high prevalence and rates of harmful substance use among Indigenous Peoples, compared to non-Indigenous people in Canada. [111,112] For example, the 2012 Aboriginal Peoples Survey found that the rate of 'heavy drinking' (defined as "five or more drinks on one occasion, at least once a month in the twelve months preceding the survey" [p.8, 164]) among off-reserve First Nations, Métis, and Inuit were 35%, 30%, and 39%, respectively. In comparison, the 2011 National Household Survey found 23% of non-Indigenous people to be heavy drinkers. (164) However, these same surveys found that off-reserve First Nations (30.9%), Métis (24.9%), and Inuit (37.6%) were more likely to abstain from drinking altogether than non-Indigenous people (23.5%). (164) This indicates that drinking habits, and likely general substance use, is a highly complex social phenomenon among Indigenous Peoples that requires a nuanced, holistic approach. (163)

As noted previously, when non-Indigenous people began interacting with Inuit regularly, they often did so in ways that caused harm and disrupted Inuit society. (136) In the substance-related context, non-Indigenous people introduced and weaponized alcohol, tobacco, and other substances. (163) As seen among other Indigenous populations, alcohol's introduction, in particular, caused harms among Inuit that are still felt today. For example, in Nunavut between 1999 and 2007, 23% of all premature deaths were linked with heavy alcohol consumption and 30% of all homicides were associated with substances. (165) There is limited information on drug usage in Nunavut, however, there are RCMP reports of illegal drugs being trafficked and sold throughout the territory. (166,167) More research into drug usage in Nunavut is needed.

Many of the perceived ramifications of harmful substance use can be viewed instead as consequences of colonization-related trauma. (163) This approach aims to emphasize the larger system's role in substance use patterns, and minimize stigma and blame placed on the individual or community. Alternatively, utilizing a strengths-based approach, harmful substance use can be viewed as an adaptive means to survival after exposure to trauma. (168)

Currently, there are a variety of strategies employed in Nunavut to prevent and address harmful substance use. In 2016, the Government of Nunavut published a report detailing fifteen initiatives aiming to reduce harms associated with alcohol use in the territory. (165) These initiatives are grouped into four categories: 1) prevention and education, 2) harm reduction, 3) treatment, and 4) enforcement. The prevention and education stream aims to empower Nunavummiut with the knowledge and skills to make informed choices related to alcohol consumption and increase accessibility to resources and supports for all Nunavummiut. (165) The harm reduction stream aims to ensure Nunavummiut receive collaborative, intersectoral care and empower Alcohol Education Committees (AECs) and Community Health and Wellness Committees (CHWCs). (165) Under the harm reduction stream, Nunavut's Finance Ministry has opened beer and wine stores in Iqaluit and Rankin Inlet to increase access to alcohol to "disrupt bootlegging" (p.12, 165) in the territory. (169) The treatment stream aims to ensure screening, treatment, and referral services are available and culturally appropriate for all Nunavummiut. The enforcement stream aims to "control and influence the availability and distribution of alcohol" (p.14, 165) by improving the permitting system which allows Nunavummiut to import alcohol into the territory, increasing support for RCMP activities that disrupt crime and harmful behaviours, and establishing alcohol pricing controls. Evaluation of the implementation of this report's strategies and initiatives is needed. Research into unregulated and pharmaceutical drug use among Nunavummiut is needed to facilitate a comparable strategy for other substances.

Across Nunavut, there are a variety of community-level strategies aiming to prevent and address harmful substance use. For example, AECs and CHWCs are composed of locally elected community members who are passionate about community wellbeing. (165,170,171) In communities where alcohol is permitted, AECs function to control alcohol importation and educate community members on responsible alcohol consumption. (171) CHWCs are responsible for the health and wellbeing of the community, including identifying and supporting community needs and priorities. (170) These committees are intended to act independently, under the council of Nunavut's Liquor Commissioner, thus aiming to instil autonomy and community-led decision-making regarding substance use and greater community wellbeing. (172) The Nunavut government also facilitates training of community-based, paraprofessional

counsellors who can offer culturally-appropriate counselling. (165) More research into these community-level strategies' effectiveness is needed.

Substance use among youth is a complex social phenomenon with considerable research exploring its underlying causes, patterns of engagement, and prevention and treatment strategies. A full literature review of substance use among youth is beyond the scope of this thesis, however, the underlying causes, patterns of engagement, and prevention strategies are briefly discussed below.

Worldwide, there are an array of factors that are known to encourage healthy relationships with substance use among youth. (173–179) These include resilient mental health, sense of belonging and support from family members and community, and models of healthy relationships with substances. (173–179) For Indigenous Peoples, there are additional social factors that are thought to encourage healthy relationships with substances including connection to their land, culture, and language. (19,20,24,118,124) Canada's historical and ongoing colonization reality has created barriers to these health promoting factors among Indigenous Peoples, however, many Inuit communities are making efforts to foster and grow these factors. (4,9,10,12,13,108,114,180)

There are a variety of strategies aiming to prevent harmful substance use among youth in Canada. These prevention strategies are often deployed in schools and can be viewed as grounded in values along a spectrum of abstinence to harm reduction. Examples of abstinence-oriented strategies include the well-known 'Just Say No' and Drug Abuse Resistance Education (DARE) campaigns which encourage youth to abstain from all substances and aim to foster skills that help youth avoid engagement in substance use, organized criminal activity, and violence. (181) Critics of abstinence-based approaches often claim these initiatives promote fearmongering, stigmatization, and do not adequately provide youth with the skills and knowledge to make informed choices. (182–190) Harm reduction-oriented approaches aim to foster youths' informed decision-making skills regarding substance use, by educating youth on peoples' motivations to use substances and risks associated substance use, and by providing youth with skills to abstain from or engage in substance use in healthier ways. Critics of harm reduction approaches claim these initiatives do not adequately emphasize the risks of substance

use to youth, assume youth will inevitably engage in substance use, and require personnel who are educated on harm reduction principles. (191) Eurocentric approaches to harm reduction can be "contentious and contested" in Indigenous communities, usually on "moralistic grounds that are thought to be a result of centuries of colonization and Christianization". (p.10, 192) However, Indigenous approaches to harm reduction can be "rooted in Indigenous Knowledges and worldviews" and focus on "mitigating the egregious harms of colonization". (p.10, 192) Indigenous approaches to harm reduction are varied and often include activities aiming to foster cultural continuity which may alleviate many Indigenous Peoples' concerns of harm reduction strategies. (192)

In Canada, municipal, regional, and/or territorial governments usually determine government-provided substance use programming for youth within the region, with some schools or communities selecting additional programs based on their identified needs. (193) Laws prohibiting people under the age of majority buying, possessing, and consuming alcohol and cannabis are also examples of strategies to prevent substance use among youth. There are six communities in Nunavut where alcohol is prohibited for all, but people who buy alcohol for or sell alcohol to youth are subject to additional charges and/or fines. (172)

There are a plethora of community-led initiatives employed throughout Inuit Nunangat aiming to prevent and address harmful substance use among children and youth. These initiatives are usually developed and administered through the local community or a non-governmental organization. (193) Examples of these initiatives include the Makimautiksat Wellness and Empowerment camp and Aullak Sangillivalianginnatuk program. (114,194) The success of these initiatives can be attributed to their grassroots, community-led approach that seeks to build upon the community's strengths. (114,194)

Discussion of strategies that aim to build cultural continuity and social connection among youth in Nunavut

As discussed above, Canada's historical and ongoing colonization practices and policies, as well as the resulting intergenerational trauma, have created barriers to cultural continuity and social connection among Inuit. (9,10,12,13,180) Increased cultural connection is known to be positively correlated with social engagement and other health-promoting behaviours. (20,24,140) The

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inverse causal relationship is also seen, or, Inuit who are more socially connected or engage in other health promoting behaviours are more likely to be better connected to their culture. (118,124) These inverse relationships are important to acknowledge as they illustrate the interconnected nature of these phenomena. This interconnectedness implies that when an intervention is taken to support the growth of one or more factors, all other factors will benefit, which in turn amplifies the initial intervention's impact. As social connection is known to encourage health-promoting behaviours, and cultural continuity is considered a social determinant of health among Indigenous Peoples, programs that promote cultural and/or social connection can be viewed as health promotion initiatives. (19,131,132)

Evidence-based best practices
Health promotion strategies that aim to build cultural continuity and social connection among youth in Nunavut require an evidence-based approach to ensure effectiveness. In this section, I will detail three of many evidence-based best practices for health promotion work among Inuit: community-led, strengths-based, and land-based.

 For decades, Indigenous Peoples have called on academia and public institutions to utilize a community-led approach in health promotion work. Community-led approaches to health promotion are "defined and implemented by the community, who are in control of all resources, parameters, and decisions". (p.2, 195) Community-based is often used synonymously with community-led as both terms refer to collaborative approaches between a community and an outside actor, such as an NGO or research institution. (196) However, in health promotion, community-based approaches can vary in the extent of community engagement, and fundamentally differ from community-led approaches due to community-based approaches' *shared* control of resources and decision-making power between the community and outside partner. (195) In contrast, in community-led health promotion, the community retains their power, and the outside actor supports program activities' planning and delivery by providing resources, skills, and/or knowledge as requested. (195) Importantly, community-led approaches use a collective decision-making process with a diverse group of community members to determine community needs, priorities, and interests. (195,196) Community-led approaches to health promotion result in strategies that are either community-created or -tailored, by altering an existing strategy's framework to the community's needs, interests, and culture. Community-led

processes result in culturally-appropriate, community-oriented initiatives, and thus tend to be more effective than homogenous national or regional strategies. (195,196) The Aullak Sangillivalianginnatuk program discussed previously is an example of a community-led health promotion initiative. (114) This program was developed with a diverse group of community members and a mental health professional working with the community, is grounded in IQ principles and Inuit culture, and sought to meet community-identified needs and priorities. (114)

Strengths-based approaches utilize and enhance communities' strengths, while also considering their challenges. (197) Strengths-based approaches are solutions-oriented and focus on ways forward, rather than dwelling on current challenges. (197) Tuck discusses the importance of celebrating a community's strengths, while acknowledging their challenges, "even when communities are broken and conquered, they are so much more than that – so much more that this incomplete story is an act of aggression". (p.416, 50) Highlighting a community's strengths functions to assert a desire-based framework and focuses on solutions, rather than amplifying challenges of which the community is already well-aware. (50,197) Solutions determined through strengths-based approaches typically engage community members more effectively than damage-centred narratives as they encourage participation by providing a positive way forward. (197–199) Additionally, strengths-based initiatives typically use resources efficiently as they consider a community's strengths and challenges related to human resources, funding, and space during planning, implementation, and evaluation activities. (199)

Indigenous Peoples often advocate for land-based, health promotion initiatives for youth. These initiatives are either implemented entirely or partially on-the-land and aim to connect youth with their land. Elders are often engaged throughout the planning and delivery of land-based initiatives. (193,194) Land-based initiatives can be seen as a decolonizing approach to health promotion because they aim to reconnect peoples to their land, thus,

> …if colonization is fundamentally about dispossessing Indigenous peoples from land, decolonization must involve forms of education that reconnect Indigenous peoples to land and the social relations, knowledges and languages that arise from the land. (p.1, 200)

Land-based initiatives also foster cultural and social connection as these activities are grounded in culture and IQ principles and administered in a group setting. Inuit Elders have called for

more land-based initiatives to share knowledge with youth and reconnect them to their land and culture. (193,194) Land-based initiatives are inherently strengths-based and typically use a community-led approach, thus incorporating multiple evidence-based best practices. (139,200)

School-based strategies

Since 1989, Inuit in Canada have advocated for and worked towards a self-determined curriculum that best serves Inuit children and youth. (57) The Nunavut government has made efforts to facilitate cultural continuity and social connection in the school system. Nunavut's curriculum is based on the "landmark document" (p.296, 57) 'Inuit Qaujimajatuqangit: Education Framework for Nunavut Curriculum', which credits the knowledge of more than 55 Inuit Elders and 65 northern and Inuit educators. (201) Learning from the knowledge shared by Elders, Nunavut's curriculum goals are based on IQ principles and Inuit laws and values. (57) The curriculum is composed of four integrated strands, aiming to better approximate "the holistic nature of Inuit knowledge" (p.115, 202): 1) *Nunavusiutit*: heritage, culture, economics, world news, and environmental sciences, 2) *Iqqaqqaukkaringniq*: math, technology, practical arts, problem-solving, and analytical and critical thinking, 3) *Auglajaaqtut*: personal safety, wellness, goal setting, and society and volunteerism, and 4) *Uqausiliriniq*: creative arts, language, and reflective and critical thinking. (57,203) The ITK has made clear the continued need for curriculum development grounded in IQ principles and Inuit culture. (57,204)

Strengths of Nunavut's school-based strategies to foster cultural continuity and social connection include required Inuktut learning for all Nunavummiut children and efforts to ensure curriculum is delivered in a holistic manner that aligns well with IQ principles and Inuit cultural values. (201,203) Consistent with holistic approaches to teaching and learning, land-based education is also encouraged. (201) In Inuit culture, Elders are seen as teachers; Nunavut's curriculum reflects this by including Elders and their teachings as critical components of the school curriculum. (57,201,203,205) Additionally, whenever possible, Inuk community members are employed in the school system, further facilitating cultural continuity and pride. (57)

Challenges of Nunavut's school-based strategy to foster cultural continuity and social connection mainly centre around curriculum delivery and human resources. (206) Similar to healthcare workers, educators in Nunavut are highly transient and often culturally incompetent. (205,207–

209) This high turnover creates an unstable learning environment where students are often unable to form long-term, trusting relationships with educators. (57) As of 2013, two-thirds of teachers in Nunavut were from southern Canada (210), and in 2018, 88% of principals were "English-speaking non-Inuit". (207) Nunavut's Department of Education provides a 'Teacher's Key Essentials Guide' for all incoming teachers which briefly discusses IQ principles and ways to apply them in the classroom. (206) As well, Nunavut's Department of Education delivers an optional, but highly encouraged, virtual orientation to teaching in Nunavut. (211) In the past, orientation activities have included virtual conference calls, presentations, and online courses. (211) Material covered in these orientation activities include expectations for life in Nunavut, cultural sensitivity and trauma-informed practice, and discussions of IQ principles and how they apply in the classroom. (211) Given Nunavut's Inuit-specific curriculum, southern teachers' limited training is often inadequate and can result in poor incorporation and delivery of Inuktut languages, IQ principles, and Inuit culture in the school system. (206–208)

To address the low prevalence of teachers who can speak an Inuktut language, schools often assign their few Inuk teachers to deliver language classes. (57,212) However, Nunavut's curriculum is intended to be holistic and incorporate IQ principles and Inuit culture throughout all subject areas. Thus, the high prevalence of southern non-Indigenous educators often results in a siloed approach to pedagogy, common in schools in southern Canada, that does not align well with Inuit culture. (57,204,212,213) Nunavummiut's concerns over the quality of education in the territory cannot be overstated; in October 2021, the NTI filed a lawsuit against the Nunavut Court of Justice regarding Nunavut's lack of Inuit culture and Inuktut language delivery in schools. (214)

Learning experiences outside the classroom are highly encouraged by Nunavut's Department of Education who has partnered with Nunavut's Department of Environment. (201) Examples of this partnership include land-based camps whose programming has been co-developed by the departments of Education and Environment, in conjunction with local and regionally-based organizations. (215) Other initiatives include school presentations by conservation officers, community clean-ups, and the 'Students on Ice' program. (215) There are also examples of unique partnerships between schools and local organizations that facilitate on-the-land learning across Nunavut. (193) However, while land-based education is promoted, often educators must

take the initiative to plan and/or deliver these programs which can be highly time-consuming. (216) Similarly, including Elders in school-based learning is encouraged, but in practice, it is often dependent on individual educators making these connections which results in ad-hoc inclusion. (205) In Eurocentric education systems, Elders' inclusion and land-based learning are typically viewed as curriculum enhancements, rather than fundamental components of students' education. (217–219) Thus, southern, non-Indigenous teachers are less likely to adequately engage in these educational practices, especially given their limited training. (57,212,213) Previous research has indicated that Elders view school-based education as inadequately fostering a connection to the land among Inuit youth, further emphasizing the current gaps present in Nunavut's educational policy and practice. (216)

It is well-acknowledged that increasing the prevalence of Inuit educators in Nunavut would address many of these challenges. Since 1979, there have been efforts to increase the accessibility of education careers for Nunavummiut. (220) Today, the Nunavut Teacher Education Program offers Nunavummiut a Bachelor of Education through the Nunavut Arctic College and Memorial University. This program's accessibility and effectiveness needs to be evaluated. The Nunavut government could also increase its teacher orientation's rigour by thoroughly discussing the curriculum and cultural context, and requiring a basic level of an Inuktut language for non-Inuit teachers. (221) Additionally, southern, non-Inuit teachers should be encouraged and incentivized to meet families outside of the school context and participate in community events, when invited, to better understand the "milieu in which [they have] chosen to work." (p.253, 208) Lastly, requiring, rather than encouraging, educators and schools to meaningfully incorporate land-based learning, engage with local Elders, and ensure Elders are respectfully included in planning land-based learning opportunities would likely improve the quality of education for Inuit youth.

Out-of-school strategies
There are a variety of strengths associated with out-of-school strategies aiming to foster cultural continuity and social connection among youth, including afterschool programs, on-the-land camps, and whole-family programming. These programs are often community-led and delivered by a local or regional organization, resulting in initiatives that are developed and delivered in culturally-appropriate processes that meet community-identified needs and priorities. (193)

These initiatives vary based on content, format, and community, but they are often land-based and include Elders during planning and delivery phases.

There are a variety of out-of-school strategies implemented throughout Nunavut. In Gjoa Haven, an Elder-youth land camp was developed to explore the connection between community wellbeing and caribou. (216) During initial discussions with Elders in the community, the researchers learned that Elders find Elder-youth land camps to be the "most effective means to share their knowledge, for youth to learn, and researchers to engage in respectful research." (p. 261, 216) With the Elders and other community members, the researchers developed, facilitated, and evaluated three land camps using the Qaggiq Model for Inuktut knowledge renewal. The authors discuss some of the complexities of cross-cultural research and highlight the importance of local leadership, thorough discussions around ethics, safety, and responsibilities, facilitating opportunities for experiential learning, and program sustainability. (216) This influential study provides a framework for land-based learning that other communities wishing to learn from Elders can utilize and adapt to their needs. (216)

The QHRC's 'Makimautiksat Wellness and Empowerment' camp and 'Eight Ujarait/Rocks Model' is as an example of a community-led health promotion program that was deployed in six communities across Nunavut. (194) The program is intended for youth, can be delivered in English or an Inuktut language, and is administered over eight to ten days, with two to three days on-the-land. Parents have expressed pride that this initiative was "developed by Nunavummiut, for Nunavummiut" (p.5, 194) and has received wide praise for its culturally-grounded approach to health promotion. Overall, the program has been found to facilitate cultural continuity and social connection through activities that promote intergenerational knowledge sharing and foster a sense of belonging. (194)

Similar to complexities surrounding CB and/or PA research methods, communities planning and implementing out-of-school health promotion programs often experience challenges related to funding institutions' requirements regarding program design, capacity, and evaluation. A systematic review found funding to be the main resource barrier to planning and implementing out-of-school initiatives. (222) Funding for out-of-school strategies can be challenging as grants are the main funding source for these types of initiatives and their applications are often onerous

and inaccessible to people not affiliated with a research institution. (94,95,223) Additionally, grant funding is often short-term, thus creating challenges when planning sustainable initiatives, and grants' required program evaluation is often not culturally competent for Indigenous Peoples. (95,224,225) Previous research has indicated that Inuit Elders prefer to engage with a small number of youth at a time. (216) Decreasing the ratio of youth to instructors increases the programs' proportional cost which can be challenging to justify to funding agencies. (216) Importantly, and in contrast to school-based strategies, challenges surrounding out-of-school initiatives appear to centre around funding, rather than content and approach. This fundamental difference is important to acknowledge when exploring policies that aim to increase the prevalence of community-led cultural initiatives for youth.

Potential of community-based participatory action research to explore and foster cultural continuity and social connection among Inuit youth

As discussed above, CBPAR methods are a solutions-oriented approach to research that situate community members at the helm of the research to lead and/or direct all research activities. (33,88) CBPAR methods that are meaningfully rooted in the Aajiiqatigiingniq Research Model and informed by the ITK's NISR, can function to promote research self-determination in an Inuit context. (33,35,65,88,89) However, these research methods themselves can further promote community wellbeing by fostering cultural continuity and social connection among youth. Specifically, a diverse group of community members guiding all research activities in an Inuit context would likely facilitate intergenerational knowledge sharing among community members and create opportunities to discuss IQ principles' application in a modern context. It has been well-acknowledged that intergenerational knowledge sharing is urgently critical to facilitate cultural continuity as Inuit Elders today may have experienced life before the government-directed relocations that began in the 1950s. (22,136) Often, IQ principles and Inuit cultural values are viewed as 'traditional knowledge', undermining their dynamic nature and relevance in today's world. (226) Experiential learning about IQ principles' and cultural values' application in various contexts is critical to enable cultural continuity; CB and/or PA research methods offer an opportunity to demonstrate to youth the modern value and applicability of these principles and values. (11,22,56,58,62,63) Therefore, research that utilizes CBPAR methods and is grounded in the *Aajiiqatigiingniq* research methodology and ITK's NISR, has the capacity to facilitate a rich

and ongoing intergenerational discussion of IQ principles and cultural values, thus promoting cultural continuity *through* the research process.

As seen in other CB and/or PA research projects, involving youth throughout the research process can facilitate and strengthen reciprocal relationships among youth and other community members, and foster a sense of collective pride. (108,227) As CBPAR methods and the Aajiiqatigiingniq Research Model necessitate action-oriented approaches to research, youth can be empowered as researchers and actively participate in the decisions that will impact their community. These collaborative decision-making processes have the potential to promote a sense of belonging, relational accountability, and self-determination among Inuit youth. (39,108,227) Thus, CBPAR research methods grounded in a culturally-relevant methodology can extend beyond a knowledge generation and sharing framework, and have the potential to be a health promotion initiative that fosters cultural continuity and social connection among youth.

In this chapter I have appraised, analyzed, and synthesized literature related to the topics of: the terminology surrounding Indigenization and decolonization, Inuit research paradigms, CBPAR methods, guidelines for researchers wishing to work with Inuit communities, community engagement through relationship building, cultural continuity and social connection among youth, strategies to foster wellness-promoting behaviours among Inuit youth, historical and ongoing colonization in Inuit Nunangat, and CBPAR as a health promoting initiative itself. As demonstrated throughout the chapter, these topics are complex, context-specific, and interrelated thus, a nuanced approach is needed when applying these knowledges.

Chapter 3: Methods

In this chapter, I describe my application of CBPAR methods within the Aajiiqatigiingniq Research model, autoethnographic data generation, and strategies I have employed to analyze ethical conduct and rigour.

Applying the Aajiiqatigiingniq Research Model and community-based participatory action research methods

The definitions and appropriate applications for the terms methodology and methods are nuanced, but important to keep in mind. Methodology is essentially "the study of methods." (p.30, 38) While methodologies are well-researched and thoroughly characterized, a research project's methodology is necessarily both dynamic and static as it is, "the established and evolving approach to and foundation of a research study." (p.11, 228) Within methodology, methods are the collective research strategies and processes that together determine one's approach to participant recruitment, data generation, handling, and analysis, and knowledge sharing. (38) Data generation and analysis strategies are the techniques used to create and analyze data and include tools such as focus groups, surveys, or interviews; in this thesis, I utilize analytical autoethnographic data generation and analysis as discussed in the next sub-section. (38,228)

The Aajiiqatigiingniq Research Model has been discussed in length in Chapters one and two. Given the project's current phase and the value in discussing CBPAR projects that are in an early planning stage, this work discusses my experiences engaging with an Inuit community during the first two stages of the Aajiiqatigiingniq Research Model. These initial phases focus on building relationships and mutual understanding through discussions of current realities, research goals, existing knowledge around the focus areas, and roles and responsibilities throughout the research process. (65) Further discussions and relationship building are needed before we can proceed to data generation, analysis, and knowledge sharing phases. It is important to note that in this project's application of the *Aajiiqatigiingniq* research methodology, the described phases will not be discrete or singular; rather, they will occur concurrently and cyclically to ensure data saturation is achieved and community-identified research goals are met.

CBPAR methods are grounded in a community-led, action-oriented approach to research, thus, they complement the Aajiiqatigiingniq Research Model. CBPAR's characteristics have been thoroughly discussed in the previous two chapters. In summary, CBPAR was selected for its prioritization of relationships and community-directed, solutions-centred approach to data generation and knowledge sharing. Additionally, CBPAR methods are grounded in a flexible approach to research which allows them to be easily combined with other methodologies and supports a variety of data generation and analysis techniques.

When applying the Aajiiqatigiingniq Research Model and CBPAR research methods, my approach and understanding of my role can be visually described by Wilson *et al.* (2020)'s Sikumiut model (Figure 6). (43) This model was collaboratively created with Mittimatalik community members and is grounded in the ITK's NISR. (43) The Sikumiut model illustrates the role of non-Indigenous research partners in Inuit, community-led research projects as fundamentally promoting Inuit self-determination by encouraging community-led decision-making processes, prioritizing community-identified needs, aligning the project with community values, and fostering Inuit youth capacity. (43) As a southern non-Indigenous researcher, I will continue to apply and reflect upon this model in future work with the community.
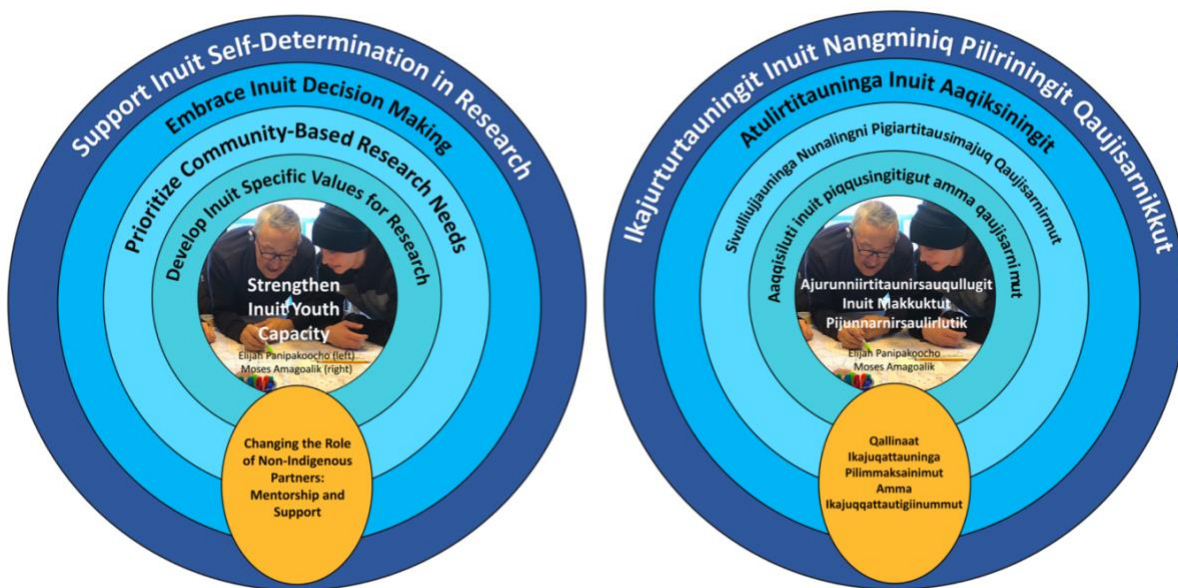
Figure 6. Sikumiut model for non-Indigenous researchers' role in Inuit research. (43)

Analytical autoethnographic data generation and analysis

Autoethnography is a relatively new qualitative data generation strategy that encompasses other strategies such as personal narrative, interpretive biography, and socioautobiography. (38) Autoethnographic techniques are a self-narrative tool wherein one connects and critically analyzes themselves in relation to one or multiple cultural context(s). (38,228) Analytical autoethnography is a type of autoethnographic inquiry in which the researcher is considered and identified as a participant, and one that aims to increase and improve "theoretical understandings of broader social phenomena" through analytic research. (p.375, 229, as cited in 228)

I utilized Smith and Sparke's figure, "A typology of narrative analyses" (230), to select autoethnography based on my role as the storyteller in this thesis. Authoethnography questions, "What am I learning by examining my identities, power, privileges, and penalties within one or more cultural contexts?" (p.7, 228) Unlike positivist data generation strategies, autoethnography embraces subjectivity and engages first-person voices and perspectives throughout the data. (228) Autoethnographic techniques necessitate critical reflexivity which enables unique findings based on the intersections of personal perspectives and values, literature, current realities, and meaning in greater society. (228) These characteristics collectively highlighted autoethnography as the most appropriate and effective data generation technique for this thesis because I explore my experience during the early phases of a CBPAR research project with an Inuit community.

Autoethnographies centre personal accounts of the researcher's experiences with the intent of expanding understanding. (38,228) The way in which the experiences are collected and shared, and the level of detail provided in autoethnographic accounts, varies based on research methodology, methods, and goals. (228) For example, researchers may generate their autoethnographic data through journal entries, discussions with others, reflections based on memory, analysis of work completed, and/or dramatic performance. (228) Researchers must consider their methodology and methods when determining what data sources to utilize, to ensure all aspects of the research design align and complement one another. (38) In this thesis, I use personal reflection and analyses of work completed to generate the data as these sources align with our action-oriented methodology and methods and do not create additional burdens for the community with whom I am working.

There are five main characteristics of autoethnography: 1) critical reflexivity, 2) educative experiences, 3) privilege-penalty experiences, 4) ethical concerns, and 5) salient experiences assembled and shared. (228) Engaging in critical reflexivity requires one to challenge existing knowledge and understandings, in the context of new knowledge and experiences. (228) In line with critical reflexivity, autoethnographers must consider their own roles in creating their realities and analyze their responses to challenges as along a scale of resistance to complicity. (228) Researchers engaging in critical reflexivity must identify and consider educative experiences, or experiences that have transformed their awareness or perspective on a topic, to effectively analyze their understandings of the autoethnographic phenomenon. (228) Privilege-penalty experiences describe one's relation to and experiences of oppression systems such colonialism, ethnicity, socioeconomic status, and gender. (228) Experiencing privilege and penalty can occur simultaneously and are context-dependent, thus illustrating the nuanced approach autoethnographers must take when considering their "privilege[s] and penalt[ies] alongside the social forces they perceive, identify, and study in relation to themselves." (p.23, 228) Educative experiences and one's privileges and penalties are often discussed in a researcher's positionality statement; for self-narrative data generation, it can be valuable to incorporate these experiences and positionalities into the discussion to enrich context-specific discourse. (228)

Relational ethics are fundamental to autoethnographic strategies as the inquiry focuses on the researcher's experience *in relation* to others and the environment. (228) Autoethnographic studies must take a prudent and holistic approach to ethics, to ensure privacy for the people and communities involved is upheld and that the researcher's biases do not overwhelm the narrative and therefore jeopardize the study's credibility. (228) There are three ethical obligations autoethnographers must consider: 1) protecting the privacy and safety of those discussed in the autoethnographic work, 2) if and how to engage those discussed in the work through member checking, and 3) all possible interpretations and implications of the work. (228) Various researchers engaging in autoethnography have noted that to respect and affirm relational ethics, the study's overall intention must be prioritized over specific details' inclusion, particularly those of a sensitive nature that could reflect poorly on the community and therefore undermine the researcher's relationships. (228)

Salient experiences assembled and shared refers to how autoethnography data generation occurs and can be assessed. (228) Salient experiences can be defined as "memorable personal stories from one's life that can be supported by evidence from related critical social research literature." (p.26, 228) In other words, salient experiences form the foundation of the autoethnographic data. Situating these life narratives within a rigorous literature review supports autoethnography as a valid and rigorous research tool and draws attention to any knowledge gaps or inconsistencies that may exist in the literature. (228) Assemblage refers to the gathering and synthesizing of salient experiences and relevant literature to create a "rich, multilayered account[] of a particular time, place, or moment". (p.27, 228)

Autoethnography can be a challenging data generation strategy to employ as it requires a critical analysis of one's experiences and actions, thus making oneself vulnerable. (228) While reflections of one's experiences are necessary, they are insufficient alone; researchers wishing to engage in autoethnography must be reflexive by "being critically conscious while considering how they might be complicit" (p.17, 228) in the challenges they experience(d). Autoethnography has received critique from some researchers claiming that the strategy is "too subjective to meet the scrutiny of rigorous research." (p.27, 228) However, many researchers have rebutted this sentiment by reinforcing that because autoethnography necessitates a connection of the self to the cultural, it enables a discussion that "focus[es] outward on the sociocultural aspects of one's experiences, [thus] it is research." (p.41, 38)

Ethics

As my research relationship with the community stemmed from previous work as an intern with the community, I have engaged in relational ethics from the project's grassroots. Relational ethics can be described as ethics through the lens of relational accountability. (39,52) This approach to research ethics is especially important when working with Indigenous communities to ensure current and future research is conducted in a manner that affirms their sovereignty and is respectful of their culture, people, and land. (97) Both the *Aajiiqatigiingniq* and CBPAR methodologies necessitate ethics grounded in relationality and relational accountability. Relational ethics are also emphasized and required by the NRI and TCPS-2, however, their applicability extends well beyond REB approval and research licensing. (103)

The principles of relational ethics are grounded in relational accountability and include respect, reciprocity, and responsibility. (6,39,52) I have engaged in relational ethics by critically reflecting on my presence's impact on the community and influence in the project planning process. As a southern non-Indigenous person who is working within institutional research, it is my responsibility to ensure all research goals, activities, and outcomes are ethical for the community. I grew up and currently live in a markedly different sociopolitical environment than the project's setting; I cannot assume what I believe to be just, moral, and principled is ethical for this Inuit community. I have also practiced relational ethics by utilizing continual and conscientious reflexivity to evaluate my actions and motivations, encouraging community direction for all research activities, and learning from and applying community feedback. These efforts have functioned to ground this project's ethics in relational accountability. To facilitate further discussions and mutual understandings of relational accountability, I plan to establish terms of reference with community members involved in the research process and other institution-based researchers. These terms of reference will be collaboratively created by community members and university-affiliated researchers to ensure all parties understand their respective roles and responsibilities; this document will also provide guidance regarding relational accountability, ethical conduct, and conflict resolution. (98)

There are some autoethnographic-specific ethical considerations that deserve emphasis. (228) Namely that, while autoethnography strategies draw from a personal experience, these experiences are related to larger social and cultural phenomena which are often discussed and described in detail; these discussions, while intending to provide context for readers, can cause harm to the community or individuals involved if done so carelessly. (228) Thus, autoethnographers must take particular care to not identify the community or individuals involved that wish to remain private. (228) Given these ethical considerations that are grounded in relational accountability, throughout this thesis, I have omitted details and literature that could inadvertently identify the community. I have elected to not ask community members to engage in member checking for this thesis because: 1) I am not identifying the community or any individuals, 2) it would add a significant burden to community members without much benefit for them as individuals or the collective community, and 3) this thesis utilizes autoethnographic data from a researcher's perspective during the early stages of a CBPAR relationship. However, I

have engaged in member checking by discussing my experiences with my thesis committee who have been instrumental to this project's process and colleagues who are aware of the project's progression and activities. Knowledge sharing products that discuss research findings or the community's experiences will be collaboratively produced with the community, and therefore, community-based member checking will be inherent to the creation process. Researchers must also consider all possible interpretations and implications for their work. (228) While communities across Inuit Nunangat are incredibly diverse, many non-Indigenous people still view Inuit, and even Indigenous Peoples, as a homogenous group. (180) Given this, some readers may interpret my experience with one community as reflective of all communities within Nunavut or Inuit Nunangat. While this is not my intent, I have considered it as a possible interpretation and have therefore taken great care to ensure that I utilize a strengths-based approach throughout the thesis so that the research highlights the community's positive attributes. I have also highlighted the diversity within Inuit Nunangat throughout my thesis to prevent this interpretation.

Formal ethics requirements are important to obtain and can function as a 'checkpoint' for researchers and communities engaging in CB and/or PA research methods. (90) I completed mandatory research ethics training from the University of Alberta before any interaction with the community. As is common with CB and/or PA research projects, the process to obtain formal ethics approval from the University of Alberta and NRI was highly complex. About three months into my discussions with the community regarding a collaborative research project, I received the initial ethics approval from the University of Alberta. The NRI's process to obtain a research license was intricate and necessitated important discussions with the community about research goals, parameters, and processes. In June 2022, after five months of discussions with community and the NRI, I obtained a research license. In light of the project's changes, a new ethics application for the University of Alberta's REB was required; we received our second ethics approval from the University of Alberta in June 2022. Ethics approval and research license numbers are not disclosed in this thesis as these documents are for the future data generation and analysis activities and could expose the community's identity.

Rigour

Relational accountability extends beyond ethics and plays a critical role in creating rigorous research. Rigour can be described as "demonstrating how and why (through methodology) the findings of a particular inquiry are worth paying attention to". (p.100, 38) Essentially, questions of rigour aim to establish that logic was applied when making decisions throughout the research process, and that "what we are writing came from our data and not a vision in the sky". (p.106, 38) Wilson notes Western concepts of rigour such as validity and reliability do not apply well to relational research as these require phenomena to be viewed in isolation, rather than as part of a network of relationships; authenticity and credibility are offered as alternatives to validity and reliability, while shifting the emphasis to the research's relationality. (39) In relational research, one should analyze the research's accuracy by asking how it is 'encircled' or fits within what is already known, rather than applying the Western technique of triangulation. (39) Assemblage is a similar technique described by Hughes and Pennington that utilizes multiple sources of knowledge (e.g., academic literature, government reports, member checking) to situate one's experiences within current understandings of reality. (228) Encircling or assemblage via literature reviews and discussions with people involved and/or aware of the phenomenon is the primary strategy this project employs to assess and ensure rigor. This rigour analysis technique also highlights any trends, gaps, or inconsistencies in the literature. (228)

This project also utilizes methodological coherence, theoretical thinking, and prolonged engagement to verify rigour. (38) Methodological coherence refers to all aspects of the research, including the project's ontology, epistemology, method, data generation strategies, and more, supporting and working well together. (38) As noted previously, the *Aajiiqatigiingniq* and CBPAR methodologies complement each other given their similar prioritization of relationships, community-led processes, and action-oriented approach. Autoethnographic data generation and analysis align with these methodologies because autoethnography views relational accountability as an essential component of the research process, promotes encircling or assembling findings, and fosters an 'outward-facing' discussion of personal experiences in the context of collective experiences or phenomena. Theoretical thinking and prolonged engagement are both inherent to the autoethnographic process CBPAR and *Aajiiqatigiingniq* methodologies. Theoretical thinking can be described as 'dwelling' with the data and viewing it "from a macro-micro perspective"

(p.110, 38); this careful approach to data analysis is essential for researchers to meaningfully engage in critical reflexivity throughout the analysis process. (38) Autoethnography moves beyond prolonged engagement, or "spending a considerable amount of time in the setting" (p.111, 38), by focusing the discussion on the researcher's experience in relation to the greater cultural and social context. Therefore, the researcher's personal connection to the data enables a rich discussion of the experience and possible implications.

In this chapter, I have described my approach to and utilization of CBPAR methods in conjunction with the Aajiiqatigiingniq Research Model, my use of autoethnographic data generation, and applied research ethics and rigour analysis techniques.

Chapter 4: Reflections of work completed during the initial phases of the Aajiiqatigiingniq Research Model

In this chapter I will narrate and reflect upon the work I have completed thus far in the project. Through this work, and the related discussions, I have fostered trusting relationships with community members and built shared understanding around community needs, research priorities, and established processes within the community. Thus, this work can be situated within the Aajiiqatigiingniq Research Model's first two phases, *piliriqatigiingniq* and *inuuqatigiitsiarniq*, or building community relationships and understanding, respectively.

Timeline

In May 2021, I was hired to work with the community as an intern. Working with multiple community members in the field of mental health, I developed educational resources, researched services currently available to community members, and explored ways to increase the community's capacity for mental health support. The relationships I formed during my internship laid the foundation for the research project discussed in this thesis.

In August 2021, I asked my internship supervisor if they thought the community would be interested in developing a research project with me; after discussions with multiple community members, we decided to proceed as they thought the community could benefit from this opportunity, and we began discussing potential ideas. In September 2021, I established my university advisory committee and began my literature review. I am fortunate to have an Inuk Elder originally from the community on my advisory committee. Through discussions with my advisory committee and primary community relation, we drafted a project proposal for Health Canada's Substance Use and Addictions Program (SUAP) grant that explored ways to foster cultural continuity and social connection among youth in the community. After REB approval and the initial NRI research license review, we presented our project proposal to the community's Council in February 2022. The Council was interested in the project and felt it explored an important topic; however, they voiced concerns over this proposed project's pace, and wanted to further explore community-led research processes and necessary safeguards to ensure research leads to positive change within the community while minimizing any harms.

Learning from this feedback, I revised the proposal to include an initial research phase that explores: 1) how to conduct CBPAR methods in a way that aligns with community goals and values, and 2) necessary safeguards throughout the research process to minimize risks and any potential harms. This proposal has not yet been officially accepted as the Council wishes to ensure key community stakeholders are supportive prior to finalizing their approval. Discussions of ways to include youth during the research and health promotion planning process are also ongoing.

Health Canada grant

In September 2021, my advisory team identified Health Canada's SUAP grant as a possible funding option for the research and health promotion project. I was the lead author on the grant application with support from my community supervisor and advisory team (see Appendix A, *section i*). As a Master's student who has taken graduate-level courses on public policy, health promotion, and community-based qualitative research methods, I was well-positioned and equipped to lead the writing process. My approach to the grant writing process was guided by conversations with community members and a community needs assessment that was conducted in 2018. I also conducted a literature review to learn about community-led health promotion initiatives, particularly in the Inuit context, and completed a policy and program scan to prevent program redundancy. I purposefully wrote the grant in general terms (e.g., 'programs to prevent harmful substance use among youth') to ensure that a community-led approach for program processes, activities, and goals could be achieved if funds were received. With the community's mayor, my community supervisor, and my advisory team, we collaboratively decided to submit the grant under the community's name so that funds could be held and controlled by the community. In March 2022, we learned that we were successful in our application and received $172,000 from Health Canada.

Since March 2022, I have been involved in collaboratively finalizing the program's activities, timeline, and budget with community members (see Appendix A, *section ii and iii*). Health Canada requires detailed descriptions of all program activities, timelines, and justifications for every budget item. These details are incongruous with a community-based approach to research and health promotion, as activities usually develop organically depending on what is learned in

previous phases. Given these circumstances, I initiated discussions with Health Canada to explain the community's current circumstances and the project's approach, and learn how to align their reporting needs with the community's identified preferences for program processes. I also successfully advocated on behalf of the community to allow the program's budget to be modified given the community's circumstances and Health Canada's lengthy application analysis (see Appendix A, *section iv*). Following these interactions with Health Canada, I facilitated discussions with community members about the funding and reporting requirements, to ensure that they are aware of Health Canada's requirements and determine if they wish to proceed with the grant; once we had reached a consensus that they do wish to proceed with the funding, I facilitated discussions of strategies we could use to ensure that Health Canada's requirements are met and a community-led approach is maintained.

Community Council meetings

Throughout the project planning process, I have attended multiple Council meetings over virtual or teleconferencing software. Joining the meetings remotely has created some communication challenges as it can be hard to convey one's respect and humility through voice alone and the Councillors meet in-person, so discussion amongst them can be difficult to navigate. Additionally, similar to many rural and remote communities in Canada, the community's communication infrastructure often provides a weak or lagging connection.

Despite these challenges, the Council meetings have been instrumental to foster engagement with a diverse group of community members. The Councillors are nominated and elected by the community, thus they are often viewed as community representatives. Currently, all NRI-approved research projects must also be approved by the Council before research activities can begin. As noted previously, I presented our initial project's proposal at a Council meeting in February 2022. The Councillors collectively expressed interest in the project and felt it addressed an important topic to improve community wellbeing, but were concerned that the project's pace did not allow for a cautionary approach to data generation. Multiple Councillors shared stories of previous harm they have experienced from research projects and emphasized that safety during the research process was a principal concern. Learning from their stories, I transformed the proposal to include a research phase to first explore how to safely conduct research with the

community and ways to ensure the research process and outcomes are community-led and -owned. The community had limited capacity for a new research project between April to June 2022 and many community members leave the community to spend time on the land in the summer. In July 2022, the new proposal was discussed at a Council meeting, but there were not enough Councillors present to make a decision. Thus, the new proposal was not voted on until September 2022.

I am fortunate to have an Inuk Elder on my advisory committee who is originally from the community and working in the field of community-based research and mental health. When I was discussing the Councillors' concerns and the resulting project's direction with my advisory committee, the Inuk Elder offered to write a letter of support for the project to explain why they believe community-based research is important; this letter was translated and offered in the spirit of relational accountability with the intent of creating an environment where the Councillors felt empowered and safe to make their decision regarding this project. In September 2022, I presented the new proposal and letter of support to the Council; they now agreed with the project's goals and processes, but wanted to ensure that other community stakeholders, including the mental health nurse, school principals, and education board, were in agreement before finalizing their approval. Currently, my main community relation is working to obtain letters of support from these stakeholders. While the project has not yet been approved, these community-led discussions around research priorities and health promotion initiatives have furthered discourses around community wellness planning.

These meetings were important relationship building opportunities. In the spirit of respect and in accordance with the NRI's requirements, I ensured that all documents presented to the Councillors were translated into the local Inuktut language. I also outlined the university-affiliated researchers' role in this project as following the community's direction and supporting research activities as requested by community members. I also re-iterated that terms of reference would be collaboratively drafted to address concerns related to community-held ownership and control over the research process, findings, and knowledge sharing products. During these meetings, I received multiple questions from the Councillors around my goals and underlying motivation to engage in this type of research project. These questions provided me with a valuable opportunity to reflect on my intentions and demonstrate my genuine desire to promote

the community's research and health promotion sovereignty. When responding to these questions, I aimed to demonstrate my humility and respect for the community's self-determination, but I found this nuanced communication challenging to achieve over a conference call.

Nunavut Research Institute Research License

An NRI research license is mandatory for all research occurring within Nunavut. The NRI's research license process aligns with the ITK's research strategy to promote Inuit research sovereignty and requires researchers to demonstrate their commitment to rigorous and ethical research. The research license application requires: 1) a non-technical project description that summarizes the research project's objectives, methods, data generation, benefits and risks, and knowledge sharing; 2) a detailed project description that describes the aspects discussed in the non-technical description in greater detail and provides additional information on the project's methodology, consent processes, data storage and accessibility, and biological sampling; 3) all consent forms that will be used in the project; 4) proof of community support and engagement during project planning; 5) a declaration of any needed assistance from Nunavut's Health Department; and 6) an REB approval from a research institute (e.g., university or other research institute) (see Appendix B). The non-technical summary and consent forms must also be translated into the local Inuktut language (see Appendix B, *section ii and iv*).

I submitted the original proposal to the NRI in January 2022 and received the Council's feedback on it in February 2022. The NRI's reviewers also commented on some of the project's strengths, namely its community-led approach and relevant topic, and their concerns which focused mainly on appropriate compensation for community members and proof of community engagement. As noted previously, we wrote a new research proposal based on what we had learned during the Council meeting and addressed the NRI reviewers' concerns; in summary, this new proposal narrowed the research study's scope to the community engagement phase and focused on further exploring the research process and necessary safeguards. We submitted a new application to the NRI for this proposal in March 2022. This new proposal was initially viewed by the NRI's reviewers as an extension of the first project and received criticism for its lack of response to the reviewers' comments on the initial project. Once the miscommunication was rectified and the

reviewers understood this to be a new research license application, the NRI asked for further proof of community engagement to which we provided a letter of support from the mayor. In June 2022, the NRI approved our new application (see Appendix B, *section v*). While the NRI research license process was onerous at times, it also facilitated important discussions with the community regarding research priorities, processes, and goals.

Writing the research license application was a time-consuming process as many questions arose as I necessarily considered the project from a macro-micro perspective. When writing the first application, I applied and synthesized the knowledge I had gained as an intern, the information captured in the 2018 needs assessment, and the project ideas that had been collaboratively explored with my primary community relation and advisory team. In retrospect, this first proposal was based on some assumptions we had made about community priorities and wellness goals. The Councillors' feedback demonstrated how some of my underlying beliefs and assumptions had influenced the project and their valuable feedback functioned to align the project with the community's needs. Research, and therefore research design, is never objective; however, CBPAR projects, in contrast to projects that utilize traditional research methods, are guided by the community's values and goals rather than the researcher's. In the second proposal, I consciously reflected on my biases throughout the writing process and applied the Council's feedback. When writing the second application, I recognized that my interpretation of the Council's feedback is not necessarily what they meant to convey; in response to realization, I emphasized a community-led approach throughout the application to ensure that the research process can continue to be modified to meet the community's needs.

For the translations, my main community relation identified a community member who would be interested in doing some paid translation work. Working with a community member functioned to simultaneously bolster the community's engagement in the project and invest in the local economy. Upon reflection, I have come to realize the import of having a strong relationship with at least one community member who wishes and is able to contribute to research activities during the NRI licensing process. My primary community relation has been imperative for aspects of the research process that require in-person communication or knowledge of the community's dynamics. Further, as my primary community relation is a Councillor, they have acted as a liaison between myself and the rest of the Council; for example, they advocated for me to be a

delegate at the Council meetings and ensured the project's inclusion on the Council meetings' agendas.

University of Alberta Ethics Approval

The University of Alberta's REB affirms and holds researchers to the TCPS-2's standards and guidelines. Among other aspects of the research design, the University of Alberta's ethics application requires researchers to discuss research objectives, participant recruitment and data generation strategies, consent processes, data storage and accessibility protocols, and planned knowledge sharing and all other uses for the research. The ethics application has a specific section for researchers working with Indigenous Peoples to discuss community engagement in the planning process and the project's cultural sensitivity.

In October 2021, I began my first REB application. Similar to the NRI research license process, I found this initial application helpful for me to think through the proposed project's objectives and protocols. While many of the questions were challenging to answer given our community-led approach, these questions highlighted the various means by which community engagement and direction would be essential. My initial REB application was shuffled between various reviewers due to the project's methods and multiple reviewers' COVID-19-related leaves of absence. This shuffling resulted in my application falling between the institutional cracks and was not acknowledged until I followed up six weeks later. After some discussion regarding the proposed consent forms and participant recruitment strategies, I received my first ethics approval in January 2022 (see Appendix B, *section vi*). In April 2022, after re-writing the NRI's research license application, I updated the REB to inform them of the new research focus and methods and reasoning for the changes. In response to the changes, they required me to submit an entirely new ethics application, despite many sections being identical and the new project being an expanded-upon version of the community engagement planned for the first project. Repeating the ethics process was highly tedious and undermined my ability to prioritize community relationship building during this time period. In July 2022, I received the ethics approval for my second application (see Appendix B, *section vii*).

The University of Alberta's REB has taken efforts to ameliorate many of the challenges researchers engaging in CBPAR methods experience. During my ethics reviews, they allowed me to state that I will update the REB on research activities as community-led planning progresses. The University of Alberta's REB has also aimed to effectively hold researchers working with Indigenous communities to the TCPS-2's standards by asking detailed questions related to research methodology, community risks and benefits, proof of cultural sensitivity in the research plan, and requiring researchers to show community support prior to research initiation. However, they undermined the CBPAR process by requiring a detailed timeline with all research activities and the project's cultural sensitivity by necessitating lengthy consent forms and initially resisting oral consent processes.

In this chapter, I have described and reflected upon the work I have completed thus far in the engagement phase of the project. This work, and the related conversations I have had with community members, has contributed to the building of trusting relationships and shared understanding around community needs, research goals, and established community processes. Given my work's scope and content, it can be located within the Aajiiqatigiingniq Research Model's first two phases that explore building community relationships and understanding, or *piliriqatigiingniq* and *inuuqatigiitsiarniq*, respectively.

Chapter 5: Discussion and next steps

In this section, I use critical reflection to analyze and encircle my experiences beginning a CBPAR project with an Inuit community and critical reflexivity to analyze and position myself within the various power structures within which these experiences occurred. Ng *et al.*'s comparison of critical reflection and reflexivity is useful to delineate these similar, yet unique processes. (231) Critical reflection can be defined as "A process of examining assumptions (i.e., individual and societal beliefs and values), power relations, and how these assumptions and relations shape practice." (p.1123, 231) Additionally, critical reflections analyze one's held beliefs and experiences and the associated outcomes inform one's everyday practice. (231)

 There are a myriad of definitions of critical reflexivity "arguably mirroring the concept of reflexivity itself." (p. 529, 232) Ng *et al.*'s. definition of critical reflexivity aligns with my approach and method,

> A process of recognizing one's own position in the world in order both to better understand the limitations of one's own knowing and to better appreciate the social realities of others. (p.1123, 231)

They also note that critical reflexivity analyzes power relations and societal norms, structures, and discourses and that the related findings lead to systems-level change. (231)

Roles I have held during this research project planning process

Moving the project through colonial structures

One of the primary roles I have filled during the research planning process has been to move the project through colonial structures, namely the University of Alberta's REB and Health Canada, while affirming and promoting the community's research sovereignty. As asserted by the Aajiiqatigiingniq Research Model, establishing shared understandings and trusting relationships built on "respectful, open communication" (65) are critical for research projects' success. As a non-Indigenous researcher affiliated with a research institution, I am an insider to various colonial structures that have informed my beliefs and biases. It is important to acknowledge that I have generally benefited from these colonial structures that have caused and continue to inflict harm on Inuit communities. Throughout my engagement with the community, but particularly when liaising with colonial structures, I have reflected on my biases that are a result of my

previous experiences with these institutions and taken efforts to align my actions and beliefs with the community's needs and goals. The Aajiiqatigiingniq Research Model emphasizes that "the *piliriqatigiingniq* relationship is grounded in equal voice, negotiation and open view sharing, in exploration that sets goals and guidelines for how a task progresses and is viewed as successful." (65) Thus, critical reflections of my own biases and beliefs have and will continue to be essential to ethically move this project through colonial structures on behalf of the community.

As noted previously, REBs' reviews often do not align well with community-led research methods such as CBPAR. Challenges communities and researchers experience during REB review include required specification of all research activities and sole consideration for the research project's impact on the individual, rather than the community. (38,89,91,92) The University of Alberta's REB has taken efforts to ameliorate these challenges by allowing applicants to update the REB on research activities and requiring proof of community support prior to research initiation with Indigenous communities. However, as noted by Stiegman and Castleden, REB processes are time-consuming, thus updating the REB can be an onerous process that often undermines the community's self-determined process or momentum for a research project. (90) REBs are often "steeped in a positivist tradition" (p.3, 90), resulting in the lens with which research projects are viewed, and standards to which research projects are held, often contradicting Indigenous research methodologies and therefore functioning to undermine Indigenous research sovereignty. The REB-related burdens I experienced during the two separate review processes were not simply frustrating for me, they also undermined my ability to invest time and energy into community relationships; this REB-related phenomenon has been noted by other researchers as significantly impairing their ability to effectively engage with the community. (90)

As laid out in the TCPS-2, REBs are not positioned to "override or replace ethical guidance offered by Aboriginal peoples themselves" (103 as cited in p.1, 90) (103), thus, there appears to be a prevalent disconnect in REB policy and practice. As noted previously, REB review represents an opportunity for community empowerment by evaluating the strength of,

> … researcher-community partnerships and structures of mutual accountability that have been established, while acknowledging the jurisdiction of the nation in question and deferring to their authority… (p.5, 90)

For REBs to realize their full potential and act as an empowering process for Indigenous communities and researchers alike, researchers have called for review boards to shift their focus to the "'four Rs' of Indigenous research: respect, reciprocity, relevance, and responsibility." (p. 5, 90)

Community engagement and support are based on nuanced relationships between the researcher, research project, and community. Engagement with a diverse group of community members during project planning has been widely recommended for researchers working with Indigenous communities. (39,40,78,98,103,108) As communities can be viewed as a network of complex relationships within a diverse group of people, proof of community engagement and support cannot be wholly captured in a letter of support from an individual. (39,43,102) During REB review and the NRI's review process, I provided a letter of support from the mayor to demonstrate community engagement; I sought a letter from the mayor because they are relationally accountable to the Council and engage in collaborative decision-making processes with them. However, support letters from an individual or small group of community members do not necessarily reflect the collective community's values and priorities and could function to undermine the community's processes and protocols. Therefore, consistent with the 'four Rs', REBs must holistically and critically examine researchers' community engagement and support to effectively evaluate researchers' genuine collaboration with and support from Indigenous communities. (84,90) Additionally, alternative mechanisms to formal letters of support to demonstrate community engagement that align with Indigenous values and traditions could be collaboratively developed with Indigenous Peoples and implemented by REBs, such as submissions of email records or facilitating phone or video calls. (84)

Communities, especially those which are marginalized and experiencing challenges, often have limited human resources for research projects. (110) Therefore, researchers must recognize a community's capacity and desire to engage on a research project and ensure they are not adding to the community's burdens. (110) When initiating a research project, it is important that researchers transparently discuss the community's capacity and desired level of involvement for the project. (98) The extent of community engagement lies on a spectrum with one extreme representing communities that wish to be involved in the minutia of the research process, and the other extreme representing communities that wish to establish their overarching goals and

processes with a researcher who then independently manages much of the research process and updates the community regularly with the project's progress. (98,110) Communities' level of desired engagement often varies temporally and can be dependent on the activity at hand or other participating organizations. (98) In the early planning stages, I learned that the community with whom I am working, while interested in proceeding with the research project, had many ongoing priorities and would prefer a lower level of community engagement during the planning phases. Based on this knowledge, I discussed project goals, overall project processes, and reporting expectations with community members to ensure that I act in a way that aligns with community needs and values. These discussions have influenced my liaising with the University of Alberta's REB and Health Canada and resulted in me leading the ethics and grant application process and seeking opportunities for research self-determination that are not burdensome for the community. I have sought regular feedback on my level of engagement and actions to tailor my approach to best meet the community's needs. For example, initially I did not or steer the meetings' conversations or send community members meeting agendas or minutes as I did not want to appear authoritative; however, based on feedback, I learned that most community members would appreciate meeting agendas and minutes and a more directive approach to project discussions to enable efficient and productive meetings. This example of action correction aligns with the Aajiiqatigiingniq Research Model as I have sought to establish communication strategies that respect the community members' time and processes. (65) Additionally, my understanding of the community's capacity led me to omit community member checking for this thesis.

Secured funding

I was the lead author on a Health Canada grant application that my advisory team had identified. My education and positioning within a research institute equipped me well to lead the grant application process. Researchers engaging in CB and/or PA research are often relied upon to secure funding due to their institutional affiliations and understanding of the complex, and often laborious, grant application processes. (64,84,90,108) Despite multiple calls for funding institutions to widen the eligibility criteria for recipients, grants are often only accessible to those affiliated with a research institution; thus, researchers affiliated with recognized research institutions are often depended upon to obtain financial resources for research projects.

(64,90,97) Further, funding institutions' applications' onerous formatting and requirements creates additional barriers for organizations and individuals outside of the research world. When writing the grant application and communicating with Health Canada, my approach was guided by my intention to respectfully promote the community's research sovereignty by increasing their funding access and control. My objective to increase the community's financial sovereignty manifested primarily by: 1) writing the grant in general terms, to optimize the community's control over the program planning and delivery, and 2) initiating discussions around the community's capacity to hold the grant funding and promoting this funding model.

The general diction I used throughout the grant application has created a flexible funding scaffold that allows the community to utilize the funds for youth health promotion however they see fit. In the grant application, I framed the project around a general goal, 'for research and programming to prevent substance use among youth'. I intentionally employed vague terms and phrasing to enable the community to direct and/or lead all research and health promotion activities, if desired. In this way, my approach to the grant writing process aligns with the Aajiiqatigiingniq Research Model as it fosters trusting relationship building and facilitates total community direction during later phases. (65) This approach also aligns with the ITK's NISR (2018) priority to increase financial sovereignty in research projects with Inuit communities. (97)

Within the health research sphere, the importance and impact of community-led research and health promotion programs has been well-established. (97,102,108) However, funding agencies often undermine researchers' ability to effectively engage in CB and/or PA research projects by requiring grant applicants to provide detailed timelines, budgets, and research and/or program activity plans and grant recipients to provide an even higher level of detail for program plans prior to funding-mobilization. (90,110) These reporting requirements, similar to those seen in REB reviews, are rooted in colonial structures and processes. (90,110) However, there are strategies researchers can employ to work around these reporting requirements, including: 1) writing the application in vague terms to allow the community to determine how best to utilize the funds, 2) advocating on the community's behalf by asking the funding body if and what changes to the budget or program activities are allowed after funds have been approved, and 3) collaborating closely with community members during the writing process. Each of the aforementioned strategies has their own benefits and drawbacks and the researcher and

community must collaboratively decide which strategy or strategies best fit the funding institution's requirements and the community's needs and capacity. (64) In our situation, Health Canada was able to accept programming goals over explicit activity descriptions and consider budget adjustments after funds had been approved. However, Health Canada is unwilling to allow budget adjustments after funds have been dispersed, thus, I am continuing to work closely with the community members to finalize the budget.

Grant administration, reporting, and management is highly time-consuming, posing additional challenges for communities wishing to hold funding; in our application, we addressed this by including a stipend in the budget for a community member to administer and manage the grant. This approach not only reinforces the community's direction over the research process by situating community members at the helm of the financial resources necessary for research activities to occur, it also invests into the community's economy. In traditional and often many CB and/or PA research projects, the researchers hold the funds and therefore have greater control over the research process; financial sovereignty functions to flip the traditional researcher-community power dynamic, thus empowering the community to self-determine and address their research and health promotion needs. (108) Community-held financial control is thought to have contributed to another Inuit community's research project's success by enabling a genuine community-led approach that facilitated relevant activities and resulted in community members' pride over the research process and outcomes. (108) While this project's success cannot yet be evaluated, the community's control over the funding has promoted trust between myself and community members, therefore strengthening relationships.

Liaising with other institutions
Thus far in the project, my interactions have been largely limited to the University of Alberta's REB, Health Canada, and the NRI. My interactions with the University of Alberta's REB and Health Canada have been described in detail in the previous two sub-sections and Chapter four. My approach to obtaining a research license from the NRI has been largely guided by my understanding of the community's desired level of engagement during early planning phases. In my experience, the NRI's research license process effectively evaluated the strength of my relationship with the community by asking for additional proof of community engagement and support. Importantly, they wanted to see that the community is driving the research process, and

that the research team is cross-culturally competent and that local control and ownership over the data is established. (90) In this way, the NRI's feedback facilitated important discussions among my advisory committee and the community's Council regarding the research process and ways that Inuit cultural values and IQ principles can be incorporated into the research design. Further, the NRI's process aligns with the Aajiiqatigiingniq Research Model as it necessitates researchers to carefully engage in relationship and understanding building with the community, prior to approval. (65)

The NRI was the only organization with whom I engaged that required documents for the community to be translated into the local language. Translation respects the community's culture, language, and language sovereignty and ensures project perspectives can be heard from all community members, especially Elders. (233) Further, community-based translations offer an opportunity for researchers to engage with more community members and invest in the local economy. Thus far in the project, translating the non-technical project description, consent forms, and project briefings has been a mechanism I have utilized to demonstrate my commitment to relational ethics.

Mutually beneficial relationships between myself, the NRI, and the community's Council required a strong community relation who could advocate for the project and myself. Other researchers initiating a research relationship have cited the importance of strong community relations as communities will understandably have many questions and concerns at the beginning of a research project. (39,40,43,64,84,98,108) As discussed previously, my primary community relation, who is a member of the Council, was instrumental during the NRI research license process as they were able to: 1) bridge the relational accountability between myself and the Council due to their positive relationships with both parties, 2) promote the project's discussion during Council meetings that often have lengthy agendas with competing priorities, and 3) identify a community member who could provide translation work. The importance of strong community relations is widely acknowledged to be accentuated for researchers working remotely as some planning work is necessarily or preferentially conducted in-person. (6,84,234) In this regard, my primary community relation has supported me by garnering community members' interest in the project through casual conversation and liaising with stakeholders, including the education board and school principals.

Future liaisons with regional or local organizations will be guided by a similar nuanced approach to community engagement that is grounded in the Aajiiqatigiingniq Research Model and based on community-expressed desire and/or capacity.

Literature review

Literature reviews are important for research projects to encircle findings and make rigorous evidence-based recommendations. (39,45,97) As a graduate student in public health, I have the resources and formal education to effectively scan the literature and identify, appraise, and analyze relevant sources. In an ideal situation, community members would lead the literature review process as they are best informed on how to relate current knowledge to the community's context. (43,45,97) However, for this project, I have led this important task as there are no community members currently able to participate. To effectively conduct the literature review and situate other studies' findings, I have applied knowledge that community members have shared with me. This knowledge has most often been shared through organic, "iterative discussions [that] lead to relational consensus building around the research itself". (65) Throughout the literature review process, I have attempted to ensure my work aligns with the Aajiiqatigiingniq Research Model by laying the foundation for evidence-based "collective decision[s] about how to apply … [the] research" (65) in later research phases.

The community's literature review capacity stems from colonial policies and practices that have simultaneously disrupted Inuit ways of sharing knowledge and created barriers to Eurocentric knowledge systems. (9,13,99,200) These historical and ongoing policies and practices contribute to non-Indigenous people, particularly those of European descent, being over-represented in research spheres. (40,43,45,80) However, the prevalence of Indigenous researchers in Canada is growing which can be attributed to Indigenous Peoples' resiliency and strength and self-determined education initiatives' success. (45,97) Recommendations to increase research capacity in Inuit Nunangat, including the establishment of a university, would further promote Inuit communities' ability to fully engage in and lead research projects. (97) Intersectoral, evidence-based, Indigenous-led policy-scale interventions are needed to address the underlying causes of Indigenous Peoples' underrepresentation in research. (97)

I, a white, non-Indigenous person from southern Canada, leading the literature review reinforces a colonial power dynamic between myself and the community where I hold knowledge to which the community does not have full access. (43,45,84) While I acknowledge this imbalance in perspectives, it is also important that I acknowledge that I have benefitted from the structures and systems that oppress Indigenous Peoples and undermine their self-determination. To minimize the impact of this toxic power dynamic and build research capacity within the community, I plan to create accessible resources (e.g., translating article summaries, infographics, and/or oral presentations) explaining the literature review process and findings. (43,102) I will also attempt to invert this power dynamic by employing innovative strategies to engage community members during literature appraisal, but there is currently limited research on this topic. These strategies will be collaboratively determined with community members, based on their interest and/or capacity, and other relevant organizations such as the QHRC.

Critical reflections on challenges and lessons learned

The primary challenges I experienced during these early phases of a CBPAR project centred around institution-imposed timelines and financial pressures. As a full-time, thesis-based Master's student, I am required to complete my degree within four years; this timeline requirement contradicts community-led research processes as many community-based research projects are in relationship building and project planning phases for several years before any data generation occurs. (43,84) Graduate students are required to pay tuition throughout their degree, regardless of taking classes, adding significant pressure to financial burdens that many students already experience; this added pressure encourages students to complete their degrees in a timely manner that is not conducive to community-led approaches. Further, grants and scholarships available to Canadian graduate students working with communities during early research phases are currently limited. (84,90) The structure and reporting requirements for most graduate funding are based on traditional research methods. (43,84) While data generation is often one of the most resource-intensive phases for traditional research methods, community-based research can be costly during the planning phases as community members must be compensated for their time and knowledge, translations are often needed, and researchers may be required to travel to the community. Thus, grants that are well-suited for traditional research methods often do not align with community-based research timelines or methods. (43,84) While our Health Canada grant

application was successful, the community must finalize the budget and activities before funds can be mobilized; in the meantime, I have personally paid over $1000 for translations to enable project progression. I am privileged to be positioned to afford this important expense; however, it is important to acknowledge that many students would not have sufficient savings to financially contribute to this extent, thus preventing these projects from proceeding. Timeline accommodations and greater funding opportunities for graduate students engaging in the planning phase(s) of CB and/or PA research projects are needed to facilitate and encourage students' involvement in this important research field. (43,84) Further, sustainability and longevity are defining features of many CB and/or PA research projects, therefore, increasing funding for researchers early in their careers to build these relationships can be seen as a long-term investment in community wellbeing.

These fiscal and timeline-related pressures are not unique to graduate students as well-established researchers doing CB and/or PA research with Indigenous communities have expressed similar challenges,

> …financial services administrators … 'need to be more aware that the process of doing [Indigenous] research is not cut and dry like a survey or a quick interview. It's much more engaging and it's much more involving the participants.' (p.10, 110)

These prevalent experiences among students and researchers alike demonstrate that research and funding institutions must revise their policies to increase the accessibility and feasibility of community-led research methods. Additionally, Indigenous representation and activist organizations like the ITK, QHRC, First Nations Information Governance Centre have necessitated community-led approaches to research with Indigenous communities, thus further emphasizing the need for institutional policy reform in favour of CB and/or PA research methods. (97,102,235)

While navigating these institution-imposed challenges, I have learned the importance of preserving respect for community timelines and processes by not transferring these pressures to the community. These boundaries can be challenging to achieve and maintain as the institution-imposed pressures have substantial ramifications and it can be tempting to undermine the community-led process by imposing actions or decisions that quickly and/or easily meet the institutions' needs. However, in the spirit of relational accountability, it is important to uphold

these trusting relationships and find alternative solutions. (43) This idea can be extended beyond the singular-project ethics scale,

> If researchers and their mentors (Indigenous and non-Indigenous) don't advocate for the time and funding required to do decolonizing research, it will do little to decolonize the university. (p.149, 43)

While the work described in this thesis cannot be described as decolonizing, the challenges I experienced are common to researchers engaging in decolonization work and my responses to these pressures functioned to affirm and promote institutional changes that align with decolonizing agendas.

Often, it can be helpful to share institutional challenges with community members to enable collaborative decision-making when seeking solutions; however, researchers should approach these conversations with caution to ensure that they do not place inadvertent pressures on the community, resulting in solutions that are oriented around the institution's or researcher's needs, rather than the community's. (43,84) In this situation, I was able to mobilize my own funds to advance the project and minimize the financial pressures by basing my thesis on the relationship building and planning phases of a CBPAR project. As noted previously, not all scholars wishing to engage in CB and/or PA research have these opportunities, thus, policy changes are needed to address the underlying causes of these challenges. (43,84)

Strategies I have learned to garner community engagement and build research capacity

Throughout this experiential learning process, I have gained and refined skills and strategies to foster community engagement and research capacity. These relationships lay the foundation for all subsequent research activities and outcomes, therefore

> The most critical [research stage] is the first … which centres around coming alongside participants to build the trusted relationship and shared understandings of the contexts. (65)

Primarily, these skills and strategies are rooted in respect and relational accountability. Wilson *et al.* lists seven questions they asked themselves throughout their research process with an Inuit community to ensure they are acting in ways that affirm relational accountability and align with community-identified goals. (43) Three questions to which I have found myself routinely coming

back: 1) "What am I suggesting? Is it based on a western or decolonizing research perspective?", 2) "What skills do I bring that can support community research needs so I can give back?", and 3) "Am I getting caught up in southern timelines and deliverables and forgetting that it's not about the results, it's about the process?" (p.149, 43) These questions, along with others, have pushed me to critically reflect on my goals and motivations throughout this relationship-building and planning process.

As discussed previously, engaging a diverse group of community members to lead and direct research activities is crucial to ensure the project aligns with the collective community's needs and priorities. (39,40,102,103) As an outsider to the community who has worked remotely, this goal has been a learning opportunity for me as I have had to rely heavily on my community relations. This community's dynamics, as with all communities, are complex and storied; thus, building diverse connections, primarily through other community members, has created both unique relational opportunities and challenges. (84) Ensuring a diversity of perspectives are heard and included will be an ongoing priority for the project and strategies to better engage a representative group of community members will continue to be discussed. I plan to respectfully promote equitable research participation by considering current collaboration opportunities' characteristics (e.g., time commitment, primary language utilized, location, and/or meeting times) and collaboratively determining alternative options to increase project accessibility for all. (43,98,105,110) Additionally, financial compensation and other incentives will need to be further explored to ensure they appropriately reflect community members' contributed time, knowledge, skills, and/or resources. (98,102,103)

Accessible research and knowledge sharing materials are widely acknowledged to be essential for robust community engagement when utilizing community-led research methods. (43,45,98,101,102) Strategies we have used thus far to make the research planning materials accessible include translating all documents, using plain language, bullet points, and tables to display information, and favouring oral communication over written when discussing research goals and approach. Future strategies we could employ to equitably share knowledge about the research project's progress and findings include the creation of infographics and other printed visual resources, in-person and radio presentations, and/or participatory data generation techniques such as photovoice or videos. (43,98,227) Consistent with a community-led approach,

these strategies will need to be collaboratively discussed with community members to ensure they are effectively accessible for all. (45,98,101,102)

Effective communication is critical to encourage community engagement and build trusting relationships. (39,43,84) I have routinely sought feedback on my written and oral communication style to ensure it meets the community members' needs and preferences. For example, I have modified my oral communication style to speak slower, especially when there is an interpreter present, as I received feedback that my naturally fast speech was challenging for some community members to understand. In alignment with the Aajiiqatigiingniq Research Model's *inuuqatigiitsiarniq* phase, or building shared understanding, I have also engaged in ongoing discussions of the community's expectations for me as a researcher and project partner (65); these conversations will guide the collaborative drafting of our terms of reference that describe all parties' roles and responsibilities. (102) Based on community-led research principles and my experience of the research planning process thus far, I am planning to take a flexible and evolving approach to my involvement in the project. This strategy will allow me to modify my contributions based on the community's needs and preferences which may vary seasonally as community members go on the land, and temporally as community capacity builds. (43,98,102) This holistic and adaptable approach to my participation is rooted in intentions to increase the community's research and health promotion sovereignty.

In accordance with community-led research processes and relational accountability, I have learned the importance of not speaking *for* the community, unless they have explicitly asked me to do so. (43,110) This can be a challenging balancing act as I do not want to overburden community members with questions and research engagement, while aiming to uphold community-led processes and research self-determination. Upon critical reflection, I have balanced these priorities and needs by utilizing a nuanced approach grounded in relational accountability and humility to determine if, when, and how to act on behalf of the community. Depending on the circumstances, my actions have been determined by conversations I have had with community members and/or existing knowledge about the community's needs and current situation. (110) For example, when communicating with Health Canada, I have not sought engagement for every meeting or email, as that would be burdensome to the community based on

their stated current capacity. However, if I were to reach out to a new partner or gain new information from an existing partner, I would seek collaboration before acting. Obtaining regular feedback on my approach and actions has been especially important when acting or speaking on behalf of the community. (110) As in any relationship, there are times I have acted in ways that are incongruous with the community's goals or priorities due to miscommunication and/or underlying biases on my behalf; in these situations, I have found it paramount to respond with humility and genuine remorse and demonstrate a desire to rectify the action(s) and collaboratively discuss strategies to prevent future wrongdoings.

The aforementioned strategies I have learned to encourage community engagement and build research capacity align with the research guideline themes discussed in the Literature Review. The ITK's NISR asserts that research with Inuit communities must function to promote research sovereignty and that all other policies or approaches can be seen as contributing factors to this overarching goal. (97) Overall, I have aimed to promote research sovereignty by deferring to community members' decisions and upholding community-identified priorities and goals. In alignment with the Aajiiqatigiingniq Research Model, my approach to facilitate engagement has been guided by my relationships with the community, thus affirming my relational accountability which is the keystone of Inuit research ethics. (45,65) As discussed in this chapter's previous sub-sections, transparent community-held control over project finances and knowledge generated and/or shared has enabled more trusting relationships between myself and community members. Lastly, my flexible approach to the extent and mode of my involvement promotes capacity building as it creates organic and ongoing opportunities for community members to utilize new skills and/or knowledge as the project evolves.

Impact of COVID-19 on community-based participatory action research

Prior to the COVID-19 pandemic, the community with whom I am working already experienced barriers to quality and culturally-appropriate healthcare including a lack of an in-community physician and limited access to other in-community healthcare services; the COVID-19 pandemic highlighted and amplified these healthcare-related challenges. Due to the risk of COVID-19 transmission, I have collaborated with the community entirely via remote interaction. Time spent in communities has traditionally been critical to forming trusting relationships

between researchers and community, as noted by Wilson *et al.* (2020), "Understanding from the outset that I needed to prioritize time and relationships in [the community] …" (p.148, 43) However, I, like many researchers, had to adapt my methods and approach to a virtual format given the pandemic's restrictions and community's concerns for outsiders transmitting the virus.

Remote collaboration has caused me to rely more heavily on my primary community relation. This dynamic has created unique collaboration opportunities and at times facilitated more trusting relationships due to my inclusion in the community's relational accountability web; however, it has also added a significant burden to my community relation's workload and created barriers for me to form relationships with other community members, independent of my community relation. Many researchers engaging in CB and/or PA research projects have shared similar impacts of the COVID-19 pandemic on their community relationships. Hunter *et al.* notes that, "the shift from face-to-face engagement to virtual recruitment and relationship building hit roadblocks in many AI/AN [American Indian and Alaska Natives] communities." (p. 188, 234) This sentiment is echoed by Valdez and Gubrium who note that while there are conveniences associated with remote collaboration, "online-based CBPR removes a sense of solidarity that is inherent to attending meetings … the online format did not facilitate the desired relationship-building effect." (p.7, 236) Valdez and Gubrium's identified conveniences are not generalizable to this project's context as they were working with an urban community and therefore did not experience similar communication infrastructure challenges. (236)

Similar to many communities in northern Canada, the community with whom I am working regularly experiences internet and/or telephone service outages or impairments. My remote collaboration with this community has illustrated to me the wide-ranging impacts and degree of challenges that communities experience due to poor communication infrastructure. Across Inuit Nunangat, the internet "tends to be slow and unreliable, and is frequently jeopardized by weather and technical difficulties". (p.2, 237) Currently, only one community in Inuit Nunangat has access to the federal government's target broadband connectivity and the current maximum internet speeds in Nunavut are less than half of the government's target. (237) There are a myriad of reasons for this poor level of connectivity, including remote communities and sparse population. (237) However, other circumpolar countries such as Norway, Sweden, and Finland have access to high-speed internet nationwide as their governments prioritize this service. (237)

The Canadian federal government must continue to improve affordability and access to high-speed internet in Inuit Nunangat, especially in the post-pandemic era of increasing virtual health and justice services and online business opportunities. (237)

Next steps

The project will continue to iteratively progress through the Aajiiqatigiingniq Research Model phases. My involvement in this project is guided by Wilson *et al.'s* (2020) Sikumiut model that is grounded in motivations to increase the community's sovereignty. (43) Thus, my participation will be entirely determined by community members' needs and preferences. If the community wishes to proceed with the project and my engagement, I will continue to support the community in the mobilization of Health Canada's funding to implement youth programming in the summer and fall of 2023. I will also offer to continue supporting the research planning process by participating in discussions of research methods that meet the community's needs and collaboratively developing experiential learning opportunities and workshops to strengthen the community's research capacity. Currently, discussions around research that explores ways to prevent and address harmful substance use have paused to respect the Council-stated desire to explore safe research methods *prior* to any other research. On a personal level, I will continue to reflect upon my role and duty as a fifth-generation settler to support and promote Indigenous Peoples' sovereignty and the ways in which I can meaningfully engage in and contribute to decolonizing research.

Conclusion

This thesis captures an academic perspective on the early stages of a CPBAR project in the context of a larger health promotion project with an Inuit community. In Chapters one and two, I positioned myself and my relations within the work, described my research approach which is grounded in the Aajiiqatigiingniq Research Model and utilizes CBPAR methods, analyzed and synthesized evidence-based best practices for researchers working with Inuit communities, described the relationship-building phases, and strategies researchers affiliated with institutions can employ to create shared knowledge with communities. In Chapter three, I detail my CBPAR methods which are rooted in the *Aajiiqatigiingniq* research methodology, describe

autoethnographic data generation, and rigour and ethics analysis strategies employed. In Chapter four, I narrate and reflect upon the ways in which I have furthered my relationships with the community and advanced the project's progression. In Chapter five, I situate my experiences within the Aajiiqatigiingniq Research Model and the literature to contextualize findings and highlight any knowledge gaps.

This work emphasizes the complexities of CB and/or PA research methods and the intersectional, nuanced approach that is required to build trusting and reciprocal relationships in the context of wellness research with Inuit communities. This work can be used to inform both the health promotion project planned with this Inuit community and relationship building with other Inuit communities; some aspects of this work can be applied to CB and/or PA research methods with Indigenous communities in the international context.

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Appendix A – Health Canada Grant

i.   *Application*

Health Canada / Santé Canada

Substance Use and Addictions Program (SUAP) Application Form

2021 Call for Proposals

Completing the form

Health Canada collects information for the purpose of evaluating funding applications for contributions. The information contained in the Application for Funding may be accessible under the provisions of the Access to Information Act. All personal information will be protected in accordance with the Privacy Act.

The SUAP Guidelines for Applicants is available at:
www.canada.ca/en/health-canada/services/publications/healthy-living/substance-use-addictions-program-call-for-proposals-guidelines-applicants-2021.html

All fields marked with an asterisk * are mandatory.

This PDF form is intended to be completed and submitted using a computer. Please do not print it, fill it in and send it by other means.

The description fields on this form use scroll bars and are limited only by the number of characters specified in each field.

This document includes the following sections:

How to submit your proof of eligibility and the application form

Section 1 – Organization identification

Section 2 – Funding priority(ies)

Section 3 – Project target population(s)

Section 4 – Project information

Section 5 – Evidence and need

Section 6 – Performance measurement and evaluation

Section 7 – Organizational and collaboration capacity

Section 8 – Sex-and gender-based analysis

Section 9 – Summary work plan

Section 10 – Budget and narrative

Section 11 – Approval / Declaration

How to submit your proof of eligibility and the application form

Submitting your proof of eligibility - You will find a button to attach and submit your proof of eligibility in Section 1 – letter (e). When clicking on the button to select the files at your computer, your PDF reader (Foxit, Adobe Reader, etc.) may show a warning message to add the current file to a privileged location or enable all features. Please add this file to a privileged location or enable all features so you can attach the requested documents along with your application form.

Submitting your application form - After filling all the required fields and attaching the requested documents, please click on the "Submit Application" button. Your email client will open with a copy of your filled application form.

Health Canada / **Santé Canada**

| Submit Form | Reset Form |

Section 1 – Organization identification

Organization identification

a) Legal name* Organization's full name, as it appears on legal documents

[REDACTED]

b) Operating name If different from legal name

c) Primary address

Street number and name*
Building 359

City or Town*
[REDACTED]

Province or Territory*
Nunavut

Postal code*
[REDACTED]

Telephone number*
[REDACTED]

Extension
257

Organization e-mail address*
[REDACTED]

Website address

d) Primary Contact

Full name*
[REDACTED]

Position*
Councillor

E-mail address*
[REDACTED]n

Telephone number*
[REDACTED]

Extension

e) Proof of eligibility

Use this section to attach your organization's proof of eligibility document(s) or web link(s) where eligibility information can be found.

Attach Documents

If necessary, include the web link(s) where eligibility information can be found

Section 2 – Funding priority(ies)*

Please select all applicable funding priorities which apply to your project:

☐ Funding priority 1   ☐ Funding priority 4

☒ Funding priority 2

☐ Funding priority 3

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Section 3 – Project target populations(s) Please select all that apply

a) Target group(s)*

☒ Indigenous Peoples
☐ Racialized peoples and communities
☐ 2SLGBTQIA+ peoples and communities
☒ Youth
☐ People living with pain
☒ People who use illegal and toxic drugs
☐ People who work in the trades or in physically demanding professions
☐ Men aged 25 to 59
☒ People who use drugs alone
☒ People in poverty or experiencing economic insecurity
☐ People experiencing housing insecurity or homelessness
☐ People who have been in contact with various justice systems
☐ People with lived and living experience of substance use as well as their families

☐ People with experience of living with chronic pain
☐ Frontline health, social and harm reduction workers

☐ Other (please specify, max. 1000 characters with spaces)

b) Official language(s)*
☒ English
☐ French
☐ Both

c) Gender(s)*
☒ Male
☒ Female
☒ Non-binary

d) Age group(s)*
☒ 15 - 24 years
☐ 25 - 34 years
☐ 35 - 44 years
☐ 45 - 54 years
☐ 55 - 64 years
☐ 65 - 74 years
☐ 75 years and over

e) Total anticipated number to be reached* Insert only numbers

500

f) Target population description* Describe the project target population(s), including both primary and secondary audiences and how they will be involved in the project. max. 1000 characters with spaces

This project's target population is ▊▊▊▊▊▊▊▊▊▊▊ The primary target population is the community's youth, particularly those considered to be at moderate or high risk of harmful substance use (e.g. youths that are marginalized, have mental health concerns, have dropped out of school, have a history of conduct disorder, etc.) Every effort will be made to have youth involved in this project's activities based on their interests, skills and needs. For example, youth may be involved during data collection and analysis, knowledge translation, or in 'pilot activities'. The secondary audience is the larger community who will be involved through ongoing community discussion surrounding the project's methodology, knowledge translation, and impact of findings.

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Section 4 – Project information

a) Project title*

Using community-driven and process-based research for the development of initiatives that prevent and reduce harmful substance use among youth in ▓▓▓▓▓▓▓▓▓▓▓

b) Project duration and requested funding amount

Duration* In months	Total requested* Only numbers
15	172010.10

c) List other sources of confirmed and/or anticipated funding (cash and/or in-kind contributions) for the project

Source Type the source's legal name	Amount Only numbers	Cash	In-kind
▓▓▓ facility rental	C$ 9,700.00	○	◉
admin fee contribution (5%)	C$ 7,477.90	○	◉
Rachel Cassie, coordinator salary	C$ 51,520.00	○	◉
Business and Hospitality Services - accommodations	C$ 12,320.00	○	◉
		○	○
		○	○
		○	○
		○	○

Additional sources Use this field to provide additional sources if needed. Max. 1000 characters with spaces

Community volunteers

d) Project summary* Briefly summarize the proposed project. Max. 4000 characters with spaces

This project will be done in partnership between ▓▓▓▓▓▓▓▓ and the University of Alberta's School of Public Health. It is a multi-faceted project aiming to prevent harmful substance use by building capacity in the community's youth. The project will: 1) Scan and identify the needs of youths at risk for substance abuse and 2) identify activities which reduce the risk of substance abuse among youth.

The research will explore youths' interests in program options and delivery strategies. A community-driven and process-based research methodology will ensure research findings will result in recommendations for effective, practical and meaningful initiatives to address the risk of harmful substance use among youth in the community. This project will directly engage youth to ensure the outcomes of the research are meaningful and relevant. All research will be guided by a community steering team including Elders, community leaders, and concerned community members and youth.

e) Objectives* Describe the objective(s) of the proposed project, including a description of the nature of the problem that the proposed project will aim to address. Max. 4000 characters with spaces

In ▓▓▓▓▓▓ the impacts of colonization have resulted in widespread intergenerational trauma contributing to poverty, food insecurity, and adverse childhood events or Elder care. This trauma has resulted in a break in cultural connectivity and social sphere in which many youth experience underdeveloped life skills and increased likelihood of harmful substance use and criminal activity. While much research has been conducted on intergenerational trauma's role in harmful substance use in Indigenous populations, little research has been done on how to address its effects.

In 2018, a Community Needs Assessment was conducted in ▓▓▓▓▓▓ The impact of intergenerational trauma was identified as a key area of concern. Specifically, concerns for the community's widespread poverty and the prevalence and extent of harmful substance use among youth were highlighted by many community members. Preliminary work with the community, including Elders and community leaders, has confirmed that this concern has only increased since 2018.

Meaningful community-based research that scopes and scans the strategies to build capacity and reduce risk factors for harmful substance use among youth are needed to address the impact of intergenerational trauma. Community-specific research is needed as programs need to be tailored to a) Are of

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f) **Key activities*** Describe the key activities that will contribute to achieving your project objectives. Max. 4000 characters with spaces

Throughout this project, meaningful engagement with community members, particularly youth, will ensure relevant program development. This engagement has already begun, and will continue as research and program methodology develop (⬛⬛⬛⬛⬛⬛ letter of support).
Key research-specific activities are program oriented and include scoping and scanning exercise data collection, data analysis, and knowledge translation. The process will ensure meaningful and respectful engagement with the community. All research materials related to promotion, data collection, and knowledge sharing will be owned by the community and translated into ⬛⬛⬛ As mentioned above, we are proposing for youth and Elders to work together at the data collection and analysis stages. Data collection strategies have not yet been finalized, however, we envision youth to be actively involved through activities such as creating and administering surveys, conducting interviews, or photovoice strategies; we aim to collect both quantitative and qualitative data to best inform our program development. We are also planning to meaningfully engage youth and Elders at the data analysis stage. This engaged, community-based approach aims to not only generate richer data and understanding, but also actively engage the community's youth in an effort to prevent harmful substance use in younger generations.
Critical to respectful and meaningful community-based research, we are planning to utilize integrated knowledge translation. This will entail ongoing discussio

g) **Key outputs*** Describe the key outputs (knowledge products and/or learning opportunities) that will be produced. Max. 4000 characters with spaces

Key knowledge products from the initial research will include descriptions of: 1) ⬛⬛⬛⬛⬛⬛'s youth's capacity including life skills such as communication and problem-solving, and 2) approaches, such as services or programs, that build capacity to address the risk factors associated with harmful substance use in ⬛⬛⬛⬛⬛'s youth. We will also quantitatively describe the prevalence and characteristics of youth's harmful substance use in ⬛⬛⬛⬛⬛

We will use a process which trains and engages youth to support them as they create and implement effective upstream approaches to prevent harmful substance use. Better understanding of the characteristics and risk factors of harmful substance use among youth in ⬛⬛⬛⬛⬛ will allow the youth to co-create programs tailored to their needs.
The advisory group will seek continual learning opportunities through community engagement throughout program development and implementation. The team will co-develop with youth in multiple formats including in-person group or individual discussion and online open-response forums or surveys to enable anonymity, if desired. Information from youth on program development and implementation will further guide and tailor program development to youths' needs and interests, ultimately increasing effectiveness and engagement. The advisory group and the youth will aim to learn from parents, grandparents,

h) **Geographic location(s)*** List the cities and provinces/territories in which the project will be implemented. Max. 1000 characters with spaces

⬛⬛⬛⬛⬛, Nunavut

i) **Project setting(s)*** Describe the setting(s) in which the project will be implemented. Max. 2000 characters with spaces

⬛⬛⬛⬛⬛ is located on ⬛⬛⬛⬛⬛, in the Nunavut region of ⬛⬛⬛. This community has a population of around ⬛ people, with about one third of the population under the age of fourteen. The rates of illicit substances entering the community and crime associated with substance use are increasing. Of note to this project, ⬛⬛⬛⬛⬛. As noted above, there are many service gaps in ⬛⬛⬛⬛⬛, including programming for youth.
The proposed research project will generate information in multiple community settings: 1) ⬛⬛⬛⬛⬛'s junior and high school, 2) ⬛⬛⬛⬛⬛ Centre, 3) spaces youth or other community members feel comfortable sharing on capacity-building programs and/or harmful s

j) **Scope*** Please select one
○ National
○ Province/Territory
● Community

k) **Meaningful engagement of people with lived and living experience and/or peer/experiential workers*** Describe how People with Lived and Living Experience and/or Peer/Experiential Workers will be involved in the development, delivery and evaluation of the project. Max. 4000 characters with spaces

The term 'people with lived and living experience' is not used in northern, Inuit communities as it does not align well with IQ principles of respect and inclusion; we will use 'community members' as it is a culturally-respectful way to express this concept. We will meaningfully engage community members in multiple capacities throughout the research process. We will establish a community steering committee that will lead discussions surrounding research priorities, methodology, and knowledge sharing techniques. This community steering committee will be composed of a diverse group of community members including Elders and concerned community members. The advisory committee will ensure the project respectfully and meaningfully uses IQ principles, and that contributions are relevant to the community. Importantly, an honorarium will be paid to advisory committee members to recognize and thank them for sharing their time and knowledge. The larger community will also be engaged throughout the preliminary research process when setting specific project goals, during information collection and analysis, and through collaborative and engaged knowledge translation.
Throughout the program development and implementation process, we will continue to engage with youth and our advisory committee to ensure programs are grounded in IQ principles. When possible, we will also hire and train community members to lead these programs; this will not only increase program relevancy and sustainability, but will also provide meaningful employment opportunities to a community experiencing widespread poverty. We will continue

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l) Official language requirements* Describe how the project complies with the Official Language Requirements outlined in the SUAP Guidelines for Applicants. Max. 2000 characters with spaces

Nunavut has three official language communities: Inuit languages, English, and French. French is rarely spoken in �, especially among youth and Inuit. ▮▮▮▮ dialect of Inuktut, is the Inuit language indigenous to ▮▮▮. All research promotion, data collection, and knowledge translation materials will be available in English and ▮▮. Oral interpretation will occur at all community meetings related to research or program development. All translation and interpretation will be done by paid community members. We also intend to have a unilingual Elder on the advisory committee to ensure ▮▮ has equal usage throughout the project.
Encouraging ▮▮ usage among Inuit youth has been recognized to be an important part of continuing culture and intergenerational healing. Exploring

m) Sustainability* Health Canada funding is time-limited. Please indicate what measures you will take to ensure that needs addressed by the project are met through alternate measures after the end of the funding period. Please note any anticipated enablers or barriers related to sustainability. If you anticipate that project activities will not continue once the funding period ends, explain what steps you will take to ensure a smooth project wind-down. Max. 4000 characters with spaces

This project aims to build youths' capacity by developing resilience and communication and problem-solving skills. Sustainability is therefore inherent to this project because these programs will facilitate growth of youths' capacity, resulting in lifelong skills youth can utilize to meaningfully contribute to the community through healthy relationships, community leadership, and employment.
The reciprocal partnership between ▮▮▮ and the University of Alberta will allow for long-term projects that will ultimately have meaningful, lasting contributions to the community. If there is community interest, students could apply for scholarships and grants offered by Canadian Institute of Health Research or other institutions to continue exploring ways to address the risk factors associated with youth engaging in harmful substance use in ▮▮
This funding will be held by ▮▮▮, thus the community will determine the most effective usage of funds. Community-determined usage of funds has been shown to increase project sustainability. Preliminary research will facilitate long-term success of these programs as there will be an established project framework to ensure youths' interest and program effectiveness. As well, this project functions to build capacity in ▮▮, thus full community ownership of the programs will allow long-term program success with the potential for ▮▮▮ to fund after Health Canada funding has expired. Throughout the funding period, students and faculty at the University of Alberta will continue to explore future funding options such as government or non-government organization grants. We will be able to include quantitative and qualitative evidence of project effectiveness in these funding

Section 5 – Evidence and need

a) Evidence and need* Describe the evidence and need (overdose data, service gaps, research evidence, statistics, surveys, literature reviews, needs assessments, etc.) for the project's activities, communities of focus and target populations. Explain, if applicable, how your community is underserved. Max. 4000 characters with spaces

As stated previously, a Community Needs Assessment was conducted in 2018. A key area of concern that was identified by many community members was the impact of intergenerational trauma. Many community members noted related concerns for the community's widespread poverty and the prevalence and extent of substance use among youth. Additionally, RCMP reports have shown increasing rates in both alcohol and drug-related criminal activity, as well as illicit drugs entering the community; based on anecdotal evidence, youth involvement in criminal activity and use of illicit drugs appears to be increasing.

After a thorough literature review, there is clear evidence that Indigenous communities in Canada need innovative and culturally-relevant and respectful approaches to heal from intergenerational trauma caused by Canada's historical and ongoing colonization techniques. As highlighted by the Community Needs Assessment, increased rates of harmful substance use in Indigenous communities are one of the main manifestations of the trauma caused by Canada's historical and ongoing colonization.
▮▮▮ is underserved on many fronts: healthcare, education, children and youth services to name a few. While much of the current research has focused on the underlying causes of harmful substance use in Nunavut, namely intergenerational trauma, little research and work has been done to address this phenomenon. We have the Community Needs Assessment and literature review to draw on, however, it is not enough to adequately inform new approaches to care. The proposed research will utilize innovative methodologies to generate youth-specific data, thus providing the high quality data that

b) Similar initiatives or new approach* Describe how this project complements or builds on other similar initiatives; or, describe how this project is an innovative/new approach to health promotion, prevention, harm reduction or treatment. Max. 4000 characters with spaces

This project will make use of existing community spaces including the ▮▮▮ and ▮▮▮ Centre. This project will complement and build upon previous and concurrent research with other communities in Nunavut, including the work being done at the territorial level. However, this project will utilize novel community-based methodologies and approaches that set it apart from other work currently being undertaken in Nunavut in the area of harmful substance use. To the best of our knowledge, the initial scanning and scoping project is the first of its kind in Canada to utilize community-based research methodology to explore capacity-building programs for youth aimed at addressing the risk factors for harmful substance use. Further, this is the first joint community scan and program development initiative in Canada in which the data will be generated by Indigenous youth and will directly impact the provision of preventative services for Indigenous youth, to the best of our knowledge.

This project will foster a new partnership between the University of Alberta and ▮▮▮ This is a partnership grounded in reciprocity, respect, and relevant contributions. Going forward, this partnership provides great potential to build capacity in ▮▮▮, ultimately taking an upstream approach to harmful substance use. This partnership will also facilitate a rich learning experience for University of Alberta students and faculty.

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Section 6 – Performance measurement and evaluation

Contribution to SUAP indicators and evaluation requirements* Describe how your project aligns with SUAP outcomes listed in the SUAP Guidelines for Applicants, including appropriate indicators, noting data collection methods. Also explain how the project will positively impact SUAP outcomes. Max. 4000 characters with spaces

This project will increase both immediate and intermediate SUAP program-level outcomes and performance indicators. We aim to increase in-community capacity during both the scanning and program implementation phases. During the scanning phase, we aim to increase community capacity by working with youth throughout the scanning and scoping process. This will increase both the youth's understanding of this process and facilitate deeper understanding of the importance of capacity-building and community engagement; youth-researched programming will be inherently more tailored to the interests of today's youth, thus more effectively reaching our programs' goals. Training of community-based program leaders will increase ▓▓▓▓▓▓▓▓ 's youths' services in a culturally-relevant and respectful manner. It will also provide in-community, paid leadership opportunities in a community experiencing devastating poverty. We will collect data to measure program impact on youths' capacity by: 1) recording the number of youth who participate in the research process, 2) interviewing youth to learn about their research experience, 3) recording the number of youth attending the implemented programs, 4) continually seeking feedback from youth on implemented programs, and 5) seeking feedback from adults on the implemented programs. We will also measure increases in the community's leadership capacity by interviewing program leaders on their experience.

As noted throughout this proposal, the scanning and scoping phase will inform us during the program and evaluation development stage on the programming needs and interests of youth in ▓▓▓▓▓▓▓▓ . These programs will function to increase youths' capacity, acting as an upstream approach to prevent harmful substance use. During the program implementation phase, the number of relevant and meaningful programs for youth will increase. Specifically,

Section 7 – Organizational and collaboration capacity

a) **How is your organization well-positioned to carry out this work?*** Describe why your organization is best positioned to undertake this project. Include information about your organization's relevant skills, interests, experience with subject matter and target population(s), financial and/or human resource capacity. Max. 4000 characters with spaces

▓▓▓▓▓▓▓ and the University of Alberta are well-positioned to carry out this work because both organizations are independently committed to and passionate about creating upstream approaches to address harmful substance use in the ▓▓▓▓▓▓▓▓ 's youth. Together, these institutions are well-positioned to build off each other's strengths to effectively implement programs that address this area of concern. This new relationship is built on the principles of meaningful community-based research that align with IQ principles including: community-ownership, reciprocity, respect, and relevance. To ensure our project embodies these principles, a diverse group of community members will be engaged throughout the research and program development processes including Elders, community leaders such as Council members or school leadership, and people who have been impacted by intergenerational trauma. Many community members have expressed concern over the increasing impact of harmful substance use on youth in ▓▓▓▓▓▓▓▓ ; this was also highlighted in the Community Needs Assessment conducted in 2018. Critical to this project's relevance and meaningful contribution is that it addresses knowledge and service gaps voiced by the community.

The University of Alberta is a leading knowledge institution in the area of transforming community-based research. Dr. Susan Chatwood, associate professor at the University of Alberta and the main faculty member connected with this project, has worked with remote and northern Indigenous communities for most of her

b) **Indicate below the names of the partners you will work with during the project and describe their role and contribution.**

Name of partner organization Type the partner's legal name	Partner's role
University of Alberta, School of Public Health	Scanning and scoping exercise, health promotion wo

Additional partners Use this field to provide additional partners if needed. Max. 1000 characters with spaces

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Section 8 – Sex and gender-based analysis

Integration of sex and gender-based analysis* How has sex and gender-based analysis (SGBA) been integrated into the project, including data collection? For reference, see the continuum of gender considerations in programs and policies in the SUAP Guidelines for Applicants. Max. 2000 characters with spaces

This project will be inclusive to all genders, including those beyond the binary, and will account for gender-based needs and differences. Accounting for and supporting gender-based needs is well-established in modern Inuit communities; for example, gender-based support such as women's sewing groups and men's groups are an important support element in many communities. During preliminary discussions with an Elder, it was shared that in their experience, this gender division is largely a result of colonization and support groups prior to colonization typically involved the whole community. This is a good example of the importance of designing our programs to have the potential to transform harmful gender norms. There will likely be some interests that follow gendered themes, but it is important to create a space for youth to share and create gender transformative programs.

Prior to data collection, we will consult with Elders and other knowledge keepers to ensure we are being respectful of cultural gender needs during data collection. Throughout the data collection process, we plan to explore gender-based differences related to programs that encourage capacity building in youth to prevent harmful substance use. Project plans specifically related to gender considerations include: 1) exploration of gender-based substance use patterns including setting, substance(s) used, and physical or social impact, and 2) gender-based needs for capacity-building programs. For example, a future research topic could explore the prevalence and experience of gender-based violence in the context of familial substance use and programs that will foster youths' skills

Section 9 – Summary work plan

Activities*	Start date*	End date*	Outputs*
Establishment of Community Partnership	2022-01-01	2022-02-01	Establish partnership understandings and respon:
Community Steering Committee Formation	2022-01-01	2022-02-01	Create a community steering committee compose
Formation of Youth Research Committee	2022-01-01	2022-02-01	Creation of Youth Research Committee and estab
Survey Creation and Administration with Youth	2022-02-01	2022-03-01	Help youth creation/administration of a survey to
Training Youth to Analyze Quantitative Data	2022-02-01	2022-02-01	Train youth to input quantitative data into data ma
Qualitative Research Methodology and Analysis Tr:	2022-02-01	2022-02-01	Training data collection methods (eg. interview fu
Iterative Qualitative Research Collection by Youth	2022-02-01	2022-12-01	Continually collect data throughout activity plannii
Qualitative Data Analysis by Youth	2022-03-01	2023-01-01	With youth, analyze qualitative data to determine
Research Presentation by Youth for the Community	2022-04-01	2022-04-01	Put together and present research findings on the
Program and Activities Development	2022-04-01	2022-06-01	Development and logistical planning of programs
Pilot Activities Implementation	2022-06-01	2022-12-01	Implementing youth pilot projects.
Feedback from Youth on Programs	2022-06-01	2022-12-01	Actively engaging with youth on program content
Program Evaluation	2022-12-01	2023-03-01	Evaluating implemented programs' effectiveness
Survey Re- Administration by Youth	2023-01-01	2023-01-01	Re-administer survey to determine statistics asso
Formal Research Paper	2023-02-01	2023-03-01	Writing the formal research paper to be published
Future Research Projects	2023-03-01		Future projects may include programs to help you

Additional activities Use this field to provide additional activities if needed. Max. 1000 characters with spaces

The activities will include 4 1-week on-the land programs, 2 1-week workshops on introductions to electronics, computers and robotics, 8 weekly 4-hour "Drum-Beat" activities, 8 weekly contemporary Inuit throat-singing/recording session (2 groups, i.e. singers and recorders), 8 weekly traditional Inuit and contemporary cooking classes, 8 weekly sewing sessions for traditional clothing and 8 weekly fashion and e-pattern making sessions, 8 weekly social media story sharing/ creation sessions, 8 communication life-skills sessions (i.e. problem solving skills, communications, planning and visioning exercises.

Canada

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Health Canada — Santé Canada

Section 10 – Budget and narrative* For not relevant categories, please enter not relevant as narrative and zero as the FY amount

Budget expenditure categories	Federal fiscal year (FY) = April 1 to March 31			
	Narrative (Max. 1000 characters with spaces/narrative)	FY 1	FY 2	Totals
Personnel / Salaries and Benefits	Research Assistant 20 hrs/wk @ $25/hr + $13 NA + 14% Mand. Ded. Activity Coordinator 20 hrs/wk @ $25/hr + $13 NA + 14% Mand. Ded.	C$ 10,397.00	C$ 65,847.00	C$ 76,244.00
Contractual employees	Outfitter with boat @ $800/day x 12 days 3 Camp Helpers @ $720/day x 12 days Activity Assistants @ $100 4hr/event x 80 events Elder & Adv. Mem. Honoraria Interpreting @ $200/mtg. Translation x 40/pg x 100 pgs	C$ 3,700.00	C$ 37,040.00	C$ 40,740.00
Travel & Accommodations	Res Coordinator airfare $4,000/visit Res Supervisor airfare$4,000/visit Travel perdiems – Coord & svsr Accom. 6 nights enroute	C$ 6,282.00	C$ 16,564.00	C$ 22,846.00
Materials & Supplies	Flipcharts, sewing materials, participant rewards, etc.		C$ 5,000.00	C$ 5,000.00
Equipment	Cameras, various activity equipment (eg. cloth for sewing)		C$ 1,000.00	C$ 1,000.00
Rent & Utilities	Enroute + ▓ = In-kind			C$ 0.00

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Category	Description			
Performance Measurement & Evaluation	Rachel Cassie salary (In kind)			C$ 0.00
Other				
Room/Space rental	in kind			C$ 0.00
Food	All participants, meetings & events = $ 12/particpant	C$ 288.00	C$ 3,456.00	C$ 3,744.00
Administration	15% of total requested money from Health Canada (admin fees will total $29,914.80; we are requesting $22436.10 from Health Canada to cover this)	C$ 4,487.22	C$ 17,948.88	C$ 22,436.10
In-Kind	Facility Rental $100/event ($9700 total)	C$ 0.00	C$ 0.00	C$ 0.00
In-Kind	Res. coord salary ($51,520)	C$ 0.00	C$ 0.00	C$ 0.00
In-Kind	Accom coord & spvr — ($12, 320)	C$ 0.00	C$ 0.00	C$ 0.00
In-Kind	5% (20% of total = admin costs; will provide $7477.9)		C$ 0.00	C$ 0.00
				C$ 0.00
Total contributions from Health Canada - Total budget		C$ 25,154.22	C$ 146,855.88	C$ 172,010.10

Validate Grand Total

Canada

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Health Canada **Santé Canada**

Section 11 – Approval / Declaration*

The undersigned on behalf of the organization declares that:

• The information in this application and all accompanying documents are accurate and complete;

• No current or former public servant for whom the Health Canada Values and Ethics Code, the Values and Ethics Code for the Public Sector, the Treasury Board Secretariat Policy on Conflict of Interest and Post-Employment and the Conflict of Interest and Post-Employment Code for Public Office Holders applies, shall derive any direct benefit from this funding request including any employment, payment or gifts, unless the provision and receipt of such benefits is in compliance with such codes and policy.

• Individuals who are subject to the provisions of the Conflict of Interest Act (S.C. 2006, c. 9, s. 2), the Conflict of Interest Code for Members of the House of Commons, the Conflict of Interest Code for Senators, the Conflict of Interest and Post-Employment Code for Public Office Holders or any other values and ethics codes applicable within provincial or territorial governments or specific organizations, cannot derive any direct benefit resulting from this funding request unless the provision or receipt of such benefit is in compliance with such legislation and codes;

• Project activities will be undertaken in compliance with all applicable statutes, regulations, orders, standards and guidelines;

• Project activities are not being supported, directly or indirectly (including through funding or in-kind contributions), by entities involved in the manufacture, production, advertising or sale of pharmaceutical, tobacco, vaping or cannabis products; and

• The funding request is made on behalf of the organization named in Section 1 with its full knowledge and consent.

I acknowledge that Health Canada may share this funding request with other organizations (including provincial/territorial Ministries of Health) as part of its review and approval process. I acknowledge that should this funding request be approved, funding will be conditional upon the organization signing a written agreement with Health Canada.

Name: _____

Title: Mayor of _____

Signature: _____

Date: 2021-09-24 _____

Submit Form   Reset Form

ii.   *Grant Reporting*

Health   Santé
Canada   Canada

APPENDIX A

OVERVIEW *<<MANDATORY FOR SUAP>>*

A high-level description of the project (approximately 2 paragraphs) including:
- *Project title*
- *An outline of the objective of the project (XYZ organization will do WHAT for WHOM to achieve WHAT outcome).*

Note: In most cases, the Project Description in Section 4 of the FAF may be used.

Suggested structure for the first sentence:
The *(LEGAL ORGANIZATION NAME)* proposes to *(MAIN OBJECTIVE OF THE PROJECT)* through the *(INITIATIVE TITLE)* project.

SAMPLE: The Harm Reduction Network of Sesame Street proposes to decrease the effects of the opioid crisis on the youth of Sesame Street through the Harm Reduction through Community Arts Engagement project.

[REDACTED] proposes to prevent harmful substance use among youth through the 'Using community-based research to prevent harmful substance use in youth in [REDACTED] project. The proposed project will be done in partnership between [REDACTED] and the University of Alberta's School of Public Health. There are two complementary facets of this project: 1) research community needs, and 2) program implementation.

Initially, we will explore how to safely research substance use among youth. Then, we will explore youths' interests in program options and delivery strategies. Community-led research methodology and methods will be used. Ongoing, community-led discussions surrounding research goals, methods, and outcomes will occur to ensure research relevancy and safety.

Research will be used to inform future health promotion programs that aim to address the intergenerational trauma experienced by youth. For example, programs explored during this initial research may include arts- or sports-based programs, or on-the-land programming that fosters a deeper connection to traditional Inuit culture. These programs will be tailored to the community's youth, use modern strategies to engage youth, and be grounded in Inuit cultural values. These programs will aim to build youth's capacity by fostering healthy communication and problem-solving skills, resilience, and interests. After program implementation, we will conduct evaluations for implemented programs, and explore the role of culture in program effectiveness and community interest in additional programs.

KEY ACTIVITIES AND DELIVERABLES/OUTPUTS *<<MANDATORY>>*

The following is a definition for each table heading:

Fiscal Year: timeframe during which key activities will be carried out; the timeframe can be further defined if desired (i.e., quarters, specific dates)

Key Activities: key operations or tasks that require a significant amount of resources (i.e., time, money). For example, key activities can address:

- *Sustainability*
- *Knowledge Translation and Exchange (KTE)*
  - *Performance Measurement*
- *Evaluation*

Key Deliverables/Outputs: *direct products or services stemming from key activities*

NOTE: *following table format is optional as long as mandatory items are addressed*

Fiscal Year 2022-23	
Key Activities	**Key Deliverables/Outputs**
Community-based research to explore ways to safely research sensitive topics (eg. substance use or trauma).	**Research framework document** describing how to safely research sensitive topics with youth. This document may outline what safeguards need to be in place, who to involve, how to gain consent, and other important aspects of research. This document will be used for subsequent research in this project and future research projects with ▇▇▇. This document will be owned by ▇▇▇ available in English and ▇▇▇ and use plain language.
Community-based research on: 1) substance use among youth and, 2) youths' interests in health-promoting initiatives such as on-the-land camps or recreational activities.	**Report** discussing substance use among youth in ▇▇▇ and youths' interests in health promotion initiatives. This report will be owned by the ▇▇▇ available in English and ▇▇▇ and use plain language. These findings will inform in what activities youth in ▇▇▇ are interested.
Planning health promotion initiatives that were of interest to youth with Elders, youth, and other community members.	Begin **planning logistical aspects and recruiting people** to implement the health promotion initiatives. For example, for an on-the-land camp, this includes hiring staff to implement the camps, planning dates for the camp, meetings with Elders and other community members, etc. We will create **living documents** to track each initiative's progress.
Counselling	Counselling will be provided to adults and youth participating in the research phases. This is a critical component of ensuring the research mitigates any potential harm.
Fiscal Year 2023-24	
Key Activities	**Key Deliverables/Outputs**
Continue planning health promotion initiatives.	Planning logistical aspects of initiatives (leaders, location, participant capacity, food, transportation, etc.). We will **update the living documents** as we continue to plan.
Implement health promotion initiatives.	Carry out the health promotion initiatives (eg. run the camps).
Counselling	Counselling will be provided to youth participating in the activities.
Evaluate health promotion initiatives.	**Evaluate** the youths' and families' experiences of the initiatives through interviews and other data generation strategies. Create a **report** summarizing findings and highlighting strengths and opportunities for improvements.

	This report will be owned by ▓▓▓▓ ▓▓▓▓ available in English and ▓▓▓▓, and use plain language.
Knowledge sharing.	**Knowledge sharing** with the larger community. For example, a community feast and/or presentation. The report will be presented orally in English and ▓▓▓▓ and full-length and summarized versions will be available.

OUTCOMES

This initiative will contribute to and report on the SUAP outcomes and performance indicators that are relevant to their project.

	SUAP OUTCOMES	SUAP PERFORMANCE INDICATORS
S H O R T - T E R M	1.1 Primary target population (Canadians[1] or Stakeholders[2]) have access to information on substance use	a) # of participants reached (by gender, language, age, location or priority population: Indigenous, 2SLGBTQIA+, Racialized people/communities) in substance use-related learning opportunities delivered by SUAP funded project
		b) # of primary target population (Canadians or stakeholders) with access to substance use-related knowledge products developed by SUAP funded project
		c) % of primary target population (Canadians or stakeholders) who reported that they gained knowledge/skills about substances as a result of the SUAP funded project by gender, language, age, location or priority population: Indigenous, 2SLGBTQIA+, Racialized people/communities
	1.2 Increased availability of harm reduction services[3]	a) # of new services offered by SUAP funded project (including type of service)
		b) # of clients accessing services offered by SUAP funded projects (by gender, language, age, location, or priority population: Indigenous, 2SLGBTQIA+ , Racialized people/communities)
		c) # of Naloxone kits distributed by SUAP funded project
M E D I U M - T E R M	2.1 Data and research evidence on drugs, substance use, and emerging drug trends are used by targeted stakeholders	a) % of targeted stakeholders who reported that they used knowledge/skills related to substance use provided by this project to make evidence informed improvements to policies, programs and practice
		b) % of targeted stakeholders who reported that they intend to use knowledge/skills provided by this project to make evidence informed improvements to policies, programs and practice
	2.2 Reduction in risk-taking behaviour among people with problematic drug and substances use	a) % of targeted Canadians who reported that they used knowledge/skills related to substance use provided by SUAP funded project by gender, language, age, location, or priority population: Indigenous, 2SLGBTQIA+ , Racialized people/communities)
		b) % of targeted Canadians who reported that they intend to use knowledge/skills related to substance use provided by SUAP funded project (by gender, language, age, location, or priority population: Indigenous, 2SLGBTQIA+ , Racialized people/communities)

[1] **Targeted Stakeholders** may include other levels of governments, pan-Canadian health organizations, non-profit organizations, communities or others at the organizational or system level. This relates to initiatives targeting organization, system or policy and practice change..

[2] **Targeted Canadians** may include youth, adults and any other target groups or sub-populations as identified by research and evidence. This relates to initiatives targeting individual behaviour change (or groups of individuals)

[3] **Services Categories currently include:** harm reduction / outreach; early intervention; treatment (OAT, iOAT, TiOAT, methamphetamine treatment, nicotine vaping cessation); drug checking; safer supply; surveillance.

		c)	% of clients in SUAP funded treatment and/or harm reduction services projects reporting a positive behaviour/health outcome by gender, language, age, location, or priority population: Indigenous, 2SLGBTQIA+ , Racialized people/communities
	3.1 People who use drugs and substances experience reduced negative health effects	a)	N/A

PARTNERSHIPS *<<MANDATORY>>*

Identify key partners and the role each will play in carrying out key activities. A key partner is typically an organization that plays a central role in the implementation of activities and/or that has a vested interest in the successful implementation of activities.

Name of Partner Organization	Partner's Role
University of Alberta	People involved from the University of Alberta include: Rachel Cassie, MSc in Epidemiology candidate; Dr. Susan Chatwood, Associate Professor, School of Public Health. They will be most directly involved during the research phases and report compilation. They will also be available to assist in other ways as needed/wanted.
▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮	Partnership parameters are not yet defined, but likely will assist during research and activity implementation. May also be involved during knowledge sharing activities.

TARGET GROUPS *<<MANDATORY>>*

Describe the target groups, both direct and indirect, and how they will be reached.

This project's target direct target group is the youth in the ▮▮▮▮▮▮▮▮▮ or ▮▮▮▮▮▮. Youth will be actively involved throughout the research phase and will be the direct program participants. ▮▮▮▮▮▮▮▮▮ is a small community of ▮▮▮. Youth will be reached through community spaces, parents, and snowball sampling (word-of-mouth).

The indirect target group is the larger community. The larger community will be involved through ongoing community discussion around safe research methods, desired program options, and program evaluations. The larger community will be reached through community spaces and snowball sampling.

OFFICIAL LANGUAGES *<<MANDATORY>>*

Describe how both linguistic communities will be targeted.

Where applicable based on the proposed Initiative, consider the following:

i) *Is the targeted population composed of individuals or groups belonging to both linguistic communities?*
ii) *In the general public, what is the level of potential demand for services in both official languages?*

iii) *If, by its very nature, the Initiative is aimed at only one linguistic group, could it be promoted to the other group to encourage increased understanding between the two groups?*
iv) *Is the scope national and likely to reach both language groups?*
v) *Do the key activities relate to the visibility of Canadian identity abroad?*
vi) *Is the recipient a national organization that should clearly have a concern for official languages?*

If the answer is yes to any of the above questions, both linguistic communities should be targeted.

Example:
- *The acknowledgement of the Department's support will be expressed in English and French;*
- *All public signage, communication (oral and written), products and services will be developed and offered in English and French; and*
- *The official-language minority community will be invited to participate where appropriate.*

OR

Provide a justification if both linguistic communities will NOT be targeted.

Example:
- *The Initiative is designed to address the specific needs of the Francophone population in Manitoba, and as such it does not target the Anglophone population.*
  Or
- *The Initiative is piloting a new training approach and curriculum and would like to target a single linguistic community before adapting them and investing in translation.*

Nunavut has three official language communities: Inuit languages, English, and French. French is rarely, if ever, spoken in the ▮▮▮▮▮▮▮ especially among youth and Inuit. ▮▮▮▮ is the Inuit language indigenous to the people of ▮▮▮▮▮▮. All research materials will be available in English and ▮▮▮▮. Oral interpretation will occur at all community meetings related to research or program development or updates. All translation and interpretation will be done by paid community members. We also intend to have a unilingual Elder on the program's Program Committee to ensure ▮▮▮▮ has equal usage throughout the research process.

Encouraging ▮▮▮▮ usage among Inuit youth has been recognized to be an important part of intergenerational healing and cultural continuity. Exploring youths' interest in program delivery in ▮▮▮▮ will be an important component of the research phase; if there is hesitancy, root causes of this hesitancy will be explored to see if this hesitancy can be mitigated. Where possible, ▮▮▮▮ language during program delivery will occur.

SEX AND GENDER *<<MANDATORY>>*

Describe how the Initiative will take sex and gender into account.

Where applicable based on the proposed Initiative, consider the following:

i) *Briefly describe the sex and gender context in relation to the Initiative. E.g. Are men /women* impacted differently, and if so, how? Does the recipient's focus on one priority over another affect men/women* differently? Is there a disproportionate representation and/or participation of men/women*?*

ii)   Describe how key activities and outputs will take into account, or will be tailored to, differences in groups of targeted men/women*. E.g. Is accessibility the same for men /women*? Are outputs, such as reports or training materials, reflective of sex and gendered considerations?

iii)   Describe the impact that sex and gender considerations are expected to have in achieving equitable outcomes.

iv)   Describe how knowledge translation and exchange (KTE) strategies have been/will be developed to include all sub-groups being targeted, and to maximize uptake by men/women*. Consider if content/messages/products will need to vary by sex and gender.

v)   Describe how sex and gender-disaggregated data will be collected and used.

*This may also include considerations related to boys/girls and gender diverse individuals. Other social dimensions and experiences such as age and ethnicity, which interact with sex and gender, should also be reflected where relevant.

This project will be inclusive to all genders, including those beyond the binary, and will account for gender-based needs and differences. Accounting for and supporting gender-based needs is well-established in modern Inuit communities; for example, gender-based support such as women's sewing groups and men's groups are an important support element in many communities. During preliminary discussions with an Elder, it was shared that in their experience, this gender division is largely a result of colonization and support groups prior to colonization typically involved the whole community. This is a good example of how we can use IQ principles and Inuit cultural values to transform harmful gender norms caused by colonization.

All genders are impacted by harmful substance use, thus this project will target all youth. It is well-established that men and women experience personal and familial substance use differently, however, these gender differences have not yet been explored in an Inuit community. During research, we will explore gender-based needs and program interests to ensure the programming is inclusive to all.

We will tailor the programming according to what we learn during the research phase. For example, we could develop an on-the-land camp that teaches Inuit hunting and food preparation skills. Depending on youth's interests and Elders' knowledge, these may or may not be broken into gender-based groups. Program evaluations will include gender to reflect program delivery.

We recognize that gender-based interests are present among youth, however, it is important that we also create space for gender transformative programming. For example, we will create space for boys to participate in activities often viewed as feminine, and vice versa. Our gender considerations are expected to create program delivery that is equitably accessible for all youth. We also aim to engage all youth by creating programs that target a wide range of youth's interests.

Prior to data collection, we will consult with Elders and other knowledge keepers to ensure we are being respectful of cultural gender needs during data collection. Throughout the data collection process, we plan to explore gender-based differences related to programs that encourage capacity building in youth to prevent harmful substance use. Research plans specifically related to gender considerations include: 1) gender-based safety needs when researching substance use, 2) gender-based substance use patterns including setting, substance(s) used, and physical or social impact, and 3) gender-based needs for programs.

We will tailor our knowledge sharing based on what we learn from our Program Committee. We plan to specifically discuss if gender-based knowledge sharing strategies are needed, and if they are, ways to facilitate them. We will report on gender-based differences.

Health Canada — Santé Canada

iii. To-be-finalized Budget

APPENDIX B - BUDGET

BUDGET EXPENDITURE CATEGORIES	2022-2023 (09/2022 - 03/31/2023) HC	Other Sources Cash	Other Sources In-kind	20YY-20YY (04/01/2023 - 11/30/2023) HC	Other Sources Cash	Other Sources In-kind	TOTAL BUDGET	Total Contribution from HC	Justification
PERSONNEL SALARIES & BENEFITS	$14,073			$56,291			$76,244	$70,364	These salaries include the Northern Living Allowance (NLA) of $13/day. We are requesting the salary for the Pilot Program(s) Coordinator to organize all logistical planning of activities. We are also requesting the Research Assistant's salary. These are parttime positions at $40/hour, for an expected 20-24 hours a week.
CONTRACTUAL PERSONNEL	$7,548		$5,400	$30,192		$5,400	$40,740	$37,740	These funds will pay for honouraria to Elders, translations, and workshop professionals such as leadership experts. Specifically, we are requesting $7500 for honouraria ($40/hour for adults). We are requesting $4000 for translations ($50/page). We are requesting $4000 for oral interpretation ($100/hour). The in-kind contributions cover the cost of the community logistics coordinator (accommodation, travel, space rental, etc.). The community logistics coordinator would be paid for $45/hour, and we are expecting them to contribute 20 hours/week, for 6 weeks in FY1 and FY2. We are requesting $13,680 to cover the cost of a 9 day on-the-land camp. We expect the outfitter with a boat for 9 days to cost $7200, and 3 camp helpers to cost $6480. We are requesting $9160 for the salary of the people leading the other activities (eg. sewing classes). We expect to pay about $50/hour for a total of 46 sessions of 4 hour activity events.
TRAVEL & ACCOMMODATIONS	$13,423		$11,025	$9,423		$9,450	$22,846	$22,846	This money will cover the cost of flights to/from [ ]. Each visit to [ ] costs approx. $4000 roundtrip. The research coordinator plans to travel twice during FY1 and her supervisor plans to travel once. The research coordinator plans to travel twice during FY2. The remaining $ is to cover costs such as travel to/from the airports, taxis in [ ] during a layover, food on travel days. The accommodations are provided in-kind. The nightly charged is $235/night. During FY1, the research coordinator plans to travel for 6 weeks total, and her supervisor plans to be in [ ] for 1 week. In FY2, the research coordinator plans to be in [ ] for 6 weeks total.
MATERIALS & SUPPLIES	$1,500			$3,500			$5,000	$5,000	This money is allotted for consumable materials during the research and/or program phases. This includes items such as flipcharts, posters, arts materials such as fabric.
EQUIPMENT				$1,000			$1,000	$1,000	This money is alloted for non-consumable materials such as cameras, camping and/or hunting gear, etc.
RENT & UTILITIES			$1,940			$7,760	$9,700	$0	Space rental for the research phase and program implementation will be provided in-kind by the community.
PERFORMANCE MEASUREMENT			$10,304			$41,216	$51,520	$0	This money covers the cost of the research coordinator's salary. It is provided in-kind.
OTHER COSTS (please specify):									
1) Food	$788			$2,956			$3,744	$3,744	This money is to cover the cost of food provided during the knowledge collection and sharing events. We will also provide food during the youth programs. Food provided will aim to be nutritious and culturally-appropriate. This may include traditional foods such as berries or seal meat, or southern foods such as other fruits or vegetables. More money is allotted to FY1 as the activities during this year will be with smaller groups of adults. The activities in FY2 will be with larger groups of youth so, we are expecting to need more food.
2) Administration (20% of total = admin costs ($29,914.8)	$8,725		$2,908	$13,712		$4,571	$29,915	$22,437	The salary to cover the increased workload for [ ] to administer the grant is requested. 15% of the total grant is requested to cover the administration fee. [ ] will pay 5% of the grant to cover the remaining administration fee. Overall, we expect to need 20% of the grant total to pay for the administration - 15% is requested from Health Canada, 5% will be provided in-kind. We expect an additional 10 hours per week for the 72 weeks. This time will vary temporally based on phase. This person may also assist the Program Coordinators. The NLA is not included as this person will already by employed [ ] and therefore their NLA is covered.
3) Counselling	$4,800			$4,080			$8,880	$8,880	We need to provide counselling services for youth and adults participating in the program. We expect to need about 20 hours a week of counselling during the research phases. In FY1, we will need 6 weeks of counselling (9 days, 8 hours/day, $40/hour). In FY2, we will need a counsellor with the youth during the on-the-land camp (9 days, 8 hours/day, $40/hour). We will also need 10 days of counselling during the other activities (30 hours, $40/hour).
4)							$0	$0	
TOTAL	$50,857	$0	$31,577	$121,154	$0	$68,397	$249,589	$172,011	

COMMENTS:

iv. **Budget Reallocation Request**

<div style="text-align: right">May 27, 2022</div>

To Whom It May Concern,

Thank you for the funding of our project, Using community-based research to prevent harmful substance use in youth in the ▊▊▊▊▊▊▊▊▊▊

We are requesting a reallocation of funding for our SUAP grant due to exceptional circumstances. Firstly, we were expecting to receive our application's status in December which would have allowed us to begin the project in February. However, we found out in March that we were successful. In ▊▊▊▊▊ more than 50% of the community goes on-the-land between May – August. Secondly, there was a Covid-19 outbreak that shut down all activity in the community between February – March. As we learned of the project's status in March and were in the middle of a Covid-19 outbreak, we did not have enough time to plan any activities before people left for the summer. Due to this migration, we are not able to begin events until September which drastically changes the allocation of funds.

After more discussions with ▊▊▊▊▊ Council, we learned that research phase 1 (how to do research) must occur prior, and separately, from phase 2 (exploration of substance use among youth and programs in which youth would be interested) to ensure all research is safe and does not cause further harms. This adds complexity to our research licensing process and may lead to further delays caused by the second phase's application's review. This is another complicating factor causing us to ask for funds to be pushed to fiscal year 2.

Thank you for your understanding,

Rachel Cassie

▊▊▊▊▊▊

<div style="text-align: right">142</div>

Appendix B – Ethics Approval and Research Licensing Documents

i. *Nunavut Research Institute Research License Application*

SCIENTIFIC RESEARCH LICENCE APPLICATION
HEALTH RELATED RESEARCH

Before completing this application form, please carefully review the following documents:

- "Obtaining a Research License under Nunavut's Scientists Act: A Guide for Applicants" (available at https://www.nri.nu.ca/licensing-resources); and
- Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – TCPS 2 (2018) available at: https://ethics.gc.ca/eng/policy-politique_tcps2-eptc2_2018.html

IMPORTANT

Please be advised your application cannot be processed until you submit all necessary supporting documents, including:

- confirmation of approval from your institutional research ethics board (REB);
- plain language summary and participant consent forms (translated to Inuktut);
- full research protocol;

These attachments can be uploaded with your online application, or submitted by e-mail, in the following formats: MS Word, Adobe PDF or jpeg.

SECTION 1: APPLICANT INFORMATION

1. Project Title

Using community-led research to explore how to research sensitive topics among youth in the ▮▮▮▮▮▮

2. Applicant's full name and mailing address:
Rachel Cassie

Phone: ▮▮▮▮
Fax: N/A
Email: ▮▮▮▮

3. Project Supervisor's name and mailing address:
Susan Chatwood
Edmonton Clinic Health Academy
3-341, 11405 87 Ave NW
Edmonton, AB
T6G 1C9

Phone: ▮▮▮▮
Fax:
Email: ▮▮▮▮

4. Research team members (name, position, affiliation)

▮▮▮▮ councilor and lead community coordinator, ▮▮▮▮

Rachel Cassie, project's principal investigator, University of Alberta

SECTION 2: AUTHORIZATION NEEDED

Institutional Research Ethics Board Approval

Has your project been reviewed and approved by an Institutional REB?
Yes   x☐   No   ☐

If Yes, please attach the certificate of approval. If No, please attach documentation to explain why REB approval has not been obtained.

Please list any other authorizations or permits required for your project.

Authorization type:	Status:
University of Alberta Research Ethics Board	Approved

SECTION 3: PROJECT TIMELINE

Planned dates for research activities in the current calendar year:

Start date:

01	02	2022
Day/	Month/	Year

End Date:

31	12	2022
Day/	Month/	Year

*Please advise NRI immediately if you need to change your research field dates in the current year.

Is this application for a <u>new</u> multiyear research project?

Yes   x☐   No   ☐

If Yes, please provide the anticipated completion date (month/year) for the multiyear research.

Multiyear Project Completion Date:

04	2023
Month/	Year

Is this application to renew an <u>existing</u> multiyear research license?

Yes ☐   No   x☐

*You must submit a full application to renew a multiyear license if there are changes to your research locations or to your study design. Multiyear research licenses may be renewed for two consecutive years without a full new application.

Locations of Research in Nunavut

Community name:

SECTION 4: NON-TECHNICAL PROJECT PROPOSAL DESCRIPTION

Please attach a non-technical description of the project proposal, no more than 500 words, in English and Inuktitut (+Inuinnaqtun, if in the Kitikmeot). The project description should outline the following:

- Project Title;
- Lead Researcher's Name and Affiliation;
- What research questions does the project hope to answer?;
- What are the research objectives and why is the study needed?;
- Where, when, and for how long will the field research be undertaken?;
- What methods will be used to conduct fieldwork?;
- What impacts will the research produce to the environment, wildlife, or people?;
- How will the data generated by the research be stored and managed?;
- How will Nunavut residents be involved in the research?; and
- How, when, and to whom will the research results be shared in Nunavut?

Upload File

SECTION 5: DETAILED DESCRIPTION OF RESEARCH

Please attach a full project protocol detailing the following information:

Overall Program
- Rationale, goals & objectives for the project
- Will the research be undertaken in conjunction with or in support of any current health initiatives in Nunavut? If so, reference the programs and explain the relationship.
- Explain the role of Nunavut's Department of Health (DOH) in the research and describe any support you will required from DOH staff or facilities to conduct the research
- Identify the primary sources of funding for the research project

Methodology
- Techniques and protocols for sample collection and analysis
- Justification for the selection of the study methodology
- If interviewing the participant is required, provide a list of questions to be posed
- Location of research and rationale for selecting specific communities or individuals for your research

Primary data and information

- Short & long term use of data
- Accessibility to data
- Short & long term storage of data
- Disposal of data
- Other uses of data (will data be shared with other researchers for research purposes unrelated to the current project?)
- Intellectual property rights/ownership of data

Biological Samples
- Type and amount of biological materials to be taken;
- Manner in which biological materials will be taken, and the safety and invasiveness of the procedures for acquisition;
- Intended uses of the biological materials, including any commercial use (Note: a separate research license is required for secondary use of human biological materials originally collected for a purpose other than the current research purpose);
- Measures employed to protect the privacy of and minimize risks to participants;
- Length of time the biological materials will be kept, how they will be preserved, location of storage (e.g., in Canada, outside Canada), and process for disposal, if applicable;
- Anticipated linkage of biological materials with information about the participant.

Medical chart reviews
- Request for a waiver of consent to use personal medical information that was collected for purposes other than the current research. (Note: refer to the guidance document: *Health Research in Nunavut: Special Considerations for Remote Data Collection*)

Upload File

SECTION 6: PARTICIPANT CONSENT FORM

Please attach a copy of the actual consent form that will be used during the proposed study. Consent forms must be in English and Inuktitut (+Inuinnaqtun, if in the Kitikmeot). Components of the participant consent form must include:
- Project title;
- The principal investigator's name, address, e-mail address, and phone number;
- A description of the research being conducted, including the purpose, objectives, aims of the study at a reading comprehension level that is appropriate for the participant;
- A description of the activities/tasks that the participant will complete for the research, and an estimated time commitment for taking part, at a reading comprehension level that is appropriate for the participant;
- A clear description of any potential risks that may be associated taking part in the research;
- Details of any financial remuneration, incentive or other compensation to be provided to the participant for taking part in the research;
- A statement of informant rights:
  "I have been fully informed of the objectives of the project being conducted. I understand these objectives and consent to being interviewed for the project. I understand that steps will be undertaken to ensure that this interview will remain confidential unless I consent to being identified. I also understand that, if I wish to withdraw from the study, I may do so without any repercussions."
- Details on the type of data that will be collected from the participant and how privacy and confidentiality will be maintained;
- Conditions for release of recorded information;
- Printed name of participant, signature of participant, date of consent.

File upload

SECTION 6: COMMUNITY INVOLVEMENT & CONSULTATION

1. List the organizations and individuals in Nunavut that you have consulted with regarding this research:

Community	Name	Organization	Date Contacted
			Aug. 1, 2021

2. Describe the role Nunavut residents or local/regional organizations will play in the research project?

We will form a Research Committee composed of community representatives. We plan to hold six meetings to discuss the practices and policies that need to be enforced to ensure research with Pangnirtung is community-led and researchers have taken all necessary precautions to prevent and minimize any harms. Community-led discussions of research methods will ensure findings result in guidelines for effective, practical, and meaningful steps researchers wishing to work with Pangnirtung must take.

Findings from these meetings will be continually discussed with community representatives. After we have created the research guideline document, we will share it with the community representatives to gain feedback. This will ensure the document is created collaboratively with the community and accurately reflects their needs and priorities.

3. Describe any local services and/or logistic support that you will require to undertake the research (e.g. accommodations, outfitting, translation, sample collection, etc.).

The principal investigator plans to travel to the community in August 2022 (pending NRI approval and Covid-19 related restrictions). With the community, the PI has begun plans for their accommodation, travel, translation and interpretation, and Research Committee meetings. These plans have been in co-drafted with community members and have been budgeted for in the Health Canada grant application.

4. What potential risks does the research pose for Nunavut residents and how will risks be mitigated?

<u>Note:</u> one of the key questions for this project is how to prevent and minimize harms caused by research. Thus, we expect minimal risks caused by the research.

<u>Risks:</u>

When participating in the meetings, community representatives may experience psychological or emotional stress triggered by discussing practices researchers need to undertake to prevent and minimize harms caused by research. This may cause community representatives to reflect on past trauma(s) caused by research or bring psychological or emotional insecurities to the forefront. Community representatives may also feel psychological or mental fatigue when recalling past events. There is also the risk for Covid-19 transmission as these research activities will take place in-person.

Risk mitigation:
We will mitigate risks and discomforts by ensuring meeting topics are culturally appropriate and align well with IQ principles. Community-led research will also work to mitigate risks and discomforts of research activities as the meeting topics will be co-determined with the community representatives. We will share meeting topics with the Research Committee prior to meetings to allow people to opt-out of any meetings they do not feel comfortable attending. We will also remind participants throughout the meetings of their right to leave meetings and/or withdraw from the research process, and of the mental health resources available to support them.

We will also mitigate risks and discomforts by making clear the university team's role in this community-led research project. This will function to build trust and reciprocal relationships between Research Committee and university-based researchers. It will also reduce risks of psychological or emotional harm.

We will mitigate any harms by providing referring community representatives to resources that support mental health. These resources include in-person or tele-counselling, and referral to various helplines or online support groups such as the Kamatsiaqtut Helpline or Kids Help Phone's Peer to Peer Community.

The PI has experience navigating emotionally-charged and triggering situations as she is also a mental health worker in Vancouver's Downtown Eastside, working with mainly Indigenous peoples.

We will mitigate the risk of Covid-19 transmission by following all public health recommendations and requirements. This may include, but is not limited to, wearing masks indoors, requiring representatives be vaccinated, limiting group sizes to no larger than 10 people, and more.

5. Will your project require assistance from the Department of Health (DOH) (e.g. funds, time, facilities, data access, etc.)? If so please clearly describe the DOH's role in your research project and include confirmation of departmental support for your research.

No, this project will not require assistance from the Department of Health. However, we plan to create a research guideline document and/or policy brief that may be helpful to the Department of Health.

SECTION 7: GENERAL

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1. **Do you give NRI permission to publish project information in the Nunavut Research Institute Annual Compendium of Research Undertaken in Nunavut?**

☐ X YES   ☐   NO

Applicant:

_____   _____   _____
     Signature   Rachel Cassie, MSc candidate   Jan. 15, 2022
                                            Title   **Date**

ii.   *Non-technical description of project in English and the local Inuktut language*

Non-technical Project Proposal Description

This project is titled "Using community-led research to explore how to research sensitive topics among youth in the ▦▦▦▦. The proposed project would be done in partnership between the ▦▦▦▦ and the University of Alberta. Rachel Cassie is the lead researcher and doing her Master's degree. Learning from the Council's feedback, this proposed project will now only explore <u>how to do research</u> with ▦▦▦. Specifically, this project would explore the questions: 1) How can we ensure that community members direct all research activities and research results are owned by the ▦▦▦? and 2) How should community-led research on sensitive topics with youth be done to prevent and minimize any harms resulting from the research?

The research project's findings will be a guide for how to do community-led research in ▦▦▦ It will focus on how to safely explore sensitive topics (eg. substance abuse), and how youth can safely participate in such research. The university team is proposing a long-term research relationship, to ensure solutions are sustainable and lead to lasting change.

Research on how to do culturally-appropriate research that meets the community's needs is needed to prevent and minimize research harms. Historically, research has caused harms among community members in ▦▦▦, and researchers did little to prevent or address these harms. Research is needed to address many of challenges ▦▦▦ faces today, however, this research must be culturally appropriate and community-led.

This research project will consist of meetings with community representatives, including Elders, community leaders, and community members who are passionate about making positive change in ▦▦▦. These meetings' location will be determined by the community representatives (eg. ▦▦ Office). We propose that these meetings could occur in August 2022. During these meetings, community representatives will lead discussions around research goals, topics, and practices. These meetings will guarantee there is total community direction of research and determine everyone's roles and responsibilities to ensure that this research results in positive change.

Specific meeting discussions will focus around how to anticipate and minimize harms associated with research, including ways to interview people to prevent harm and support those who have been negatively impacted. This could include making sure people doing the interviews know to give breaks or stop if the participant appears uncomfortable or making sure that there are mental health supports available. While community mental health resources do not currently meet the community's needs, the university team is proposing to seek funding to support the development of more supports, such as Elder-youth counselling initiatives.

The knowledge created during these meetings will ensure later research on sensitive topics such as addictions or crime is respectful and minimizes harms.

Meeting notes will be anonymized and stored using data management software that encrypts data. Data will be routinely backed up.

We will have ongoing discussions with the community representatives about research findings and community updates throughout the research in both ▦▦▦ and English. This is to ensure the knowledge learned is shared with ▦▦▦ and leads to positive change.

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ᑕᒪᓐᓇ ᐱᓕᕆᐊᖑᔪᒪᔪᖅ ᑕᐃᔭᐅᕗᖅ "ᓄᓇᓕᓐᓄᑦ ᓯᕗᓕᖅᑕᐅᓪᓗᓂ ᖃᐅᔨᓴᕐᓂᖅ ᖃᐅᔨᓴᖅᑕᐅᔾᔭᐅᒻᒪᖔᑕ ᐊᑦᑕᓇᖅᑐᑦ ᐃᓅᓯᑐᕐᑯᑎᑦᑎᓐᓄᑦ ᐸᓂᖅᑑᑉ H ᐊᒻᒪᓚᖓᓂ". ᑕᒪᓐᓇ ᐱᓕᕆᐊᖑᔪᒪᔪᖅ ᑲᒪᒋᔭᐅᓚᔭᖅᑐᖅ [redacted] H ᐊᒻᒪᓚᒃᑯᓐᓄᑦ ᐊᒻᒪᓗ ᐃᓕᓐᓂᐊᕕᕝᔪᐊᕐᒥ ᐋᓪᕚᑕᒥ. ᕿᐃᑦᓯᓪ ᑳᓯ ᖃᐅᔨᓴᖅᑎᓂᒃ ᑲᒪᔩᖓᑦ ᐃᓕᓐᓂᐊᕕᕝᔪᐊᒥᓪᓗ ᐃᓕᓐᓂᐊᖅᑕᖓᓄᑦ ᓘᑦᑖᕈᕿᓯᐊᕐᓂᖓᓄᑦ. ᐃᓕᑉᐸᓪᓕᐊᓂᖓᓄᑦ ᑲᑎᒪᔨᖏᓐᓂᒃ ᑐᓴᖅᑕᖏᓐᓂᒃ, ᑕᒪᓐᓇ ᖃᐅᔨᓴᖕᒌᕈᒪᓕᕐᖓᑕ ᖃᓄᕐᓕ ᖃᐅᔨᓴᕐᓂᕐᒥᒃ ᐱᔪᒃᓴᐅᒻᒪᖔᑕ [redacted]. ᐱᓗᐊᖅᑐᒥᒃ ᐆᒥᖓ, ᐱᓕᕆᐊᖑᔪᒪᔪᖅ ᑕᒪᓐᓇ ᐊᐱᖅᑯᑕᐅᔪᓐᓇᖅᑐᑦ ᐅᑯᐊ: 1) ᖃᓄᐃᓕᐅᖅᑐᑦᓯᐅᕙᑕ ᓄᓇᖅᑲᑎᒌᑦ ᐊᐅᓚᑦᑎᔮᓇᕋᔭᖅᑲᑦ ᖃᐅᔨᓴᖅᑐᓕᕆᓂᐅᔭᓕᒫᑦ ᖃᐅᔩᒥᓂᐅᔭᓂᓪᓗ ᑐᓴᖅᑎᑦᑎᓗᑎᒃ ᐱᕐᑯᑎᒋᔭᐅᒻᒪᑕ H ᐊᒻᒪᓚᒃᑯᓐᓄᑦ ᐸᓂᑦᑑᒥ? ᐊᒻᒪᓗ 2) ᓄᓇᓕᓐᓂ ᖃᐅᔨᓴᕐᓂᑦ ᖃᐅᔨᒪᔭᐅᒥᐊᓇᐊᓖᑦ ᐃᓅᓯᑦᑐᑦ ᐱᖃᑕᐅᑎᓪᓗᒋᑦ ᓴᐳᔾᔭᐅᕐᑯᓪᓗᒋᑦ ᒥᑭᓪᓕᕚᓪᓕᖅᑎᑕᐅᕐᑯᓪᓗᒍ ᐊᑦᑕᓇᖅᑐᑦ ᖃᐅᔨᓴᖅᑐᓕᕆᓂᕐᒦᙵᖓᔪᑦ?

ᓄᓇᖅᑲᑎᒌᓄᑦ ᐊᐅᓚᑕᐅᔪᒥᒃ ᖃᐅᔨᓴᕐᓃᑦ ᑕᓯᐅᕐᓯᓂᐊᖅᐳᑦ [redacted]. ᐱᓕᕆᐊᖃᕐᓂᐊᕐᖓᑕ ᑲᒪᑦᑎᐊᕐᓗᑎᒃ ᖃᐅᔨᒪᒋᐊᖅᑕᐅᔭᕆᐊᓖᑦ ᐱᓪᓗᒋᑦ (ᐆᑦᑑᑎᒍᓗᒍ ᒪᓐᓇ ᐊᔪᓕᕈᑕᐅᓲᖑᔪᑦ ᓯᕿᓇᖅᑐᑦ), ᐃᓅᓯᑦᑐᐃᓪᓗ ᐃᓚᐅᖃᑕᐅᔭᓇᕐᓂᐊᕐᒪᑕ ᑕᒪᑐᒥᖓ ᖃᐅᔨᓴᕐᓂᕐᒥᒃ. ᐃᓕᓐᓂᐊᕕᕝᔪᐊᕐᒦᖔᖅᑐᑦ ᑐᑭᓯᐅᑎᖃᕐᖓᑕ ᐊᑯᓃᖅᑐᒥᒃ ᖃᐅᔨᓴᕐᓂᒃᑯᑦ ᐱᓕᕆᖃᑏᖓᓂᕐᒥᒃ ᐃᓅᖃᑏᖓᓂᕐᒥᒃ, ᐋᖅᑭᒋᐊᕈᑕᐅᔭᓇᕐᔪᔭᖅᑲᕐᓗᓂ ᐊᑑᑎᖃᑦᑎᐊᓕᕐᑐᓂᓪᓗ ᑭᖑᓂᖃᑦᑎᐊᕐᓗᑎᓪᓗ ᐊᓯᔾᔨᕐᓂᕐᒥᒃ.

ᖃᐅᔨᓴᖅᑐᓕᕆᓂᖅ ᐃᓕᖅᑯᓯᑦᑎᓐᓂᒃ ᐃᓚᓕᐅᔾᔨᔾᔭᐅᒻᒪᑦ ᓄᓇᖅᑲᑏᖑᔪᓄᑦ ᑭᙵᒨᒪᔭᐅᔪᓂᒃ ᐋᓂᖅᑕᐅᑲᓂᕐᑯᓇᒋᑦ ᒥᑭᓪᓕᕚᓪᓕᑲᓂᕐᑯᓂᓗ ᐋᓂᕐᓯᓂᐅᔭᓇᖅᑐᑦ. ᑭᖑᓂᑦᑎᓂ, ᖃᐅᔨᓴᖅᑏᑦ ᓄᓇᖅᑲᑏᖑᔪᓄᑦ ᐋᓂᕈᑕᐅᓯᒪᒻᒪᑕ [redacted], ᖃᐅᔨᓴᖅᑏᓪᓗ ᖃᓄᐃᓕᐅᓗᐊᖃᑦᑕᖅᓯᒪᙱᓪᒪᑕ ᐋᓂᕐᓯᖕᒫᓕᕐᓗᑎᓪᓗ. ᖃᐅᔨᓴᕐᓂᑦ ᐊᑐᖅᑕᐅᔭᓇᖃᖅᐳᑦ [redacted] ᐊᒥᓯᑦ ᐊᑲᐅᙱᓕᐅᕈᑕᐅᕙᑦᑐᑦ ᐱᓪᓗᒋᑦ ᐅᓪᓗᒥ, ᑭᓯᐊᓂᓕ, ᑕᒪᓐᓇ ᖃᐅᔨᓴᕐᓂᖅ ᐃᓄᐃᑦ ᐃᓕᖅᑯᓯᖓᓂᑦ ᐊᑐᓇᐊᓕᒃ ᓄᓇᖅᑲᑏᓄᓪᓗ ᐊᐅᓚᑕᐅᓗᓂ.

ᑕᒪᓐᓇ ᖃᐅᔨᓴᕐᓂᖅ ᓄᓇᖅᑲᑏᖑᔪᓄᑦ ᑲᑎᒪᖃᑏᒍᑕᐅᖃᑦᑕᕐᓗᓂ, ᐃᓐᓇᐃᑦ ᐃᓚᒋᔭᐅᓗᑎᒃ, ᓯᕗᓕᖅᑎᖏᓐᓂᓪᓗ, ᓄᓇᖅᑲᑏᖑᔪᓄᓪᓗ ᑕᑯᔪᒪᔪᓂᒃ ᐱᐅᔪᒃᑯᑦ ᐊᓯᔾᔨᖅᑐᐃᔪᒪᔪᓂᒃ [redacted]. ᑲᑎᒪᖃᑦᑕᕐᓂᐅᓚᔭᖅᑐᑦ ᓇᓗᓇᐃᖅᑕᖃᑦᑕᕐᓗᑎᒃ ᓇᒥ ᑲᑎᒪᖃᑦᑕᖃᓱᒻᒪᖔᑕ (ᐆᑦᑑᑎᒋᓗᒍ, H ᐊᒻᒪᓚᒃᑯᑦ ᐊᓪᓚᕕᖓᓂ). ᑲᑎᒪᖃᑦᑕᕐᓃᑦ ᐱᒋᐊᕈᓐᓇᖅᑯᑦ ᐋᑉᐳᓗ 2022-ᒧ. ᑲᑎᒪᑎᓪᓗᒋᓪᓗ ᐅᖃᐅᓯᖃᖃᑦᑕᕋᔭᖅᐳᑦ ᐱᓇᓱᐊᓚᓇᔭᖏᓐᓂᒃ, ᑭᓯᓂᒃ ᖃᐅᔨᓴᕐᓂᕐᒥᒃ, ᖃᓄᕐᓗ ᐊᑐᖅᑕᐅᔾᔭᐅᓂᖏᓐᓂᒃ. ᑲᑎᒪᓂᐅᖃᑦᑕᓲᖅᑐᓪᓗ ᖃᐅᔨᒪᔭᐅᓚᔭᖅᑐᑦ ᓄᓇᖅᑲᑏᖑᔪᓄᑦ ᑐᑭᒧᐊᑦᑎᑕᐅᒻᒪᑕ ᓇᓗᓇᐃᖅᓯᓗᑎᓪᓗ ᐱᓕᕆᔾᔪᓯᐅᓂᐊᖅᑐᒃ ᐃᓄᓐᓄᑦ ᐱᐅᔪᒧᑦ ᑐᓴᕈᒪᓂᕐᒧᑦ ᐊᓯᔾᔨᕐᓂᕐᒧᓪᓗ.

ᐅᖅᑲᖅᑏᓐᓂᒃᑯᑦ ᑐᑭᓯᐅᒪᖅᑲᖅᑏᓐᓂᐊᖅᑐᑦ, ᖃᓄᕐᓗ ᐃᓄᓐᓂᒃ ᐊᐱᖅᓯᓂᕐᒥᒃ ᐋᓂᖅᑕᐅᕐᑯᓇᒋᑦ ᐃᑲᔪᖅᑐᖅᑕᐅᓗᑎᓪᓗ ᐊᑦᑐᖅᑕᐅᓯᒪᔪᑦ ᓈᒻᒪᙱᑦᑐᒃᑯᑦ. ᖃᐅᔨᒪᔭᐅᒥᐊᓗᑎᓪᓗ ᐊᐱᖅᓯᖅᑕᐅᔪᑦ ᑕᖃᐃᖅᓯᖅᑎᑕᐅᕙᓪᓗᑎᒃ ᓄᖅᑲᖅᑎᑦᑎᐊᒻᒪᓇᓪᓗᑎᓪᓗᓈᓂ ᐊᐱᖅᓯᖅᑕᐅᔪᑦ ᐊᑳᙱᓐᓂᖓᓄᑦ ᒪᓕᓪᓗᒍ ᖃᐅᔨᒪᔭᐅᒥᐊᓗᑎᓪᓗ ᐅᖃᖃᑎᖃᕈᓐᓇᕐᖓᑕ ᐃᑲᔪᖅᑕᐅᓗᑎᒃ ᐊᑐᐃᓐᓇᖅᑕᕆᓪᓗᓂ, ᐆᑦᑑᑎᒋᓗᒍ ᐃᓐᓇᕐᒥᒃ-ᐃᓅᓯᑦᑐᒧᑦ ᐅᖃᖃᑏᓐᓂᒃᑯᑦ ᐃᑲᔪᖅᑕᐅᓂᖅ.

ᖃᐅᔨᓴᐅᔪᓗ ᑲᑎᒪᖃᑎᒋᖃᑦᑕᓂᒃᑯᑦ ᖃᐅᔨᓴᖅᑐᓕᕆᓂᕐᒥᒃ ᒪᑯᓄᖓ ᓂᕿᓇᖅᑐᓂᒃ ᐊᔪᓕᕈᑕᐅᔪᑦ ᐱᖃᓯᐅᓂᖏᓐᓄᑦ ᑐᑭᓯᐅᑎᑦᑎᐊᕐᓗᒋᑦ ᐋᓂᕐᓯᒪᓂᐅᔪᓂᒃ ᐅᓄᕐᓗᒋᑦ.

ᑲᑎᒪᔾᔪᑎᒥᓂᑦ ᑭᒃᑰᓂᙱᓂᒃ ᖃᐅᔨᓴᒪᔭᙱᓪᓗᑎᒃ ᑐᖅᑯᖅᑕᐅᓯᒪᓗᑎᓪᓗ ᖃᐅᔨᓴᐅᔭᐅᑲᐳᑎᑦ. ᖃᐅᔨᓴᐳᑎᒥᓂᑦ ᓴᓇᑎᑕᐅᑦᑕᐃᓕᒪᓗᑎᓪᓗ.

ᖃᐅᔨᒪᔭᑦᑕᐅᑎᓂᒃᑯᑦ ᓄᓇᖅᑲᑏᙱᑦᑐᓂᒃ ᖃᐅᔨᓴᐳᑎᒥᓂᕐᒥᒃ ᐅᖅᓴᐅᑎᓂᖅ ᐃᓅᓯᒥᒃ ᖃᓂᒋᔭᐅᑦᑎᐊᕐᓗᑎᒃ. ᑕᒪᓐᓇ ᖃᐅᔨᓴᐅᑎ ᐊᒥᖃᖅᑕᐅᔪᓐᓇᖅᑐᑦ [redacted] ᐱᐅᔪᒥᒃ ᓯᕗᓂᐅᔪᒥᒃ ᑐᓴᐅᒪᒐᕐᓂᒃ.

Section 5: Detailed description of the research

Overall Program
Background:
The proposed project will be done in partnership between ▮▮▮▮▮▮▮▮▮ and the University of Alberta's School of Public Health.

▮▮▮▮▮▮▮▮▮, ▮▮▮▮ has a population of around ▮▮ people, with about one third of the population under the age of fifteen.

Inuit Qaujimajatuqangit (IQ) principles, or "that which Inuit have always known to be true", are an important facet of Inuit culture and communities. IQ principles are shared intergenerationally and guide every aspect of the community including family life, wellness, education, and justice.

The impacts of colonization have resulted in widespread intergenerational trauma among ▮▮▮▮▮▮▮'s community members. These include poverty, food insecurity, harmful substance use, adverse childhood events, and unfavourable Elder care. Research on how to address these challenges is necessary, but these topics are sensitive and can be traumatizing to discuss.

Historically, research has been conducted *in* ▮▮▮▮▮▮, rather than *with* ▮▮▮▮▮▮. Additionally, many research topics centre around the impacts of colonization, requiring careful planning to anticipate and mitigate risks to the participant. Often, researchers do not consider these important aspects of research, leaving the community more drained and traumatized than before. This harmful approach to research has resulted in community members having traumatic relationships with research and being hesitant to participate in further research. However, to address many of the challenges ▮▮▮▮▮▮ is experiencing, more research into their causes and effective interventions is needed.

Rationale:
This research will explore: 1) how to ensure there is total community control and decision-making power throughout the research process, and 2) how to conduct research on sensitive topics that may be traumatizing, especially with youth. This research project is important to ensure future research with ▮▮▮▮▮▮ is community-led and minimizes all potential harms. Future research is needed to address the harms of colonization, but exploration of how to do this research is an important first step. While similar research has been conducted in other communities, ▮▮▮▮▮▮-specific research is important to rebuild the community's trust with the research world and to ensure these practices and policies meet ▮▮▮▮▮▮'s specific needs.

In 2018, a Community Needs Assessment was conducted in ▮▮▮▮▮▮. The impacts of intergenerational trauma were identified as a key area of concern. Specifically, concerns for the community's widespread poverty and the prevalence and extent of harmful substance use

among youth were highlighted by many community members. Preliminary discussion with the community, including Elders and community leaders, has confirmed that these concerns have increased since 2018. Thus, to ensure future research appropriately addresses these growing concerns and challenges and does not add to or amplify the challenges the community is already experiencing, research into how to effectively explore these topics is needed.

Objectives and Goals:
This project aims to answer the question: 'How should research on sensitive topics in ▮▮▮▮▮▮ be conducted to minimize risks and ensure total community control and ownership?' The project's objectives are to:
1. Explore how to ensure there is total community control and decision-making power throughout the research process;
2. Explore how to conduct research in ▮▮▮▮▮ on sensitive topics, especially with youth;
3. Discuss community-identified priorities for research topics; and
4. Generate guidelines for researchers to follow when working with ▮▮▮▮▮.

These findings will be used by the community to guide research being conducted with ▮▮▮▮▮. Community-led, culturally-grounded guidelines for research are needed to ensure research is culturally appropriate and leads to positive change in the community while minimizing all potential risks. As well, this research approach can be adapted for other communities wishing to address the harms of research.

Current Health Initiatives:
This project lays the groundwork for subsequent research projects with ▮▮▮▮▮. Specifically, research aiming to address the impacts of colonization has been discussed as a potential follow-up project. Topics of focus for this project are yet to be determined, but preliminary discussion has focussed around preventing crime and substance use, especially among youth. This subsequent research project, as all other research projects that would be done with ▮▮▮▮▮, would follow the guidelines set forth in this proposed project.

Department of Health:
This research will be independent of the Department of Health. We plan to create a research guideline document and other resources such as a recommendations report or policy brief which may be of use or interest to the Department of Health. We do not expect to require any support from DOH staff or facilities to conduct the research.

Funding:
We have applied to Health Canada's Substance Use and Addictions Program grant. Our application is currently under review - we expect to hear of our application's status soon. If approved, ▮▮▮▮▮▮▮▮ will hold this funding. The university team is also offering to seek other funding that would be held by the ▮▮▮, if the community wishes to proceed.

Methodology

Techniques and protocols for data collection:

We will form a Research Committee composed of Elders and other community leaders and members who are passionate about making positive change in [redacted] During these meetings, community representatives will lead discussions around research goals, topics, and practices. We propose that these meetings could occur in September 2022. These meetings will guarantee there is total community direction of the research guideline document. As a primary step, we will also determine everyone's roles and responsibilities to ensure that this research results in positive change.

We will utilize qualitative methods to create a guideline document for research with [redacted]. These guidelines will be developed through discussion during Research Committee meetings to ensure they accurately reflect [redacted]'s research goals and needs. The university team will be responsible for compiling these guidelines into a document through iterative analysis of meetings' audio recordings and minutes. Throughout analysis, the university team will continually check the guidelines are representative of the Research Committee's goals and intentions and will ensure this document is available to all community members in both English and [redacted]. The [redacted] will own this document and all other research materials.

Techniques and protocols for data analyses:

The university team will conduct iterative thematic analysis of the Research Committee meetings. Our findings will describe the guidelines for research with [redacted] as voiced by the Research Committee Members. We plan to use NVivo software for qualitative data analysis.

Justification for methodology:

This community-led approach aims to ensure the community's needs and goals guide all subsequent research in [redacted]. Research to address the challenges the community is experiencing is needed, but it must be done in a way that is sensitive to the physical, emotional, and spiritual needs of [redacted]'s community members. This research project aims to ensure all subsequent research will have these needs at the forefront and reduce the demands on the community to continually assert their needs and priorities regarding research methodology and topic. This project also attempts to rebuild trust between the community and research world.

Qualitative methods will allow for a rich description of the community's needs in the research guidelines. This rich description will lay the foundation for subsequent research, aiming to result in research that meets the community's needs, is culturally appropriate, and results in positive change while minimizing any harms.

Community meetings:

We will co-determine meeting topics with the community representatives. Examples of meeting topics will include research priorities for [redacted], ways to ensure there is total community control over the research process, and research methods that align well with the community's needs. Specific attention will focus on ways to anticipate and mitigate any risks associated with

the research process. For example, this could include discussing ways to prevent harms when interviewing such as training interviewers to offer breaks or stop if the participant appears uncomfortable. It will also be important to discuss supports that need to be available to participants such as counselling. All meetings will have an interpreter present to ensure everyone is able to participate fully and comfortably. Rachel Cassie will take meeting minutes and member check these minutes throughout the meetings. These meetings will also be audio recorded to ensure accurate data collection. Community representatives will be paid $40/hour for their time when participating in these meetings.

Location of research + rationale:
This research project has been co-developed by: 1) Rachel Cassie, University of Alberta Master's student 2) ███████████████████████████ 3) Susan Chatwood, University of Alberta Associate Professor, and 4) ███████████, Inuk Elder and former resident of ████████████. Rachel worked as a student intern with ████████████████ to develop mental health resources between May to December 2021. In this role, she asked if the community would be interested in working with her for her thesis and received significant interest.

██████████'s research needs lay the foundation for all research goals and community meetings. Further, ████████████████████ will own all research materials and control all funding.

Consent:
We will offer oral and written consent options to all community representatives. After discussion with community members, we are expecting oral consent to be preferred by many representatives as it aligns better with Inuit culture. Both oral and written consent will be available in English and ████████. An interpreter trained in the principles of informed and free consent will be present for any community representative wishing to provide oral consent in ████████. During oral consent, the researcher guiding the consent process will discuss all points covered on the written consent forms and answer any questions the community representative may have. The researcher will record the name and date of all community representatives who gave consent orally. The written consent forms are available in ████████ and English and a translator will be present when signing to facilitate any questions. Research guidelines will also discuss ways to obtain consent that align well with Inuit culture.

Primary Data and Information

Short Term Use

In the short term, research findings will be used to create guidelines that describe how to: 1) ensure there is total community control and decision-making power throughout the research process, and 2) conduct research in ████████ on sensitive topics, especially with youth.

Long Term Use

In the long term, the developed research guidelines will ensure research with ████████ meets the community's research needs and priorities and minimizes harms caused by research. This project aims to ensure research exploring ways to address ████████'s challenges can occur in a way that is emotionally safe and facilitates positive change within the community.

Accessibility of data

Critical to respectful community-led research, we will utilize integrated knowledge translation. The university team will engage in ongoing discussion with the Research Committee to ensure meeting topics and findings are meeting their needs. When compiling the research guidelines document, the university team will ensure there are regular community updates in both ████ and English. We will share and invite feedback on preliminary research findings and the guidelines document. This document will be available in both ████ and English, and utilize plain language and infographics to increase accessibility and relevance of this document.

The University of Alberta's research team will have access to the data (ie. meeting minutes and transcriptions of audio recordings); this includes, Rachel Cassie, Dr. Susan Chatwood, and Dr. Sherilee Harper. Dr. Susan Chatwood and Dr. Sherilee Harper may be consulted on data analysis techniques throughout the research project, thus access to this data will be on an as-needed basis.

The University of Alberta's Research Ethics Board will also have access to the data, if needed.

Short term data storage

All data will be entered into Word or Excel on the principal investigator's computer for analysis by statistical software such as NVivo. It will be saved only on a password-protected USB memory stick that will also be encrypted.

All physical research materials (eg. if artwork is created to visually describe an idea) will be stored in a locked filing cabinet at the ████'s office. Names of the creators of any research materials will not be attached to the documents, unless consent is given to do so.

Long term data storage

This USB stick will be given to ████████████ for administrative storage at the end of the research project. This USB stick will be stored in a locked cabinet at the ████'s office. As ████████████ owns this research, they can decide if they wish to destroy the data after 5 years.

Disposal of data

We will destroy all identifying data (eg. photographs of people who do not consent, names on materials created by community representatives, etc.) once we have confirmed with the person

that they do not consent to the material(s) being used, held, or identifiable. If community representatives wish to withdraw from the Research Committee and wish to have their data revoked, we will retroactively remove their comments and suggestions from the previous meetings' minutes. We will destroy this information by shredding any paper documents and permanently deleting documents off the password-protected USB stick. We will consult with IT professionals to ensure the documents have been permanently deleted.

As ▮▮▮▮▮ owns the research, they can choose to destroy the data after 5 years. If they wish to do so, we will share information regarding how to permanently delete or 'wipe' a USB stick.

Other uses of data

There are no future uses for the data. The password-protected USB stick will be given to ▮▮ ▮▮▮▮ to be stored for 5 years. As ▮▮▮▮▮▮▮▮▮▮ owns this research, they can choose to destroy it after 5 years.

Intellectual property rights/ownership of data

▮▮▮▮▮▮▮▮▮▮ will own all research data. They will also hold all funding for research activities. The principal investigator, Rachel Cassie, will be basing her master's thesis on this project. All knowledge sharing materials will be co-created with the Research Committee and require their approval prior to sharing.

Biological Samples

No biological materials will be taken.

Medical Chart Review

No medical chart review will occur.

iv. **Consent form**

Using community-led research to explore how to research sensitive topics among youth in ▮▮▮▮▮▮▮

Participant Consent Form

Project Title:
Using community-led research to explore how to research sensitive topics among youth in ▮▮▮▮▮▮

Principal Investigator
Rachel Cassie ▮▮▮▮
    University of Alberta
    Edmonton Clinic Health Academy
    3-341, 11405 87 Ave NW
    Edmonton, AB
    T6G 1C9
    ▮▮▮▮▮

Research Supervisor
Susan Chatwood ▮▮▮▮
    Edmonton Clinic Health Academy
    3-341, 11405 87 Ave NW
    Edmonton, AB
    T6G 1C9
    ▮▮▮▮▮

Background:
We invite you to participate in a research study being conducted by ▮▮▮▮ ▮▮▮▮ and the University of Alberta. Taking part in the research is entirely your choice. Even if you do take part, you may leave the study at any time for any reason. Withdrawal or refusing to participate will not affect your relationship with ▮▮▮▮ ▮▮▮▮ or the University of Alberta. The information below describes the research, tells you about what is involved in the research, what you will be asked to do and about any benefit, risk, inconvenience or discomfort that you might experience. Please ask as many questions as you like. If you have any questions later, please contact the research coordinator, Rachel Cassie (▮▮▮▮▮▮▮▮).

▮▮▮▮▮'s Council gave direction for this project. This project explores how to do research with ▮▮▮▮. Research on how to do culturally-appropriate research that meets the community's needs is needed to prevent and minimize research harms. Historically, research has caused harms among community members in ▮▮▮▮, and researchers did little to prevent or address these harms. Research is needed to address many of challenges ▮▮▮▮ faces today, however, this research must be culturally appropriate and community-led.

We are recruiting adults to participate in this study as community representatives. Community representatives are asked to participate in a minimum of three (3) meetings between September __ to __ at ▮▮▮▮ Office. During these meetings we will discuss how research should be done in ▮▮▮▮ to meet the community's needs and priorities, and how to prevent and minimize harms caused by research. We will identify potential community representatives through social media posts, posters in the community, and radio segments sharing the research opportunity.

U of A Ethics Number: ▮▮▮▮ | 1 of 7

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Purpose

This project aims to explore the research questions:

1) How can we ensure that community members direct all research activities and research results are owned by ▮▮▮▮▮▮▮▮▮▮▮▮?
2) How should community-led research on sensitive topics with youth be done to prevent and minimize any harms resulting from the research?

Specific questions we hope to answer include:

1) What practices should researchers use to ensure that all research activities are directed by the community?
2) Are there any policies that need to be implemented by ▮▮▮▮▮▮ to ensure all research is community-led?
3) What safeguards (ie. practices or policies) need to be enforced to ensure that research on sensitive topics prevents and minimizes any harms caused by research?
4) Are there any specific safeguards researchers need to consider when doing research with youth?
5) What are the community's current research priorities and interests?

Data will be used to create a research guideline document to make sure any future research with ▮▮▮▮▮▮▮ sensitive to the community's needs and priorities. Data will also be used by Rachel Cassie for her graduate thesis.

What you will be asked to do - study procedures:

- We will form a Research Committee composed of community representatives
- We will be holding 6 meetings between September __ and ___ for community representatives
- Each meeting will focus on a different question to guide the creation of the research guideline document
    - Example: What practices researchers use to ensure that all research activities are directed by the community?
    - See the above section "specific questions we hope to answer" for other potential meeting topics
- Community representatives will be asked to share their knowledge and time during Research Committee meetings
- These meetings will be audio recorded to help the researcher during data analysis. The researcher will also take minutes during the meeting.
- We will draft terms of reference for the Research Committee. This will create mutual understanding of roles and responsibility.
- We are expecting to hold 6 meetings between September ___ and ___ that are 1-2 hours in duration. Community representatives are asked to attend at least 3 of these meetings.
- Every meeting will begin with a brief review of previous meetings' discussions to allow representatives who were not present to be able to contribute to this discussion. Meeting format will be flexible to allow for continued discussion of topics when necessary.

Type of information collected:
- Age and gender
- Your knowledge and thoughts on how to do research on sensitive topics with youth in ▓▓▓▓▓

Reviewing the projects' findings:
- When the research results have been synthesized, you will be invited to a focus group session with other participants to review the main findings and ensure they are accurate.

Statement of informant rights:
"I have been fully informed of the objectives of the project being conducted. I understand these objectives and consent to being interviewed for the project. I understand that steps will be undertaken to ensure that this interview will remain confidential unless I consent to being identified. I also understand that, if I wish to withdraw from the study, I may do so without any repercussions."

Benefits of the project
- You will guide the creation of a research guideline document to ensure future research with ▓▓▓▓▓ is community-led and safe
- You will have the opportunity to share your perspective on what the research process and priorities should be for ▓▓▓▓▓
- You will have the opportunity to learn about the research process

Risks
- There are no major risks, discomforts or inconveniences expected.
- Some people may be concerned about the time required to take part in the research process or activities. This is why community representatives are not required to attend all meetings and are asked to attend at least 3 meetings.
- The investigators will minimize these risks by ensuring that your participation in this research project remains completely voluntary and you may choose to remain anonymous.
- If you decide to leave before or during the project, you are free to do so.

Payment

- All community representatives will be paid for sharing their time and knowledge.
- Community representatives will receive an honorarium of $40/hour.
  - Most meetings are expected to be 90 minutes in duration. Members would receive $60 for attending a 90 minute meeting.

Confidentiality
- Confidentiality is important in all research settings.
- No identifiable information will be recorded in Research Committee minutes
- All personal information shared at Research Committee meetings will not be shared beyond the group (or at later meetings) and will only be used if the representative agrees

- The University of Alberta Research Ethics Board (REB) has the right to review all study data.

- All research data (ie. meeting minutes and transcriptions) will be stored on a password-protected USB stick that will be kept in a locked filing cabinet.
    - All research data will also be encrypted to further ensure participants' confidentiality.
    - This USB stick will be given to ▮▮▮▮▮▮▮▮▮▮ to store in their office for 5 years in a locked filing cabinet.
    - All identifiers will be removed from the data, unless consent was given for it to be retained.
    - After 5 years, ▮▮▮▮▮ can decide if they wish to destroy the data.

Conditions for release of recorded information:
There are no plans to release recorded information (eg. recorded interview audio). If this changes, we will ask participants for consent <u>before</u> releasing any recorded information.

Voluntary Participation
Your participation in the Research Committee is entirely voluntary and will not affect your relationship with ▮▮▮▮▮▮▮▮▮▮ or the University of Alberta. How you participate will have no legal or administrative consequences.

Freedom to Withdraw
- You are free to leave the Research Committee at any time.
- Leaving the Research Committee will not affect your relationship with ▮▮▮▮▮ ▮▮▮▮▮ or the University of Alberta.
- If you decide to stop participating at any point during this study, your contributions will be considered to guide subsequent research activities.

How to obtain results:
We will provide ongoing discussion of project findings. We will also have a community gathering at the end of the project where we will present the research guideline document and invite feedback to ensure the document accurately reflects the community's needs and priorities. This document will be owned by ▮▮▮▮▮ and available to all community members in English and ▮▮▮▮. Any other knowledge sharing materials created from this project (eg. photo album, interview book, or academic article) will be shared in a similar way and owned by ▮▮▮▮▮.

Research Results may be used/disseminated in the following ways:
- Planned uses: Guidelines and Graduate Thesis
- Other possible uses: Reports, Presentation, and Publications

Additional Contacts
- If you have any ideas, questions or concerns about this research project, please contact the principal investigator, Rachel Cassie, at ⬛⬛⬛⬛⬛⬛⬛ or ⬛⬛⬛⬛⬛⬛

- You may also contact her research supervisor, Dr. Susan Chatwood at ⬛⬛⬛⬛⬛⬛⬛⬛

- You may also contact ⬛⬛⬛⬛⬛⬛ Councilor ⬛⬛⬛⬛ at ⬛⬛⬛⬛⬛⬛⬛⬛

- The plan for this study has been reviewed by a Research Ethics Board at the University of Alberta. If you have questions about your rights or how research should be conducted, you can call (780) 492-2615. This office is independent of the researchers.
- You can also contact the Nunavut Research Institute at 867-979-7280 with any concerns or questions about the research.

Consent:

If you sign this form, you do not give up your legal rights nor release the investigators or resolved institutions from their legal and professional responsibilities.

Your signature:
- I have read what this study is about and understood the risks and benefits. I have had adequate time to think about this and had the opportunity to ask questions and my questions have been answered.
- I agree to participate in the research project, understanding the risks and contributions of my participation, that my participation is voluntary, and that I may end my participation at any time.

For the purpose of this research there are options for you to be
Audio/Video-tapped **OR** Participate and remain anonymous

Please check one:
- I agree to be <u>audio-recorded</u> during the meetings   Yes ☐   No ☐
- I agree to be <u>video-recorded</u> during the meetings or   Yes ☐   No ☐
  photographed during project activities
- I agree to the use of quotations   Yes ☐   No ☐
- I allow my name to be identified in any publications   Yes ☐   No ☐
  resulting from this study

For Future Research Projects (please check one**):**
- I agree that my data may be used for future projects   Yes ☐   No ☐
  related to community-led research

A copy of this Informed Consent Form (with signatures) has been given to me for my records.

I hereby consent to participate in this study:

_____   _____   _____
    Name of Participant (print)   *Signature*   Date

Participant Contact Information (please fill out):

Name :_____

Telephone : _____   E-Mail : _____

Mailing address:
_____
_____
_____
_____

Co-Lead/Research Coordinator's Signature:
I have explained this study to the best of my ability. I invited questions and gave answers. I believe that the participant fully understands what is involved in being in the study, any potential risks of the study and that he or she has freely chosen to be in the study.

_____   _____   _____
Name of Research Coordinator   Signature   Date
   or Project Co-Lead (print)

If you have any questions, please do not hesitate to contact the Research Coordinator:

Rachel Cassie, Principal Investigator c/o University of Alberta
   Edmonton Clinic Health Academy
   3-341, 11405 87 Ave NW
   Edmonton, AB
   T6G 1C9

ᖃᐅᔨᓵᕐᓂᒻᒥᒃ ᓄᓇᓕᓐᓂ ᖃᐅᔨᓴᕆᐊᕐᓯᒪᑎᓐᖑᑐᑦ ᐃᓅᓯᕐᓂᓄᑦ ᖃᐅᔨᓴᐅᑎᕐᐸᐃᐊᓇᓪᔭᐅᓐᓂᑦ ██████
ᕼᐊᒡᓚᒡᓂᓂ

ᐱᖃᑕᐅᔪᓄᑦ ᐊᕐᕋᑎ ᑦᑎᑎ ᐊᑕᐃᑦ

ᐱᓐᑎᐊᖂᔪᕐᒃ ᐊᑎᖅᓂᖈᓂ:
ᖃᐅᔨᓵᕐᓂᒻᒥᒃ ᓄᓇᓕᓐᓂ ᖃᐅᔨᓴᕆᐊᕐᓯᒪᑎᓐᖑᑐᑦ ᐃᓅᓯᕐᓂᓄᑦ ᖃᐅᔨᓴᐅᑎᕐᓴᕐᔭᐊᕐᓄᓐᓂᑦ ██████
ᕼᐊᒡᓚᒡᓂᓂ

ᖃᐅᔨᓵᖅᑎᒻᒪᕐᓂᖈᓂᑦ
ᕦᐊᑕᕐᓯᕐᑲ ᕼᕋ █████████
   University of Alberta
   Edmonton Clinic Health Academy
   3-341, 11405 87 Ave NW
   Edmonton, AB
   T6G 1C9
   ██████████████

ᖃᐅᔨᓵᖅᑎᒻᒪᕐᓂᐊᑦ ᑲᑎᖈᓂᑦ
ᔨᕐᐊ ᕿᓐᓗᐊᑦ █████████
   Edmonton Clinic Health Academy
   3-341, 11405 87 Ave NW
   Edmonton, AB
   T6G 1C9
   ██████████████

ᐱᓐᐊᕐᐳᑎᕐᓯᒪᕐᓂᖈᓂᑦ:
ᐃᓐᓐᕐᕐᓴᓐ ᑐᖕᕐᕐᓴᑎᓐᑎᐅᕐᒐᔪᑦ ᖃᐅᔨᓵᕐᓂᓇᓄᐊᕐᑕᓐᓄᖂᓄᑦ ᑕᓕᓇ ██████ ᕼᐊᒡᓚᒡᓂᓂᓇ
ᐱᓐᑎᖃᑎᖃᑦᑯᓐᓄᑦᖓᕐᑦ ᔭᕐᓯᑐᕐᑭᐊ�'ᐸᐊᕐᒐᒥ ᐊᕐᓀᔭᕐᒥ. ᖃᐅᔨᓵᕐᓂᒻᒥᒃ ᐱᖃᐅᕐᒃᐅᒪᔪᖑᑦ
ᐱᖃᐅᕐᑲᒡᑐᒻᖅᐊᕐᑕᐃ-ᔨᐊᕐᐃᑦ ᐃᕐᓗᖅᓯᖈᓐᐊᖅᑎᓐᑦ. ᐱᖃᐅᕐᑲᓐᕐᒪᑕᐅᑐᓐᖂᓐᑎᒃ, ᖃᑦᒪᑐᐊᓇᖅᑖ
ᐱᖃᐅᕐᑲᒡᑐᖕᑐᖅᓇᕐᒥᐃᑦ ᐱᖃᐅᕐᑕᑑᖕᑐᒪᕐᔭᐃᑦ. ᑕᓕᓇ ᐊᑕᖂᐊᓐᕐᑎᓐᒃᖓᑦ ᐱᖃᐅᕐᑲᔭᑑᖕᑐᓐᕐᕐᔭᐃᑦ
ᐃᒡᕼᐃᔨᖑᓐᖂᓐᒥᒃ ᐋᑐᐊᓇ ᕼᐊᒡᓚᒃᕐᕦᑦ █████ ᔭᕐᒐᒐᐊᐃᓐᒐᑦᕐᑦᓐ ᐊᓐᐸᕐᒐᒥ. ᓇᓐᓇᐃᕐᐃᕐᓕᕐᑎ
ᖃᐅᔨᓵᕐᓂᐳᓐ ᒻᕿᓴᓐᕐᖈᓯᓐ ᑖᑦᔦᓇᖅᓐᖸᑎ ᑖᕐᑕᐊᓇ, ᕿᕐᓐᑐ ᐃᓴᑐᖕᓴᓐᒃ,
ᖃᒪᐃᑐᐳᑦᑖᕐᑐᖅᕐᖏᕐᕐᖏᖂᑦ ᐱᑐᐊᖅᑐᒃ ᓐᖅᐳᒻᐳᖕᑖᐊᕐᑰᑦ, ᐊᑦᑕᐊᖅᒥᖂᕐᖃᐊᕐᑰᑦ, ᐊᒃᑕᐅᒻᒡᐃᖑᖅᒃᓐ
ᐱᓐᑕᖕᒥᐊᖅᑰᑦ ᐊᒃᐳᐅᒻᑮᒄ'ᒦᓐᔨᖑᓐᕐᖂᑦ ᖃᐅᔨᕐᓂᐃᑦ. ᐊᑦᔦᖅᑐᔨᒃᐊᐃᒻᖂᐅᔨᑦᐅᑐᖅ ᖃᖂᑐᐊᖃᒃᑐᐊᖅᖈ.
ᕐᑯᔪᔭᐊᑉᒃᐅᓂᐊᖑᖕᓴᕐᒡᓂᐳᑖᒣᖂᑦ, ᖃᐅᔨᓵᖅᑎ ᐃᖅᖃᐊᕐᔨᒡ ᕦᐊᑕᕐᓯᕐᑲ ᕦᕋ (██████
ᐅᖃᐃᒡᐊᕐᓐᖃᐊᒐᔪ ᐅᑎᐊᔨᒄᖅᓐᑦ ᑎᑎᕐᓴᖂᐊᕐᓐᖃᐊᒐᔪ ██████).

ᕼᐊᒡᓚᒡᓂᕐᕐᑦ ᑲᓐᓕᖈᓐᐊᖅᑦᑦ ██████ ᐊᕐᔭᐳᕐᐊᕐᕐᑰᖅᓐᑦ ᑕᒪᒡᒪᐃᓇᕐ ᐱᓐᑎᐊᖅᕐᐳᔦᕐᒃ. ᐱᓐᑎᐊᖂᓴᐅᕐᖑᑰᖅ
ᖃᐅᔨᓕᒃᐊᕐᑎᓐᖃᖅᕐᒐᕐᑦ ᖃᒥᐊ ᖃᐅᔨᓵᕐᓂᒻᒥᒃ ᐱᖅᖃᐅᒡᕼᒡᕐᖂᒄ ██████. ᖃᐅᔨᓵᕐᓂᒃ ᐃᓐᓐᖑᖂᖅᑎᖅᓐᖐᒄ
ᖃᐅᔨᓵᕐᓂᒻᒥᒃ ᓄᓐᖏᓐᒄ ᐱᐊᔨᒡᖃᕐᓐᖃᖂᖐᕐᖂ ᐱᓐᑎᖅᕐᒥᓐᓐᖂᑑᖅ ᑕᒡᕼᒄᐊ ᖃᐅᔨᓵᕐᓂᒃᖃᒡᕼᕐᕐᒡᖅᕐᖐᓐ ᐊᕐᓐᖃᐳᖅᑖᕐᑰᖅᓐᐃᕐᐐᓐᐊᖂᓐᑰᔭᒄᐃᕐᐊᐊᓂᒃᓐᑖᑭᖓᑑ
ᐃᓐᖏᓐᑦ ᑖᒡᕼᓇ ᐊᕐᑰᑐᐅᕐᑖᒡᕼᓄ. ᐊᑕᖂᐅᐳᔨᕐᓴᕐᖈᕐᑦᐅᑦ, ᖃᐅᔨᓵᕐᓂᒄᔦᒡ █████, ᑕᒡᕼᕐᐃᔦᒄᖅ
ᖃᐅᔨᓵᐊᑎᐱᕐᓕᕐᒄ ᖃᐅᔨᕐᒥᕐᒡᕼᕐᒥᓐᖑᑦ ᐊᕐᓐᖏᕐᖈᕐᒡᓇᕼᖂᐊᕐᕼᒡᕐᒄᖅᕼᒄ ᑕᒡᕼᓇ ᖃᐅᔨᓵᕐᓂᒃᖃᒃᑕᓐᐸᕼᒡᕼᒡ ᑕᒡᕼᓇ
ᖃᐅᔨᕐᐳᖈᓐᑰ'ᑰᒡᕼᖂᒄ ᐊᑕᖂᖅᒥᕐᒄᖂᐳᖅᓐᕐᖂᒃᕐᒄ ᐊᕐᒡᕐᕐᐊᐃᕐᖂᓐᖈᕐᒄᖅ ᐅᓂᖈᒦ ᑐᖕᓐᒦ, ᕿᕐᐊᖈᕐᒥ, ᑕᒡᕼᓇ ᖃᐅᔨᓵᕐᓂᒃ
ᐃᓅᐃᑦ ᐃᓐᖃᖕᑰᔦᕐᖂᓕᓐᑮᑎᒃᖑᐊᒡᕼᒃ ᓄᓇᖅᐸᒦᑕᓇ ᐊᕐᐳᕐᐐᖅᑰᔦᓇ.

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ᐃᓄ�--ᖕᑦ ᐃᖅᑲᓇᐃᔭᖅᑎᑎᓂᐊᖅᑐᒃ ᐱᖃᑕᐅᖅᑯᒎᓂᒃ ᑕᒪᑐᒥᖕᓗ ᖃᐅᔨᓴᕐᓂᐅᐊᖅᑐᒥᑦ
ᑭᒡᓕᖅᑐᐃᓇᐅᐊᕐᓗᑎᖕ ᓄᓇᓕᖕᓂᑦ. ᑖᒃᑯᐊᖓ ᐃᓚᐅᖃᑕᐅᖅᑦ ᑲᑎᒪᖃᑕᐅᖅᓴᖅᑯᒎᓂᑦ ᐅᒎᓄᑦ
ᐱᖕᓕᓴᓄᑦ ᐊᖏᕐᐳᒎᓗ ᕼᐊᓪᓚᑦᖡᑦ [redacted]. ᑲᑎᒪᕐᓴᒎᑦ ᑖᒃᑕᐊ ᐅᖃᖅᕿᖃᖅᑦᓗᒎ
ᖃᐅᔨᓴᑐᓕᓴᓂ ᖃᐅ ᐊᑐᖅᑕᖅᓴᖑᑎᓕᖅᑦᑦᐃ ᓄᓇᖅᑲᒥ ᓄᓇᖅᑲᓄᔾᑲᓄᑦ ᐊᒥᒡᕈᑕᖅᓗᒎ ᐱᓴᐅ
ᓯᐳᑦᑕᐅᐱᐳᑐᖅᓴ ᖃᒻᔮᓕᖅᐳᑐᖅᓴ ᐱᓴᐅᓂᑦ, ᐊᑦᓂᖅᑦᑦᑕᐃᐊᖅᑯᒎᓂᕐᓗ ᖃᐅᔨᓴᖕᑐᒎᑦ. ᓂᐳᐊᕐᒥᕐᔭᓕᖅᑦᑦᒎᑦ
ᑭᒡᓕᖅᑐᐃᐳᑐᐊᑐᒥᑦ ᐃᓄᖕᑦ ᐊᑐᕐᓇ ᖃᕿᐳᕐᕐᒃ ᑐᕿᕐᕿᑎᑦᑐ, ᓄᓇᓕᖕᓄ ᕿᐊᐳᕿᓗ ᑐᕿᕿᒃᕐᓗᒎᑦ,
ᑕᓕᑎᖕᑦᑦᑦᕐᓗ ᐅᖅᐳᕐᑐᖃᖅᖅᑐᓇᐊᐳᑐᒥᑦ ᐃᓚᐳᐊᐳᑦᑦᐃᖅᑦᑕᖕᑦᓄᑦ ᐃᓇᖅᑐᓂᑦ.

ᐱᕐᑦᑦᓇᖕᓄ

ᐱᓴᐳᐊᒥᕐᒃ CLᕐᓇ ᖃᐅᔨᓴᓂᖕᑦᓄᑦ ᑕᑕᓇᔪᐊᖅᕐ ᐊᐱᖅᑦᑦᐳᑦ ᐅᖅᑐᕐᓂ:

1) ᖃᓇ ᑲᔾᕿᑕᑎᑕᑦᐃᕐᓂᐊᖅᐃᖡᑦ CLᕐᑦᑦᐊ ᖃᐅᔨᓴᖕᓂᑦ ᖃᐅᔨᓴᖕᑎᐳᑦᑦᑦᑕᓂᕐᕐᓗ
ᓇᕐᒃᓂᕐᕿᑐᑦᐳᑦᕿᓇᕐᖕᐊᐳᐳLC [redacted]?

2) ᓄᓇᖕᓇ ᖃᐅᔨᕿᖅᑐᐳᑦᑦᐃ ᖃᕐᓗᕈᖕᑦᑦᑦᑦᑐᑦᑦᑦᑕ ᐊᖅᑐᐃᐊᕿᑕᐳᒃᑦ ᐃᑮᐳᕐᑦᑐᐳᕐᑦ CLᕐᓇ
ᒥᕐᕐᑦᑦᒥᑦᑦᑦᑦᑐᐳᑦᑕᓇᐳ ᖃᐅᔨᓴᖕᓂᐳᕐ ᐃᐳᐊᕐᕿ?

ᐊᐱᖕᑦᑦᑦᑦᐳᑦ ᐃᐳᕿᕿᖅᑯᒎᖕ ᐃᓇᕐᕿᑦ:

1) ᖃᓇᐃᐳᑦᐳᖅᑐᕐᑦᑦᐳᕿᑦ ᖃᐅᔨᓴᖕᑦᑦᑦᑦ CLᕐᑦᑦᑦᐊ ᖃᐅᔨᕿᖅᑐᐳᑦᑦᑦᐃ ᓄᓇᖅᑲᑦᑦᑦᑦᑦᑦ
ᐊᐳᓚᕐᑐᐳᐱᕿᑦᑦᑦᑐᐊᑐᕿᖕᑦ?

2) ᐊᖅᑐᐊᓚᑦᐳᕿᑕ ᐊᖕᑦᕐᕐᑦᑦᑦ ᕿᖅᑐᕿᑎᕐᐳᕐᑦᑦᐳᕿ ᓄᓇᖕᑦᓄᑦ ᖃᐅᔨᓴᖕᑎᐳᕿᐳᕐᕿᑦ ᓄᓇᖅᑲᑦᑦᑦᑦᑦᑦ
ᕿᖕᑦᓂᕐᑐᐳᑦ?

3) ᖃᓇᐃᑦᑐᐳᑦ ᐱᑕᕐᑦᓇᕿᖕᑦᑦᑦᐳᕐ (ᐅᕿᖅᑕᐳᑮᕐᓗᔾ, ᐃᓇᕐᕿᓇᕐᑦᕿᖕᑦᑦᑦᑦᑐᑦ, ᐊᖅᐊᐳᕿᐃᕈᔾᕿᕐᕿᑦ)
ᕿᖅᑐᐳᑦ ᓗᕐᕐᑦᑦᑕᐳ ᖃᐅᔨᓴᖕᑎᐳᕿᑦ ᖃᐅᔨᕿᑕᐳᑦᐳᐊᐳᓇᕐᕿᑦᑦ
ᐊᖅᑐᕿᓇᕐᑦᕿᖕᑦᕐᕐᐊᐳᐳᕿᑦᑦ ᖃᐅᔨᓴᖕᕐ ᐱᕐᑦᑦᐳᕿᕐᓗᕿᑦ?

4) ᖃᐅᔨᓴᖕᑦᑦᑦ ᖃᓇᐃᑦᑐᓂᑦ ᐊᕐᕿᒥᐊᕿᕿᖕᑦᑦᑦᑦ ᐃᑮᕐᑦᑐᓇᐃᑦ ᖃᐅᔨᓴᖕᑕᐊᐊᑦᑦᑕ?

5) ᓄᓇᕿᑦᑦ ᖃᓇᐃᑦᑐᓂᑦ ᕿᖕᑦᐳᕐᑐᐳᕿᕐᑦᑦᕐᕿᕿ ᑕᑦᐳᐳᕐᓗ ᖃᐅᔨᓴᖕᕿᕐ?

ᖃᐅᔨᕿᕿᕐᕿᑦᔾᕿᐳᑕᕐ ᐊᖅᐊᕿᕿᐃᑦᕐᕐᑦᑦᐳᐳᕿᐳᑦ ᒪᓚᕿᕐᑦᑦᓄᐳᕐᕐᓗ ᕿᖅᐳᕐᓂᕐᑦᐳᕿᐳ
ᑐᕿᖕᑦᑦᑦᑦᑦᑦᐳᕿᕐᐊᐳᐳLC ᑲᓚᕿᑦᑦᐳᕿᕐᕐᐃᐳᕐᑦᑦᑦᑦᐳᕿᕐᕿᕐ ᕿᖅᐳᕐᑦᐳᕐᑦᑦᐳᕿᐳᐳᕐᕐᓗ ᐃᐳᕐᕿᕐᓄᕿᑦ. CLᕐᑦᑦᐊ
ᖃᐅᔨᓗᕐᕿᕐᑦ ᕿᐃᐊᕿᕿ ᕐᕿᕐᕿᕐᑦ ᐃᓇᕐᕿᐊᖕᑦᑦᑦᑦᑦᕿᕐᕿᑦ ᐱᕐᕿᕿᒃᑦᐳᕿᕐᐊᐳᕐᕐ᜔ᕐᕿᑦ.

ᖃᓇᐃᐳᐳᕐᕿᕐᕐᐳᕐᕿᕿᐃᕐ - ᖃᐅᔨᓴᖕᑐᐳᕿᐳ ᐃᕿᕐᕿᖕᓂᕐᕿᕐ:

- ᑲᑎᒪᐳᕐᓂᕐᕐᑦᑦᑦᑐᒎᑦ ᖃᐅᔨᓴᖕᓂᐳᕿᕿᒻᕿᐳᕿᕐᕿᑦ ᓄᓇᖅᑲᑦᑦᑦᑦᑦᑦ ᐱᕐᓚᕿᕐᕿᑦ
- ᑲᑎᒪᖃᖅᑐᐳᐊᕐᑐᒎᑦ 6-ᕿᖕᑦᑦᑦᕐᑦᑦᑐ ᐊᕐᕿᕿᒥᕐ ᐱᐳᐊᕐᕿᕐᓗᓇ _____ ᑎᕐᕐᑦᑦᒎᓗ ᐃᓇᕐᕿᐳᕐᕿᑐᕐᕿᑦ
ᓄᓇᖕᑦᑦᑦᑦᔾᕿᕿᕐ ᑲᑎᓇᕿᕐᕐᑦᐳᕿᕐᑦ
- ᑲᑎᒪᕐᕿᐃ᜔᜔᜔᜔<<C ᐊᑕᐳᕿᕐᑦᕐ ᐊᐱᖕᑦᑦᑦᑦᑎᒎᕐ ᑕᑕᐳᓚᕿᕐᖃᕐᖅᑦᕿᓇᕐᓇᕐ ᐊᖅᐳᕐᕿᕿᖅᑐᕐᓇᕐᐊᖅᐳᕿᕐᕐᓗᕿᑦ
ᖃᐅᔨᓴᖕᑎᐳᕿᕐ ᒪᓚᕿᕐᕐᕐᕿᕿᓇᕐᕐᓂᕐᕐ
  - ᐅᕿᖅᑕᐳᑮᕐᓗᔾ: ᖃᓇᐃᑦᑐᓂᕐ ᖃᐅᔨᓴᖕᑦᑦ ᐊᖅᑐᐊᕿᕐᕐᑦᑦᑦᐳᕐᕐ ᖃᐅᔨᓴᖕᓂᐳᕐᕿᑦ ᐊᖅᐊᕿᕿᑕᐳᕿᕐᑦᑦᑦᑐᐳᕐᕐᑦ
ᓄᓇᖕᑦᑦᑦᑦᔾᕿᕿᕐᓄᑦ
  - ᑕᑦᕿᕿᒎᓗ ᕿᖡᕿᕿᕐᑐᕐ ᐃᓚᐃᐳᖕᓚᕿᕐᑦ "ᕿᐃᕐᕿᕿᑎᐳᕿᓕᕿᕐᕿᖃᕐ ᐅᑦᑦᑕ ᐊᐱᖕᑦᑦᑦᑦᑐᐳᕐᕐᑦ" ᐊᕿᕿᕿᕐᓂᕐᕿᕿᕐ
ᖃᐅᔨᕿᑐᕐᕿᑦᕐᓂᕐᕿᑦ
- ᓄᓇᖕᑦᑦᑦᑦᑦ ᑲᑎᒪᕿᕐᖕᓂᕐᕿᑦ ᓂᕿᕿᖅᐊᕿᕐ᜔᜔᜔᜔᜔᜔᜔ᕿᕿᕐ ᑲᑎᒪᖃᕐᕐᕐᓂᕐᕐᕿᕐᕐ ᖃᐅᔨᕿᓕᕐᕿᕐᕿᕐᓗ
ᐅᖃᕐ᜔᜔᜔᜔ᓂᕐᕐ ᑲᑎᒪᕐᕿᐃ᜔᜔᜔᜔<<C

- ᑕᒻᒃᐊ ᑲᑎᓕᖕᑦ ᓂᐱᓕᐅᖅᑕᐅᖃᑦᑕᖁᔫᕐᖓᑦ ᖃᐅᔨᓴᖅ ᖃᐅᔨᓵᕆᓂᖅᓂᑦ ᓄᐊᑦᑎᓐᓐᓗᒍ. ᖃᐅᔨᓴᖅᖏᓗ ᑲᑎᒪᒃᕿᑎᕆᓂᖅ ᑎᑎᕋᖅᑕᐅᐊᖅᑐᖅ ᑲᑎᓕᓵᐊᓪᐊᐸ
- ᐊᖅᑭᒋᐊᖃᓪᓚᖁᐊᖃᐊᑦᑐᒃ ᑐᑭᖓᓂᑦ ᐅᖃᐅᔨᖅᑳᖕᕐᓂᑦ ᓄᓕᑦᓂ ᑲᑎᐅᖃᕆᒋᑕᐅᕋᓐᕐ. ᑕᒻᓇ ᑐᑭᒃᐅᐊᖃᕐᒃᑯᑕᐅᐊᖏᓪᑦ ᓴᕿᓴᒃᓂᑦ ᐱᑎᓪᑎᓴᖅᑎᖓᑦ ᑲᑎᓕᐦ
- ᑲᑎᓕᖃᑦᑲᑎᓕᓂᐊᖅᑦᑦ 6-ᖋᑎᓐᓗᑦ ᐊᖏᕐᐅᐧ ᐊᒻᓗ _____ ᑐᖇᓂ ᐊᐃᐊᐊᑎᓂᖃᖅᑐᑲᐃ ᐊᑐᐅᕿᕕᐦ ᒪᐧᑐᑐᓗᖃᒃᕖᑦ ᐃᑲᖅᖅᐸᑲ ᐊᐃᓄᐅᑎᑐᖁᐊᖅᕐᓂᖓᒃᕆᔫᑐᐊᓂᑦ ᑲᑎᓕᖅᑖᕐᐧ ᑲᑎᓕᖃᑎᐅᖃᑦᑐᔥᑐᓂᐊᖅᕐᖓᐧᑦ ᐱᖕᕿᔇᖅᒥᕖᑦ ᐅᖕᑤᐧᓂᐊᖁᓂᖓᓂᓐᐧ
- ᑲᑎᓕᓵᐊᕖᐧᐧᑦ ᖁᒣᖅᖃᐢᒃᕖᑦᑐᐊᖅᐧᖅᑦ ᑲᑎᓕᑦᔥᑎᓐᓂᖓᓂᑦ ᑐᑎᓕᒃᕿᑎᐅᖅᒃᖅᔫᐧᕆᐧᑦ ᑲᑎᓕᐊᕖᕐᐧ ᓄᓂᐊ ᐅᕐᓯᕈᓯᐅᐧᓂᕐᑐᖅ ᐅᒃᖃᓂᕿᑎᐅᖅᒃᖅᔫᐧᒃᒍ. ᑲᑎᓂᐅᐧ ᐃᓗᐊᑯ ᒪᑐᐃᖓᑎᒃᕿᑐᑦᐧᑐᐧᓂᖓ ᑲᕐᒃᕋᓂᖃᖅᑐᐧᐧᑦ ᐅᖃᐅᑐᐧᒃᕆᐧᑦ ᑖᐃᒪᐃᓐᑐᕿᓯᐧᐊᖃᖅᕐᖅᐧ.

ᓄᐊᑕᐅᕖᐧᑦ ᐊᑭᒋᖃᐧᕿᓂᕐᑦ:

- ᐅᑭᐅᖅᑎᓐᒃᐧ ᐊᖃᐅᐱᖕᒥᕿᖃᐧᖕᑯᓂᖃᐧᑦ ᐊᕐᒃᑕᐅᒥᖃᐧᖃᑎᖅᖃᐧᐧᑦ
- ᖃᐅᔨᓕᓂᕕᐧ ᐃᖑᒃᒃᒪᖕᕿᑦᐧ ᖃᓄ ᖃᐅᔨᖅᓂᕐᐧ ᖃᐅᔨᓕᖅᐅᖅᑎᐅᐧᐧᖅᑦᑐ ᐅᖃᐅᕆᖃᖅ ᐃᖃᕿᖅᑐᑯ ᐱᓐᓕᖃᑎᓕᓂᖃᐧᐅᖅᑎᑦᑯ

ᖁᒣᖅᖓᑦ ᖃᐅᔨᓴᒃᑎᓐᖃᐅᕕᖓᑦ:

- ᖃᐅᔨᖃᐧᖏᒃᕿᖃᐧᐧᐧ<ᑕ ᐊᖅᖁᕐᔥᖅᐧᒍᐧᕿᖃᖕᐧ<ᑕᐧᐧᐧ, ᖃᐃᑦᖃᐅᑎᐅᖃᐧᔥᑲᑎᐧ ᖁᒣᖅᓂᐅᑲᐧᐧ<ᑕ ᖃᐅᔨᖃᐧᖃᕿᐧᒃᕖᑦ ᐱᖕᕿᒥᖅᑎᑐᐧᑯᐧ ᖃᐅᔨᒪᐧᐊᐧᑯᐧᑯᐧ ᒋᕐᒃᑕᐧ ᓄᐮᔐᖅᑎᖄᐧᐊᒥᖃᐧᒃᑯ.

ᓄᖕᓄᐃᖃᑎᓐᑕᖕᕐ ᐱᔥᓄᐅᑎᕿᐱᐧᕿᑦ:

"ᑐᕐᐅᒪᑎᖃᐧᒃᑎᐊᖓᓐᓂᖕ ᐱᓂᕐᐊᖅᖃᐅᕿᐧᖃᐧ ᐱᓐᓗᕐ ᐊᖃᕿᖅᖃᐅᕿᐧᓐᖕᖅᒃᐧ. ᑐᑭᐧᖃᐧᖕ ᐱᓂᕐᐊᖅᖃᐅᕿᐧᖃᐧ ᐊᖕᕿᖕᓂᖕᖕᐧ ᐊᖃᖅᕿᖃᐅᖕᕿᖕᖕ ᑕᒪᒃᒃᖕ ᐱᑎᓇᐊᖁᕿᐧ. ᑐᑭᐧᖃᐧᖕ ᑲᕿᓇᖕᑐᒃᑐᕿᖃᐅᖃᐧᒐᒃᑦ ᐊᖕᕿᖅᖃᐅᕿᐲᑦ ᓄᖕᓄᐃᖕᖕᖕᕿᖅᐧᐊᕐᒪᒃ ᐊᖃᐊᕿᑦ. ᑐᑭᐧᖃᐧᖕ, ᖃᖕᑐᖓᓐᖕᖕᕐ ᐃᒃᕿᔥᕿᐧᖃᐧᕿᖕᕿᖓᒃᕿᒪᐲ ᖃᐅᔨᐧᖓᓂᕐᑦ, ᑖᐃᒪᐃᒥᐧᖕᒪ ᒐᐧ ᐃᖕᕿᖕᕿᒥᖕᒪᐃ."

ᐱᐅᓂᕿᑦᑦ

- ᐃᑲᔪᖅᓂᐊᖃᐊᕿᓕᑦ ᑕᑐᐅᖅᐧᒍᑐᑎᖃᐧ ᖕᖃᑎᖃᑎᑎᖕᕿᒃᒍᐧᑦ ᖃᐅᔨᖃᐧᖕᖕᖕᖃᐧᒍᐧᑦ ᒪᖃᕿᐅᖃᐧᐊᖕᑐᖅ ᐊᑐᕿᒃᐧᐅᖃᐧᐧᐧᑎᓐᑐᐧᐧᓂᐊᖃᐧᖃᑲᕿᖅᒥᓕᐧᐊᕿᖕᑐᑦ ᓄᓕᒃᖃᐅᖃᐧ ᐧᖕᖕᑐᖕᐧᖕᐅᓂᕐᑦ ᐊᐧᑕᖓᖕᖕᕐᕐᐧᖕᖕᖕᐧᑦ
- ᐱᓕᖕᕿᖅᖃᐧᐧᖅᑐᐧᑦ ᐃᖃᕿᖅᖕᕿᑦ ᓂᓕᕿᐧᖃᐅᐧᐧᕕᐧᖕᖕᕐᕿᓕᖃᐧ ᖃᐅᔨᖃᐧᖕᖕᖕᖅᐅᐧᖓ ᖕᖃᐅᐧᐊᑐᖕᐧᐧᖃᕿᖕᒃᐧᕿᖕᑦ ᖕᖃᕿᖕᓂᕿᑦ ᖃᐅᐊᑐᓪᓕᖕᖕᖕᑦ ᐸᕿᖕᖕᑐᑦᐧᐅᖕᑐᑦ
- ᐃᓕᕿᖕᕿᐊᖕᖕᕐᖕᓂᐊᖅᑐᑦ ᖃᓄ ᐊᐅᓂᖅᐊᖕᖃᐧᖕᕿᓕᖕᕿᑦ ᖃᐅᔨᖃᐧᖃᐅᖕᖕᖕᐧ

ᖃᐅᔨᓕᖅᐅᖃᑐᖕᖕᐊᕿᖕᑦ

- ᖕᖃᐅᓕᑐᖓᖕᖕᖃᐧᖃᕿᕿᖕᖕᕿᖕᐅᑎᐧᐧᖕ, ᐊᒃᐅᔩᖓᓂᖕᐧᖕᖄᑐᒃᐊᖕᖕᐧ ᐅᖃᐧᖕᖕᖕᕐᕐᕐᕐᐧᐧᑐᖕᖃᐧᕿᖕᓂᕐᑦ ᑕᒻᖕᖄ ᓂᑎᐧᕿᐧᐧᖕᖕᐧᓂ.
- ᐃᓕᕿᑦ ᐃᖕᐧᐃᐧᖃᐧ ᐃᕿᐉᖕᑎᖅᐸᕐᖃᓕᒃ ᖃᐅᔨᖃᐧᖕᕿᖕᓯᑎᐧᖕᕐᕐ ᐱᓂᕿᖃᕿᐧᕐᖓᐧ. ᑕᒻᖕᐊ ᐱᐧᒍᐅᖕᖕᒍ ᓄᓕᖕᖕᑦ ᑲᑎᓕᖕᖕᖃᖃᐅᕖᐧ ᑲᑎᓕᖃᑐᐧᖕᖕᖄᐧᑐᐧᐊᐧᑦ ᖕᖃᐅᐊᕿᖕᕐᖓᐧᖕᕐᐧᑦ ᑭᕿᐊᕿᖕ ᐱᖕᓕᖕᕿ ᑲᑎᓕᖃᖃᑐᐧᖕᖕᐊᐧᖕᑦ ᐱᖕᓕᕿᐊᖅᕐᖕᕐᕿᖕ.

- ᖃᐅᔨᓴᖅᑎᖏᓐᓄᑦ ᑕᒪᑐᒥᖔ ᖃᐅᔨᒪᒋᐊᖅᓴᐊᖅᑐᒍᑦ ᐃᓕᓯᕐᔭᐅᖃᑦᑕᐅᖕᐪᓗ ᑐᓂᖅᐳᑎᒋ� ᐊᒡᓗ ᐸᕐ ᑭ ᐸᐅᓯᓐᕐᔭᐃᑦ ᖃᐅᔨᓪᖅᘝᖃᖅᑯᑖᐅᑉ ᑕᐃᒪᐃᓐᓂᐊᕐᒪᑕ.
- ᖃᖕᓗᑐᐃᓐᓇᖥ ᐱᖃᑕᐅᕐᘁᔭᒃᓄᑦ ᐱᖥᓐᓗᐅᐱᖅᓂᓐᓂᒃ, ᑕᐃᒪᐃᔪᒃᓈᑎᐊᕐᒐᒃ.

ᐊᑭᓕᖅᑕᐅᓂᖥ

- ᓄᓇᓕᒃᓴᖕᑐᑦ ᑲᑎᒪᐊᕆᖃᕐᑕᕐᑲᐅᕐᓐᑰ ᐊᑭᓕᖅᑕᐅᖃᖅᑲᕐᘁᖅᑐᑦ
- ᐃᑲᕐᕕᒃ ᐊᑕᖒᒻ ᐊᑭᓕᖅᑐᒍᑦ $40-ᒥ
  ○ ᓂᓐᐅᕐᔭᐅᕐᑯ ᑲᑎᓐᖃᓪᑲ ᔪᖅᖄᕐᖄᑕᕐᒃ ᐃᑲᕐᕕᒋᒻ ᐊᑭᓕᖅᑲᘁ ᐊᓪᖃᕐᖃᓐᖃᓗ. ᑕᐃᒪᐃᓪᖃ ᑲᑎᓐᒐᕐᕭᐊᓪᒍᖕ $60-ᒥᖥ ᑕᐃᒪᓐᖃᕐᘁ ᑲᑎᓐᕐᖃᓐᖃᓐᔪᑐ

ᑲᖕᒐᓂᕐᓂᒃ

- ᐱᐊᓇᑐᐱᑕᖥᑦ ᑲᖕᒐᖅᑐᑸᑎᕐᔭᖃᕐᑎᖥ ᖃᐅᔨᖅᓂᖃᐅᑉ ᐊᖅᖅᔨᓂᖃᕐᘁ.
- ᐅᔪᓇᐊᖅᑐᐃᕐᕭᖥ ᑲᑎᓐᔭᒥᘁᒻᒐᘁᔪᖥ ᖃᐅᔨᓯᕐᔭᐅᑎᓐᖃᓐᖃᖥ ᐱᑕᖥᕭᖕᑐᖅᑐᖥ
- ᑲᑎᓕᓐᓗᘁᖥᑦ ᑲᑎᓐᒐᖕᘁᒻᒐᘁ ᔪᖅᐅᓕᓐᑎᖃᕐᑯᖅᘁᖅᒻᘁᒻᖥᒻ ᐃᓄᐃᑦ ᒥᕐᒻᓐᖥᒻ ᑲᑎᓐᒐᓐᖥᑦ ᐃᐧᖒᐊ ᐱᘁᖃᖥ (ᖃᖕᑐᐃᓐᖃᖥᕐᖥ ᑭᓐᖥᖃᔪᐦᔪᐃᖃᕐᖥᘁᖥᘁ) ᐊᖃᕐᖅᑕᖥᖃᖥᔪᕐᓐᘁᒻ ᑭᕐᘁᖕ ᑕᐃᒪᐃᑕᕐᔭᖃᕐᖥᔪᖅᖒᖅ ᐊᔪᖅᑕᒻᘁᐊᓐᖃᐧᖒᖕ
- ᐃᓐᔨᖃᕐᘁᒍᓐᔭᒃᕭᒐᒻᖥᐧᒻ ᐊᖃᕭᒐᒻᖥᘁᑲᖒᒻᖕ ᑲᑎᓕᕐᘁᖕᑦ (REB) ᖅᒻᖃᔪᒻᖅᖃᖃᕐᖒᖒᑲᘁᘁ ᖃᐅᔨᖕᖃᖥᒻᘁᖃᖒᐅᕐᔭᖕ ᑕᒪᕐᖥᖥᒃ.
- ᖃᐅᔨᖃᖥᒻᖃᖒᘁᖥᖥᒻᔾᖥᒃ ᔪᖅᖒᖅᖃᖥᖃᓕᓐᑎᓐᔭᖒᘁᖒᖅᔪᑦ ᖃᖃᖥᖥᔾᖒᔪᑦ ᐳᘁᖥ ᐱᖥᖥᘁᖕᒻᒻ.
  ○ ᖃᐅᔨᖃᖒᑎᓕᖥᒻᖒᖅᔪᖥᔾᖥ ᐊᖒᖃᐊᖃᖥᖥᒻᖒᔾᔾᖥᒻᖥᔾᔾᖃᔪᖥᔾᖕᔨᕭᖥᖃᖕᖃᖥᘁᖒᔾᖒᖃᖥᐊᖃᖥᒻᒻᖒᖥᔾᘁᖥᖃᖥᖕᖃᕐᕭᔾᖒ ᑭᘁᔨᖃᕐᘁᖕᖃ ᖃᐅᔨᖒᖃᖥᖒᖅᒐᖥᔾ .
  ○ ᖃᖃᖥᖥᔾᖒᔪᖥᔾᖥ ᐳᘁᖥ ᔪᖒᘁᖒᖃᖃᖒᖥᖒᖥᔨᖃᖥ ᕭᖃᘁᖃᖥᔾᖒᖥᔨᒻ ████████ ᐊᖃᖥᖃᖥᖒᖥᔾᖃᖒᖥ ᐅᕭᖃᖒᖃᕭᖒ ᑕᖥᖒᘁᖃᘁ ᔪᖅᖒᖅᖃᖥᔾᖒᔾᖒᖥᔾᖒᖥᔨᖃ ᑭᘁᔾᖃᖥᖒ.
  ○ ᖃᐅᔨᖃᖥᖒᖅᔪᖥᔾ ᒥᕐᘁᖒᖥ ᐃᓕᓯᕐᔭᖃᖥᖒᘁᖥᔾᖒᖅ ᐱᖒᖅᖃᖥᔾᖒᖥᔨᖒᖒᖥᔾᑦ, ᑭᕭᖃᖒᖥᔾᖒ ᑕᐃᘁᖃᖒᖒᘁ ᖃᐅᔨᖒᘁᖃᖃᕭᖥᔾᖒᖅ ᑭᘁᔨᖃᖥᖒᘁᖥᔾᖒᖥᔨᖒ ᑕᐃᒪᐃᖃᖒᘁᘁᖒᖅᖒᔾᖒᔪᔾᖥ.
  ○ ᐅᕭᖃᖃᖥ ᑕᘁᖥᑕᐃᖥ ᐊᖒᖒᖃᔾᖒᖥᔾᖃᖥᖒᖅᖒᖥ, ᕭᖃᖃᘁᘁ ᖃᐅᔨᖃᖥᖒᑎᖒᖃᖒᘁᔾᖒᖅ ᕭᖒᐊᖥᖕᖒᖒᘁᖕᖃᘁᔾ ᑕᐃᒪᐃᖥᖃᖒᖅᔾᖒ.

ᒪᘁᖅᒻᖃᖅᖕᔨᖒᔨᔾᖒᖥᔾ ᕭᖒᖃᖥᖃᖒᕭᖅᖕᖃᖒᖥᖃᖒᘁᖒᖒ ᓂᘁᖃᖥᔨᘁᖃᖒᔾᖃᘁᖃ:

ᐸᕭᖃᖥᖃᔾᖒᖅᖒᖃᖒᔪᕭ ᕭᖒᖃᖥᖃᖒᕭᖅᖕᖒᖥᖃᖒᑦ ᓂᘁᖃᖥᔨᖥᖃᖃᖃᖒᖒ (ᐅᕭᖒᖃᖅᖒᖒᔪ, ᐊᖃᖕᖒᖅᖃᖒᖒᖃᖒᖃ ᓂᖥᖃᘁ).
ᑕᖥᖒᘁᖃ ᐊᖃᕐᕭᖒᖃᖒᖅᖒᖒᖥ, ᐊᖒᖃᖒᖕᘁᖃᖒᔾ ᐃᓕᓯᕐᔭᖃᖒᖅᖒᔪᑦ ᐊᘁᖃᖥᖒᖅᕭᖅᖒᖒᖥᔾ5 ᐊᖃᖕᖃᖃᖒᖃᖒᔾᖒᔾᖃᖥᖒᖒᖃ
<ins>ᕭᖒᖒᖃᔾᖒᖃ</ins> ᓂᘁᖃᖥᖃᖒᖒᔾᔾᖒᔪᑦ ᕭᖒᖃᖃᖒᖥᖒᖃᖒᖃᖒᖒᖃ.

ᓂᖕᖒᖃᖥᖒ ᐱᖥᖃᖃᖥᖃᖒᖃᘁ

ᐱᖥᖃᖥᖃᖒᖃᖒᖒᖃᕭᖃᖒᖥ ᑉᖃᖒᖕᖒ ᖃᐅᔨᖃᖥᖒᖕᖒᖥ ᐱᖃᘁᖃᖒᘁᖒ ᑭᕭᖃᖒ ᒪᘁᖒᖕᖃ ᐊᖃᖒᖃᖥᖒᔪᖃᖒᘁᖒᖒ
ᐃᖒᖃᖕᖃᖒᖥᖃᖒᖅᖒ ᕭᖃᖃᘁᘁᖒᖥ ████████ ᐊᖃᖒᖒ ᐃᓐᔨᖃᖃᖥᖒᖃᖒᖥᖒᖃᖒᖃ ᕭᖒᐊᖥᖕᖒ. ᑭᕭᖃᖒᖃᖒᖒᖒ
ᐸᕭᖃᖥᖃᖒᖅᖒᖃᖒᖥᖒᖒᖥᖃᖒᔾᖒᖃ ᐊᖃᘁᖃᖒᖥᖃᖒᖒᖒᖒᖒᖒ.

ᖃᐅᔨᖃᖥᖒᖃᖥᖒ ᐱᖥᖃᖥᖒᖃᖒᖃᖒᘁᖒᖒᖒᖃᖃᖒ ᐃᕭᖃᖕᖥᖒᖒᑎᑦ

- ᖃᖕᖃᑐᐃᓐᖒᖃᘁᖃᖒᖃᖥ ᖃᐅᔨᖃᖥᖒᖃᖥᖒ ᐱᖃᘁᖃᖒᖃᖒᖒᖒᖃᖒᘁᖒᖒᖥ ᑕᐃᒪᐃᖃᖒᘁᖃᖒᖒᔪᑎᑦ

- ᐱᑯᑕᑐᑖᔪᕐᔪᒐᓯᐦᒐᑦ Ċᑦᑯᓇᒪᕽᐦᑦ ᖃᐅᔭᕐᕿᐅᑎᓂᑦ ᐊᒃᔭᔾᓂᐊᖃᒻᒥᑦᑦ ᐃᓅᖃᑎᒌᒐᓯᕈᓂᑦ ᐊᒻᓗ
  Hᐊᐧᐸᒐᑦᑯᓇᓂᑦ [REDACTED] ᐃᓂᓐᑎᐊᔭᐧᒃᔾᐊᒡᓗ ᐊᐡᕐᑎ.
- ᐃᓚᕆᔭᐅᖃᑕᐅᑎᓕᔾᔭᕿᓯᐦᑦ ᖃᒡᓗᑎᐃᓂᐦ ᖃᐅᔭᕐᓯᕐᒥᖦ, ᐃᑲᕐᓇᑎᔭᐃᑦ Ċᑦᑯᓗᖥ
  ᐃᕆᒥᕽᑐᓂᐊᖅᑐᖥ ᑕᕐᐅᕐᕿᕿᓂᖥᑦ ᖃᐅᔭᕐᓯᕐᖅᑲᖅᑎᓂᒍ.

ᖃᐅᔭᕐᕿᑎᓂᐅᑯᑦ Cᑯᕐᐃᓇᖅ:

ᑲᕐᔪᑕᖃᑐᒥᐦ ᑐᕽᐅᕶᖃᑎᓭᓂᐊᖅᑐᒐᑦ ᖃᐅᔭᕐᕿᑎᐦᒐᑦ ᒥᖨᓂᒐᑦ. ᑲᑎᖃᑎᐢᒡᑦᒑᒡᑐᒐ ᓄᐊᖃᑎᑽᔾᑯᑦ ᖤᓂᒐᑦ
CLᐪᐟᒐ ᖃᐅᔭᕐᓯᕐᒐᑦ ᐱᕽᐢᕽᖦᒐᓂᒐᑦ ᖃᐅᔭᕐᕿᑎᓂᒐᖅᑯᒐ ᑕᐸᕽᑲᐅᑎᓂᒡᑦ ᒪᓪᑕᐧᐊᔾᑯᑦ ᖃᐅᔭᕐᓯᕐᒐᖥᒻᖥ
ᑐᕽᕽᒐᒡᒪᓕᒡᒐᓕᒐ ᐱᕽᐢᕽᖦᒐᓂᒐᖅᑯᑦ ᔪᕐᖴᐪᐊᕑᒐᓗᐊᖦᒐᒡᑦᒑ ᓄᐊᓈᓂᑦ ᐊᔾᐅᕆᔭᐅᑯᑦᕐᖦ. CLᖦᑯᐊ
ᖃᐅᔭᕐᕿᑎᓂᐅᒐᑦ Hᐊᐧᐸᒐᑦᑯᑦ [REDACTED] ᐱᕽᑯᑎᕐᔭᑎᕽᖦᑐᑦ ᕿᓇᑐᐃᒐᓕᑯ ᐊᔾᐦᒐᓂᒐᖦ
ᐱᑯᐸᕐᔾᖦᑐᑕᖦᕽᑦ ᐊᑐᐃᒐᓇᑎᖦᓇᖦ ᖃᓐᓱᐅᖦᑐᖦᑐᒐᖦ ᐅᔾᐁᓂᓯᒐᖦ ᐃᓇᑎᕽᖦᑐᓂᖦ. ᐊᔾᖨᓇᓂᒐ
ᖃᐅᔭᕐᔭᐅᑯᓂᖦ ᐊᑐᐃᒐᒐᐅᕐᕽᐃᓂᒐᓯᖦᑐ Cᒡᐁᒪᖦᑦ ᐱᔾᐃᑐᓂᖦ (ᐅᑽᐪᐅᑎᓕᒍᒐ, ᐊᔾᐳᒣᔾᐊᓯᑦ,
ᐊᐱᕽᑯᑎᒐᑯᑎᕽᖦᑦ ᐅᖤᐁᓕᒐ-ᐊᔾᔭᕐᒐᖅᖦ, ᐃᓕᓂᐊᐸᕽᑎᐊᔾᒐᕽᖥᕐᔾᑦ ᑎᑯᓂᐊᖅᕚᔾᕆᑯᐃᓇᖦᑦ ᐊᔾᖨᓇᓂᖦ)
Cᐃᖦᖦᐳᐅᒐᖅᖥ ᐊᒡᐁᒐᐅᕐᔾᒐᑯᑦ ᐱᕽᑯᑎᕽᖦᐅᒐᖦᑯᒐ Hᐊᐧᐸᒐᑦᑯᓇᓂᑦ.

ᖃᐅᔭᕐᕿᑎᓂᖦᒐᑦ ᐊᒐᖅᖤᕐᒐᕿᒐᔾᕿᓂᖅᕽᐦᐊᒐᖤᖥ-ᐊᒐᖅᖤᖥᒐᖦᓂᖅᖥ-ᓂᖦᒐᖦ ᐱᒪᖦᒐ:

- ᐊᒐᖅᖥᑕᑎᕑᑯᐦ ᕑᖨᒐᑕᑎᕑᑦ: ᐊᒐᐊᓂᕑᑯᖦᑦ ᐊᒻᓗ ᐱᕽᖥᕽᕑᒐᑎᖅᒐᑯᑦ ᑎᑎᖅᕽᖦᑎᖦᒐᓂᖦ ᖃᐅᔭᕐᓯᕐᒐᔾᑯᑦ
- ᐊᔾᔭᖦᖨᒐᑯ ᐊᒐᖅᒐᖅᖥᒐᖤᖥᖦᑦ: ᐅᕐᖨᑯᐃᓯᒐᖦᒐᖥ, ᐅᕐᖨᕑᖥᑎᖦᒐᖥ, ᖨᕽᖥᕑᖥᑯᐃᒐ ᖃᐅᔭᕐᓯᕐᒐᖥᖦᑯᐃᑯᑦ

ᑐᖦᒐᖦᒐᖥᒐᖦᕽᑕᖥᖦᒐᖥᑯᖦᑕᕐᑦ ᐅᔾᔭᖦ

- ᐃᔾᒪᓕᖅᖥᐅᒥᖅᖥᕐᖦᕐᖦᕑᖦ ᑐᕑᔾᔾᖥᒐᖥᖅᑐᕑᖥᖥᑦ, ᐊᔾᐱᕑᖦᔾᑯᖦᒐᑦ ᐱᕽᖦᒐᖥᓂᖦᒐᕐᖦᖦᖥᐊᖦᒐᖥᕽᖥᑦ CLᒪᑕᐪ ᒥᕑᖥᒐᖥᕑᖥᑦᒐ,
  ᖃᐅᔭᕐᒐᖦᒐᕑᒐᖥᒡᒐᖥᕽᑦ ᖃᐅᔭᕐᕿᕽᐅᑎᖦᒐᖥᕑᖥᓂᖦᖨᑯ ᕑᖥᐊᖅᕙᖦᒐᖥᕑᖥᑦ ᕑᒐᖥᖥ, ᑎᑎᖤᕑᖥᖥᓂᖥᒐᖦᒐ ᖃᕽᖥᑎᖤᖦᖦᑯᐃᖦ
  [REDACTED] ᐅᖦᒐᖥᐪᖦᒐᖥᒐᖥᖦᕑᖥᑦ [REDACTED]
- ᐅᖦᒐᖤᖦᒐᖤᒐᖥᒐᖥᖥᕑᖥᑯᐃᒐᖦᕑᖥᖦ ᐊᔾᖥᕑᒐᖤᖥᖨᖦᖥ, ᔪᕑᒐᖥᖥᖦ ᔪᕑᖦᖥ ᖥᕑᖨᒐᖦᕑᖦ ᖃᕽᖥᐅᑎᖦᒐᖥᖥᕑᖥᑯᐃᒐᖦ ᑎᑎᖤᕑᖥᖥᓂᖥᒐᖦᒐ
  [REDACTED] ᐅᖦᒐᖥᐪᒐᖥᖦᖥᒐᖥᒐᖦᖥᒐᖦᕑᖥᑦ [REDACTED]
- [REDACTED]

- ᖃᐅᔭᕐᕿᑎᐅᑯᖅᖥ CLᒪᒐ ᐸᕑᖥᖥᖨᒐᖥᔾᖥᒐᖥᖥ ᕑᖨᕑᖦᕑᖥᒐᖥᒐᖦᖥᐦᖥᖦᒐᖥᐊᕑᖨᒐ ᖃᐅᔭᕐᓯᕐᒐᖦᒐᖥᒐ ᑲᖦᒐᖤᖦᒐᖤᖥᕑᖨᒐᖥ
  ᐃᓂᓐᑎᐊᔭᐧᒃᔾᐊᒡᓗ ᐊᐡᕐᑎ. ᐊᐱᕽᑯᑎᕽᖦᕑᖥᐊᖦᒐᖤᖥᕑᑦ ᐃᖥᐁᖥᑦ ᐱᕑᖨᒐᖦᐸᑎᖦᒐᖦᕑᖨᖥᒐᖥᖦ ᐅᖥᖦᒐᖥᔾᖥᓂᖦᕑᖥᑦ ᖃᐅᔭᕐᓯᕐᒐᖥᖦ
  ᖃᖥᐃᓕᒐᖦᕑᖨᕑᖥᖦᑯᐃᑦᖥᖦᖦᕑᖨᖥ᷄ᒐᖥᐱᐊᑯᖦ, ᐅᖦᒐᖤᖦᒐᖥᕑᖥᖤᐪᓂᖦ ᐅᖥᐅᖥᖦ (780) 492-2615. Ċᖦᑯᐊ ᓇᒥᖤᖥᖦ
  ᐃᖦᑲᓇᐃᔭᕽᖤᖥᑦ ᖃᐅᔭᕐᓯᕐᒐᖥᑐᓂᖥᖨᖦᑯᖦ.

- ᖃᐅᔭᕐᕿᑎᐅᑯᖅᖥᕑᖨᒐᖥᖦᒐᖦᖥᕽᑎᖦᑦ ᓄᐊᖦᒐᖤᖨᒥ ᖃᐅᔭᕐᓯᕐᒐᖥᑐᓂᖥᖨᖦᑯᖦᑦ ᑲᖦᒐᖤᖦᒐᖤᖥᖥᕑᖥᑦ ᐅᖦᒐᖤᖦᒐᖤᐅᑯᖤᖦᒐᖥᖥᖦᑦ (867) 979-
  7280 ᖃᖥᐅᑐᐃᓯᒐᖥᖤᐪᖤᒐᖤᖥ ᐊᕑᖨᖥᒐᖤᒐᖤᖦᖥᕑᖥᖨᖥᑯᐃᒐᖦᖦ ᐊᔾᐱᕑᖦᑎᖤᓄᖦᖨᖤᖦᖥᕑᖥᖨᒐ ᖃᐅᔭᕐᓯᕐᒐᖦᐳᖦᒐᖥ ᒥᖦᐁᖥᖤᑯᑎᕐᖦ.

<u>◁ᐯᒋᐱᓐᶜ:</u>

Ċᵉᵃ ◁ᒋᒋᐅᒉ◁ᐅᵇ, ᐱᔅᵉᵃᐅᒋᵉᓂᓂᵇ ᑐᓂᕐᕿᒋᒋᑎᶜ ᖃᐅᕐᕆᕿᐅᑦᓐᓂᑐᖓᒑ ◁ᖴᕿᓇ◁ᔅᕃᕿᕐᓂᓂᖓᓐᶜ
ᐱᔅᵉᵃᓂᕿᓐᓂᵇ ᕻᕿᒋᒋᕐᕿᒋᒋᑎᶜ ◁ᖴᕿᓇ◁ᔅᕃᕿᒋᓂᓂᖓᶜ ᐅᒐᐃᓂᓐᖓᶜ ᐱᔅᕃᕿᕐᓂᵉᓇᵇ.

<u>◁ᒋᒋᐅᒉᔾᶜ:</u>

- ᐅᖃᕋᒧᕐᕆᒉᕿᵇ ᖃᐅᕐᕆᕿᓇᐅᒉᐸ ᒥᕃᖭᕃᕊᵇ ᑕᒪᵉᵃ ᑐᒉᕐᕆᖔᕿᓇ ᖃᓄᐃᒎᕿᵃᒻᕇᵔᶜᑕ ᐱᐅᓇᕐᕈᓇ
  ᖃᐅᕐᕆᕿᐅᒉ. ᐃᔾᒑᕐᕃᕆᐅᕃᕆᒉᓇᕃ ◁ᔾᒋᕿᒋᑎᖃᓇ ᑐᓂᕃᒉᕿᵇ ◁ᐱᖃᒋᑎᖃᓇ ᑭᐅᕐᕆᒉᕿᓇᖃᶜ.
- ◁ᖴᕐᕿᑐᕐᕇᓇ ᐃᒋᐅᖃᑕᐅᓇ◁ᑌᓂᓇᵇ ᖃᐅᕐᕆᓇᕿᒋᔾ Ċᕐᒋᕇᒻᕃ, ᑐᕿᕃᒉᕇᕿᓇ ᖃᐅᐃᒎᕃᵃ◁ᖭᑐᓇ
  ᑐᓇᕿᖃᕃ ᐃᒋᐅᖃᑕᐅᓇᕃᓄᶜ, ᑐᓇᕈᒉᕤ ᐃᒋᐅᕤ, ᖃᖭᑐᐃᕃᵃᕿᵃᓇᵔ ᐱᖃᑎᐅᕃᕇᕃᓂᕃᕃᓇᕇᐱᒋᒋ
  ᑕᒪᐃᔾᵃᕃᕕᒣ ᖃᖭᑐᐃᕃᵃᕿᖬ.

Ċᕐᒋᕇᒻᕃ ᖃᐅᕐᕆᖭᕿᕐᕇᖬᵔ ᕤᒉᕤᐸᕿᵃᕃᕕᕿᵉ ᵃᓇ◁ᕿᐅᑐᒈᐃᵃᕿᖴᐅᖭᕿᵔᒉ

ᓂᐱᒋᒋᖮᕃᕆᒉᐅᔾᓇᕿᶜᕃᕃᕿ◁ᕤᕿᒉᶜ ᐅᕃᒉᕿᖴᕃᓂᶜ ᑭᓄᐅᓂᵉᵃᵇ ᖃᐅᕃᒋᕃᐅᕇᒻᕃᓂᑎᶜ

<u>◁ᒋᐅᕿᓂᕃᕃᵇ ᓐᓐᕿᕃᕃᶜ:</u>

- ◁ᖴᕐᕿᑐᕿᒉ ◁ᖴᕿᕃᕿᕿᒋᒋᒉᒑ <u>ᓂᐱᒋᒋᖮᕃᕆᒉᕇᒉᵔᒉᒉᕃ</u>   Ġ □   ◁ᔅᒉ □
- ◁ᖴᕐᕿᑐᕿᒉ ◁ᖴᕿᕃᕿᕿᒋᒋᒉᒑ <u>ᶜᕃᕃᕈᒉᕃᕃᒉᒑᕃᒉᵔᒉᒉᕃ</u>   Ġ □   ◁ᔅᒉ □
  ◁ᔾᒋᒋᐅᕿᒋᒋᐅᒉᒎᕿᒑᵉᶜ ᖃᖴᕃᐃᒋᕃᕿᖮᕃᕃᓐᕔᒑ
- ◁ᖴᕐᕿᑐᕿᒉ ◁ᒋᒎᕿᒋᐅᕿᒐᒎᕿᒑᵔᕃ ᓐᓐᕿᖬᕃᐸ ᕿᓄᕿᐃᕃ◁ᕇᒉᕃᕃᵇ Ġ □   ◁ᔅᒉ □
  ᐅᖃᕿᒣᕿᕃᒣᕃ ᕿᓄᕿᐃᕇᑎᕇᓂᒉᕃᕇᕃᵇ
- ◁ᒋᒉᕤ ᑕᒎᕃᐅᕃᕤᒉᕿᒣ ᐸᐃᕃᕃᕿᒎᒉᶜ ᕻᕿᒋᖻᕃᕇᑎᕇᓇᕋᕃᕿᖮᕃᕃᓐᕔᒎ Ġ □   ◁ᔅᒉ □
  ᑕᒎᑐᒪ ᖃᐅᕿᕃᕿᓇᐅᕿ ᑕᒎᕃᐅᕃᓐᕇᕃᵇ

ᔾᕿᓇᓇ◁ᕿᕃᑎᓂᕃᓇ ᐱᕿᒋ◁ᵃᒉᓇ◁ᒎᕿᵇᑐᶜ (◁ᒋᐅᕿᓂᕃᕃᵇ ᓂᕿᕿᕿᕃᵇ):

- ◁ᖴᕐᕿᑐᕿᒉ ᖃᐅᕿᒋᕈᒋᐅᕿᕿᶜ ᒑᕃᕤᖃᕿᒉᕇᕿᵔᶜ ᔾᕿᓇᓇ◁ᕿᕃᑎᓂᕃᓇ ◁ᑐᕿᖃᕿᒉᕃᕿᓇᖃᕿᒉᕿᐠᕃ
  ◁ᔾᐸᒑᕤᕿᒉᓇᕇᓂᶜ ᔾᕤᒎᒉᕿᒋᔾᕿᕇᒉᕤᶜ ᐃᕿᒉᕿᑐᖬᶜ.

Ċᕤᕿᒪ ◁ᔾᕕᕿᒉᕿᵇ ◁ᖴᕿᕿᓂᕈᕿᵇ (◁ᒋᒋᐅᕿᕃᕿᕃᒉᕿᒋᕿᖬᵇ) ᑐᓂᕿᐅᕿᒉᕈᒉᕇ ᐅᕃᕿ ᐱᕿᒉᓇ◁ᕿᕃᕇᕇᓇᕇᕇᵇ.

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ᓇ�general Inuktitut text

ᓇᓄᐊᕐᔭᐳᖅᓐ ᐊᕐᒥᕐᓯᒪᓄᑕᐅᓐ ᐃᓕᒥᕐᐅᖅᑕᐅᑦᑖᑐ ᓄᖕ Ċᕐᔪᖕᓐ ᖃᐳᐊᕐᓂᓗᕐᓄᑦᑕ:

_____   _____
ᐊᑎᖅ (ᑎᑎᕋᑐᐊᕐᓇᕐᓄᑦ)   ᐊᑎᓕᐅᕐᕐ   ᐅᕐᓂᒥ

_____   _____
ᐊᖕᕐᓯᕐᖕᓗᑖ ᐊᑎᖕᓘᐱᕐᓐᕐᓐᕐᓄᕐ ᐊᑎᓕᐅᕐᕐᓐ   ᐅᕐᓂᒥ

ᐱᖕᐅᑕᐅᖕ ᑐᕿᕐᑎᕐᓄᕐ (ᑕᑕᑎᖕᓘᑐ)

ᐊᑎᖕ :_____

ᐅᖕᓗᑕᐅᕐ : _____   ᖃᕐᓴᐅᖕᐻᕐ ᑐᕿᕐᓐ : _____

ᑎᑎᖕᖃᓂᐊᕐᓐᕐᔭᕐ ᑐᕿᕐᓐᕐ:
_____
_____
_____
_____

ᖃᐅᔨᖕᖃᐅᕐᕐᕐᐊᑎᓐᕐᐅᕐᕐᓐᕐᓐᕐᓐ:

ᓇᓄᐊᕐᔭᐊᕐᒪᕐ Ċᕐᔪᖕᓐ ᖃᐅᔨᖕᓂᕐᐳᕐ ᒥᕐᖅᓄᕐ ᐱᕐᓂᓄᖃᐃᓄᕐ. ᑐᖕᖕᕐᑎᕐᑎᑎᓄᐳᕐᕐᐳᕐᓐ ᐊᕐᓐᖕᑐᑎᕐᕐᔪᕐᓐᕐ ᑭᐅᕐᒃᑐᕐᖅᑐᕐᓗ. ᐅᕐᐸᕐᔭᕐᕐᕐᕐᓐᓗ ᐊᕐᓐᖕᕐᖃᑎᕐᖃᑐᕐᕐᑐᕐᖅᑐᕐ ᖃᐅᔨᖕᓂᕐᓄᑦᕐ ᑐᑭᕐᐅᕐᓐᕐᕐᕐᑎᓗᕐᕐᓐᕐᕐᓯᕐ, ᖃᓄᑐᐊᕐᓂᕐᓄ ᐊᖃᐅᕐᕐᑐᕐᕐᓂᕐᓐᕐᔭᕐ ᖃᐅᔨᖕᓂᕐᒥᕐᕐ Ċᕐᓇᓄ ᐃᓕᒥᕐᓄᕐ ᐱᖕᐅᕐᖅᒪᕐᒻᕐᕐᓄᕐ ᖃᐅᔨᖕᓂᕐᒥᕐᕐ.

_____   _____   _____
    ᖃᐅᔨᖕᖕᐅᕐᕐᐻᕐ ᐊᑎᖕᕐ   ᐊᑎᓕᐅᕐᕐᓐ   ᐅᕐᓂᒥ
   ᖃᐅᔨᖕᖃᐅᕐᕐᕐᓗᖕᕐᓇᕐᕐᕐ ᐊᑎᖕᕐᕐᕐ

ᐊᕐᓐᕐᖅᕐᕐ ᖃᑐᐸᕿᐊᕐᕐ, ᐊᓐᕐ ᑐᕐᓇ ᐊᕐᕐᕐᒪᕐ ᖃᐅᔨᕐ ᖕᑐ ᖃᐅᕐᕐ:

Rachel Cassie, Principal Investigator c/o University of Alberta
    Edmonton Clinic Health Academy
    3-341, 11405 87 Ave NW
    Edmonton, AB
    T6G 1C9
    rcassie@ualberta.ca

v.   Nunavut Research Institute Research License

Nunavut Research Institute / ᓄᓇᕗᒻᒥ ᖃᐅᔨᓴᖅᑐᓕᕆᓂ�ᕐᒃᑯᑦ
Box 1720, Iqaluit, NU X0A 0H0 phone:(867) 979-7279 fax: (867) 979-7109 e-mail: mosha.cote@arcticcollege.ca

SCIENTIFIC RESEARCH LICENSE

LICENSE NUMBER [redacted]

ISSUED TO: Rachel Cassie
                    Edmonton Clinic Health Academy
                    University of Alberta

TEAM MEMBERS: S.Chatwood, [redacted]

TITLE: Using community-driven research to develop programs that prevent and reduce harmful substance use among youth in [redacted]

OBJECTIVES OF RESEARCH:

This research will explore: 1) how to ensure there is total community control and decision-making power throughout the research process, and 2) how to conduct research on sensitive topics that may be traumatizing, especially with youth. This research project is important to ensure future research with [redacted] is community-led and minimizes all potential harms. Future research is needed to address the harms of colonization, but exploration of how to do this research is an important first step. While similar research has been conducted in other communities, [redacted]-specific research is important to rebuild the community's trust with the research world and to ensure these practices and policies meet [redacted]'s specific needs.

TERMS & CONDITIONS:

DATA COLLECTION IN NU:
DATES: March 1,2022 to December 31,2022
LOCATION: [redacted]

Scientific Research License [redacted] expires on December 31,2022
Issued at Iqaluit, NU on June 30,2022

[redacted]

Jamal Shirley
Science Advisor

SCIENTIFIC RESEARCH LICENCE

vi.   University of Alberta's Research Ethics Board Approval (first)

Notification of Approval

Date:	January 5, 2022
Study ID:	
Principal Investigator:	Rachel Cassie
Study Supervisor:	Susan Chatwood
Study Title:	Using community-driven research to develop initiatives that prevent and reduce harmful substance use among youth in the
Approval Expiry Date:	Wednesday, January 4, 2023
Sponsor/Funding Agency:	Health Canada HC

Thank you for submitting the above study to the Research Ethics Board 1. Your application has been reviewed and approved on behalf of the committee.

Approved Documents:

Recruitment Materials
Adult recruitment poster - example V1 Oct 12, 2021
Youth recruitment poster - example V1 Oct 12, 2021

Letter of Initial Contact
Letter of Initial Contact - V2 Dec 20, 2021

Consent Forms
Adult Informed Consent Forms - community steering committee, clean V3 Dec 20, 2021
Adult Informed Consent Forms - qualitative data participants, clean V3 Dec 20, 2021

Assent Forms
Youth Assent Form - research committee, clean V3 Dec 20, 2021
Youth Assent Form - survey, clean V3 Dec 20, 2021

Questionnaires, Cover Letters, Surveys, Tests, Interview Scripts, etc.
Youth Substance Use Survey - EXAMPLE V1 Oct 12, 2021

Any proposed changes to the study must be submitted to the REB for approval prior to implementation. A renewal report must be submitted next year prior to the expiry of this approval if your study still requires ethics approval. If you do not renew on or before the renewal expiry date, you will have to re-submit an ethics application.

Approval by the REB does not constitute authorization to initiate the conduct of this research. The Principal Investigator is responsible for ensuring required approvals from other involved organizations (e.g., Alberta

Health Services, Covenant Health, community organizations, school boards) are obtained, before the research begins.

Sincerely,

Theresa Garvin, Ph.D.
Chair, Research Ethics Board 1

Note: This correspondence includes an electronic signature (validation and approval via an online system).

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vii.   University of Alberta's Research Ethics Board Approval (second)

RESEARCH ETHICS OFFICE

2-01 North Power Plant (NPP)
11312 - 89 Ave NW
Edmonton, Alberta, Canada T6G 2N2
Tel: 780.492.0459
www.uab.ca/reo

Notification of Approval

Date: July 14, 2022

Study ID:

Principal Investigator: Rachel Cassie

Study Supervisor: Susan Chatwood

Study Title: Using community-led research to explore how to research sensitive topics among youth in

Approval Expiry Date: July 13, 2023

Sponsor/Funding Agency: Health Canada   HC

Thank you for submitting the above study to the Research Ethics Board 1. Your application has been reviewed and approved on behalf of the committee.

Approved Documents:

Recruitment Materials
Sample Community Representative Recruitment Poster- V2 clean.png
Consent Forms
Community Representatives Consent Form - V4 Jul 14, 2022, clean.docx
Information Letter - V3, July 14 - clean.docx

Any proposed changes to the study must be submitted to the REB for approval prior to implementation. A renewal report must be submitted next year prior to the expiry of this approval if your study still requires ethics approval. If you do not renew on or before the renewal expiry date, you will have to re-submit an ethics application.

Approval by the REB does not constitute authorization to initiate the conduct of this research. The Principal Investigator is responsible for ensuring required approvals from other involved organizations (e.g., Alberta Health Services, Covenant Health, community organizations, school boards) are obtained, before the research begins.

Sincerely,

Carol Boliek, PhD
Associate Chair, Research Ethics Board 1

Note: This correspondence includes an electronic signature (validation and approval via an online system).

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