


Unforeseen benefits: outcomes of the Qanuinnigtsiarutiksait study

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ABSTRACT

Scientific publications predominantly focus on research outcomes. Increasingly, community partnerships and relationships are mentioned, especially in research conducted with Indigenous communities. In partnership-based research, Indigenous communities expect researchers to contribute in a multitude of ways that go beyond *doing research*. This article reports on a series of unforeseen, yet positive contributions realised in the *Qanuinnigtsiarutiksait* study, undertaken between 2015 and 2021. These contributions are different from the main outcomes of the study. Salient unforeseen benefits included the strengthening of the Manitoba Inuit community through hosting community feasts, games, and virtual events; creating opportunities to increase the visibility of Inuit Elders at University public events; supporting the growth of the Manitoba Inuit Association in terms of staff, programmes, and presence at provincial policy tables; leveraging relationships towards the development of Inuit-centric primary healthcare services in Winnipeg; creating a method to identify Inuit in provincial administrative datasets which were used to track COVID-19 infection rates and ensure equity in access to testing and vaccines. As a result, the Manitoba Inuit Association's visibility has increased, and Inuit Elders have become essential contributors of Indigenous knowledge at Manitoba-based events, as First Nations and Metis have been for decades. This transformation appears to be sustainable.

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Introduction

Qanuinnigtsiarutiksait is an Inuktitut word which roughly translates to *tools for the well-being/safety of Inuit/people*. This Canadian Institutes for Health Research's 5-year programme of research is a partnership between the Manitoba Inuit Association and researchers affiliated with the University of Manitoba. The Manitoba Inuit Association, located in Winnipeg, was created in 2008 to operationalise a vision of *enhancing the lives of Inuit in Manitoba by promoting Inuit values, community, and culture while connecting to services that meet our evolving needs* [1]. The Manitoba Inuit Association is the representative organisation for Inuit living in Manitoba, regardless of short-term or more permanent residency in the province.

The *Qanuinnigtsiarutiksait* study emerged from long standing discussions between staff and board members of the Manitoba Inuit Association. In these discussions, staff and board members repeatedly expressed wanting greater clarity on the needs of Inuit living in Manitoba, and of Inuit travelling to Manitoba to access health and other services. To support this vision, the Manitoba Inuit Association wanted to use Manitoba's administrative

data housed at the University of Manitoba to define a cohort of Inuit who used Manitoba health services, track Inuit services use over time (health, education, housing, income assistance, justice, child protection), and identify gaps and needs. It was with this request that researchers affiliated with Ongomiizwin Research were approached, and asked to help.

Background

Inuit from the Kivalliq region of Nunavut have been accessing services in Manitoba for decades. This north-south corridor of care parallel corridors that exist between the Qitirmiut region of Nunavut and Edmonton Alberta, and the Qikiqtaaluk region of Nunavut and Ottawa Ontario. Health services accessible in Nunavut are largely limited to primary healthcare, with primary care functions performed by nurses with an expanded scope of practice. Regional centres such as Cambridge Bay (Qitirmiut region), Rankin Inlet (Kivalliq region) and Iqaluit (the capital of Nunavut

located in the Qikiqtaaluk region) have resident family physicians. Smaller Kivalliq communities have fly-in family physicians affiliated with the University of Manitoba's Ongomiizwin Health Services, which also provides itinerant specialist services (other Nunavut regions have different arrangements). Services not accessible in Nunavut are accessed along the corridors of care mentioned above.

The Qikiqtani hospital located in Iqaluit provides a range of hospital care services to residents of the Qikiqtaaluk region. It is generally not practical to transfer Inuit patients from the Qitirmiut or Kivalliq regions requiring hospital care to Iqaluit, given distances, and the possibility that the level of care available may ultimately be insufficient. Although approximately 16,000 medical consults by Inuit from the Kivalliq occur in Winnipeg occur yearly [2], there had never been an attempt to document patterns of health service utilisation. To address this, the project team created two cohorts, that identify a) Inuit living in the Kivalliq region and accessing services in Manitoba; and b) Inuit living in Manitoba. Data for each cohort were analysed and are reported separately [3–6]. Our intent was to create detailed profiles of services utilisation and needs, that the Manitoba Inuit Association might use to advocate for Inuit and development proposals and programmes.

The Manitoba Inuit community in 2016

The Manitoba Inuit Association was created in 2008. At the time and despite multiple attempts, the Federal and provincial governments showed marginal knowledge and interest in the Association and its mandate. While there was sufficient funding to support an Executive Director position, there was little funding to support a physical home for the organisation, and for programmes and services. Advocacy efforts to secure programme funding were unsuccessful. This was the case until the 2015 federal election, which resulted in new funding platforms for Indigenous programming in urban environments. As a result, the Manitoba Inuit Association was finally able to access funding opportunities designed to respond to the needs of Inuit living in urban environments.

When our project began to work with the Manitoba Inuit community, Inuit Elders, the Manitoba Inuit Association and community members attending our events (described below) reported that the community was fractured, underserved because of a lack of Inuit-centric services and because of barriers to accessing existing services, and poorly served by Manitoba's health and other services (public housing, social services), where prejudice was reported. Inuit Elders

involved in our study shared that in the 1980s, a Winnipeg family opened a residence for Inuit children accessing services in Manitoba. The residence was initially only for children, although space was eventually made for adults. It was known as a safe, loving place by Inuit, where the family would meet Inuit patients at the airport, help them navigate the health care system, and advocate for them. In 1999, when Nunavut took over the management of health services from the Government of the Northwest Territories, the residence was put out for tender, and the contract was awarded to a different administration. Since, other pressures, contexts, and shifting needs resulted in a different way of managing the residence.

Early in our study, Inuit reported repeated instances of racist assumptions being made by health care providers [this has been reported in the literature as well, see [7]. We found no Inuit-centric services, beyond those provided by nurses working for the Government of Nunavut, housed at the Kivalliq Inuit Centre. Those nurses provide navigation and discharge planning to patients from the Kivalliq accessing services in Winnipeg [8]. We heard of dissatisfaction and impatience in the community, and some of this was directed at the Manitoba Inuit Association. While the lack of opportunity for programme funding prevented the Manitoba Inuit Association from providing services to meet needs, this was not necessarily visible to Inuit living through daily struggles and frustration when attempting to access services in Manitoba. The Manitoba Inuit Association's challenges to bridge the gap between community expectations and political/operational reality, was perceived by some as uncaring. Issues at times became personalised, with individuals being singled out as "the problem".

Despite over five decades of service use in Manitoba, Inuit remained largely invisible to the Government of Manitoba. In contrast, First Nation and Metis organisations were included in Manitoba government's policy discussions and consultations. While this inclusion resulted in less than satisfactory results for First Nations and Metis, Inuit were not at the table, unless invited because of a specific Nunavut-Manitoba issue.

An approach to increase Inuit's visibility and Manitoba's responsiveness

This section highlights the unforeseen benefits that occurred as a result of our process. Our overall approach for this study aligns with the values embedded in engaged scholarship, a *form of collaborative inquiry ... that leverages their different perspectives to generate useful knowledge* [9]. Although not explicitly stated in the

University of Manitoba's policies, engaged scholarship is an integral part of the University of Manitoba and of Ongomiiwin Research's identity [10]. The University of Manitoba's Strategic Plan (2015–20) commits to greater engagement with Indigenous communities in urban, rural, and northern settings [11].

Our approach intentionally included the Manitoba Inuit Association, the Inuit Executive Council (IEC), and the Inuit community in design, data analysis, and knowledge translation activities. The approach we took in our project broadly aligns with research principles from grounded theory, which privileges the construction of knowledge from the experience of participants [12–14]. Non-Inuit members of our team are cognisant of the Indigenous literature on community mobilisation, a process that can give the community the opportunity to exercise some control over a situation, support individuals in their pursuit of a better life, empower families, and ultimately result in community empowerment [15,16]. Mobilisation is framed in the literature as both a process and an outcome [15–17], in that a mobilised community is better poised to use the findings of research in which they were actively engaged, to self-advocate and/or advance their own interests.

In our project, we wanted to draw from a thin but growing body of scholarly knowledge and approaches being generated by Inuit scholars, and from the emerging field of Inuit methodologies [18–23]. We also wanted to honour *Inuit Qaujimagatuqangit* (IQ), an Inuktitut phrase that is often translated as “Inuit traditional knowledge” or knowledge that Inuit have always known to be true [22].

IQ covers everything. Our old knowledge, talks about our language, our songs and our lived history [Elder Maata Evaluardjuk-Palmer, cited in [24].

The concept of traditional history is not static, it is on our adaptations and our changes, and it is the way of doing things. It goes beyond time, it may be different in 50 years but we still have our concept of traditional knowledge, something we honour and remembers [Elder Frederick Ford, cited in [24].

IQ encompasses beliefs, laws, principles and values. Laws are divided into,

- natural laws (*Inuit maligait*): working for the common good; being respectful of all living things; maintaining harmony; and continually planning/preparing for the future.
- cultural laws (*Inuit Atuagat*) govern daily activities and are often localised.
- communal laws and principles (*Inuit Piqujangit*) which focuses on the way one is expected to

behave, and includes *Innuqatigiitsiarniq* (respecting others, relationships and caring for people), *Tunnganarniq* (fostering good spirit by being open, welcoming and inclusive), *Piliriqatigiingniq* (working together for a common cause); *Pilimmaksarniq* (skills and knowledge acquisition); *Aajiiqatigiingniq* (consensus decision-making); *Pijitsirniq*: (serving); and *Avatittingnik kamatsiarniq*: respect and care for the land, animals and the environment [23,25].

Our project took guidance from *Inuit Piqujangit* to inform our decision-making. Table 1 summarises how *Inuit Piqujangit* were integrated in our processes. Specific examples are detailed in the sections below.

Our process

The *Qanuinnngitsiarutiksait* study was led by the Inuit Executive Council (IEC), comprised of Inuit Elders from Nunavut and living in Manitoba and in Nunavut, and representatives of Manitoba Inuit Association and the University of Manitoba. At the onset, and in alignment with the *piqujangit* mentioned above, we positioned the project as belonging to, and at the service of the Inuit community in Manitoba, rather than as an outsider looking into the community. To honour this commitment, we knew that we needed to address power relations that might result in university researchers dominating and directing the study, its processes and priorities, and therefore its opportunity to support and assist Inuit in Manitoba. Our initial meetings focused on how to level power relations within the team, and on how to empower members of the IEC to play a leadership role in decision-making.

As this was our first project together, a great deal of time and energy was spent on defining how to best collaborate. The IEC was engaged throughout the study to ensure that analyses and interpretations resonated with their experience, and that results informed the development of strategies to address unmet needs). This engagement process was guided by a protocol, co-developed by the Elders and our team [24].

One of the discussions we had was around the word Elder. For Inuit, the expression *Isumataiit Sivuliuqtii* ($\Delta \text{r} \text{L} \text{c}^{\text{sb}} \text{r} \text{g} \text{c} \text{D} \text{r} \text{n}$ in syllabic), roughly translates as:

- *Isuma*: thoughts or reason;
- *Isumataiit*: people who use thoughts or reason (plural form of *Isumataq*); and
- *Sivuliuqtii*: those who lead [26].

Table 1. Implementation of *Inuit Piquangit* throughout our project.

Inuit Piquangit	Explanation	Examples of areas of implementation
Innuqatigiitsiarniq	Respecting others, relationships and caring for people	<ul style="list-style-type: none"> • Building relationship, developing a protocol to define how to best collaborate • Hosting community events with traditional food and Inuit games • Gaining the respect and support of Kivalliq community mayors and Hunting Hunters Associations • Leveraging relationships to create Inuit-centric pathways for cultural safe care
Tunnganarniq	Fostering good spirit by being open, welcoming and inclusive	<ul style="list-style-type: none"> • Defining the project as belonging to the community • Addressing power relations in the team
Piliriqatigiingniq	Working together for a common cause	<ul style="list-style-type: none"> • Working to make the Inuit community and its needs more visible in Manitoba • Adding Inuit to our territorial acknowledgement • Including Inuit Elders in university events • Assisting with the writing of programme proposals for the Manitoba Inuit Association
Pilimmaksarniq	Skills and knowledge acquisition	<ul style="list-style-type: none"> • Knowledge transmission from the IEC to the team • Building a broader understanding of needs through community events • Working to strengthen the Manitoba Inuit Association and increase its visibility in the community and with Governments • Continuous opportunities for bi-directional (Inuit – non-Inuit) knowledge exchange and learning
Aajiiqatigiingniq	Consensus decision-making	<ul style="list-style-type: none"> • Co-development of a protocol guiding our process for decision-making • Consensus-based data interpretation processes
Pijitsirniq	Serving	<ul style="list-style-type: none"> • Working to make the Inuit community and its needs more visible in Manitoba • Serving community members at community events Christmas 2020 community events
Qanuqtuurnarniq	Being resourceful to solve problems	<ul style="list-style-type: none"> • Leveraging relationships to create Inuit-centric pathways for cultural safe care • Inuit identification for COVID-19 testing and vaccination
Avatittingnik kamatsiarniq	Respect and care for the land, animals and the environment	<ul style="list-style-type: none"> • Not operationalised

In addition, and with the guidance of the IEC Elders, we felt that we needed to create a visual and recognisable identity for the project. We, as a collaborative, created a Facebook page (www.facebook.com/inuuvit), and tendered out a proposal for a logo, as seen in [Figure 1](#). Our logo was developed by Hinaani Design, an Inuit designer company located in Arviat Nunavut working with the overall project's Inuit outreach worker. *Inuuvit* translates as, *Are you Inuk?* This visibility was intended to help us reach the Inuit community, and to make the Inuit community more visible to Manitoba's health service providers and decision-makers.

Finally, and following discussions with the Manitoba Inuit Association, members of the research team affiliated with the University of Manitoba changed their acknowledgement of territory practice to include Inuit acknowledgement as well:

Ongomiizwin Research acknowledges that the University of Manitoba Campuses are located on original lands of Anishinaabeg, Cree, Oji-Cree, Dakota, and Dene peoples, and on the homeland of the Metis Nation. *We also acknowledge that northern Manitoba includes lands that were and are original homes of the Inuit.* We respect the Treaties that were made on these territories, we acknowledge the harms and mistakes of the past, and we dedicate ourselves to move forward in partnership with First Nations, Metis and Inuit communities in a spirit of reconciliation and collaboration.

The intent was to draw attention to Inuit's presence in Manitoba. Researchers affiliated with Ongomiizwin Research were also asked to personalise their land acknowledgement to reflect their relationships and connection to Indigenous history and reality.

Results: unforeseen benefits

The overall project had clear objectives that were realised and published [5, 6] or under review [3, 4, 27]. It also resulted in a number of unforeseen and unintended benefits. These are detailed below.

Community events

At the outset, we wanted to bring together Inuit living in Manitoba, and Inuit coming to Manitoba to access services. Based on discussions with the Elders, we decided to host informal events with games and feasts of traditional food to foster a sense of community. These were advertised on our project Facebook page, the Manitoba Inuit Association's Facebook page and with the Kivalliq Inuit Centre, who brought in Inuit patients. We initiated three community events in 2018. A first event saw between 120 and 140 Inuit. This event included traditional food and Inuit games. We took the opportunity to briefly introduce the research project. In

funding proposals, to support their flag-ship programme, Education Connections – supporting post-secondary Inuit students; funding initiatives that support Inuit families impacted by Missing and Murdered Indigenous Women and Girls (MMIWG) [30]; and opportunities to invest in infrastructure for the operation of the Association. These proposals were successful, and by the end of 2018, the Manitoba Inuit Association had grown in its programming and staffing.

This momentum has been maintained. At the time of writing, the organisation has grown to 10 staff, the majority of which are Inuit. In addition, the Manitoba Inuit Association saw the need to leverage the funding opportunities that only a charitable organisation could access and in April 2018, Ikayuqtiit Incorporated was formed to actualise further the mandate of the Association's work in Inuit-specific programmes and services. Since, the charity has been able to launch its first National Inuit project with funding from Women and Gender Equality, called The Red Amautiit [2]. The Association also opened a space for Inuit to come and connect and access programming. This was the first Inuit-centred space ever created in Manitoba. It opened in 2019. In the 50 plus years that Inuit have been coming to Manitoba to access services, for the first time, Inuit have access to an organisation dedicated and resourced to represent their needs.

In addition, a group of community members created another Inuit-centric organisation, Tunngasugit (*I feel welcomed* which operates as a drop-in and resource centre). Founding members included our project's Inuit outreach worker, who then transitioned from working for the project to working for Tunngasugit. Tunngasugit complements the services offered by the Manitoba Inuit Association, by offering a drop-in centre, access to computers, food and donations for those in need.

The cultural events initiated by our project amplified the mandate of the Manitoba Inuit Association and has made the organisation more relevant. The Manitoba Inuit Association's membership increased in the last 2 years. Attendance at the Annual General Meetings of Manitoba Inuit Association has increased twofold, whereby its Annual Report for 2018/19 indicated an unprecedented 80 attendees resulting in all 10 board seats being filled with members of the community [2,31].

Since this project started ..., the Inuit community have come together and have more of a presence with the Manitoba Inuit Association and a sense of community [Rachel Dutton, Executive Director, cited in [31, p. 3].

While many factors contributed to the changes outlined above and underlined by Dutton's comment, access to a critical mass of researchers able to lend time and energies to support the Manitoba Inuit Association and willing to *chip in* on tasks that go beyond research in a strict sense, was critical. Our team was able to support the growth of an Inuit organisation historically and continuously under-resourced to address the unmet needs of the Inuit community throughout the province. Our collective efforts, guided by *Inuit Piqujangit*, helped the organisation reach a point of stabilisation, recognition and growth.

Addressing community needs

As our project became visible through community events, and before the Manitoba Inuit Association was yet resourced to provide navigation support to Inuit, there were instances where Inuit community members contacted our project in crisis, looking for services. For example, an Elder contacted us asking for advice on where to access services for chronic pain. This person had made multiple attempts to access care, but kept running into prejudice. In this instance, we took a few moments to think through possibilities, and opted to call a former employee of Ongomiizwin Research, now leading a low threshold clinic focusing on the specific needs of First Nation and Metis patients. We were able to connect the Inuit Elder with respectful services to meet immediate needs.

Following this event, we decided to bring together providers who had experience in delivering health services the Inuit community in Nunavut, the lead of a low threshold primary care clinic, nurses from the Kivalliq Inuit Centre, representatives from the Manitoba Inuit Association and Tunngasugit. Our goal was to foster an opportunity for providers to build relationships, in the hope that collaborations would emerge to expand access to Inuit-centric services in Winnipeg. One participant remarked, "this is the first time I see us all together, working together".

Collaborative interpretation processes

The overall objective of our project was to develop profiles of Inuit utilisation of Manitoba-based services using health administrative data routinely collected by Manitoba government agencies. Our team was acutely aware that numbers mean little without context: numbers represent real lives. Every meeting with the IEC included an opportunity to review the result of quantitative analyses provided by our programmer, using the

cohorts mentioned above. In these processes, we were seeking stories that would suggest that the analysis undertaken resonated with the Elders, and with representatives from the Manitoba Inuit Association. We were seeking stories to breathe life into our numerical representations.

Initially, these processes were not straight forward. Some members of the team were comfortable with quantitative research using administrative data. To others, numbers seemed abstract and intimidating. Our team took the time to discuss new analyses at every IEC meeting. We tried to adopt a narrative (story-telling) approach to discussing quantitative analyses, and to draw from participants knowledge of context that might explain the results. Over time, comfort developed and stories began to flow more readily. It would be an overstatement to say that all became equally comfortable with reviewing quantitative analyses. Still, we worked through analyses as a team, to ensure that results resonated with Inuit Elders and other team members.

Provincial COVID-19 planning

The cohorts we created became critical early in the COVID-19 pandemic. As soon as the first COVID case was identified in Manitoba in March 2020, a provincial *Indigenous COVID-19 Collaboration* table was set up, with representation from the federal and provincial governments, the Regional Health Authorities, the municipalities, the First Nations Health and Social Secretariat of Manitoba (FNHSSM), the Manitoba Metis Federation and the Manitoba Inuit Association. This was the first time the Manitoba Inuit Association had been invited to sit at a provincially led decision-making table with a mandate to ensure coordination of policies, strategies and care for those impacted by COVID-19.

FNHSSM had been advocating for nearly a decade for the inclusion of a First Nations' identifier in Manitoba's health administrative data. Given COVID-19, and realistic fears of differential access to testing and treatment, FNHSSM advocated for the inclusion of a First Nations' identifier for all those tested for COVID-19. What had been under discussion for a decade was operationalised in three weeks. Following this, FNHSSM began to receive weekly updates from Manitoba's Health and Seniors Care (hereafter Manitoba Health) of COVID tests performed with First Nations, number of positive cases, number hospitalised and in intensive care, and the number of deaths. Detailed reports were provided to First Nation communities, allowing Chief and Council to make evidence-based decisions [6].

Our project, with the permission of Manitoba Inuit Association, advocated for the same kind of reporting from Manitoba Health. Manitoba Health was able to draw on the methods we developed to identify Inuit in administrative data, and report to Manitoba Inuit Association bi-weekly on the number of COVID tests and cases in the Inuit community living in Manitoba, and accessing services in Manitoba [5,6]. Manitoba is the only jurisdiction in Canada to have acknowledged the critical role an urban Inuit organisation as an invaluable partner in pandemic planning and the operationalisation of service delivery. This was a first for Manitoba, which previously engaged with First Nation and Metis organisations, but ignored the Manitoba Inuit Association. As such, our team understand this shift as an acknowledgement by Manitoba that the Manitoba Inuit Association is key for Inuit self-determination.

Adapting our study to COVID-19

Our workplan for this study was to first create the IEC, then to co-design a protocol to guide how we would work together. Our intent was to develop an Inuit cohort, and complete our quantitative analyses before undertaking interviews of services providers and of Inuit accessing services in Manitoba.

Admittedly, developing the cohort proved more complex than anticipated. We did conduct six interviews with providers, before March 2020, when COVID-19 restrictions were implemented. We decided that attempting to interview Inuit during the pandemic was irresponsible. We knew that the Manitoba Inuit Association needed to mobilise to address increased vulnerabilities in the Inuit community, associated with loss of employment, isolation, fear, food insecurity and so on. The Manitoba Inuit Association reprofiled its operations to manage a food hamper programme to families now facing increased food insecurity.

Researchers from Ongomiizwin Research offered skills and time to support the Inuit community. This resulted in the creation of a series of streamed virtual events using our Facebook page to keep momentum. In addition, a university researcher tied to this project was appointed to sit at the provincial decision-making table, and report back for the Manitoba Inuit Association. This role was maintained through the first wave of COVID-19 in Manitoba (May through October) at which time, the Executive Director of the Manitoba Inuit Association stepped back into the role. This shift reflected needs associated with the growing number of Inuit being diagnosed with COVID-19 and the outbreak in the Kivalliq.

Discussion and Conclusions

The Canadian Tri-Council funding agency guidelines promote community engagement that is mindful of power imbalances [32]. These guidelines call for a flexible approach to research processes that build on the strengths of Indigenous groups, communities and organisations, and that mitigate power imbalances that might exist or emerge among university-based researchers and Indigenous groups, communities, and organisations. The guidelines have created an important *space* for which activities might be included in the sphere of *research*.

This article does not report on the intended findings of our study. As mentioned, these are and will be reported elsewhere. We instead focus on the unforeseen benefits of the study which are the results of the process we adopted for undertaking our study. We believe that meaningful partnerships might or perhaps should be expected to produce community benefits that go beyond the intent of the study, and that these should be reported.

The Manitoba Inuit Association's increased visibility and representation at policy decision-making tables must be attributed to over a decade of work by the board and Executive Director to ensure that the Manitoba Inuit Association and the Inuit community in Manitoba is visible and seen. Considerable work took place between 2008 and 2021 to advance the role of the Manitoba Inuit Association as a key stakeholder representing the interests of Inuit in Manitoba. The study team leveraged its relationships and opportunities to support these efforts. Increased programming resulted from increased funding opportunities that were absent prior to the 2015 election. The study did not create these opportunities, although the team was there to support the Manitoba Inuit Association's proposal writing efforts. The research team-initiated opportunities for health service providers serving Inuit to come together and to discuss opportunities, unmet needs and network. As a team, we can claim to have supported a process already underway, and to have at times sped up results.

Some of these achievements are linked to shifting context, associated with a new focus on reconciliation as a result of the work of the Truth and Reconciliation Commission [33] and the election of a government focused on improving Canada's relationship with Indigenous peoples. The COVID-19 pandemic also created funding opportunities for the Manitoba Inuit Association, to focus on food hamper and navigation support.

As a team, we were able to extend support by adopting and living by key *Inuit Piquangit* in all interactions. The principles included an acknowledgement of everyone's expertise; remaining alert to power differentials within the team, and making a continuous effort to privilege the voice of those who may not come forward without support; appreciating everyone's gifts and challenges, and drawing on each other's strengths to advance the interests of Inuit; and erasing the boundary between research and the community, which led the research team to acknowledge challenges expressed by our community partners, discussing potential solutions, and lending a hand as needed.

We remain cognisant that the Inuit community in Manitoba continues to be fractured. Ongoing instances of systemic and interpersonal racism are reported by Inuit. We continue to witness instances of lateral violence on social media. Trauma is openly discussed as well, as is the failure of current services in meeting Inuit needs. We do not want to overstate the importance of our accomplishments.

Collectively, efforts resulted in more programming opportunities, increased visibility and greater integration of the Manitoba Inuit Association at policy tables. By embracing and agreeing to be held accountable to *Inuit Piquangit*, we believe that our approach multiplied immediate benefits to the Inuit community. We also believe that we created a research environment more likely to produce valid and relevant results, to foster better care for Inuit and help improve health outcomes.

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