

Framework for Elder Care Research in Nunavut: A Patient-Oriented Approach

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QAUJIGIARTIIT

Acknowledgements

We acknowledge all of the community members and Elders who have provided advice and counsel over the past 2 years. In particular, we wish to acknowledge Quluaq, who passed away during the course of this project. Funding was provided by the Patient-Oriented Research Trainee Program at the Canadian Institutes of Health Research.

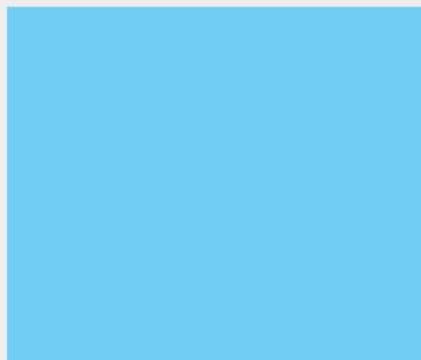
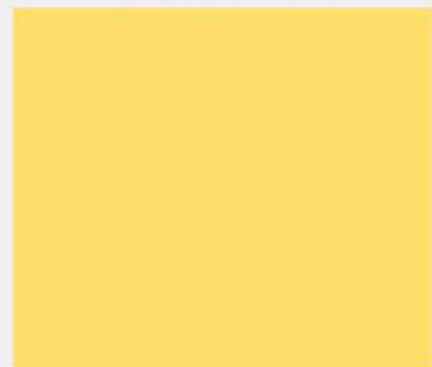


Table of Contents

Executive Summary	1
Introduction	
Elders in Nunavut	3
Elder Care Research in Nunavut: A Need For Inuit Research	
Approaches	5
Key Framework Components	
1.Foundation: Inuit Values and Knowledge Systems	7
2.Methodology: Community-Driven Approaches	8
3.Focus Area: Holistic Elder Wellbeing	9
4.Health System Integration: Bridging Knowledge Systems	11
5.Knowledge Translation: Ensuring Impact.....	12
6.Ethical Considerations: Protecting Elders And Communities	13
7.Challenges and Opportunities For Implementation	14
Next Steps And Future Research Directions For Elder Care In Nunavut	
Capacity Building And Training	15
Research Focus Areas For Nunavut-Based Researchers	15
Guidance For Visiting Researchers and Clinicians	16
Systems-Level Research Priorities	17
Appendix A - Participants In 2024 Elders Gathers Hosted By Qaujiriartiit/Aqqiumavik/Nunavut NEIHR	18
References	19

Executive Summary

Developed through the Canadian Institutes of Health Research's Patient-Oriented Research (POR) Trainee program, this framework represents a significant innovation in approaching Elder care research in Nunavut. Nunavut-based (POR) trainees at Qaujigiartiit Health Research Centre focused on the content for this resource, synthesizing insights from two dedicated Elder gatherings with findings from an extensive literature review of health system indicators used in Indigenous communities across Canada and globally.

The framework addresses a critical need for culturally appropriate research methodologies that can improve Elder care while respecting Inuit self-determination. With Nunavut's Elder population growing significantly—now representing 12% of the territory's population and projected to increase by 5.7% over the next two decades—culturally responsive research approaches are essential for developing effective health services.

At its core, the framework centers Inuit Qaujimajatuqangit principles, recognizing Elders as knowledge holders rather than merely research subjects. It acknowledges the interconnected nature of individual and community wellbeing within Inuit worldviews and incorporates cultural wellness indicators—including language use, participation in traditional activities, and connections to land—as essential metrics for evaluating health services.

The methodological approaches emphasize community-driven research design that honors oral traditions while ensuring linguistic accessibility. Elder wellbeing is conceptualized holistically, encompassing physical, mental, emotional, social, and spiritual dimensions, directing researchers to investigate the integration of Inuit and non-Inuit healing practices.

A key innovation is the framework's focus on bridging knowledge systems through health system integration. It outlines approaches for investigating service design elements such as Elder involvement in healthcare planning and cultural safety in clinical environments. System performance indicators—including travel requirements, wait times, and language concordance between providers and Elders—provide measurable metrics for evaluating successful integration.

Knowledge translation strategies ensure research findings benefit communities directly through Elder-led dissemination, while ethical considerations protect both individuals and communities through collaborative protocol development and appropriate compensation for knowledge sharing.

This framework addresses limitations in existing health system performance measurement for Nunavut, providing a practical approach to research that respects Inuit ways of knowing while generating actionable insights for improving Elder care. By centering Inuit knowledge throughout the research process, it supports Inuit governance in health research while addressing the pressing need for culturally appropriate Elder care services in Nunavut's unique context.

This framework advances culturally grounded Elder care in Nunavut by centering Inuit knowledge, community leadership, and patient-oriented research.



Introduction

Elders In Nunavut

Nunavut faces a significant demographic shift as its Elder population (aged 55+) reached 4,415 in 2021—representing 12% of the territory's population, the highest proportion recorded to date (1). This population is projected to grow by 5.7% over the next 20 years, creating urgent demands for enhanced healthcare, housing, and support services. The situation is particularly concerning given that many Elders currently live in poverty, with 2018-2019 poverty rates ranging between 26.8% and 43.1% for those aged 65 and above (1).

Nunavut's Elderly (2021)

1 : 8.3 (12%)

Growth Rate Over 20 Years

5.7% increase

Poverty Rate Range

26.8% to 43.1%

In Aging With Dignity: Elders and Seniors Strategy for Nunavut (2024), the following is shared:

“DIGNITY means having a sense of pride in oneself, and being seen by others as worthy of honour and respect. The Elders want their vision and their knowledge to be the guiding path for the next generations as expressed in this strategy. This will dignify the Elders by showing them that their contribution means something and they are worthy of respect.”

With a median territorial income of just \$28,270 in 2018 (and 25% of Nunavummiut earning less than \$10,000 per year), many Elders struggle while supporting extended family members across multiple generations (1). Women bear a disproportionate caregiving burden, often balancing elder care with childcare responsibilities. These challenges are compounded by healthcare staffing shortages, limited infrastructure, and benefit restrictions that can trap Elders in poverty. Despite initiatives like the 2013 Collaboration for Poverty Reduction Act and the Makimaniq Plan (2), comprehensive action remains essential to ensure current and future generations of Nunavut Elders can age with dignity and meet their basic needs.

Median Territorial Income:
\$28,270

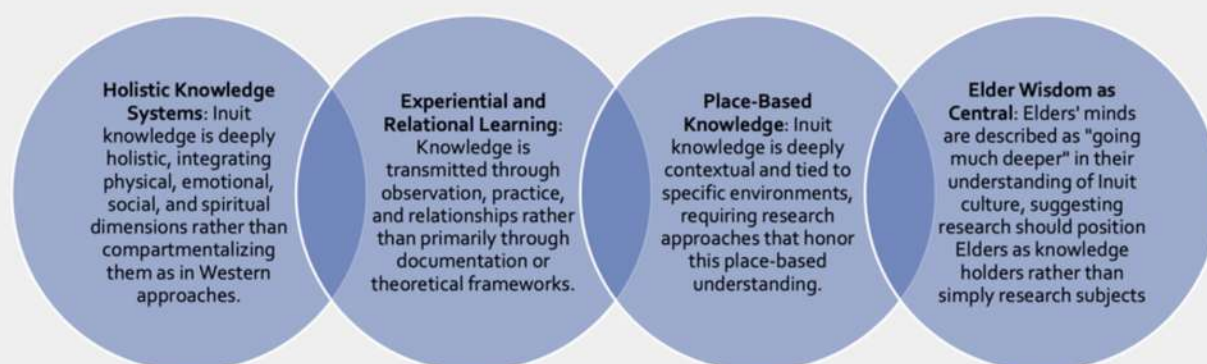
Earnings of < \$10,000/Year
25%

Elders Living In Poverty:
1 in 2.3 to 3.7

Elder Care Research in Nunavut: A Need for Inuit Research Approaches

In a report that examined Inuit research approaches, elder priorities, and teachings about health and wellbeing, profound insights were shared by Elders. They highlighted how colonial impacts have disrupted Inuit knowledge systems and child-rearing practices, while highlighting pathways toward cultural reclamation and healing (3). These were and continue to be priority topics of discussion among Elders.

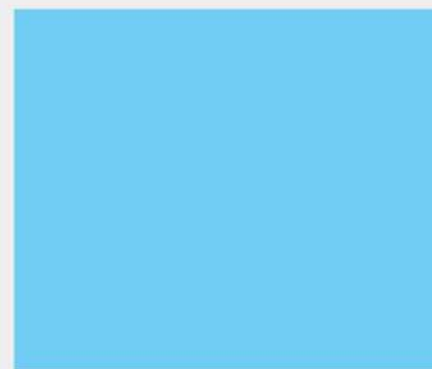
Inuit research methodologies differ fundamentally from Eurocentric approaches (4-6). While Western research often emphasizes scientific methodology, documentation, and theoretical frameworks, Inuit knowledge transmission occurs through observation, experiential learning, and oral tradition (7). This knowledge is deeply contextual, developed through generations of expertise in thriving in Arctic environments, and integrated with spiritual and relational understandings of the world. Elders emphasize that Inuit pedagogy involves learning by doing, watching, and practicing - not merely studying written materials (8). Previous research highlights distinctive aspects of Inuit research methodologies that should guide any research on Elder care including holistic knowledge systems, experiential and relational learning, place-based knowledge, and the importance of the wisdom of Elders.



The priorities articulated by Elders centre around several interconnected themes: preserving and revitalizing Inuit language and cultural practices; addressing intergenerational trauma caused by colonization; rebuilding traditional child-rearing practices (*Inunnguiniq*); strengthening family and community relationships; and ensuring practical survival skills are transmitted to younger generations. Elders expressed particular concern about youth who lack Inuit knowledge needed for survival in the Arctic environment (3).

Teachings about health and wellbeing have emerged through stories that emphasize holistic approaches incorporating physical, emotional, spiritual, and relational dimensions (6). Inuit values of respect, harmony, balance, sharing, and environmental stewardship form the foundation of wellbeing (8, 9). Elders share that proper nutrition through country foods, practical survival skills, strong family relationships, and connection to culture and identity are essential elements of health and wellness from an Inuit perspective (10-15).

This framework emphasizes the importance of approaching Elder care research in Nunavut through a lens that honors Inuit knowledge systems and values while ensuring practical application to improve health services. By integrating patient-oriented research principles with Inuit ways of knowing, researchers can conduct meaningful investigations that lead to tangible improvements in Elder care while respecting and strengthening Inuit self-determination in health research (5, 16, 17).

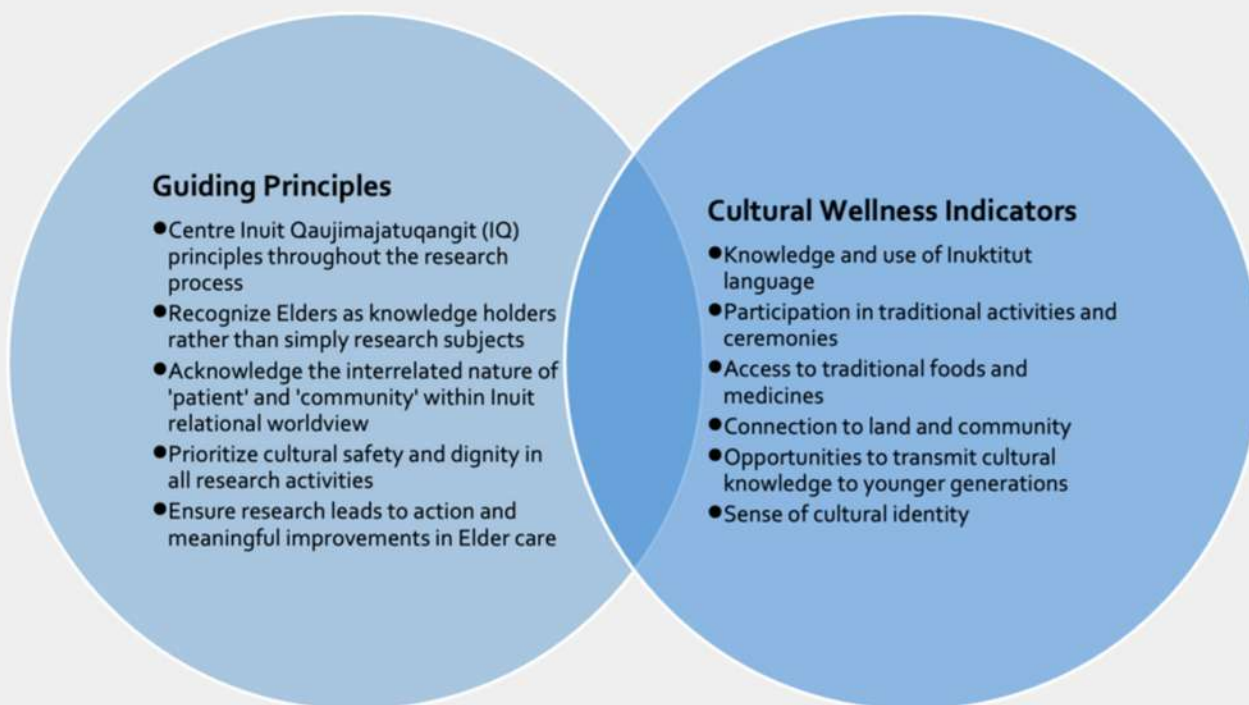


Key Framework Components

1. Foundation: Inuit Values and Knowledge Systems

The development of a culturally appropriate framework for Elder care research in Nunavut requires a foundation deeply rooted in Inuit values and knowledge systems. Such research must centre Inuit Qaujimajatuqangit (IQ) principles throughout the research process, recognizing Elders as knowledge holders rather than simply research subjects (5, 8).

This approach acknowledges the interrelated nature of 'patient' and 'community' within the Inuit relational worldview, as identified by the Nunavut SPOR Support Unit development team (18). Cultural wellness indicators—including knowledge and use of Inuktitut language, participation in Inuit activities, access to country foods, connection to land, and opportunities to transmit knowledge—must be integrated into research metrics to ensure cultural safety and dignity (19-21).



2. Methodology: Community Driven Approaches

Community-driven methodologies represent a critical component of Elder care research in Nunavut. The collaborative development of research questions with Elders and their families establishes a foundation of respect and relevance (5, 22).

Methods should honor oral traditions through storytelling and sharing circles while incorporating land-based activities when appropriate (23). Data collection processes must prioritize relationship-building before formal research begins, offering choice of language for all interactions and ensuring the presence of interpreters who understand the Elder care context (1, 14, 22).

The *Piliriqatigiinni* Partnership Model developed by Qaujigiartiit Health Research Centre provides an excellent framework for ensuring collaborative analysis methods that respect multiple ways of knowing and validate findings through community review processes (5).

Furthermore, Mearns, Inutiq, and Healey Akearok (2024) provide guidance on conducting culturally appropriate research with Elders(6):

- **Narrative Approaches:** Stories and firsthand narratives are described as "critical for our learning," suggesting research should incorporate storytelling methods.
- **Relational Ethics:** Research relationships should reflect Inuit values, with emphasis on respect, reciprocity, and community benefit.
- **Pedagogical Framework:** The Qaujigiartiit Model of Holistic Learning provides a visual framework showing how learning (and by extension, research) should honor Inuit processes rather than linear Western models.
- **Decolonizing Approaches:** Research should recognize and challenge the "covert conservative political underpinnings" of Western approaches to knowledge.

Research Design	Data Collection	Analysis and Interpretation
<ul style="list-style-type: none"> • Collaborative development of research questions with Elders and their families • Flexible timelines that respect seasonal activities and community priorities • Methods that honor oral traditions (storytelling, sharing circles) • Incorporation of land-based activities when appropriate • Recognition of community-specific contexts and histories 	<ul style="list-style-type: none"> • Prioritize relationship-building before formal data collection begins • Offer choice of language (Inuktitut/English) for all interactions • Ensure presence of interpreters/translators who understand Elder care context • Use culturally appropriate consent processes that may include family members • Incorporate visual and narrative methods alongside standard interviews • Consider collective data ownership models 	<ul style="list-style-type: none"> • Involve Elders in data interpretation and meaning-making • Use collaborative analysis methods that respect multiple ways of knowing • Validate findings through community review processes • Acknowledge the validity of experiential knowledge alongside other evidence • Consider family and community perspectives in addition to individual experiences

3. Focus Area: Holistic Elder Wellbeing

A holistic approach to Elder wellbeing must address physical, mental, emotional, social, and spiritual dimensions of health. Research should examine access to culturally appropriate healthcare services and the integration of Indigenous and Western healing practices (20, 24-32). Mental health supports that incorporate healing, social connections, and community belonging are essential considerations (33-39).

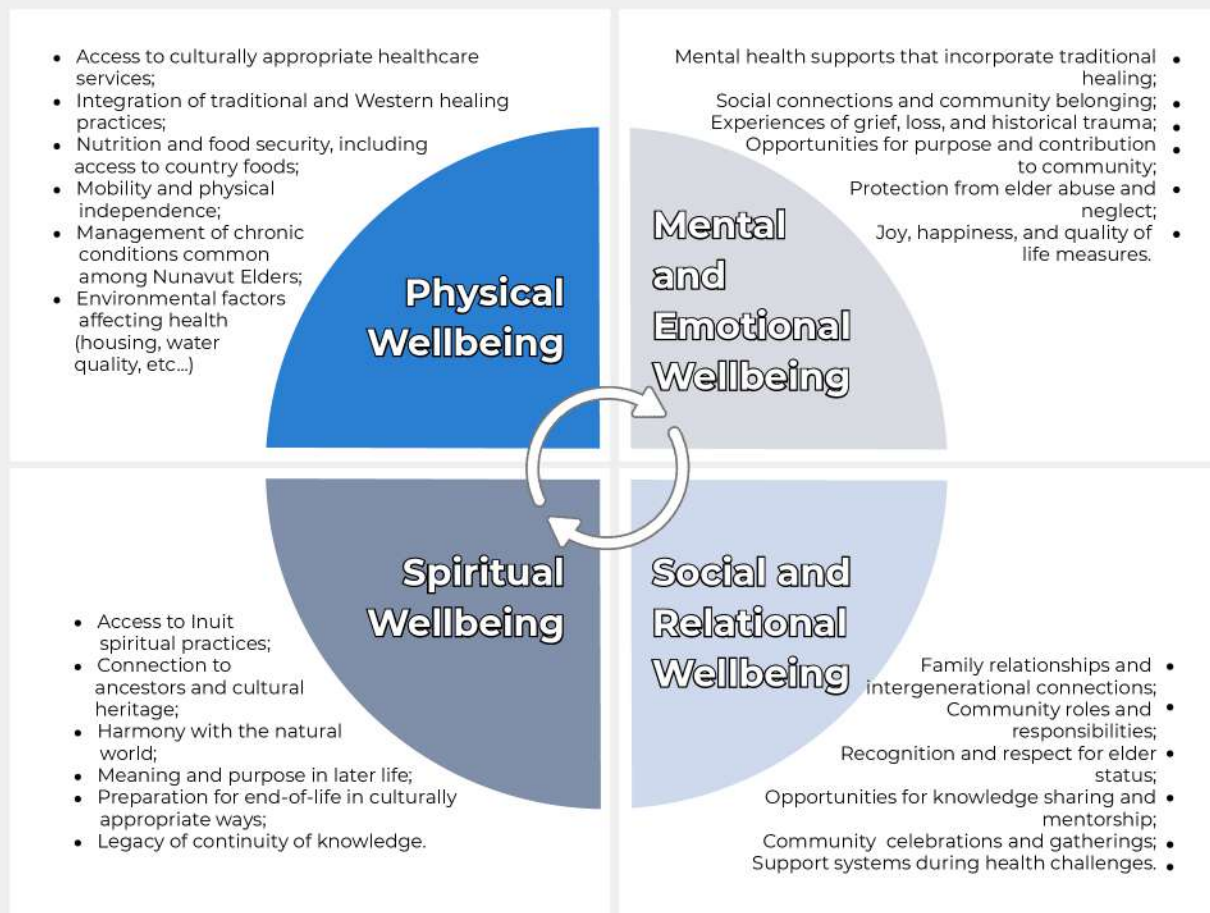
Components of wellbeing from an Inuit perspective that should inform Elder care include (6):

- **Harmony and Balance:** The four main laws that govern Inuit societies are described as "Respect, Unity, Planning, Harmony and Balance," with wellbeing emerging from maintaining these elements.
- **Cultural Continuity:** As Karetak, Tagalik, & Tester (2018) note, "Being grounded in Inuit Qaujimajatuqangit ensures cultural continuity, stability and wellbeing." (8)
- **Connection to Land and Environment:** Environmental connection is essential to Inuit wellbeing, with proper relationship to land and animals forming a foundation of physical and spiritual health.
- **Country Foods:** The importance of country foods both nutritionally and culturally, cannot be underestimated, as one Elder stated: "once that substance gets into our body, it changes our lives." Furthermore a term in Inuktitut, '*iptiq*' (in Arviat dialect) was identified to mean the transfer of the essence of a land into an animal that is then transferred to us (humans) when we eat it. Country foods are more than just nutrients in our body, one Elder stated in 2005, they are relational in many ways (40).

- **Intergenerational Relationships:** Wellbeing is intrinsically connected to positive relationships between generations, with reciprocal teaching and learning occurring throughout the lifespan (41).



Research must support inquiry pertaining to extended family relationships, intergenerational connections, community roles, and opportunities for knowledge sharing (1, 3, 22). Spiritual wellbeing—including access to Inuit practices, connection to ancestors, and harmony with the natural world—represents another crucial dimension requiring focused attention (40-42).



4. Health System Integration: Bridging Knowledge Systems

Bridging knowledge systems through health system integration presents both challenges and opportunities for Elder care research. Elder care research should explore service design elements such as Elder involvement in designing and evaluating services, integration of family caregivers in care planning, and culturally safe clinical environments (1, 3, 22).

Healthcare provider capacity, including cultural competency training specific to Inuit Elder care and recognition of Inuit healing practices, requires investigation and documentation by Nunavummiut and in culturally appropriate and respectful ways (4, 43, 44). System performance indicators—such as travel requirements for accessing care, wait times for Elder-specific services, cultural safety experiences, and language concordance between providers and Elders—provide measurable metrics for evaluating integration success (45-47).

Service Design Elements	Healthcare Provider Capacity	System Performance Indicators
<ul style="list-style-type: none"> • Elder involvement in designing and evaluating services • Integration of family caregivers in care planning • Culturally safe clinical environments • Language accessibility in all health interactions • Territorial, regional, and community-level coordination • Telehealth approaches adapted for Elder needs and preferences 	<ul style="list-style-type: none"> • Cultural competency training specific to Inuit Elder care • Support for Inuit healthcare professionals • Recognition of traditional healers and care providers • Community health representative involvement • Staff retention strategies to ensure continuity of care • Knowledge of Elder care best practices in remote settings 	<ul style="list-style-type: none"> • Travel requirements for accessing care • Wait times for Elder-specific services • Cultural safety experiences within healthcare settings • Language alignment between providers and Elders • Integration of Inuit and clinical care approaches • Elder and family satisfaction with services

5. Knowledge Translation: Ensuring Impact

Effective knowledge translation ensures research impact extends beyond academic circles to benefit communities directly. The framework should incorporate Elder-led sharing of findings through community gatherings, visual and narrative formats accessible to all community members, and translation of all materials into appropriate Inuktitut dialects .

Structured pathways to inform territorial health policies, recommendations for healthcare funding and resource allocation, and development of Elder care standards specific to Nunavut represent important policy influence opportunities (Young et al., 2019). Sustainability planning—including capacity building within communities to continue Elder care initiatives and training for the next generation of researchers—helps ensure long-term impact (6, 48).



Community Dissemination	Policy Influence	Sustainability Planning
<ul style="list-style-type: none"> • Elder-led or -guided sharing of findings through community gatherings • Visual and narrative formats accessible to all community members • Translation of all materials into Inuktitut dialects • Celebrations of project completion that honor contributors • Resources developed specifically for family caregivers • Radio and social media sharing in appropriate languages 	<ul style="list-style-type: none"> • Structured pathways to inform territorial health policies • Recommendations for healthcare funding and resource allocation • Development of Elder care standards specific to Nunavut • Advocacy tools for community use with decision-makers • Long-term monitoring of policy implementation • Evaluation of impact on Elder health outcomes 	<ul style="list-style-type: none"> • Capacity building within communities to continue Elder care initiatives • Documentation of successful approaches for future implementation • Training for next generation of Elder care researchers and advocates • Identification of ongoing funding sources for Elder care programs • Community ownership of research outputs and processes • Celebration and recognition of community contributions



6. Ethical Considerations: Protecting Elders and Communities

Ethical considerations must protect both Elders and communities throughout the research process. Collaborative development of ethical protocols with communities, recognition of collective as well as individual consent processes, and attention to power dynamics between researchers and participants form the foundation of ethical practice (5). Measures to prevent research fatigue in small communities, appropriate compensation for Elder knowledge and time, and protection of Inuit knowledge from exploitation help safeguard community wellbeing (3, 5, 49-52).

Legacy planning—including mechanisms for long-term data stewardship, agreements about future use of collected information, and Elder guidance on appropriate sharing of their knowledge—ensures research benefits extend into the future.

Research Ethics	Community Protection	Legacy Planning
<ul style="list-style-type: none"> • Collaborative development of ethical protocols with communities • Recognition of collective as well as individual consent processes • Consideration of community risks and benefits alongside individual ones • Attention to power dynamics between researchers and participants • Protocols for managing sensitive topics and potential trauma • Clear agreements regarding data ownership and control 	<ul style="list-style-type: none"> • Measures to prevent research fatigue in small communities • Appropriate compensation for Elder knowledge and time • Protection of traditional knowledge from exploitation • Balance of privacy concerns with community recognition desires • Strategies to prevent misinterpretation or misrepresentation • Transparency about research limitations and potential outcomes 	<ul style="list-style-type: none"> • Mechanisms for long-term data stewardship • Agreements about future use of collected information • Elder guidance on appropriate sharing of traditional knowledge • Archives for stories and wisdom with appropriate access controls • Community celebration of research contributions and impacts • Elder involvement in training future researchers

7. Challenges and Opportunities for Implementation

In the development of this framework, specific considerations for implementing Elder care and research models were noted:

- **Language Preservation:** Language retention is described as "precious" and critical to cultural continuity, suggesting Elder care should support language use and transmission.
- **Funding Barriers:** The documents note that "Colonial impacts are still coming full steam" including through funding structures that don't "support or suit our ways."
- **Knowledge Documentation:** While acknowledging the limitations of documentation, there's recognition that recording Elders' knowledge is increasingly urgent, as "when they get buried in a coffin and their knowledge is buried along with them."
- **Intergenerational Programming:** Programs that connect Elders with youth appear particularly beneficial for Elder wellbeing and community healing.

Next Steps and Future Research Directions for Elder Care in Nunavut

Capacity Building And Training

Establishing a mentorship program pairing Inuit students with both Elders and experienced researchers would create pathways for developing the next generation of Nunavut-based researchers. Such a program could incorporate Inuit knowledge transmission and Inuit pedagogical practices alongside research methods training, positioning young Inuit to lead future exploratory studies that honor both scientific rigour and cultural values.

Healthcare providers working with Elders would benefit from specialized training in participatory research methods that respect Inuit knowledge systems. Qaujigiartiit Health Research Centre could develop and deliver workshops for nurses, social workers, and community health representatives, equipping them to document and evaluate their practices while contributing to the evidence base for culturally appropriate care.

Research Focus Area for Nunavut-Based Researchers



Nunavut researchers can prioritize the development and validation of culturally appropriate assessment tools for Elder wellbeing. Current clinical assessment instruments often fail to capture dimensions of health that matter most to Inuit Elders, such as connection to land, cultural participation, and intergenerational relationships. Creating and validating Nunavut-specific instruments would significantly advance the field.

Documentation of Inuit healing practices related to Elder care represents another critical research opportunity. Working directly with knowledge holders, Nunavut researchers could systematically document approaches to managing conditions common among Elders, creating resources that bridge traditional and clinical care while preserving cultural knowledge.

The intersection of climate change with Elder health, housing, food sovereignty, and Inuit knowledge presents a timely research focus. Much of the time, western research approaches treat these issues in isolation, however, they are intimately interconnected. As environmental changes affect access to country foods, land-based activities, and Inuit ecological knowledge, Nunavut researchers should examine impacts on Elder wellbeing and document adaptation strategies that could inform both health and environmental policies.

Guidance For Visiting Researchers and Clinicians



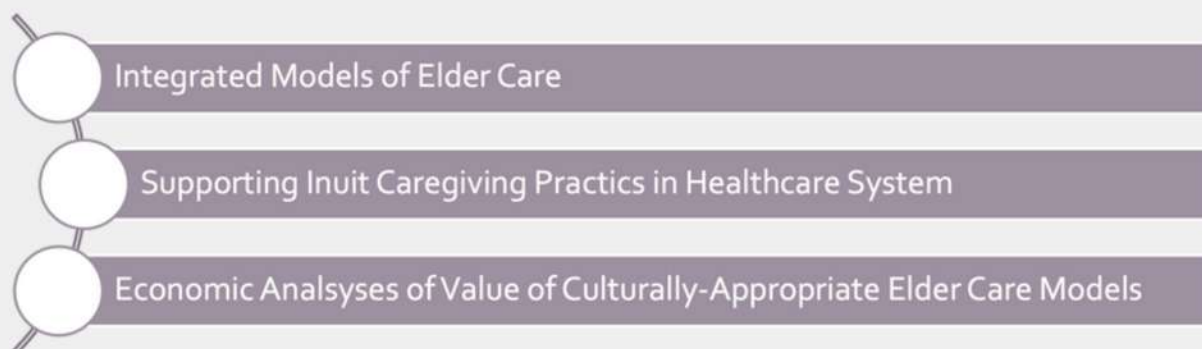
Visiting researchers must prioritize authentic partnership with Nunavut-based research organizations and community groups. This means collaboratively developing research questions, methodologies, and knowledge translation plans from inception rather than arriving with predetermined projects. Researchers should budget for extended relationship-building phases and be prepared to adapt timelines to accommodate seasonal activities and community priorities.

The proper attribution and compensation for Inuit knowledge contributions represents an essential responsibility. Visiting researchers should work with community partners to establish appropriate

acknowledgment protocols and ensure Elders and other knowledge holders receive fair compensation and recognition as intellectual contributors rather than merely "participants."

Visiting clinicians conducting quality improvement or program evaluation related to Elder care should commit to capacity building as part of their work and develop partnerships with local organizations that support Elder care and research. This includes training local staff in research methods, involving community members in data analysis, and ensuring findings are accessible to communities in appropriate languages and formats before publication in academic venues.

Systems-Level Research Priorities



Developing integrated models of Elder care that bridge home, community, and institutional settings presents a critical systems-level research priority. Investigators should examine how Inuit caregiving practices can be supported within the formal healthcare system, potentially reducing the need for southern placements while honoring Elders' preferences to remain in their communities.

Economic analyses demonstrating the value of culturally appropriate Elder care models could provide powerful evidence for policymakers. Research quantifying both the financial and social costs of current care approaches compared to community-based alternatives would support advocacy for system transformation aligned with Inuit values and preferences.

By pursuing these research directions through respectful, collaborative approaches, both Nunavut-based and visiting researchers can contribute to an evidence base that supports healthcare transformation while strengthening Inuit self-determination in health research and Elder care.

Appendix A - Participants in 2023 and 2024 Elders Gatherings hosted by Qaujigiartiit/Aqqiumavik/Nunavut NEIHR

Eena Kullualik
Lucy Sanertanut
Paul Sanertanut
Sarah Takolik
Aiolah Takolik
Lisa Gibbons
Mike Gibbons
Dorothy Aglukark
David Alagalak
Andrew Panigoniak
Gordon Okoktok
Pierre Koomak
Mary Muckpa
Koopaa Kippomee
Tikiq Kabvitok
Aline Kabvitok
Nellie Kusugak
Joe Karetak

Interpreters: Mary Thompson and Lizzie Anaviapik

Additional Delegates included:

Ceporah Mearns
Joni Karoo
Talia Armstrong
Laura Pia Churchill
Nancy Mike
Sandi Vincent
Gwen Healey Akearok

References

1. GN GoN. Aging with Dignity: Elders and Seniors Strategy. In: Affairs Eal, editor. Iqaluit: Nunavut Legislative Assembly; 2024.
2. GN GoN. Makimaniq Plan: A shared approach to poverty reduction. In: Family Services GoN, editor. Iqaluit: Government of Nunavut; 2011.
3. Healey Akearok G. Elders Gathering on Inuit Knowledge and Pedagogy: Understanding Research, Priorities, and Wellbeing. A Report. Iqaluit, Nunavut: Qaujigiartiit Health Research Centre; 2023 2023.
4. Wilson S. Research is Ceremony: Indigenous Research Methods. Blackpoint, Nova Scotia: Fernwood Publishing; 2008.
5. Healey G, Tagak Sr. A. Pilirigatigiinni 'working in a collaborative way for the common good': A perspective on the space where health research methodology and Inuit epistemology come together. *International Journal of Critical Indigenous Studies*. 2014;7(1):1-8.
6. Inutiq M, Mearns C, Healey Akearok G. Holistic Education and Pedagogy From the Inuit Worldview. *International Journal of Indigenous Health*. 2024;20(1):1-13.
7. Inukpaujaq C. Inunnguiniq - Critical Pedagogy for Nunavut Educators. In: Education Do, editor. Arviat, Canada: Curriculum and School Services, Government of Nunavut; 2008.
8. Karetak J, Tagalik S, Tester FJ. Inuit Qaujimajatuqangit: What Inuit have always known to be true. Winnipeg: Fernwood; 2017.
9. Anawak J, Anawak C. Inuit Values Based on Inuit Qaujimajatuqangit Beliefs and Principles - Netsilik Version. [Booklet, Informational]. In press 2011.
10. Attungala N. Baker Lake: Impacts on Traditional Ways of Life. In: Gérin-Lajoie J, Cuerrier A, Siegwart-Collier L, editors. "The Caribou Taste Different Now": Inuit Elders Observe Climate Change. Iqaluit: Nunavut Arctic College Media; 2016.
11. Karetak R. Egg, Rock, Able Person. Elders Advisory Committee 2011.
12. Tagalik S. A Framework for Indigenous School Health: Foundations in Cultural Principles. Prince George, BC: National Collaborating Centre for Aboriginal Health; 2009.
13. Briggs J. Childrearing Practices. Iqaluit: Nunavut Arctic College; 2000.
14. Ootoova I, Atagutsiak T, Ijjangiaq T, Pitseolak J, Joamie A, Joamie A, et al. Perspectives on Traditional Health. Iqaluit: Nunavut Arctic College; 2000.
15. Institute NC, Association QI. Ilaginniq: Interviews on Inuit Family Values from the Qikiqtani Region. Canada: Inhabit Media Inc.; 2011. 127 p.
16. ITK ITK. Naitonal Inuit Strategy on Research. Ottawa: Inuit Tapiriit Kanatami; 2018.
17. Gearheard S, Shirley J. Challenges in Community-Research Relationships: Learning from natural science in Nunavut. *Arctic*. 2007;60(1):62-74.
18. NuSPOR. Nunavut Patient Engagement Framework. 2024.
19. Greenwood M, de Leeuw S, Lindsay NM, Reading C. Determinants of Indigenous Peoples' Health in Canada: beyond the social. Toronto: Canadian Scholars' Press; 2015.

20. Churchill ME, Smylie JK, Wolfe SH, Bourgeois C, Moeller H, Firestone M. Conceptualising cultural safety at an Indigenous-focused midwifery practice in Toronto, Canada: qualitative interviews with Indigenous and non-Indigenous clients. *BMJ Open*. 2020;10(9):e038168.
21. Smylie J, Kaplan-Myrth, N., and McShane, K. Indigenous Knowledge Translation: Baseline findings in a qualitative study of the pathways of health knowledge in three Indigenous communities in Canada. *Health Promotion Practice*. 2009;10(3):436-46.
22. Tagalik S. Inuit knowledge systems, Elders, and determinants of health: Harmony, balance, and the role of holistic thinking. *Determinants of Indigenous Peoples' Health: Beyond the Social* 2018. p. 93.
23. MacDonald JP, Ford JD, Willox AC, Ross NA. A review of protective factors and causal mechanisms that enhance the mental health of Indigenous Circumpolar youth. *International Journal of Circumpolar Health*. 2013;72(1):21775-18.
24. Abelesen B, Strasser R, Heaney D, Berggren P, Sigurdsson S, Brandstorp H, et al. Plan, recruit, retain: a framework for local healthcare organizations to achieve a stable remote rural workforce. *Human Resources for Health*. 2020;18(63):1-10.
25. Lavoie JG. Policy and Practice Options for Equitable Access to Primary Healthcare for Indigenous Peoples in British Columbia and Norway. *International Indigenous Policy Journal*. 2014;5(1):1-17.
26. Sadgopal M. Can Maternity Services Open up to the Indigenous Traditions of Midwifery? *Economic and Political Weekly*. 2009;44(16):52-9.
27. Kirmayer LJ, Valaskis GG. *Healing Traditions: The mental health of aboriginal peoples in Canada*. Vancouver, BC: UBC Press; 2009.
28. Kral M, Idlout L. Community Wellness and Social Action in the Canadian Arctic: Collective Agency as Subjective Well-Being. In: Kirmayer L, Valaskis GG, editors. *Healing Traditions*. Vancouver, Canada: UBC Press; 2009.
29. Pauktuutit. *Sivumuapallianiq: National Inuit Residential Schools Healing strategy; the Journey Forward*. Ottawa, ON: Pauktuutit Inuit Women's Association of Canada; 2007.
30. Van Wagner V, Epoo B, Nastapoka J, Harney E. Reclaiming birth, health, and community: midwifery in the Inuit villages of Nunavik, Canada. *Journal of Midwifery & Women's Health*. 2007;52(4):384-91.
31. Wesley-Esquimaux CC, Smolewski M. *Historic Trauma and Aboriginal Healing*. Ottawa, ON: Aboriginal Healing Foundation; 2004.
32. INAC. *Health and Healing*. Ottawa, ON: Government of Canada; 1996.
33. Lys C. Exploring coping strategies and mental health support systems among female youth in the Northwest Territories using body mapping. *International Journal of Circumpolar Health*. 2018;77(1):1466604-11.
34. NTI NTI. *Recommendations for Federal Actions to Address Suicide Prevention in Nunavut as submitted to the Parliamentary Standing Committee on Indigenous and Northern Affairs*. Ottawa: Government of Canada; 2016.
35. Morris M, Crooks C. Structural and Cultural Factors in Suicide Prevention: The Contrast between Mainstream and Inuit Approaches to Understanding and Preventing Suicide. *Journal of Social Work Practice*. 2015;29(3):321-38.

36. Wexler L, Gone J. Culturally responsive suicide prevention in indigenous communities: unexamined assumptions and new possibilities. *American Journal of Public Health*. 2012;102:800-6.
37. Force NSPST. Nunavut Suicide Prevention Strategy. Iqaluit, NU: The Government of Nunavut (GN), Nunavut Tunngavik Inc. (NTI), the Embrace Life Council (ELC), and the Royal Canadian Mounted Police (RCMP); 2010.
38. Tester FJ, McNicoll P. Isumagijaksaq: mindful of the state: social constructions of Inuit suicide. *Social Science & Medicine*. 2004;58:2625-36.
39. Kral MJ. Unikkaaruit: Meanings of Well-Being, Sadness, Suicide, and Change in Two Inuit Communities. Final Report to the National Health Research and Development Programs, Health Canada Project #6606-6231-002. 2003.
40. Marsh TN, Coholic D, Cote-Meek S, Najavits LM. Blending Aboriginal and Western healing methods to treat intergenerational trauma with substance use disorder in Aboriginal peoples who live in northeastern Ontario, Canada. *Harm Reduct J*. 2015;12:14.
41. Battiste M. Decolonizing Education: Nourishing the Learning Spirit. Saskatoon: Purich; 2013.
42. Manicini Billson J, Manici K. Inuit Women: Their powerful spirit in a century of change. Lanham, MD: Rowman and Littlefield Publishers, Inc.; 2007.
43. Healey Akearok G. Communities. In: Sfraga M, Durekee J, editors. *Navigating the Arctic's 7C's*. Washington: Wilson Centre; 2021. p. 160.
44. Healey Akearok GK, Salaffie M. Nipivut (our voices): A discussion about an Inuit values based research framework and it's application in Nunavut. . In: Wilson S, Breen A, DuPre L, editors. *Research as Reconciliation* In Press Toronto, Canada: Canadian Scholars/Women's Press; 2019.
45. Marchildon, Torgerson. Nunavut: A Health System Profile. Montreal: McGill-Queens University Press; 2013.
46. Gottlieb K. The Nuka System of Care: improving health through ownership and relationships. *International Journal of Circumpolar Health*. 2013;72(1):21118.
47. Young K, Marchildon, G. (Eds). *A Comparative Review of Circumpolar Health Systems*. Circumpolar Health Supplements. 2012;9.
48. Mearns R. Nunavut, Uqausivut, Piqqusivullu Najuqsittiarlavu (Caring for our Land, Language and Culture): The use of land camps in Inuit knowledge renewal and research. Ottawa: Carleton University; 2017.
49. Mearns C, Healey Akearok GK. Enriching Canada's Health Research Landscape with Inuit Knowledge, Methods, and Transformative Spaces: Ten Policy and Practice Recommendations from Nunavut. *Arctic*. 2024;77(2):186-94.
50. Ferrazzi P, Tagalik S, Christie P, Karetak J, Baker K, Angalik L. Aajiqatigiingniq: An Inuit Consensus Methodology in Qualitative Health Research. *International Journal of Qualitative Methods*. 2019;18:1-9.
51. ITK ITK. National Inuit Strategy on Research. 2018.
52. ITK, NRI. *Negotiating Research Relationships with Inuit Communities: A guide for researchers*. Ottawa, ON and Iqaluit, NU: Inuit Tapiriit Kanatami and Nunavut Research Institute; 2007. 38 p.