



ᑲᓄᓂᓐᓂᓐ ᑲᓄᓂᓐᓂᓐ  
Qanuilirpitaa?  
ᓄᓂᓐᓂᓐ  
NUNAVIK 2017

# DEFINITION OF AN INUIT CULTURAL MODEL AND SOCIAL DETERMINANTS OF HEALTH FOR NUNAVIK

## COMMUNITY COMPONENT

*Qanuilirpitaa?* 2017  
Nunavik Inuit Health Survey



ᓄᓂᓐᓂᓐ ᓂᓄᓂᓐᓂᓐ ᓂᓄᓂᓐᓂᓐ  
RÉGIE RÉGIONALE DE LA NUNAVIK REGIONAL  
SANTÉ ET DES SERVICES BOARD OF HEALTH  
SOCIAUX DU NUNAVIK AND SOCIAL SERVICES



**Nunavik Regional Board of Health and Social Services**

P.O Box 900

Kuujuaq, (Quebec) J0M 1C0

Phone number: 819-964-2222

Toll-free: 1 844-964-2244

Email: [info@sante-services-sociaux.ca](mailto:info@sante-services-sociaux.ca)

Website: [nrbhss.ca/en/health-surveys](http://nrbhss.ca/en/health-surveys)

Legal deposit - May 2022

Bibliothèque et Archives nationales du Québec

ISBN: 978-2-924662-70-0 (2<sup>nd</sup> edition, 2022, PDF)

ISBN: 978-2-924662-54-0 (1<sup>st</sup> edition, 2021, PDF)

## AUTHORS

**Christopher Fletcher, PhD, Professor**  
and co-Principal Investigator – Community Component  
Department of Social and Preventive Medicine,  
Université Laval  
Centre de recherche du CHU de Québec – Université Laval

**Mylene Riva, PhD, Assistant Professor**  
and co-Principal Investigator – Community Component  
Canada Research Chair in Housing, Community and Health  
Institute for Health and Social Policy and Department  
of Geography, McGill University

**Marie-Claude Lyonnais, MSc, Research Assistant**  
Centre de recherche du CHU de Québec – Université Laval

**Ida Saunders, Language Consultant**

**Aani Baron, Language Consultant**  
Nunavik Regional Board of Health and Social Services

**Melody Lynch, MSc, Research Assistant**  
McGill University

**Marie Baron, PhD, Research Assistant**  
Université Laval

## EXECUTIVE DIRECTOR

**Danielle St-Laurent, Director**  
Bureau d'information et d'études en santé des populations  
Institut national de santé publique du Québec

## SCIENTIFIC DIRECTORS

**Pierre Ayotte, PhD, Professor**  
Department of Social and Preventive Medicine,  
Faculty of Medicine, Université Laval  
Population Health and Optimal Health Practices  
Research Unit, Centre de recherche du CHU de Québec –  
Université Laval  
Environmental health and toxicology, Institut national  
de santé publique du Québec

**Françoise Bouchard, MD, MPH, FRCPC, Director of Public  
Health**  
Nunavik Regional Board of Health and Social Services

## SCIENTIFIC EDITING

**Susie Gagnon, Scientific Advisor**  
Bureau d'information et d'études en santé des populations  
Institut national de santé publique du Québec

**Marie-Josée Gauthier, Planning, Programming and Research  
Officer**  
Public Health Department  
Nunavik Regional Board of Health and Social Services

## LINGUISTIC REVISION

**Alison McGain**

## VISUAL CREATION

**Alphatek**

## COMMUNICATION

Nunavik Regional Board of Health and Social Services

## SUGGESTED CITATION

Fletcher, C., Riva, M., Lyonnais, M-C., Saunders, I., Baron, A.,  
Lynch, M., Baron, M., (2021). *Definition of an Inuit cultural  
model and social determinants of health for Nunavik.  
Community Component. Nunavik Inuit Health Survey 2017  
Qanuilirpitaa? How are we now? Quebec: Nunavik Regional  
Board of Health and Social Services (NRBHSS)  
& Institut national de santé publique du Québec (INSPQ).*

## ACKNOWLEDGEMENT

We would like to acknowledge and thank Betsy Palliser,  
Nancy Etok, Kitty Gordon, Qiallak Nappaaluk, Annie Terlituk,  
Sarah Surusila, David Arsenaault, Imane Cheriet, and Sarah  
Fraser for their invaluable contribution to the realization of  
the Community Component. We express our most sincere  
thanks to everyone who participated in the workshops and  
interviews, and to the mayors of the communities for their  
insightful comments and the welcome provided to the team.  
Thank you for sharing with us what makes Nunavimmiut  
healthy and well. Our thanks also go to the crew of the  
Amundsen. We dedicate this report to Linda Shipaluk  
and to Audrey Flemming.

## QANUILIRPITAA? 2017 HEALTH SURVEY

# ACKNOWLEDGMENTS

On behalf of the Steering Committee, I would like to express my gratitude to all Nunavimmiut who participated in the *Qanuilirpitaa?* 2017 Health Survey.

This important health survey was made possible thanks to the long-lasting partnership between the Nunavik Regional Board of Health and Social Services, the *Institut national de santé publique du Québec* and researchers from the Centre de recherche du CHU de Québec – Université Laval, McGill University and Trent University.

The valuable contribution of Inuit research advisors, leaders from each community, as well as representatives from the Avataq Cultural Institute, the Ungava Tulattavik Health Centre, the Inuulitsivik Health Centre, the Kativik Regional Government, Kativik Ilisarniliriniq, Makivik Corporation, the northern villages and the Qarjuit Youth Council is gratefully acknowledged. The Steering Committee and the Data Management Committee of *Qanuilirpitaa?* 2017 guided and enriched this work throughout the different phases, from planning to data interpretation and contextualization.

We want to highlight the invaluable contribution of Pierre Ayotte and Françoise Bouchard, the scientific directors, and Danielle St-Laurent, the project's executive director. We are also indebted to Geneviève Hamel, Suzanne Bruneau, Suzanne Côté and Nathalie Ouellet who coordinated the planning and realization of the survey.

We are sincerely thankful to the Inuit interviewers who carried out exceptional work in often challenging circumstances.

We are also grateful to all of the professionals, technicians, students, ground team and clerical staff, as well as the crew of the Canadian Coast Guard Ship *Amundsen*.

Finally, this survey could not have been undertaken without the financial support of the Nunavik Regional Board of Health and Social Services, the Kativik Regional Government, Makivik Corporation, Kativik Ilisarniliriniq, the *ministère de la Santé et des Services sociaux du Québec*, ArcticNet, the Amundsen Science Ship Fund and the Northern Contaminants Program.

Numerous people have contributed at different stages of the survey process; many of them are listed below, and there are many more.

Minnie Grey

Chairperson, *Qanuilirpitaa?* Steering Committee  
Executive Director, NRBHSS

*In memory of Audrey Flemming and Linda Shipaluk.*

**PRINCIPAL INVESTIGATORS  
AND INUIT ADVISORS\*****Adult component**

Pierre Ayotte  
Chris Furgal  
Mélanie Lemire  
Benoît Lévesque  
Michel Lucas  
Mary Pilurtuut

**Youth component**

Richard Bélanger  
Gina Muckle  
Louisa Yeates

**Community component**

Nancy Etok  
Christopher Fletcher  
Kitty Gordon  
Betsy Palliser  
Mylène Riva

**Oral health**

Aimée Dawson  
Chantal Galarneau

**Men's Health**

Gilles Tremblay

**STEERING COMMITTEE  
AND DATA MANAGEMENT  
COMMITTEE (DMC)****PARTICIPANTS**

Minnie Grey (Steering Committee chair)  
Marie Rochette (DMC co-chair)  
Robert Watt (DMC co-chair)  
Alicia Aragutak  
Ellen Avard  
Jean-Etienne Bégin  
Françoise Bouchard  
Suzanne Bruneau  
Marie-Noëlle Caron  
Maria Cengarle  
Yasmine Charara  
Suzanne Côté  
Serge Déry  
Aleashia Echaloock  
Mona Eepa Belleau  
Maggie Emudluk  
Barrie Ford  
Susie Gagnon  
Marie-Josée Gauthier  
Yoan Girard  
Lucy Grey  
Geneviève Hamel  
Olivia Ikey  
Suzy Kauki  
Elena Koneak Labranche  
Christine Leblanc  
Stéphanie Léveillé  
Eliana Manrique  
Murray McDonald  
Jennifer Munick  
Tunu Napartuk

Jeannie Nungak  
Josepi Padlayat  
Geneviève Pellerin  
Fabien Pernet  
Maata Putugu  
Hilda Snowball  
Danielle St-Laurent  
Jobie Tukkiapik  
Larry Watt  
Shirley White-Dupuis

**INTERVIEWERS/NURSES**

Linda Amidlak  
Thomas Annanak  
Lydia Audlaluk  
Jeannie Calvin  
Caroline Couture  
Louis-Frédéric Daigle  
Véronique Dion Roy  
Geneviève Dorval  
Véronique Doutreloux  
Philippe Dufresne  
Victoria E. Forest  
Audrey Flemming  
Jeannie Flemming  
Elisabeth Gagné  
Virginie Gargano  
Suzie Gordon  
Sarah Imak  
Léa Laflamme  
Pierre Lejeune  
Alexandre Léveillé  
Paul Marcoux  
Josée Michaud  
Laura McKeeman  
Claude Morency  
Julie Nastapoka  
Julie Picard  
Michel Poulin  
Linda Shipaluk  
Évelyne Thibault  
Mina Tukai  
Amelia Tukkiapik Whiteley

**COMMUNICATION  
AND TRANSLATION**

Minnie Amidlak  
Annie Baron  
Nicolas Baltazar  
Brigitte Chalifoux  
Caroline D'Astous  
Nina Gilbert  
Alasie Hickey  
Nathalie Labonté  
Irène Langis  
Josée Lévesque  
Robert Mackey  
Émilie Pelletier  
Eva Pilurtuut  
Ida Saunders  
Jenny Simpraseuth  
Rhéal Séguin

**DENTISTS/RESPIRATORY  
THERAPISTS**

Élaine Audet  
Lucie Bélanger  
Hélène Fournier-Noël  
Marie-Rose Gagnon Beaumont  
Isabelle Gauthier  
Gabrielle Gingras  
Ariane H. Morin  
Cassiopée Paradis-Gagnon

**GROUND-STAFF**

Stéphane Anctil  
Julien Arsenault  
Marie Bernard  
Justine Blanco Lalande  
Christian Brunet  
Virginie Chadenet  
Catherine Godin  
Josianne Grenier  
Dominique Hamel  
Robert Ladouceur  
Trina Manac'h  
Laurence Millette  
Guillaume Proulx  
Sylvie Ricard  
Camille Tremblay-Fournier  
As well as all local research assistants  
and local logistics staff

**ADMINISTRATIVE SUPPORT  
AND INFORMATIC TECHNOLOGIES**

Vincent Gilbert  
Denis Granghon  
Eva Gunn  
Ginette Laflamme  
Liv Larsen  
Richard Leboeuf  
Sylvie Muller

**DATA PROCESSING, QUALITY  
CONTROL AND LAB WORK**

Véronique Boiteau  
Marc-André Dubé  
Marianne Dubé  
Denis Hamel  
Judith Labrecque  
Jacinthe Larochelle  
Caroline Moisan  
Nathalie Ouellet  
Louis Rochette  
Mélanie St-Onge  
Mélanie Tessier  
Hamado Zoungrana

**COMMUNITY COMPONENT/  
MOBILIZATION**

David Arsenault  
Marie Baron  
Imane Cheriet  
Marie-Hélène Dion-Gagnon  
Sarah Fraser  
Melody Lynch  
Marie-Claude Lyonnais  
Cindy Ruel

**AND MANY MORE!**

\* Each name is listed only once even though it may have been mentioned in more than one category.





# TABLE OF CONTENTS

<b>LIST OF TABLES</b>	<b>5</b>
<b>LIST OF FIGURES</b>	<b>5</b>
<b>INTRODUCTION</b>	<b>6</b>
<b>METHODOLOGY</b>	<b>7</b>
Conceptualizing Inuit health and well-being	7
Community workshops	7
Data collection during the <i>Amundsen's</i> visit to the 14 communities	8
<b>ANALYSIS</b>	<b>9</b>
Validation	9
Ethical considerations	9
<b>RESULTS</b>	<b>10</b>
Foundational health concepts: The IQI model of health	10
Dialectical and vocabulary issues	12
The determinants of health in Nunavik	13
› Community	15
› Family	15
› Identity	15
› Food	16
› Land	16
› Knowledge	16
› Economy	16
› Services	17



<b>CONCLUSION</b>	<b>18</b>
<b>APPENDIX A - DETAILED DESCRIPTIONS OF DETERMINANTS, THEMES AND SUB-THEMES IN THE IQI MODEL</b>	<b>20</b>
<b>APPENDIX B - INTERVIEW EXCERPTS</b>	<b>41</b>
<b>APPENDIX C - QUANTITATIVE ANALYSES OF THE COMMUNITY COMPONENT</b>	<b>47</b>

## LIST OF TABLES

**Table 1** The determinants of health in Nunavik  
P. 14

## LIST OF FIGURES

**Figure 1** Aqpiq model: connecting the IQI model  
and the social determinants of health  
in Nunavik.  
P. 13

# INTRODUCTION

The *Qanuilirpita?* Nunavik Inuit Health Survey was conducted across the 14 communities of Nunavik in the summer and fall of 2017. The goal of the survey was to examine and describe the current state of health of people in Nunavik in order to help define priorities and identify strategies for the promotion of health and well-being in the region. The survey consisted of three parts. The first two were quantitative epidemiological cohort studies focusing, respectively, on youth 16 to 30 years old and adults over 30 years of age. The third part, known as the Community Component, is the subject of this report.

The Community Component was first discussed in 2012 during a regional consultation workshop organized by the Nunavik Regional Board of Health and Social Services about the possibility of holding a new health survey. The goal identified at that time was to ensure that a portion of the health survey would reflect how people in the region understand and experience health and well-being. This would then serve as a starting point for communities to mobilize appropriate responses to health concerns. An understanding of how local contexts and culture shape community health processes and experiences is an important part of developing effective health intervention strategies and tools. The adult and youth cohorts were thus developed alongside the Community Component and all three were included within a process of transitioning from knowledge to action in promoting health.

The Community Component took the approach that a full understanding of Inuit community health can only be achieved if we begin with an appreciation of the social and cultural context of how health is lived and understood within the community. By social and cultural context, we mean the full range of ways of doing, thinking and interacting that support people of all ages in their communities and lives. These activities include how people make a living, work together, engage with the land beyond the community, and interact with others in the community; they also encompass the positive and negative experiences that have shaped people's lives, and the sources of health, happiness, support, and well-being in their lives. These various components are often referred to as social determinants of health, or the factors that shape the health of communities and the people who live there.

In this report (results section and Appendix A), we present an Inuit cultural model of health and well-being, identify

and describe eight social determinants of community health, and use these elements to structure the presentation of the Community Component results. The approach focused on the role of language and culture in defining, experiencing and describing health and well-being in Nunavik communities. The unique linguistic, social and cultural context in Nunavik is situated within an economic and historical reality where different groups of people have different access to the resources and means of healthful living. Colonialism has acted to transform and undermine the sources of health and well-being that supported people. Indigenous peoples in Canada continue to experience inequities, social exclusion, poverty, and poor quality and quantity of services – all of which undermine the health of people and their communities. The approach described in this report is an effort to rebalance the conceptual framework for population health surveys in Nunavik by providing a structure for understanding health that is coherent to Inuit and supportive of community mobilization. Likewise, the eight determinants of health are derived from the analysis of community data about the sources of health and well-being at the community level. Throughout the community component process, we sought to focus on the specific cultural context of health determinants, experiences and disparities in Nunavik with the objective of providing direction that could be acted on by regional health, community and government authorities.

The objectives of the Community Component were to:

- Describe Inuit concepts of health and well-being as they relate to health determinants and community living;
- Better understand how conditions and resources in communities contribute to the health of people living there;
- Focus on the sources of strength and resilience in each community to describe how the people respond to health challenges;
- Using the framework developed, measure and describe community health and well-being across all 14 communities in Nunavik;
- Provide information to the Nunavik Regional Board of Health and Social Services and community representatives who will work to develop action plans and interventions for responding to the needs identified in the Community Component.

# METHODOLOGY

## CONCEPTUALIZING INUIT HEALTH AND WELL-BEING

The Community Component process started with a review of frameworks and literature that describe how health is understood, lived and enacted within the communities of Nunavik. The Community Component is based on the assumption that the factors that shape health for Inuit will be peculiar to northern lifestyles, villages and landscapes, as well as to Inuit histories and culture. This follows closely the definition of social determinants of health used by the World Health Organization:

They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems. (W.H.O. Social determinants of health. <https://www.who.int/health-topics/social-determinants-of-health>)

The social determinants of health approach is a well-developed conceptual framework that has been applied in numerous contexts of Indigenous peoples' health. A key report in Canada is Reading and Wien's *Health inequalities and social determinants of Aboriginal peoples' health* (2009). An important distinction made in this report is between the proximate, intermediate and distal factors that influence Indigenous health.

Two key reports from Inuit organizations provided direction for developing a model. First, we reviewed the Inuit Tapiriit Kanatami (ITK) report *Social determinants of Inuit health in Canada* (2014). Like our report, it was intended to organize the principal factors that influence Inuit health. It was based on a literature review and consultation with Inuit organizations and stakeholders. The ITK report proposed ten social determinants of Inuit health. Second, we read in detail the Parnasimautik Consultation Report (2014) to identify health determinants within the various sections. The Parnasimautik report presents the results of Nunavik-wide meetings conducted in response

to the Québec government's Plan Nord policy and strategy. Therefore, it was not designed as a report about health. However, it included contributions from the full range of Inuit organizations about the future of Nunavik and helped to inform our analysis of health determinants. The Parnasimautik and ITK reports were developed by Inuit organizations and are thus windows into Inuit priorities and concerns, including local conceptions of health and well-being.

These two reports were particularly important for developing a thematic approach to the Community Component report. Finally, in preparing for data collection, we studied academic publications, dictionaries, glossaries and other language resources in order to draw up a lexicon of health-related terms in Inuktitut. Working sessions with Inuktitut language experts Aani Baron and Ida Saunders provided depth and diversity to the language and semantics of health and healing for Inuit. Through these efforts, we strove to build a general sense of the language of health that would serve as the foundation for a conceptual model of health and well-being.

## COMMUNITY WORKSHOPS

The preliminary research and literature review served to prepare for community workshops that were held in Puvirnituk and Kangiqsujaq. The principal objective of the workshops was to describe a model of health and well-being from an Inuit and community perspective. A second objective was to begin to identify social determinants of health that resonate with the communities. Puvirnituk and Kangiqsujaq were chosen for the workshops because they reflect the diversity of communities in Nunavik in terms of size, history and geographical location (Hudson and Ungava coasts). They are also communities where team members had already established good working relationships and that had expressed an interest in participating in the initial phase of the research. Ideally, more communities would have been consulted but this was not possible given the time constraints and available resources. Nevertheless, we are confident that the findings reflect the perspective of Nunavimmiut generally.

The workshops took place over 1.5 days and were held in a natural conversation style with translation between Inuktitut and English or French as needed.

During the workshops we explored the significance of a number of concepts that are required for health in Inuit communities and that are supportive of healthful living. Three basic questions guided the discussions:

1. What is health/well-being and what does it mean to you?
2. What makes you healthy and well?
3. What in your community makes you healthy?

Purposeful sampling was used to select a diversity of participants (men, women, youth and elders) so that a broad range of perspectives could be heard. Ten people in Puvirnituq and eleven in Kangiqsujuaq of different ages and with different roles in the community attended the workshops. Participation was voluntary and participants were compensated for their time. We note that men were underrepresented in both workshops and youth were underrepresented in one. Participants were able to take part in their language of preference (Inuktitut or English). Workshop participants were invited to respond openly to the three guiding questions, and to add any relevant topics regarding their view of community health. Key terms in Inuktitut and direct examples from each community were used as conversational probes. The workshops were audio recorded and notes were taken on flipcharts and individually by two members of the research team. Synthesis of the literature and thematic analysis of the workshop recordings identified key concepts and health determinants that were relevant to each community. This preliminary set of concepts and themes formed the conceptual framework, which served to build the semi-structured interview guides that were used in collecting qualitative data during the community visits.

## DATA COLLECTION DURING THE AMUNDSEN'S VISIT TO THE 14 COMMUNITIES

The *Amundsen* served as a research platform for survey and sampling procedures of the adult and youth cohort components of the *Qanuillirpita?* survey. People were invited on board the vessel to take the survey and undergo physical and biological tests. At the same time, a small team of Community Component researchers went ashore to meet with people, conduct interviews with key community members and organizations, identify community resources

and talk about the role of resources for community health and well-being. Semi-structured interviews, questionnaires, and asset mapping techniques were used. Community visits by the ship lasted between 1 and 4 days depending on the size of the community, the weather and other conditions. The time that could be spent in each community was severely limited by the short amount of time the ship was available for the survey. As a result, there was not enough time to complete all of the Community Component survey tasks. A return visit in January 2018 to 8 of the 14 communities by two members of the research team allowed us to achieve our research goals for each community.

**Semi-structured interviews** were conducted with 3 to 7 purposefully-selected respondents in each community. A total of 64 people from across Nunavik were interviewed. We recruited people who would reflect the diversity of the community: men, women, youth and elders with various roles. We carried out interviews in the language chosen by the respondents: English, French, or Inuktitut. In the latter case, a local interpreter helped with the interview process. The interviews focused on the main health themes identified in the workshops. The semi-structured interview technique allowed respondents to take the discussion in the direction they felt was most important for community health and well-being. The interviews sought community perspectives on a range of topics, including community life, family, relationships with the land, services, access to food, spirituality, as well as how those topics influence and contribute to health. The interviews lasted between 45 minutes and 2.5 hours. Interview excerpts are presented in the results section as well as in Appendix B.

**Asset mapping** was undertaken by three research assistants in order to inventory and describe the resources related to health and well-being in each community. A resource was broadly defined as any person, place, service, institution, or structure that supported the health and well-being of the community. The asset mapping process included identifying the geographic location of the different resources using a GPS and conducting short, structured interviews. The interview questionnaire served to collect information on the programs, activities and services offered by each resource, its targeted clientele, strengths and challenges, and how it contributed to community health and well-being. The purpose of the interviews was to identify sources of community strength and resilience, as well as challenges to fostering community health and how those challenges were being addressed. In total, 365 resources, each providing one or more services, programs or activities were identified, mapped and characterized. The results of the asset mapping are presented in community portraits and resource maps prepared for each community in Nunavik.

*Questionnaires* were undertaken during the visit of the Amundsen in the communities in August – October 2017. Some of the questions addressed key aspects of health and well-being from a cultural and community perspective. These data were used to conduct quantitative analyses under the community component (Appendix C).

## ANALYSIS

The community workshops were recorded, the recordings were transcribed and verified by the research team. The transcripts were then reviewed and preliminary conceptual and thematic groupings were developed using inductive thematic analysis guided by existing Inuit research frameworks.

The conceptual analysis resulted in a model of health with three discrete but overlapping concepts. These are described in the next section.

Initial community workshop data and subsequent interview data gathered during community visits from the *Amundsen* were analysed through an iterative process of thematic coding and cross-coding using the NVivo qualitative software analysis package. Analysis produced a preliminary identification of 12 main themes. A second review of the themes built on feedback from the meetings and project partners resulted in a further refinement of eight themes. Each theme has several levels, or sub-themes. The definition of the themes, or determinants, was shaped by logical connections between the issues identified in the interviews and the practical need for a manageable number of categories. In all cases, the issues identified were cross-cutting and linked to other determinants and sub-themes within the broader conceptual model of health. The analysis presented here has reduced some of that complexity in order to bring clarity to the issues and to develop pragmatic solutions. Taken together, the eight determinants provide a multifaceted and holistic conceptualization of community health and well-being in Nunavik.

Given the mandate to identify the sources of resilience and strength inherent to the communities, families and people of Nunavik, the analyses and thematic development maintained a focus on what makes people healthy and well, as opposed to what makes them sick. The analysis was oriented to a constructive and solutions-oriented approach.

## VALIDATION

In October 2018, the team returned to Puvirnituq and Kangiqsujaq to validate the entire analysis process and the resulting conceptual framework, as well as to get feedback on the best way to present the results. In each community, a small group of participants from the first workshops attended the meetings held at that time. The validation process unfolded over a day in each community and the meetings were well attended. The preliminary set of 12 themes were reviewed in greater depth and discussed during a regional meeting with the mayors of Nunavik communities in Kuujuaq in May 2018. Members of the Nunavik Regional Board of Health and Social Services were also consulted while the research team was in Kuujuaq.

A reanalysis based on feedback gathered produced a new series of eight themes and the three dimensional health model was finalized in January 2019. The conceptual and operational validity was reviewed by the Nunavik Regional Board of Health and Social Services. The model was then presented to the *Qanuilirpitaa?* Steering committee in December 2019. A second validation by video conference was undertaken with the communities involved in the initial consultation. Finally, the model was presented to the *Qanuilirpitaa?* Data Management Committee in December 2020 which, as per the committee's mandate, accepted this final version. In all cases, the validation process was characterized by sincere and thoughtful interventions by all.

## ETHICAL CONSIDERATIONS

The study was approved by the CHU de Québec's Comité d'éthique de la recherche. The *Qanuilirpitaa?* steering committee of the Nunavik Regional Board of Health and Social Services reviewed and approved the proposed methodology. The *Qanuilirpitaa?* survey is subject to a data sharing agreement that is overseen by a data management committee. Prior to obtaining oral consent from each participant, the research team provided participants with a description of the study, the implications of being involved, assurances of anonymity and the right to withdraw without repercussions at any time. Authorization was granted by all participants for audio recording of interviews and workshops.

# RESULTS

## FOUNDATIONAL HEALTH CONCEPTS: THE IQI MODEL OF HEALTH

The opening statement that we heard on the first day of the workshops and that has been reaffirmed throughout the Community Component process is that language (uqausiq) and culture (iluqutiq/piusiq) are the foundation of health for Inuit. They form the basis of identity and emerge from a way of living as Inuit that is present in the memory, the values, the bodies, and the practices of people in Nunavik. While much has changed in recent generations – living in permanent communities being the most obvious example – a fundamental and enduring way of being together prevails. The term piusiq encompasses the idea of community life or the behaviour of the community. More precisely, nunaliup piusinga translates into ways of doing that belong to the community. These include every aspect that keeps the community well by helping it to work together. Nunaliup piusinga represents the way of life or the “core of things” and refers to both the strengths and values of the community and how these are known and shared. Iluqutiq is a second term that refers to culture and it involves ways of thinking, acting and doing that are specific to Inuit. Together piusiq and iluqutiq constitute an Inuit frame of reference for experiencing health and well-being. Language serves to situate people in relation to each other in the community and allows people to share experiences and internal and subjective states. Through language, people organize and recognize each other as sharing Inuit identity and ways of being. For many people, the true feelings of experience, joy and hurt, as well as the meaning of life can best be expressed in Inuktitut. Locating health in language concepts allows an Inuit experience of health to inform the analysis of the Community Component. This opens up the possibility of describing health in ways that contrast with the prevailing “Western” vision of the health care system, structured as it is according to southern provincial and national norms.

A great deal of information was shared during the community workshops and from this, three key concepts that describe different scales and orientations of health were identified. These are ilusirsusiarniq, qanuingsiarniq, and inuuqatigiitsianiq. These terms have been explored in depth with Inuktitut language experts in Nunavik. The model and terminology were also verified with people of Kangiqsujuaq and Puvirnituaq during the validation phase.

**Ilusirsusiarniq** is a broad term that relates to the body. The root ilusiq is widely recognized and is used regularly in everyday discourse in Inuktitut; it is also commonly found in publications from health authorities. In an Inuit model of health, the body is imbued with strength and capacity through the energy and nourishment of blood-rich animals. The blood of a person carries energy through the body allowing him or her to feel strong and to be active. Conversely, feelings of tiredness, lassitude and disinterest are often attributed to a reduction of energy in the blood that requires good country food to be replenished. Favoured and sought-after animal foods (seal liver, fresh meat, mattaq, dried caribou, etc.) all replenish the blood, bringing vitality back to the person. Gaining access to energy-rich food requires that people are successful in hunting and that the catch is shared – in other words, that they engage in social actions that link the body to networks, other people and ways of doing. Also embedded in the term ilusirsusiarniq is the sense of “things taking their intended form”, a concept which presumes that health is the normal state of human beings from birth onwards. It is an unfolding of an inherent potential within every person as they grow and age. The ability to work, to use the body for its intended functions, to learn and master skills, and to do what needs to be done to live are all features of that condition. Ilusirsusiarniq includes a sense of inevitability about some health events that may seem like fatalism to non-Inuit but that is better pictured as being part of a person’s normal progression along the path of life. The body gets weaker with age, and people need more help from family and friends. This is normal and even a rewarding time in that the social world can compensate and mitigate bodily health problems. Regardless, ilusirsusiarniq is a conceptualization of



health that is normal and not “earned” or achieved, that reflects an openness to differences between bodies and people, and which is understood to be beyond human control and which thus calls for humility in the face of disease and infirmity.

The second term **qanuinnngisiarniq** is quite broad in meaning. It encompasses feelings of being comfortable, content, and without worries or pain. The term is framed as a negative (-ngi-), which conveys the sense that the absence of pain or being unaware of pain, difficulty or troubles is a state of well-being. People experience qanuinnngisiarniq when they are able to move forward with what they are doing with fluidity and ease and can feel fully relaxed in their homes and lives. The term is often translated as “well-being” in English, but it encompasses a broader semantic scope of experience that includes mental, physical and social states respectively; to be unworried, to feel comfortable, and to be happy and comfortable with others. Thus, freedom from the emotional distress caused by grief or adverse life experience, or simply the capacity to relax after a day of work is one facet of qanuinnngisiarniq; the satisfaction of eating a good meal and of plenitude, warmth and energy (aqqiatuq) is another. Finally, to share in a joy-filled afternoon picking berries with friends, laughing and conversing, or simply having loved ones around are also experiences of qanuinnngisiarniq.

The final term of the model, **inuqatigiitsianiq**, refers to harmonious relations among people who share a place. An always important consideration for Inuit, the quality of relations with family, friends, neighbours, and people within the community (including non-Inuit) is a key dimension of the lived experience of health. Inuqatigiitsianiq is seen in the close attention given to the quality of relations at work, in the home and in the community generally. There is an appreciation for being together in a way that is comforting, supportive and productive. Tensions that emerge between people can cause ripple effects of discomfort, sadness, anger and frustration among those who are affected by them. Conversely, when relations are comfortable and fluid, much can be accomplished with ease and people may share joy. At the household level, the relations of couples and their ability to work as a family across generations is part of this quality of social health. Likewise, the capacity of a municipality to have productive employees who provide the needed services of a community and to

work well amongst themselves is characteristic of inuqatigiitsianiq. On a broader scale, the sense of being well represented by political, regional and intergovernmental relations that bring effective responses to the evolving needs and aspirations of Inuit are also encompassed by the term. In the everyday life of people in communities, inuqatigiitsianiq is most often reflected in the sense of knowing and trusting people in the community, of recognizing each other and working well together. In the time before the establishment of permanent communities, inuqatigiitsianiq was a quality that individual camp and family group leaders would work to instill amongst people. This is still the case today, but the density of relations is broader and community members are much more numerous and diverse than in the past. The principle of inuqatigiitsianiq remains a major feature of the Inuit conception of community health.

Since Inuktitut is a polysynthetic agglutinative language, the three terms of the IQI are constructed from a sequence of lexical morphemes around a central term. The structure of these sequences is shown in the box below (p.12).

Taken together, these three concepts bring conceptual clarity to culturally relevant experience and socially grounded processes of health at the individual and community levels. Ilusirsusiarniq, qanuinnngisiarniq, and inuqatigiitsianiq are the pillars of an Inuit model of health. They have been used in this report to provide a thematic guide for the analysis of the interview data gathered during the community visits of the research team in 2017. They are not mutually exclusive categories but rather overlapping themes that have helped guide our analysis. The idea of qanuinnngisiarniq in particular is a linking concept that reflects the positive effects of ilusirsusiarniq and inuqatigiitsianiq. In the rest of the report, we refer to this as the “IQI” model. This expression thus serves as shorthand and a replacement for the more typical terms “health and well-being” found in English. The IQI model is used to organize how the determinants of health were identified and studied in the Community Component. By focusing our research around these concepts, we hope the report and the community health strategies it inspires are meaningful and effective for Nunavimmiut.

## DIALECTICAL AND VOCABULARY ISSUES

According to the language experts who contributed to the Community Component, the meanings of the terms *ilusirsusiarniq* and *qanuinnngisiarniq* are sometimes confused in the minds of people because they are often used imprecisely and interchangeably by health care, government and social services systems when naming committees, programs and interventions. Working in a multilingual Inuktitut-English-French environment with imperfect and variable comprehension across languages lends itself to such confusion. Even in English and French, health and well-being are often taken to be the same thing and distinctions between mental and physical health are masked within each term.

Inuktitut is very much the language of everyday life in Nunavik. Several studies have shown the remarkable vitality of the language in Canada today. As is the case in all societies, individual vocabulary and language sophistication vary for any number of reasons. Not everyone will recognize the terms used in the model and there may be some variation in the meanings associated with them. Nevertheless, even when people do not recognize the terminology, we have found that they recognize and affirm the validity of the various concepts when an explanation is provided. Finally, there are many more concepts and Inuktitut terms in the Inuit experience and understanding of health than are presented in the IQI model.

The analysis here is focused on *ilusirsusiarniq*, *qanuinnngisiarniq*, and *inuuqatigiitsianiq* because they represent a degree of conceptual detail that allowed for a systematic and manageable appraisal of the collected data in the time available and in compliance with the objectives of the Community Component of the *Qanuilirpitaa?* survey.

### Constructing the meaning of the terms

The minimal definitions of the terms of the IQI model are as follows:

#### **Ilusirsusiarniq**

ilu-: inside of something  
 ilusirsu: engage in a habit, or be in any physiological state  
 tsiaq-: do something in a good way  
 niq-: nominalization  
**The state of habitually and normally feeling good in one's body and physiological state.**

#### **Qanuinnngisiarniq**

qanui-: something is wrong, or a misfortune (qanuk, how, and -i-, negation meaning)  
 -nngit-: negation  
 tsiaq: to do something well, in a good manner  
 niq-: nominalization  
**The state of not feeling bad, of being undisturbed by negative forces.**

#### **Inuuqatigiitsianiq**

inuk: human being or Inuit person  
 -u-: to be  
 inuu-: be Inuit and be human, be alive  
 -qatigi-: together (do, be together)  
 -i-: verb indicator  
 tsiaq-: to do something well, in a good manner  
 niq-: nominalization  
**The act of living harmoniously and well together as people.**



## THE DETERMINANTS OF HEALTH IN NUNAVIK

Eight themes emerged from the analysis of the data collected during the Community Component process. We present these as a series of health determinants relevant to community-level experience. They are:

1. Community
2. Family
3. Identity
4. Food
5. Land
6. Knowledge
7. Economy
8. Services

These are presented in Table 1 and are described in detail in the next section. Several determinants have sub-themes embedded within them, and all of them have numerous items that detail the specific content of the themes and sub-themes. The aim was to produce a pragmatic structure that would allow for a synthesis of a broad range of information, while reflecting the diversity and number of issues raised by people in Nunavik. We also kept in mind the importance of bridging the research conducted as part of the Community Component of *Qanuilirpitaa?* with the community mobilization process that would follow. To that end, each determinant, sub-theme and item can be seen as a potential lever for action, services and programs in public health and community development. Although the use of these themes is a practical way to organize a broad range of information, it is important to highlight the great deal of interaction and overlap between determinants, sub-themes, and items.

Each of the eight determinants can be viewed through the three dimensions of the IQI model: *ilusirsusiarniq*, *qanuinnngisiarniq*, and *inuqatigiitsianiq* to produce a 3 x 8 matrix of analysis and action. Additionally, the determinants are not discrete elements but intersecting and mutually influencing processes through which

community life is animated. In Figure 1 we present a graphic synthesis of the foundational concepts, IQI model, and the eight determinants of health. Table 1 presents a complete list of sub-themes and items for the eight determinants. Each determinant is described below and illustrated by a few brief citations from the interviews and conversations held over the course of the data collection phase. Further detailed results of the analysis for each of the eight determinants are presented in Appendix A. Additional interview excerpts are presented in Appendix B in relation to each determinant.



**Figure 1** The IQI model and the social determinants of health in Nunavik.

**Table 1** The determinants of health in Nunavik

Determinants	Sub-themes	Items				
COMMUNITY	Ways of living together	Altruism	Awareness	Expectations	Inclusion and rehabilitation	Intergenerational link
		Involvement	Recognition	Respect	Social support	Communication
		Elders	Outsiders	Visiting and gathering	Feeling safe in the community	
	Infrastructure	Building infrastructure	Municipal services and functioning	Leisure activities, sports and recreation	Justice	
	Housing	Accessibility	Sense of home	Structure		
FAMILY	Sense of family	Harmony	Adoption	Raising children/parenting	Grandparents	Roles within the household
		Extended family connections and mobility				
IDENTITY		Childhood and youth experience	Connection to culture	Cultural activities	History	Impacts of southern culture
		Language	Pride			
FOOD		Sharing	Harvesting	Food quality, adequacy and quantity	Food preferences	Food regulations
LAND	Accessibility	Land as healing	Taking care of the land	Outdoor activities		
	Safety and security	Search and rescue	Practices	Knowledge		
KNOWLEDGE	Leadership	Governance	Empowerment		Inter-agency collaboration	
	Education	Skills development	Schooling	Administrative knowledge		
ECONOMY	Making a living/providing	Job opportunities	Work (ethic, conditions, competences)			
	Local and regional development	Access to goods	Cost of living	Expertise	Funding	
SERVICES	Health services	Mental health services	Physical health services	Community health initiatives and sustainability		
	Trauma and healing	Acknowledgment	Coping	Cultural safety	Faith	Grieving
		Harm and self-harm	Healing services	Intergenerational trauma	Nurturing	Readiness

**COMMUNITY** is a central determinant that shapes health and well-being in Nunavik. It concerns the social, physical, and built spaces of the communities of Nunavik, and consists of a complex web of interconnections and dynamics between individuals and groups within the geography of each municipality, as well as the infrastructure supporting community life, including municipal services, housing, roads and transportation. This theme encompasses three sub-themes: ways of living together, infrastructure and housing. Ways of living together refers to a range of relational issues like respect, altruism and social support; the role of elders and intergenerational knowledge transmission; and interactions like visiting, the place of non-Inuit and inclusion. Infrastructure concerns buildings, essential and municipal services, leisure, sports and recreation, and justice. Housing concerns accessibility, structure and sense of home.

That's what I love about being in a small community, because you don't see people starve to death, you don't see people sleeping outside. Because if you see someone, 'You can stay at my place, or something like that. That's what I loved about working together. -1003

It means connection, communication, just being together, just having, I don't know, lunch together. -302

Before, we only relied on our traditional values and knowledge from our parents. Now, there are lots more new ways of living. There are sports, we have hockey now, and we have the Youth Centre. There are all sorts of other programs available, they have group homes where people can go if they have problems. -301

**FAMILY** focuses primarily on kinship and affective relations between family members across generations, with an emphasis on youth. Kinship encompasses the extended family or ilagiit and Inuit-specific cultural customs, like the practice of customary adoption. Family harmony, connections with extended family members, and parenting also greatly influence the "sense of family". Societal changes have led to the reorganization of traditional roles and responsibilities. Relationships between people are also at times challenged by these changes. The Family determinant is shaped first and foremost by a sense of belonging and harmony. It includes the sub-themes of raising children/parenting, grandparents, adoption, roles within the household, and extended family connections and mobility.

Family is very important. We do picnics, and a lot of visiting one another. We go to work everyday and do what we have to do, then we all go to special events together. -201

We are growing our grandchildren. We are trying to raise our grandchildren and the parents are skipping their role because the responsibility skipped from our parents, from us, to the kids. Some of my kids have no tools to parent a child. -701

**IDENTITY** is a core dimension of Inuit health that situates the individual within a historical trajectory of Inuit culture, territorial occupation and practice, while guiding him or her as an person in a present-day Inuit community. Questions of identity, and of the strength and value of being Inuk at the present time are the subject of much discussion in Nunavik today. Connected in part to broad societal discourses about social belonging and cultural authenticity in the context of globalization and ongoing pressures of adapting to outside cultural norms, the question of identity in Nunavik takes place in a region that has become more ethnically diversified: the number of non-Inuit living there is increasing and the number of mixed heritage families is on the rise as well. As an individual concept, identity lends itself to self-reflection and comparison of people and communities over time. Collectively, identity serves as a marker of inclusion and belonging within Inuit history, knowledge and a set of practices. Identity details the connection to culture, language, pride, cultural activities, history, childhood and youth experiences, interactions with public and private agencies and institutions, and the impacts of southern culture. Identity is not finite; it is an ongoing process of negotiation with meanings and levels of importance that shift with situations and internal and external events.

We want to reconnect with our elders. Since we can't get back to living in the old days, we have to find modern ways to emphasize culture and suff. The youth strongly believe that if they are taught their culture and identities, they would have more power to say 'Ok, here is who I am and I am representing myself.'. We want them to be confident. -304

We speak a lot of your language. A lot of people are still practicing, like sewing, crafting and such with the culture. A lot of camping still happens. I mean, it's not traditional how we do it, but a lot of stuff that happens are with the culture as well. -1307

**FOOD** is a physical necessity of life that carries equally important social, cultural and economic dimensions. The production of food is fundamentally linked to Inuit geography. Who goes on the land, how, when, and where is linked to social, historical and familial ties with different places in Nunavik. Likewise, a deep knowledge of animal behavior and biology, geography, and seasonality, are all engaged in the process of gathering food. The knowledge and skills required to operate, maintain and repair equipment are also important. Having the resources to purchase equipment or a network of people to travel with and share equipment for gathering food is critical to accessing food from the land. Food from stores is also an important part of the diet. In order to have a healthy diet, people require knowledge to purchase wisely, adequate financial resources, and skill in preparing meals. In all cases, food production, sharing and consumption call on the values of generosity and mutual aid that are part of Inuit culture and practice. The taste of food and being able to satisfy cravings for specific animal parts and preparations of traditional foods are an important part of maintaining a strong body and a healthy sense of well-being. Finally, eating together is a great source of pleasure that brings generations of families and friends together. As a health determinant, food is well represented in each of the three dimensions of the IQI model. Sharing, harvesting, food quality, adequacy and quantity, preferences, and regulations are all encompassed by this theme.

I'll invite them. But sometimes, people will already be visiting here, so I'm like 'Ok, I have visitors. I need to cook something bigger'. Just because I have this sense of not wanting to have this person feel left out. It's just my sense of caring. -103

When, in the summertime, men go net fishing, when they arrive, people can always get some food, fish. That's a strength. When they get beluga, they cut it and everybody is getting a piece, meat, same with walrus. Even the school closes because they have to go to the other side to get some seal. Even the students go there. That is very fun. -502

**LAND** is practically and symbolically the foundation of health, healing and well-being in Nunavik. Historically, survival depended entirely on the land and its resources. Knowledge of these times and practices is still vital today even though Nunavimmiut no longer rely solely on the land for all the necessities of life. Nonetheless, the land holds profound personal and spiritual meaning and provides much of the food consumed. Two core components underlie this theme: accessibility (for the purpose of healing, caring for the land, and outdoor activities) and safety and security (understood in terms of search and rescue, practices and knowledge).

This land here, because of the vegetation, not so much the game or anything, but because it's a beautiful place. There are a lot of places where you can go and just heal and enjoy life. That's it. The land here always helps people to bounce back again. -101

From a very young age, we start to follow our parents and that's when we learn survival skills and hunting skills. -1203

**KNOWLEDGE** is a prerequisite to effective action in the community, in the home, on the land or at work. It is also the first step in actions leading to health, healing and well-being. The determinant of knowledge encompasses the ways in which people learn and educate themselves in order to make a living; it is the basis for decision making in all spheres of life, as well as in regard to how to be a good member of a community. The Inuit system of knowledge and beliefs is central to the community way of life and decision making, but it now exists alongside the teaching of southern-influenced schooling and administrative processes. Knowledge is a complex theme that changes over the life of an individual and that has multiple sources. This determinant encompasses leadership, including governance, empowerment and inter-agency collaboration, as well as education through skills development, schooling and administrative knowledge.

We have very good leaders. They are chosen. We have a very good rescue team. With the police and nursing, we have good communication and we work well together. -201

I want the youth to wake up. I want them to realize how education is very important and to be aware of our community, the problems of our community. -1003

**ECONOMY** refers to the ways in which people make a living, either through the land-based and/or the market-based economy, and to community development generally. It influences health and well-being in various meaningful ways from both individual and community perspectives. The way people make a living influences their quality of life and that of the community. The contribution of the land-based economy (sometimes called the "informal" economy) is imperative to community health and well-being. The cash or market economy is also a key part of communities today. Employment practices and the work environment will also have a significant impact on the motivation and reliability of workers, and ultimately on the quality of life of community members. This determinant thus encompasses the different ways that people provide for themselves and their families, how they make a living, and how they work together for community health and

well-being. It includes everything related to work (conditions, competencies, income) and job opportunities, local and regional development, access to goods, cost of living, expertise and funding.

I think some people, middle-aged people, were able to make good use of their royalties from the mines and start to purchase big, useful items like bigger speedboats, skidoos and trucks too. -702

I think Nunavik is working very hard trying to get resources that are developed in our region because we cannot rely on outsiders. -1402

**SERVICES** are an essential part of health, well-being and healing, as their quantity, quality and relevance will have a direct impact on people's lives. The history of the communities of Nunavik is intertwined with a complex settlement process that saw the creation of permanent communities connected to the provision of services and the arrival of government benefits. Colonialism, acculturation, social change and other forms of structural, physical and symbolic violence have pushed many communities into periods of hardship, and these traumas have been passed down through generations. Many people feel the weight of trauma on their lives and those around them, but struggle to acknowledge or verbalize their issues. Substance misuse, addictions, destructive and dangerous behaviours are said to numb the pain that people feel. Recognizing the factors that induce trauma and identifying the best healing and health practices are important to moving toward community health and well-being. The Services determinant focuses on health-related services (mental, physical and community initiatives), as well as less formal community-level institutions and actions that are sought out to address trauma and support healing,

including positive assets such as acknowledgment, coping, cultural safety, faith, nurturing, readiness and healing services, and factors affecting health (grieving, harm and self-harm, intergenerational trauma).

In some communities, things like positive programs are having a positive impact. But here, it's like it goes on for a while and dies down. Not ongoing. No consistency. -701

When we feel we need community gathering, like a circle, that happens not often, but when we feel as a community that we need to get together and do a circle, and pray, and hug each other, when we feel that is sort of under stress, we do a circle outside. -1201

We are not advancing because people are hurt in their hearts, because of trauma, there are many scars to fix, to heal. It repeats everywhere, at work, within the family, in public. There is a lot of anger toward the past. There is a barrier to moving forward. This cuts community development. -1004



# CONCLUSION

At the very beginning of the *Qanuilirpitaa?* survey, Nunavimmiut mandated the research team to describe health from a community point of view. This report represents our best efforts to fulfil that request. The IQI model presents health according to three interconnected dimensions, referred to as *ilusirsusiarniq*, *qanuinnngisiarniq* and *inuuqatigiitsianiq*. The meanings of these terms were explored with recognized language and culture experts in Nunavik and we are confident that they will be meaningful to people throughout the region.

Over the course of the survey, we worked with many people in each of the communities of Nunavik and listened closely to what they had to say. A great deal of information was gathered and the IQI model brings it together. The model allows communities and health organizations to better understand and work with people in order to foster health in each of its dimensions. The IQI model is designed so that an Inuit vision of health can shape decision making and appropriately channel the resources needed for healthy living. In working with a model based in Inuktitut terminology, we have tried to respect and reflect the idea that health is grounded first and foremost in language and culture.

The second part of the health model is the eight determinants of health identified: Community, Identity, Family, Food, Land, Knowledge, Economy, and Services. These categories were derived through an analysis of the data collected in each community. They are intended to provide a balance between the complexity of factors that influence health in Nunavik and a clear structure for understanding and working towards health. The categories do not exist in isolation; it is understood that they all are influenced by the others and that the same health issue is shaped in different ways by each one.

Finally, each of the eight health determinants is looked at through the perspective of the three dimensions of the IQI model in order to exhaustively explore the prevailing conditions of community health. By organizing the complex set of conditions that shape health in Nunavik in this way, it becomes easier to see the underlying features of community health, to organize information, to build programs and interventions, and to direct community action so that it helps people to live well. Ultimately, this was the objective of the Community Component of the *Qanuilirpitaa?* 2017 Nunavik Health Survey.

To conclude this report, we return to the words of Taamusi Qumaq presented on the first page. As a leader at the time when today's communities were just coming into being, Mr. Qumaq described an Inuit vision of what it means to be healthy. He speaks of the importance of well-being, living without worry, being able to move on the land with ease and skill in order to hunt animals and eat the food they provide, and visiting and taking pleasure in the company of family and loved ones. The results of the Community Component of the *Qanuilirpitaa?* 2017 Health Survey show how alive this vision remains today and how this way of being may be carried forward.

# REFERENCES

**Inuit Tapiriit Kanatami.** (2014).

*Social Determinants of Inuit Health in Canada.*

<https://www.itk.ca/>

**Parnasimautik** (2014).

*Parnasimautik Consultation Report.*

<https://www.parnasimautik.com>

**Reading, C. & Wien, F.** (2009).

*Health inequalities and social determinants of Aboriginal peoples' health.*

Prince George, BC: National Collaborating Centre for Aboriginal Health.

**World Health Organization.**

*Social determinants of health.*

[https://www.who.int/health-topics/social-determinants-of-health#tab=tab\\_1](https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1)

(last update 2021)



## APPENDIX A

# DETAILED DESCRIPTIONS OF DETERMINANTS, THEMES AND SUB-THEMES IN THE IQI MODEL

### Community

SUB-THEMES	ITEMS
Ways of living together	Altruism, Awareness, Communication, Elders, Expectations, Feeling safe in the community, Inclusion and rehabilitation, Intergenerational link, Involvement, Recognition, Respect, Social support, Visiting and gathering
Infrastructure	Building infrastructure, Justice, Leisure activities, sports and recreation, Municipal services and functioning
Housing	Accessibility, Sense of home, Structure

<p><b>Ilsirsusianiᑭ</b></p> <p>Social support Feeling safe in the community Communication Elders Leisure activities, sports and recreation</p> <p>Sense of home Housing: structure Municipal services and functioning</p>	<p>Social support allows individuals to access food, goods and services in a context of high cost of living, and is thus intrinsic to bodily health. Other factors include respectful behaviour, strong by-laws and safety measures, such as night guards and curfew hours, as well as safe places for children, women and elders. Health education and information provided through Facebook and community radio encourages healthy living as well. Sports and recreational facilities are also deemed essential, as they provide a safe place to spend free time in a positive and pleasant way, and encourage people to be more active.</p> <p>Housing is another element that has a significant impact on physical health. Although the overcrowding rate and housing comfort have improved over the years, several communities still have unmet needs for suitable accommodations for people experiencing a loss of autonomy or disabilities. Additionally, many Nunavimmiut said their house was structurally inadequate for their needs. With a steadily increasing number of elders, communities also need to provide and adapt support resources. Respondents also mentioned that their health was affected by inconsistent water delivery and sewage pickup, caused by equipment failures, shortage of staff or weather conditions.</p>
---	---



## Qanuinnngitsiarniq

**Inclusion and  
rehabilitation  
Social support**

**Awareness  
Expectations**

**Communication**

**Visiting and gathering  
Accessibility to housing  
Housing: structure  
Elders  
Building infrastructure**

**Municipal services and  
functioning  
Leisure activities,  
sports and recreation**

To be well, people need to feel welcome, respected, safe, and comfortable enough to express their feelings. Many respondents regretted that a lot of people do not seem to want to talk about causes of emotional and mental distress. Likewise, it was felt that some people isolate themselves. Respondents showed great support for initiatives that encourage people to talk about the problems they face and that try to provide better support. This is particularly important as the prevalence of suicide is high in many Nunavik communities, and many respondents reported being very alert to any signs of distress.

Many people stated that they provide support to friends and relatives. Most of the time, this is enriching and rewarding for them, especially when they feel appreciated and recognized. However, it can also be stressful and induce anxiety when expectations or needs go beyond a person's capacity to satisfy them.

People are very attentive to social relations in community life. Many respondents commented on the role that social media has been playing in recent years. While such media are an efficient way to facilitate communication within a community, they also lend themselves to negative activities like cyberbullying and gossiping, both of which are seen as growing problems.

Drug and alcohol abuse are a significant burden to communities. They also undermine the quality of social interactions and can lead people to not feel comfortable visiting others. Among those who took part in the survey, about 40% reported that they were visited on a daily basis. A lack of housing and the extent of repairs needed interfere with a family's ability to feel good in their home. Finally, many Elders said that they are struggling with cultural changes and feel disturbed by the way their community is evolving.

However, some changes have also had a positive impact on the community's development. Respondents mentioned the improvement in the quality of infrastructure. Elders, in particular, stated that they were happy to have running water, heat and comfortable housing. Many respondents expressed pride in Inuit institutions, such as the Coop, and reported being happy and stress free when essential services were delivered properly. They also said that the development of various leisure activities has relieved boredom, and provided communities with enjoyable activities.

## Inuqatigitsiarniq

Feeling safe in the community  
 Inclusion and rehabilitation  
 Respect  
 Visiting and gathering  
 Awareness  
 Social support

Involvement  
 Communication  
 Intergenerational link  
 Outsiders  
 Inclusion and rehabilitation  
 Elders

Building infrastructure  
 Involvement  
 Leisure activities, sports and recreation  
 Housing accessibility

In tight-knit communities, people have strong connections, and everybody should feel welcome, safe and treated with respect. Respondents mentioned that a healthy community has people who visit each other, look out, help and care for others, are aware of what is going on and are ready to intervene if something goes wrong. They also noted that social support is usually very strong during moments of hardship.

Community engagement was viewed by respondents as being crucial to having a lively and vibrant community. Many believed it was essential to promote engagement and opportunities for citizen participation, especially among youth, in order to increase leadership and strengthen social cohesion. Community radio and social media are important means of communication that enable involvement and let people know what is going on. According to results from the survey questionnaires, forty-two percent (42%) of people said that they had taken part in unpaid work in the past year. Furthermore, many respondents felt that community cohesion was slowly fading as a result of the increase in the population and the size of villages, which are now more spread out. Societal changes have also induced a more individualistic lifestyle, as well as a growing sense of exclusion among those who look poorer, are outsiders (come from other communities or from outside Nunavik), or have a criminal background or mental health issues. Furthermore, while Elders are still widely considered as role models and leaders, the gap between them and the younger generations is growing, and bridging that gap has become a challenge.

The need for more infrastructure is also a key concern when it comes to delivering programs and services, as well as gathering people together. Many communities would like to have more opportunities for recreational activities. Some infrastructures, such as the arena and the pool, are only open for a few months in the year. Many buildings lack space and need maintenance or major repairs. Furthermore, many places, such as the sewing centre, the arena and the wood workshop, are gendered, thus impeding the development of inclusive projects. Housing accessibility is also an issue, owing primarily to the limited availability of housing in Nunavik and the procedure for obtaining a house, which is deemed flawed by many.

## Family

SUB-THEMES	ITEMS
Sense of family	Harmony, Adoption, Raising children/parenting, Grandparents, Roles within the household, Extended family connections and mobility
<p><b>Ilusirsusianiq</b></p> <p>Harmony</p> <p>Roles within the household</p> <p>Harmony</p> <p>Grandparents</p> <p>Raising children/Parenting</p> <p>Roles within the household</p>	<p>Harmony within the family supports bodily health, as it provides a safe environment where people are more likely to help each other access the necessities of life. Harmony also reduces the risk of harmful behaviour. A healthy environment promotes a nurturing space, and some respondents mentioned that their relatives' love and support helped them overcome hardship and dissuaded them from harmful behaviours and action. Likewise, having family members who will share food, material necessities and money is an extremely important part of family.</p> <p>Substance misuse problems are often linked to unhealthy family environments and disrupted family ties, abuse and violence. When parents are unable to take care of their children, grandparents often need to step in to provide shelter and food. Elder abuse (physical, financial and emotional) is increasingly recognized and is considered to be a growing problem in Nunavik. Becoming a parent can in itself help people start living better. Several women respondents mentioned they started having healthier habits when they became pregnant.</p> <p>Respondents felt that their most important task, as a parent, is to provide for their children's basic needs, such as keeping them fed and warm. Many respondents explained that it is also important to ensure their children's safety, while letting them experiment and learn how to do things by themselves without getting hurt.</p> <p>At its core, family is about creating and sharing the affective and material requirements for a healthy life. In some cases, financial burdens, addictions and lack of well-paying work make sharing difficult and burdensome.</p>
<p><b>Qanuinnngitsiarniq</b></p> <p>Harmony</p> <p>Extended family connections and mobility</p> <p>Roles within the household</p> <p>Raising children/parenting</p> <p>Adoption</p>	<p>Family harmony supports well-being, as it creates a safe environment where people can find emotional support and peace of mind, in addition to feeling loved, cared for, welcome and appreciated. To be well, people need to feel that they are well looked after and that they are able to reach out easily to relatives and stay connected with family members, even those living outside the community.</p> <p>Each family member plays an important role within the family, especially at the household level. Several older people noted that community life has undermined traditional family dynamics and individual roles and responsibilities. For many generations, men's and women's roles were different, yet complementary. Men focused primarily on the outdoors, going hunting and maintaining equipment, while women were responsible for young children, food preparation, clothing and household tasks. This situation has evolved over the years and many women are now the principal income earners in the family. While many households live happily under these new conditions, several men said that they were deeply affected by the changes and felt lost and ashamed to not be the provider anymore.</p> <p>Teaching good values to children and setting a positive example for the younger generation were deemed fundamental to raising strong and respectful children. In addition, parenting was said to be very gratifying for many respondents, as it represents a very important milestone and provides a great deal of joy and happiness.</p> <p>On the other hand, a broken family causes hardship and pain. Intergenerational trauma has influenced parenting practices and some parents are struggling with their parenting role and how to raise their children according to Inuit values. Customary adoption is a regular practice that is accompanied by a range of emotions from serenity to regret and sadness. For some people, the fact that their child has been adopted into another family can raise profound questions and doubts that may underpin life-long emotional issues, feelings of rejection and questions about where a person belongs. In other cases, having strong and positive bonds with biological and adoptive relatives is comforting and highly supportive of well-being.</p>

<p><b>Inuqatigitsiarniq</b></p> <p>Raising children/ parenting</p> <p>Harmony</p> <p>Grandparents</p> <p>Extended family connections and mobility</p> <p>Roles within the household</p> <p>Harmony</p> <p>Extended family connections and mobility</p> <p>Extended family connections and mobility</p>	<p>Nunavimmiut repeatedly emphasized the importance of community as a whole in raising children, given that children represent the most precious part of a community. Moreover, children and youth who are raised in a nurturing community and who have positive interactions with family and community members tend to do well throughout adulthood.</p> <p>Increasingly, parenting skills are passed on through community resources, such as family houses and the SIPPE program, but parents, grandparents and relatives remain the main source of learning and support. Grandparents are considered to be the guardians of family heritage, as well as the backbone of the family unit. They are important resources for the family, but they also expect and need to be cared for, helped and supported by their children and older grandchildren. This reflects the role that everyone is expected to play in the household in order to ensure everyone is doing well. However, family dynamics are changing, and some grandparents are concerned about the loss of responsibility and respect. In particular, “young grandparents” in their 50s and early 60s are at times becoming a second set of parents to their grandchildren, especially if the parents have problems with alcohol and drug misuse. Half of the grandparents surveyed during Qanuilirpitaa? said that they help to care for their grandchildren. While they like to spend time with their grandchildren, they feel that this renewed parenting role is being forced upon them in situations where children at risk of being taken away by Youth Protection. Moreover, assuming full-time responsibility for young children can be stressful and impose additional demands on the grandparents’ already busy lives.</p> <p>Scattering of family members in different communities and outside of Nunavik can make people feel isolated and sad, especially when they feel they are alone in a community. There is a considerable emotional cost attached to missing loved ones who are elsewhere, feeling homesick after leaving one’s home community, and worrying when it is difficult to contact people who are away. Negative emotions of jealousy and anger can also accompany feelings of isolation and distance.</p> <p>For many people, especially young adults, friends become part of their family. Visiting is still an important component of community life, but this practice is said to be changing. While technology has allowed people to stay connected and keep strong family ties despite distance, it has also created a social distance because many people seem to prefer to stay home and talk on social media than to visit in person.</p>
--	--

## Identity

SUB-THEMES	ITEMS
	Childhood and youth experience, Connection to culture and identity, Cultural activities, History, Impacts of southern culture, Language, Pride
<p><b>Ilusirsusianiq</b></p> <p>Connection to culture and identity</p> <p>Cultural activities Pride</p> <p>Cultural activities Language</p> <p>Cultural activities Childhood and youth experience</p> <p>Impacts of southern culture</p> <p>History</p>	<p>Identity is closely linked to skills that foster healthful living. Having a lifestyle that draws on traditional cultural practices is deemed very important for health. Sewing, hunting, beading, and cooking help to provide healthy food and warm clothes for the family. Hunting, gathering and fishing are in themselves healthy activities. An important feature of Inuit identity is the consumption of foods unique to Inuit diets. Ensuring that very young children enjoy country foods and activities is the focus of particular attention and celebration.</p> <p>Other skills, such as throat singing and carving, are recognized as positive identity markers that have healthy effects on individual emotional strength and may also allow people to earn an income. Strong Inuktitut language skills are closely associated with health, while excellent English and French skills are recognized to be useful for education and employment prospects.</p> <p>Identity may serve as a roadmap for living a healthy and constructive life. Healthy habits learned throughout the early years of life, such as eating country food, going hunting and camping, and playing sports, shape individual identity and tend to be perpetuated during adult years. Over 90% of people feel that going out on the land is an important part of their life, according to results from the population survey component of Qanuilirpitaa?. Childhood and youth experiences have long-lasting impacts on health, as they influence the lifestyle a person will adopt when reaching adulthood. However, negative experiences, such as a lack of opportunities to learn about the land or being surrounded by people with unhealthy behaviour, may be seen as identity deficits that impact individual health and cause identity confusion and self-doubt. Several respondents noted that children start smoking or taking drugs at a very young age, due to bad influences. Additionally, children experiencing physical abuse might turn to alcohol and drugs that put their health at risk. Negative experiences in childhood are closely linked to poor health behaviours and undermine the positive contribution that cultural identity makes to individual health.</p> <p>Southern influences have brought many societal changes to Nunavik. Food and goods are now frequently bought in stores. The introduction of new technologies and increased travel to the South are changing motivations and ways of life in the North, particularly for youth. While living conditions have improved with social housing, many respondents have noticed that health has deteriorated as a result of dietary changes, sedentary lifestyle and the emergence of new diseases. The way people live is closely associated with identity, and changes seen to be imposed by government or other forces are considered to challenge and undermine identity and thus health. The relationship is not necessarily direct as many respondents said they also felt that changes brought new opportunities, such as means of communication, sports, and knowledge about the world, all of which allow them to participate as Inuit in a broader cultural realm.</p>

## Qanuinnngitsiarniq

Connection to culture and identity  
Pride  
Cultural activities

Childhood and youth experience  
History  
Language  
Cultural activities  
Connection to culture and identity

Pride  
Cultural activities

A deep connection to culture is deemed very important for overall well-being, as it empowers people to be proud of their history, family and culture, and to stand up for what they believe. Inuit values teach people how to live happily and well together, and provide guidance in life. Practicing cultural activities is pleasant and fulfilling, prevents boredom and unhealthy behaviours, and helps people to cope and be more resilient. People are also very proud when they achieve an important milestone, such as catching their first beluga or sewing their first parka.

This positive connection to culture usually develops during childhood. For many respondents, childhood memories involved feeling happy being on the land, learning skills and going hunting. However, others had met with traumatic experiences such as violence, neglect and hardship that highly impacted their well-being. Residential school experience, dog slaughter and acculturation policies had also brought major upheavals with significant detrimental, intergenerational and longstanding impacts on people's well-being. Many people reported feeling disconnected from their culture. Those who were unable to speak or write fluently in Inuktitut said they felt self-conscious and sometimes belittled by those with stronger language skills. Many youth who have not had the opportunity to learn how to hunt, fish and survive on the land find it difficult to be interested in activities other than television or computers, and get bored easily. Many people with mixed Inuit and non-Inuit heritage also struggle to feel connected to an Inuit identity, and some are even belittled for not being "Inuit enough". This discomfort can deeply affect their well-being and sense of belonging.

Despite this, Inuit have shown great resilience in the face of historical and ongoing pressure to change. In the population survey portion of Qanuilirpitaa?, 98% of people reported feeling pride in Inuit identity, and most of them made a regular effort to practice, teach, share and preserve their culture. This ability to overcome challenges is increasingly recognized within Nunavik as part of an Inuit collective identity. The accomplishments that have been made make people extremely proud.

## Inuqatigitsiarniq

Cultural activities  
Connection to culture  
and identity

Cultural activities  
History

History  
Connection to culture  
and identity

It is widely recognized within communities that protecting Inuit culture and maintaining strong bonds with Inuit traditions is a pathway to collective health and well-being. Identity is thus linked to cultural knowledge and activities that are essential elements in the functioning of communities today. Maintaining social solidarity, friendships and community functioning is linked to questions of identity and cultural practice. Many people spoke of the importance of cultural practices, such as respecting elders by giving them food or feasts following a young person's first hunt. They also spoke of the important role such practices play in demonstrating community closeness and Inuit ways of living together. Events like community feasts reinforce and transmit identity and its associated values while also providing opportunities to gather people together and foster good community life.

However, some people are concerned that cultural practices are eroding or becoming less relevant to the younger generation. Community development has also been affected by colonization, the influence of southern culture, historic experience of abuse and disempowerment and the resulting ongoing intergenerational trauma. To encourage people to reconnect with their culture and thus reinforce identity, many programs and activities are offered at the community level, such as sewing classes, Junior Rangers and summer camps. Youth houses, community wellness workers, sewing centres and carpenter shops are also important resources to preserve culture and foster community well-being. All respondents noted that when people are busy and have access to multiple cultural activities, they are better off, happier and healthier, and there is less trouble in the community. The quality of relationships within the community is also enhanced by the shared joy and healing these activities can bring.

People acknowledge that history cannot be forgotten and that there is a duty of remembrance. Thus, the importance of preserving the collective memory is integral to community health and well-being. Resources working to share information on Inuit history include Avataq, local museums and initiatives with national parks and Elders, who pass along their knowledge in both formal and informal ways. Despite a considerable amount of community-level effort, there are still important issues with questions of identity at their core that have to be worked on. Among these are child rearing practices and relations among couples.

## Food

SUB-THEMES	ITEMS
	Sharing, Harvesting, Food quality, adequacy and quantity, Food preferences, Food regulations
<p><b>Ilusirsusianiq</b></p> <p>Food quality, adequacy and quantity Food preferences</p> <p>Harvesting</p> <p>Sharing</p> <p>Food preferences</p> <p>Harvesting Food regulations</p>	<p>People need to have access to enough nutritious food to meet basic needs and ensure bodily health. For most people, country food is a necessity of life. Better tasting, more satisfying, and unique to Inuit, blood rich foods from the land recharge the body’s energy. Seasonal variations in northern foods including species that contribute greatly to the diet, such as Arctic char, caribou, and ringed and bearded seals, add variety to the diet over the year. Many people look forward to seasonal changes in foods and feel their impact in their bodies. Many people report that without country food their body becomes weak, they have less energy, and they are more likely to get sick.</p> <p>Berries and plants are also very appreciated for their flavour and may be used for medicinal purposes, such as curing ailments. Some respondents reported feeling that younger people are not always eager to learn how to hunt and that they do not have the skills they need to get their own food when they reach adulthood. Conversely, some young people feel they do not have opportunities to learn these skills even though they would like to.</p> <p>Food sharing is also deeply rooted in culture and tradition. Nowadays, Elders, single mothers and children are prioritized for country food distribution through community freezers and the hunter support programs, and sharing is essential for some people who otherwise would not have enough to eat.</p> <p>However, eating habits have evolved over time. As food preferences are usually linked to childhood habits, the younger generation, raised with southern food, tend to prefer it to country food. Grocery stores now carry items such as tofu, sushi seaweed sheets and spicy sauce. But southern food is costly, and many people are unable to buy enough food for the whole family or end up buying cheap junk food over fruits and vegetables. Several respondents also mentioned that people had gotten used to sweets, soft drinks and salty food, without knowing their negative impacts. Therefore, many people suffer from health problems and diseases (diabetes, cardiac problems) that are associated with nutritional habits.</p> <p>Climate changes also have impacts on country food access and consumption. Increasingly unpredictable weather, particularly between the seasons, is making land use more difficult and impacting animal availability. Some animals have more parasites than in the past and as a result, cannot be eaten. Other species are becoming scarcer and harder to hunt, which has led to limits and quotas. Food contaminants are also a worry, and there is variability in the understanding of public health messages about food safety that include recommendations to limit the intake of some animals. Collectively, these changes are pushing people to buy southern food items instead of eating country food. Store-bought food is expensive and people are not always able to make healthy food choices.</p>



<p><b>Qanuinnngitsiarniq</b></p> <p><b>Food quality, adequacy and quantity</b></p> <p><b>Food preferences</b></p> <p><b>Harvesting</b></p> <p><b>Food quality, adequacy and quantity</b></p> <p><b>Food regulations</b></p> <p><b>Sharing</b></p>	<p>Having access to delicious and tasty food in adequate quantities has direct and indirect impacts on well-being. Feeling well fed and being able to share meals with others is physically and emotionally satisfying. Country food is central to Inuit identity, family and emotional well-being. For many, a concern with food also demonstrates concern for the environment, the land and the ways that people relate to them. Feeling well in this context is thus feeling reassured by the place where people live.</p> <p>Cultural practices around feeding babies are valued and link physical health to social relations. Mothers chewing food and giving small amounts to their babies is an important example. As they get a bit older, young children often take to eating country food with the same enthusiasm as their parents and grandparents. This is a source of pride and pleasure for parents who will often share pictures of their little ones eating raw meat. While many people consider country food to be the food of choice, they also appreciate the diversity of products now available in stores. People report enjoying discovering new recipes. Sushi making, for example, has become very popular in recent years in some communities and is a very enjoyable activity.</p> <p>People also feel proud and happy to provide healthy food to their households and extended family. The very act of harvesting berries and shells or hunting animals is perceived as soothing and pleasant, in addition to allowing people to enjoy fresh air and nature. These activities are often linked to feelings of “healing” from sad and disturbing life experiences.</p> <p>However, a lack of food or an inability to provide food to the household represents an important source of stress for many people. Based on the survey, close to a quarter of Nunavimmiut had not eaten at some point because they did not have any resources to get food. For some, not having enough food is an effect of consequence of allowing other disruptive habits such as drinking and gambling. Not having enough food because of these reasons is a source of shame, anxiety and sadness for the individual and their families.</p> <p>Hunting quotas and regulations on food species like beluga and caribou have been a longstanding source of stress for Nunavimmiut, who fear their access to country food is being compromised. Regulations also foster a great deal of anger, as many believe such measures are not in line with Inuit values and knowledge. People with responsibilities in wildlife management and governance often feel intense pressure because of the social response to regulations.</p> <p>Sharing food is perceived as one of the most important Inuit values and practices. Respondents noted that both giving and receiving food were gratifying because they demonstrate love and mutual support. Elders especially appreciate getting country food from younger hunters, because they feel recognized for their past contribution to the community.</p>
---	--

<p><b>Inuqatigitsiarniq</b></p> <p>Sharing</p> <p>Harvesting Food regulations</p> <p>Food quality, adequacy and quantity Harvesting</p> <p>Food regulations Sharing</p> <p>Sharing Food preferences</p> <p>Sharing</p>	<p>Eating together is the glue of social relations in Nunavik. Groups of family members and friends share meals together, continually reinforcing the quality of social relations in the process. In many cases, Nunavimmiut who share food together regularly have been doing so for generations and long before the creation of the communities that exist today.</p> <p>All communities in Nunavik have infrastructure to assist with community food needs. For many families, the community freezer is the main resource for country food. Close to 90% of survey respondents said they were satisfied with their ability to satisfy country food cravings. However, food availability varies considerably since the management and availability of animals differ from one community to another. In addition, the availability of animals differs from one season to the next. Many municipalities have to make arrangements with other communities to obtain meat throughout the year, but relations between communities are sometimes difficult. The effect of beluga quotas on inter-community relations was mentioned on several occasions. Criticism was also levelled from time to time at the way food is distributed in the community and how the hunter support program is run.</p> <p>Other initiatives, including community kitchens, cooking and nutrition workshops, food coupons, soup kitchens and food baskets, are all seen as being very useful for people in need and interesting for those who want to learn new cooking techniques. Community feasts are always very popular and an important source of collective well-being. Some communities also have community boats and organized expeditions to take people on fishing trips, berry picking excursions or picnics on the land.</p> <p>Beluga quotas are said to have a negative influence on hunting strategies at the individual and community level. They may also undermine generalized sharing of norms that favour close family. People who have little or no chance to go on the land may feel isolated from sharing networks and the positive benefits of country food.</p> <p>Outside formal community programs, a lot of sharing activities also take place between individuals. These activities range from someone offering a piece of bannock and a cup of tea to a visitor to an uncle providing caribou meat to his niece. People also share equipment and resources for fishing or hunting. All activities of this type help to break isolation by enabling people to get together, which reinforces social links, and spend quality time together. Many people mentioned that eating alone is boring and that food is tastier when shared. However, when people do not share the same food preferences, there can be an impact on relationships. For example, some respondents noted that people who dislike game meat prefer to stay home than to go hunting on the land with their family.</p> <p>While sharing is still important, some respondents explained that this practice is changing and affecting community closeness. Because hunting is a very expensive activity, hunters are not always willing to share catches without being paid, and many people sell country food on Facebook. This causes tension within the community, as many people expect to receive free meat. The issue of how much cash is needed and asked for in exchange for food can be problematic when it comes to maintaining harmonious relations. Some people are perceived to be wasting their money on non-essential or irresponsible things and then expecting food from friends and relatives. Persistent expectations without reciprocity can put a strain on social relations.</p>
--	---

## Land

SUB-THEMES	ITEMS
Accessibility	Outdoor activities, Healing, Caring for the land
Safety and security	Search and rescue, Practices, Knowledge

Ilusirsusianiq	
Outdoor activities Healing Caring for the land	<p>Going on the land is deemed essential for good bodily health. Respondents mentioned that the air is fresher and the environment quieter, allowing the body to soothe itself. In addition to providing very important food resources, the land offers natural remedies for ailments. Taking care of the land is of the utmost importance for health and well-being. It includes keeping the land clean of trash and chemicals, as well as protecting the environment and wildlife. Treating animals properly and having sufficient knowledge to be safe on the land are common themes.</p>
Outdoor activities Knowledge Practices	<p>Some people are unable to go on the land because of physical disabilities or lack of transportation. Low income families struggle particularly to buy a vehicle or material to go camping, and many children do not have the opportunity to go on the land. Since the climate in the North can change drastically within a short time span, going on the land can also be hazardous and make people without survival skills reluctant to go camping or hunting. Therefore, being knowledgeable about the land is perceived as very important for health and potentially life saving. Efficient technology and equipment, as well as good training for search and rescue operations are also deemed imperative for safety.</p>
Search and rescue	<p>Every year, despite good arctic survival training, many preventable accidents happen because of reckless behaviour and the absence of safety belts or helmets or other equipment. While the reinforcement of safety rules is not recognized as a priority, the encouragement of safe practices, like making it mandatory for youth going on the water to wear life jackets, is slowly developing in certain communities. Police officers are also being stricter about drinking and driving, and underage driving. The toll of accidental injury and death is still high and needs attention on multiple fronts.</p> <p>Communities also need to have strong search and rescue capacities to ensure community safety. Respondents indicated that this capacity originates from good leadership and leaders' support for access to good equipment and training. Water safety is perceived as a priority, and respondents mentioned that it was very important to give people access to a swimming pool where they could swim and learn to swim safely. Communities without a pool believed that it was a significant need in the village.</p>

<p><b>Qanuinnigitsiarniq</b></p> <p>Healing</p> <p>Outdoor activities</p> <p>Caring for the land</p> <p>Outdoor activities</p> <p>Knowledge</p>	<p>For many, the land possesses healing qualities that engender peace of mind. Many respondents described their relationship to the land as therapeutic and spiritual. Being out on the land enables people to connect with their roots and feel grounded. Formal and church-based healing sessions are sometimes conducted on the land. People who are suffering from emotional pain are often encouraged and given support to go on the land. That being said, although many people are drawn to this type of approach, it is not feasible or desirable for everyone.</p> <p>Increasingly, Nunavik municipalities are developing programs for elders to enable them to go on the land for berry picking, meals or tea, and to simply get out of the community. The supportive and collective aspect of these trips is very much appreciated and is felt to be a good use of community resources.</p> <p>A strong connection to the land can cause mixed feelings toward economic development, such as mining activities. While people are relieved when strong measures are taken to ensure the protection of the land, such as the development of natural parks, they also see the need for the well-paid jobs that come with mining and other industries. This can lead to a lot of stress in communities where opinions about development vary. When people feel listened to, informed and respected by companies and by their fellow Nunavimmiut, they are generally reassured about the impacts of development.</p> <p>While outdoor activities are mostly perceived as a source of joy and well-being, interest varies depending on people's lifestyle and experiences. People going through hardship sometimes struggle to do outdoor activities. Youth with no experience in hunting or camping have a weak connection to the land as adults and may not enjoy these activities. Those with few skills and little experience fear they might get lost or hurt, and might even feel ashamed of their lack of knowledge. In some cases, not having a personal or family history of land use may foster reflection about identity and authenticity.</p> <p>Overall, knowing the land is very empowering and makes people feel confident. It is also a source of pride and self-esteem.</p>
<p><b>Inuqatigitsiarniq</b></p> <p>Outdoor activities</p> <p>Healing</p> <p>Caring for the land</p> <p>Knowledge</p> <p>Search and rescue</p>	<p>Going on the land is a fundamental component of Inuit social life. The land is a place where families and community members spend quality time together, strengthen ties, share stories, and teach and learn the many skills of an Inuit lifestyle. The land is also an intrinsic part of healing processes for individuals and the community. However, going on the land is costly, and the capacity of some people to go on the land depends on their relations with hunters or family members willing to share their equipment and provide transportation and accommodation. Municipal governments regularly support initiatives that bring people on the land, such as community barbecues, camps and other outings. Through hunter support and other regional government programs, they also take great care of the land and provide infrastructure and material support allowing access. At the community level, most municipalities conduct a yearly community clean-up. At the regional level, communities collaborate with each other to protect hunting grounds and water sources. Inuit knowledge and the history of the land base is seen in the mapping and naming of places of interest.</p> <p>Elders are great resources for the community when it comes to learning about survival on the land, and they often share their knowledge with younger generations, and with search and rescue teams when there is an emergency. However, every time an Elder passes away, their knowledge disappears unless it has been shared beforehand. A variety of initiatives, such as radio shows, camps and workshops, have been developed to ensure this knowledge is passed on. Organizations like Avataq Cultural Institute and Kativik Ilisarniliriniq have developed important resources on traditional culture and history. Knowledge of these resources promotes a shared sense of belonging and gives direction for the future.</p>

## Knowledge

SUB-THEMES	ITEMS
Leadership	Governance, Empowerment, Inter-agency collaboration
Education	Skills development, Schooling, Administrative knowledge

<p><b>Ilusirsusianiq</b></p> <p>Governance Inter-agency collaboration</p> <p>Skills development</p> <p>Schooling Skills development Empowerment</p> <p>Governance</p>	<p>Respondents said they felt that strong leadership is necessary to build strategies fostering good bodily health for people. Inter-agency collaboration has been identified as an effective way to develop initiatives for community issues, such as providing food or warm clothes to vulnerable people and responding quickly to emergencies such as a house fire. Strong regulations and bylaws were also deemed crucial to ensure people’s safety and wellness. However, some decisions such as alcohol quotas are seen as a double-edged sword. When quotas are stricter, some communities have witnessed an increase in bootlegging activities.</p> <p>Knowledge is the basis for good decision making around land and water travel. Many accidents are preventable and it is critical that people know what they should expect and how to prepare for travel on the land. Knowing how to deal with accidents and injuries, mechanical breakdowns, weather prediction and managing emergency situations are all key factors in protecting oneself.</p> <p>Respondents noted that people need both formal and informal education to become self-sufficient. Development of skills such as sewing, fishing or hunting allows people to get food and make clothes, while the artistry and skill associated with these activities enhances living environments. Quality education enables people to access knowledge that supports a healthy lifestyle, well-paid jobs and the chance to make a good living. However, many respondents mentioned that people need to be empowered to become independent. Lack of confidence prevents many people from applying for a job or participating in community committees. In the survey, 21% of people said that they participate always or often in board meetings or local committees. Some respondents also said that personal issues prevented people from aiming for higher goals and that considerable self-confidence was needed to report abuse or assault.</p> <p>Elders, community leaders and people in elected and important government positions are expected to be knowledgeable about many subjects. Sometimes the expectations are difficult to live up to or they can be very stressful. People in leadership positions in particular can experience significant amounts of stress in their roles.</p>
---	--

## Qanuinnitsiarniq

Governance  
Empowerment

Schooling  
Skills development  
Empowerment

Skills development

When leaders are encouraging and supportive and lead with positive values they nurture a peaceful environment where people feel comfortable and well. People also need to feel empowered to be engaged within their community and to have hope for the future. When people are strong, well supported and encouraged, they have the confidence they need to move forward and achieve their goals. Respondents also mentioned that leaders and workers enhance their own well-being when they feel useful, competent and important for the well-being of others. It is very rewarding for them to know their work is appreciated and has a positive impact for the community. However, many people said that governing and leading a collaborative process was difficult and stressful, and could create tension and anxiety when people disagree.

Learning can be a rewarding process that increases a person's pride and self-confidence. Being knowledgeable and capable brings a lot of pride and fulfillment. However, learning skills is not an easy task, and some people are not motivated to learn. Moreover, intergenerational trauma influences the perception of school, and current formal learning processes are based on southern models that do not always fit the culture. While a positive and welcoming learning environment fosters the desire to learn, internal problems and tensions lead to frustrated and unmotivated students.

It can be difficult to achieve knowledge about oneself and the impacts of negative life experiences. Many people who have experienced abuse spoke of the need for more therapeutic and healing environments that would allow for healing. More trained Inuit counselors and more support for natural helpers would contribute to these knowledge needs.

<p><b>Inuqatigitsiarniq</b></p> <p>Governance Inter-agency collaboration Skills development</p> <p>Inter-agency collaboration Governance</p> <p>Skills development Schooling</p> <p>Administrative knowledge</p>	<p>Respondents highly valued leaders who have well-developed opinions, good communication skills and a sense of caring for the community. They said that good governance was linked to transparency, listening, cohesion between organizations and a will to work toward common goals. Cooperation facilitates purposeful and beneficial developments for communities, and strengthens community capacity. People argued that it helps shape useful policies that address community needs, even when tough decisions need to be made. Therefore, teaching leadership skills to youth and having role models was deemed important for the development of future leaders, and several initiatives based on identity and culture are being developed to empower youth.</p> <p>However, many organizations operate on different scales and projects, creating gaps, overlapping and tensions among policy makers. Most organizations are also overloaded and, due to a lack of time and funds, they struggle to develop efficient collaboration. Some respondents also noted that community needs are not addressed by provincial and regional governments, and self-determination was thus deemed fundamental for the health and well-being of communities. A healthy community was described as one that controls its own identity and charts its own future in a well-managed and cohesive way.</p> <p>Communities are aware of the need to educate youth in order to transmit cultural skills. Colonization has impaired cultural practices, but most families continue to transfer their knowledge to their children. Several resources contribute as well to skills development. Respondents also noted that quality education was essential for communities seeking to fill employment gaps. Most communities agree they have access to numerous learning opportunities and training, as well as local certification programs that limit the need to travel and thus facilitate family life. These training initiatives are very successful at addressing important needs in the community, such as the midwife training. However, high staff turnover, intercultural challenges and issues at home are some of the factors that undermine the learning capacities of people. There is ongoing concern that non-Inuit are better prepared for many jobs or are given preferential treatment in hiring. This can be frustrating and humiliating.</p> <p>Respondents also mentioned the importance of teaching people about the law, the justice system and the banking system. These southern systems were implemented through colonization and are sometimes poorly understood, especially since most administrative documents are only available in French. Life skills, such as budgeting and finances, also represent a challenge, and more resources are needed to strengthen administrative knowledge.</p>
--	--

## Economy

SUB-THEMES	ITEMS
Making a living	Job opportunities, Work (ethic, conditions, competences)
Local and regional development	Access to goods, Cost of living, Expertise, Funding
<p><b>Ilusirsusianiq</b></p> <p>Access to goods Job opportunities Work</p> <p>Cost of living</p> <p>Access to goods</p>	<p>The ability to meet basic human needs is imperative for bodily health. In addition to having a house and access to food, having a means of transportation for every season was identified as essential for Nunavimmiut. To be able to afford these goods, people need to make a decent living through a wage-earning job. According to results from the survey questionnaires, less than half (45%) of respondents had a full-time job. A core requirement for work is being healthy and available, but some respondents noted that alcohol and drugs have a strong influence on people's ability to work. Parenting and grandparenting responsibilities can also limit a person's participation in the wage economy, especially when daycare services are intermittent or limited due to long waiting lists.</p> <p>The ability to afford the necessities of life is undermined by the high cost of living in Nunavik. In the survey, 30% of respondents reported that they had enough money to meet their needs. Some respondents noted that most of their income is spent on food and it is difficult for them to purchase other goods to make everyday life more comfortable. Various sources of funding help to counteract the high cost of living, such as the hunter support program and gas subsidies, but some are only available seasonally.</p> <p>In some cases, addictions to smoking, drinking or drugs can have a large impact on the money available for food and other necessities. They have negative impacts on health either directly through consumption or indirectly through reductions in resources available for meeting basic needs.</p>
<p><b>Qanuinnngitsiarniq</b></p> <p>Access to goods Cost of living</p> <p>Work Expertise</p>	<p>Being able to afford essential goods gives peace of mind and is particularly reassuring for family providers. However, in addition to being able to acquire essential items, having access to equipment and non-essential goods, such as a television or a smartphone, can lead to a better quality of life. That being said, some respondents noted that many people are engaged in conspicuous consumption, and this can create feelings ranging from anxiety to pride. Furthermore, the high cost of living erodes people's overall well-being. Some respondents mentioned that life was not "fun" because they needed to work endlessly to make ends meet, and some goals, such as home ownership, were unreachable.</p> <p>However, work is not always a burden, for it not only allows people to make a living, but it also enhances a sense of accomplishment. Meaningful work makes people feel comfortable and proud. Positive working conditions include feeling supported, being able to share workload with colleagues, having a flexible schedule, and achieving a good work-life balance. Having the right expertise to support the community's needs and feeling competent are also very rewarding. On the other hand, a toxic working environment creates tension and reduces the motivation of workers. A lack of funding can also stunt the development of community-led initiatives and discourage people with innovative ideas.</p>



## Inuqatigitsiarniq

### Cost of living

### Job opportunities

### Work

### Expertise

### Funding

The high cost of living in Nunavik is managed in part through kinship and other sharing networks. People share not only food, but also goods and services. While many respondents expressed a preference for ownership of goods (vehicles, equipment, etc.), the independence it provides and the fact that it helps to avoid bothering others, they also said that sharing strengthens bonds of kinship. Respondents noted that the high cost of living can have a negative impact on community relations. Some stipulated that only people earning income illegally could afford to go fishing and hunting as often as they wished.

Working opportunities also vary from one community to another and, in many cases, positions are part-time or seasonal, or require specialized skills and education. Management jobs, and those with higher wages and good benefits, are mostly held by non-Inuit workers. Respondents also noted that organizations need to encourage a positive work ethic. Some key municipal positions suffer from high absenteeism and high staff turnover. The whole community is impacted by a lack of services when workers do not show up. People believe that leaders need to tackle these issues and develop new strategies in order to create meaningful and well-paid jobs and decrease dependency on southern workers. Official hunting positions were often suggested as a way to allow people to live decently from a subsistence livelihood, while feeding the community. Many respondents explained that hunters need a wage-earning job to allow them to go on the land, as they cannot survive solely on hunting.

Funding is another issue many people face when it comes to developing small businesses or offering services to the community. Most communities have efficient project managers who help to find funding for cultural activities and programs. However, many funding sources are unstable and fluctuate, which can affect the sustainability of projects. Furthermore, creative initiatives have difficulty getting financial aid because they do not fit into rigid categories. Respondents said they believed that having access to sustainable funding sources that encourage community initiatives is imperative.

## Services

SUB-THEMES	ITEMS
Health services	Mental health services, Physical health services, Community health initiatives and sustainability
Trauma and healing	Acknowledgment, Coping, Cultural safety, Faith, Grieving, Harm and self-harm, Healing services, Intergenerational trauma, Nurturing, Readiness

<p><b>Ilusirsusianiq</b></p> <p>Physical health services</p> <p>Community health initiatives and sustainability</p> <p>Acknowledgment</p> <p>Harm and self-harm</p> <p>Intergenerational trauma</p> <p>Coping</p> <p>Nurturing</p> <p>Community health and initiatives</p>	<p>Living in a remote area far from major hospitals means that people are at higher risk of complications if a medical emergency happens. Efficient, appropriate and knowledgeable health services and first responders are imperative to good health in a community, and can save lives. However, respondents mentioned that services need to be culturally coherent, and that communication and education need to be improved. Many people do not understand medical terms and translation is sometimes inefficient, as many terms do not have an equivalent in Inuktitut. Consequently, many people struggle to understand their health problems and to follow medical advice.</p> <p>Community health initiatives are also crucial for teaching people about healthy behaviours and lowering the risks of diseases. Such initiatives include not only limits on sugary food and investments in anti-smoking campaigns, but also infectious diseases prevention and education about safe sexual practices. Respondents also expressed a desire to recognize major issues that have long been hidden, such as self-induced harm, destructive behaviour, intergenerational trauma, and physical and sexual abuse, in order to address these issues and take action. As a result of these painful experiences, many people turn to substance use, violence or suicide. Respondents noted that people first need to acknowledge hardship and unhealthy behaviours if they are to heal and move forward. Coping mechanisms such as faith and a nurturing attitude toward oneself were described as healthy ways to overcome trauma.</p> <p>Non-medical services in communities are also critical for health. Water quality, sewage treatment, safe storage of dangerous materials, competent and effective house repair and maintenance, adequate housing, and daycare services all have a role to play in the health of people, young and old.</p>
--	---

<p><b>Qanuinnngitsiarniq</b></p> <p>Mental health Intergenerational trauma Health services Cultural safety</p> <p>Community health initiatives and sustainability Cultural safety Readiness Healing services Intergenerational trauma Grieving Faith</p> <p>Harm and self-harm Intergenerational trauma</p> <p>Coping</p>	<p>Mental health services are deemed a top priority for Nunavik. Communities have been plagued by multiple traumatic events, stemming notably from experiences of abuse and disempowerment associated with colonial history. However, most health services are delivered by non-Inuit, and positions have a high staff turnover. Therefore, people feel they are required to explain their story repeatedly to newcomers and that follow-ups are challenging. Some services are also incompatible with Inuit culture and are stained by a long history of intercultural misunderstanding and fear, making it very hard for workers to achieve results. Most Inuit do not want to be associated with mental health organizations, for fear of being stigmatized, or they are ashamed to talk about these issues. Many respondents also said they felt frustrated about the lack or inadequacy of services, and that this impacts their level of trust in times of need. However, in cases where non-Inuit workers have gained the trust of the community after staying there for a long time, and have shown openness and a deep understanding of the culture, people are confident to share intimate details of their experiences and to reach out for help.</p> <p>Community health projects also have a strong and positive response, especially when they are led by Inuit. This is because people feel better understood, culturally safe and able to express themselves in their mother tongue. Many projects aim to increase self-care, self-esteem, empowerment and an openness to healing. Respondents also expressed a desire to increase the number of healing workshops that recognize the impacts of colonization so as to break destructive chains of abuse. Other initiatives aim to provide adequate opportunities and support for mourning the loss of a loved one. Faith and spirituality are another important component of well-being in Nunavik communities, as 83% of people agreed that spiritual values play an important role in their life, according to the data from the survey questionnaires. They create “a sense of peace, a sense of calmness”, and even if religious practices differ from one person to another, they tend to provide comfort and support.</p> <p>Alcohol and drug misuse and addictions require ongoing and urgent intervention. A great deal of individual suffering is expressed through such behaviours, which tend to repeat trauma over generations.</p> <p>Overall, most respondents expressed a sense of pride in the strength of people who were “standing strong” in the face of multiple challenges and hardships. They also expressed pride in the accomplishments of the community leaders and Elders who have worked hard to create Nunavik and its communities.</p>
---	--

## Inuqatigitsiarniq

Intergenerational trauma  
 Acknowledgment  
 Healing services  
 Readiness  
 Coping  
 Mental health services  
 Faith

Health services  
 Mental health services  
 Cultural safety

Community health initiatives and sustainability

Mental health services  
 Healing services  
 Cultural safety

Traumatic historical events have taken a tremendous toll on communities. One respondent noted that trauma “repeats everywhere, at work, within the family, in public... this cuts community development”. Physical, mental and sexual abuse have disrupted many family ties and impacted people’s relationships over several lifetimes. Many respondents expressed the need for communities to collectively recognize the traumas that affect their communities. This includes speaking out about issues and challenges, recognizing the gravity of trauma, and coordinating collective healing. While some respondents agreed that this can be a daunting and difficult experience, they also stated that open discussions have led people to take some issues, such as suicide, more seriously. Some people described the situation as an emergency that required intervention to make the next generation better and to try to tackle intergenerational traumas. They also noted that some people with jobs dealing with traumatic events do not have the support they need to cope adequately after emotionally difficult work. Respondents said that more contextually relevant strategies and healing services had to be developed for Nunavik communities. Elders, especially, are extremely valuable assets for healing, as they are knowledgeable and accessible. In some communities, the church plays an important role in strengthening community cohesion and guiding people when overcoming hardship. Some communities also organize community praying circles when they feel the need to come together. Not everyone is comfortable with church-based healing, and there are several religious denominations in Nunavik, each with its own traditions.

Although health services and resources are available in every community, there is a strong need and desire to improve access to these services, especially those offered by mental health specialists. Over 80% of people reported that they would like more health services adapted to their culture according the survey questionnaires. Some people feel unsupported when tackling large-scale mental health concerns and issues regarding the sustainability of those services. Respondents also noted that a 24/7 health clinic would better meet the expectations and needs of the community, and that they would rather see physical health specialists coming to their communities than people being sent down South for health appointments.

Several community health initiatives are jeopardized by multiple factors, and many projects seem to be short-lived. When they are led by a southern employee and that person leaves, these initiatives often come to a standstill since communities are not provided with the tools or taught the skills they need to continue the projects. Many initiatives also target or reach one gender more than another, or a specific age group. Some respondents suggested that a community case worker would be beneficial for men and youth in certain communities, as it is usually harder to reach out to these groups.

For now, only a few centres welcome people with mental health issues and only one place offers healing services for people with substance use problems; all of these facilities have a very long waiting list. Therefore, there is a great need for more services to support people across Nunavik through culturally relevant programs designed “by and for Inuit”. Socially and culturally safe programs to educate non-Inuit workers and improve intercultural relationships are also almost deemed important. The development of an addictions treatment centre in Kuujjuaq is one example of culturally secure treatment.

## APPENDIX B

# INTERVIEW EXCERPTS

### Community

“Youth today have a lot more opportunities. Before, we only relied on our traditional values and knowledge from our parents. Now, there are lots more new ways of living from a European culture. There are sports. We have hockey now, and we have the youth center, which we didn’t have growing up. There are all sorts of other programs available that we didn’t have growing up. They have group homes where people can go if they have problems. There are group homes for adults and for young women, but those are other sources of support, social support for social issues.” -301

“I feel, for me, Elders are important because they are the only ones that can share their knowledge. They are the ones that can guide us and teach us about our tradition like sewing and carving and beading.” -504

“That’s what I love about being in a small community, because you don’t see people starve to death, you don’t see people sleeping outside. Because if you see someone, “You can stay at my place” or something like that. That’s what I loved about working together.” -1003

“Being resourceful to her fellow Inuit, it’s enriching for her.” -604

“I know the community, when it comes to really positive activities going on or things that are happening, they really do stick together. But from what I noticed, we’re not as close as up north in the village. Like helping-wise, food-wise, hunting-wise. It’s not as knitted together as much ” -103

“The potential of this community to become well is great. We are not there yet, but it’s a good sense of community. People care about each other, but there is so many underlying issues.” -1102

“I don’t like it because people are spreading out and not helping each other with food or lifts.” -202

“We have expectations, but sometimes our expectations are not met. I think that’s about it. We live day by day. We try not to plan our future. That is traditional.” -201

“If they catch a caribou and don’t give some anyway, they get criticized. It is because people are used to getting things.” -402

“There are activities here, but not everyone goes. I don’t want to go because I feel awkward with that group of people. Like families... like group families... like families that are perfect.” -1402

“It was really hard for me at first for the first couple of years being known as the outsider. But I’ve always been known as the outsider since I was young anyways. But just integrating with the communities, working with them, showing them that I do want to be a part of this. I do belong here. It made it so much easier.” -103

“The people are so fun. We are well adapted to each other. If we want to fight each other we can fight each other but we forgive each other a day later. There is nothing where I want to live except here because it’s home and I love it.” -501

“What is really lacking to me is that between older and youth there’s no really communicating - proper communication. So youth is doing their own whereas older people are just there wishing that they could help, but then nothing really is happening.” -904

“We’ve been asking for younger generations to come out and if they want to learn how to bake or how to make clothing for their future use and we want to teach them. They’re open to it, but we hardly, they hardly come out. Maybe lack of interest or something else to do, maybe they have to take care of their kids or, I don’t know why.” -1305

“I think I owe that to the community because the community has given me a lot. And they have given me a lot of skills that I really appreciate. I have skills. So I like to give that to community as much as I can. Maybe I will stop when I’m 80.” -1401

“I think there should be stricter measures concerning vandalism and little crimes. I’m not talking about older people, I’m talking about youth. Like stealing, or lacking respect of their elders, of their fathers and people older than them.” -402

“A couple of men have leadership. It is always positive when they talk on the radio.” -402

“It means connection, communication, just being together, just having, I don’t know, lunch together, all that get together and know each other, just to maintain family and knowing each other.” -302

“I think Southerners would have the training in Inuit culture and understand the history rather than thinking that’s how the Inuit behave, you know, that attitude would be very negative.” -1401

“We do elders activities. We meet them every month to feed them at lunchtime and we have an activity with healthy intervention. They already have all their youth in

their house. They are isolated in a way because they are mostly responsible for their kids. When they come here it’s like a big break for them.” -402

“If you try to visit someone and he’s drunk, you go home and stop visiting. Or you have an argument, we don’t visit anymore. Or when you visit a house, full of smoke, marijuana. That’s a big big problem here.” -1106

## Family

“[My grandfather] was a great teacher. He was the person who showed me love. If he didn’t show me love I would have never gotten to be where I am because I would have either had committed suicide when I’m 16 – 15, 16. But because he taught me love to overcome anything that comes just to – he said it’s better to be a survivor than to give up the life, the hardship, the life that is in there. So I used to strive to stay alive, to do good, to do better.” -101

“If the family was not healthy, somebody had to fix it. But it’s not like that anymore. I think they are trying to use the family houses as a foundation of the family, focus on the families.” -1401

“Family is very important. We do picnics, and a lot of visiting one another. We go to work everyday and do what we have to do, then we all go to special events together. Everyone has a same spot in the community center for the past 30 years.” -201

“Adoption is now, I’m totally against adoption [outside the culture] because their identity has been stolen. They’re raising, depending on where the adoption is, and they realize you know, 20 years later, I never even knew that I was coming from, I was Inuit or I was First Nation [...] I think that has a dramatic effect on who they are. Knowing who you are and where you’re from is important for their future, your outside appearance is not what it is, it’s where your heart, your identity is there. It’s not based on what you look like.” -905

“I was the type of mom – well, I am the type of mom to let her experience – like there were times where, you know, there are people who are like, “Oh, don’t let her play with scissors or don’t let her play with these.” For me it wasn’t she’s not allowed to play with these, if she doesn’t know how to play with them, so I just showed her how to play with them.” -103

“Kinship was very important. To know who – where our relatives were. Also, to share knowledge like for food, for clothing, for what kind of skins and all those things, passing down the knowledge that they had.” -101

“We are growing our grandchildren. We are trying to raise our grandchildren and the parents are skipping their role as parents because the responsibility skipped from our parents, from us, to the kids. Some of my kids are, they have no tools to parent a child. So therefore, it comes back to me to become my responsibility to raise my grandchildren.” -701

“Its broken. Since they were starting, when social services and youth protection were starting, they just broke relations and families. It hurts me. They say they try to help but they are breaking the community.” -601

“As long as the children are growing in trauma environment, you know, lack of being nurtured, be on their own, they’re not going to develop to be independent. You know, the children need guidelines and safe home, you know, to grow into the youth that want to do something.” -904

## Identity

“We speak a lot of our language. A lot of people are still practicing, like, sewing, crafting and such with the culture. A lot of camping still happens. I mean it’s not traditional how we do it, but a lot of stuff that happens are with the culture as well.” -1307

“We want to reconnect with our elders. Since we can’t get back to living in the olden days, we have to find modern ways to emphasize culture and stuff. The youth strongly believe that if they are taught their culture and identities, they would have more power to say, ‘okay, here is who I am and I am representing myself’ and stuff like that. We want them to be confident.” -304

“So from now our way of living has changed a lot and also helping each other has changed within the community. He also mentioned that everyone is just trying to work now, trying to make money and they just don’t try to help each other anymore and there are a lot of like substances that are addictive, that they using right now alcohol and drugs. So the way we’re living right now, like the society has changed a lot. So he’s saying that our community still has the power to protect the culture by controlling it, like the land, our language and these things.” -1306

“They do traditional sewing or handicrafts. Elders teach younger people. They still do that. And tell stories from the past, what plants are – like medical plants that can help you. Yeah, we’re still strong in our culture.” -1203

“It’s really big piece of our identity is hunting and camping and just being on the land because that’s where we came from, basically.” -103

“We have TV, computers, whatever has you in the house prevents you from visiting the other guy. This has ceased. No more visiting, planning or nothing.” -501

“I was trying so hard. I worked as fast as I could to make sure all the dogs were tied and I said everything is okay now. My dad didn’t even want to go out. He stayed in that shack, like the house, and I could see the RCMP coming close and I told them no, no-no, all the dogs tied. Like at that time I couldn’t speak English anyway so with every few words that I had I told him no and he just pushed me and he started shooting and I went in front of him and each time I went in front of him he just grabbed me and threw me and I keep going back.” -101

“There are tragedies like what has been happening with suicides or deaths by accidents... There is a lot of trauma and a lot of trauma done to Inuit in the past by the government through the dog slaughter and residential schools and all of those kinds of things. What I’m proud of today in my community, is that that Inuit are still standing strong.” -304

“Our culture, tradition, does not seem to be as important as English or French. By saying that I mean it.” -701

## Food

“I’ll invite them. But sometimes people will already be visiting here so I’m like, “Okay, I have visitors. I need to cook something bigger,” just because I have this sense of I don’t want to have this person feel left out if I don’t, you know, I can offer. They can deny it. But at least I offered. It’s just my sense of – I don’t know what it is. It’s just my sense of caring.” -103

“My husband and I don’t go hunting so we depend on my sons and also the community freezer, that’s how we maintain our country food and friends from other communities and fish, and stuff like that.” -302

“That’s the one thing, we share country food, not like other villages where we are selling catch. We don’t see that here, we haven’t started [lol]. Not on Facebook.” -1106

“She noticed that it has changed a lot and there’s a lake just nearby like maybe about 5 kilometres just from here. They used to have a lot of fish in the lakes but now she

noticed that that lake doesn’t have fish anymore. People don’t catch any fish there anymore. She noticed it has changed a lot with the fish harvest.” -1104

“When in the summertime men goes net fishing, when they arrive, people can always get some food, fish. That’s a strength. When they get beluga, they cut it and everybody is getting a piece, meat, same with walrus. Even the school closes for walkers because they have to go to the other side to get some eel. Even the students go there. That is very fun. Lots of people.” -502

“It’s so expensive in the stores. We have to rely on country food to keep it balanced because if we just go to the store, our money is finished right away.” -1203

“The community freezer functions with the budget. People are hungry. There is a lack of leadership. It all started by being fed by the community freezer.” -402



“There is a girls’ club going on, a healthy food program, and we feed the kids every week on Fridays here at the youth center. That helps the kids a lot. We get a lot of hungry kids coming in.” -203

“We are hungrier these days because of the stupid quotas. We can only catch 5 belugas this year and 8 last year. We have to go farther south to get them. It takes 2 to 3 days to get here and the belugas start rotting. So it’s not always the best quality of meat these days.” -203

## Land

“I love going out on the land. It is nothing like being in the house or anything like that. We feel calm and problems seem to fade when you get away from the reality of everything.” -203

“This land here, because of the vegetation not so much the game or anything, but because of things it’s a beautiful place out on the land. There are a lot of places where you can go and just heal or enjoy life. That’s it. The land here always helps for people to bounce back up again, yeah.” -101

“Inuit elders in the olden times, they used to tell us as kids, when we were kids, don’t stop hunting the animals or beluga, caribou, they will be more plentiful if you hunt them, keep hunting, but if you stop, they decline. That’s what the elders said. I believe it, they have the knowledge, yeah.” -1305

“So he feels that the culture is really strong because we can control it. We can control like our land, even though there are some people that are trying to come here like the mining, he still feels that like we can take over and say this is our land.” -1306

“Ever since I got like an office job, ever since I got my son it’s been harder.” -1307

“And it seems there is no time to have a good hunting life because you either fish or you hunt. There is not enough

## Knowledge

“Like alcohol abuse or drugs, when nobody was working, we haven’t had that meeting in a long time. That takes leadership. A lot of denial that issues are there and that they are affecting the community.” -1102

“We have very good leaders. They are chosen. We have a very good rescue team. The ambulance and rescue team are very good. We know who they are and we see the van and we can call them to see who is on call. With the police

“I was not given the information and the parents didn’t know, weren’t aware of the dangers of tobacco when they started. All yummy stuff made available to us. In my case, it was like for those who had the money to buy, it was an envious thing, some of us didn’t have the money. Because of this, the outpouring of the goods that arrived from the south, our health turned, in time, my health turned. Not so good. Now I’m diabetic.” -701

financial resources to have both hunting and fishing and the only people who can do that are the drug dealers, and the bootleggers.” -501

“I don’t go out as much as I want to only because of transportation. I don’t have that many links to hunters or people who go out on the land. It kind of sucks [...] And then to come here whereas I crave to sleep in a tent and I don’t know whom to ask. It sucks” -103

“It’s a very traditional community and there are a lot of hunters that come here in the winter because there is more open water in the bay and that there are a lot of fishing lakes to fish and that... and a lot of animals pass by through here too.” -1101

“We get a lot of support from our leaders. Let’s say, our mayor, and our town manager. They help us a lot with equipment, what we need. But I know they can do more. Let’s say I don’t even have a fire chief truck. I’ve been asking for it for seven years.” - 603

“I wish we had a pool somewhere. The NV mentioned it but never happened. Swimming in the river is dangerous for the kids.” -201

“From a very young age, we start to follow our parents and that’s when we learn survival skills and hunting skills.” -1203

and nursing, we have good communication and we work together.” -201

“The municipal council can do so much more for the community for the improvements for the roads in general and for the broken stop signs or stuff like that. There is a lot of room to improve. Also there are a lot of improvements needed around learning leadership skills and starting to work with each other.” -304



"I can do better and you're not giving me the space or the support to be able to do better. Me, I aim so freaking high. Like it's ridiculous, the stuff I aim for. And I really want to reach that, but if I don't have the support, then I just feel useless. I've been feeling useless for a long time in my job." -1407

"Others tell me they are proud. Maybe a bit too much. I just want a good future. My people to raise and wake up. Instead of people feeling sorry, we need to get up and do. No pity anymore." -1402

"I'm always open to anything for the organizations. I'm willing to work with them. It's just that some organizations are slow. Like kind of behind from what they're supposed to be doing. And that's why sometimes we're behind." -1203

"Most of the school children do it. It's a program that has been going on for many years. The result of it is that most of the young adults who are married now, have their

hunting skills. They also have hunting equipment, and tend to have better lives than non-hunting people." -501

"I want the youth to also like to wake up. I want them to realize how education is very important and to be aware of, like I don't know how to say it, but to be aware of our community, the problems of our community. Like this next generation should try to be better than this generation." -1003

"These days kids graduate even if they fail. It's not right. They can't even go to college for that anymore. When they graduate, it's an attestation, it's not a real certificate. Nobody here can go to college." -203

"Youth need to be taught and learn how to, like, they need to learn how to have a career. That could be another activity, given like life skills. Like just even basic life skills, like how to pay your bills, how to go - yeah, and such, like how to budget your money and such." -1307

## Economy

"That sense isn't there anymore. Like, "I don't care if I don't work." And people - I know that there are certain training that you can do to be able to get certain jobs, but it's just the people aren't engaged as much. They're not wanting to be as engaged as they used to be back then. I think it's more of like motivation, I guess." -103

"We need more jobs for our younger ones that graduated, sometimes they don't even have jobs available." -1305

"If we can diversify our local economy to include private businesses, that would develop innovations where they can start manufacturing what we need, and that would be a big plus." -301

"I was asked to do it but it was too much for me. It was going to be too much because that's one of the things I need an assistant for because I'm a mother and I have like three or four committees." -1001

"We want professionals at work, but there are none. There are too many personal problems, too many drugs, no working atmosphere." -1004

"There are a lot of jobs. The sad thing is we're getting a lot of people from the south coming here to work, like, and they're recruiting their friends and family who are not like, coming here to help. They're just coming here to make

money, and once they make enough money, they'll leave. Which is really... that's why there's like a bad stigma about... southerners coming here." -1404

"I think some people also, middle-aged people like me were able to make good use of their royalties from the mines and start to purchase big, useful items like bigger speedboats, skidoos and trucks too." -702

"Kids like to ask things when they are growing, like iPod and computers and stuff. And I can't afford those things." -102

"One of the good things is that everyone shares what they have with people who are less fortunate. People here share country food and money with whoever needs it. Although, people might have prepaid stuff, but a lot of the people less fortunate survive from donations and from the generosity of the people." -301

"I can't even afford my own dryer, I'm too busy buying food. That's all I buy is food nowadays." -102

"I think Nunavik is working very, very hard trying to get resources that are developed in our region because we cannot rely on outsiders. Because from the outside, we get expertise from south." -1402

## Services

“Yesterday, my aunt said she wanted to go back to go to jail. There is therapy, there is activities, and there is cigarettes, jobs.” -1402

“The youth who live in a difficult environment, they are more affected because they see that every day and they are sad. There are not a lot of resources for social problems. There is help for physical health but not mental health.” -1004

“I found out, one of my Facebook friends was like “I don’t know what to do. I don’t know what’s wrong with me. I feel like I want to kill myself.” Then I messaged her and said “You can talk to me or you can talk to the Social Services.” She said “I don’t trust the Social Services” and stuff like that. Maybe they don’t trust the Social Services.” -1003

“I think we need more specialists in the region so we don’t have to go down south, who can provide that.” -1401

“Nurses sometimes very lazy. On call but don’t come at night.” -102

“So it’s very hard to get these programs continuously running and being led by locals [...] There was Zumba once, done by a Southerner. It stopped when she left. So there are programs that pop up, but as soon as that person leaves, it’s dropped. So it’s hard to get the people... I was sick of people coming into my community and saying, “Oh, let’s create this program.” But it doesn’t help anything.” -1407

“It’s really hard for men. They don’t open up easily. They don’t help each other and won’t talk to each other. It’s harder than for women. A street worker might be a solution for them - to have people who are ready to help them.” -1004

“In some communities, things like positive, some programs are having a positive impact. But here, it’s like it goes on for a while and dies down, and okay, we have to start doing something, and tend to go up and die down. Not ongoing. No consistency because of the leaders.” - 701

There are people who are too proud to be able to say, “I need help.” They’ll rather just soak in their misery for a bit than to say, “I need help”[...]There’s a sense of shyness, I guess, or ashamed. Whereas it wasn’t a shame to do that back then. It’s just changed with the modernisation of the world.” -103

“Church has a large role to play. There is some controversy, because people don’t like the hypocrisy of the pastor saying one thing and doing another thing. Some people have issues with it, especially about history. I feel it’s just another layer of oppression... there is so much pressure.

The old system worked for 100 years so we should brought back this part instead of church. But the values are good.” -1102

“I guess a sense of peace, a sense of calmness. And faith is just something that affirms that we’re not alone. We’re never really alone.” -103

“The healing process is mainly cultural - southern culture or indigenous first nations who holds jobs for the healing processes and they come here for that. There is also a Nunavik group that comes in to assist in case there is a huge incident. They come in to do a one week healing and then they are gone. But in this community, the actual people who could help, do not help. There are no volunteers or anyone that could do healing processes for anyone. There is nothing in this community that could coordinate some kind of healing process. There is a need for that.” -501

“Even though I don’t drink, heavily, I can feel the impact of alcohol, which is a daily threat to some of us who are dealing with alcoholic children...some of my children are alcoholic, and if not them, their spouses.” -701

“This community has no tools, no AA. We have no institutions providing services to stop providing. Rehabilitation centers for alcohol. We have none. We have one in Kuujuaq, open to all of Nunavik, but you need to have maybe 6 months in advance reservation. I want to heal myself too from alcohol, so I called the director. That was back in June. He said you can come in October.” -501

“When we feel we need community gathering, like circle, that happens not often, but when we feel as a community that the community needs to get together and do a circle and pray and hug each other. When we feel that it is sort of under stress, we do a circle outside.” -1201

“We are not advancing because people are hurt in their hearts, because of trauma, there are many scars to fix, to heal. More and more, there are victims, it never stops. Original victims pass on their traumas to others. It repeats everywhere: at work, within the family, in public... There is a lot of anger toward the past. There is a barrier to moving forward. This cuts community development. It’s very hard.” -1004

“I always had interest in that part with the healing of the person, well-being of the person. So I went through the process of that. I was not really healthy emotionally. I wasn’t very healthy emotionally in my young years, so I understand how the people - where they are at when they’re being helpless.” -904

## APPENDIX C

# QUANTITATIVE ANALYSES OF THE COMMUNITY COMPONENT

### REPORT ON SELECTED INDICATORS USING SURVEY DATA

#### AUTHORS

**Mylene Riva, PhD, Assistant Professor and Co-Principal Investigator – Community Component**  
Canada Research Chair in Housing, Community and Health  
Institute for Health and Social Policy and Department of Geography, McGill University

**Christopher Fletcher, PhD, Professor and Co-Principal Investigator – Community Component**  
Department of Social and Preventive Medicine, Université Laval  
Centre de recherche du CHU de Québec – Université Laval

**Philippe Dufresne, MSc, Research Assistant**  
Canada Research Chair in Housing, Community and Health, McGill University

**Marie-Claude Lyonnais, Research Assistant**  
Centre de recherche du CHU de Québec – Université Laval

**Morgen Bertheussen, Research Assistant**  
Canada Research Chair in Housing, Community and Health, McGill University

# LIST OF FIGURES

- |   |   |
|---|---|
| <p><b>Figure 1</b> Variables selected for the Community theme and their variation by age group<br/>P. 51</p> <p><b>Figure 2</b> Variables selected for the Community theme and their variation by sex<br/>P. 52</p> <p><b>Figure 3</b> Variables selected for the Community theme and their variation by region and community size<br/>P. 52</p> <p><b>Figure 4</b> Variables selected for the Family theme and their variation by age group, sex, and community size<br/>P. 53</p> <p><b>Figure 5</b> Variables selected for the Identity theme and their variation by age group and sex<br/>P. 54</p> <p><b>Figure 6</b> Variables selected for the Identity theme and their variation by region and community size<br/>P. 55</p> | <p><b>Figure 7</b> Variables selected for the Food theme and their variation by age group, sex, and region<br/>P. 56</p> <p><b>Figure 8</b> Variables selected for the Land theme and their variation by age group, sex, and region<br/>P. 57</p> <p><b>Figure 9</b> Variables selected for the Knowledge theme and their variation by age group, sex, region, and community size<br/>P. 59</p> <p><b>Figure 10</b> Variables selected for the Economy theme and their variation by age group, sex, and region<br/>P. 60</p> <p><b>Figure 11</b> Variables selected for the Services theme and their variation by sex, age group, and coast<br/>P. 62</p> |
|---|---|

# LIST OF TABLES

- |  |   |
|--|---|
| <p><b>Table 1</b> Q2017 variables related to COMMUNITY, stratified by age group, sex, region, and community size<br/>P. 63</p> <p><b>Table 2</b> Q2017 variables related to FAMILY, stratified by age group, sex, region, and community size<br/>P. 65</p> <p><b>Table 3</b> Q2017 variables related to IDENTITY, stratified by age group, sex, region, and community size<br/>P. 66</p> <p><b>Table 4</b> Q2017 variables related to FOOD, stratified by age group, sex, region, and community size<br/>P. 68</p> <p><b>Table 5</b> Q2017 variables related to LAND, stratified by age group, sex, region, and community size<br/>P. 69</p> | <p><b>Table 6</b> Q2017 variables related to KNOWLEDGE, stratified by age group, sex, region, and community size<br/>P. 70</p> <p><b>Table 7</b> Q2017 variables related to ECONOMY, stratified by age group, sex, region, and community size<br/>P. 71</p> <p><b>Table 8</b> Q2017 variables related to SERVICES, stratified by age group, sex, region, and community size<br/>P. 72</p> |
|--|---|

## INTRODUCTION

The Qanuilirpitaa? 2017 Nunavik Inuit Health Survey (hereafter Q2017) was conducted across the 14 communities of Nunavik in the fall of 2017. The goal of the survey was to examine and describe the health status of people in Nunavik in order to define priorities and identify strategies for the promotion of community health and well-being in the region. There were two major sections to Q2017. The first section comprised an epidemiological and clinical survey collecting information on health, risk factors and selected social determinants of health. For the epidemiological portion, the population was organized in two age cohorts: youth aged 16 to 30 years and adults aged 31 years and older, some of whom had also participated in the previous Qanuipitaa? survey in 2004. The present appendix focuses on the second section of Q2017, known as the Community Component. It discusses health and well-being from an Inuit perspective, taking Inuit experience into account. A model of Inuit health and well-being was developed for the purposes of the component, using a culturally and linguistically grounded approach. This model was in turn used to orient and describe the determinants of community health in Nunavik. The quantitative results derived from the Q2017 survey data for the Community Component are discussed in this report.

Many factors and resources influence the health and well-being of people of all ages in Nunavik, including the way in which they make a living, work together, engage with the land beyond the community, and interact with others through community activities, as well as the strength of families and social connections, the positive and negative experiences that have shaped individual lives, and access to resources for health, happiness, support, and well-being. These factors and resources are referred to as social determinants of health, that is, conditions that shape the health of communities and of the people living within them. Effective health interventions, strategies and policies require a meaningful understanding of the social and cultural context by which community health processes and experiences are shaped in Nunavik.

The health model developed for the Community Component of Q2017 is called the “IQI” model”. It is a three-part model based on the following Inuit cultural concepts: Ilusirsusiarniq, Qanuinnngisiarniq, and Inuuqatigiitsiani. Through our analysis, we also identified eight *themes*, referred to as the social determinants of health – which are specific to Nunavik Inuit communities: Community, Family, Identity, Land, Knowledge, Services, Economy and Food.

The main objective of this appendix is to examine variation in selected quantitative indicators related to the eight

social determinants of health using data from the Q2017 survey, and to explore how indicators vary between men and women, age groups, community sizes and coasts. While a number of sub-themes and items are embedded in several of the determinants, this appendix limits the discussion to the determinants themselves. Although this is a practical way to organize a broad range of information, it is important to mention that there is a great deal of interaction and overlap between the various themes, sub-themes, and items. Indeed, most of the indicators discussed in this appendix could “fit” in more than one theme. However, for easier understanding, we have limited each variable to a single category.

It should also be noted that most of the results presented in this appendix have been discussed in other Q2017 thematic reports (e.g., those dealing with sociocultural determinants of health, food security, sociodemographic conditions). The results presented here can help to identify areas where community and regional action, programming, and policy can be directed toward fostering health and well-being.

## METHODOLOGY

Data from the Q2017 survey were analyzed to complement the overall report on the Community Component. Nunavimmiut aged 16 years and over participated in the survey and provided information on a variety of topics, including psychosocial and physical health, food, land-based activities, living conditions, and identity. Most of the questions in the survey had multiple choice answers. In this report, the answers have been grouped in two categories (dichotomous variables) with a focus on positive answers when possible.

All of the relevant variables included in Q2017 (more than 250 variables) were categorized into determinants (any one variable could be related to more than one theme) identified as being important for health and well-being in Nunavik on the basis of an inductive thematic qualitative analysis of the Community Component. These determinants are as follows (not in any order of importance): Community, Family, Identity, Food, Land, Knowledge, Economy, and Services. Because the IQI model was developed at the same time as the survey questionnaire was being developed, it was not possible to use the IQI model to directly inform the formulation of the survey questions. However, we were able to select from the survey questions many variables that closely corresponded to the model’s various determinants. The categorization of these variables was carried out by three research assistants and validated by a Nunavimmiuq. To reduce the number of variables presented in this report, we

selected only those that were meaningful in light of the IQI model and that showed variability between respondents. For example, if more than 90% of participants provided the same answer to a survey question/variable, that variable was not considered in the current analysis. In total, 84 variables distributed among the eight themes were selected for analysis. The Q2017 survey questions related to those variables are included in figures and tables. The complete questionnaires, including all possible answers, are available in the Q2017 Methodological Report by Hamel et al.

The data were analyzed for Nunavik as a whole, and then stratified by sex and age group (youth 30 years old and under, adults aged 31 years and over; and older adults aged 55 years and over). The analyses were also stratified by coast (Hudson and Ungava) and community size (large communities: Kuujuaq, Salluit, Puvirnituq, and Inukjuak; small communities: Kuujuarapik, Umiujaq, Akulivik, Ivujivik, Kangiqsuaq, Quaqtaq, Kangirsuk, Aupaluk, Tasiujaq, and Kangiqsualujuaq). These stratifications were informed by the weighting scheme of Q2017. Comparison tests were performed with a global chi-square test for categorical variables to find out if any proportion was different across categories. In the presence of a significant result ( $p < 0.05$ ), two-by-two comparisons were performed to further identify statistically significant differences between categories. These tests involved the construction of a Wald statistic based on the difference between the logit transformations of the estimated proportions. Only significant differences at the 5% threshold are reported in the text. The full results are presented in the tables at the end of this section (Supplementary Material). Significant differences between categories are denoted in the tables and figures using superscripts.

All of the percentages presented in this appendix are estimates that were derived from a sample produced using weights generated by the Institut national de santé publique du Québec (INSPQ). Their variance, expressed through a 95% confidence interval and a coefficient of variation (CV), was calculated using bootstrapped variance estimates. An estimate with a CV lower than 15% is reliable. An estimate with a CV ranging between 15% and 25% indicates a high sampling variability. Such estimates are less reliable and should be interpreted with caution; they are identified with an asterisk (\*). Estimates with a CV greater than 25% are unreliable; they are identified with a double asterisk (\*\*). Estimates based on less than 5 individuals have been replaced with an “F” to prevent identification of participants. Finally, considering the different percentages of completion of the different blocks in the Q2017 survey questionnaire, different weights were given to different blocks of the survey to ensure that the results would be as representative as possible.

Statistically significant results are illustrated in the figures in the following pages. The selected variables and their stratification by age group, sex, coast, and community size are presented for each theme. Only statistically significant results are presented; the other results are either discussed in the text or presented in the tables in Supplementary Material. The blue bars in the figures represent the proportion of responses to a selected variable for all Nunavimmiut. The symbols represent the proportion of responses for each stratum in a stratification. For example, for the sex-stratified analysis, one square is for men and the other for women.

**COMMUNITY** is a central theme that shapes health and well-being in Nunavik. It concerns the social, physical, and built spaces of the communities of Nunavik, and consists of a complex web of interconnections and dynamics between individuals and groups within the infrastructure supporting community life and its functioning, as well as housing conditions. Community encompasses three sub-themes: ways of living together, infrastructure, and housing. Ways of living together directly addresses the Inuqatigitsiarniq dimension of the IQI model and includes a range of relational issues such as respect, altruism, and social support; the role of elders and intergenerational knowledge transmission; and interactions like visiting, the place of non-Inuit, and inclusion. Infrastructure concerns buildings, essential and municipal services, leisure, sports and recreation, and justice. Housing concerns accessibility, structure and sense of home.

The variables selected for the Community theme encompass the feeling of belonging and perceptions of cohesion, trust, mutual help, and safety in the community. They also encompass positive social relations (having someone to talk to, count on and have a good time with, close relationships with elders in the community), as well as more negative experiences related to feeling excluded by the community or to having been a victim of discrimination. In general, Nunavimmiut hold positive perceptions of the conditions of their community and report positive social relations. Nonetheless, there are significant variations by age group, between men and women, by coast and by community size (Table 1, Supplementary Material).

Overall, Nunavimmiut aged 55 years and over held more positive perceptions of their communities (Figure 2). Compared to youth, older adults reported in greater proportion that people in their community were willing to help each other (87% vs. 76% for youth) and could be trusted (67% vs. 49%). The feeling of belonging to the community was also higher for older adults than for youth (96% vs. 81%). Having close relationships with elders in the community was reported in greater proportion by adults aged 31 to 54 years (88%) and older adults (93%) than by

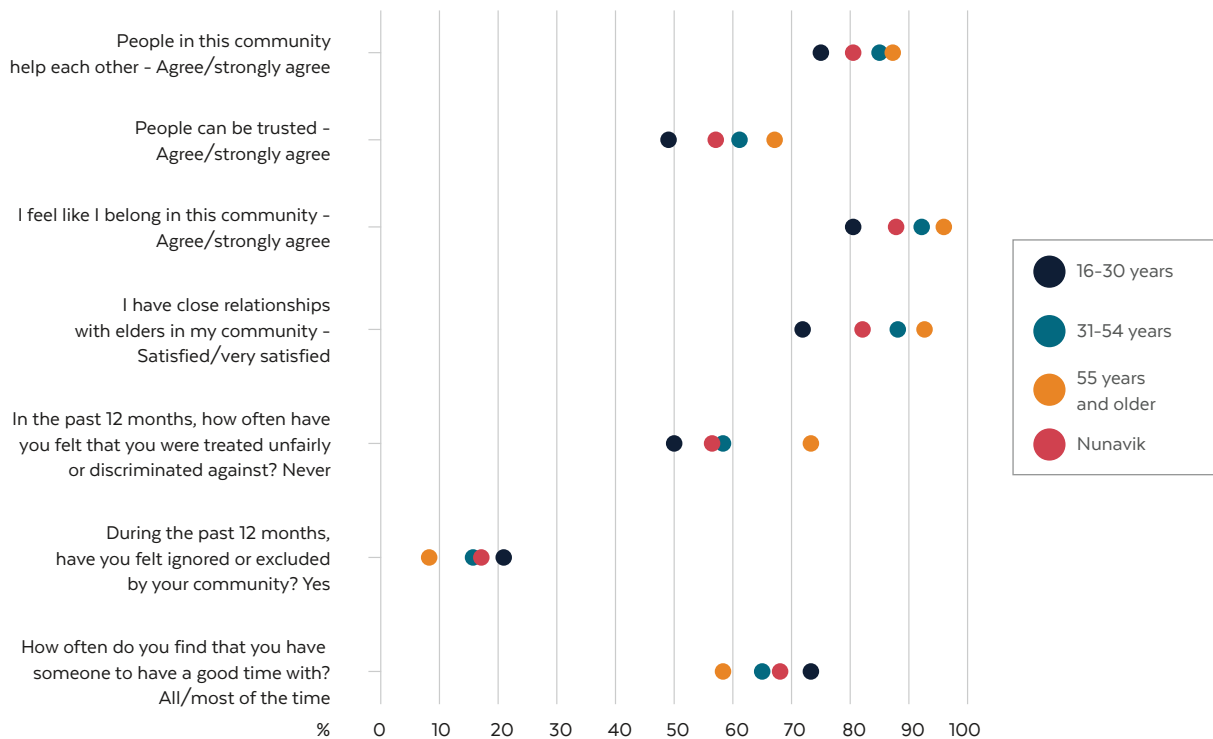
youth (72%). Regarding discrimination, 74% of older adults reported having never felt discriminated against or treated unfairly in the past 12 months, compared to 58% of adults and 60% of youth. Similarly, fewer older adults than youths felt like they had been ignored or excluded by their community (8% vs. 21%). However, the proportion of people reporting that they had someone to have a good time with was highest among youth compared to other age groups.

In general, although men reported more positive perceptions of their communities than women, they reported lower levels of social support (Figure 3). More men than women reported that there was a feeling of togetherness in their community (70% vs. 55%) and that people in the community were willing to help each other (85% vs. 77%) and could be trusted (64% vs. 50%). However, in comparison to women, fewer men reported having someone to talk to if they felt troubled or needed emotional support (39% vs. 55%), having someone to listen to them when they needed to talk (45% vs. 56%), or having someone to have a good time with (65% vs. 71%), but the differences were not statistically significant (see Table 1, Supplementary Material). That being said, more men than

women (86% vs. 78%) reported having close connections with elders in their community. Nearly 90% of men and women felt that they belonged in their community (89% for men; 86% for women) (Table 1, Supplementary Material).

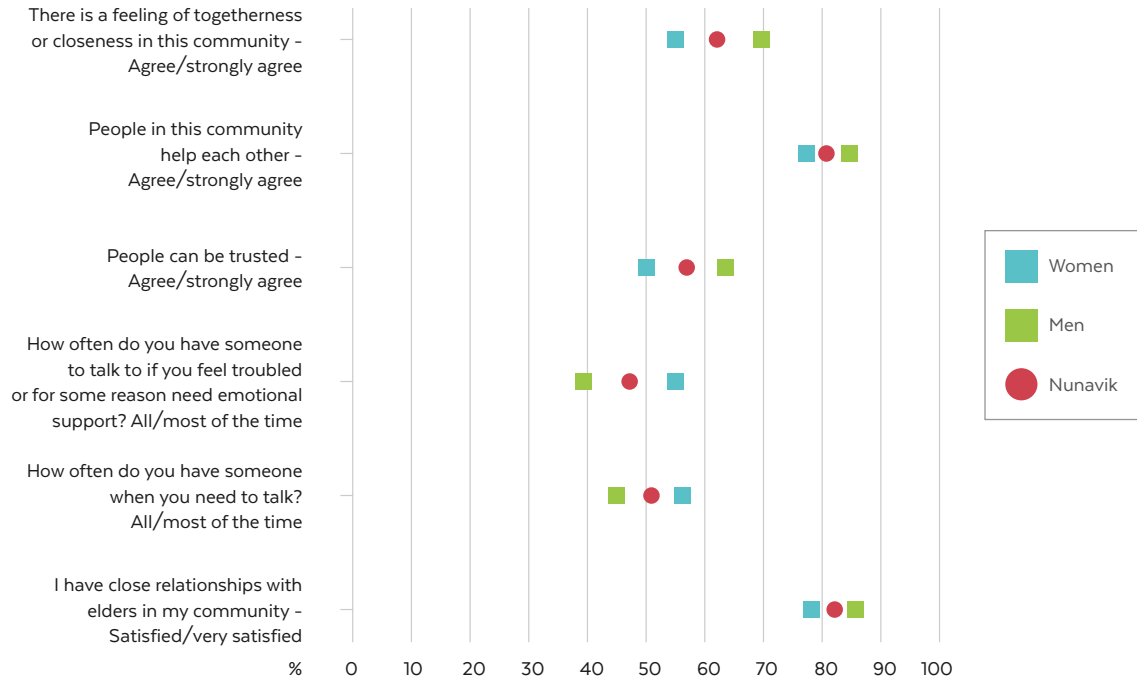
Figure 4 shows geographical variations in the selected variables related to the Community theme. More people living on the Hudson coast reported that the people in their communities were willing to help each other (77% vs. 84%). Overall, about 40% reported participating in unpaid work, such as volunteering or looking after children, with the proportion being higher on the Ungava coast compared to the Hudson coast. Variations by community size were mixed. More individuals from small communities reported that people in their community could be trusted (62% vs. 53%) and that their community was peaceful (49% vs. 39%). Compared to people living in larger communities, those from smaller communities in Nunavik reported having felt ignored or excluded in the past 12 months (21% vs. 14%) and fewer reported having someone they could count on when they needed advice (55% vs. 45%).

**Figure 1** Variables selected for the Community theme and their variation by age group

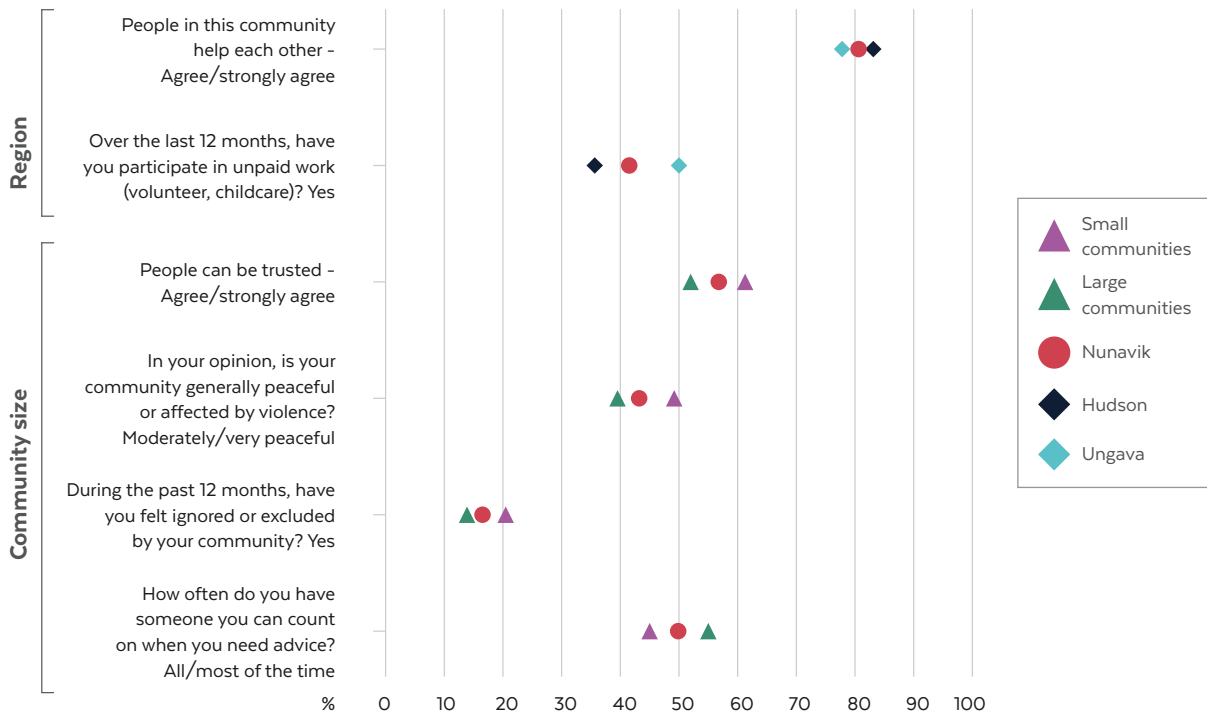




**Figure 2** Variables selected for the Community theme and their variation by sex



**Figure 3** Variables selected for the Community theme and their variation by region and community size





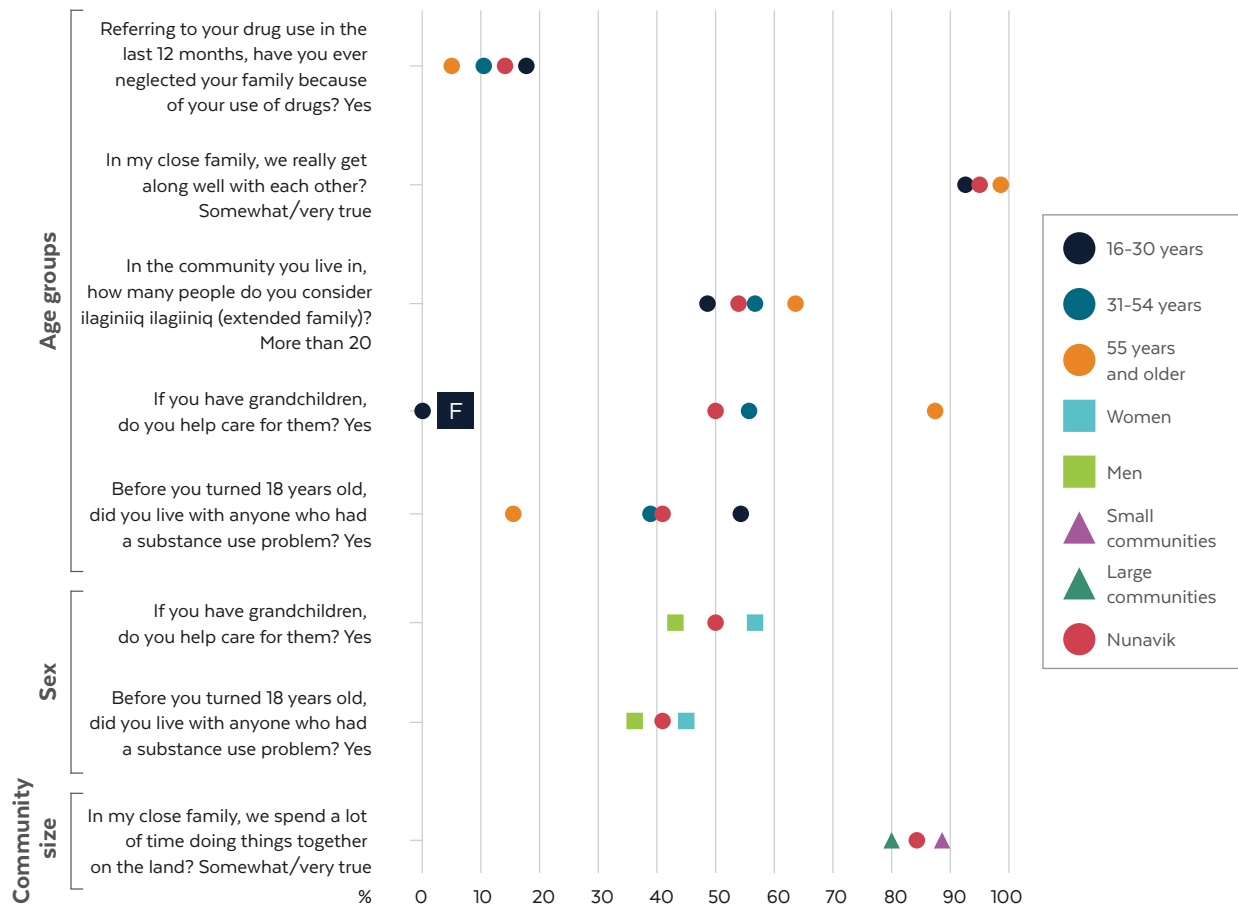
**FAMILY** focuses primarily on kinship and affective relations between family members across generations, with an emphasis on youth. The focus on kinship encompasses the extended family or ilagiit and related cultural practices like customary adoption. Family harmony, connections with extended family members, and parenting also greatly influence the “sense of family”. Furthermore, societal changes have led to a redistribution of traditional roles, which in turn has had a significant impact on relationships between individuals. The Family theme embeds the sense of family, which includes harmony, adoption, raising children/parenting, grandparents, roles within the household, and extended family connections and mobility. Family promotes health through a safe, nurturing environment. This involves, among other things, the role of individuals within a household, parenting and/or being a grandparent, the use of communication to keep in touch with family members, and the lack of substance use.

reported getting along well with members of their close family (95%) and spending a lot of time doing things together on the land (84%) or at home (90%; Table 2, Supplementary Material). Older adults reported in greater proportion than youth that they considered more than 20 people in their community as extended family members (ilagiiniq) (64% vs. 48%). Among those with grandchildren, about half reported helping to care for them, with the prevalence being higher among women (56%) than men (44%). Compared to adults aged 31 to 54 (39%), fewer older adults (16%) reported growing up in a household with someone who had a substance use problem (alcohol or drugs). Growing up in a household with someone with a substance use problem was most common among youth (54%), as well as among women (45%) compared to men (45% vs. 36%) (Figure 5).

The variables selected for the Family theme relate to the quality of relationships between family members and the impacts of substance use on family life. Overall, these variables differed little by age group, sex, coast or community size (Table 2, Supplementary Material). Most Nunavimmiut

The variables related to the Family theme do not have a strong geographical component. In fact, most of the differences between coasts and community sizes are not statistically significant. The only variation observed concerned the amount of time spent doing things together with family on the land, with more people in small communities reporting spending a lot of time in that way (88%) compared to those in large communities (80%) (Figure 5).

**Figure 4** Variables selected for the Family theme and their variation by age group, sex, and community size



F. Data not presented because less than 5 participants answered.

**IDENTITY** is a core dimension of Inuit health, and it represents the main theme underlying all the factors influencing the three dimensions of the IQI model. Without culture and language, there can be no health. Questions of identity and the strength and value of being Inuit today are therefore important aspects of the definition of community health and well-being. Identity details the connection to culture, language, pride, cultural activities, history, experiences during childhood and adolescence, and the impacts of southern culture.

The variables selected for the Identity theme include the use of Inuktitut, knowledge, skills and practices of cultural activities, kinship, and the impacts of colonization. The variables vary between age groups and sex, as shown in Figure 6. Among people aged 31 to 54 years old, 71.7% were godparents, sanajik or arnaqutik - the person who cuts the umbilical cord of a newborn and consequently has a special relationship with that person throughout their life. This proportion was 74% for those aged 55 years and over. Nearly all respondents reported being proud to be Inuk, and over 80% reported speaking Inuktitut at home (Table 3, Supplementary Material). Most reported that going on the land was an important part of their life (93%).

Having experienced traumatic events, such as the sled dog slaughters in the 1950s-1960s, was more prevalent among older adults, with 91% reporting that their family had been directly affected by these events, compared to 83% for people aged 31 to 54 years and 71% for youth.

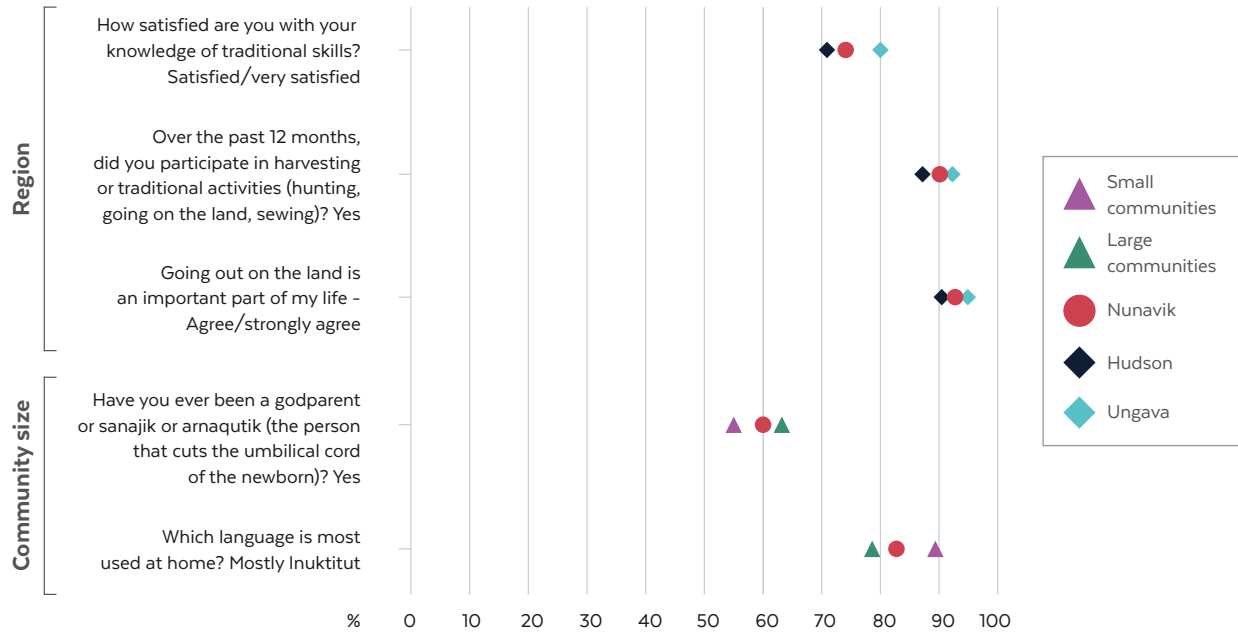
The differences between men and women are presented in Figure 6 and show that 74% of women reported being a godparent, sanajik or arnaqutik compared to 47% of men. Relative to women, more men reported being satisfied with their knowledge and skills of cultural and traditional activities, games and arts (79% vs. 71%).

There were few geographical differences in the selected variables related to Identity (Figure 7). Participation in harvesting or other traditional activities in the past 12 months was higher for residents of the Ungava coast (93%) than for residents of the Hudson coast (86%). In comparison to people living in small communities, those living in large communities reported in greater proportion being a godparent, sanajik or arnaqutik (55% vs. 64%), while fewer reported speaking mostly Inuktitut at home (89% vs. 77%).

**Figure 5** Variables selected for the Identity theme and their variation by age group and sex



**Figure 6** Variables selected for the Identity theme and their variation by region and community size



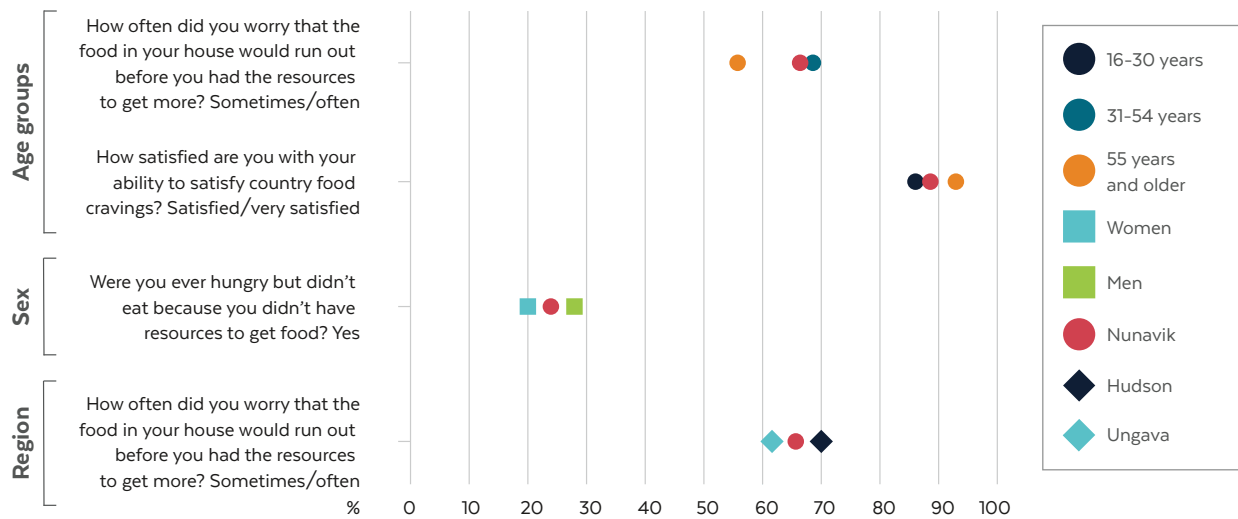
**FOOD** is a physical necessity of life that carries equally important social and knowledge dimensions. Who goes on the land, how, when, and where is linked to social and historical relations with different places in Nunavik. Food includes core values of mutual aid and recognition, and perpetuates hunting and fishing traditions handed down from generation to generation. Food has been binding Inuit together for centuries, as well as being the very reason they have been able to survive in a harsh environment. Sharing, harvesting, food quality, adequacy and quantity, preferences and regulations are all encompassed in this theme. Food also touches on lack of food, food insecurity, and the inability to provide food. Certain community infrastructures can support the local food system, including physical infrastructures such as community freezers, plus organizational infrastructures such as the hunter support program and community kitchens.

Among the variables selected for the Food theme, very few vary by age group, sex, coast or community size

(Table 4, Supplementary Material). Over 80% of Nunavimmiut reported being satisfied with their ability to satisfy country food cravings. The prevalence was lower among youth (85%) and higher among adults aged 55 years and over (93%) (Figure 8).

Two thirds (66%) of Nunavimmiut reported worrying that food in the house would run out before they could get more. In comparison to youth (67%) and adults (68%), older adults (56%) reported in lesser proportion worrying that food in their house would run out before they could get more. Fewer people on the Ungava coast (61%) reported worrying about food running out compared to people on the Hudson coast (70%). While there were no differences between age groups in the other variables related to food, there were statistically significant differences between sex, with more men than women reporting having been hungry but not eating because of a lack of resources to get food in the past 12 months (28% vs. 20%) (Figure 8).

**Figure 7** Variables selected for the Food theme and their variation by age group, sex, and region

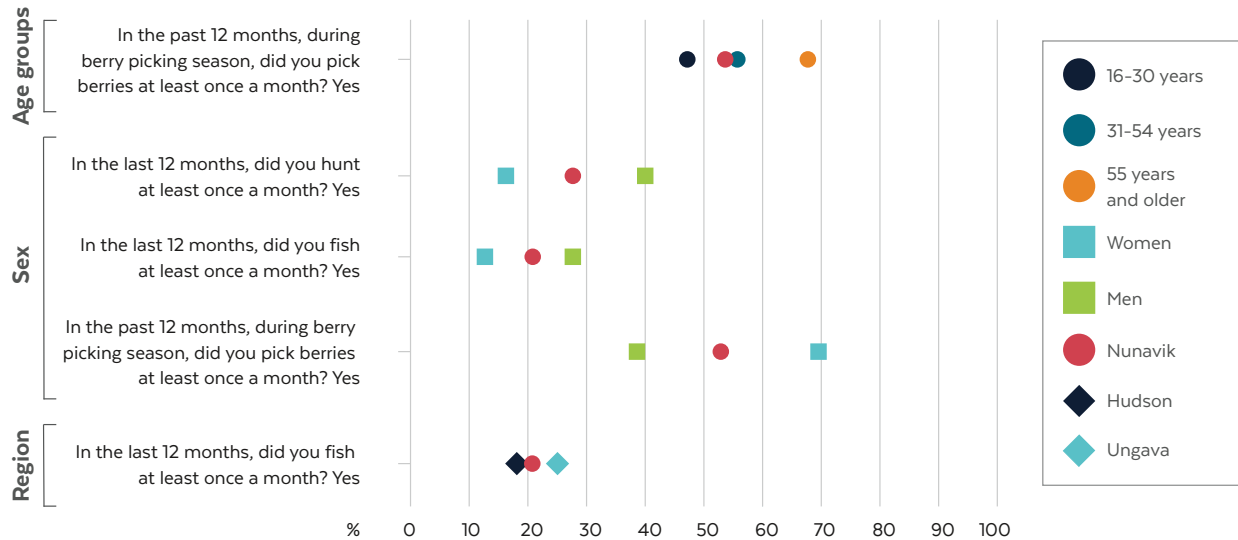


**LAND** is a materially and symbolically important basis of health, healing and well-being in Nunavik. In the past, people depended entirely on the land and its resources for subsistence. Today, sources of food are more diverse and cash-based, but the land remains very important for subsistence. Relationships with the land, movement across land and water, and occupation of places on the land maintain very deep, intricate and spiritual connections that underpin health. Two core components underlie the theme of Land: accessibility (for the purpose of healing, caring for the land, and outdoor activities) and safety and security (understood in terms of search and rescue, practices and knowledge).

The variables selected for the Land theme relate to harvesting activities (Table 5, Supplementary Material).

Overall, 21% and 28% of Nunavimmiut reported, respectively, fishing or hunting at least once a month in the past year, while 54% reported picking berries at least once a month in the past year. The prevalence of fishing and hunting was higher among men compared to women (hunting: 40% vs. 16%; fishing: 28% vs. 14%; Figure 9). Fishing at least once a month was also higher on the Ungava coast compared to the Hudson coast. Berry picking was more common among women (69%) than men (39%), as well as among older adults (67%) compared to youth (47%). More than 80% of Nunavimmiut reported going on the land occasionally or often (87%) and being satisfied with their ability to go on the land, hunting, fishing, and berry picking (88%) (Table 5, Supplementary Material).

**Figure 8** Variables selected for the Land theme and their variation by age group, sex, and region



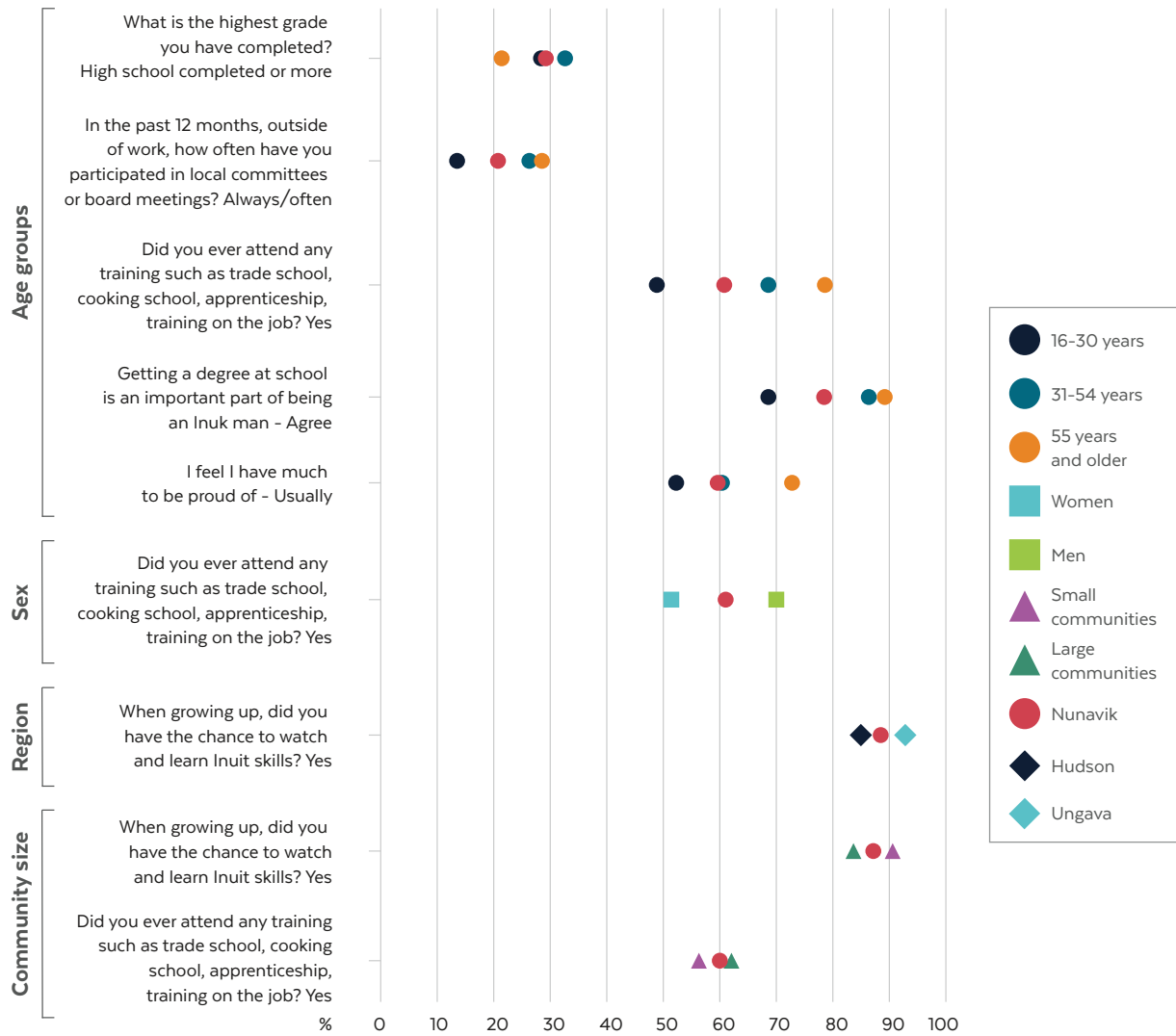
**KNOWLEDGE** is a prerequisite to effective action in the community, at home, on the land or at work. It is also the first step in actions leading to health, healing and well-being. It encompasses the ways in which people learn and educate themselves in order to make a living and be good members of their community. Inuit knowledge and beliefs are still central to the community way of life and decision-making, but they now exist alongside the teaching of southern-influenced schooling and administrative processes. Knowledge encompasses leadership, including governance, empowerment, and inter-agency collaboration, as well as education through skills development, schooling and administrative knowledge.

The variables selected in relation to opportunities for learning traditional skills, as well as to western education and level of involvement in community organizations were examined under the Knowledge theme (Table 6, Supplementary Material). Significant differences by sex, age group, coast and community size are presented in Figure 10. A higher percentage of older adults had participated in local committees or board meetings in the past 12 months compared to younger adults (28% vs. 14%). About 60% of Nunavimmiut had received training at a

carpentry trade school, cooking school, or jewelry school, under a heavy equipment apprenticeship program, or as part of on-the-job training. The prevalence of such training was higher among adults aged 31 to 54 years old (68%) and 55 years and over (78%) compared to youth (48%). It was also higher among men compared to women (70% vs. 52%), and among people living in large communities as opposed to those living in small ones (64% vs. 56%) (Figure 10). Among men, the proportion of adults (31 to 54 years old) and older adults (55 years and over) who agreed that getting a degree at school was an important part of being an Inuk man was higher than the proportion of youth (89% and 85% vs. 69%).

The percentage of older people (55 years and over, 74%) feeling like they had much to be proud of was higher than the percentage of younger people feeling that way (31 to 54 years old, 61%; 16 to 30 years old, 53%). More men were satisfied with their knowledge and skills of cultural and traditional activities, games and arts, compared to women (79% vs. 71%). Similarly, the prevalence of satisfaction in this regard was higher for residents of the Ungava coast than for those of the Hudson coast (80% vs. 71%).

**Figure 9** Variables selected for the Knowledge theme and their variation by age group, sex, region, and community size

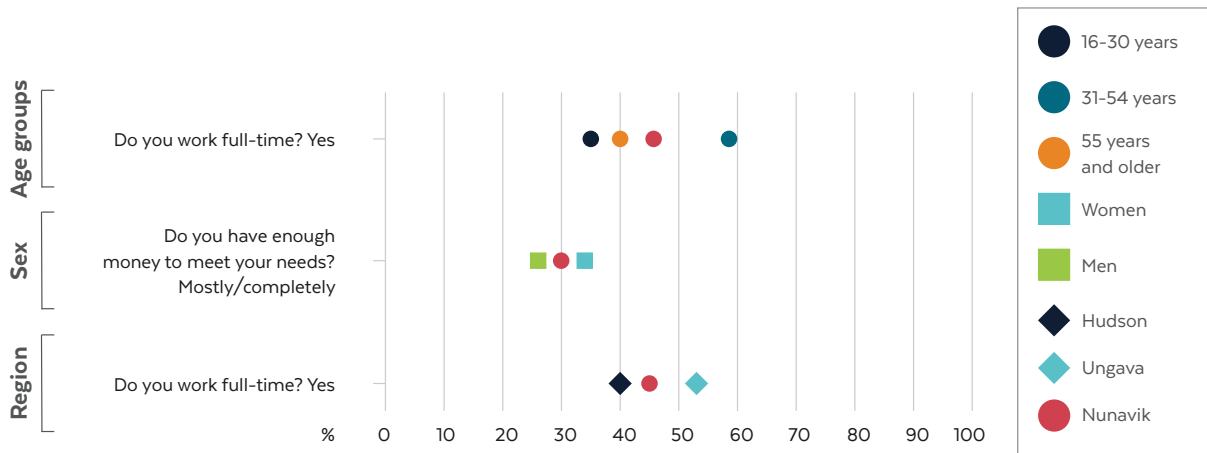


**ECONOMY** refers to the ways in which people make a living, either through the traditional or the market-based economy, as well as to community development. It influences health and well-being in various meaningful ways from both individual and community perspectives. The way people make a living influences their quality of life and that of the community. Subsistence livelihoods are still imperative to the proper functioning of Nunavik communities, but the local economy allows them to develop their capacity and self-sustainability. The Economy theme encompasses making a living, which includes everything related to work (conditions, competencies, ethics) and job opportunities, as well as local and regional development, which includes access to goods, cost of living, expertise and funding.

The variables selected for the Economy theme relate to work status and financial resources (Table 7, Supplementary

Material). Very few variables under this theme varied according to age group, sex, coast, or community size. About 45% of Nunavimmiut reported working fulltime at the time of Q2017. Some variations were observed by age group, with more adults aged between 31 and 54 years (59%) reporting working full time compared to youth (35%) and older adults (40%) (Figure 11). Working full time was also more prevalent among people on the Ungava coast (53%) than on the Hudson coast (40%). Overall, a majority of Nunavimmiut reported being satisfied with their capacity for work (85%). Most Inuk men (78%) agreed that working outside the home was an important part of their identity (Table 7, Supplementary Material; note that this question was asked only to men). Having enough money to meet one’s needs was reported by 30% of Nunavimmiut. More men (34%) than women (26%) reported having enough money to meet their needs.

**Figure 10** Variables selected for the Economy theme and their variation by age group, sex, and region





**SERVICES** are an essential part of the health, well-being and healing of communities. The quality, accessibility and relevance of available services will have a direct impact on people's lives. In Nunavik, the colonial history of communities is inextricably linked to the government's delivery of services which, although responding to real needs, were not well tailored to Inuit and have had a serious impact on people and their families. Traumatic experiences have affected many people and have been passed down through generations. They are still deeply felt in communities. Social problems arising from lifetime and historical trauma foster deep and complex forms of suffering that require solutions respectful of the diverse needs, beliefs and capacities of community members. Besides health services, several actions and strategies are essential to allow people to recognize the problems they face and to seek the services they need to improve their health and well-being. There is always room to improve the implementation and provision of services and programs in response to different needs, and to ensure they are adapted to the Inuit way of life. The Services theme describes formal and informal health-related services (mental, physical, and community initiatives), as well as values and factors influencing health, well-being and healing. These are framed as positive assets beneficial to health and well-being (faith and spirituality, healing services, cultural safety, nurturing, readiness, acknowledgement), and as negative experiences and events (grieving, harm and self-harm, intergenerational trauma) for people.

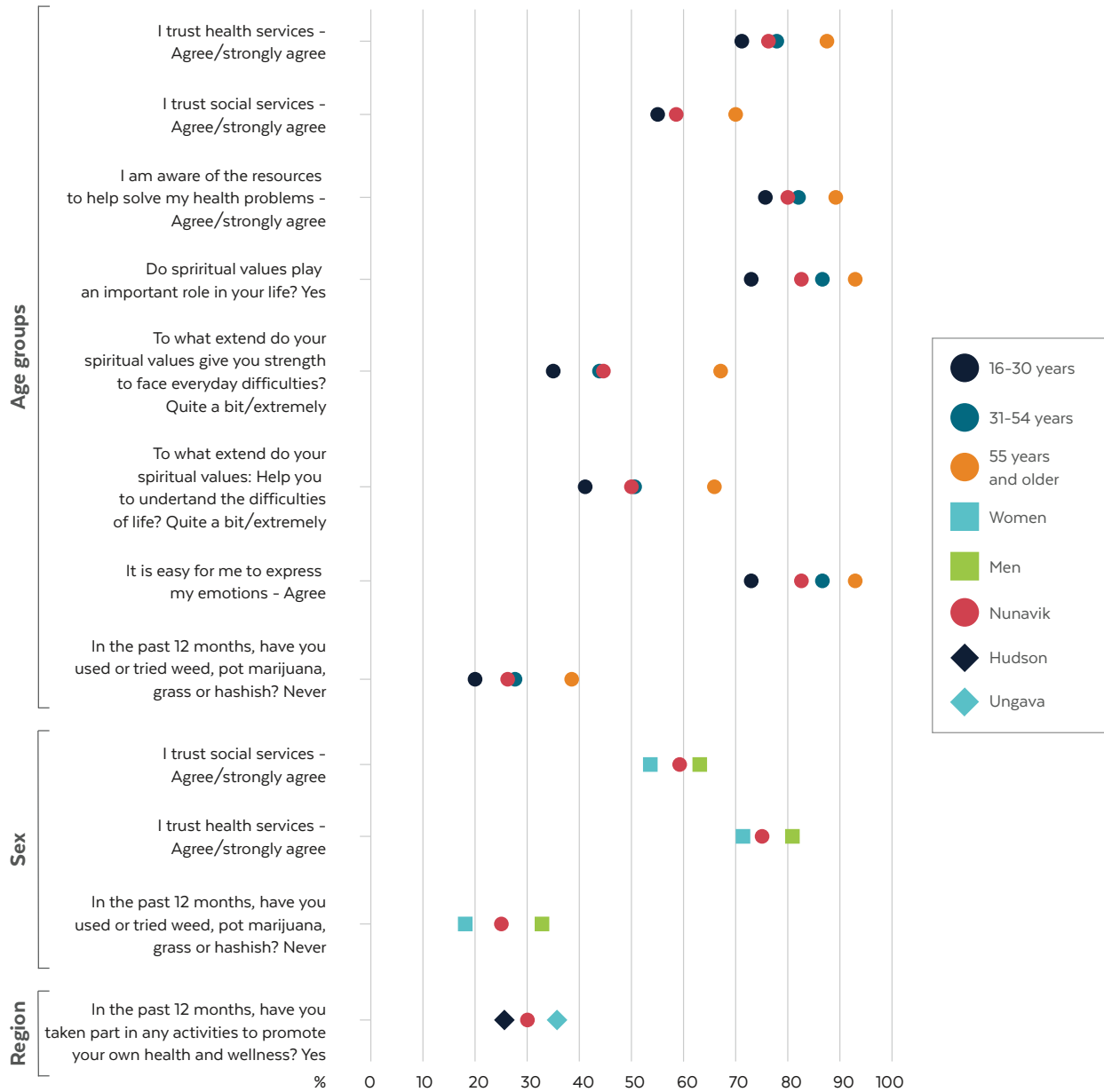
The variables selected for the Services theme are related to confidence in health and social services, the use of a range of formal and informal services, the role of spirituality in the face of hardship, and the negative impacts of trauma on people (problems denial, substance misuse). While almost 80% of Nunavimmiut reported having confidence in health services, 59% reported having confidence in social services (59%). About half of Nunavimmiut considered that health

(57%) and social (53%) services were sensitive to Inuit realities. Fifteen percent (15%) reported experiencing poorer services at a hospital in Nunavik because they were Inuk. A majority (81%) agreed that more culturally sensitive health services are needed. (Table 8, Supplementary Material).

Most of the differences in the variables selected for the Services theme were observed between age groups (Figure 12); however, some variations were also observed between men and women and between coasts. A higher proportion of older adults (87%) reported having confidence in health services compared to adults aged 31 to 54 years (78%) and to youth (71%). Relative to women, more men reported having confidence in social (63% vs. 54%) and health (63% vs. 54%) services (Figure 12). Older adults also reported being aware to a larger extent than youth (89% vs. 76%) of the resources available to help solve their health problems. More people on the Ungava coast reported having taken part in activities to promote their own health and wellness in the past year compared to people on the Hudson coast (36% vs. 26%).

Spirituality appeared to be more important for older Nunavimmiut than for other age groups. Individuals aged 55 years and over reported in greater proportion that spiritual values played an important role in their life, gave them the strength to face everyday difficulties and helped them understand the difficulties of life. A higher percentage of older people (55 years and over, 74%) and adults (31 to 54 years old, 61%) agreed that it was easier for them to express their emotions compared to younger people (45%). Regarding drug use, more older people (55 years and over, 38%) said that they had not used or tried cannabis in the past 12 months compared to younger people (16 to 30 years old, 20%). Fewer men than women reported never having used or tried weed, pot, marijuana, grass, or hashish in the last 12 months (18% vs. 34%).

**Figure 11** Variables selected for the Services theme and their variation by sex, age group, and coast



## Supplementary Material: All results produced

**Table 1** Q2017 variables related to COMMUNITY, stratified by age group, sex, region, and community size

	Nunavik (%)	Age groups			Sex		Coast		Community size	
		16-30 (%)	31-54 (%)	≥ 55 (%)	Women (%)	Men (%)	Hudson	Ungava	Small	Large
There is a feeling of togetherness or closeness in this community - Agree/strongly agree	62	58	67	63	55 <sup>1</sup>	70	62	62	67	59
People in this community help each other - Agree/strongly agree	81	76 <sup>1</sup>	85	87	77 <sup>1</sup>	85	84 <sup>1</sup>	77	81	81
People can be trusted - Agree/strongly agree	57	49 <sup>1</sup>	61	67	50 <sup>1</sup>	64	56	57	62 <sup>1</sup>	53
I feel like I belong in this community - Agree/strongly agree	88	81 <sup>1</sup>	92	96	86	89	87	89	89	87
During the past 12 months, have you felt ignored or excluded by your community? Yes	17	21 <sup>3</sup>	16	8*	15	19	15	19	21 <sup>1</sup>	14
Over the last 12 months, have you participated in unpaid work (volunteering, childcare)? Yes	42	42	42	43	45	39	36 <sup>1</sup>	50	43	41
Since you turned 55 years old, do you believe that you experienced abuse or neglect? Yes	13*	NA	NA	NA	14*	12**	13**	12*	15**	12**
How often do you have someone to talk to if you feel troubled or for some reason need emotional support? All/most of the time	47	46	50	45	55 <sup>1</sup>	39	47	47	43	50
How often do you have someone you can count on when you need advice? All/most of the time	50	49	51	50	55	46	51	50	45 <sup>1</sup>	55
How often do you have someone you can count on to listen to you when you need to talk? All/most of the time	50	51	53	43	56 <sup>1</sup>	45	49	52	48	52

	Nunavik (%)	Age groups			Sex		Coast		Community size	
		16-30 (%)	31-54 (%)	≥ 55 (%)	Women (%)	Men (%)	Hudson	Ungava	Small	Large
How often do you have someone to take you to the doctor or another health professional if you need it? All/most of the time	39	37	42	38	40	38	40	38	34	43
How often do you find that you have someone to have a good time with? All/most of the time	68	74 <sup>3</sup>	65	58	71	65	67	68	67	68
I have close relationships with elders in my community - Satisfied/very satisfied	82	72 <sup>1</sup>	88	93	78 <sup>1</sup>	86	82	81	83	81
How often do you visit or get visited? Daily	40	40	42	39	40	41	43	37	41	40
How safe do you feel in your daily life? Quite a bit/extremely	48	45	51	46	46	49	67	68	50	46
In your opinion, is your community generally peaceful or affected by violence? Moderately/very peaceful	43	44	43	42	40	46	44	52	49 <sup>1</sup>	39
In the past 12 months, how often have you felt that you were treated unfairly or discriminated against? Never	57	50 <sup>3</sup>	58 <sup>3</sup>	74	53	61	41	46	56	58

1. Statistically significant difference observed using the 5% threshold compared to the other group for variables with two response categories, or compared to other groups for variables with more than two response categories.

3. Statistically significant difference observed using the 5% threshold compared to Nunavimmiut aged 55 years and over.

\* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

\*\* The coefficient of variation is greater than 25%. The proportion is shown for information only.

NA: Not applicable

**Table 2** Q2017 variables related to FAMILY, stratified by age group, sex, region, and community size

	Nunavik (%)	Age groups			Sex		Coast		Community size	
		16-30 (%)	31-54 (%)	≥ 55 (%)	Women (%)	Men (%)	Hudson	Ungava	Small	Large
In the community you live in, how many people do you consider Ilagiiniq (extended family)? More than 20	54	48 <sup>3</sup>	54	64	58	50	56	51	51	57
In my close family, we really get along well with each other? Somewhat/very true	95	93 <sup>3</sup>	95 <sup>3</sup>	99	94	96	94	95	95	95
In my close family, we spend a lot of time doing things together at home? Somewhat/very true	90	87	93	90	90	90	90	90	91	89
In my close family, we spend a lot of time doing things together on the land? Somewhat/very true	84	82	85	83	81	86	82	85	88 <sup>1</sup>	80
Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs? Yes	41	54 <sup>1</sup>	39 <sup>1</sup>	16*	45 <sup>1</sup>	36	41	40	36	44
Referring to your drug use in the last 12 months, have you ever neglected your family because of your use of drugs? Yes	14	17 <sup>3</sup>	11*	6	11	16	13*	15*	16	12*
If you have grandchildren, do you help care for them? If yes, how often? Yes	50	F	56 <sup>3</sup>	87	56 <sup>1</sup>	44	53	46	46	53
How often do you have someone who shows you love and affection? All/most of the time	73	71	75	73	76	70	73	72	69	76

1. Statistically significant difference observed using the 5% threshold compared to the other group for variables with two response categories, or compared to other groups for variables with more than two response categories.

3. Statistically significant difference observed using the 5% threshold compared to Nunavimmiut aged 55 years and over.

\* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

F. Data not presented because less than 5 participants answered.

**Table 3** Q2017 variables related to IDENTITY, stratified by age group, sex, region, and community size

	Nunavik (%)	Age groups			Sex		Coast		Community size	
		16-30 (%)	31-54 (%)	≥ 55 (%)	Women (%)	Men (%)	Hudson	Ungava	Small	Large
How satisfied are you with your ability to communicate with others in Inuktitut? Satisfied/very satisfied	90	84 <sup>1</sup>	94	95	91	89	88	92	92	89
How satisfied are you with your knowledge and skills of cultural and traditional activities, games, arts? Satisfied/very satisfied	75	72 <sup>3</sup>	73 <sup>3</sup>	88	71 <sup>1</sup>	79	71 <sup>1</sup>	80	73	77
While growing up, did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it? Yes	17	17	19	14*	16	19	19	16	18	17
Over the past 12 months, did you participate in harvesting or traditional activities (hunting, going on the land, sewing)? Yes	90	90	89	90	91	88	86 <sup>1</sup>	93	90	89
Have you ever been a godparent or sanajik or arnaqutik (the person that cuts the umbilical cord of a newborn)? Yes	60	46 <sup>1</sup>	71	73	74 <sup>1</sup>	47	63	55	55 <sup>1</sup>	64
Was your family directly affected by the forced relocation in the 1950s? Yes	47	50	47	42	46	48	48	47	43	49
Was your family directly affected by the sled dog slaughters conducted in the years 1950-1960? Yes	80	71 <sup>1</sup>	83	91	81	79	77	82	79	49
I am proud to be Inuk - Agree/strongly agree	98	97 <sup>3</sup>	99	100	99	98	98	99	97	99
Going out on the land is an important part of my life - Agree/strongly agree	93	91	94	95	91	95	90 <sup>1</sup>	96	94	92

	Nunavik (%)	Age groups			Sex		Coast		Community size	
		16-30 (%)	31-54 (%)	≥ 55 (%)	Women (%)	Men (%)	Hudson	Ungava	Small	Large
Which language is most used at home? Mostly Inuktitut	83	80	86	83	82	83	84	80	89 <sup>1</sup>	77
I feel I have a number of good qualities? Usually	35	28 <sup>1</sup>	38	46	31	39	33	36	31	38

1. Statistically significant difference observed using the 5% threshold compared to the other group for variables with two response categories, or compared to other groups for variables with more than two response categories.

3. Statistically significant difference observed using the 5% threshold compared to Nunavimmiut aged 55 years and over.

\* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

**Table 4** Q2017 variables related to FOOD, stratified by age group, sex, region, and community size

	Nunavik (%)	Age groups			Sex		Coast		Community size	
		16-30 (%)	31-54 (%)	≥ 55 (%)	Women (%)	Men (%)	Hudson	Ungava	Small	Large
Over the past 12 months, how many households have you given food to or received food from? About the same number of households	53	50	54	60	54	52	54	52	53	53
How often did you worry that the food in your house would run out before you had the resources to get more (e.g. money to buy food, equipment to hunt, fish or gather food, social connections to get food from etc.)? Sometimes/often	66	67 <sup>3</sup>	68 <sup>3</sup>	56	35	33	70 <sup>1</sup>	61	32	36
Did you ever eat less than you felt you should because you didn't have resources to get food? Yes	26	27	25	26	23	29	27	24	29	23
Were you ever hungry but didn't eat because you didn't have resources to get food? Yes	24	27	21	20	20 <sup>1</sup>	28	25	22	28	21
How satisfied are you with your ability to satisfy country food cravings? Satisfied/very satisfied	88	85 <sup>3</sup>	88	93	87	88	88	88	88	87

1. Statistically significant difference observed using the 5% threshold compared to the other group for variables with two response categories, or compared to other groups for variables with more than two response categories.

3. Statistically significant difference observed using the 5% threshold compared to Nunavimmiut aged 55 years and over.



**Table 5** Q2017 variables related to LAND, stratified by age group, sex, region, and community size

	Age groups				Sex		Coast		Community size	
	Nunavik (%)	16-30 (%)	31-54 (%)	≥ 55 (%)	Women (%)	Men (%)	Hudson	Ungava	Small	Large
In the last 12 months, did you hunt at least once a month? Yes	28	27	29	30	16 <sup>1</sup>	40	25	32	28	29
In the last 12 months, did you fish at least once a month? Yes	21	20	19	27	14 <sup>1</sup>	28	17 <sup>1</sup>	26	24	19
In the past 12 months, during berry picking season, did you pick berries at least once a month? Yes	54	47 <sup>3</sup>	56	67	69 <sup>1</sup>	39	53	55	58	51
In the last 12 months, did you go harvesting seaweeds, molluscs (mussels, scallops, clams, etc.) and urchins at least once a month? Yes	3*	2**	4*	6**	3*	4**	4*	3*	5*	3**
From the Spring until now, how often did you go on the land? Occasionally/often	87	88	86	86	88	86	85	89	88	86
How satisfied are you with: Your ability to go out on the land, hunting, fishing and berry picking? Satisfied/very satisfied	88	86	90	91	88	89	86	90	90	87

1. Statistically significant difference observed using the 5% threshold compared to the other group for variables with two response categories, or compared to other groups for variables with more than two response categories.

3. Statistically significant difference observed using the 5% threshold compared to Nunavimmiut aged 55 years and over.

\* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

\*\* The coefficient of variation is greater than 25%. The proportion is shown for information only.

**Table 6** Q2017 variables related to KNOWLEDGE, stratified by age group, sex, region, and community size

	Nunavik (%)	Age groups			Sex		Coast		Community size	
		16-30 (%)	31-54 (%)	≥ 55 (%)	Women (%)	Men (%)	Hudson	Ungava	Small	Large
When growing up, did you have the chance to watch and learn Inuit skills? Yes	88	86	91	86	86	90	84 <sup>1</sup>	93	92 <sup>1</sup>	84
Did you ever attend any training such as carpentry trade school, cooking school, jewelry school, a heavy equipment apprenticeship program, training on the job? Yes	61	48 <sup>1</sup>	68 <sup>1</sup>	78	52 <sup>1</sup>	70	60	63	56 <sup>1</sup>	64
Getting a degree at school is an important part of being an Inuk man - Agree	78	69 <sup>1</sup>	85	89	NA	NA	77	81	79	78
There are other men in the community who are good role models for me - Agree	74	68	76	83	NA	NA	74	73	73	74
In the past 12 months, outside of work, how often have you participated in local committees or board meetings? Always/often	21	14 <sup>1</sup>	25	28	20	22	19	23	23	19
I feel I have much to be proud of - Usually	60	53 <sup>3</sup>	61 <sup>3</sup>	74	61	58	59	60	56	62
What is the highest grade you have completed? Secondary school or higher	29	28	33 <sup>3</sup>	22	31	27	27	33	26	32

1. Statistically significant difference observed using the 5% threshold compared to the other group for variables with two response categories, or compared to other groups for variables with more than two response categories.

3. Statistically significant difference observed using the 5% threshold compared to Nunavimmiut aged 55 years and over.

NA: Not applicable

**Table 7** Q2017 variables related to ECONOMY, stratified by age group, sex, region, and community size

	Nunavik (%)	Age groups			Sex		Coast		Community size	
		16-30 (%)	31-54 (%)	≥ 55 (%)	Women (%)	Men (%)	Hudson	Ungava	Small	Large
Working outside home (paid or unpaid) is an important part of being an Inuk man - Agree	78	72	82	81	NA	NA	77	78	79	76
In the past 12 months, while in Nunavik, were you treated unfairly or discriminated against while getting a job? Yes	15	18	13*	6	15	14*	13*	16	18*	12*
Do you work full time? Yes	45	35 <sup>2</sup>	59 <sup>3</sup>	40	46	45	40 <sup>1</sup>	53	45	46
How satisfied are you with your capacity for work? Satisfied/very satisfied	85	83	88	84	82	87	84	87	84	85
Do you have enough money to meet your needs? Mostly/completely	30	29	30	32	34 <sup>1</sup>	26	29	31	31	29

1. Statistically significant difference observed using the 5% threshold compared to the other group for variables with two response categories, or compared to other groups for variables with more than two response categories.

2. Statistically significant difference observed using the 5% threshold compared to Nunavimmiut aged 16 to 30 years old.

3. Statistically significant difference observed using the 5% threshold compared to Nunavimmiut aged 55 years and over.

\* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

**Table 8** Q2017 variables related to SERVICES, stratified by age group, sex, region, and community size

	Nunavik (%)	Age groups			Sex		Coast		Community size	
		16-30 (%)	31-54 (%)	≥ 55 (%)	Women (%)	Men (%)	Hudson	Ungava	Small	Large
When you attempted suicide, did you get emotional support from community wellness workers? Yes	27	25**	31**	F	35*	F	23**	30**	25**	28**
In the past 12 months, have you taken part in any activities to promote your own health and wellness that involved an elder? Yes	53	51	56	52	52	54	50	55	58	48
In the past 12 months, have you taken part in any activities to promote your own health and wellness that involved a natural helper or healer? Yes	52	52	53	51	53	51	55	50	53	51
In the past 12 months, have you taken part in any activities to promote your own health and wellness that involved a healing circle? Yes	41	37	45	41	47	33	41	40	43	38
When you attempted suicide, did you get emotional support? Yes	61	61	63*	F	64	56**	67	58*	53*	69
Have you ever sought any help or treatment for your alcohol or drug use, including self-help groups and professionals such as doctors, nurses or counselors? Yes	17	15	20	12*	15	18	19	15	62	57
In the past 12 months, have you experienced poorer services than others because you are an Inuk at the local health clinic? Yes	15	17	15	12*	17	14	14	17	56	51
In the past 12 months, have you experienced poorer services than others because you are an Inuk at a hospital in Nunavik? Yes	15	19	12	11*	14	15	12	18	59	54

	Nunavik (%)	Age groups			Sex		Coast		Community size	
		16-30 (%)	31-54 (%)	≥ 55 (%)	Women (%)	Men (%)	Hudson	Ungava	Small	Large
In the past 12 months, have you taken part in any activities to promote your own health and wellness? Yes	30	33	26	30	33	27	26 <sup>1</sup>	36	78	75
Do spiritual values play an important role in your life? Yes	83	74 <sup>1</sup>	87 <sup>1</sup>	94	85	80	82	83	82	81
I have confidence in social services - Agree/strongly agree	59	55 <sup>3</sup>	59	70	54 <sup>1</sup>	63	60	57	59	55
Social services are sensitive to Inuit realities - Agree/strongly agree	53	51	54	57	52	55	54	52	81	80
Social services are sensitive to Inuit elders' realities and needs - Agree/strongly agree	56	NA	NA	NA	54	57	58	53	17	17
I have confidence in health services - Agree/strongly agree	76	71 <sup>3</sup>	78 <sup>3</sup>	87	72 <sup>1</sup>	81	77	76	16	15
I am aware of the resources to help solve my health problems - Agree/strongly agree	81	76 <sup>3</sup>	84	89	80	83	80	82	15	14
Health services are sensitive to Inuit realities - Agree/strongly agree	57	53	58	63	56	57	59	53	33	28
Inuit need more health services adapted to them - Agree/strongly agree	81	78	82	86	81	80	79	82	69	55
To be a man, you need to be tough and strong - Agree	61	61	63	57	NA	NA	55	58	22	29
It is easy for me to express my emotions - Agree	56	45 <sup>1</sup>	61	74	NA	NA	55	59	22	29
In the past 12 months, have you used or tried weed, pot marijuana, grass or hashish? Never	26	20 <sup>3</sup>	28	38	34 <sup>1</sup>	18	26	25	84	81
To what extent do your spiritual values: Give you strength to face everyday difficulties? Quite a bit/extremely	45	35 <sup>3</sup>	44 <sup>3</sup>	66	46	44	44	46	42	47

	Nunavik (%)	Age groups			Sex		Coast		Community size	
		16-30 (%)	31-54 (%)	≥ 55 (%)	Women (%)	Men (%)	Hudson	Ungava	Small	Large
To what extent do your spiritual values: Help you to understand the difficulties of life? Quite a bit/ extremely	51	42 <sup>3</sup>	52 <sup>3</sup>	66	53	49	48	54	51	51

1. Statistically significant difference observed using the 5% threshold compared to the other group for variables with two response categories, or compared to other groups for variables with more than two response categories.

2. Statistically significant difference observed using the 5% threshold compared to Nunavimmiut aged 16 to 30 years old.

3. Statistically significant difference observed using the 5% threshold compared to Nunavimmiut aged 55 years and over.

\* The coefficient of variation is greater than 15% and lower than or equal to 25%. The proportion should be interpreted carefully.

\*\* The coefficient of variation is greater than 25%. The proportion is shown for information only.

NA: Not applicable

F: Data not presented because less than 5 participants answered.

