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SHORT COMMUNICATION

# Pan-Arctic TV Series on Inuit wellness: a northern model of communication for social change?

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## ABSTRACT

**Objectives.** This paper provides highlights of a utilization-focused evaluation of a collaborative Pan-Arctic Inuit Wellness TV Series that was broadcast live in Alaska and Canada in May 2009. This International Polar Year (IPY) communication and outreach project intended to (1) share information on International Polar Year research progress, disseminate findings and explore questions with Inuit in Alaska, Canada and Greenland; (2) provide a forum for Inuit in Alaska, Canada and Greenland to showcase innovative health and wellness projects; (3) ensure Inuit youth and adult engagement throughout; and (4) document and reflect on the overall experience for the purposes of developing and “testing” a participatory communication model.

**Study design.** Utilization-focused formative evaluation of the project, with a focus on overall objectives, key messages and lessons learned to facilitate program improvement.

**Methods.** Participant observation, surveys, key informant interviews, document review and website tracking.

**Results.** Promising community programs related to 3 themes – men’s wellness, maternity care and youth resilience – in diverse circumpolar regions were highlighted, as were current and still-evolving findings from ongoing Arctic research. Multiple media methods were used to effectively deliver and receive key messages determined by both community and academic experts. Local capacity and new regional networks were strengthened. Evidence-based resources for health education and community action were archived in digital formats (websites and DVDs), increasing accessibility to otherwise isolated individuals and remote communities.

**Conclusions.** The Pan-Arctic Inuit Wellness TV Series was an innovative, multi-dimensional communication project that raised both interest and awareness about complex health conditions in the North and stimulated community dialogue and potential for increased collaborative

action. Consistent with a communication for social change approach, the project created new networks, increased motivation to act and provided new tools to do so, and increased local community involvement and “voice” in the discussion and dissemination of successful strategies to promote Inuit wellness.

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**Keywords:** Inuit, wellness, health communication, IPY outreach, multimedia, community-participatory approaches, evaluation

## INTRODUCTION

Health indicators that are available for Inuit indicate that Inuit fare far worse than not only their non-Aboriginal Canadian counterparts but also their First Nations and Métis counterparts, according to the Inuit-specific centre of the National Aboriginal Health Organization (NAHO) of Canada (1). For example, Inuit experience higher rates of chronic diseases such as diabetes and higher rates of acute conditions such as injuries and acute respiratory infections than their non-Inuit neighbours. Such health disparities are experienced by Inuit communities across the circumpolar region, prompting multiple community efforts to both acknowledge and address these complex health issues. The project team decided to take an explicit “wellness” approach that would allow the community’s “voice” to determine which health and messages to cover in the TV series. There were 4 specific project objectives of this collaborative International Polar Year (IPY) communication and outreach project:

- to share information on International Polar Year research progress, disseminate findings and explore questions with Inuit in Canada, Alaska and Greenland, in the Inuit and English languages via television and webcast;
- to provide a forum for Inuit organizations and groups in Alaska, Canada and Greenland to showcase innovative projects related to the 3 themes of men’s wellness, maternity care and youth resilience;
- to ensure both Inuit youth and adult engagement through specifically designed activities during the development of content, vignettes, airing of the show, call-in set-up, panel and focus groups, webcast and follow-up via evaluation to the programs; and
- to document and reflect on the methods used and the feedback received from participants and viewers via an evaluation process for the purposes of further adapting a health research and information communication model.

This paper provides highlights from the participatory evaluation of this innovative TV series that was broadcast live in both Alaska and Canada in May 2009 and that has been archived in both website and DVD formats.

*Qanuqtuurniq – Finding the Balance* brought health information, stories about successful Inuit community health and wellness projects and interesting research to TV screens and websites across the northern regions in May 2009. The television series was an International Polar Year communications and outreach project coordi-

nated by Inuit Tuttarvingat, the Inuit-specific centre of the National Aboriginal Health Organization (NAHO). It involved a project team of health promotion experts, researchers, Inuit organizations, community members and northern broadcasters, as well as several working groups that helped to develop the content. Approximately 350 people were involved over the course of the project.

**Key episodes of the television program *Qanuqtuurniq* – Finding the Balance**

- “Angutiilli qanuiliqpat? How are we as men?”  
Inuit Men’s Health and Wellness – May 11, 2009
- “Nutaraqtaarniq nunalingnirmiunut alianaippuq – Birth, a joyous community event”  
Inuit Maternity Care – May 12, 2009
- “Makkuktuuvunga, upimmavunga – I am young, and I am proud”  
Inuit Youth, Coping Skills and Endurance – May 13, 2009

The 3 television programs were hosted by an Inuk broadcaster and included: Inuit involved in community-based programs and initiatives related to the show’s themes; a way to share interesting information about Inuit health and wellness; and an opportunity for Inuit to talk to Arctic researchers and ask how research is benefiting Inuit communities.

In addition to the project objectives above, the project leaders hoped to develop and deliver an effective health communication project that was consistent with a communication for social change

approach as described in 2002 by Figueroa and colleagues (2). Thus, in this project, the process of project implementation was at least as important as the anticipated outcomes.

**COMMUNICATIONS FOR SOCIAL CHANGE – Key components**

- *Sustainability of social change is more likely if the individuals and communities most affected own the process and content of communication.*
- *Communication for social change should be empowering, horizontal (versus top-down), give a voice to the previously unheard members of the community, and be biased towards local content and ownership.*
- *Communities should be the agents of their own change.*
- *Emphasis should shift from persuasion and the transmission of information from outside technical experts to dialogue, debate and negotiation on issues that resonate with members of the community.*
- *Emphasis on outcomes should go beyond individual behavior to social norms, policies, culture and the supporting environment.*

Figueroa et al.(2, p. ii)

**MATERIAL AND METHODS**

The evaluation of this project was participatory by design; it used a utilization-focused (3) formative approach that allowed stakeholders to identify key questions and methods. The 3 foci of the evaluation were overall objectives, key messages and lessons learned. Methods included participatory observation (on project team phone calls),

site visits to at least 1 featured community project (Inuvik – February 2009), studio taping of the live TV shows (Iqaluit – May 2009); breakout sessions at the International Congress on Circumpolar Health (Yellowknife, July 2009); document review (working group and project meeting minutes, communication plans, marketing products, news releases); key informant interviews (project team leaders, panelists, focus group members); surveys (studio audiences in Iqaluit and Yellowknife); and website tracking.

A purposive sampling strategy was used for the key informant interviews: representatives of the project leadership team, all panelists and all working group members and focus-group leaders were contacted for interviews related to the three foci: (1) development and achievement of overall objectives; (2) key messages (how delivered? how received? how utilized?); and (3) lessons learned by the project team. Interviews were audiotaped with permission, transcribed and reviewed by at least 2 evaluation team members to identify key themes. All project leaders, all panelists and at least 1 representative of each working group (which determined the key messages) and the community focus groups (which watched the shows live) were interviewed; 40 key informant interviews were completed over the course of the evaluation. The shows were broadcast simultaneously through a webcast on the National Inuit Youth Council's website ([www.niyc.ca](http://www.niyc.ca) and [www.inuitwellness.ca](http://www.inuitwellness.ca)). In addition, the NAHO website was used as the archives and as a primary point of dissemination of the project materials once the TV shows were completed. The websites contain descriptions of each show, the panelists' biographies, wellness resources as well as general guidelines for action.

Community members participated as studio audience members for each of the 3 live shows and most completed post-show surveys. In addi-

tion, excerpts of the 3 shows were shown in 3 breakout sessions at the International Congress of Circumpolar Health in Yellowknife, Northwest Territories, in July 2009.

All studio audience members at the 3 live TV shows in Iqaluit in May and the studio audience at the video broadcast in Yellowknife in July were provided an opportunity to complete brief written surveys in either English or Inuktitut; response rates varied from 45% (Yellowknife) to 100% (Iqaluit). In addition, at least 1 survey was returned from each of the 6 community focus groups. In total, 80 surveys were completed and analysed. Website tracking of the Inuit Tuttarvingat website was done through Statscounter.

## RESULTS

Highlights of the evaluation results will be presented in this section. The *Final Evaluation Report* is available from the NAHO website at <http://www.naho.ca/wellnessTV/aboutus.php>.

As noted earlier, the evaluation had 3 distinct foci: objectives, key messages and lessons learned by the project team.

The specific findings are outlined here:

### 1. Objectives

*Were project objectives met?*

Yes. The original project objectives were based on the initial IPY communication and outreach funding priorities, adapted by the project staff after extensive community consultation and review. The addition of one other funder increased the content about and attention to the chronic condition of diabetes, but this additional emphasis did not seem to detract from the achievement of the overall objectives. Key informant interviews, surveys, document review

and site visits by the evaluation team confirmed that the project successfully achieved each of the 4 original objectives and made impressive progress on the supplemental objectives (such as creation of community working groups to help shape the form and focus of the series, and attention to an emerging disease of concern such as diabetes) that evolved with the project. The project shared current information about an in-progress IPY research project (Inuit Health Survey) in each broadcast; it also shared and explored community perceptions and concerns related to the 3 themes, and highlighted 12 exemplary community programs via brief video vignettes included within the live TV shows. Inuit youth and adult community involvement in all aspects of the project were evident and well-documented in project meeting minutes and periodic reports.

## **2. Messages**

### *How were key messages delivered?*

The key messages were the result of working group deliberations to craft simple positive messages. As noted earlier, the three messages were (1) how are we as men? (men's wellness show); (2) birth, a joyous community event (maternity care show); and (3) I am young, and I am proud (youth resilience show). In general, the key messages, once developed by the working groups, were delivered as planned via multiple media channels (TV broadcast, including expert panel, pre-recorded video vignettes, interaction via phone, Skype video-conferencing, Internet with audiences and community focus groups). Technical challenges (particularly with using Skype and accessing the Internet) and some unexpected challenges with simultaneous translation and captioning may have limited the immediate reach of the broad-

casts. The latter in particular required some additional skillful editing of the live broadcasts before they were appropriate for further dissemination. Additional ongoing dissemination is being planned through the production of DVDs and the hosting of 2 key websites:

- [www.naho.ca/wellnessTV](http://www.naho.ca/wellnessTV)
- [www.naho.ca/inuit](http://www.naho.ca/inuit)

### *How were key messages received?*

These project websites attracted a lot of initial attention, which has been sustained over time. By November 2009, there were more than 2,000 unique visitors, plus 5,000 page views had been documented, representing interest from not only Canada (~80% of visitors) and the U.S. (12%) but also visitors from Greenland, Denmark, Sweden, the Russian Federation and other countries outside the circumpolar region.

### *Live studio audience response*

In addition to the website "hits" noted above, 8 to 10 different community members participated as members of the studio audience for each of the 3 live shows and all completed post-show surveys indicating their initial reactions. In addition, excerpts of the 3 shows were shown in 3 breakout sessions at the International Congress of Circumpolar Health in Yellowknife, NWT, in July 2009, and audience members there were also provided with the opportunity to complete surveys. In general, audience members reported very positive impressions of all 3 shows, rating the shows at least 4 on a 5-point scale from (1) poor to (5) excellent, and rating themselves as being very satisfied. A few selected quotes from audience surveys in both Iqaluit and Yellowknife are provided below to illustrate how the key messages were received and acted upon.

Consistent with the overall project's goal of expanding community "voice" and dialogue about complex health issues, a few sample comments from studio audience surveys that illustrate frequently mentioned themes are excerpted below. Note that

comments reflect both an increased awareness of the key messages presented and a stated intention to act upon the new information. This positive and proactive response was commonly noted in the audience response to all 3 shows.

MEN'S WELLNESS SHOW: "How are we as men?"	MATERNITY CARE SHOW: "Birth, a joyous, community event"	YOUTH RESILIENCE SHOW: "I am young, and I am proud"
<b>Most important thing I learned today:</b>	<b>Most important thing I learned today:</b>	<b>Most important thing I learned today:</b>
<ul style="list-style-type: none"> <li>• <i>Inuit are united in their want to help each other.</i></li> <li>• <i>Men are concerned about their role and problems despite a paucity of services.</i></li> <li>• <i>Hope for present and future.</i></li> <li>• <i>Men are interested in accessing this path as a means to voice and share their concerns and reach out to other men.</i></li> <li>• <i>Men recognize [the] problem[s] and want to make changes happen.</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>That prenatal/maternity care is not an "illness-sickness" – Inuit see it as a joyful event.</i></li> <li>• <i>We can collaborate: traditional and Western knowledge.</i></li> <li>• <i>The importance of the well-being of expectant mothers.</i></li> <li>• <i>How much pride there is in reacquiring the confidence and competence to make birthing by Inuit midwives happen.</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Noted how many elders phoned in; indicates that they watch APTN and are very motivated by youth issues.</i></li> <li>• <i>Wide range of innovative projects and programs that are underway.</i></li> <li>• <i>Elders are very interested in helping youth.</i></li> <li>• <i>The emphasis on the positive and being realistic about the challenges.</i></li> <li>• <i>Youth care and want to engage.</i></li> </ul>
<b>Will you do anything differently because of the program?</b>	<b>Will you do anything differently because of the program?</b>	<b>Will you do anything differently because of the program?</b>
<ul style="list-style-type: none"> <li>• <i>Continue to include men in the work I do and seek out more resources available to men.</i></li> <li>• <i>Work harder to integrate looking at men's issues in my work.</i></li> <li>• <i>Help support programs for Inuit men.</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Yes, possibly ask a midwife to help me in my next pregnancy, whenever that is.</i></li> <li>• <i>I'm going to share these videos with research partners and community partners.</i></li> <li>• <i>Bring this knowledge to my home community Nain and consider Inuit maternity care myself.</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Think more critically and be more open-minded.</i></li> <li>• <i>[Provide] more encouragement of youth.</i></li> <li>• <i>Recognize role models and help other youth if necessary.</i></li> </ul>
		<ul style="list-style-type: none"> <li>• <i>Yes, want to share this information with others.</i></li> </ul>

### **3. Lessons learned**

Project team members were interviewed pre-, during and post-production to capture insights and lessons learned. This small group of key decision-makers was selected as a primary source because they were responsible for the overall implementation of the project, and because they were the most interested and likely to pursue future projects based on the lessons learned in this pilot effort. They reported and reflected upon many different lessons learned over the course of the project. Key lessons described by more than one participant are briefly summarized below.

#### **Pre-production**

Major pre-production issues were related to challenges with communication, collaboration and technology. Key informants confirmed that international, cross-cultural multimedia collaboration is inherently complex and that incorporation of new working groups and funders into the original plan was both essential and demanding. Blending both new (webcast, Skype, Internet, social media) and old (TV broadcast, telephone) technologies was also challenging.

Mark Hamilton Interview (Technical Crew Leader, Ottawa, ON):

*“Working with old methods in Iqaluit – the equipment is old and upgrades are needed, if we are going to continue doing projects on this scale, we need major technical upgrades.”*

#### **During production**

The most consistently mentioned challenges during production were inadequate time (for vignette coordination and production, and engagement of busy academics and community members) and lack of infrastructure (technology, logistical support) in remote communities. However, most participants noted the positive

aspects of both the process and the outcomes.

Elsie Diamond Interview (Community Focus Group Facilitator, Nain, Nunatsiavut):

*“One night we participated through Skype and the girls were wonderful. They were so excited, they were jumping up and having so much fun with the live part of that.”*

#### **Post-production**

Despite such positive impressions, upon reflection during post-production, several project team members noted that the project had probably been too ambitious. Common recommendations were to limit the scope of future projects (by reducing the number of panelists and/or planned content to reduce the burden on technical staff, and to reduce the number of communication channels used to amplify key messages and “community voice.” Several also noted that this kind of project had been “transformative” for them.

Natsiq Kango Interview (Midwifery Panelist):

*“The show was busy all over. Got to hear from all over, but the show was all over the place. Callers waiting didn’t get to say anything, and they were on hold and asked to hold for a long time. For example, Clyde River [was] holding and never got on the show.”*

Delores Harley Interview (Community Focus Group Youth Group Facilitator, Inuvik, NWT):

*“It was us getting together here at the ICS [Inuvialuit Communications Society] building and being able to participate on the national level. We were excited to be involved. Not too many times we’re involved at that level.”*

*“I learned how to download that [Skype]. So I thought that was interesting and a good way to communicate with other communities. I think that maybe that could work in this region. That was kind of exciting for me.”*



## DISCUSSION

This complex, collaborative project was perceived as successful by most participants, including not only the project team but also the panelists, community focus group members and viewers that completed surveys. It also generated a lot of positive interest and engagement.

Upon review, the few limitations seem to have been outweighed by the project's many strengths that included the following:

- new informal/formal networks were created
- increased motivation for action was described by many
- increased tools for action were provided in multiple formats
- excitement about new media possibilities were described by many
- opportunities to link traditional knowledge and new technologies
- chance to think about old problems in new ways
- chance to bridge generational and geographic gaps with new tools

It does appear to be a case study of “communication for social change” as described by Gumucio, creating, and to some extent, documenting “a process of public and private dialogue through which people define who they are, what they want and how they can get it” (4, p. xx).

The early commitment of the project leaders to an open and formative evaluation process created the conditions for success. A reflective stance and willingness to focus on what is and isn't working in a project best prepares one to recognize and learn from one's initial mistakes and move on. Patton calls this the “active-reactive-interactive-adaptive” stance of evaluation (3, p. 209), but it is perhaps

even more important in the planning and implementation of any project.

## CONCLUSIONS

Key informant interviews, surveys, document review and site visits by the evaluation team all confirmed that the project successfully achieved each of the original objectives and made impressive progress on supplemental objectives that evolved with the project. Achievement of these initial objectives and progress on the supplemental ones seemed consistent with how several project team members indicated they would define “success.” Of most importance to project organizers seemed to be the expansion of community “voice” in the project (with the development of several working groups that were not initially planned or funded); building a foundation for sustainable and positive community action to address identified issues (consistent with a “communications for social change” approach); and focused attention on the development of “key messages” to be reinforced in the diverse project media.

This international, multi-cultural, geographically dispersed and technologically challenging project benefited greatly from the “active-reactive-interactive-adaptive” stance of its leaders. Tolerance for ambiguity, cross-cultural sensitivity, rapid responsiveness, flexibility, skills in understanding and incorporating different perspectives, identifying and using individual skills of team members, conflict resolution and media-handling skills were all demonstrated at different times by the key members of the project team, all of which greatly contributed to the overall success of the project.

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### REFERENCES

1. National Aboriginal Health Organization (NAHO). Inuit Tuttarvingat. Ottawa: Inuit Tuttarvingat 2010 [cited 2010 Nov 22]. Available from: <http://www.naho.ca/inuit/>
2. Figueroa ME, Kincaid DL, Rani M, Lewis G. Communication for social change: an integrated model for measuring the process and its outcomes. The Communication for Social Change Working Paper Series: No. 1. New York: Rockefeller Foundation; 2002. 50 p.
3. Patton, MQ. Utilization-focused evaluation. 4th ed. Los Angeles: Sage Publications; 2008. 667 p.
4. Gumucio, DA. Making waves: stories of participatory communication for social change. New York: Rockefeller Foundation Report; 2001. 246 p.

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