

## PERSPECTIVE

## Qanuqtuurniq—finding the balance: an IPY television series using community engagement

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### Keywords

Inuit communications model; community engagement; indigenous health and wellness; knowledge translation; social change; communications tools.

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### Abstract

The three-part television broadcast *Qanuqtuurniq—finding the balance* was an International Polar Year communications and outreach project concerning Inuit health and wellness. The goal of this project was to engage the Inuit public and others in “real-time” dialogue about health and wellness issues and health research, and to deliver key messages. It was aired live in the Inuit language (with English captions/sub-titles) from Iqaluit, Nunavut, Canada, in May 2009 and simultaneously webcast. *Qanuqtuurniq—finding the balance* used an Inuit communications model for remote communities that was developed in the Arctic in 1994 by the Inuit Broadcasting Corporation/Inuit Communications. In *Qanuqtuurniq—finding the balance* more than 250 people were engaged through the use of a diverse range of methods, including content working groups, stakeholder input, music recordings, pre-recorded community programme videos, live and public screening of the broadcasts, live panels, live audiences, public phone-ins, Skype video-conferencing and real-time online chat, focus groups and e-mail. This article examines the project in light of the principles of “community engagement”, demonstrating that *Qanuqtuurniq—finding the balance* exemplifies community engagement in a number of significant ways, including heavily involving community members in the selection of the health theme content of the televised programmes and through the formation of focus groups. Based on challenges encountered during the *Qanuqtuurniq—finding the balance* project, the article offers recommendations for future projects.

Inuit have been facing dramatic changes in the physical Arctic environment, in the social and economic areas of their lives and in human health. The television series *Qanuqtuurniq—finding the balance* was a Canadian International Polar Year (IPY) communications and outreach project that addressed health issues. The goal was to engage the Inuit public and others in “real-time” dialogue about health and wellness issues and health research, and to deliver key messages. Crucial to the success of the project was ensuring that Inuit were able to participate regardless of location, socio-economic status or technical skill challenges. The major public communication tool was live public television broadcast along with public webcast in May 2009.

The purpose of this article is to examine *Qanuqtuurniq—finding the balance* in terms of “community engagement”, an increasingly important concept in public health initiatives (CDC 1997; Task Force 2011). Community engagement has been defined as “the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest or similar situations to address issues affecting the well-being of those people” (CDC 1997: 9; see also Task Force 2011: 7). Community engagement can be viewed as a continuum that moves beyond community consultation and involvement (Hashagen 2002) and involves working collaboratively with relevant partners (Tindana et al. 2007). The process of community engagement is consid-

ered to be a critical element of social change (Figueroa et al. 2002).

In this article, we first describe the *Qanuqtuurniq—finding the balance* project, the communications model that it employed and the knowledge perspectives that it adopted. We then discuss the principles of community engagement and assess the project in terms of these ideas. Finally, we share some of the difficulties we experienced, along with suggestions for how to minimize or avoid them in future initiatives.

**The television series**

Inuit Communications (ICSL) of Iqaluit, Nunavut, along with EnTheos Films of Ottawa, produced the *Qanuqtuurniq—finding the balance* series, which was broadcast live on the Aboriginal Peoples’ Television Network (APTN) North and on Alaska’s public station, 360 North and live webcast on the Internet. Inuit Tuttarvingat, the Inuit-specific centre of the National Aboriginal Health Organization (NAHO), led the project as part of its key knowledge translation function to collect and share knowledge on a wide range of health and wellness issues of concern to Inuit.

The primary target audience for the series was Inuit in Northern Canada (Inuvialuit Settlement Region, Nunavut, Nunavik and Nunatsiavut), Alaska and Greenland. Additionally, the programmes were designed to be accessible to the Canadian general public via APTN North (through most cable or satellite television home-viewing packages), to the Alaskan general public via 360 North and to all with Internet access via the webcast. Unfortunately, we were unable to secure a partnership with television providers in Greenland.

The project’s funded objectives were: (1) to share information on IPY research progress, disseminate findings and explore questions with Inuit in Canada, Alaska and Greenland, in the Inuit and English languages via public television and webcast; (2) to provide a forum for Inuit organizations and groups in Alaska, Canada and Greenland to showcase innovative projects related to the three health themes that were the foci of the project; (3) to ensure Inuit youth and adult engagement through specifically designed activities during the development of content, vignettes, airing of the show, phone-in set-up, panel and focus groups, webcast and follow-up via evaluation to the programmes; and (4) to document and reflect on the methods used and feedback received from participants and viewers via an evaluation process for the purposes of developing a health research and information communication model.

*Qanuqtuurniq—finding the balance* involved a project team of health promotion experts, researchers, Inuit organizations, community members and Northern broadcasters (Table 1). The project also created several content working groups related to the three identified health themes that were the foci of the series: Inuit men’s health, Inuit maternity care and Inuit youth resilience. Multiple engagement activities stretched from Alaska, through the Inuit regions of Canada, and to southern Canada and Greenland. Including the project and technical teams, the content working groups, the film subjects, the studio participants and many supporters in the background, almost 350 people across three circumpolar countries directly contributed to the series (Table 2).

The content themes of men’s health and wellness, maternity care and youth resilience were central to Inuit priorities established for Inuit Tuttarvingat’s knowledge initiatives and they continue to play an important role in ongoing health research, health promotion and well-being programmes. The chosen themes were also intended to tie in with the IPY project *Qanuippitali? Inuit Health Survey* (Egeland 2010a, b, c).

**Table 1** Project partners for the *Qanuqtuurniq—finding the balance* television series.

Project team/partners	Roles
1. Inuit Tuttarvingat, National Aboriginal Health Organization	Executive producer, project management, content and contact research and coordination, communications
2. Inuit Communications (ICSL)	Executive producer, technical management, training, studio
3. EnTheos Films	Technical coordination, producer, director, filmmaker, community focus group management, training
4. National Inuit Youth Council (NIYC)	Content, NIYC website, participants
5. Researcher Grace Egeland and the coordinating committees of <i>Qanuippitali? Inuit Health Survey</i>	International Polar Year research content and footage
6. Department of Health Sciences, University of Alaska Anchorage	Evaluation
Other partners	Roles
7. Pauktuutit Inuit Women of Canada	Content, participants
8. Inuit Tapiriit Kanatami	Content, participants

**Table 2** The table shows the groupings of participants and their numbers corresponding to each of the three television programmes of the series, including pre-live (before the broadcast), live (during the broadcast) and post-live (during the participatory evaluation). Checkmarks indicate that the group in question worked across all three shows, and/or in pre-live, live and evaluation phases. Non-governmental organization staff assistance to management, research and evaluation, stakeholder input, and technicians who worked on production and post-production, amounting to approximately 70 people, were excluded from the table. Artists and actors in previously produced public service announcements and musical performances are not included, and neither are people other than interviewees who appeared in footage shown on the programmes. Viewers of the live television shows and recipients of the DVDs distributed afterward are not included.

Group description	Relevant television programme			Totals	Pre-live	Live	Evaluation
	Men's	Maternity	Youth				
Three content development working groups	6	6	8	20	✓		✓
Diabetes content development working group	✓	✓	✓	7	✓		✓
12 vignettes (no. of interviews used in final versions)	6 (+3 in borrowed footage)	9 (+6 in borrowed footage)	13	28	✓		✓
Vignette filmmakers/assistants (new footage)	4	6	2 (+3 counted elsewhere)	12	✓		✓
Welcome messages (pre-taped/aired during live show)	✓	✓	✓	2	✓		✓
Youth song recording (pre-taped/aired during live youth show)			✓	12	✓		
Men's show—radio public service announcement	✓			3	✓		
Host	✓	✓	✓	1	✓	✓	✓
Community focus group facilitators	✓	✓	✓	6	✓	✓	✓
Six Inuit community focus groups							
Live participation (watched all 3 shows)	Cambridge Bay: 9, Inukjuak: 4	Nain: 11, Inuvik: 5, Inukjuak: (4 counted elsewhere)	Clyde River: 5, Grise Fiord: 3	37	✓	✓	✓
Youth virtual focus group (1 ea./7 communities)	✓	✓	✓	7	✓	✓	✓
Prearranged to give live input during youth show			(2 counted in line above)				
Panelists (2 panels included elders)	1 (+ 4 counted elsewhere)	5	3 (+ 2 counted elsewhere)	9		✓	✓
Audience in Iqaluit (each incl. 1–2 elders, 1 physician)	8	9	9	26		✓	✓
Green room audience (watching television monitor outside of studio)	5	4	6	15		✓	✓
Green room on-call counsellors	2	1	1	4		✓	✓
Prearranged audiences in Ottawa	2		20	22		✓	
Other prearranged phone/Skype	1	2	1	4		✓	✓
Open line callers (who made it to air, incl. elders)	8	2	5	15		✓	✓
E-mailed comment/question			✓(from group)	1(+)		✓	✓
Audience in Yellowknife shown excerpts of screening for the evaluation	18	15	10	43			✓
Total participants (± 5% accuracy)				274			

## An Inuit communications model

*Qanuqtuurniq—finding the balance* employed, and built on, an Inuit communication model for remote communities that was developed in 1994 by its partner, the Inuit Broadcasting Corporation (IBC)/Inuit Communications, to facilitate an extensive Northern dialogue on the development of the “information highway” in Northern Canada and the circumpolar Arctic. The initiative—a symposium called Northern Voices on the Information Highway—was held in 1994 and used every available communication technology at the time (IBC 1995).

The components of the Inuit communications model were: live broadcast via a public broadcaster for first-level information dissemination; the use of traditional and developing communication tools (telephony, video conference and fax) to ensure public engagement and interactivity with the broadcast; planned input from multiple groups that encouraged dialogue from different perspectives; a focus on community engagement on issues and solutions of concern to Inuit/Northerners; use of multi-language formats to ensure cultural inclusiveness (IBC 1995). Communities spanning 4.3 million km<sup>2</sup> across five time zones (IBC 1995) were given an opportunity to effectively participate in discussions towards the eventual creation of critical communications policy.

The *Qanuqtuurniq—finding the balance* project benefited from its partner’s experience in the 1994 effort to develop and implement the model. One of the 1994 initiative’s key objectives was “to create a replicable, economical and effective model for community consultation around any issue” (IBC 1995: 7). With *Qanuqtuurniq—finding the balance* we wanted to demonstrate that the model could be used for dialogue on Inuit health and wellness issues and solutions and health research.

Oral and visual communications are particularly integral to Inuit culture. Radio, for example, is likely the most popular means of communication for Inuit and has particular social importance for communication locally and between communities regionally. Television is also a primary means of communication to the general public, most particularly in the Arctic. It has the advantage of national (and potentially international) reach and documentaries are very popular. In Inuit communities, dissemination and uptake of knowledge (especially research findings) through print media is often low.

The programmes were broadcast on APTN North in the Inuit language, with simultaneous English captions and subtitles, and were interactive through telephone, Skype and e-mail. Television broadcast and webcast dates were 11, 12 and 13 May 2009, 20:00–22:00 Eastern Time. The programmes were hosted by an Inuk broadcaster and had a panel of five community experts from Inuit

communities plus a live audience of seven to nine people from the city of Iqaluit, including one or more local elders. A different local physician was present in each audience to comment on medical issues.

Two or more of the community focus groups that were established, as described in a later section of this article, participated in each programme, presenting a summary of their respective discussions on the content themes. On the first night, technical difficulties with a sound cable meant that the host, panelists and viewers could not hear participants who were joining the show via Skype. Once this was resolved, subsequent attempts were successful with occasional connection glitches.

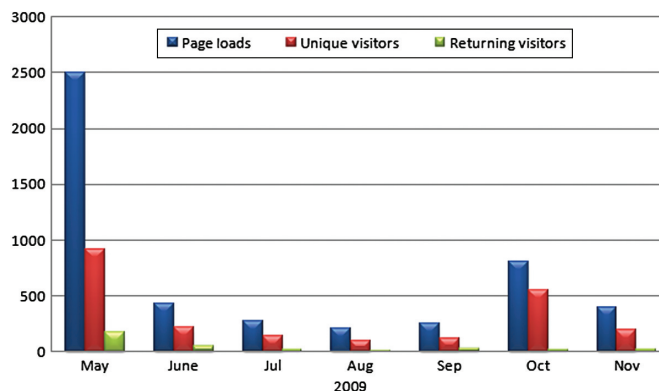
To take further advantage of Skype tools, a focus group consisting of seven youth from across the Inuit regions operating virtually, communicated together throughout each programme using real-time chat and then delivered live input during the youth programme. Other prearranged guests were also contacted by telephone and Skype. Each programme had open phone-in segments for the public. Out of the 15 individual callers who made it to air (Table 2), the majority were elders.

Another avenue for input was provided by an advertised e-mail address so that viewers could write in with comments or questions. This opportunity was used by a group viewing from Ottawa to pose a question. Additionally, if viewers wanted further information on some of the topics presented, they could consult various website addresses, including the series’ own site, provided on screen during the programmes.

To increase interest in watching the series and to elicit additional input, several new media tools were used along with “traditional” ones. Our youth researcher managed a Facebook page for the project’s youth programme, attracting over 600 subscribers by the time of the public broadcasts. Updates and news were shared through the NAHO’s Twitter account and weblog. These, in turn, were picked up, retweeted and posted on other blogs, including those of youth groups and universities.

Other promotion highlights included a postcard sent to various locations in all Inuit communities in Canada with batches mailed to Alaska. Media releases were made that focused on a specific Inuit region to garner regional and community interest; these led to interviews and articles in Inuit and Aboriginal media. APTN North aired television advertisements, and community radio stations were given pre-recorded public service announcements.

The project website, [www.InuitWellness.ca](http://www.InuitWellness.ca), streamed the three shows live and contained mainstream and Inuit-specific resources on the primary themes of the shows. (At the time of writing, edited digital versions of the live shows, a variety of excerpts and other information were



**Fig. 1** The figure shows visits to the website InuitWellness.ca from May (including the three broadcast days) to November 2009 (Johnson 2009). Between May and November 2009, more than 2200 people looked at the website, visiting more than 5000 pages of information about the topics discussed on the programmes. For the live web stream, there were 190 page loads for the men's health show, 535 for the maternity care show and 635 for the youth show. A film festival in Ottawa, in connection with the International Polar Year, took place on 29 September 2009. Vignettes from the youth episode were featured at the festival, which may account for the spike in web activity during October. Most of the visitors were from Canada (more than 80%), but there were also visitors from the United States (12%) and at least a dozen other countries, including Greenland, Denmark, Sweden and Russia (no further data on regional breakdown of visitors is available).

available on the site.) The site served to accompany the live broadcast, and received some attention. Web statistics (Fig. 1) were tracked as a secondary method of capturing viewership data because quantitative television viewership statistics were not available to the project. Web dissemination of the three programmes, various excerpted versions including each of the 12 vignettes and other documentation from the project continues.

While the main target of the project was Inuit, efforts were also made to publicize the project among mainstream society. Media releases written to attract a national and international audience resulted in articles concerning the project appearing in mainstream media. In February 2010, the Canadian IPY Program Office requested a video of the series' highlights for a film festival at the international "G7" meeting in Iqaluit. Over a thousand DVDs of the series were distributed to universities in southern Canada, as well as to schools and colleges in Inuit communities. Another noteworthy example of dissemination to the mainstream society occurred through the Students on Ice programme, which leads youth expeditions to the Arctic and Antarctic and participated in the IPY. Each summer, the programme provides a one-hour DVD version of the youth television programme to student participants.

### Three knowledge perspectives

The project incorporated three knowledge perspectives: research and corresponding knowledge translation; community programmes; and elders.

First, the project acknowledged the importance of "translating" scientific research into popular knowledge and creating dialogue about science. Each television episode included a pre-recorded video about the IPY Inuit Health Survey (Egeland 2010a, b, c), followed by live input from panelists and community focus groups (see below) about the benefits of research and research needs. To ensure accuracy of health information, policy and programme workers, researchers and physicians gave input to the live programme script guides concerning public health issues, research findings and activities.

To stimulate the live broadcast, telephone and Internet discussions, short, pre-recorded video vignettes of exemplary community programmes were included in each of the three programmes. They provided community-level knowledge in practice to set a community-centred tone throughout using clear, accessible language. All of the topics, including the research segments, were planned for discussion using little jargon and were framed so that community members and others could easily understand the information presented.

For the third and equally important perspective, Inuit elders were included on the panels in the broadcasts and/or in the studio audience to ensure their views about current health and wellness issues at the community level, as well as their recollections, would be shared.

The project team believed that presenting more than one type of knowledge would enable a dialogue in which participants were able to exchange learning and insights respectfully. The broadcast script guides were designed to move participants through a discussion of knowledge

involving historical perspectives and current social realities and then on to solution-focused dialogue and the sharing of related examples in Inuit communities.

## Community engagement

In *Principles of community engagement*, the US Centers for Disease Control and Prevention define community engagement as:

The process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people. It is a powerful vehicle for bringing about environmental and behavioural changes that will improve the health of the community and its members. It often involves partnerships and coalitions that help mobilize resources and influence systems, change relationships among partners, and serve as catalysts for changing policies, programs, and practices. (CDC 1997: 9; see also Task Force 2011: 7)

In her foreword to the second edition of *Principles of community engagement* (Task Force 2011), the US Surgeon General describes the first edition as having “filled an important vacuum, providing community members, health professionals, and researchers with clear principles to guide and assess their collaborative efforts” (Benjamin 2011: xi). The contributors to the second edition of *Principles of community engagement* note that “community involvement is essential to the identification of health concerns and interventions” (Task Force 2011: vi). While community engagement can take many forms, it is probably better viewed as a continuum of ever deepening levels of involvement (Task Force 2011).

Other literature explains that community engagement moves beyond community consultation and community involvement. Hashagen (2002: 2) defines and distinguishes *consultation*—“simply providing information to a community and requesting feedback, but carries no undertaking that there is to be a shift in what is done or how it is done”—and *involvement*, which “carries a stronger message: that communities need to be involved if activities and solutions are to be rooted in an understanding of the community’s perception of its needs and issues.” In a community planning context, “engagement” goes even a step further, building collaborative relationships and dialogue where the collaborators are on an equal footing. They learn from each other and build mutual capacity, rendering outcomes more focused and effective:

Engagement implies that there is a need for those involved in community planning to think clearly about the communities they are working with, to understand their history and culture, . . . the range of local needs and issues and how they are experienced, the assets and strengths of the community that may be built on. (Hashagen 2002: 3)

Community engagement models exist in a range of other fields. In research, Tindana et al. (2007: 2) characterize community engagement as “the process of working collaboratively with relevant partners who share common goals and interests.” They make note of the milestone Canadian document, *CIHR guidelines for health research involving Aboriginal people* (CIHR 2007), which recommends working very closely with Aboriginal communities through the use of participatory-research approaches and respecting their protocols concerning engagement.

Along similar lines, David et al. (1998: 1) state that the World Health Organization was an originator of the concept of “community participation in health” and that it “is a complex entity examined extensively in the literature and [it] continues to be of great interest among community health workers”. Further, citing Annett & Nickson (1991) and Dujardin (1994), David et al. (1998: 2) note that “collective wisdom holds that the core value of community participation is that it provides a mechanism for people to participate in activities that have the potential to impact positively upon their health”, and, citing White (1982), they observe that “[a] related benefit is the potential for greater diffusion of health knowledge in the community and greater use of indigenous expertise” (David et al. 1998: 2).

## How the project engaged the community

The *Qanuqtuurniq—finding the balance* project involved several of the key elements of community engagement *Principles of community engagement* (Task Force 2011:7) identified. We discuss these below.

### “The process of working collaboratively with and through groups of people”

Collaboration was achieved primarily by choosing a number of key partners to participate on the project team, the creation of community focus groups, consultation with national Inuit committees and, especially by the later addition of content working groups (Tables 1, 2). During the development phase, we planned for a forum

that would minimize geographical distances among participants, maximize connection using the best available technologies, be comfortable for all participants and be respectful of diverse formal educational preparation and cultural backgrounds. After funding was confirmed, we realized that our initial plan needed fine-tuning. The project team recognized that to get the quality of guidance, community “voice” and input consistent with meaningful community engagement, we needed to add a very significant component to the project. As a result, four content working groups were established, one for each programme theme plus a cross-programme group for diabetes content.

More than 27 participants from across Inuit communities in the North and Ottawa/Montreal—including men, women, youth and elders—were involved in the working groups’ teleconferences. Youth from each Inuit region were recruited through recommendations from our partner, the National Inuit Youth Council. Some working group members worked with Inuit regional or national organizations and each group included a representative from the Canadian government.

We took an explicit “with” approach, having the content working groups—through discussion and consensus decision making—determine the content, film locations and panelists. Wherever technically and financially possible, we implemented their suggestions and added activities, such as making the recording of a theme song for the youth programme as performed by Nunavut Sivuniksavut College students. The content working groups for the men’s, maternity care and youth themes met monthly by teleconference for seven months, determining content, messaging and panelists.

The content working groups developed the three main theme titles for the broadcasts: “How are we as men?”; “Birth, a joyous community event”; and “I am young, and I am proud”. In addition, the groups identified 12 positive community programmes or projects to highlight during the series. Aspects of these projects were then filmed on location, using Aboriginal filmmakers to the greatest extent possible, and the resulting “vignettes” were prepared for airing during the live programmes to further illustrate the primary themes to be discussed.

Engaging community members to collaborate and take on leadership roles and responsibility for the participation of others through the six focus groups generated enthusiasm: people were excited to be involved and experienced additional benefits such as social networking (Johnson 2009; Johnson et al. 2011).

### **Those groups of people were “affiliated by geographic proximity, special interest, or similar situations”**

In our case the geographic spread was vast (Alaska to Greenland), but all who were involved (aside from some technical communications crew) worked in the field of Inuit health and wellness and/or were Inuit concerned about the health and well-being of their populations. For example, we made substantive efforts to engage Inuit youth in the television series because it was and is vital that we hear their voices, concerns and solutions and that they have opportunities to connect and dialogue with each other and other community members. Not only did we choose to have one of the three television programmes focus on youth issues, we formed a content working group of youth to design it: we created an opportunity for them to work together nationally across the Inuit regions and Ottawa. They used communication technologies and five youth appeared in person on the panel. Youth participants were also able to reflect on their experiences, which for some included a sense of empowerment, through the evaluation (Johnson 2009; Johnson et al. 2011).

### **“Addressing issues affecting the well-being of those people” and “bringing about environmental and behavioural changes that will improve the health of the community and its members”**

The television series was about presenting information, research and a range of perspectives on three broad health and wellness themes of importance for Inuit: men’s health and wellness, maternity care, and youth resilience. The television programmes were solution-oriented, encouraging individuals to take responsibility and action in their own and their families’ lives and encouraging communities to engage in dialogue and get involved in creating social change. Many participants took advantage of these opportunities. For example, one of the content working group members, who was also a panelist on the men’s programme, encouraged men in his small community to gather and watch the programme. He enthusiastically related to one of us (CLC) that this had been the first time in his memory that men gathered in his community to discuss men’s health and wellness.

Whether the project, in fact, brings about changes that will improve people’s health remains to be seen, but the evaluation of the project strongly suggests that it will have a positive effect (Johnson 2009). For example, when she was interviewed for the evaluation, a woman

who had been in the studio audience during the maternity care programme commented that she would consider seeking midwifery care during future pregnancies (Johnson et al. 2011).

**Community engagement “involves partnerships and coalitions that help mobilize resources and influence systems, change relationships among partners, and serve as catalysts for changing policies, programs, and practices”**

We formed many partnerships with individuals, groups and organizations to achieve our goals, and there are many strong indications that the project helped forge new linkages, and strengthen existing relationships, among our Inuit collaborators as individuals and as representatives of social groups, communities and organizations.

While our evaluation was able to explore short-term impact only, results showed how participants planned to take action in their own lives and also in terms of involving and collaborating with others. Including vignettes of successful health-related initiatives in the television programmes was probably a vital component contributing to the longer term positive effects of the project: sharing experiences from successful practices from one community with others with a similar culture, history and current challenges can inspire people to adopt similar practices.

**Difficulties and recommendations**

Overall, the project was considered a success (Johnson 2009; Johnson et al. 2011). It was a very exciting process, and was invigorating, motivational and transformative for many who were involved, as comments from youth, elders, men and women during the evaluation indicate (Johnson et al. 2011). However, at times, it was just a little too complex: too many sub-themes were covered and there were too many different types of interactions and technologies in each episode.

We faced challenges related to time limitations and technological difficulties during the live broadcasts. For example, there was never enough time to hear from all the callers: several commented that they had waited a long time on hold. During the discussions during the maternity care show, the panel, audience and prearranged focus group callers overtook the public phone-in time slots allowing for only two callers (there was a better balance on the other two programmes). Because interrupting people who are telling long stories can be culturally inappropriate, this method of allowing more

people to participate in the discussions was used sparingly. Scheduling fewer pre-planned interactions would have helped, but probably would not have eliminated this problem altogether.

We experienced a limitation in terms of collective engagement involving teleconferencing. It was difficult for some of the project team members and the content working group members to make themselves available regularly; concerted efforts with e-mail and individual calls were needed as a supplement.

Working internationally across cultures and languages was more difficult than expected based on previous experience in Canada. The project’s technical partners also battled with potential and real technology and equipment failures and losses. Equipment upgrades are needed if the North is to keep up with advances in communications. Adding content working groups without extending timelines more than doubled the workload. In future, better strategies for engaging busy academics to participate in content development and delivery need to be employed. Pre- and post-production timelines for gathering video content and editing for DVD production should be lengthened. Due to post-production delays, the evaluation could not include feedback from DVD viewers.

We recommend the following for future programmes: make more focused use of fewer technologies and community engagement strategies; develop shorter programmes; and recognize early the importance of adequate pre-and post-production timelines, and the need for additional funding for high-quality post-production products in a variety of formats to further extend the reach of the broadcast content.

**Project finances**

Television production is expensive and costs can vary dramatically depending on the content elements and communications technologies used. We estimate that from start to finish, the project cost approximately 750 000 CDN (2008–10). This included in-kind Inuit Tuttarvingat/ NAHO staff time and some core communications funding (but did not include in-kind time from many partners and participants). For this money, the project directly engaged people throughout the North and produced six hours (three shows of two hours each) of prime-time APTN North broadcast using all the communications tools listed along with vignettes, excerpt versions and 1200 distributed DVDs. See Table 3 for the cost estimates we developed to do subsequent one-hour programmes.



**Table 3** The table shows what it would cost to develop a similar one-hour programme and two one-hour programmes back-to-back. Monetary values are given in estimated 2010 Canadian dollars, including taxes and less federal and provincial (Ontario) tax rebates. The basic total amount with no optional features is given separately to allow for flexible budgeting using some, all or none of the various optional communications features. All of the optional features were used in *Qanuqtuurniq—finding the balance*.

	One-hour show	Two one-hour shows back-to-back <sup>a</sup>
Producer organization (project lead)		
Assistants for promotion, web, panel, organization, travel (panel and project staff), postage, courier, teleconferences, translation	49 860	69 040
Evaluation	16 575	20 719
In-kind: management, coordination, research, writing, rent, office supplies, equipment, administration	0	0
Production company <sup>b</sup>		
Personnel, travel, insurance	54 000	81 000
Broadcast preparation, technical tests, rehearsal, set	9547	14 321
Broadcast promotion	7636	11 454
Live broadcast	64 800	97 200
<b>Total: Producer and production company not including in-kind with no additional features</b>	<b>202 418</b>	<b>293 734</b>
Optional additional features (select one or more)		
Community focus group or youth virtual focus group	18 122	27 183
Pre-taped vignettes and music	18 785	28 177
Live web cast	5 525	8287
Live Skype during broadcast and webcast	5857	8785
One month archived webstreaming using outside server	2763	4144
Production and duplication of 1200 DVDs	9503	14 254
DVD distribution <sup>c</sup>	7500	7500
<b>Total if all optional features are used</b>	<b>68 055</b>	<b>98 330</b>

<sup>a</sup> For four shows, double the two-show column.

<sup>b</sup> Two shows cost 1.5 the cost of one show.

<sup>c</sup> Distribution costs virtually the same for a DVD package with one or two DVDs in it.

## Conclusion

Health promoters now know that health promotion communication is more acceptable and has more impact if community members help to craft the messages and ensure cultural appropriateness. This form of collaboration and partnership is embodied in community engagement. Also, because community engagement involves participants taking leadership roles, it increases their “ownership” of the process and its outcomes, improving the project’s prospects for bringing about changes that will improve people’s lives.

As this article has shown, *Qanuqtuurniq—finding the balance* exemplifies the principles of community engagement through the project’s arc that began with the development of the contents of the television programmes through to the participatory evaluation that was carried out at the end.

Conference presentations of excerpts from the televised programmes and our findings are ongoing. Possibilities for providing some of the video footage to other

videographers and health educators are also being explored. All of these efforts are intended to motivate additional dialogue on the themes presented in new venues and to encourage the use of multi-media technologies for engagement and knowledge sharing purposes.

## Acknowledgements

We would like to thank the following individuals, groups and organizations for their contributions to the project: youth researcher/project assistant, Alex Stubbing; project assistant, Cynthia Pitsiulak; partners Inuit Communications, EnTheos Films, *Qanuippitali?* Inuit Health Survey, National Inuit Youth Council, Pauktuutit Inuit Women of Canada, Inuit Tapiriit Kanatami and several working groups and in-kind contributors; panelists, show moderator, studio audiences, community focus group members, youth virtual focus group members, technical team, videographers, community members, show participants and viewers. RMJ appreciates and acknowledges the contributions of University of Alaska Anchorage Master

of Public Health in Public Health Practice students Robin Morales and Doreen Leavitt to the evaluation project. A list of programme credits is available at [www.InuitWellness.ca](http://www.InuitWellness.ca) along with the video products and reports stemming from the television series. Funding for *Qanuqtuurniq—finding the balance* was provided by: the Government of Canada; the Department of Health and Social Services, Government of Nunavut; the Canadian Institutes of Health Research Team in Circumpolar Health Research; and sponsoring airlines First Air and Canadian North.

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