

Understanding the Power of Community During COVID-19

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COVID-19 has posed a significant threat to Indigenous populations across the Arctic who experience many of the social, economic, geographic and health risk factors that are associated with severe outcomes of COVID-19.

“Indigenous peoples of the Arctic have historically almost always been severely impacted by pandemics and have shown a higher mortality rate than communities further South – due to a suit of reasons. However, their traditional knowledge has enabled communities to respond to pandemics in flexible and adaptive ways, strengthening their resilience.” (AC, 2020)

In the Circumpolar region, communities have and continue to rise to the challenge of addressing the complex challenges of the public health measures stemming from COVID-19 (UN, 2020). Arctic peoples live in regions that implemented a diversity of policies in response to the pandemic, and a variety of public health measures were introduced that included, but were not limited to, social distancing, self-isolation, quarantines, mask-wearing, and testing, which influenced and impacted community level responses.

Indigenous organizations, governments, communities, and leadership have required timely and reliable information to prepare, track, and communicate about the impacts of COVID-19 in ways that reflect our unique experiences (Healey, 2018; Redvers et al., 2019; UN, 2020). For this reason,

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Qaujigiartiit Health Research Centre (www.qhrc.ca) has been documenting the impacts of the COVID-19 pandemic in Nunavut communities since April 2020. First, by documenting the impacts on community-serving organizations such as non-profits, wellness centres, and hunters and trappers organizations, then by systemically investigating the Iqaluit COVID-19 outbreak (April-June 2021), and continuing on into studies exploring education outcomes, quarantine/isolation hubs, and community and healthcare provider perspectives.

Nunavut is a Canadian territory, formed in 1999 as a result of Canada's Nunavut Act (Commons, 1993). The population of Nunavut in the 2021 Canadian Census was 36,858 (Statistics Canada StatsCan, 2021) and the population of Iqaluit, the capital city, was recorded as 7,429 in the 2016 Canadian Census (Statistics Canada StatsCan, 2021). The remoteness of Nunavut's communities has provided both advantages and disadvantages for the management of COVID-19. For example, the remoteness of Nunavut's 25 communities and the lack of inter-community road infrastructure provided opportunities to limit spread by limiting inter-community air travel. Disadvantages of Nunavut's remote geography included an already limited and disbursed healthcare infrastructure and low staffing rates, as well as additional complex logistics for the disbursement of personal protective equipment and vaccines.

The factors involved in COVID-19 decision-making for the territory of Nunavut were identified as (GN, 2021): status of transmission of COVID in territory; state of testing capacity; health system capacity locally and at tertiary care centres; transmission and case levels in our gateway cities (Ottawa, Montreal, Winnipeg, Edmonton, Yellowknife); current health/medical evidence; Assessment of risks and vulnerabilities; and Epidemiological and public health evidence.

Qaujigiartiit's studies have been implemented using the *Piliriqatigiinniq* Community Health Research Model (Healey & Tagak Sr., 2014), which was developed by Nunavummiut to guide community-based health and wellbeing research. The model prioritizes 5 Inuit concepts for research excellence: *Inuuqatigiitiarniq* (respect for all/shared humanity), *Pittiarniq* (to be good or kind), *Iqqaumaqatigiinniq* (to think deeply until realization), *Unikkaaqatigiinniq* (the power, meaning, and role of story), *Piliriqatigiinniq* (to work for the common good). These values provide the foundation for this research study. The study focuses on: addressing key community research questions; acknowledging that the narratives and voices of Nunavummiut are essential to the story; understanding experiences and identifying solution-seeking pathways; and conducting the research with compassion and kindness at the heart of the work.

Our research findings are just beginning to emerge. However, what we are observing in our early analyses is the profound power and importance of community in the COVID-19 response. Initial reactions to the pandemic were rooted in terror and fear of death, similar to reactions around the globe. What stands out among the voices from our Nunavut communities are the multiple ways in which people supported one another, and the ways in which they showed care and nurtured connections to others without being able to visit in person.

Nunavut has struggled with outbreaks of Tuberculosis for decades (ITK, 2018; Orr, 2013), and previous research of lower respiratory tract infections in infants showed that medevacs accounted for between 18% and 55% of the total cost of hospitalizations in northern Canada (Young et al., 2019). During our COVID-19 research studies, however, we were hearing from healthcare providers that respiratory illness among infants, and cases of Tuberculosis, diminished significantly. There are important lessons to be learned about the role of public health interventions such as

isolation, masking, and care packages, for sanitizing multi-use spaces, as well as for supporting families through food deliveries (food baskets for isolating families) and living wages. The infectious illnesses that have plagued our communities for decades have clear solutions when the financial resources are available to implement them.

Few, if any, *Nunavummiut* who have participated in the studies have talked about the impact of COVID-19 on themselves – “How will *I* survive? How will *I* eat? What will *I* do?” rarely, if ever, came up. The questions *Nunavummiut* asked were, “How will *we* look after our little ones? How will *we* protect our Elders? How will *we* support our homeless population?” Our communities are powerful, strong, and protective, and have the desire and capacity to look after one another. The greatest concerns expressed by our communities in these numerous and broad studies focused on how we, as *Nunavummiut*, can care for our most vulnerable and how our leaders can address structural determinants such as housing, water, and healthcare so that we can all participate in taking better care of our people. This is a very important learning for public health – our communities know and understand the issues and have solutions. Big, structural health determinants are blocking the pathways forward. There is power in community and we need to support the systems and processes that release it.

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