

Winnipeg's North End Wellbeing Measure: Using Social Innovation to Drive Community Measurements

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ABSTRACT

Background: The Winnipeg Boldness Project, a social innovation initiative addressing early childhood outcomes in the underserved community of Point Douglas, worked alongside the community to develop a meaningful measurement tool, the North End Wellbeing Measure. This article describes the context, the research and pilot, and the lessons learned.

Objectives: To develop a community-based tool called the North End Wellbeing Measure (NEWM), which evaluates what is important to Point Douglas families.

Methods: We used community-based participatory research methods and surveys for data collection.

Lessons Learned: We learned that: 1) the language used in relation to notions of *wellbeing* and *satisfaction* could be more precise, 2) our assumptions about strengths-based measurement did not always align with community perspectives, 3) hiring Indigenous people as data collectors is essential, and 4) we need to remain vigilant in our attention to respecting the participants' lived experiences. We also learned that, given the opportunity, the community has a desire to participate in research involving their experiences and wellbeing and greatly benefit from self-voicing and agency in research development.

Conclusions: The pilot NEWM demonstrates the benefits and challenges of Indigenous social innovation and will benefit future iterations of the measure, as well as other community-based wellbeing measures.

KEYWORDS: Community health research, Community health partnerships, Social Change, Vulnerable Populations, Educational Measurement, Wellbeing Measures, Social Innovation, Early Childhood Development, Indigenous Populations, Strengths-Based Assessment

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To address the need for measures that reflect what is important to families in Winnipeg's North End (Point Douglas) community, The Winnipeg Boldness Project (<https://www.winnipegboldness.ca/>), a social innovation initiative in Winnipeg, Canada, collaboratively developed the North End Wellbeing Measure (NEWM), a tool to assess the wholistic wellbeing of families and children in this community. This paper will describe the community context, the partnership to develop the NEWM, the NEWM pilot, and the lessons learned.

Social innovation can be defined in many ways and has shifted over time,¹ but ultimately, it is a process that works to support people and organizations in the development and delivery of new ideas and solutions to social problems. It involves active collaboration across multiple sectors to address root causes and move towards systems change.² Social innovation initiatives are often considered not to fit in conventional boxes, but through their approaches, they can often bring about numerous social benefits and sometimes financial profits, with the potential for scalability.² This democratic form of social innovation focuses on collaborative responses by giving voice to those directly impacted by issues and the structures that contribute to them.³ It is important to understand the dynamics of power relations when discussing social innovation because, as it generates systemic social change, it disrupts the systems that cause social disadvantage and marginalization.⁴

Indigenous innovation goes one step further by applying Indigenous knowledges to social innovation ideas and methods.⁵ Through an Indigenous lens, social innovation aims to foster relationships and prioritize wholistic wellbeing.⁵ Indigenous social innovation is grounded in

“(1) traditional knowledge and practices; (2) distinct cosmology and culture; and (3) struggles for decolonization and Indigenous resurgence.”⁶ Social innovation, as a concept, is rooted in Western ways of thinking; however, because it focuses on relationships, wholistic thinking, disruption of and confrontation with power structures, building agency, strengths-based positive change as opposed to deficit-based comparisons, and multi-scalar transformations, it is an “allied theory of change” for Indigenous resurgence.^{7,8} Indigenous social innovation models aim to balance power relations and decrease the risk of perpetuating colonialist and related policies.⁷ Indigenous social innovation is a unique type of social innovation that is more useful for Indigenous innovators and communities.

The Winnipeg Boldness Project (WBP) is an Indigenous social innovation initiative working alongside the North End (North and South Point Douglas), an underserved but resilient community with a strong Indigenous (First Nations, Inuit, and Métis) presence.^{7,9} The North End of Winnipeg is home to approximately 5.8% of the city population, and nearly 29% (11,785) of those residents are Indigenous, and 36% (14,440) are visible minorities.¹⁰ As defined by Statistics Canada, visible minorities are persons other than Indigenous individuals who are non-caucasian in race or non-white in colour.¹¹ The visible minority population in the North End primarily consist of Filipino, Chinese and Black groups. Winnipeg's North End is one of the oldest settled parts of the city.¹² It has a long history of being spatially and socially segregated from the rest of Winnipeg, primarily due to the Canadian Pacific Railyards that cut it off from the rest of the city. While the North End is a neighbourhood with tremendous community spirit, it has challenges, including lack of affordable housing, poor job opportunities, and food insecurity. Many of these challenges are caused by systemic factors, including racism, that can negatively affect a child throughout education and adulthood.

In the first year of the WBP, it was essential to ensure that the community led the work done by the Project. Several community engagement activities were held to identify the North End's priorities and areas on which the WBP should focus. Out of the process, the community identified a list of over 40 ideas that could be developed into Proofs of Possibilities (POPs). To date, WBP has developed twelve of these ideas into Proofs of Possibilities, of which the North End Wellbeing Measure is one.¹³ The WBP was created out of the Early Development Instrument (EDI) results gap identified in the North End. However, during the deep dive stage, when the POPs were being identified, it was made clear by the Point Douglas community that while the EDI's five domains were important, they failed to see and showcase the factors that the community deemed important. The North End Wellbeing Measure was identified as a POP to be developed to complement the EDI tool to achieve a well-rounded picture of the health of the community's children.¹³

The values of the WBP are based on the Wholistic Early Childhood Development Model, which is "rooted in principles such as wholism, interconnectedness, balance, equity, belonging, self-determination, peer-to-peer learning, trust, and respect."^{14,15} Furthermore, children's wellbeing is based on a healthy balance of the physical, spiritual, emotional, and mental dimensions of self.¹⁵ The WBP works with this child-centred model in response to the Calls to Action by the Truth and Reconciliation Commission of Canada.¹⁶ The model is strength-based, which works with families by honouring their strengths, knowledge, passion, and commitment. Children are the centre of the community in which members, organizations, structures, and policies are interrelated and interdependent. When any aspect of the system is changed, the adjustment affects the whole community.¹⁴

The WBP team is comprised of four to five team members at any given time – the Project Director who liaisons with the Stewardship Group, Funder’s Table and participants in various project meetings, the Project Manager who oversees day-to-day operations, and two to three Project Coordinators who oversee prototypes and work with Guide Groups. In forming the WBP, they developed an accountability framework that adheres to community development principles, including making the WBP’s highest level of accountability to Point Douglas residents, families, and their children. This guiding principle is understood at every level of the WBP’s governance. It involves the WBP’s team’s continued engagement with our Stewardship Group, Funder’s Table, and four Guide Groups. Each group plays a different role in the WBP’s governance structure. The Community Leadership Guide Group relies on the network of leadership within the Point Douglas community and has changed and grown as new leaders have emerged. It was started to keep the WBP and community organizations informed about each organization’s work. The Traditional Knowledge Keepers Guide Group ensures that the WBP operates in a good way. As Erin Alexiuk writes, “when social innovations emerge under the guidance and wisdom of Indigenous Knowledge Guardians, development is more likely to be respectful, strongly rooted in culture, contribute to ecocultural restoration, and result in mutually beneficial inter-cultural collaborations.”⁸ While feedback from this group is essential, it is also about nurturing the spirit of the Project, keeping the project and team involved in culture and ceremony. The Research Guide Group is made up of local and national academics in various fields like Indigenous health, wellbeing, and social work who bring an academic lens to the WBP. They do not influence the direction of the work; instead, they support and push the work forward, helping with opportunities the WBP and community might not see or have access to. The Parent Guide Group—arguably the most critical Guide Group for WBP—is the most active. During the early

stages of WBP, they met several parents and caregivers, and the Parent Guide Group has expanded through them as they invited other parents and caregivers to join this group. They ensure that the Project is going in the right direction, giving WBP direct contact with the parents and caregivers in the community. Through this process WBP gets validation for ideas and designs and assistance with idea development. Our partnerships are derived from the WBP's connection to the community and the relationships the Parent Guide Group has built with community members, academics, organizations, and leaders living and working in the North End. However, our priority always leans towards parents and the community.

Parent Guide Group and community conversations revealed a need to measure holistic success in addition to school readiness for Point Douglas children. A measurement tool at the community level would complement the Early Development Instrument (EDI), designed to provide a feasible, affordable, and psychometrically sound report on populations of children in different communities.^{15,17} School readiness focuses on a child's ability to meet the demands of school across five domains of child development: physical health and wellbeing, social competence, emotional maturity, language and thinking skills, and communication skills and general knowledge.¹⁸ One critical observation by the community and Guide Groups is that the wellbeing of children is often approached as a "program" to be implemented in school settings rather than as a way of being or a cultural shift, and measurement tools like the EDI do not account for the cultural dimensions of wellbeing as experienced within the community.¹⁹ The EDI focuses on a child's ability to meet the demands of school, regardless of the context that child lives in. It misses out on one of the most important factors that can affect a child's school readiness: the circle in which they are raised. As children's first learning experiences occur in the home, it is important to recognize the significance of the everyday experiences and practices in

the home that contribute to school readiness.²⁰ For NEWM, the WBP partnered with the First Nations Health and Social Secretariat of Manitoba (FNHSSM) and a clinical researcher at the University of Manitoba, the WBP developed the North End Wellbeing Measure (NEWM) to address this concern.^{15,21}

Objectives

There were two objectives when we began the iterative process of developing the NEWM: (1) to create a tool that captures success and wellbeing for children in Winnipeg's North End as defined by families, and (2) to test a small-scale implementation of the tool to learn about the application of a community-based wellbeing measure. To achieve these objectives, the WBP worked with the NEWM partners, WBP Guide Groups, community organizations, and community members to develop a measure with indicators that matched their definitions of success and wellbeing.

Methods

This project utilized community-based participatory research (CBPR), which emphasizes working with the community in all aspects of the research and ensures the community leads the project. CBPR is recognized as an instrument to address complex concerns such as environmental, health, and social problems.²² CBPR aligned well with the WBP's Indigenous social innovation approach to working in the community. This project was initiated by community organizations and was not required to obtain ethics approval through a university. The ethics for this project were guided by the community organizations (WBP and FNHSSM), who have extensive experience working with self-determined communities. Notably, FNHSSM

has the longest-standing Indigenous health research ethics board in Canada and is a leader in community and Indigenous health research ethics.

The tool was adapted from existing First Nations community wellbeing measures developed by FNHSSM in the First Nations Regional Health Survey.²³ This kind of adaptation and combination/recombination of existing ideas and/or applications is a common feature of social innovation approaches.⁶ The tool comprises a five-section (Demographics, Employment and Education, Independence and Inter-dependence, Cultural Foundations, and Quality of Life) caregiver survey and a child-specific survey. The domains for NEWM were chosen to provide a complementary picture to the results of the EDI (Table 1). The First Nations Regional Health survey was adapted by many different stakeholders including the WBP staff team, the NEWM steering committee, the WBP Parent Guide Group, the Community Leadership Guide Group, and the NEWM team. This process took place over a span of a few months, with several iterations of the revised survey developed before finalizing the NEWM.

Early Development Instrument	North End Wellbeing Measure
Physical Health and Wellbeing	Quality of Life
Social Competence	Independence and Interdependence
Emotional Maturity	Cultural Foundations
Language and Cognitive Development	Employment and Education
Communication Skills and General Knowledge	Demographics

Table 1 – Domains of the EDI and NEWM

The survey targeted caregivers residing in the Point Douglas area of Winnipeg who had at least one child under eighteen in their care. The child-specific survey included 27 questions about the child's school experience, recreation and program involvement, pre-natal services accessed during pregnancy, history of breastfeeding, and other related areas (details on survey questions

and results are available in the *North End Wellbeing Measure: Prototype Implementation and Learning* report²³).

Under the oversight of a First Nations coordinator, four First Nations youth were recruited as data collectors in July 2017 and trained by the FNHSSM research team. The data were collected over six months from 2017 to 2018, with 191 validated adult surveys and 367 validated child surveys for a total of 558 surveys (Table 2). Parents/guardians/caregivers completed the child surveys on behalf of their children. Participants were also asked if they would consent to link their data to Manitoba Health's Administrative Health Database.

North End Wellbeing Measure Surveys (N=558)		
	n (%)	
	<i>Adult Surveys (n=191)</i>	<i>Child Surveys (n=367)</i>
Male	35 (18.3)	190 (51.8)
Female	156 (81.7)	177 (48.2)
Consent to link data	143 (74.9)	281 (76.6)
No consent to link data	48 (25.1)	86 (23.4)

Table 2 – North End Wellbeing Measure Survey Characteristics

The steering committee advised the team to let the community "sit with" the data to provide them with sufficient time to consider the tools and methodology. We developed a visualization of the results for each question, first with our Parent Guide Group and then with the Research and Community Leadership Guide Groups. These groups, particularly the Research Guide Group, encouraged us to seek further feedback from the community about the survey (e.g., most important themes, repetitive questions, etc.). In response, WBP staff attended four community events between May and August 2019 and collected responses from community members. We specifically asked people to identify the questions/thematic groupings they thought were most important in measuring wellbeing (Table 3). We also received advice from our Parent

Guide Group over three meetings in which they had the opportunity to comment on each question. This process created some lively conversation about the results and the intention and wording of the questions.

Feedback on Adult Surveys					
<i>Thematic Group</i>	<i>Thunderwing AGM</i>	<i>NECRC AGM</i>	<i>Picnic in the Park</i>	<i>Austin Street Festival</i>	<i>Total</i>
<i>Food Security</i>	1	3	24	19	47
<i>Child-Parent Connection</i>	2	1	21	18	42
<i>Access to a Regular Family Doctor</i>	9	2	12	17	40
<i>Time Spent with Family and Friends</i>	2	1	19	15	37
<i>Housing Conditions</i>	2	4	20	15	31
Feedback on Child Surveys					
<i>Thematic Group</i>	<i>Thunderwing AGM</i>	<i>NECRC AGM</i>	<i>Picnic in the Park</i>	<i>Austin Street Festival</i>	<i>Total</i>
<i>Bullying at School</i>	8	2	24	13	47
<i>Feeling Safe at School</i>	7	5	20	12	44
<i>Child Care Needs and Access</i>	0	1	15	17	33
<i>Access to Recreation Programs for Children</i>	4	2	11	15	32
<i>Child-Grandparent Connection</i>	3	1	15	12	31

Table 3 – Top Results from Survey Feedback

Lessons Learned

Piloting a community-driven research tool alongside multiple partners and stakeholders provided lessons learned not only in developing a community-responsive research tool but also in the

overall research process. These lessons are essential as the WBP looks towards scaling this pilot project to a complete survey of families in the North Point Douglas neighbourhood.

Lesson 1: Language and Definitions

We noted a significant concern around language and definitions.²³ The Parent Guide Group felt that more work could have been done to develop precise language and define "wellbeing."²⁴ Wellbeing, much like quality of life, as defined from an Indigenous perspective is highly subjective and varies between different groups.²⁴ Defining wellbeing in future surveys will pose a challenge. The Parent Guide Group also noted that the effect of entrenched poverty in the neighbourhood impacts perceptions of "satisfaction" with various programs and services available to them.²⁴ Community members are accustomed to few services, so any provided service will often be seen as unequivocally positive.

Another notable response from the Parent Guide Group was speculation that there was too much focus on negative behaviours. The concern over the focus on negative behaviours speaks to a more significant challenge in measuring wellbeing. The NEWM team was deeply committed to creating a strengths-based tool because much of what has been developed for measuring wellbeing is deficit-based. This feedback will be used to examine the language used in the survey as we move forward.

Lesson 2: Indigenous Data Collectors

The coordinator indicated that the hiring of First Nations youth was a benefit to the NEWM because the neighbourhood has a high Indigenous population. The youth appeared as non-threatening, and there seemed to be a willingness to support the work of these youth in their summer employment as data collectors. This result was unsurprising to the steering committee because health research with Indigenous people often benefits from Indigenous data

collectors.^{25,26} Despite this response, we also received feedback that data collectors could be more diverse to include members from the newcomer population.

Lesson 3: Respecting the Participants' Lived Experiences

There were challenges in engaging with parents and caregivers throughout the data collection process. In cases where surveys were filled out for more than one child, participants would have preferred a gift card for every completed survey rather than just a single gift card to compensate for the additional time required to complete the surveys. The collection rates were slower than anticipated, and this was mainly due to a history of mistrust, feelings of disempowerment, involvement with child and family services (CFS), and literacy. These issues were evident in some of the interactions the coordinator had with potential respondents. For example, some caregivers said they felt shame when asked about their child(ren) who are not in their care and ceased participating or declined after hearing what the survey entailed. In some cases, caregivers were triggered by this reminder that they cannot answer questions related to their child(ren) because CFS has caused an involuntary disconnection. In these cases, the coordinator had a conversation with the triggered caregiver and de-escalated so as not to traumatize them further.

Lesson 4: Self-Voicing and Agency

It is important to note the influence that Indigenous social innovation had on the development and implementation of the NEWM. This wellbeing measure was developed based entirely on the feedback that the WBP heard early on through community and Guide Group conversations.²⁴ NEWM was developed through the community and as a complement to the EDI. The EDI focuses on children's *abilities* to be school-ready, while NEWM looks at the *factors that impact* school readiness. NEWM's adaptability lies in its ability for practitioners to use

results to affect EDI results rather than using EDI results to conclude that there are gaps.

Essentially, NEWM contributes to the space of Indigenous innovation strategies while contributing to desired changes in the EDI scores of the North End. It lowers the risk of further perpetuating the influence of colonialist policies through the EDI's focus on quantitative results.^{8,24,27}

Lesson 5: Indigenous CBPR, Social Innovation, and Health Data Sovereignty

There is a need for the use of innovative methods in health data research to include community perspectives. Innovative and CBPR approaches to research, data, and interventions are essential for approaching determinants of health and wellbeing, especially within racialized communities. CBPR is considered a widely accepted approach for working with Indigenous communities due to the long history of the detrimental impacts of research done by academic institutions and health agencies.²⁸ Like with Indigenous social innovation, Indigenous CBPR takes consultation a step further by encouraging collaboration and active engagement throughout the research process with all involved, shifting power dynamics to those who often hold little power. This is especially true for Indigenous communities in urban contexts as they are not within traditionally bounded Indigenous jurisdictions and are left to navigate complex and ethically ambiguous research landscapes.²⁹ There is an opportunity here to advance both community and research capacities by utilizing Indigenous CBPR and shifting data decisions and ownership to Indigenous communities in urban contexts.

Conventional social innovation benefits from Indigenous insights, like the need for NEWM, resulting in a reciprocal relationship.⁸ Innovations such as NEWM disrupt current power dynamics through changing the status quo of what is deemed valuable, including process over results.⁸ It stresses the importance of increasing the capacity and agency of those the

innovation aims to benefit. This leads to communities and individuals gaining agency to then engage in the opportunities that they value.⁴ Using this approach, WBP has ensured that community members are designing solutions to the challenges they have identified as essential for their wellbeing.

Conclusions

Reflecting on the North End Wellbeing Measure (NEWM) development and implementation, this project was an iterative and community-driven process. The WBP partnered not only with FNHSSM but with the community itself. This process provided critical lessons about the nature of this work and considerations for the next steps for the NEWM. The following steps will be determined with guidance from the community but could include an adaptation of the measure, integration of aspects of the measure into existing "wellbeing" work, and new partnership development to increase the scale of the measure.

We intended to create a measure to be used alongside the Early Development Instrument (EDI) to capture aspects of a child's life outside the scope of the EDI, including nurturing environments, strong relationships, and connection to the community. Throughout the development and implementation of the NEWM, this measure became more about the community defining and self-voicing what is essential to them. Children's education is connected to the family having necessities, such as nourishing food, safety, housing, and a sense of belonging.¹⁴ It is challenging to reverse the pathway of vulnerability, but investing in children's wellbeing early in their lives reduces incidences of bullying, violence, conduct disorders, anxiety, depression, and suicide.

When strengths are respected through community-based participatory research, such as the NEWM project, trust is built within the community, ultimately improving children's wellbeing.³⁰ Furthermore, when communities are aware of the importance of early childhood development, interested in learning various stages of child development, and sharing what is and what is not working for them, there is potential for meaningful change. After this first phase of the NEWM, we learned how the community defines wellbeing and effective ways of measuring it. This pilot has provided many lessons to inform future iterations. This work has implications not only for future work in Winnipeg's North End but also for other communities looking to better understand the health and wellness of their families.

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