

# Through the Eyes of Children: First Nations Children's Perceptions of Health

Results from research at the 'Bimaadiziwin  
Learning Experience'



A community-based research project  
created by  
The Southwest Ontario Aboriginal Health  
Access Centre (SOAHAC)

In partnership with

The University of Western Ontario



**Type of submission:** Qualitative Research

**Title:** First Nations Children's Perceptions of Health and Their Implications for Public Health Programming

**Short title:** First Nations Children's Health Perceptions

**Word count of abstract:** 239

**Word count of body of text:** 3477

## **ABSTRACT**

**OBJECTIVES:** To explore First Nations children's perceptions of health, including how they connect their health with their culture, in order to inform health programming in Southwestern Ontario.

**METHODS:** This study followed a community-based participatory research methodology and involved community research partners from the Southwest Ontario Aboriginal Health Access Centre. During a week-long summer culture camp designed by the research team, children (N=20, aged 10-12 years) were asked to paint pictures about health. Perceptions of health were further explored in audiotaped sharing circles, and observations were recorded throughout the camp activities. Data was analyzed inductively through a process of line-by-line coding; themes were further interpreted by the wider research team.

**RESULTS:** Children's perceptions of health centered around food and physical activity, while cultural activities (e.g., smudging, hunting, dancing) were not initially connected to health. Children associated being in nature with being healthy, and identified relationships with parents and grandparents as influencing their understandings of health (mostly parents) and culture (mostly grandparents). Children identified hands-on learning as an important educational approach, and demonstrated ideas consistent with both Western and First Nations ways of knowing.

**CONCLUSION:** Given that children emphasized relationships, being in nature and hands-on learning as important components of health, future health programs should involve community members, occur in natural settings, and enact experiential learning. Moreover, given that children's perceptions were influenced by both Western and First Nations ways of knowing, health programs should find ways of bringing these together.

**KEY WORDS:** Community-Based Participatory Research, Community Health Planning

As Greenwood and de Leeuw (2012) have stated, “Aboriginal children’s well-being is vital to the health and success of our future nations”.<sup>1</sup> Nevertheless, Indigenous children in Canada have poorer health than the average Canadian child.<sup>2</sup> While much research has been conducted with parents and caregivers of Indigenous children, rarely has research explored the concept of health as perceived by children.<sup>3,4</sup> This community-based participatory research study explored the concept of health with First Nations children aged 10 to 12 years. Insight from this research will inform future health programs delivered by our community research partners at the Southwest Ontario Aboriginal Health Access Centre. Findings are also relevant to public health initiatives addressing the health of Indigenous children in Canada.

## **BACKGROUND**

In Canada, the terms ‘Indigenous’ and ‘Aboriginal’ refer to the original inhabitants of the land, including First Nations, Inuit, and Métis people. Approximately four percent of Canada’s population is Indigenous, over half of whom are under the age of 25, and approximately one third under the age of 14.<sup>5</sup> Canada’s Indigenous population is therefore considered young, and has almost double the percentage of children compared to the general population.<sup>5,6</sup> Due to higher fertility rates among Indigenous adolescents and a shorter life expectancy compared to the non-Indigenous population, the proportion of Indigenous youth is expected to rise.<sup>5</sup>

While notable differences between and within Indigenous groups exist, for example in relation to languages and traditions, certain similarities are present as well, including health issues their children face. Indigenous children endure poorer health and well-being in comparison to non-Indigenous children. For example, Indigenous children are more likely than non-Indigenous children to be obese and to have diabetes, dental caries, and/or a disability.<sup>2</sup>

These health disparities are reflective of a number of social, political, and historical determinants including unparalleled rates of poverty, unemployment, and a lack of access to education, which are shaped in powerful ways by processes of colonialism, racism and self-

determination.<sup>7</sup> In combination, these determinants have created conditions wherein First Nations, Métis, and Inuit children struggle more often than non-Indigenous children to lead a healthy, balanced lifestyle.<sup>8</sup>

Fostering a sense of cultural identity has been promoted by several Indigenous communities and organizations as a means to address these health inequities.<sup>9</sup> Within the Indigenous context, cultural identity is defined as “a complex of features that together shape how a person thinks about herself or himself as an Aboriginal person”.<sup>6</sup> Cultural identity is proposed to be “central to health and well-being”,<sup>10</sup> and a growing body of research illustrates associations with lower rates of diabetes, suicide, and greater educational attainments.<sup>11</sup>

Cultural identity is fostered through access to and participation in cultural activities,<sup>6,11</sup> as well as exposure to Indigenous Knowledge (IK). IK, which is largely transmitted via Elders,<sup>6,7</sup> refers to the traditions, beliefs and values that enable Indigenous people to maintain respectful and healthful relationships with the natural environment (e.g., with plants and animals) and the social environment (e.g., with family, friends, and ancestors).<sup>12</sup> Community-based programs that support the development of cultural identity are desired by Indigenous children and youth,<sup>6,2</sup> and help to promote overall health.<sup>1,6,7</sup>

While much research has explored Indigenous children’s health, including the links between health and cultural identity, most has relied on quantitative methods undertaken with parents or caregivers.<sup>4</sup> Only three Canadian studies have used child-centered techniques to explore the concept of health with Indigenous children,<sup>4,13,14</sup> therefore highlighting an important gap in research. Including Indigenous children in research leads to “... a deeper understanding of youth’s health issues and behaviours”,<sup>15</sup> and is an important first step to effective health programming.<sup>16</sup>

Together with the Southwest Ontario Aboriginal Health Access Centre (SOAHAC; [www.soahac.ca](http://www.soahac.ca)), the present study sought to generate knowledge about First Nations children’s perceptions of health within the context of a summer camp created to promote cultural identity.

Drawing from arts-based inquiry, this study was shaped by the following objectives: (1) to understand how First Nations children think about their health, and (2) to explore if and how these children connect their health with their Indigenous culture.

## **METHODS**

Our study formed one part of a larger community-based participatory research (CBPR) project with SOAHAC, which has been ongoing for several years. CBPR is an approach that “recognizes the community as knowledge-rich partners and does not portray knowledge as the sole domain of academic institutions”.<sup>17</sup> As such, the goal of CBPR is to pursue research *with* communities, rather than *on* them, and to collaboratively generate knowledge that may be used to improve community conditions.

Our study arose from SOAHAC’s vision to create evidence-informed programming for First Nations children. Our research team includes staff from SOAHAC, including dietitians and traditional healers, researchers and students from the University of Western Ontario (UWO), four local First Nations youth (aged 18-30) who were hired as Research Assistants (RAs), and several Elders and volunteers. The partnerships developed or re-established throughout this project aimed to put the community “at the centre of the research”,<sup>18</sup> thus serving as a method of decolonization.<sup>18</sup> Our study received ethical approval from both SOAHAC’s Board of Directors as well as UWO’s Non-Medical Research Ethics Board.

### **Study Context – the *Bimaadiziwin* Learning Experience**

This study brought First Nations children together over a week-long culture camp called the *Bimaadiziwin* Learning Experience (BLE), the aim of which was to connect children with local Elders and to provide opportunities for children to learn about health, IK, and their culture. Based on the assumption that cultural identity is important to health, culture camps are “... an

excellent way to establish cultural identity and to instill the confidence Aboriginal youth will need to confront the challenge of rebuilding their communities".<sup>6</sup> The BLE was largely designed and implemented by the RAs, and included a number of cultural and research activities.

The BLE was held in August 2013. Twenty First Nations children (11 females, 9 males; aged 10-12) were recruited from several local communities that SOAHAC services and supports, including the city of London (n=9) and four nearby First Nation communities (n=11; Oneida Nation of the Thames, the Chippewas of the Thames First Nation, Walpole Island First Nation, and Kettle and Stony Point First Nation). During the research activities, 18 children were present (8 males, 10 females). Informed consent was obtained from parents or caregivers, and children provided informed assent.

## **Data Collection and Analysis**

Two research activities, a painting activity and sharing circles, occurred on day one of the BLE, prior to any teachings or presentations. Paintings are commonly used to share knowledge within Indigenous communities,<sup>12</sup> as well as in research with children.<sup>19</sup> Children were given a large blank canvas and asked to paint a picture in response to the question, "What does being healthy look like to you?" Following lunch on the same day, children participated in one of four audiotaped sharing circles. Similar to focus groups, sharing circles involve multiple participants but are characterized by formal turn-taking rather than spontaneous discussion.<sup>20</sup> Sharing circles are consistent with the strong oral tradition that is characteristic of First Nations ways of sharing information,<sup>12</sup> and provide a comfortable and familiar setting for children.<sup>21</sup> Each circle had four or five children, one RA, and one assistant facilitator from the research team. The children were asked to share their painting and to answer two key questions: 'what does the word *healthy* mean to you?', and 'as a First Nations person, what does it mean to be healthy?' Assistant facilitators recorded observational and reflexive notes throughout the BLE which were subsequently used to inform the analysis.

To analyze the data, the first author transcribed the audio recordings and created codes and categories inductively, through a process of line-by-line coding.<sup>22</sup> Commensurate with principles of CBPR, themes were then further interpreted amongst the wider research team, including our community partners whose feedback was used to triangulate the findings. This co-analysis was particularly important for establishing the significance of the symbols in the children's paintings, and providing a more contextualized critical reflection on the findings. Throughout the data analysis, it was understood that the paintings and discussions were influenced by "[a] variety of contexts, settings, and perceived demands".<sup>23</sup> The results were therefore considered co-constructed, and situated within various aspects of the study context.<sup>24</sup>

## RESULTS

The children largely defined health as a physical phenomenon located within the body, achieved through an active and illness-free status. The children's paintings and discussions emphasized physical aspects of health, especially food and physical activity. Healthy foods were portrayed in 12 of the 18 paintings, while symbols of physical activity (e.g., a lacrosse stick, a walking trail) were portrayed in five. Two paintings, one emphasizing food and the other physical activity (with LAX representing lacrosse), are shown in Figures 1 and 2.



Figure 1. Dakota\*



Figure 2. David

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\* All names have been changed.

Five children connected foods and activities with illness, including cancer, diabetes, and heart disease. Hayley explained “if you don’t eat healthy you can get diabetes”, and Dakota said, “... if they don’t eat lots of good food, and they eat lots of bad food, then they’ll get diabetes, and be forced to eat good food”.

In addition to foods and being active, the children’s discussions coalesced around four interconnected themes: *being in nature*, *the importance of relationships*, *learning through doing*, and *living between two worlds*.

### **Being in Nature**

The children associated healthy activities with being outdoors. Outdoor scenes were portrayed in six paintings. Alexandra painted “a picture of my backyard with me and my brother playing” (Figure 4), while Autumn painted an outdoor picnic scene (Figure 5). When asked “what do you do to be healthy?”, Autumn replied, “I go outside”.



**Figure 3. Alexandra**



**Figure 4. Autumn**

Within the sharing circles, nine children connected being outside with being healthy. When asked, “what does the word healthy mean to you?”, children replied “playing outside lots” (Hayley), “going outside to play” (Amanda), and “running outside” (Tyler). Throughout the BLE, the children consistently asked to play outside, and suggested that in future years, similar programs should “add more activities outside” (Zach).

## **Importance of Social Relationships**

Social relationships emerged as an important component of health. Healthy activities were described as occurring with other people, especially siblings. When asked “what do you do to be healthy?”, David answered “I play outside with my sister” and Raya explained, “I be healthy... by playing with my brothers”. Lack of available playmates, on the other hand, was viewed by Dakota as a detriment to healthy activity: “I only play videogames because none of my friends live around me, and my sister never comes out, and then [I have] no brothers so I never go outside”.

Parents were described as role models and important sources of health information. Hayley explained, “they’re like your role models, so if they don’t make good choices then maybe you won’t make good choices”. Similarly, Colin explained, “you could see your parents do nothing and... you’ll think it’s good to do nothing”.

Grandparents were described as sources of cultural knowledge, who taught the children how to hunt, fish, dance, and speak their language. Colin recalled, “I go [hunting] with my grandpa”, while Darian said, “sometimes I go to the Longhouse with my Grandma... and she tells me to go up and dance”. During the BLE, the children enjoyed learning from their Elders; whenever an Elder spoke, the children were quiet and attentive.

## **Learning Through Doing**

Learning through doing emerged as an important approach to learning for the children. Many activities that the children discussed – from playing sports to dancing in pow wows – were described as learned through hands-on experience. While the process of learning these activities was not always associated with health, a few children connected learning about their culture to being healthy. Tyler, for example, said that “learning Oneida stuff” is good for his health. Throughout the BLE, the children demonstrated a preference for hands-on learning,

favouring crafts or playing games over listening to a presentation (for example, by the visiting dietitians).

## Living Between Two Worlds

Five children painted Indigenous symbols of health, including the wampum belt, the medicine wheel, and the three sisters (a cultural reference to corn, beans and squash). When asked to explain the wampum belt, Olivia said “it represents my nation”, while David explained “[it means] like friendship or something like that”. In describing the medicine wheel, Zach said, “I made the medicine wheel because it’s important to our culture and it represents many stuff, but the main part I’m talking about is spiritual, mental, physical, and emotional”. Zach’s painting, which shows the medicine wheel, and Shane’s painting, which shows the three sisters and the wampum belt, are shown in Figures 5 and 6. Zach also included the crucifix in his painting, demonstrating the connection he made between health and his family’s spiritual beliefs.



Figure 5. Zach



Figure 6. Shane

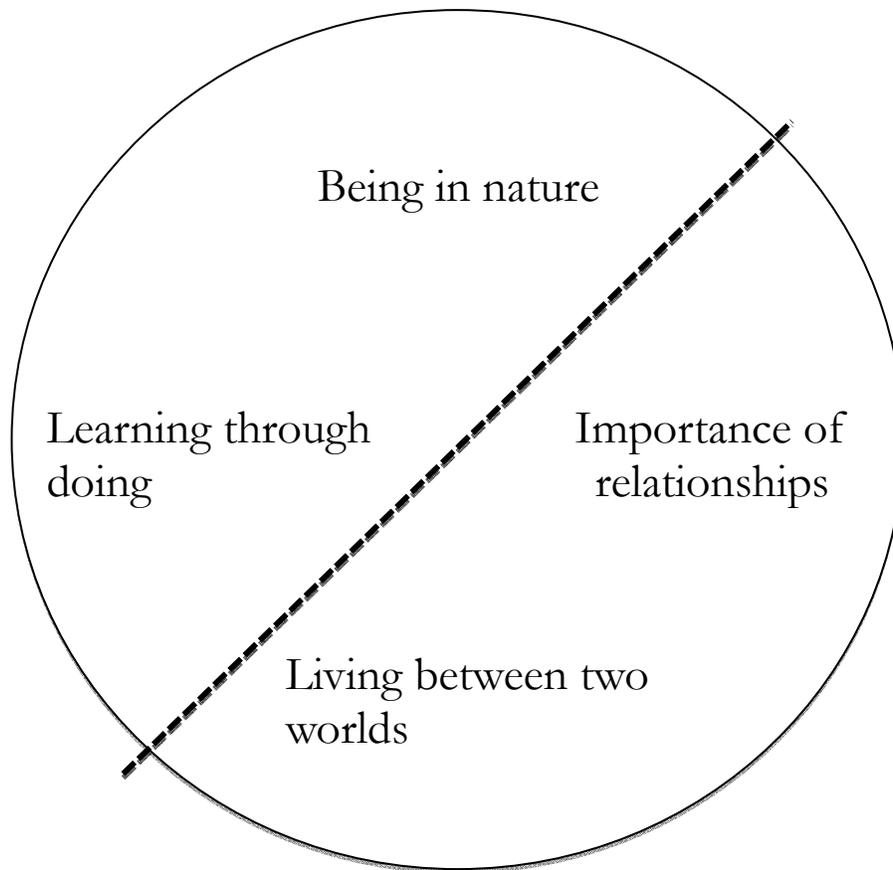
Within the sharing circles, children rarely spoke about their culture until the final question, “As a First Nations person, what does it mean to be healthy?” While some children expressed confusion over the question, others shared stories about cultural activities such as smudging, dancing, and hunting.

Five children described smudging as a healthy cultural activity. Alexandra mentioned that smudging is done “for every child that is born for their name”. She went on to explain, “we use medicine to smudge them and it makes them healthy... and it cleans them”.

Nine children talked about dancing in Pow Wows or Longhouse, while three children shared stories about hunting or fishing. When asked to connect these to health, most responses centered around physical health, saying that dance, for example, is healthy “because you keep moving, and your body needs movement so it can be healthy” (Dakota) .

## **DISCUSSION**

Overall, the children’s perceptions largely emphasized physical aspects of health, with much less attention to the mental, emotional, or spiritual aspects, as depicted in the First Nations medicine wheel. While the children shared stories about cultural activities, they struggled to verbalize a connection to health. Although the children’s paintings and discussions centered around food and physical activity, four important themes emerged (Figure 7). These themes are depicted in a circle, to reflect an holistic Indigenous perspective in which significant aspects of life are “intertwined rather than discrete”.<sup>25</sup>



**Figure 7. Interconnected elements of First Nations children’s health**

The importance of social relationships to Indigenous health is supported in the broader literature.<sup>7,9</sup> According to King et al. (2009), many First Nations people “...have an idea of the person that can be characterized as community-centered, since other people belonging to one’s community, the land and its animals are all viewed as inherently a part of the self”.<sup>7</sup> Thus, a person’s identity, which is intricately linked to health,<sup>10,11</sup> is partially dependent upon the social relationships they maintain with other people. According to the Public Health Agency of Canada (2013), “[This] is particularly true for Aboriginal children’s healthy development, since community and belonging are important parts of their culture’s belief systems”.<sup>9</sup>

Given the centrality of relationships in First Nations children’s lives, it came as no surprise that the children’s ideas about health were largely influenced by those around them. Children described parents and grandparents as important sources of knowledge, both about

their health (mostly parents) and their culture (mostly grandparents). Importantly, as was also found by Pigford et al. (2012), school teachers were not described as important sources of health information. These findings suggest that future health programs for First Nations children should involve family members, especially parents and grandparents, in their design and delivery. As Blackstock et al. (2006) have said, “[Successful] interventions would involve not only the child, but also their family and community to ensure everyone had the knowledge, wellness, and strength to support the child in achieving and maintaining holistic health”.<sup>26</sup>

Similarly, the second theme of being in nature reflects the importance of relationships between people and the land. According to Wilson (2003), “Aboriginal people contend that the relationships they have with the land shapes all aspects of their lives: the cultural, spiritual, emotional, physical and social”.<sup>27</sup> As such, “land, as place, is an integral part of First Nations peoples’ identity and health”.<sup>27</sup> The children in this study described healthy activities as those that occur in nature, and demonstrated a sincere interest in learning and playing outdoors. Previous research suggests that providing First Nations children with opportunities to be out on the land will help them to develop a strong sense of identity,<sup>6,12</sup> form an understanding of their natural environments,<sup>28</sup> and gain IK through practicing land-based skills.<sup>18</sup>

The third theme, learning through doing, is closely related to the other key themes, as outdoor activities are often also hands-on. An important objective of the BLE was to provide opportunities for children to participate in hands-on cultural activities.<sup>6,7,11</sup> Sedentary activities, such as sitting and listening to Elders, were often accompanied by hands-on activities to advance the children’s understanding and to create meaning through experiences. For example, a First Nations artist visited the camp and taught the children about soapstone carvings. While the children listened to his stories, they were able to work with his tools and create a carving of their own. In this way, the children learned about the art and history of soapstone carving through the artist’s stories and their own two hands.

Living between two worlds emerged as a fourth theme. While most paintings portrayed concepts and symbols not specific to a particular culture, the inclusion of the medicine wheel, wampum belt and three sisters were indicative of a uniquely First Nations perspective. These symbols reflect the importance, or at least presence, of an Indigenous worldview. Similarly, within the sharing circles, most children discussed health as a physical concept and did not reference activities or foods unique to a First Nations context. However, when asked to define health *as a First Nations person*, the presence of Indigenous Knowledge – knowledge about their cultural activities and foods – surfaced. Wording the question differently created space for them to get beyond the parameters that typically define health in the Western world.

Having opportunities to participate in cultural activities has been widely cited as an important determinant of First Nation children's health and well-being, with numerous organizations, including the Public Health Agency of Canada (2013) and the National Collaborating Centres for Aboriginal Health (2012),<sup>9,29</sup> advocating for the inclusion of cultural activities within health and education programs. While some programs have already been developed, most are not community-driven and are thus founded upon Western values rather than Indigenous ways of knowing.<sup>27</sup> Rarely have programs incorporated an Indigenous perspective, or worked with children to ensure they build on their knowledge in a meaningful and relevant way. The present study demonstrates the importance of both Western and First Nation perspectives on children's perceptions of health. Programs that promote the health of First Nations children need to consider the blending of these worlds, and create ways to incorporate knowledge from both. After all, as Greenwood and de Leeuw (2012) have stated, "recognizing multiple ways of knowing and being in the world is fundamental to effective research and effective health care practice with and for Aboriginal peoples".<sup>1</sup>

## **Strengths and Limitations**

This study adds to the limited knowledge base addressing First Nations children's understandings of health by employing a CBPR approach and child-centered techniques.<sup>3</sup> In our study, the paintings allowed children to be creative and “to craft a more complete depiction [of health], which is more difficult to achieve linguistically”.<sup>30</sup> Sharing circles provided a space for children to verbalize their thoughts, and to share their paintings in a comfortable setting.<sup>21</sup>

Our study aimed to generate knowledge with a small group of First Nations children to inform community-specific programs at SOAHAC. Thus, while the paintings and sharing circles produced invaluable insight at the local level, the results are not directly transferable to other Indigenous communities. Nevertheless, the alignment of our findings with insight from the broader literature supports the possibility of broader relevance. Moreover, the findings from this study were not analyzed by gender, age, or place of residence (e.g., urban vs. on-reserve). Future research could explore these possible differences, depending on the goals or needs of the communities involved.

## **Summary and Recommendations**

Within the context of a culture camp, and through the use of a painting activity and sharing circles, our CBPR study explored the concept of health through the eyes of First Nations children. Although the children's perceptions largely centered around food and physical activity, their unique perceptions reflected both Western and First Nations ways of knowing.

Four important recommendations arose from this research that will be used by SOAHAC to create effective health programs for children. These recommendations may also be relevant to other public health initiatives for Indigenous children in Canada. Firstly, because children emphasized relationships as important sources of knowledge, members of their community, including family and Elders, should be involved in program design and delivery. Secondly,

programs should provide opportunities to be out in nature. These opportunities should involve learning through doing – our third recommendation - as children demonstrated a preference for hands-on activities, and IK is largely gained this way.<sup>12</sup> Finally, future health programs should find ways to acknowledge and incorporate both Western and Indigenous ways of knowing.

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