

Mi'kmaq Children's Perceptions on Education

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This research study entitled Building Healthy Mi'kmaq Communities in Prince Edward Island is important because at the outset of the study, little or no research had been undertaken with the Mi'kmaq communities of PEI. The purpose of the study was to focus primarily on the determinants of health. This article focuses on education and the Aboriginal community. Unique features of this study are the inclusion of children as informants, the use of a multidisciplinary team, and the active involvement of the Mi'kmaq community in all stages of the project. Research findings have emerged in the form of descriptions of children's and youths' perceptions of health and descriptions of their own health behaviors. It is important to keep in mind that all self-reported responses to questions are simply that—self-reports. Results indicated that children are able to articulate needs and challenges that they face in education and can recommend areas on which educators could focus.

Introduction

In the past several years there has been a renewed interest in the health of Canadians with a particular focus on the health of Canadian children (Federal, Provincial, and Territorial Advisory Committee on Population Health, 1999; Federal Provincial Territorial Council on Social Policy Renewal, 1999a & 1999b). Although most children in Canada are healthy, certain groups like the children of Canada's Aboriginal people are considered more vulnerable. According to the Canadian Institute on Child Health (CICH, 2000), "the general health status of Canada's Aboriginal population ranks below the national standards for all other populations" (p. 145). Approximately 50% of Aboriginal children, both on and off reserve, live in poverty (National Forum on Health, 1997). The prevalence of chronic diseases such as diabetes, cardiovascular disease, and cancer is higher in the Aboriginal population than in the general population and appears to be increasing (Federal, Provincial, and Territorial Advisory Committee on Population Health). Although statistics on the health status of Aboriginal populations are discouraging, comprehensive information about Aboriginal health factors are also required to facilitate appropriate

planning and policy decisions. Current statistics regarding Aboriginal health reinforce the importance and urgency of identifying culturally appropriate ways to improve the health and well-being of this population.

Education is considered a social determinant of health. Throughout the years Aboriginal people have not thrived in the Canadian educational system (Corbiere, 2000). The format in which the Canadian system is structured is not conducive to how Aboriginal people learn (Battiste, 2002). As Battiste stated, "as diverse as Indigenous peoples are in Canada and beyond, so also are their ways of knowing and learning" (p. 14). Cultural identity influences conceptions about oneself and affects the interrelated learning processes in school. The final report of the Minister's National Working Group on Education emphasized the positive correlation needed between cultural identity and academic success to "create First Nations citizens who walk with ease and confidence in two worlds. Our future as a nation and as First Nations will depend considerably on our citizens' educational achievements and successes" (Indian Affairs and Northern Development Canada, 2002, pp. 5-6). The infusion of cultural identity into the learning process is required for robustness in education and health.

During the past decade there have been several health surveys involving Aboriginal people in Canada. In many of these studies, the Aboriginal population in Prince Edward Island has not been adequately represented. Given the lack of information regarding the health status of this population, the Abegweit and Lennox Island First Nations began a collaboration with the University of Prince Edward Island's (UPEI) Faculty of Education, School of Nursing, and Department of Family and Nutritional Sciences to gain a comprehensive profile of the perceptions, health behaviors, and needs of Aboriginal children living on reserve in both these Island communities. These two communities represent the total reserve population in the province.

In recent years considerable progress has been made in understanding the factors that make people healthy, factors commonly referred to as the determinants of health. These determinants include literacy, income and social status, social support networks, biology and genetic endowment, personal health practices and coping, early childhood development, and health services (Federal, Provincial, and Territorial Advisory Committee on Population Health, 1999). There is widespread support in the literature for the need to move beyond the medical determinants of health to acknowledge and address the importance of the biological, social, economic, and environmental determinants of health (Munro et al., 2000; National Forum on Health, 1996).

This study focused on education and Aboriginal children. The purpose of this research project was to explore perceptions of Aboriginal children who live in the Lennox Island and Abegweit communities in PEI regard-

ing health and the determinants of their health. Another objective was to identify the current health behaviors and health needs of these children. Specific research questions for this project were: What are the perceptions of PEI Mi'kmaq children regarding their health, and the determinants of their health? What are the children's and parents' perceptions about strengths and specific health and educational needs of these Island children? What are the health behaviors of Mi'kmaq children in PEI?

This research is important because at the outset of the study, little or no research had been undertaken with the Mi'kmaq communities of PEI. Unique features of this study are the inclusion of children as informants, the use of a multidisciplinary team, and the active involvement of the Mi'kmaq community in all stages of the project. One of the three priorities for action identified by the Federal, Provincial, and Territorial Advisory Committee on Population Health (1999) was investing in the health of key population groups including children, youth, and Aboriginal people. This study incorporated all three groups.

The Community

In keeping with the recommendations of the Royal Commission on Aboriginal Peoples (RCAP, 1996), research approaches used for this project were based primarily on the involvement of the Mi'kmaq people of the Lennox Island and Abegweit communities in identifying their perceptions of their children's health and education needs. Supported by the articulation and documentation of Mi'kmaq children's perspectives on education, researchers provided recommendations for future interventions that were ultimately directed and owned by members of the community. This participatory approach was the vision the researchers sought. In this way the Mi'kmaq people themselves identified the issues and challenges they faced in their efforts to develop a healthy community. Participatory, multidisciplinary approaches to the research involved children, youth, parents, caregivers, educators, health professionals, and other members of the community in interviews about the education and health of Aboriginal children.

Method

The sample. The study population included all Aboriginal children between the ages of 0-18 years and their parents and pregnant women from the Lennox Island and Abegweit communities. All the 68 children living in this Mi'kmaq community were interviewed for this study. The study focused primarily on three of the determinants of health: early childhood development, education, and personal health practices and coping. Individuals from the two PEI communities were interviewed, including 18 children in the 6-8 year age group, 22 children in the 9-12 year age group, 28 youth in the 13-18 year age group, 27 parents or caregivers, and six pregnant mothers. This research is important as little if any research is

undertaken with the Mi'kmaq communities of PEI. Unique features of this study are the inclusion of children as informants, the use of a multidisciplinary team, and the active involvement of the Mi'kmaq community in all stages of the project. In all, 108 individual interviews were conducted including two key informant interviews and four case study interviews (see Table 1).

Data collection. The communities had requested that data be collected through interviews, as they preferred to share their perspectives face to face. Interview guides were developed by the research team in collaboration with an advisory group consisting of Aboriginal community members and community health and school representatives. Age-appropriate interview guides were developed for children in the following age groups: 6-8 years, 9-12 years, and 13-18 years. The appropriateness of the interview questions was determined through expert consultation, community input and feedback, and the piloting of the interview questions with three children and adults from each group. Separate interview guides were developed for pregnant women, the primary caregivers for children 0-5 years, the primary caregivers for children 6-18 years and key informants in the community. The interview guides included structured and semistructured questions about children's perceptions of education. Before seeking consent for individual interviews, researchers and research assistants went into the communities to promote the research project and to familiarize themselves with the community members. By hosting such food events as strawberry socials and pizza parties, and by participating in organized community events such as health expos, pow wows, and holiday gatherings, the research assistants were soon familiar figures to children and parents. Research assistants were trained on interview skills and cultural sensitivity through two-day workshops provided by the researchers. All interviews had two research assistants, one to take notes and one to ask questions. By the time research assistants began the actual interviews they were able to interact with the participants in a relaxed and familiar man-

Table 1
Interview Breakdown

<i>Interviews conducted</i>	
Pregnant mothers	(3 individual and focus group of 4)
Parents of 0-5-year-olds	(10)
Children, 6-8-year-olds	(18)
Children, 9-12-year-olds	(22)
Youth, 13-18-year-olds	(28)
Parents of 6-18 year olds	(23)
<i>Nutrition surveys completed</i>	
1-8-year-olds	(17)
9-18-year-olds	(55)

ner. Interviews were conducted in the home or in a place convenient for both the participant and the interviewer. The interviews lasted approximately 30 minutes for younger children and not more than 60 minutes for older children and parents. Attention spans of children are shorter than adults, thus the reduction in interview time. During a single meeting each participant provided demographic information, participated in an audiotaped interview to share personal perceptions of education and determinants of health, and responded to structured questions about education and health behaviors. All research assistants received ongoing mentoring and monitoring from the research coordinator and researchers.

Data analysis. The interviews were transcribed verbatim from the audiotapes and analyzed using content analysis. Qualitative data were analyzed according to manifest content; that is, statements were taken at face value rather than our attempting to make inferences about what was intended. Interviews were then coded using N6, a qualitative management software system. Themes, perceptions, and patterns of behavior at various ages were identified.

Ethics

We received approval for the study from the UPEI Research Ethics Board. As well, the Advisory Committee approved all steps for the project. Before interviewing each participant, the research assistant explained the purpose of the research, discussed potential risks and benefits of participation, described the interview process, and discussed issues related to confidentiality and anonymity. Study participants were assured that their participation was voluntary and that they could withdraw from the study at any time. Written consent was received for each interview granted.

Accessing the Community

Prince Edward Island is a relatively small and close-knit community where people travel in similar and often intersecting circles. A researcher interested in education, for example, would often cross paths with others in the community involved in education-related initiatives. These key players find themselves working together on province-wide committees, attending common conferences and seminars, and sharing information and research findings with one another. In PEI, interaction with policy actors by researchers is ongoing, and one gets to know who will get things done.

This close-knit interaction was the case with this study. Through the course of the two-year project, informal interactions occurred among key players or policy actors. The researchers were diligent in carrying out formal procedures to ensure that stakeholders who could effect change were involved in the research.

Strategies for maintaining credibility and trust. Early in the planning of this study, researchers sought to form partnerships with the two

Table 2
Response Categories

<i>Responses sorted and analyzed according to categories</i>
School Life and Education
Family Relationships
Culture and Traditions
Hopes and Dreams

Aboriginal communities in PEI. They knew that to conduct meaningful research in these communities they had to be welcomed by key community members. Therefore, the chiefs of the two band councils were approached and the nature of the research explained and discussed. Only after receiving approval from these two community leaders did the project proceed. In early April 2002 a dinner was held on campus to celebrate the beginning of the partnership between UPEI and the First Nations communities. In attendance were the chiefs and key community members of Abegweit and Lennox Island First Nations, the President and Vice-President of the university, members of the research team, and other support persons. Tobacco was presented to the chiefs as a sign of goodwill and partnership.

A consultative body, the Advisory Committee (AC), was formed by representation from both Aboriginal communities, as well as representatives from education and health. This group was interested and involved in the project, offering advice to the research team about cultural matters and local issues. The AC worked with the researchers to write the interview questions and met with AC again when the preliminary data were presented. The input from the education and health professionals was especially valuable in clarifying what programs and supports were presently in place.

Results

Research findings emerged in the form of children's and youths' perceptions of health and education and descriptions of their own behaviors. It is important to keep in mind that all responses to questions are self-reports. In this research the term *health* is used in a broad sense, encompassing mental and emotional health, success in school, spirituality, self-esteem, and self-identity. Researchers believe that social context such as relationship with families, friends, school, and community characteristics influence health and health-related behaviors. Questions were designed and asked according to categories, and responses were analyzed in the same way (see Table 2). Although most aspects of health are interrelated and difficult to separate from one another, the data seemed more meaningful when explained by category. The community was presented the results and validated the data, provided context and developed potential inter-

vention strategies. Table 2 represents four of the categories that emerged from the research that focused on education.

School life and education. Children and youth reported that difficult schoolwork was what they disliked most about school. Over half the 6-8-year-olds who were questioned found some aspect of schoolwork difficult. The children identified important factors for school success including being self-motivated, getting help and encouragement from parents and teachers, and getting their work done. Young children turned to parents for help with schoolwork; the older the children were, the less they turned to parents and the more they turned to teachers for extra help. Racism was a reality that many children, even the 6-8-year-olds, faced in their daily school life. Changes participants would like to take place in school included having the opportunity to take Mi'kmaq Immersion and being treated equally to non-Mi'kmaq by teachers and classmates. The following quote explains how one child feels about attending Mi'kmaq Immersion.

When I go to Mi'kmaq, I feel good ... cause I'm the top student, me and [my friend].
(11-year-old female)

Students who were absent from or disengaged from school for even short periods found it difficult to get back into the routine of school. The first year that children switched from an Aboriginal elementary school to a mixed junior high school was termed a *transition year* and was particularly difficult for many students. This time of transition to a bigger school with an integrated student population was when many students became at risk for behaviors like smoking, drinking, and using drugs.

It's hard when you go to Grade 7, and ... we feel out of place, because we're native and we're outnumbered. And that all leads to a feeling of not belonging and turning to drugs and alcohol. (17-year-old female)

Relationships with family and friends. Participants reported that family members talked about a variety of topics, with over half the 13-18-year-olds saying that they talked openly about their positive and negative feelings. They did a variety of things together, including playing sports and other physical games, watching TV, going to movies, and shopping together (see Table 3).

Relationships with families and friends were key factors in the participants' lives, with situations involving these relationships being cited most frequently as the cause for feelings of happiness, sadness, or anger. Women—particularly mothers, aunts, and grandmothers—played a vital role in the lives of participants as mentors and role models.

We talk about what kind of day I had, a good day or a bad day ... [when there is something bothering me] I go right to my mom. (13-year-old male)

[I look up to] my grandmother and great aunt ... If I need anything I can go to them.
(13-year-old female)

Table 3
What Families Do Together

	6-8-year-olds	9-12-year-olds	13-18-year-olds
Play sports and physical games	43%	50%	32%
Go to movies/Watch TV	29%	25%	48%
Shop	21%	15%	—
Play together	—	20%	—
Visit relatives	14%	10%	11%
Travel/Vacation	—	20%	16%
Eat Out	—	15%	16%

My Gram. She takes care of everything. She’s a very strong person. I’d like to be strong like that. (17-year-old female)

Racism emerged again in this category as a cause for anger and sadness.

Well in school, sometimes people treat us all like we’re bad, cause we’re from here, like just because some people are into drugs and stuff and they think we all are. (17-year-old male)

Mi’kmaq heritage, culture, and traditions. A large number of children and youth, particularly among the 13-18-year-olds (94%), expressed pride in being Mi’kmaq. Participants wanted to learn more about their culture, including the Mi’kmaq language, traditional dancing and drumming, traditional arts and crafts, and Aboriginal history (see Figure 1).

I wish they would put it [Mi’kmaq] in Hernewood [Junior High School] instead of French. (12-year-old male)

Participants cited teachers, grandparents, mothers, and fathers as being Mi’kmaq people in their communities whom they admired. The younger children (6-8-year-olds) cited most frequently their Mi’kmaq teacher, and the 13-18-year-old youths most frequently mentioned their mothers.

I really look up to my mom. I see her every day, and no matter what age I am, I still look up to her. (17-year-old female)

Respondents felt that participating in traditional cultural activities was important in developing self-esteem, self-confidence, and self-identity.

I think that during these things people are proud to be Mi’kmaq. (17-year-old female)

When I go to Mi’kmaq I feel good. (11-year-old female)

Hopes and dreams. When asked about their hopes and dreams, 90% of 9-12-year-olds and all 13-18-year-olds said they planned to complete high school. Many participants believed that they would continue with their formal education after grade 12 and attend college or university. Career professions for the future included police officers, sports figures, medical professionals, and lawyers. Of the 13-18-year-olds asked, 26% wished to become lawyers.

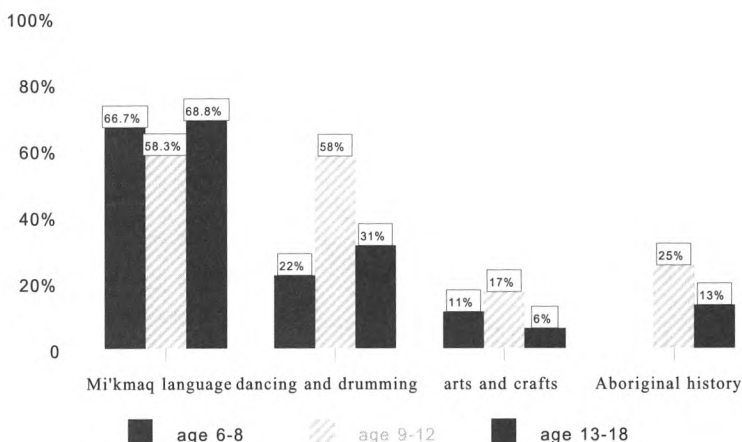


Figure 1. What children want to learn about their culture.

Parents'/Caregivers' Hopes and Dreams

When asked about their hopes and dreams for their children, parents and caregivers reported the following. They hoped that their children would complete high school, that their children's career aspirations would be realized, that children would be happy in their lives, and that they would have nice families (see Figure 2).

That they get an education and that they get a good job, no matter what kind of job they get, as long as they're working. And something that they want to enjoy in life. That they be complete. (Parent)

Discussion

The participants of this study were eager to share their stories and offer insight about education and health issues.

It feels better to share our stories. I hope it helps other young girls. It feels better when you talk about it. (17-year-old female)

Having this opportunity to articulate their thoughts about their own education empowered and informed the participants. Raising the level of consciousness about a particular issue is always a crucial step in taking action toward positive change. As children and youth talked about what they understood about education, and talked about their own educational behaviors, it often seemed enlightening to them when they recognized that there was a disconnect between the two. As they spoke of their own positive educational practices, they were proud to make the connection between these practices and their life successes.

Health issues are broad in scope, and research from a multidisciplinary perspective is most effective. The researchers represented a broad range of expertise and experience in areas related to education and health. This

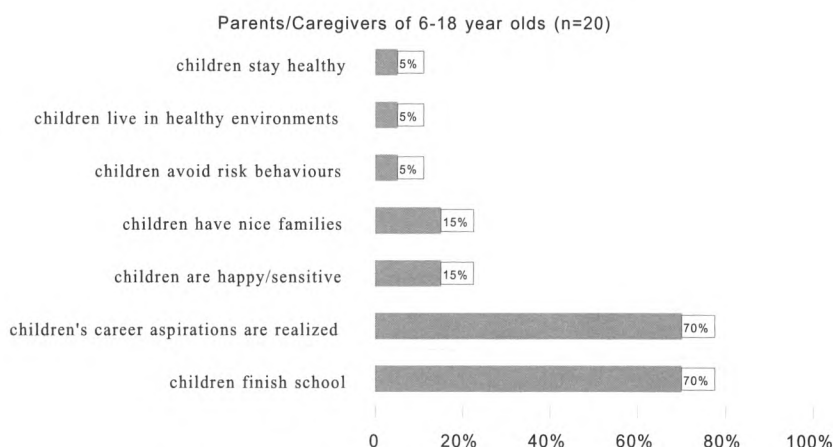


Figure 2. Parents' hopes and dreams for their children.

broad range of knowledge and insight proved invaluable as the study results emerged. The researchers were able to focus on the information that pertained to their particular fields of expertise, be that education, prenatal care, early childhood, school life, risk behaviors, nutrition, and family relationships, to name a few. Recognizing that health is broad and that health perceptions and behaviors affect and are affected by all facets of daily life is critical in effecting positive change.

The issues, concerns are all interrelated. The solution has to be broad. (Aboriginal community member)

Continued research in small rural Aboriginal communities is important to establish a solid base of information. Future research will gain credibility from having baseline data to compare research results. Baseline data will also be important for evaluation of any interventions introduced. For example, the outcomes of this research, although influenced by the contexts of the individual Aboriginal communities sampled, will contribute broadly to understanding social determinants of health, individual, and community perspectives on health and wellness issues in small rural-based communities across Canada. The policy and program implications generated by research outcomes will be conceptualized as models, which can be adapted within the parameters of a community's specific circumstances and needs. In the Atlantic Provinces alone, in addition to the two Mi'kmaq communities in PEI, are 23 Mi'kmaq communities (Nova Scotia, 11; New Brunswick, 11; and Newfoundland, 1) with population bases below 1,000 living on reserve. Of the remaining five communities, three have on-reserve populations of fewer than 1,500, one fewer than 2,000, and the largest (Eskasoni, Nova Scotia) has an on-reserve population of 2,792. The information generated by the PEI research would be

highly generalized to these 28 communities based on similar demographics, cultural tradition, life circumstances, and environmental determinants.

Stakeholder analysis. By consulting with the community members and the community health and school representatives who served on the Advisory Committee (AC), we were able to tap into a valuable resource of connections and insight; this guided us as we established our interview questions. AC members were able to advise the researchers as to the appropriateness of the questions and how they might best succeed with the interviews. Often these same AC members helped to promote the project at the local level and helped to connect the research assistants with the children and the parents in this study. When the research results were presented to the community, citizens were delighted to have the opportunity to discuss results that had emerged from their community and their people about issues important to them. The community took ownership of the research results and expressed a strong desire to continue their partnership with the university research team to take positive action.

It was a great day—tremendous sharing and reaffirms the need to continue this important work. (Aboriginal community member)

Sharing knowledge. As outlined in the study proposal, sharing the results of the research with the community was an important part of the overall project. This sharing took place in the context of a day-long symposium to which study participants and key community members were invited. It was held on Lennox Island in April 2004 after the analysis had been completed. Members of both Lennox and Abegweit communities attended with health and education representatives, parents of study participants, Elders, and Aboriginal people from off reserve and outside the province. The study results were presented in the form of a slide show with accompanying comments and explanation by the researchers. The presentation was divided into health-related categories, with time for small-group and large-group discussion between each section. The discussion prompted by the slide show proved to be rich and heartfelt.

During a day-long symposium held on Lennox Island and attended by members of both First Nation communities, participants clearly expressed their desire for continued partnership between the people of their communities and UPEI researchers. There was much discussion about future projects and intervention programs. Two strong messages were given to researchers about future research and intervention. The people of Lennox Island and Abegweit asked that any intervention programs offered be family-centered and based on Mi'kmaq culture and tradition.

Potential for Policy Development

Building Healthy Mi'kmaq Communities in PEI was a research study that was broad in scope. Although the population was limited to two small

communities in rural PEI, the health-related issues explored included personal health practices, physical activity, school life and education, relationships with families and friends, nutrition, and risk behaviors. The age range covered included infants, preschool children, adolescents, and teenagers, some of them already parents. It should not be surprising, therefore, that the results of such a study might suggest many and varied policy implications. The following are some of the policy implications from the research findings that are attainable and realistic.

In support of increased success at school,

- Formalize curriculum-based antiracism programs for both students and teachers. Although many teachers integrate lessons on racism into their programs, a systematic approach needs to be in place to ensure that all students, Aboriginal and non-Aboriginal, are given the opportunity to learn about and discuss racism and its destructive nature. Teachers may also be unaware of how racism pervades their classrooms, undermining relationships among students as well as relationships among teachers and students. Some form of sensitivity training on this issue would be beneficial to all.
- Develop a bridging support program for students who disengage from school or are out for any sort of short-term or long-term absence. Students spoke of the difficulty of catching up with missed schoolwork and the psychological difficulty of “getting back into gear” when they had been absent for even a few days. Acknowledging that students are at risk for leaving school when this occurs and preparing a standard routine for students to follow when returning to class after an absence would be supportive.
- Ensure accessibility to support programs for teenage mothers who wish to return to school. Teenage mothers while trying to attend school and parent at the same time are particularly vulnerable to challenges with school life. A support program encompasses everything from extra help with assignments, to flexible schedules, to financial support with child care. Whatever can be done to help a young mother continue her studies and complete high school would have far-reaching positive benefits for her and her family and the entire community.
- Explore the possibility of offering Mi'kmaq language and culture classes beyond grade 6. Many students expressed a desire to continue learning their native language beyond their elementary school classes (in one of the elementary schools attended by participants no Mi'kmaq instruction is offered). Knowing that all students, Aboriginal and non-Aboriginal, can choose to learn the Mi'kmaq language and culture would be extremely validating and empowering for students.

- Formalize and strengthen the mechanisms now in place that support students through times of transition. Strategies such as early school visits, peer mentoring, and study strategies have had some success in helping students make the transition from elementary to junior high, from junior high to senior high, and even from senior high to postsecondary school. More needs to be done to ensure that consistent supports are in place for students, and a program needs to be in place to identify and support those in need.
- In support of good parenting,
- A highly successful parenting program (parents of young children) is currently in place in one of the communities. Ensuring continued support for this program and modeling other programs on it would be a valuable asset to both communities. Incorporating the strengths that exist locally in the communities (Elders, girlfriends, mothers, aunts, and grandmothers) would undoubtedly add value to any parenting programs.

Conclusion

Research and policy must reflect the wishes of the community. In the case of this study, community members provided clear direction to the researchers about the direction they wished to take with future research and/or intervention. Members of Lennox Island and Abegweit communities asked that future research and intervention be family-centered and culturally based. Researchers must continue to seek out the voices of children and youth when attempting to learn about the health of this population.

There is a need out there to hear the voices of our children and our community. (Aboriginal community member)

It feels better to tell our story. I hope it helps other young girls. You don't have to be scared. You're not alone. It feels better when you talk about it. (17-year-old female)

Acknowledgment

The research team thanks the First Nation communities of Lennox Island and Abegweit, the Lennox Island Band Council, the Abegweit Band Council, and especially the children, youth, and parents who welcomed us into their communities and took the time to participate in this study. Wela'li'oq!

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