

## **Appendix A. Complete study protocol.**

### **Theoretical framework**

The qualitative design of this study was based on the principles of transformative and decolonizing frameworks. Central to a transformative framework is that knowledge reflects society's power relationships and the framework should be applied with the purpose of aiding marginalized individuals (Creswell, 2014). A transformative framework dictates that a qualitative research design should include an action agenda that has the potential of changing participants' lives. This can be achieved by providing a voice to those who are typically silenced or whose voices are not considered in policy-making, or by directly improving participants' circumstances (Creswell, 2014). By employing this approach, we were able to provide participants with a platform to voice their perspectives, and our community partners with the knowledge to inform their own advocacy efforts.

A decolonizing framework seeks to incorporate Indigenous perspectives and approaches to research, as well as recognize, decenter, and dismantle oppressive colonial systems and policies (Mlcek, 2017). Specifically, we were interested in addressing the main themes of settler colonialism, spatial structures, power structures, and social narratives, as they relate to the proposed tax on SSB (Barker & Lowman, n.d.). Firstly, this project explored Indigenous people's perceptions of spatial and power structures with regards to the proposed SSB tax. Spatial structures are important when we consider how we produce sugar, where people purchase drinks (and associated costs), especially in urban setting where the abundant convenience stores are significantly more expensive. Power structures, in the form of law and policy making, also brings about the questions of who can decide what we tax and what we do with the revenue. Given that policy making is a socially constructed phenomena, it is important to understand

social narratives and discourses informing understandings of SSB, who consumes SSB, and how the “problem” of SSB intake has been framed and constructed. As seen with residential schools, a number of particularly harmful policies are directed at Indigenous children with corresponding negative social narratives regarding Indigenous parenting (e.g. Baskin, Strike & McPherson, 2015; Jacob, 2015). Furthermore, the moralistic nature of taxation of sumptuary goods has assimilatory undercurrents. Three main goals of Canadian “Indian Policy”, have been protection, civilization, and assimilation (Miller, 1991). Protect from exploitation, civilize by training in European values, and ultimately assimilate until total cultural eradication (Miller, 1991).

Overall, in the context of this study, decolonization involved actively seeking out and acknowledging colonial aspects of policies and dismantling them by incorporating Indigenous perspectives to challenge the corresponding spatial, power, and social constructs.

### **Positionality**

We each approached this study holding certain assumptions and beliefs shaped by our unique background and experiences. Acknowledging our backgrounds and social position, as well as how they influenced approaches and decision-making is an important aspect of conducting qualitative research. Due to the interpretive nature of qualitative research, we actively made decisions and interpretations based on personal epistemologies, a concept known as “researcher as instrument” (Carter et. al, 2014). As non-Indigenous people (MK, NR, LT, AS, and AB) conducting research with Indigenous partners (MC, RD, and JL) and participants, we engaged in ongoing reflection in relation to the research. By discussing our positionality, we reveal our personal histories and identity to others, acknowledge our motivations, and hopefully, foster accountability and trust (Absolon & Willett, 2005). MK, NR, LT, AS, and AB all identify as white settler women, who have diverse personal and ancestral immigration histories, and

diverse areas of academic expertise, including public health, nutrition, nursing, law, and social sciences.

## **Design**

Informed by the transformative and decolonizing frameworks, we employed a Community-Based Participatory Research (CBPR) design in partnership with National Indigenous Diabetes Association (NIDA) and Fearless R2W. Fearless R2W is an Indigenous-led community group in Winnipeg's NE focused on family welfare. CBPR is characterized as an approach to research where all partners equitably partake in decision making, sharing of knowledge and responsibilities in all phases of the research (Israel, 2005; Minkler & Wallerstein, 2008). The primary goal of CBPR is to generate knowledge that can be utilized to develop interventions and or policy changes that can improve community members' health and eliminate healthy inequities (Israel, 2005). As outlined and summarized by Israel and colleagues (2008) CBPR has 9 general principles. However, the unique context, purpose, and partners involved in the research will dictate what combination of elements will be employed. The central principles of CBPR are that:

(1) CBPR recognizes community as a unit of identity; (2) CBPR builds on strengths and resources within the community; (3) CBPR facilitates collaborative, equitable partnership in all research phases and involves an empowering and power-sharing process that attends to social inequalities; (4) CBPR promotes co-learning and capacity building among all partners; (5) CBPR integrates and achieves a balance between research and action for the mutual benefit of all partners; (6) CBPR emphasizes public health problems of local relevance and also ecological perspectives that recognize and attend to the multiple determinants of health and disease; (7) CBPR involves systems development

through a cyclical and iterative process; (8) CBPR disseminates findings and knowledge gained to all partners and involves all partners in the dissemination process; and (9) CBPR requires a long-term process and commitment to sustainability. (Israel et al., 2008 p. 49-52)

In line with the CBPR principles, we have worked closely with community partners on formulating research objectives, developing research instruments, collecting and interpreting data, knowledge translation, publication, and developing policy recommendations.

NR has been working with NIDA (JL), the main partner on the overarching project, to address concerns regarding SSB taxation. Through these discussions, NIDA and NR developed the overarching study and funding proposal. Given the heterogeneity among Indigenous communities, local partnerships with Indigenous communities were sought. For the present study, NR approached what was then Aboriginal Youth Opportunities (AYO!) (MC), which has since dissolved. Established relationships in the community resulted in Fearless R2W becoming partner. Through her relationship with NIDA, AYO, and Fearless R2W, Dr. Riediger vouched and introduced MK (as MSc student) to these organizations/movements. Our partnerships with these organizations are central to this work as it informs both the focus and course of this research, as well as facilitates access to study participants via community consent. Both NIDA and Fearless R2W have strong connections to the Indigenous community in Winnipeg.

## **Setting**

This study was conducted with Indigenous participants residing in the North End (NE) neighborhood, located in Winnipeg, Manitoba, Treaty One Territory, and the homeland of the Métis Nation. According to the 2016 census data, Winnipeg has the largest Indigenous population (by number) of any metropolitan area in Canada, which constitutes approximately

12% of the urban population (City of Winnipeg, 2018). The majority of Indigenous people in Winnipeg identify as Métis (54%) or First Nations (44%) (City of Winnipeg, 2018). The Indigenous population is a young and fast-growing demographic, with 46 percent aged 24 years and under. Winnipeg's NE community, where study recruitment efforts were focused, is a low-income neighborhood with a large (28%) self-identifying Indigenous population (WRHA, 2015). Residents of the NE experience greater social and health disparities compared to the rest of Winnipeg—including higher unemployment rates (9.5% vs. 5.9%), diabetes prevalence (13.2% vs. 9.2%), percentage of overweight adults (65% vs. 54%), and current smokers (39% vs. 19%) (WRHA, 2015).

## **Sample**

We recruited 20 Indigenous adults who identify as current residents of Winnipeg's NE neighborhood, or past residents, who maintain strong connection to the community. In order to be eligible for the study, participants had to meet the following inclusion criteria: (a) self-identify as Indigenous (First Nations, Metis, or Inuit), (b) be 18 years of age or older, (c) be comfortable speaking English, (d) live in the NE, and (e) be able to attend a one-hour interview. We purposefully recruited participants who self-identified as regular SSB consumers, food insecure, mothers, and Elders.

## **Sampling procedures and recruitment**

We employed a purposive sampling strategy using the inclusion criteria previously described. Purposive sampling is a procedure designed to identify and select participants who are especially knowledgeable about a phenomenon of interest (Palinkas et al., 2015). Purposive sampling aligns with the proposed study because it enabled a detailed exploration of information-rich cases belonging to specific social contexts (Ritchie et al., 2013). Recruitment

was led by a community research assistant (RD) through personal relationships and word-of-mouth. Additional recruitment efforts were directed through social media poster advertisements, and community events in partnership with Fearless R2W.

## **Ethics**

The larger study obtained approval from the University of Manitoba Health Research Ethics Board (HREB) HS21878 (H2018:234) and the lead author, received approval for secondary data analysis HS24317 (J2020:065). NIDA and Fearless R2W also both entered into a formal research agreement with NR, including the provision for a graduate student thesis project. All students and research staff, including community research assistant, completed the Tri-Council Policy Statement: Course on Research Ethics TCPS (2014), and training under the Personal Health Information Act (2019). All participants provided their individual informed consent prior to the commencement of the interview. Each participant received \$50 cash or e-transfer honorarium, as suggested by community partners.

The study followed the principles of Ownership, Control, Access, and Possession (OCAP®) as designed for research conducted with First Nations (FNIGC, 2014), and TCPS2: Chapter 9 of the Tri-council Policy Statement for Research involving the First Nations, Inuit and Metis peoples of Canada (Government of Canada, 2019). Given that this research project was conducted with an urban, off-reserve community, we also incorporated principles from The Urban Indigenous Health Research Gathering report completed in Winnipeg, Manitoba (Morton, 2019).

Fearless R2W and NIDA oversaw the research and granted access to community (Morton, 2019). As per TCPS 2 article 9.11 and OCAP, a formal research agreement was signed with NIDA and Fearless R2W outlining each party's responsibilities, plans for analysis, as well

as access and shared ownership of the data. While the data will be stored by NR on the University of Manitoba server (i.e. possession and access), Fearless R2W and NIDA will have access to aggregated findings. As per TCPS 2 articles 9.12-3 we applied a participatory approach to research that strives to benefit the priorities of the community. We recognize the diverse interests that exist within communities (article 9.6) by interviewing individuals from diverse backgrounds, Elders, as well as interviews with small business owners in another sub-study (Quayyum et al, in press). In this way, community partners had shared control in how the research was conducted and disseminated, including priority dissemination to community via infographics, newsletters, and summaries to participants, as directed by partners. To ensure reciprocal transfer of knowledge and skills, a community research assistant was hired as part of capacity building (Article 9.14 in TCPS2). The community research assistant led recruitment, and assisted with interviewing, revision of the interview guide, and interpretation of data.

### **Data collection**

We collected data through qualitative, semi-structured interviews as this approach provides the necessary structure to address the specific questions of the proposed study (Seidman, 2006). Prior to all interviews, participants completed a demographic questionnaire to describe sample characteristics (Kisselgoff, 2022), which was administered by the interviewer. The first six interviews were conducted in person at the University of Manitoba's Inner-City Social Work Campus, located in the NE neighborhood. Due to the COVID-19 social-distancing orders, remaining interviews were moved to over the phone with the approval of the Research Ethics Board. In most cases, the research assistant contacted the participant and introduced us via email. In a minority of cases, prospective participants emailed the contact email listed on the recruitment poster. The consent form and eligibility questionnaire were sent to participants via

email. Once participants confirmed eligibility and informed consent, an interview was scheduled. When calling the participants for interview we confirmed consent and eligibility verbally once again. The phone interviews were conducted in a 3-way phone call, with the participant, MK, and NR who also audio-recorded the interview.

Interviews followed the interview guide (included below), which was iteratively updated following ongoing interviews, discussions with NR and input from the community research assistant (RD). The community research assistant was present during the in-person interviews. Responses to questions were elicited via open-ended questions, and prompts. The interviews were audio recorded and transcribed verbatim. During and following the interview, one of the interviewers took field notes. The notes consist of general impressions regarding how the interview went, the interviewee (e.g. talkative, dress, non-verbal prompts), and impressions of the interview (i.e., did it provide new insights) (Seidman, 2006). These notes were used to provide better understanding of the participant in the analysis phase.

## **Demographic questionnaire**

### **Interview guide**

1. Can you tell me a bit about your community – what or who do you consider to be part of your community
  - a. What are some strengths, weaknesses or concerns?
  - b. What do you think is the most urgent concern in your community?
  - c. What general health concerns, if any, do you have for your community, yourself, your family?
  
2. What beverages do you drink most frequently?
  - a. How often do you have drinks with sugar?
    - i. Pop
    - ii. Diet drinks
    - iii. Sport drinks
    - iv. Coffee or tea



- v. Has this changed over time?
- b. How often do people in your family have drinks with sugar?
    - i. What types of drinks?
    - ii. Has this changed over time?
  - c. How often do your friends have drinks with sugar?
    - i. What types of drinks?
    - ii. Has this changed over time?
3. When you drink sugary beverages in front of your family, do they react to you in any way?
    - a. Do they say anything, look, or comment? Can you tell me (a story) more about a particular time that it happened?
    - b. How do they react to you drinking \_\_\_\_\_ vs \_\_\_\_\_
    - c. How does that make you feel?
    - d. How do you deal/cope with these experiences?
    - e. Why do you think they react this way?
    - f. What do you think are the causes of these experiences?
  4. Where do you drink beverages with sugar? Where do you feel most and least comfortable drinking sugary drinks?
    - a. How is the experience of drinking sugary drinks different or the same in public or private?
    - b. If someone reacts to you drinking sugary drinks, who is reacting to you?
    - c. How are these reactions the same or different compared to when you drink other types of drinks? Certain types of sugary drinks?
    - d. How has this changed (or not changed) over time?
      - i. Compared to when you were a child?
    - e. Why do you think there are (or are not) differences?
  5. Where do you usually buy the beverages?
    - a. Can you describe to me what usually happens when you purchase a drink? If you had to walk me through what usually happens – where do you buy, when, in what form – single cans, bottles, bulk?
  6. When you are in the store, buying drinks with sugar, how, if at all, do people react to you?
    - a. Who is reacting?
    - b. How does that make you feel?
    - c. How do you deal or cope with these experiences?
    - d. What do you think are the causes of these experiences?
    - e. How are these reactions the same or different than they were in the past?
    - f. How these reactions are the same or different compared to when you buy other types of drinks? Certain types of sugary drinks?

7. How do you react to others drinking or buying sugary drinks?
  - a. Your family?
  - b. Friends? Strangers?
  - c. Children?
  - d. Overweight people?
  - e. Why do you react (or not react) that way?
  
8. Have you heard about the sugar-sweetened beverage tax?
  - a. What sources did you hear that from?
  - b. If no, we introduced that the policy has been recommended by a number of health organizations.
  
9. If a tax was introduced, what drinks do you think will be taxed? Taxed first?
  - a. Why?
  
10. If the tax was introduced and sugary drinks become more expensive, who do you think would be most affected?
  - a. How do you think that the tax would affect your purchasing habits, if at all?
  - b. How do you think the tax will affect Indigenous/other people living in the North End?
    - i. How would it affect people who cannot afford food?
  
11. How would you feel about the tax being introduced in Manitoba or Canada?
  - a. What about in northern, remote communities?
  - b. In communities where the cost of food is much greater than Winnipeg?
  - c. In communities without drinking water?
  - d. How do you think a tax on tobacco/cigarette's affected Indigenous people?
    - i. In what way? Positively or negatively?
    - ii. Do you think fewer Indigenous people smoke because of the tax?
    - iii. How do you think the sugar tax compares to the tobacco tax?
  
12. Where do you think the money generated from the tax would go?
  - a. Where would you want it to go?
  - b. If it did not go towards what you want, or went towards general revenue – would you still support?
  
13. How do you think drinks with sugar affect (or do not affect) individuals' health?
  - a. Where have you heard about drinks with sugar and health?

## Data analysis

We approached data analysis using a theoretical thematic analysis as outlined by Braun and Clarke (2006). This type of analysis provides a rich, detailed account of select aspects of the data, rather than a description of the data set as a whole (Braun & Clarke, 2006). When using a “theoretical” thematic approach, the researcher’s questions, interests, and theories drive the course of analysis (Braun & Clarke, 2006). This approach allowed us to explore questions and themes informed by a decolonizing theory. In line with the theoretical thematic method, we approached analysis with prior engagement with the literature to relate findings to the theoretical framework and published knowledge (Braun & Clarke, 2006). Once data collection was completed, we began to conduct *active* and *repeated* readings of the data to identify significant patterns and themes (Braun & Clarke, 2006). Following the initial readings, the preliminary research questions were re-focused. Preliminary analysis began concomitantly following interviews, during debriefing, and reflection to capitalize on emerging themes.

Thematic analysis of the transcripts was completed in two steps, first, coding and then grouping codes into themes. We organized the data using NVivo 12 Pro software and coded the data following both in-vivo and descriptive coding processes. In-Vivo coding is a process designed to capture specific words and phrases directly used by the participant during the interviews that represent individually coded chunks of data (Saldana, 2011), known as data extracts (Braun & Clarke, 2006). Descriptive coding involves synthesizing the meaning within each relevant data extract into words or short phrases (Saldana, 2011). All codes were later clustered into themes. Together with the community research assistant, themes were finalized through a series of discussions. During and following discussions with the community research assistant, MK took detailed notes of their ideas and interpretations. The established themes were

articulated in brief analytic memos outlining the codes constituting each theme, and the reasoning behind them (Saldana, 2011).

Braun and Clarke (2006) define a theme as “something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set” (p. 82). Given the unpredictable nature of qualitative data, what constitutes a theme was determined in an inductive fashion following immersion into the collected data. The meaningfulness of a theme can be measured both in quantitative terms, such as prevalence, and/or qualitative means such as the degree to which a theme captures key information in relation to the research questions (Braun & Clarke, 2006).

We identified themes on a “latent” level, using a decolonizing lens. Analysis at the latent level explores the underlying assumptions, ideologies, structures, and or meanings that underpin the explicit content articulated by participants (Braun & Clarke, 2006). Approaching analysis through a decolonizing and transformative worldview allowed us to account for the social, structural, and contextual conditions that led to the responses and reaction of individual participants (Braun & Clarke, 2006). We paid particular attention to the language and tone used by the participants relating to the three main components of settler colonialism in the context of SSB and its proposed taxation. By doing so, we bring attention to the extent power, spatial structures, and social norms influence the types of stores and foods that are regularly accessible to the residents of the NE financially, geographically, and socially.

### **Trustworthiness**

Trustworthiness, a parallel concept to the conventional “rigor”, refers to the integrity of the methods used to ensure the quality, usefulness, and meaningfulness of the study’s data and findings (Connelly, 2016). While researchers agree that it is necessary to establish trustworthy

protocols for each study, there are no agreed upon criteria set within the qualitative research paradigm (Rolfe, 2006). Depending on the nature of the research, including the study's theoretical, philosophical, and methodological considerations, the procedures followed will differ (Rolfe, 2006).

To achieve trustworthiness in this study, the community research assistant conducted a review of the information collected and interpreted, as a form of member-checking. The community research assistant shares a similar context to the participants, as a resident of the NE community who self-identifies as Indigenous, and thus was able to provide a valuable perspective and insight. When using member-checking, researchers often present participants with both raw and analyzed data so that they can comment on the credibility of the data collected and interpreted (Creswell & Miller, 2000). In our case, we presented analyzed data. During this process the community research assistant was able to ensure accurate interpretation of the language, soundness of the codes and themes generated, as well as whether sufficient evidence was used to establish them. The resulting comments and insights were then integrated through an iterative process that contributes to the credibility of the findings (Creswell & Miller, 2000). Results were also shared with research partners individually and through two community events with Fearless R2W (one virtual and one in person) to further receive feedback.

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