



Background

Sugar-sweetened beverage (SSB) taxes are a public health policy that have recently been proposed as an obesity, diabetes, and tooth decay intervention (1). However, this proposed tax may worsen the already existing social and income inequities for Indigenous people, and may not address the underlying factors contributing to SSB intake.

This project is in partnership with the National Indigenous Diabetes Association (NIDA). Engagement with Indigenous communities is integral in research involving Indigenous people (2).

This ongoing analysis is part of a larger study looking at Indigenous and Non-Indigenous perspectives on the proposed SSB tax. This analysis provides context to the study as it seeks to understand participants' health concerns. It is important to understand individuals' identified priorities and community health concerns to better understand how nutritional concerns fit within overall concerns.

Objective

To explore the personal, family, and community health concerns of Indigenous and Non-Indigenous Manitobans.

Methods

This project was a secondary data analysis of previously collected interviews.

Semi-structured qualitative interviews had been audio recorded and transcribed verbatim. Participants were recruited from three locations: River Heights (RH), Flin Flon (FF), and the North End (NE). There were a total of 53 interviews used in the analysis: RH (18), FF(15), NE (20)

- RH participants were white, and FF and NE participants self-identified as Indigenous

Thematic content analysis was done using NVivo 12 Pro to create 1st and 2nd level codes.

Results

"I, I have an abiding interest in, uh, sugar and it's impact on health. Uh, 5 years ago I weighed 80 pounds more than I do today. My doctor diag-, my doctor told me I was pre-diabetic, and I went on to a, uh, a new lifestyle that has changed my life." – RH8

"I would think high blood pressure, uh, you know, heart disease, um, those would be the ones that kinda come to mind that are sort of related to uh, maybe diet and lifestyle." – RH11

"Most of my family on both my mom and dad's side have passed away from heart disease. I'm going to say heart disease in my immediate family." – FF2

"I found it very, very hard to keep up with the prices, the price demand. And then when you didn't have enough, there's the resources, but some of the resources are limited where, you know, one day we'd have a supper where it was just plain meat, no veggies, nothing." – NE13

"I think, um, just an inadequate access to, uh, good foods like the downtown of Winnipeg, it was like a food desert, you know, there's a lot of corner stores that sell highly processed foods. Uh, and if there is, uh, like, uh, grocery stores, uh, the food is expensive." – NE16

"Our main thing is just trying to balance now that we have a second child is trying to balance our activity levels, they're not what they used to be, when we used to have one." – RH9

"Just nutritional concerns in a sense, um just wanna make sure they are eating right." – RH14

"My sister there she drinks too much juice I say slow down because you know that's too much sugar and one even one little cup like this and you add juice to it you stir it around there's still a lot of sugar at the bottom of the cup." – FF4

"People wanting to do fad diets like keto or, you know, without much information, so, those would be my concerns for the community." – RH1

Personal Disease or Illness	Chronic pain Surgery Personal diabetes Personal cardiovascular concern H. pylori Collapsed lung Oral health concern	Lack of family support Family structure Lack of support for parents Medical care for community More education and resources	Lack of Resources and Support
Community Disease or Illness	Community cancer concern Community cardiovascular concern Community diabetes concern Oral health concern	Community mental health Mental health of students Personal or family Mental Health	Mental Health
Family Disease or Illness	Family bronchitis Family cancer Surgery Oral health concern Family cardiovascular concern Family diabetes Premature aging	No community health concerns No personal health concerns Dirty community Housing concern Safety and violence concern Your actions impact me Family structure Theft and crime	No Concerns
Financial Challenge	Broader community poverty or financial concern Community poverty Cost of healthy food Personal financial challenge	Active community Affluent community Healthy community	Community Threats to Health
Not Enough of the Right Foods	Not enough healthy food for children Food desert	Community support and resources	Active and Healthy
Finding Balance in Life	Finding balance in life	Creative problem solving	Supportive Resources to Mitigate Threats to Health
General Concerns	Personal or family nutrition concerns	Community substance and addition concern Injection concern for community Injection concern for family Personal or family substance and addition concern	Substance and Addiction Concern
Eating the Wrong Foods	Avoiding processed foods Children sugar concern Sugar concern Body odor	Wider community substance abuse and addiction Children weight in borader community Community weight concern Personal or family weight Weight concern for the broader community	Weight
Dietary Challenges	Food Allergies Limited food literacy Celiac disease	Colonialism impacts	Colonialism Impacts

"Probably a lack of um medical care would be the top one other than that I can't really think of anything off the top of my head." – FF19

"I just got out of the hospital here three days ago because I had anxiety attacks. That's what I need, is for this one here to help me get an appointment with my doctor so I can get those anxiety pills or...whatever you call it depression pills or yeah. That's what I need." – FF4

"Do you currently have any health concerns for yourself?" Respondent: "No". – RH12

"Being a single mom I have to have a metal shovel at my front door in case somebody's going to bust down my door. Because I live in a development and when, when you live in poverty you're surrounded by yuckiness ... So not only do I have to work extra harder to feed my kids, I have to work even extra harder to keep them safe." – NE20

"You do see a lot of people in the River Heights community are active and you know, you always see people biking and walking." – RH11

"And from there, they come up with so many different brilliant and amazing initiatives and movements that support the community itself." – NE3

"My community is, uh, I think it is in kind of peril a little bit because of the drug aca-um, the meth epidemic, actually, I think. And then, it's like causing a lot of violence in the neighborhood. It's causing, causing death. Uh, it's causing people to do things they wouldn't normally do when they are sober and not under the influence." – NE5

"Obesity. There's no question that obesity is a health issue in Canada, and in Winnipeg and in River Heights. Uh, it saddens me to see, and I was one of them." – RH8

"There's a huge list you can list. A, B, you can list like alcoholism, you can list drug addiction, this, this, this, this, this, this, this. But in the end, for this community, at least for like the majority, the huge indigenous population here, most of it comes from like colonial roots... We're like number one in so many statistics around the country, but its root causes tend to be colonialism." – NE3

Overview and Future Work

The analysis at the stage presented above involved the creation of 2nd level codes from all 1st level codes. The creation of 2nd level codes did not account for 1st level codes being location depended. Further analysis will stratify 1st level codes according to Indigenous and Non-Indigenous participants.

Emerging results suggest that both Indigenous and non-Indigenous participants have nutrition-related concerns, but that many Indigenous participants expressed more urgent health concerns related to addictions, violence, and poverty impacting themselves and their families directly.

References

(1) World Health Organization. (2017). *Taxes on sugary drinks: Why do it?* https://apps.who.int/iris/bitstream/handle/10665/260253/WHO-NMH-PND-16_5Rev.1-eng.pdf;sequence=1

(2) Tri-Council Policy Statement (2018). *Chapter 9: Research Involving the First Nations, Inuit and Métis Peoples of Canada*. Panel on Research Ethics. https://ethics.gc.ca/eng/tcps2-eptc2_2018_chapter9-chapitre9.html