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.

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.

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
