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Creative, strengths-based approaches to knowledge translation within indigenous health research

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ABSTRACT

Objectives: Good knowledge translation efforts can lead to significant changes in health status and service delivery. Although there is growing literature around ways to conduct knowledge translation within policy and health service delivery sectors, literature around how to conduct dissemination within indigenous community-based contexts remains scant.
Study design: Using creative, strengths-based approaches to not only return results but also to function as tools to address gaps in health knowledge as identified by participants and community members within intergenerational contexts was a central component applied to dissemination and knowledge translation.
Methods: We developed a series of seven key considerations that we applied to the creation of dissemination products from qualitative interviews and focus group discussions from two Manitoba, Canada-specific public health research projects with indigenous communities.
Results: Products created (activity sheets, board game, and non-fiction storybooks) considered principles of timeliness, literacy level, feasibility of reproduction, and meeting the stated needs of study participants.
Conclusions: By creating products that seek not only to return study information but also to answer questions and address specific challenges identified by participants, it is possible to continue to engage in research that is meaningful and ethical and strengthens relationships with all stakeholders.
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Introduction

A key aspect of public health research is the identification of pathways that can lead to meaningful change. Communicating research findings back to those who can make use of the study findings is necessary for research to be useful and to contribute to change.[1–4] Many granting agencies and university ethics review boards are equally requiring that researchers identify their knowledge translation (KT) strategies (or approaches to synthesis, exchange, and apply knowledge garnered through the research process) with relevant stakeholders, before data collection, such that institutions are

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providing training about KT best practices.[5–7] However, study participants and their families are often not the focal point, if they are even considered at all, within standard KT processes that privilege other stakeholders in the process, such as policy-makers or healthcare professionals, as the primary users of research knowledge.[8,9] Best practice guidelines for KT within community-based public health literature remains tangential at best.[4,10,11]

Within community-based and participatory action research, central tenants include involvement of stakeholders, including participants, in the identification of the study objectives before the design of the research study. It is expected that participants will be involved in member checking to ensure that the data, analytic categories, interpretations, and findings are accurate, resonate with the intent of participants, and that the data are appropriately contextualized so as not to create further negative stigma. It is also expected that this will happen before the presentation of data within forums outside of the partner community or participants such as academic conferences or peer review publications.[12–16] It is also expected that results will be shared with community partners and study participants in ways that are relevant and useful.[17–19]

KT processes are essential within indigenous research.[20–24] There has been a long-standing history of deficit-based research conducted on indigenous people which does not recognize indigenous knowledge as unique in its own right.[6] This has resulted in a legacy of distrust in the intention of researchers.[25] Using strengths-based approaches, carried out in partnership with community-identified priorities, for research that seeks to improve health and well-being is a preferred approach to avoid perpetuating further colonial harms within research processes.[26,27] This needs to extend to the creation of dissemination and KT products.

Colonial practices, policies, and research studies within Canada have created lasting trauma and harm among indigenous communities.[28–32] Ethical research practices must be undertaken to prevent the perpetuation of past harms.[34] A particularly dark period in Canada's history was the Indian Residential Schools that operated between 1831 and 1996. Many children were forcibly removed from their homes, sent to institutions miles away from their families, and severely abused by staff at the schools.[33,35–38] Although the number of child mortalities is unknown, it likely surpasses six thousand deaths.[39] Within these schools, unethical research was conducted on children, without informed parental consent. A nutrition study, for example, recorded vitamin deficiency and starvation using a case–control study design.[40,41] Another example of unethical health research with indigenous communities was the use of blood that had been collected in British Columbia, Canada, with Nuu-chah-nulth people to study rheumatoid arthritis. Rather than destroying blood samples when the study was completed or returning the blood to the community for culturally appropriate destruction, the samples were transported to the USA and then to the UK to be used in research unrelated to its original collection: to document migration patterns. Dissemination and application of such findings could potentially be used to dispute traditional land claims. Researchers took the position that these blood-samples were collected by the researchers and were now part of the data repository the researchers had access to. As such, they could be used for any research purposes – full stop. The community argued that the implicit agreement was for the specific study for which the samples were collected rather than be available for use toward any research study.[42]

Out of these and many other examples have come processes and procedures to ensure the needs of indigenous communities are put first within research. Principles of reciprocity, respect, relevance, responsibility,[43] reverence[23] as well as ownership of data, control over how information is used, access,[44] and stewardship[45] of information are now recognized as central tenants within the study design of research involving indigenous people. These principles need to be applied at all phases of research studies, from the conception through dissemination. Although it is recognized that KT is a key part of health research, KT within indigenous and community-based research is not well documented to date.[20,27,45–47] Within this article, we explore key steps that we took to demonstrate an actionable approach to strengths-based project dissemination. We discuss KT products created within two different community-based research projects in Manitoba, Canada.

Methods

Disseminating research findings is an important part of the research process. The method through which to return results and the products created differ from project to project. The responsibility for how dissemination will occur lies with the research team to work in partnership with communities and stakeholders to understand community and participant needs. There is also a responsibility to recognize that these needs may change at different phases of the study.[15,16,48] With the lack of methodological examples as to what should be considered when developing KT products within community-based public health research studies, we turned to our study participants and community partners for assistance to ensure that their needs and interests were met. Based on our research experiences, we developed seven key considerations to consider when creating useful and relevant dissemination products.

- Can the community easily make copies of the resource?
- Are there aspects of the product which do not require any written literacy skills?
- Is there a component of the message which is strengths based and hopeful?
- Is the product interactive?
- Has the knowledge from participants and/or communities been acknowledged?
- Is there an active learning component that spans beyond encounters with the research team?
- Has the product been returned to the community quickly (under 6 weeks)?

In addition to these questions, we also asked stakeholders the age range, gender, and geographic reach that dissemination product should target.

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