

1
2
3
4
5
6
7
8
9
10
11
12
13 Examining attitudes towards a proposed sugar-sweetened beverage tax among urban Indigenous
14
15 adults: a qualitative study using a decolonizing lens
16
17

18 Maria Kisselgoff^a, Michael Redhead Champagne^b, Riel Dubois^b, Lorna Turnbull^c, Jeff LaPlante^d,
19
20 Annette Schultz^e, Andrea Bombak^f, Natalie Riediger^{a*}
21
22

23
24
25 ^a Department of Food and Human Nutritional Sciences, University of Manitoba, 35 Chancellors
26
27 Circle, Winnipeg, MB R3T 2N2. kisselgm@myumanitoba.ca; Natalie.Riediger@umanitoba.ca.
28

29 ^b Fearless R2W, PO Box 44095 Redwood Centre Postal Outlet Winnipeg, MB R2W 5M3,
30
31 Canada
32

33
34 ^c Faculty of Law, University of Manitoba, 224 Dysart Road, Winnipeg, MB R3T 2N2 Canada.
35
36 lorna.turnbull@umanitoba.ca.
37

38
39 ^d National Indigenous Diabetes Association, 160 Provencher Blvd, Unit 202, Winnipeg, MB,
40
41 R2H 0G3
42

43
44 ^e College of Nursing, University of Manitoba, 89 Curry Place Winnipeg, Manitoba R3T 2N2.
45
46 annette.schultz@umanitoba.ca.
47

48
49 ^f Department of Sociology, University of New Brunswick, 9 Macaulay Ln, Fredericton, NB E3C
50
51 1N8. andrea.bombak@unb.ca.
52

53
54 *Corresponding Author
55 Natalie Riediger
56 Natalie.Riediger@umanitoba.ca
57
58
59
60

1
2
3 407 Human Ecology Building
4 35 Chancellor's Circle
5 Winnipeg, MB R3T 2N2 Canada
6 T: 204-471-5511
7

8
9 **Funding statement:** The study was funded by the Canadian Institutes of Health Research to NR
10
11 (grant #156260). NR is funded by a CIHR Early Career Investigator Award (grant #155435).
12
13 MK is the recipient of a CIHR Canada Graduate Scholarship and top-up funding from the
14
15 University of Manitoba, Faculty of Graduate Studies. The funders had no role in the study
16
17 design, collection, analysis or interpretation of the data.
18
19

20
21 **Declaration of authors competing interests:** The authors have no conflict to disclose
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Confidential

Abstract

Background: Sugar-sweetened beverage (SSB) taxation is a public health policy that aims to reduce consumption. Compared to other racial/ethnic groups in Canada, off-reserve Indigenous populations consume SSB at higher frequencies and quantities. We sought to explore the acceptability and anticipated outcomes of a SSB tax among Indigenous adults residing in an inner-city Canadian neighborhood.

Methods: Using a community-based participatory research approach, we conducted semi-structured interviews with a purposive sample of urban Indigenous adults who regularly consumed SSB, had experience with food insecurity, and took care of dependents. Interviews were audio recorded, transcribed verbatim, and analyzed using theoretical thematic analysis.

Results: All 20 participants (Female=12; Male=8; Two-Spirit=2) consumed SSB on a regular, daily basis at the time of the interview or prior at some point in their lives. Most participants were opposed and concerned with the prospect of SSB taxation due to inter-connected themes of (1) *government is not trustworthy*, (2) *taxes are ineffective and lead to inequitable outcomes*, and (3) *Indigenous self-determination is critical*. Participants discussed government's mismanagement of previous taxes and lack of prioritization of their community's specific needs. Most participants anticipated Indigenous people in their community would continue to consume SSB, but that a tax would result in fewer resources for other necessities, including foods deemed healthy.

Interpretation: Low support for the tax among urban Indigenous people is characterized by distrust regarding the tax, policy makers, and its perceived effectiveness. Findings underscore the importance of self-determination in informing health policies that are equitable and non-stigmatizing.

Introduction

Sugar-sweetened beverage (SSB) intake is a global public health concern due to its association with incident type 2 diabetes (1, 2). As such, health authorities are urging governments to implement SSB taxation to reduce consumption (3). In Canada, Newfoundland and Labrador was the first, and so far only, province to implement an excise tax on SSB (4). Off-reserve Indigenous people consume SSB at higher frequency and volume compared to other ethnic and racial groups (5, 6). Food insecurity and lower income are also associated with greater consumption of SSB (7-10). Given that Indigenous people are also disproportionately affected by food insecurity (11) and poverty (12) compared to non-Indigenous populations, these disparities likely contribute to higher SSB intake. Importantly, social, economic, and health disparities among Indigenous people are attributable to historical, as well as contemporary, colonial policies (13). Government-led policies tend to have poor implementation and outcomes among Indigenous people because they are designed by non-Indigenous people, informed by associated ideologies, and utilize a deficit lens (14). Despite representing a key stakeholder of the SSB taxation policy, Indigenous perspectives have not been empirically sought out by policy makers, researchers, and or health authorities in Canada to date. Furthermore, health disparities experienced by Indigenous people are a direct result of colonialism (13), and as such, this critical inquiry was conducted through a decolonizing lens.

Public acceptability is an important aspect of the implementation of population-level policies (15). Support among the target population is associated with higher effectiveness of health care measures in changing behavior and benefiting overall health (16). Behavior modification intended by a proposed tax in an urban setting may be challenging due to the high prevalence of poverty among Indigenous people, lack of full-service grocery stores, and

1
2
3 abundance of convenience stores, which elevate the price of food significantly (12, 17).
4
5 Unintended effects of SSB tax policy may also negatively impact health through less direct
6
7 pathways. SSB taxes are regressive (18), meaning lower income populations pay a higher
8
9 proportion of their income, which could exacerbate existing economic disparities. Given these
10
11 concerns, it is critical to explore the acceptability of SSB taxation among urban Indigenous
12
13 peoples.
14
15

16 **Methods**

17 **Design**

18
19
20
21 This community-based participatory research study was conducted in partnership with the
22
23 National Indigenous Diabetes Association (NIDA) and Fearless R2W, two Indigenous-led
24
25 community organizations based in Winnipeg, MB, focused on diabetes care and prevention, and
26
27 child-parent welfare, respectively. The research process was informed by a decolonizing
28
29 framework (19). A decolonizing framework seeks to center Indigenous knowledge, perspectives,
30
31 and approaches to research, as well as recognize, decenter, and dismantle oppressive colonial
32
33 systems and policies. Ethics approval was obtained from the University of Manitoba Health
34
35 Research Ethics Board for the larger study HS21878 (H2018:234), and for secondary analysis of
36
37 the data presented in this publication HS24317 (J2020:065). The complete study protocol is
38
39 available in Appendix A.
40
41
42
43

44 **Study setting**

45
46
47 Participants were recruited from the North End (NE) community area located within the
48
49 city of Winnipeg, MB on Treaty one territory. Winnipeg is home to the largest number of
50
51 Indigenous people of any metropolitan area in Canada, with 92,810 residents, or 12.2% of total
52
53 population, self-identifying as Indigenous (54% Metis; 44% First Nation) (20). The NE
54
55
56
57
58
59
60

1
2
3 community area has long included the largest proportion of Indigenous people, constituting 29%
4
5 of the area's total population. The NE is the lowest income neighborhood cluster in the city of
6
7 Winnipeg with considerable health disparities, including higher prevalence of diabetes, single-
8
9 parent families, and rates of unemployment (21). In addition to these inequities, the NE is
10
11 characterized as a food desert, where full service or chain grocery stores are located 500 meters
12
13 or more from low-income households (22).
14
15

16 17 **Study participants and recruitment**

18
19 The study included self-identifying Indigenous people aged 18 years or older residing in
20
21 the NE. Utilizing purposive sampling, we aimed to recruit individuals who regularly consume
22
23 SSB, took care of dependents, and experienced food insecurity. We also sought the perspective
24
25 and knowledge of Elders. Recruitment was led by a research assistant known to community
26
27 residents and who shares a similar background, as a self-identifying Indigenous adult living in
28
29 the NE.
30
31

32 33 **Data collection and analysis**

34
35 We conducted semi-structured interviews between November 2019 and August 2020,
36
37 which were audio-recorded and transcribed verbatim. We administered a demographic
38
39 questionnaire to describe participant characteristics, including age, gender, employment status,
40
41 SSB intake, and self-rated health. The first six interviews were conducted in-person at the
42
43 University of Manitoba's Inner-City Social Work Campus, located centrally within the NE
44
45 neighborhood. Once COVID-19 social-distancing orders came into effect, the remaining 14
46
47 interviews were completed over the phone. Detailed post-interview notes were recoded and
48
49 incorporated into analysis for situational context.
50
51
52
53
54
55
56
57
58
59
60

1
2
3 Interviews were coded in NVivo 12 Pro and analyzed following Braun and Clarke's
4 theoretical thematic approach (23), involving prior engagement with the literature. The first
5 seven interviews were actively and repeatedly reviewed to generate an initial list of codes. With
6 further review of all transcripts, codes were refined, expanded, or eliminated and eventually
7 collapsed into themes.
8
9

14 **Results**

15
16 We interviewed 20 Indigenous adults, whose ages ranged from 20 to 65 years, with ten
17 self-identifying as female, eight as male, and two participants identifying as two-spirit. Other
18 demographic results were previously reported (24). Thematic analysis of the interviews revealed
19 an overall strong opposition to the proposed taxation of SSB. Participants' unfavorable attitudes
20 and limited acceptability of the policy stem from three inter-related themes of *government is not*
21 *trustworthy; taxes are ineffective and lead to inequitable outcomes; and Indigenous self-*
22 *determination is critical*, which are summarized with exemplar quotes using pseudonyms in
23
24
25
26
27
28
29
30
31
32

33 **Table 1.**

34 ***Government is not trustworthy***

35
36 Participants expressed a general sense of low expectations and trust in the government,
37 with their disappointment characterized by Gavin as “the norm”. Previous actions of government
38 underscore participants' concerns for the future implementation of any tax. Participants implied
39 that governments have the power to do as they wish with no way of keeping them accountable.
40
41
42
43
44
45
46

47 Some participants were not supportive because they viewed an SSB tax as a “cash grab”
48 and were concerned that the true motivation behind the price increase is to generate another
49 stream of revenue disguised as a health initiative. Participants perceived the government to not
50 be transparent in their spending, referring to previously implemented taxes. Previous public
51
52
53
54
55
56
57
58
59
60

1
2
3 funds that were allocated to the community were perceived as token gestures that did not address
4
5 the immediate and dire priorities of the NE residents. For instance, participants described that
6
7 investments were made in parks and art galleries or general city maintenance and upkeep. This
8
9 was juxtaposed against the participants' main concerns for their community, including food
10
11 insecurity, addiction, poverty, and underserved community resources. Participants expressed
12
13 where they would want the revenue to go if given the choice, such as educational programs,
14
15 community programs, child welfare, and health care. However, even when discussing
16
17 hypothetical causes to direct tax revenue towards, some participants were apprehensive of lofty
18
19 contingency promises to Indigenous communities pinned on the tax due to previous experience.
20
21
22
23

24 Participants were also not supportive of the tax because of the decision makers behind the
25
26 policy, whom they perceived to push similar agendas that do not take into account Indigenous-
27
28 specific determinants and needs. These “do-gooders” were perceived as lacking an understanding
29
30 of the realities facing Indigenous communities, as well as how to approach health and behavioral
31
32 reforms effectively and equitably, which instead have led to “pilot projects” that have the
33
34 intention to change behavior but have not resulted in meaningful benefits. In discussing a tax,
35
36 participants referred to decision makers as the “higher ups”, “privileged”, “powerful”, “elitist”,
37
38 “virtuous”, “parental”, “condescending”, and that they “don’t give a shit about you”. The
39
40 decision makers and people of higher socio-economic status were considered by participants to
41
42 belong to the same group of people.
43
44
45
46

47 The true benefactors of the policy were perceived by some participants as more
48
49 privileged communities. One participant viewed the proposed tax as a “financial siphon”, which
50
51 would strip NE residents of money to support priorities of more privileged groups or the
52
53 government. Participants indicated that privileged communities would benefit in financial,
54
55
56
57
58
59
60

1
2
3 social, and health aspects because they already consume less SSB, are more likely to comply
4 with the policy, which will keep more money in their pockets, as well as reinforce their self-
5 perception of virtuousness and healthfulness. Given that privileged people were perceived to
6 benefit more, these ideas also contributed to the second theme that emerged from the study – that
7 SSB taxes lead to inequitable outcomes.
8
9

14 ***Taxes are ineffective and lead to inequitable outcomes***

17 The second theme is characterized by concerns regarding the efficacy and equity of the
18 tax as a behavioral intervention. Participants predicted based on their previous experiences that
19 an SSB tax will not change behavior, particularly for regular consumers, because it will not
20 address the underlying determinants of SSB consumption, including food insecurity, poverty,
21 addiction, and social aspects of SSB consumption among Indigenous people in the inner-city
22 context. Many participants predict people will shop for substitutions, cheaper alternatives, or
23 stockpile on sales or bulk options. Other participants believed the tax would not be effective
24 because of the psychological and emotional aspects of consuming SSB, providing comfort,
25 pleasure, and a means to cope among residents of a neighborhood that are often in “survival
26 mode”.
27
28
29
30
31
32
33
34
35
36
37
38
39

40 Some participants raised concerns that the tax will likely lead to a negligible increase in
41 price, which will not be significant enough to reduce SSB consumption. Regardless of the
42 amount of tax though, it was largely perceived as taking much needed money away from
43 residents of the NE, while improving the more privileged neighborhoods and groups who have
44 “more healthy coping habits”. Amanda compared an SSB tax to the Sheriff of Nottingham, a
45 villainous agent of the greedy state in British folklore, to “keep them extra poor”. Given
46 residents’ already tight budgets, an increase in SSB price will further increase their financial
47
48
49
50
51
52
53
54
55
56
57
58
59
60

1
2
3 burden, leaving less for other obligations and basic necessities because SSB will continue to be a
4 priority. Notably, one of the obligations that is anticipated to suffer as a result of a tax on SSB
5 would be the procurement of “healthy” food because SSB will continue to be prioritized. Groups
6 identified as especially negatively affected by a SSB tax were “the little people”, “on EIA with
7 children”, “working poor”, “on pension”, “the North End”, “senior citizens who like to buy pop
8 and have it in their home for their grandchildren or when people come over”, and “Indigenous
9 people”.

10
11
12 A couple participants anticipate that in order to continue affording SSB, people will go to
13 greater lengths to earn more money, and the tax may even lead some to risky money acquisition
14 behaviors. A few participants also discussed how SSB is used as form of harm reduction, or
15 something people transition to after quitting the use of illicit substances. There was also concern
16 a SSB tax could transform their only socially acceptable vice to an unaffordable taboo.

17
18
19 Several participants anticipated a SSB tax would also destabilize theirs or others’ SSB
20 shopping routines and budgets, something relatively steady in the life of participants. By
21 extension, a SSB tax will be another reminder of one’s financial situation and poverty, and
22 having less than others.

23 24 25 ***Indigenous self-determination is critical***

26
27
28 Indigenous input and self-determination was critical for participants in garnering any
29 support for an SSB tax. Two participants pointed out that the governments introduced sugar and
30 SSB into Indigenous diets and neighborhoods initially, linking the current dietary disparities to
31 colonialism. Louise described the situation, which would be exacerbated by an SSB tax, as
32 leaving Indigenous people in the North End with “two bad choices”, and in essence continuing
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

1
2
3 the existing colonial agenda designed to eradicate Indigenous people by making Indigenous
4
5 people “do it to themselves” and “wiping ourselves out”.
6

7
8 Participants expressed greater support for SSB taxation if the generated revenue was
9
10 earmarked to initiatives that were important to them. In this regard, the tone of many interviews
11
12 changed during this line of questioning. Many participants who were strongly opposed to the tax,
13
14 shifted their attitude when asked how they would like the revenue to be allocated in the scenario
15
16 that the tax was in fact implemented. Although earmarking the tax to a worthy cause changed
17
18 some participants’ attitudes, it did not change all participants’ minds. It was pointed out that
19
20 hinging a benefit, especially a basic human right such as clean water or access to healthy food,
21
22 on a tax that would financially burden the targeted population, was a concern.
23
24
25

26 The minority of participants who were supportive of the tax irrespective of where the
27
28 revenue would be allocated did not consume SSB themselves or exhibited some cognitive
29
30 dissonance. They described the tax as an educational tool and an effective behavior modifier for
31
32 a substance of health concern, despite either acknowledging its unfairness or ineffectiveness.
33
34

35 **Discussion**

36
37 Drawing on their lived experiences with previously implemented taxes, participants’ low
38
39 acceptability of the proposed SSB tax was rooted in the inter-related dispositions that
40
41 government is not trustworthy; taxes are ineffective and lead to inequitable outcomes; and the
42
43 absences of Indigenous self-determination. Indigenous peoples’ distrust of the government is
44
45 also a result of colonialism and associated paternalism and exploitation (25-27). Broadly,
46
47 mistrust in government and public health care systems has heavily impacted outcomes during
48
49 COVID-19 pandemic and was associated with lower compliance to COVID-19 distancing
50
51 measures, vaccination, and overall higher infection and death rates (28). It is therefore critical for
52
53
54
55
56
57
58
59
60

1
2
3 policymakers and public health researchers to consider the indirect health impacts of government
4 distrust with respect to SSB taxation, given the broader health risks associated with government
5 distrust (29).
6
7
8
9

10 This study also draws attention to the ineffective and punitive nature of SSB taxation for
11 regular consumers, who are disproportionately Indigenous and food insecure (7, 8, 10).
12
13

14 Participants predicted a SSB tax will leave less money for other necessary expenses and lead to
15 risky acquisition behaviours. Participant's predictions of how SSB taxation would influence
16 future spending are similar to research in tobacco control, where lower-income individuals
17 displaced other purchases and employed conservation strategies by saving on food and delayed
18 paying utilities (30). In this regard, higher provincial sales tax rates in Canada (31), grocery taxes
19 in the US (32), and tobacco taxes (33) are associated with greater likelihood of food insecurity.
20 Food insecurity in turn is associated with higher healthcare costs, infectious disease, injuries, and
21 mortality (11, 34-36). Furthermore, increases in tobacco taxation were associated with increases
22 in violent robberies for cash and tobacco in low-income communities in New Zealand (37).
23 These theoretical outcomes have not been considered in any simulations or evaluations of SSB
24 taxation, to our knowledge; as such, their omission may misrepresent the true impacts of a SSB
25 tax on health equity. Furthermore, these outcomes further exacerbate the known predictors of
26 SSB intake, namely food insecurity (7, 8), trauma (38, 39), and discrimination (40).
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43

44 Participants' perception of the tax being a paternalistic tool underscores the importance of
45 engaging Indigenous self-determination strategies when developing new policies. Public health
46 priorities and policies designed to impact Indigenous communities should be defined, designed,
47 and implemented with Indigenous people in order to ensure efficacious outcomes and minimize
48 harmful unintended effects (13). However, policies are often poorly implemented due to the
49
50
51
52
53
54
55
56
57
58
59
60

1
2
3 fragmented nature of the government bodies, the continual undermining of Indigenous self-
4 determination, and lack incorporation of Indigenous knowledge and perspectives. As a colonial
5 reflection of their power and privilege, policy makers tend to frame Indigenous people as the
6 problem, as “other”, which historically and presently lead to assimilatory measures. Rather than
7 addressing the colonial policies that have led to, and maintain, higher SSB intake among
8 Indigenous people (13), a SSB tax, informed by deficit-based narratives, seeks to extract
9 resources (i.e. money) from Indigenous people. This is the definition of colonialism (41).

10
11
12 To our knowledge this is the first study to explore attitudes towards a proposed SSB tax
13 among Indigenous people in Canada. Continuous collaboration and conversation with research
14 partners, research assistants, and the broader community as a form of member checking
15 enhanced the rigor of the study. Further research is required to explore the acceptability of SSB
16 taxation among on-reserve First Nations communities.

17
18
19 In conclusion, participants were generally opposed to SSB taxation. It is likely, if an SSB
20 tax is implemented, that the policy will have limited, if any influence, on the rates of type 2
21 diabetes. Rather this research underscores the inequitable outcomes likely to influence
22 Indigenous, low-income, and food-insecure communities. On the basis of our findings and calls
23 of the Truth and Reconciliation Commission (13), Indigenous self-determination in policy-
24 making is vital for the protection and advancement of Indigenous health in Canada.

25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47 **Acknowledgements:** We would like to acknowledge Kelsey Mann for her project coordination
48 and Anne Waugh for editorial support. We thank the study participants for sharing their
49 knowledge and experiences with us.
50
51
52
53
54
55
56
57
58
59
60

References

1. Imamura F, O'Connor L, Ye Z, Mursu J, Hayashino Y, Bhupathiraju, SN et al. Consumption of sugar sweetened beverages, artificially sweetened beverages, and fruit juice and incidence of type 2 diabetes: systematic review, meta-analysis, and estimation of population attributable fraction. *Br J Sports Med* [Internet]. 2016 [Cited 2022 Oct 13];50(8):496-504. DOI: 10.1136/bjsports-2016-h3576rep
2. Malik VS, Popkin BM, Bray GA, Després JP, Willett WC, Hu FB. Sugar-sweetened beverages and risk of metabolic syndrome and type 2 diabetes: a meta-analysis. *Diabetes Care* [Internet]. 2010[Cited 2020 Jan 10];33(11):2477–2483. DOI: 10.2337/dc10-1079
3. World Health Organization Regional Office for Europe. Policy Brief: Taxing sugar-sweetened beverages [Internet]. Copenhagen: World Health Organization; 2022[Cited 2022 Oct 13]. 16 p. Reference Number: WHO-EURO-2022-5721-45486-65112 Available from: <https://www.who.int/europe/publications/i/item/WHO-EURO-2022-5721-45486-65112>
4. Government of Newfoundland and Labrador. Sugar Sweetened Beverage Tax Information Circular [Internet]. Department of Finance Tax and Fiscal Policy Branch, Tax Administration Division; 2022 Mar 17 [Updated 2022, Aug 31; Cited 2022 Sep 15]. 12 p. Available from <https://www.gov.nl.ca/fin/files/Information-Circular-Sugar-Sweetened-Beverage-Tax-Sept-2022.pdf>
5. Garriguet D. Obesity and the eating habits of the Aboriginal population [Internet]. Statistics Canada; 2008 Jan [Cited 2019 Dec 19]. 16 p. Catalogue no. 82-003-X. Health Reports. Available from: <https://www150.statcan.gc.ca/n1/en/pub/82-003-x/2008001/article/10487-eng.pdf?st=iNf3kJT4>
6. Jones AC, Kirkpatrick SI, Hammond D. Beverage consumption and energy intake among Canadians: analyses of 2004 and 2015 national dietary intake data. *Nutr J* [Internet]. 2019[Cited 2020 Apr 8]; 18(60): 1-14. DOI: <https://doi-org.uml.idm.oclc.org/10.1186/s12937-019-0488-5>
7. Larson N, Laska MN, Neumark-Sztainer D. Food insecurity, diet quality, home food availability, and health risk behaviors among emerging adults: findings from the EAT 2010–2018 study. *Am J Public Health* [Internet]. 2020[Cited 2022 Aug 29]; 110(9): 1422-1428. DOI: 10.2105/AJPH.2020.305783
8. Leung CW, Epel ES, Ritchie LD, Crawford PB, Laraia BA. Food insecurity is inversely associated with diet quality of lower-income adults. *J Acad Nutr Diet* [Internet]. 2014 Dec[Cited 2022 Aug 29]; 114(12): 1943-1953. E2. <https://doi-org.uml.idm.oclc.org/10.1016/j.jand.2014.06.353>
9. Tomayko EJ, Mosso KL, Cronin KA, Carmichael L, Kim KM, Parker T et al. Household food insecurity and dietary patterns in rural and urban American Indian families with young children. *BMC public health* [Internet]. 2017 June 30[Cited 2019 Dec 19]; 17(1): 611. Available from: <https://bmcpublikehealth-biomedcentral-com.uml.idm.oclc.org/articles/10.1186/s12889-017-4498-y> DOI: 10.1186/s12889-017-4498-y

10. Warren C, Hobin E, Manuel DG, Anderson LN, Hammond D, Jessri M et al. Socioeconomic position and consumption of sugary drinks, sugar-sweetened beverages and 100% juice among Canadians: a cross-sectional analysis of the 2015 Canadian Community Health Survey–Nutrition. *Can J Public Health* [Internet]. 2022[Cited 2022 Aug 29]; 113(3): 341-362. <https://doi.org/10.17269/s41997-021-00602-8>
11. Tarasuk V, Mitchell A. Household food insecurity in Canada, 2017-18 [Internet]. Toronto: Research to identify policy options to reduce food insecurity (PROOF), University of Toronto; 2020 Mar 12[Cited 2022 Aug 20]. 27p. Available from: <https://proof.utoronto.ca/wp-content/uploads/2020/03/Household-Food-Insecurity-in-Canada-2017-2018-Full-Reportpdf.pdf>
12. Arriagada P, Hahmann T, O'Donnell V. Indigenous people in urban areas: Vulnerabilities to the socioeconomic impacts of COVID-19 [Internet]. Statistics Canada, 2020 May 26 [Cited 2022 Apr 10]. 7p. Catalogue No. 45280001. Available from: https://publications.gc.ca/collections/collection_2020/statcan/45-28/CS45-28-1-2020-21-eng.pdf
13. Truth and Reconciliation Commission. Truth and reconciliation commission of Canada: Calls to action [Internet]. Winnipeg, MB: Truth and Reconciliation Commission of Canada; 2015[Cited 2019 Sep 17]. 20 p. Available from: https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Calls_to_Action_English2.pdf
14. George E., Waldron T, Baum F, Fisher M. Social determinants of Indigenous health and Indigenous rights in policy: A scoping review and analysis of problem representation. *Int Indig Policy J* [Internet]. 2019[Cited 2022 Jul 5]; 10(2): 1-25. DOI: 10.18584/iipj.2019.10.2.4
15. Diepeveen S, Ling T, Suhrcke M, Roland M, Marteau TM. Public acceptability of government intervention to change health-related behaviours: a systematic review and narrative synthesis. *BMC Public Health* [Internet]. 2013[Cited 2022 Jul 5]; 13(1): 756. <https://doi-org.uml.idm.oclc.org/10.1186/1471-2458-13-756>
16. Sekhon M, Cartwright M, Francis JJ. Acceptability of healthcare interventions: an overview of reviews and development of a theoretical framework. *BMC Health Serv Res* [Internet]. 2017 Jan 26[Cited 2022 Jul 6]; 17(88): 1-13. Available from: <https://bmchealthservres-biomedcentral-com.uml.idm.oclc.org/articles/10.1186/s12913-017-2031-8> DOI 10.1186/s12913-017-2031-8
17. Skinner K, Pratley E, Burnett K. Eating in the city: A review of the literature on food insecurity and Indigenous people living in urban spaces. *Societies* [Internet]. 2016[Cited 2019 Dec 19]; 6(2): 1-7. Available from: <https://www-mdpi-com.uml.idm.oclc.org/2075-4698/6/2/7> DOI: <https://doi-org.uml.idm.oclc.org/10.3390/soc6020007>
18. Roach, B. Taxes in the United States: History, Fairness and Current Political Issues. [Internet] Medford, MA: Global Development and Environmental Institute, Tufts University; 2010 [cited 2022 Oct 13]. 36 p. Available from <http://ase.tufts.edu/gdae>.
19. Smith LT. Decolonizing methodologies: Research and indigenous peoples. 3rd edition. London, GB: Zed Books (Bloomsbury Publishing Plc); 2021[Cited 2022 Aug 29]. 345 p.

- 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10
 - 11
 - 12
 - 13
 - 14
 - 15
 - 16
 - 17
 - 18
 - 19
 - 20
 - 21
 - 22
 - 23
 - 24
 - 25
 - 26
 - 27
 - 28
 - 29
 - 30
 - 31
 - 32
 - 33
 - 34
 - 35
 - 36
 - 37
 - 38
 - 39
 - 40
 - 41
 - 42
 - 43
 - 44
 - 45
 - 46
 - 47
 - 48
 - 49
 - 50
 - 51
 - 52
 - 53
 - 54
 - 55
 - 56
 - 57
 - 58
 - 59
 - 60
20. Cui Y, Zinnick S, Henderson A, Dunne L. Winnipeg Health Region Community Health Assessment 2019. Evaluation Platform, Centre for Healthcare Innovation (CHI) & Winnipeg Regional Health Authority (WRHA); 2019 Dec [Cited 2022 Apr 10]]. 420 p. Available from <https://wrha.mb.ca/files/cha-2019-full-report.pdf>
21. Winnipeg Regional Health Authority (WRHA). Point Douglas: community area profile [Internet]. Winnipeg, MB: Evaluation Platform. 2019[Cited 2022 Jun 9]. 9 p. Available from: <https://wrha.mb.ca/files/cha-2019-profile-point-douglas.pdf>
22. Manitoba Collaborative Data Portal. Winnipeg Food Atlas [Internet]. 2021 Oct 28[Cited 2022 Jul 28]. Available from: <http://www.mbcdp.ca/fns.html>
23. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol* [Internet]. 2006[Cited 2020 Nov 14]; 3(2): 77-101. DOI: 10.1191/1478088706qp063oa
24. Kisselgoff, M. Examining attitudes towards a proposed sugar-sweetened beverage tax among urban Indigenous adults using a decolonizing lens [Master's thesis]. Winnipeg, MB (Canada): University of Manitoba; 2023[cited 2023 Jan 16]. Available from: <http://hdl.handle.net/1993/37134>.
25. Ryan J. Restructuring First Nations' education: Trust, respect and governance. *J Can Stud* [Internet]. 1996[Cited 2022 Sep 9]; 31(2): 115-132. DOI: 10.3138/jcs.31.2.115
26. Morden M. Theorizing the resilience of the Indian Act. *Can Public Adm* [Internet]. 2016[Cited 2022 Sep 9]; 59(1): 113-133. DOI: 10.1111/capa.1216
27. Groot G, Waldron T, Barreno L, Cochran D, Carr T. Trust and world view in shared decision making with indigenous patients: a realist synthesis. *J Eval Clin Pract* [Internet]. 2020[Cited 2022 Sep 9]; 26(2): 503-514. DOI: 10.1111/jep.13307
28. Bollyky TJ, Hulland EN, Barber RM, Collins JK, Kiernan S, Moses M et al. Pandemic preparedness and COVID-19: an exploratory analysis of infection and fatality rates, and contextual factors associated with preparedness in 177 countries, from Jan 1, 2020, to Sept 30, 2021. *Lancet* [Internet]. 2022 Apr[Cited 2022 Sep 10]; 399(10334): 1489-1512. [https://doi-org.uml.idm.oclc.org/10.1016/S0140-6736\(22\)00172-6](https://doi-org.uml.idm.oclc.org/10.1016/S0140-6736(22)00172-6)
29. Armstrong K, Rose A, Peters N, Long, JA, McMurphy S, Shea JA. Distrust of the health care system and self-reported health in the United States. *J Gen Intern Med* [Internet]. 2006[Cited 2022 Sep 10]; 21(4): 292-297. <https://doi.org/10.1111/j.1525-1497.2006.00396.x>
30. Hoek J, Smith K. A qualitative analysis of low income smokers' responses to tobacco excise tax increases. *Int J Drug Policy* [Internet]. 2016[Cited 2020 Jun 14]; 37: 82-89. DOI: 10.1016/j.drugpo.2016.08.01
31. Men F, Urquia ML, Tarasuk V. The role of provincial social policies and economic environments in shaping food insecurity among Canadian families with children. *Prev Med* [Internet]. 2021 Jul[Cited 2022 Aug 13]; 148: 106558. <https://doi-org.uml.idm.oclc.org/10.1016/j.ypmed.2021.106558>
32. Zheng Y, Zhao JJ, Buck S, Burney S, Kaiser HM, Wilson NL. Putting grocery food taxes on the table: Evidence for food security policy-makers. *Food Policy* [Internet]. 2021[Cited 2022 Aug 13]; 101: 102098. <https://doi-org.uml.idm.oclc.org/10.1016/j.foodpol.2021.102098>

- 1
2
3 33. Emery H, Tarasuk V, Guo X, Daigle B, Dutton D, Leonard P et al. Tobacco Use and
4 Food Insecurity in New Brunswick [Internet]. Canadian Research Data Centre Network.
5 Fredericton, NB: New Brunswick Institute for Research, Data and Training; 2019 [Cited
6 2022 Oct 13]. Available from: [https://crdcn.ca/publication/tobacco-use-and-food-](https://crdcn.ca/publication/tobacco-use-and-food-insecurity-in-new-brunswick/#tab-page-1)
7 [insecurity-in-new-brunswick/#tab-page-1](https://crdcn.ca/publication/tobacco-use-and-food-insecurity-in-new-brunswick/#tab-page-1)
8
- 9 34. Tarasuk V, Cheng J, De Oliveira C, Dachner N, Gundersen C, Kurdyak P. Association
10 between household food insecurity and annual health care costs. *CMAJ* [Internet]. 2015
11 Oct[Cited 2022 Oct 13];187(14):E429-36. DOI: [https://doi-](https://doi-org.uml.idm.oclc.org/10.1503/cmaj.150234)
12 [org.uml.idm.oclc.org/10.1503/cmaj.150234](https://doi-org.uml.idm.oclc.org/10.1503/cmaj.150234)
13
- 14 35. Men F, Gundersen C, Urquia ML, Tarasuk V. Association between household food
15 insecurity and mortality in Canada: a population-based retrospective cohort study. *CMAJ*
16 [Internet]. 2020 Jan[Cited 2022 Oct 13];192(3):E53-60. DOI: [https://doi-](https://doi-org.uml.idm.oclc.org/10.1503/cmaj.190385)
17 [org.uml.idm.oclc.org/10.1503/cmaj.190385](https://doi-org.uml.idm.oclc.org/10.1503/cmaj.190385)
18
- 19 36. Men F, Urquia ML, Tarasuk V. Examining the relationship between food insecurity and
20 causes of injury in Canadian adults and adolescents. *BMC Public Health*. 2021 Aug
21 [Cited 2022 Oct 13];21:1557(2021). [https://doi-org.uml.idm.oclc.org/10.1186/s12889-](https://doi-org.uml.idm.oclc.org/10.1186/s12889-021-11610-1)
22 [021-11610-1](https://doi-org.uml.idm.oclc.org/10.1186/s12889-021-11610-1)
23
- 24 37. Glover M, Shepherd R, Selket K, Paramanathen SK. Price hikes, crime fad or political
25 football? What caused a spike in store robberies for cigarettes in New Zealand: analysis
26 of news reports (2009-2018). *Safer Communities* [Internet]. 2021[Cited 2022 Jul 28];
27 20(3):172-188. <https://doi.org/10.1108/SC-09-2020-0034>
28
- 29 38. Hirth, JM, Rahman M, Berenson AB. The association of posttraumatic stress disorder
30 with fast food and soda consumption and unhealthy weight loss behaviors among young
31 women. *J Womens Health (Larchmt)* [Internet]. 2011[Cited 2022 Jul 28]; 20(8), 1141-
32 1149. <https://doi.org/10.1089%2Fjwh.2010.2675>
33
- 34 39. Viliija M, Romualdas M. Unhealthy food in relation to posttraumatic stress symptoms
35 among adolescents. *Appetite* [Internet]. 2014[Cited 2022 Jul 28];74(1): 86-91. [https://doi-](https://doi-org.uml.idm.oclc.org/10.1016/j.appet.2013.12.002)
36 [org.uml.idm.oclc.org/10.1016/j.appet.2013.12.002](https://doi-org.uml.idm.oclc.org/10.1016/j.appet.2013.12.002)
37
- 38 40. Thurber KA, Long J, Salmon M, Cuevas AG, Lovett R. Sugar-sweetened beverage
39 consumption among Indigenous Australian children aged 0–3 years and association with
40 sociodemographic, life circumstances and health factors. *Public Health Nutr* [Internet].
41 2020 Feb[Cited 2022 Oct 13]; 23(2): 295-308. DOI:
42 <https://doi.org/10.1017/S1368980019001812>
43
- 44 41. Barker A, Lowman EB. Settler Colonialism. [Internet]. *Global Social Theory*. [cited 2022
45 Nov 7] Available from <https://globalsocialtheory.org/concepts/settler-colonialism/>
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Table 1. Thematic analysis results with exemplar quotes.

Theme	Sub-themes	Categories	Quote
Government not trustworthy	Taxing experiences	Lack of transparency	The tax money is supposed to be used for something positive that people want, but it's not most of time. Or you just don't know where the heck it's gone. Maybe it doesn't even matter but it should be taxed to avoid people from buying it, but then again, maybe just leave it alone because I don't know where the money is going anyway. (Dakota)
		Token gestures	They always have everything for hotels, or potholes, or whatever, or licenses, or some parks, or some stupid thing. (Carolyn).
		Not accountable	My opinion would only change once it was happening, you know. I, I don't trust anything the government says... we can say whatever we want to say but until the action is put into it, it doesn't really mean anything, you know?...That's from my own life experience as an indigenous woman... Otherwise our indigenous communities would have drinking running water already, you know. (Louise)
	Taxes are financial siphons	Other government priorities	Knowing government, a lot of times it's either to balance other areas of the budget, but sometimes it's a lot of bullshit and then it goes directly back to privileged communities, or it goes to things in which this community don't value as much (Gavin)
		Higher SES neighborhoods	Pocketed by those in power
	Misinformed “do gooders”	Paternalistic	and then to tax that, to make that person who already is- have their own issues and their coping with it, with food and then you tax their sugary beverages then... that actually is like almost like a punishment. Its um... its uh, like condescending and authority in the sense that like- like they are trying to be parental. Right? It's gross. (Amanda)
		Out-of-touch	I think that it's kind of like elitist in a lot of times. It's always like the do-gooders within politics or within activism that say those kinds of things. Not really realizing like those folks are still going to buy it no matter what. (Gavin)
Taxes are ineffective and lead to inequitable outcomes	Ineffective	True benefactors	The more people that would be deterred are those that have the more healthy coping habits, or the people to have accessibility to those things. This area would be impacted more, and it doesn't address any underlying things. It's the same. (Gavin)
		Does not address determinants of SSB consumption	You will do whatever you need to do to fix that feeling, you know. To fill that feeling up, that void, that sugar your body needs at that time. You'll do whatever you need to do, to do that. So I feel like people are still going to... They're still gonna buy pop. I don't think it's... that's gonna change at all. It's not gonna change how much pop or how much sugary drinks are being sold. That's not gonna change either. (Louise)
		Negligible increase in price	It's always, it's increased, and if they put a little bit more of the tax on there, on the sugar, then what's the difference of that? The only difference is somebody's making money, as in the end somewhere else down the line. That's what it is. And I mean, that's all, hey, that's what I see.” Like, because most of us are low income. So like, it we- it would, um, have us spend a little bit more. But like I said, I don't think it would stop us from buying it. (Charlotte)
		Substitution	Um, but they're not ... I don't think like one family is gonna completely cut out a, a habit that they had for years, so it's gonna be like ... Um, they're gonna buy it, but for a cheaper price somewhere else or deal somewhere. (Diane)

	Inequitable socially	Signaling/ Stigmatizing Destabilizing	I think it would like make people aware that, well, it's unhealthy and if you're gonna pay more for it, maybe it's a good idea to quit. (Beverly)
		Reinforcing social differences	What the hell? I do not like that. Because like, what if I don't have the exact change of what I wanted and then all of a sudden I need to have more than I don't have. And I won't be able to get it. Which would suck and I would be mad. (Shelly)
	Inequitable economically	Hurt pockets	It makes you look at even more at the people that have what you don't have. Why do they get to live that good fucking life and I have to sit here in my front yard with a shovel to make sure that nobody's going to bust in my front door because they're living in survival mode? You know, we ... Like it's just ... It blows my mind.And, um, it's really hurtful as a single parent knowing that if this tax goes up, like I already struggle with feeding my kids. I already struggle with making sure that we're getting by, you know, just everyday things. (Louise)
		Less for other obligations	I think it [SSB tax] would hurt all of our pockets, definitely....so maybe a tax would like have to like I said, if they gonna get taxed on it, maybe they'd have to like cut something else off in their, in their monthly budget, or their weekly budget or whatever, how they're doing it. (Carolyn)
		Risky acquisition	More priority on pop, less priority on everything else they have to buy. Basically just that. Like if pop goes up, pop's still cheaper, pop's still more accessible. To them, it's still more norm. So if they're spending more money on pop, and that little extra money they might have been able to use on more like healthier groceries, that's just canceled. (Gavin)
		Rich richer (intersects with sub-category: "true benefactors")	People will go out of their way to find that extra money, that extra whatever-it-is, to still maintain their pop addiction, their sugar addiction. It is an addiction. (Louise)
	Indigenous self-determination is critical	Colonialism got us here	The more people that would be deterred are those that have the more healthy coping habits, or the people to have accessibility to those things. This area would be impacted more, and it doesn't address any underlying things. It's the same. (Gavin)
			Where we're pushed to make, uh, a choice from two bad choices so that we're doing it to ourselves, so that ultimately, nobody else is responsible, right? Like, the government isn't responsible for putting these taxes on things that we really need and not putting taxes on stuff we don't need. You know, it's self-elimination. It's, it's, uh... There's a certain word for it I can't think of, but, like, um. They are... We're wiping ourselves out. We're wiping ourselves out, we're wiping each other out, so that it's just less, you know, less dirt on somebody else's hands, right? Because "we did it to ourselves," quotation marks. I have big bunny ears here happening. You know, it's the same with, with addiction. You know, they... They're gonna keep putting shit out on the streets so that we're consuming it ourselves as our own choice but we're being pushed to do that, right? Like, we, like, it's, yeah... Sorry. Just, uh. (Louise)
	Self-agency is critical		it has to have a positive effect in the mind of Indigenous people, because I think people are aware of the, impact of diabetes in their families. So I think if it is seen as preventing more complications due to diabetes, uh, people are more likely to support it than if it was going into something that was seen as directly beneficial to the community. (Alan)

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Confidential

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 is a reflection of society's power relationships and 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 has the ability to decide what we tax and what we do we the revenue. Given that policy making is a socially constructed phenomena, it is important to

1
2
3 understand social narratives and discourse informing understandings of SSB, who consumes
4 SSB, and how the “problem” of SSB intake has been framed and constructed. As seen with
5 residential schools, a number of particularly harmful policies are directed at Indigenous children
6 with corresponding negative social narratives regarding Indigenous parenting (e.g. Baskin, Strike
7 & McPherson, 2015; Jacob, 2015). Furthermore, the moralistic nature of taxation of sumptuary
8 goods has assimilatory undercurrents. Three main goals of Canadian “Indian Policy”, have been
9 protection, civilization, and assimilation (Miller, 1991). Protect from exploitation, civilize by
10 training in European values, and ultimately assimilate until total cultural eradication (Miller,
11 1991).

12
13
14
15
16
17
18
19
20
21
22
23
24 Overall, in the context of this study, decolonization involved actively seeking out and
25 acknowledging colonial aspects of policies and dismantling them by incorporating Indigenous
26 perspectives to challenge the corresponding spatial, power, and social constructs.

27 28 29 30 31 **Positionality**

32
33 We each approached this study holding certain assumptions and beliefs shaped by our
34 unique background and experiences. Acknowledging our backgrounds and social position, as
35 well as how they influenced approaches and decision-making is an important aspect of
36 conducting qualitative research. Due to the interpretive nature of qualitative research, we actively
37 made decisions and interpretations based on personal epistemologies, a concept known as
38 “researcher as instrument” (Carter et. al, 2014). As non-Indigenous people (MK, NR, LT, AS,
39 and AB) conducting research with Indigenous partners (MC, RD, and JL) and participants, we
40 engaged in ongoing reflection in relation to the research. By discussing our positionality, we
41 reveal our personal histories and identity to others, acknowledge our motivations, and hopefully,
42 foster accountability and trust (Absolon & Willett, 2005). MK, NR, LT, AS, and AB all identify
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

1
2
3 as white settler women, who have diverse personal and ancestral immigration histories, and
4
5 diverse areas of academic expertise, including public health, nutrition, nursing, law, and social
6
7 sciences.
8
9

10 **Design**

11
12 Informed by the transformative and decolonizing frameworks, we employed a
13
14 Community-Based Participatory Research (CBPR) design in partnership with National
15
16 Indigenous Diabetes Association (NIDA) and Fearless R2W. Fearless R2W is an Indigenous-led
17
18 community group in Winnipeg's NE focused on family welfare. CBPR is characterized as an
19
20 approach to research where all partners equitably partake in decision making, sharing of
21
22 knowledge and responsibilities in all phases of the research (Israel, 2005; Minkler & Wallerstein,
23
24 2008). The primary goal of CBPR is to generate knowledge that can be utilized to develop
25
26 interventions and or policy changes that can improve community members' health and eliminate
27
28 healthy inequities (Israel, 2005). As outlined and summarized by Israel and colleagues (2008)
29
30 CBPR has 9 general principles. However, the unique context, purpose, and partners involved in
31
32 the research will dictate what combination of elements will be employed. The central principles
33
34 of CBPR are that:
35
36
37
38

39
40 (1) CBPR recognizes community as a unit of identity; (2) CBPR builds on strengths and
41
42 resources within the community; (3) CBPR facilitates collaborative, equitable partnership
43
44 in all research phases and involves an empowering and power-sharing process that
45
46 attends to social inequalities; (4) CBPR promotes co-learning and capacity building
47
48 among all partners; (5) CBPR integrates and achieves a balance between research and
49
50 action for the mutual benefit of all partners; (6) CBPR emphasizes public health problems
51
52 of local relevance and also ecological perspectives that recognize and attend to the
53
54
55
56
57
58
59
60

1
2
3 multiple determinants of health and disease; (7) CBPR involves systems development
4 through a cyclical and iterative process; (8) CBPR disseminates findings and knowledge
5 gained to all partners and involves all partners in the dissemination process; and (9)
6
7
8
9
10 CBPR requires a long-term process and commitment to sustainability. (Israel et al., 2008
11
12 p. 49-52)
13

14
15 In line with the CBPR principles, we have worked closely with community partners on
16
17 formulating research objectives, developing research instruments, collecting and interpreting
18
19 data, knowledge translation, publication, and developing policy recommendations.
20

21
22 NR has been working with NIDA (JL), the main partner on the overarching project, to
23
24 address concerns regarding SSB taxation. Through these discussions, NIDA and NR developed
25
26 the overarching study and funding proposal. Given the heterogeneity among Indigenous
27
28 communities, local partnerships with Indigenous communities were sought. For the present
29
30 study, NR approached what was then Aboriginal Youth Opportunities (AYO!) (MC), which has
31
32 since dissolved. Established relationships in the community resulted in Fearless R2W becoming
33
34 partner. Through her relationship with NIDA, AYO, and Fearless R2W, Dr. Riediger vouched
35
36 and introduced MK (as MSc student) to these organizations/movements. Our partnerships with
37
38 these organizations are central to this work as it informs both the focus and course of this
39
40 research, as well as facilitates access to study participants via community consent. Both NIDA
41
42 and Fearless R2W have strong connections to the Indigenous community in Winnipeg.
43
44
45

46 47 **Setting**

48
49 This study was conducted with Indigenous participants residing in the North End (NE)
50
51 neighborhood, located in Winnipeg, Manitoba, Treaty One Territory, and the homeland of the
52
53 Métis Nation. According to the 2016 census data, Winnipeg has the largest Indigenous
54
55
56
57
58
59
60

1
2
3 population (by number) of any metropolitan area in Canada, which constitutes approximately
4
5 12% of the urban population (City of Winnipeg, 2018). The majority of Indigenous people in
6
7 Winnipeg identify as Métis (54%) or First Nations (44%) (City of Winnipeg, 2018). The
8
9 Indigenous population is a young and fast-growing demographic, with 46 percent aged 24 years
10
11 and under. Winnipeg's NE community, where study recruitment efforts were focused, is a low-
12
13 income neighborhood with a large (28%) self-identifying Indigenous population (WRHA, 2015).
14
15 Residents of the NE experience greater social and health disparities compared to the rest of
16
17 Winnipeg—including higher unemployment rates (9.5% vs. 5.9%), diabetes prevalence (13.2%
18
19 vs. 9.2%), percentage of overweight adults (65% vs. 54%), and current smokers (39% vs. 19%)
20
21 (WRHA, 2015).
22
23
24
25

26 **Sample**

27
28 We recruited 20 Indigenous adults who identify as current residents of Winnipeg's NE
29
30 neighborhood, or past residents, who maintain strong connection to the community. In order to
31
32 be eligible for the study, participants had to meet the following inclusion criteria: (a) self-identify
33
34 as Indigenous (First Nations, Metis, or Inuit), (b) be 18 years of age or older, (c) be comfortable
35
36 speaking English, (d) live in the NE, and (e) be able to attend a one-hour interview. We
37
38 purposefully recruited participants who self-identified as regular SSB consumers, food insecure,
39
40 mothers, and Elders.
41
42
43

44 **Sampling procedures and recruitment**

45
46 We employed a purposive sampling strategy using the inclusion criteria previously
47
48 described. Purposive sampling is a procedure designed to identify and select participants who are
49
50 especially knowledgeable about a phenomenon of interest (Palinkas et al., 2015). Purposive
51
52 sampling aligns with the proposed study because it enabled a detailed exploration of
53
54
55
56
57
58
59
60

1
2
3 information-rich cases belonging to specific social contexts (Ritchie et al., 2013). Recruitment
4 was led by a community research assistant (RD) through personal relationships and word-of-
5 mouth. Additional recruitment efforts were directed through social media poster advertisements,
6
7
8 and community events in partnership with Fearless R2W.
9
10

11 **Ethics**

12
13
14 The larger study obtained approval from the University of Manitoba Health Research
15 Ethics Board (HREB) HS21878 (H2018:234) and the lead author, received approval for
16
17 secondary data analysis HS24317 (J2020:065). NIDA and Fearless R2W also both entered into a
18
19 formal research agreement with NR, including the provision for a graduate student thesis project.
20
21 All students and research staff, including community research assistant, completed the Tri-
22
23 Council Policy Statement: Course on Research Ethics TCPS (2014), and training under the The
24
25 Personal Health Information Act (2019). All participants provided their individual informed
26
27 consent prior to the commencement of the interview. Each participant received \$50 cash or e-
28
29 transfer honorarium, as suggested by community partners.
30
31
32
33
34

35 The study followed the principles of Ownership, Control, Access, and Possession
36
37 (OCAP®) as designed for research conducted with First Nations (FNIGC, 2014), and TCPS2:
38
39 Chapter 9 of the Tri-council Policy Statement for Research involving the First Nations, Inuit and
40
41 Metis peoples of Canada (Government of Canada, 2019). Given that this research project was
42
43 conducted with an urban, off-reserve community, we also incorporated principles from The
44
45 Urban Indigenous Health Research Gathering report completed in Winnipeg, Manitoba (Morton,
46
47 2019).
48
49
50

51 Fearless R2W and NIDA oversaw the research and granted access to community
52
53 (Morton, 2019). As per TCPS 2 article 9.11 and OCAP, a formal research agreement was signed
54
55
56
57
58
59
60

1
2
3 with NIDA and Fearless R2W outlining each party's responsibilities, plans for analysis, as well
4 as access and ownership of the data. While the data will be stored by NR on the University of
5
6 Manitoba server, Fearless R2W and NIDA will have access to aggregated findings. As per TCPS
7
8 2 articles 9.12-3 we applied a participatory approach to research that strives to benefit the
9
10 priorities of the community. We recognize the diverse interests that exist within communities
11
12 (article 9.6) by interviewing individuals from diverse backgrounds, Elders, as well as interviews
13
14 with small business owners in another sub-study (Quayyum et al, in press). To ensure reciprocal
15
16 transfer of knowledge and skills, a community research assistant was hired as part of capacity
17
18 building (Article 9.14 in TCPS2). The community research assistant led recruitment, and assisted
19
20 with interviewing, revision of the interview guide, and interpretation of data.
21
22
23
24
25

26 **Data collection**

27
28 We collected data through qualitative, semi-structured interviews as this approach
29
30 provides the necessary structure to address the specific questions of the proposed study
31
32 (Seidman, 2006). Prior to all interviews, participants completed a demographic questionnaire to
33
34 describe sample characteristics. The first six interviews were conducted in person at the
35
36 University of Manitoba's Inner-City Social Work Campus, located in the NE neighborhood. Due
37
38 to the COVID-19 social-distancing orders, remaining interviews were moved to over the phone
39
40 with the approval of the Research Ethics Board. In most cases, the research assistant contacted
41
42 the participant and introduced us via email. In minority cases, participants emailed with interest
43
44 to participant to the contact email listed on the recruitment poster. The consent form and
45
46 eligibility questionnaire were sent to participants via email. Once participants confirmed
47
48 eligibility and informed consent, an interview was scheduled. When calling the participants for
49
50 interview we confirmed consent and eligibility verbally once again. The phone interviews were
51
52
53
54
55
56
57
58
59
60

1
2
3 conducted in a 3-way phone call, with the participant, MK, and NR who also audio-recorded the
4
5 interview.
6

7
8 Interviews followed the interview guide, which was iteratively updated following
9
10 ongoing interviews, discussions with NR and input from the community research assistant (RD).
11
12 The community research assistant was present during the in-person interviews. Responses to
13
14 questions were elicited via open-ended questions, and prompts. The interviews were audio
15
16 recorded and transcribed verbatim. During and following the interview, one of the interviewers
17
18 took field notes. The notes consist of general impressions regarding how the interview went, the
19
20 interviewee (e.g. talkative, dress, non-verbal prompts), and impressions of the interview (i.e., did
21
22 it provide new insights) (Seidman, 2006). These notes were used to provide better understanding
23
24 of the participant in the analysis phase.
25
26
27

28 **Data analysis**

29
30 We approached data analysis using a theoretical thematic analysis as outlined by Braun
31
32 and Clarke (2006). This type of analysis provides a rich, detailed account of select aspects of the
33
34 data, rather than a description of the data set as a whole (Braun & Clarke, 2006). When using a
35
36 “theoretical” thematic approach, the researcher’s questions, interests, and theories drive the
37
38 course of analysis (Braun & Clarke, 2006). This approach allowed us to explore questions and
39
40 themes informed by a decolonizing theory. In line with the theoretical thematic method, we
41
42 approached analysis with prior engagement with the literature to relate findings to the theoretical
43
44 framework and published knowledge (Braun & Clarke, 2006). Once data collection was
45
46 completed, we began to conduct *active* and *repeated* readings of the data to identify significant
47
48 patterns and themes (Braun & Clarke, 2006). Following the initial readings, the preliminary
49
50
51
52
53
54
55
56
57
58
59
60

1
2
3 research questions were re-focused. Preliminary analysis began concomitantly following
4
5 interviews, during debriefing, and reflection to capitalize on emerging themes.
6

7
8 Thematic analysis of the transcripts was completed in two steps, first, coding and then
9
10 grouping codes into themes. We organized the data using NVivo 12 Pro software and coded the
11
12 data following both in-vivo and descriptive coding processes. In-Vivo coding is a process
13
14 designed to capture specific words and phrases directly used by the participant during the
15
16 interviews that represent individually coded chunks of data (Saldana, 2011), known as data
17
18 extracts (Braun & Clarke, 2006). Descriptive coding involves synthesizing the meaning within
19
20 each relevant data extract into words or short phrases (Saldana, 2011). All codes were later
21
22 clustered into themes. Together with the community research assistant, themes were finalized
23
24 through a series of discussions. During and following discussions with the community research
25
26 assistant, MK took detailed notes of their ideas and interpretations. The established themes were
27
28 articulated in brief analytic memos outlining the codes constituting each theme, and the
29
30 reasoning behind them (Saldana, 2011).
31
32
33
34

35
36 Braun and Clarke (2006) define a theme as “something important about the data in
37
38 relation to the research question and represents some level of patterned response or meaning
39
40 within the data set” (p. 82). Given the unpredictable nature of qualitative data, what constitutes a
41
42 theme was determined in an inductive fashion following immersion into the collected data. The
43
44 meaningfulness of a theme can be measured both in quantitative terms, such as prevalence,
45
46 and/or qualitative means such as the degree to which a theme captures key information in
47
48 relation to the research questions (Braun & Clarke, 2006).
49
50

51
52 We identified themes on a “latent” level, using a decolonizing lens. Analysis at the latent
53
54 level explores the underlying assumptions, ideologies, structures, and or meanings that underpin
55
56
57
58
59
60

1
2
3 the explicit content articulated by participants (Braun & Clarke, 2006). Approaching analysis
4 through a decolonizing and transformative worldview allowed us to account for the social,
5 structural, and contextual conditions that led to the responses and reaction of individual
6 participants (Braun & Clarke, 2006). We paid particular attention to the language and tone used
7 by the participants relating to the three main components of settler colonialism in the context of
8 SSB and its proposed taxation. By doing so, we bring attention to the extent power, spatial
9 structures, and social norms influence the types of stores and foods that are regularly accessible
10 to the residents of the NE financially, geographically, and socially.
11
12
13
14
15
16
17
18
19
20

21 **Trustworthiness**

22
23
24 Trustworthiness, a parallel concept to the conventional “rigor”, refers to the integrity of
25 the methods used to ensure the quality, usefulness, and meaningfulness of the study’s data and
26 findings (Connelly, 2016). While researchers agree that it is necessary to establish trustworthy
27 protocols for each study, there are no agreed upon criteria set within the qualitative research
28 paradigm (Rolfe, 2006). Depending on the nature of the research, including the study’s
29 theoretical, philosophical, and methodological considerations, the procedures followed will differ
30 (Rolfe, 2006).
31
32
33
34
35
36
37
38
39

40 In order to achieve trustworthiness in this study, the community research assistant
41 conducted a review of the information collected and interpreted, as a form of member-checking.
42 The community research assistant shares a similar context to the participants, as a resident of the
43 NE community who self-identifies as Indigenous, and thus was able to provide a valuable
44 perspective and insight. When using member-checking, researchers often present participants
45 with both raw and analyzed data so that they can comment on the credibility of the data collected
46 and interpreted (Creswell & Miller, 2000). In our case, we presented analyzed data. During this
47
48
49
50
51
52
53
54
55
56
57
58
59
60

1
2
3 process the community research assistant was able to ensure accurate interpretation of the
4
5 language, soundness of the codes and themes generated, as well as whether sufficient evidence
6
7 was used to establish them. The resulting comments and insights were then integrated through an
8
9 iterative process that contributes to the credibility of the findings (Creswell & Miller, 2000).
10
11 Results were also shared with research partners individually and through two community events
12
13 with Fearless R2W (one virtual and one in person) to further receive feedback.
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Confidential

References

- Absolon, K., & Willett, C. (2005). Putting ourselves forward: Location in Aboriginal research. In L. Brown & S. Strega (Eds.), *Research as resistance: Critical, Indigenous, and anti-oppressive approaches*. (pp. 97-126). Canadian Scholar's Press.
- Barker, A., & Lowman, E.B. (2016) *Settler Colonialism*. Global Social Theory. <https://globalsocialtheory.org/concepts/settler-colonialism/>
- Baskin, C., Strike C., & McPherson, B. (2015) Long time overdue: An examination of the destructive impacts of policy and legislation on pregnant and parenting aboriginal women and their children. *The International Indigenous Policy Journal*, 6(1), 1-9. DOI: 10.18584/iipj.2015.6.1.5
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. DOI: 10.1191/1478088706qp063oa
- Canadian Institutes of Health Research (CIHR), Natural Sciences and Engineering Research Council of Canada (NSERC), & Social Sciences and Humanities Research Council of Canada (SSHRC). (2018, December; updated 2020, February 19). *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*. Retrieved May 10, 2021, https://ethics.gc.ca/eng/policy-politique_tcps2-eptc2_2018.html
- Carter, C., Lapum, J. L., Lavallée, L. F., & Martin, L. S. (2014) Explicating positionality: A journey of dialogical and reflexive storytelling. *International Journal of Qualitative Methods*, 13(1), 362-76. <https://doi.org/10.1177/160940691401300118>
- Connelly, L. M. (2016) Trustworthiness in qualitative research. *MedSurg Nursing*, 25(6), 435. <https://link.gale.com/apps/doc/A476729520/HRCA?u=univmanitoba&sid=bookmark-HRCA&xid=2b3a21ab>
- City of Winnipeg. (2018). *City of Winnipeg Indigenous peoples highlights: 2016 Canadian Census*. <https://winnipeg.ca/cao/pdfs/IndigenousPeople-WinnipegStatistics.pdf>
- Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches*. Los Angeles: Sage.
- Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory into practice*, 39(3), 124-130. https://doi-org.uml.idm.oclc.org/10.1207/s15430421tip3903_2
- First Nations Information Governance Centre (FNIGC). (n.d.). *The First Nations Principles of OCAP®*. OCAP. <https://fnigc.ca/ocap-training/>
- Israel, B. A., Schulz, A. J., Parker, E. A., Becker, A. B., Allen, A. J., & Guzman, J. R. (2008) Critical issues in developing and following CBPR principles. In M. Minkler & N. Wallerstein (Eds.), *Community-based participatory research for health: From process to outcomes* (2nd edition, pp. 47-66). Jossey-Bass.
- Israel, B. A., Parker, E. A., Rowe, Z., Salvatore, A., Minkler, M., López, J., Butz, A., Mosley, A., Coates, L., Lambert, G., Potito, P. A., Brenner, B., Rivera, M., Romero, H., Thompson, B., Coronado, G., & Halstead, S. (2005). Community-based participatory research: lessons learned from the Centers for Children's Environmental Health and

- 1
2
3 Disease Prevention Research. *Environmental health perspectives*, 113(10), 1463-71.
4 <https://doi.org/10.1289/ehp.7675>
5
- 6 Jacob, W. J. (2015). Strategies for overcoming linguistic genocide: How to avoid
7 macroaggressions and microaggressions that lead toward Indigenous language
8 annihilation. In W. Jacob, S. Cheng, & M. Porter (Eds) *Indigenous Education* (pp. 127-
9 138). Springer. https://doi.org/10.1007/978-94-017-9355-1_7
10
- 11 Mlcek, S. (2017). Decolonizing methodologies to counter 'minority' spaces. *Continuum*, 31(1),
12 84-92. <https://doi.org/10.1080/10304312.2016.1262104>
13
- 14 Miller, J. R. (1991). *Sweet promises: A reader on Indian-white relations in Canada*. University
15 of Toronto Press.
16
- 17 Minkler, M., & Wallerstein, N. (Eds.). (2008). *Community-based participatory research for*
18 *health: From process to outcomes* (2nd edition). Jossey-Bass.
19
- 20 Morton D. (2019). *The urban Indigenous health research gathering: A report documenting a*
21 *gathering hosted in Winnipeg, Manitoba on urban Indigenous research engagement*.
22 University of Manitoba, Rady Faculty of Health Sciences, Ongomiizwin- Indigenous
23 Institute of Health and Healing.
24 https://www.umanitoba.ca/research/orec/ethics_medicine/media/Indigenous_Health_Research.pdf
25
26
- 27 Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015).
28 Purposive sampling for qualitative data collection and analysis in mixed method
29 implementation research. *Administration and Policy in Mental Health and Mental Health*
30 *Services Research*, 42, 533-544. <https://doi.org/10.1007/s10488-013-0528-y>
31
- 32 Quayyum, F., Bombak, A., Robinson, E., Mann, K., Beck, K., Tait, M., LaPlante, J.,
33 Champagne, M., Dubois, R., & Riediger, N. D. *Canadian Food Studies*; in press.
34
- 35 Ritchie, J., Lewis, J., Nicholls, C. M., & Ormston, R. (Eds.) (2013). *Qualitative research*
36 *practice: A guide for social science students and researchers* (2nd ed.). SAGE
37 Publications Ltd.
38
- 39 Rolfe, G. (2006). Validity, trustworthiness and rigour: quality and the idea of qualitative
40 research. *Journal of advanced nursing*, 53(3), 304-10. <https://doi.org/10.1111/j.1365-2648.2006.03727.x>
41
42
- 43 Saldana, J. (2011) *Fundamentals of qualitative research*. Oxford University Press
44
- 45 Seidman, I. (2006). *Interviewing as qualitative research: A guide for researchers in education*
46 *and the social sciences*. Teachers College Press.
47
- 48 Winnipeg Regional Health Authority (WRHA). (2015). *Point Douglas: community area profile*.
49 Winnipeg, MB: Evaluation Platform. <https://wrha.mb.ca/files/cha-2019-profile-point-douglas.pdf>
50
51
52
53
54
55
56
57
58
59
60