Thinking about Aboriginal KT: Learning from the Network Environments for Aboriginal Health Research British Columbia (NEARBC)

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ABSTRACT

Objective: Creating effective and actionable research has become increasingly important for the health disciplines. Despite greater attention to knowledge translation (KT) in the health research, policy, and professional literature and the mounting need for strategic action to reduce the burden of ill health experienced by Aboriginal people in Canada, little time has been dedicated to understanding KT in Aboriginal health research contexts (Aboriginal KT). The purpose of this study was to explore and discuss the unique qualities of Aboriginal KT.

Methods: An exploratory case study of the Network Environments for Aboriginal Research British Columbia (NEARBC) was undertaken, in which qualitative interviewing with experts associated with the network was conducted.

Results: Four themes were revealed from the analysis of 10 semi-structured qualitative interviews: 1) Definitional debate, 2) "Aboriginal" KT, 3) Doing KT, and 4) KT roles. These themes highlight the definitional complexity, practical confusion, multidisciplinary nature, and lack of accountability related to Aboriginal KT.

Discussion: The information gained from the study participants adds some important insights to the current literature. It also identifies areas where future discussion may help improve the understanding and meaning of KT in Aboriginal health research contexts, as well as its application in practice. The health disparities of Aboriginal people in Canada are a call for action with regards to KT and this study provides some basic information and advice on ways to move the research and policy agenda forward.

Key words: Knowledge translation; Aboriginal health; health research; research network

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The current research demonstrates that Aboriginal peoples in Canada (First Nations, Inuit, and Métis) face unique health challenges. Compared with the general population, they experience higher rates of chronic diseases, higher infant mortality rates, lower life expectancy, and higher incidences of suicide.¹ While research is needed to continue to document and describe the health of Aboriginal peoples as well as test new programs, efforts must be made to translate the knowledge gained from research into improved health and well-being.

Knowledge translation (KT) is the study of ways to bridge the gaps between knowledge and action. While a number of different terms are used interchangeably, including knowledge transfer, research utilization, knowledge exchange, and knowledge mobilization,² the Canadian Institutes of Health Research's (CIHR) mandate for KT and its definitional development of the term has placed great emphasis on this particular term and popularized its use nationally and internationally.³⁻⁵ In addition, academic and non-academic discussions about the importance of KT in the health disciplines have stimulated a growing KT discourse.

Despite increased attention to KT and the fact that one of the thirteen CIHR Institutes is the Institute of Aboriginal Peoples' Health (CIHR-IAPH), there remain a limited number of published studies discussing the meaning and practice of KT in Aboriginal health research.⁶⁻¹⁰ This paper seeks to add to this literature and improve understanding in this area by presenting an exploratory study of KT in an Aboriginal health research context. The results of

this study aim to highlight the complexity of Aboriginal KT (a shorthand used by the authors to refer to KT in Aboriginal health research contexts), but also areas for action. As such, this article is relevant to researchers, trainees, health practitioners, policy-makers, funding agencies, and the public engaged or interested in Aboriginal health.

METHODS

Research design

This research study was designed to gather facts and preliminary information about the concept of Aboriginal KT. To meet this aim, this study employed an exploratory case study approach to address the broad question, "What does knowledge translation mean in Aboriginal health research contexts?" The Michael Smith Foundation-funded Network Environments for Aboriginal Research British Columbia (NEARBC)¹¹ was chosen as the case for this examination because of the network's focus on Aboriginal health research and

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interest in KT, as well as existing connections between the authors and the network (primarily AMK and JLR).

Data collection

Documentation developed and published by NEARBC, as well as NEARBC events and presentations, were observed and reviewed by the primary author (EAE).¹¹⁻¹⁵ The primary form of data collection consisted of qualitative interviews with individuals associated with the network. Eleven questions were used by the same interviewer (EAE) to engage all study participants in a discussion about their experiences and impressions of Aboriginal KT. These questions were structured by the researchers' reading of the current literature, but the use of flexible and adaptive interview techniques^{16,17} enabled participants to control the direction of the interview and, thus, to raise points not posed by the interviewer. The interviewer was acquainted with some of the participants, but did not have strong personal relationships nor hold a position of power or authority that would affect the interviewing process.

The group of 19 people targeted for interviews included the 13 members of the NEARBC Oversight Committee (a diverse group of experts in the field of Aboriginal health), 4 full-time NEARBC staff, and 2 students working for the network. Ethics approval to conduct this research was obtained from the University of Victoria's Human Research Ethics Board (Protocol Number 07220) and from NEARBC.

Participation

Out of this group of 19, 10 volunteered to be interviewed: 6 interviews were conducted in person and 4 by phone (due to availability). The interviews began with a review, discussion, and signing of informed consent and ranged in length from 45 minutes to 1 hour and 30 minutes. Confidentiality agreements stipulated that personal details about the participants (i.e., their Aboriginality) not be collected or shared, but some very broad descriptions about the participants can be provided. Participants were affiliated with one or more of the following four groups: academia, research administration, government, and Aboriginal community organizations. Despite representation from all four groups, the majority of participants described themselves as holding academic or research administration positions.

Data analysis

Interviews were conducted verbally and were digitally recorded. Familiarization and initial analysis of the data was facilitated through verbatim transcription of the interviews by the primary author. Working with the full transcript, the principles of thematic analysis were applied to uncover and organize the rich interview data.¹⁸ As such, codes (interesting features in the data) were identified, analyzed, and compared across interviews as a means to document the emergence of distinct patterns or themes found within the data.¹⁸

RESULTS

Saturation is described in the literature as "the point at which no new information or themes are observed in the data."¹⁹ Upon completion of the 10 interviews, it was clear that saturation had been reached as no new information was being drawn from the data. Coding and grouping of the data through the use of thematic

analysis produced four main themes: 1) Definitional debate, 2) "Aboriginal" KT, 3) Doing KT, and 4) KT roles. These themes are described in detail below.

Definitional debate

"Just defining things and understanding what you are talking about is sort of really, really hard."

Participants identified and discussed five different terms: knowledge transfer, knowledge translation, knowledge exchange, knowledge mobilization, and dissemination. While knowledge translation and knowledge transfer were the most commonly mentioned terms, there was no consensus about what is the "right" term. In fact, participants thought that establishing consensus would not be useful. Instead they thought that pairing terms or using multiple terms would be a more productive way to address the complexity of KT. As one participant explained, this would allow different terms to be used to describe different stages or aspects of the process:

I could draw something out for you where you would have the umbrella idea – knowledge mobilization – and then underneath the umbrella you would have knowledge translation, transfer, and exchange and then under that it would have to be contextual how that worked.

The idea of contextualizing definitions, as this participant alludes to, was widely discussed and was often used to highlight the importance of engaging community members: "it is useful to have people at the community [level] to participate on an ongoing basis and to have an ongoing dialogue."

"Aboriginal" KT

"That is what knowledge translation is about – increasing our mutual understanding of something and communicating well."

The theme "Aboriginal" KT is used to denote participants' descriptions of the unique features of KT in Aboriginal health research contexts; namely, the distinct history and purpose of KT. As many participants explained, storytelling, tattoos, totems, and the role of Elders as carriers and translators of wisdom are traditional methods of KT in Aboriginal communities. Participants explained that incorporating this history into contemporary research projects is both practical (it helps utilize all available skills and resources) and ethical (it involves the individuals and communities it is designed to describe and affect). This ethical argument is also connected to what many participants described as the purpose of KT: "to bring research to Aboriginal communities, who may not have a positive view on research as something that may be positive." Or, as another participant put it, "to repair the reputation of research in communities." As many participants acknowledged, repairing this reputation is difficult and often requires the challenging task of bringing together diverse groups, including researchers, communities, and policy-makers.

Doing KT

"KT is occurring when you are sharing information...electronically, or the sharing of printed materials, or sharing of information verbally. Or when you see a gathering together and it leads off to other results. Action results."

Knowledge translation – its meaning, uniqueness, and purpose – only really begins to make sense when it can be described and understood in practice. But, the question "what does it mean to

‘do KT?’ is not easy to answer. Nonetheless, participants did name what they perceived to be KT products and/or activities, such as: the distribution of informational material; multidisciplinary meetings and gatherings; interactive workshops; and research training initiatives. The defining feature of these products and activities is that they involve knowledge generation, sharing, and/or exchange between researchers, Aboriginal people, and other stakeholders.

KT roles

“Our role [NEARBC]...is as a matchmaker between communities and researchers.”

As a population-based field of health research, it is not surprising that the focus of KT in Aboriginal health is often on research-community collaborations. Despite the benefits of community-based research,²⁰ this approach to research has placed the burden of responsibility for Aboriginal KT on researchers and communities. The problem, as participants explained, is that researchers and community members often do not have the skills, time, or resources to take on these roles. As such, they suggested different ways to conceive of and take on the roles and responsibilities of KT, and discussed the challenges of engaging other stakeholders.

For researchers, taking responsibility for KT often requires changing the way they consider their role, the role of their research, and the way research is framed and perceived in Aboriginal communities. For instance, while researchers are beginning to acknowledge the rich resources that exist in Aboriginal communities, participants suggested that researchers begin to think of themselves as a resource for communities. For communities, the challenge is often time. As participants explained, Aboriginal people and their communities may be interested in research, but research may not be placed as a priority item when there are more urgent crises to deal with. The issue with regards to policy-makers, as perceived by participants, is convincing them of the benefit of their involvement in research and KT and the potential for positive change.

DISCUSSION

This study employed an exploratory case study approach and utilized a unique study population, meaning that its results cannot be extrapolated to other settings without considerable caution.^{21,22} However, one must also be cautious not to discount the rich data that are drawn from exploratory studies and used to generate themes, develop ideas, and make general observations about a topic (such as Aboriginal KT) that is still in its preliminary stages of development. With these issues in mind, the lessons from the study are reviewed below.

The results of this study correspond with the literature but also raise new points about future challenges and opportunities. With regard to the definitional debate, the literature notes that the terms “knowledge transfer”, “knowledge translation”, and “knowledge exchange” are among the most commonly used.² Interviewees confirmed the dominance of these terms (particularly knowledge translation and knowledge transfer) and the presence of complex and confusing definitions. But instead of encouraging consensus (as the literature often does), participants highlighted the importance of deciding on and defining terms at a local level. For them, community involvement and engagement in definitional development not only raises awareness within the community but also helps improve research-community relations. Shifting from a ‘one size

fits all’ approach to KT to a more community-based or context-dependent approach might be a more practical and useful path to suggest for the field of KT at this time.

While this study teaches us that KT varies from community to community, it also reminds us that there are some common features of Aboriginal KT that differ from KT in mainstream health research settings. One obvious one is the involvement of Aboriginal communities. The involvement of end-users in research has been labeled by the CIHR as “integrated KT,” and differentiated from “end of grant KT.”³ End of grant KT is equated with the traditional approach to research dissemination, which focuses on pushing research to end-users through academic venues (i.e., journal publications and conference presentations) as well as through tailored messaging and commercialization.³ Integrated KT, on the other hand, is a “different way of doing research [from the traditional biomedical model],”³ which involves collaboration between researchers and end-users throughout the research process. This collaboration in Aboriginal contexts has both historical and ethical underpinnings,²³⁻²⁸ which make the commitment of researchers to this approach strong and perhaps more developed than in other fields. In Aboriginal health research, the benefits of creating equality between researchers and communities are twofold: first, communities are empowered to take more control over the research, and second, researchers are enabled to do work that is productive (scholastically) and meaningful (contextually). For these reasons, Aboriginal health research may serve as an exemplar for integrated KT.

While the model of integrated KT serves Aboriginal health researchers well, it comes with its own set of challenges. One important issue relates to community costs for participation in KT. Given the human resource challenges facing many Aboriginal communities in Canada, a need exists to integrate KT activities into the funding formulas of national granting councils so that Aboriginal communities receive earmarked funding, comparable to their institutional partners, to cover administrative costs and support workforce development. Another challenge discussed by participants is bringing diverse voices to the table, and getting them to talk to and mutually respect one another. As noted in the literature, engagement with policy-makers, health practitioners, health professionals, and other stakeholders is necessary in order for the use of research to result in changes that improve the health of Aboriginal people in positive and sustainable ways.^{8,29} Engaging a broader community of stakeholders to address the profound gap between the health of Aboriginal people and other Canadians is a critical public health goal for the future.

CONCLUSION

“It is important to create the knowledge, but it is what’s done with that knowledge that is really important at the end of the day.”

The health disparities and inequities of Aboriginal Peoples are a call to action: they demonstrate the critical need for researchers, policy-makers, Aboriginal communities, and other stakeholders to address Aboriginal health issues. In order to use research to improve Aboriginal health, however, it is important to understand what KT means, what it looks like, and who needs to be involved. Thus, this study’s discussion around the question “what is Aboriginal KT?” adds some important insights. It identifies areas for action and suggests the need for discussion around the meaning of Aboriginal KT

as well as its application in practice. For instance, it demonstrates that terms and definitions should be locally developed and contextualized; that researchers and communities need to be supported with financial resources and protected time; that researchers need to rethink their role in communities; that stakeholders need to be included in the KT paradigm; and, that the practice of KT is dynamic, changing and needs to be better identified and understood. It is hoped that readers of this article will ponder the potential contributions of Aboriginal KT and build upon the discussions explored here to further integrate KT into the evolving Aboriginal, and broader population, health research agenda in Canada and abroad.

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RÉSUMÉ

Objectifs : La production de travaux de recherche efficaces et directement applicables est de plus en plus importante pour les disciplines de la santé. On accorde plus d'attention à l'application des connaissances (AC) dans les articles sur la recherche et les politiques en santé et dans les revues professionnelles; d'autre part, on a de plus en plus besoin d'actions stratégiques pour réduire le fardeau des problèmes de santé vécus par les Autochtones au Canada. Pourtant, on s'est peu intéressé à l'application des connaissances dans un contexte de recherche en santé autochtone (« AC autochtone »). Nous avons donc voulu analyser et expliquer les traits particuliers de l'AC autochtone.

Méthode : Étude de cas préliminaire sur le réseau NEARBC (*Network Environments for Aboriginal Research British Columbia*) comportant des entretiens qualitatifs avec les spécialistes associés à ce réseau.

Résultats : Quatre thèmes ressortent de l'analyse des 10 entretiens qualitatifs semi-structurés : 1) Le débat sur la définition, 2) l'AC « autochtone », 3) la pratique de l'AC et 4) les rôles en AC. Ces thèmes soulignent les problèmes de définition, la confusion qui règne en pratique, la nature multidisciplinaire de l'AC et l'absence de responsabilisation liée à l'AC autochtone.

Discussion : L'information fournie par les participants apporte d'importants éclaircissements aux derniers travaux publiés. Elle définit aussi des pistes de discussion pour améliorer la compréhension et le sens de l'AC pour la recherche en santé autochtone, et son application dans la pratique. Les disparités des Autochtones du Canada sur le plan de la santé sont un appel à l'action en ce qui a trait à l'AC, et notre étude contient des renseignements de base et des conseils pour faire avancer les dossiers de la recherche et des politiques.

Mots clés : application des connaissances; santé autochtone; recherche en santé; réseau de recherche