



Abstract Title: Accounting for Indigenous context in population-based oral health intervention studies

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Introduction

High rates of preventable hospital admissions for dental conditions led the Tui'kn Partnership, a health-centered partnership comprised of the five Mi'kmaq First Nations communities of Unama'ki (Cape Breton), Nova Scotia, to engage with researchers to develop community-based health interventions to reduce oral disease and improve overall health for its people. Unama'ki is the birthplace of Two-Eyed Seeing (Author, 2012), the guiding principle for this research that recognizes the benefits of bringing both Indigenous and Western ways of knowing together to create new forms of understanding.

Objective

To identify promising population-based health interventions to improve the oral health of Mi'kmaq people in Unama'ki using a modified realist synthesis review of existing studies.

Methods

- 1) A systematic review of community or population-based studies (2005-2017) undertaken in Indigenous communities was carried out using search terms related to oral health risk factors and disease. Literature sources were identified using eleven databases and strategic hand searching and were screened for relevance and quality by two reviewers.
- 2) Researchers and community stakeholders developed realist questions to explore Indigenous context and influences informative to the research. Questions were applied to included articles' full texts; extracted data was qualitatively examined and coded by two reviewers.

Results

Approximately 12000 titles were identified; 343 abstracts screened, and 24 studies included in the full review. Fifteen oral health promotion interventions (nine with reported findings; six ongoing) were described. Interventions were situated within oral health

impact pyramid categories (Sheiham, 2011) with most addressing education and protective factors. Quality of evidence was weak to moderate.

Most intervention studies provided some description of Indigenous culture and community participation. Community consultation prior to implementation was common and generally informed the intervention. Resource requirements differed amongst interventions and frequently relied on community spaces and personnel despite community time and resources being recognized as constraints. Intervention sustainability was infrequently discussed. When it was noted, authors often simply recommended that the intervention continue.

Conclusion

Community engagement is variously described but typically advisory in nature. Foundational Indigenous philosophies were sometimes identified yet it is not clear whether Indigenous perspectives inform community ownership of interventions. Details to highlight the integration of Indigenous epistemologies were largely absent and interventions follow primarily from conventional western-based health approaches. It is also possible that journals ascribing exclusively to hypothesis driven research create limitations for reporting community-based research that meaningfully integrates Indigenous ways of knowing as the basis of new forms of understanding.

References

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