Contextualization of socio-culturally meaningful data

Dear Editor:

Re: Christopher J. Ryan, et al. The correlates of current smoking among adult Métis. *Can J Public Health* 2015;106(5):e271–e276.

I would like to comment on an aspect of this interesting paper, namely the following:

"Contrary to the significant negative association between spirituality and smoking, we found that adult Métis who spoke an Aboriginal language or lived in a household where an Aboriginal language was spoken were more likely to be current smokers, independent of the covariates included in the analyses. …. The relationship between Aboriginal language and current smoking might be explained by social factors not captured in the models. Among possible directions for future research, qualitative studies using focus group methodology could help to contextualize the relationships among spirituality, Aboriginal language and current smoking among Métis."

I'm writing in support of such focus groups/discussion circles, and would like to respectfully suggest that these be included as part of the protocol in statistical analyses such as this one. The meaning of these relationships between smoking and spirituality and Aboriginal language is clearly beyond the frame of reference of this epidemiological study. Rather than suggesting a future direction of research (always seen as self-serving from the funders point of view), the interpretation of research findings through community contextualization should be built into the study protocol. If this were a study where primary data were collected in a collaborative research project, the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS-2, 2014), through its Chapter 9 (Research Involving the First Nations, Inuit and Métis Peoples of Canada) would have required Aboriginal community involvement in the interpretation of data (Article 9.17). However, there is no specific requirement for such community involvement in the secondary analysis of de-identified data, as is the case here. Article 9.21 does state, however, that "where the information can be identified as originating from a specific community or from a segment of the Aboriginal community at large, seeking culturally informed advice may assist in identifying risks and potential benefits for the source community." In retrospect, therefore, it would have been worthwhile to have engaged experts with the requisite contextual knowledge – Métis community knowledge holders, in this case – to guide the data interpretation. Such a step would surely have enriched this study.

As it is, without contextualization and validation from community knowledge holders, the conclusion that "interventions aimed at reducing smoking among adult Métis might be more successful if they include some connection to spirituality," which the authors boldly make, is no more valid than a conclusion they might equally have made, based on their data, that interventions aimed at reducing smoking should include efforts to reduce the use of Aboriginal language. There is nothing to suggest that authors are qualified to make such conclusions in the absence of culturally informed and contextualized interpretation of the data.

TCPS-2, Chapter 9 is open to interpretation, and its requirements on the secondary analysis of de-identified data should be clarified. I have written on this topic before (CIHR Institute of Aboriginal Peoples' Health Newsletter, Sept 2012 http://www.cihr-irsc.gc.ca/e/46027.html#a1). In my view, an appropriate form of engagement for this type of research would be to form an Aboriginal advisory group, inclusive of people relevant to the group whose data are being analyzed. Beyond this, however, I encourage researchers, as well as granting agencies and journals, to consider the *added* value to their research of consultations with relevant communities around interpretation of data with socio-cultural and historical meanings. Statistical analyses need to be contextualized: it's expected, for example, to consider whether changes in parameters such as blood pressure are clinically meaningful, and not just statistically significant. Contextualization should also be the norm with data that are socio-culturally meaningful; an expert interpretation should be sought, and there's none more appropriate than the expertise offered by knowledge holders in the relevant community.

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