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RETRAC: Research Progress and Preliminary Knowledge Synthesis Findings

Introduction

This edition of the Research on Non-Traditional Tobacco Reduction in Aboriginal Communities (RETRAC) newsletter includes an update on research being conducted with exemplar communities and community-based research with Aboriginal communities in Ontario. Emerging findings from the project's knowledge synthesis are also presented. An introduction to the project, which includes a description of all research activities, is described in an OTRU Update released in January 2015.¹

Background

In October 2014, OTRU together with Well Living House at the Centre for Research on Inner City Health began working on a research project that studies how non-traditional tobacco use in the contexts of Aboriginal communities (including First Nations on-reserve and urban Aboriginal communities in Ontario) can best be addressed through interventions. More specific project goals include:

- Identify effective non-traditional tobacco reduction initiatives
- Share non-traditional tobacco reduction strategies
- Develop community-based non-traditional tobacco reduction initiatives.

This project is being conducted in collaboration with the Aboriginal Cancer Unit at Cancer Care Ontario and is funded with a grant from the Ontario Ministry of Health and Long-Term Care. RETRAC's Knowledge Exchange Advisory Committee, which includes community-based partners, a project Elder, and other partner organizations, guides and advises on all aspects of the research process, including knowledge exchange and transfer activities.

Research Progress

Exemplar Communities

In collaboration with community partners, we have identified four Indigenous communities to date that have shown success in reducing non-traditional tobacco use. In these communities, which are located in Canada (1), the United States (2) and Australia (1), we are paying special attention to how communities have been engaged in non-traditional tobacco reduction interventions.



RETRAC team members and community peer researchers are talking with local knowledge keepers, program managers and other community members to learn how and why these community initiatives have been effective. Community engagement includes site visits, interviews and/or group discussions.

Community-Based Research with Aboriginal Communities in Ontario

Building on existing relationships through Cancer Care Ontario and Well Living House, six community research agreements representing seven Aboriginal communities in Ontario have been established. This includes First Nations (6) and Inuit communities (1), reflecting on and off-reserve, urban and rural contexts. In each of the seven communities, peer researchers are receiving training to conduct research activities. Research methods identified by communities (i.e., exploratory qualitative interviews, talking circles and/or brief community surveys) will contribute to learning about unique contexts and patterns of non-traditional tobacco use locally, as well as how and why past and current initiatives have been more or less effective. Community peer researchers, together with RETRAC team members, will conduct data collection in summer 2015. In fall 2015, communities will have the opportunity to reflect on knowledge learned through local research, from exemplar communities and the knowledge synthesis to design their own non-traditional tobacco reduction initiatives.

Knowledge Synthesis and Analysis

There is limited published research that systematically explores the effectiveness of interventions designed to reduce non-traditional tobacco use in Indigenous populations globally. We have completed an initial knowledge synthesis to begin to address this knowledge gap. This knowledge synthesis contributes to the literature in the following ways:

1. Provides an international analysis of non-traditional tobacco control interventions for Indigenous people.
2. Considers a variety of outcome measures, including change in community readiness, prevalence, consumption, quit rates, initiation, knowledge and smoke-free environments.
3. Provides a focus on community-level change.
4. Explores the ways that services and programs reflect Aboriginal self-determination or, “the incorporation of Indigenous beliefs, knowledge and skills at the centre rather than at the margins of Indigenous health policy, programming and service delivery.”²

We present a brief overview of initial findings from the knowledge synthesis. The knowledge synthesis is ongoing, and will be updated over the next year to incorporate any new literature.



Intervention Descriptions

Of the 87 items included in this review, 65 were from peer-reviewed journals and 22 from grey literature sources. These items represent 73 distinct interventions that aimed to prevent (30), reduce (23) or stop (42) the use of non-traditional tobacco. Fewer studies focused on limiting physical and social exposure (9) and access and availability of non-traditional tobacco (2).

The majority of interventions were located in Indigenous communities in the United States of America (25) and Australia (23). Additional interventions were in Canada (14), New Zealand (8), Fiji (1), Taiwan (1) and Australia and New Zealand (combined) (1). A number of diverse Indigenous groups were represented across interventions.

Communities were involved in these studies in several ways. Interventions were either community-directed (14) (both organized and implemented by Indigenous researchers, practitioners or community-members) or community-led (14) (implemented by Indigenous peoples but organized by Indigenous and non-Indigenous researchers together). Twenty-one other interventions were organized and implemented in partnership by either Indigenous or non-Indigenous people. Nine interventions were organized and implemented as mainstream health services, whereas federal governments implemented and organized a further six interventions.

Select Findings

Our investigation explored the effects of individual, community and legislative interventions on changes in the initiation, consumption and quit-rates of non-traditional tobacco use as well as changes in knowledge and prevalence of non-traditional tobacco use, community readiness and smoke-free environments. While the impact of these interventions was diverse, many led to desired changes in each of the outcomes; the only exception was no change in prevalence rates in communities in Australia and New Zealand.

There was preference for 'within the community' messages and activities that incorporated culturally appropriate icons and symbols and were relayed by members of the target community. Interventions appeared to be most effective when local protocols were acknowledged and ceremony adhered. For example, many program organizers relied on the guidance and knowledge of community Elders in creating and implementing their interventions. This relationship was an important way to honour local protocols and Aboriginal self-determination.

Challenges to implementation identified in the articles included: lack of dedicated or delayed funding, difficulties in recruitment and retention of participants, travel constraints and the distance to intervention sites, a lack of interest, concerns about stigma and onerous consent processes.



Summary

This knowledge synthesis shows that a variety of interventions can lead to positive changes in reductions in and protection from non-traditional tobacco use in Indigenous communities. Successful interventions cultivated meaningful relationships with community members, provided access to culturally appropriate health care and engaged with and grounded its work in cultural protocol and practice.

Applied Health Research Questions

This project provides the opportunity to address questions from health system policy makers or providers (Knowledge Users) through an Applied Health Research Question process. An Applied Health Research Question (AHRQ) can be posed to obtain research evidence to inform planning, policy and program development. As a Research Provider, we look forward to working with you to identify and address knowledge needs for the development of effective non-traditional tobacco control programs for Aboriginal communities in Ontario.

Three Types of Research Provider Responses

1. **Rapid response:** Preliminary information in one week or less providing a “first blush” response, e.g., expert opinion on relevant systematic reviews, articles or reports on a given policy topic.
2. **Research report or technical brief:** Approximately 4-8 weeks of work to quickly synthesize the research evidence on a given topic. The final product could be a presentation or report. Upon conclusion of the AHRQ, the researcher will complete the AHRQ Summary of Findings Form which will be disseminated broadly.
3. **Research project:** Where it has been confirmed that new knowledge must be generated i.e., existing knowledge is not sufficient for planning or policy development requirements, new research projects will be initiated. The duration may be months, or years, depending on the project. For longer-term projects, it is expected that some information will be provided within the funded fiscal year

For more information about initiating an AHRQ request, contact Dr. Robert Schwartz:
robert.schwartz@utoronto.ca or 416-978-3901.

References

- ¹ *Research on Non-Traditional Tobacco Use Reduction in Aboriginal Communities*. OTRU Update. Toronto, On: Ontario Tobacco Research Unit. January 2015.
- ² Smylie JK. Knowledge Translation and Indigenous Communities: a Decolonizing Perspective. In Banister EM, Leadbeater BJ, Marshall AE. *Knowledge Translation in Context: Indigenous, Policy and Community Settings*. Toronto, ON. University of Toronto Press; 2011: 194-213.



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The Ontario Tobacco Research Unit is recognized as a Canadian leader in tobacco control research, monitoring and evaluation, teaching and training and as a respected source of science based information on tobacco control.



Well Living House

The Well Living House is an action research centre that's focused on Indigenous infant, child and family health and well-being. At its heart is an aspiration to be a place where Indigenous people can come together to gather, understand, link and share best knowledge about happy and healthy child, family and community living.

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The views expressed in this newsletter are the views of the Ontario Tobacco Research Unit and do not necessarily reflect those of the Province of Ontario.

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