



RETRAC: Knowledge Forum Summary

Introduction

Welcome to the second edition of the RETRAC newsletter. Our last edition presented preliminary findings from the project's knowledge synthesis.¹ In this newsletter, we provide a summary of the RETRAC Knowledge Forum.

RETRAC: Knowledge Forum

On October 15 and 16, 2015, the RETRAC team hosted a Knowledge Forum at the Native Canadian Centre of Toronto. The team included the RETRAC Forum's Knowledge Keeper, Pauline Shirt, and members from the Well Living House, the Ontario Tobacco Research Unit and the Aboriginal Tobacco Program at Cancer Care Ontario.

The goal of the RETRAC Knowledge Forum was to provide a safe space for participants to learn, share and develop new knowledge about addressing commercial tobacco use in their communities. It also provided the opportunity for capacity building and networking, including broadening existing knowledge networks among First Nations, Inuit and Métis communities.

Who Attended?

About 40 people participated in the knowledge forum, including representatives from RETRAC's seven community partners that were engaged in their own community-based research; a representative from an Exemplar Community, White Earth Nation in Minnesota; representatives from Provincial Territorial Organizations; and from additional First Nations, Inuit and Métis organizations; Ontario government stakeholders and Smoke-free Ontario stakeholders.

What Happened?

Presentations

Through individual presentations, panel presentations and small group and informal discussions, participants had a chance to:

1. Learn about the RETRAC project and findings from the knowledge synthesis
2. Learn from 'exemplar community' commercial tobacco reduction programs in White Earth Nation, Minnesota, United States and Southeast Queensland, Australia (Deadly Choices)
3. Share and learn about community research findings and communities' ideas for commercial tobacco reduction strategies



4. Hear from a panel of Indigenous presenters about Indigenous tobacco use, the Aboriginal Tobacco Program at Cancer Care Ontario and lessons learnt from established Indigenous tobacco control programs in the United States of America and Australia
5. Network and build relationships around commercial tobacco reduction and traditional tobacco teachings.

Roundtable

The final activity of the forum included a roundtable discussion, where participants shared what they would be taking away with them and what they would be offering the circle. Many described the knowledge they would be taking back to their communities. This included:

- The importance of collaboration, community ownership, multi-component approaches as well as understanding and addressing the main reasons for why people smoke (i.e., colonization, stress, discrimination, racism, etc).
- Mutual learning is needed; it is time for mainstream services to learn about Aboriginal ways.
- Strategies (i.e., community gardens) and the work that communities are doing to increase traditional tobacco use and reduce that of commercial.
- The need for resources at the community level (e.g - full-time position, training opportunities, capacity building, etc).

Knowledge Forum participants expressed a range of emotions and feelings, including gratitude for their involvement in the Forum, to project Elders, for new relationships and a renewed sense of commitment. Forum participants also shared a range of emotions and feelings they were taking back to their communities. These included: inspiration, hope for more community involvement, fascination with innovation and collaboration, feelings of support, passion, excitement and pride as well as trust in young Indigenous participants.

Most participants offered an open invitation to stay in touch, collaborate, to build relationships and partnerships, and for friendship. Respect, commitment, tobacco seeds, and resource-sharing were also offered. Participants also shared some advice and words of wisdom, noting the importance of listening (we have two ears for listening and only one mouth for speaking for a reason) and that creating an opportunity for an Indigenous person to tell their truth is healing in itself.

Summary

The Knowledge Forum emphasized that while commercial tobacco reduction has been identified as a key priority across Aboriginal communities, there has been a general absence of community-based projects. Mainstream health programs do not always work best for First Nations, Inuit and Métis communities, and



knowledge forum participants reemphasized the need for community-led strategies and community-level resources and positions to address commercial tobacco use. The diversity of Aboriginal communities also emphasizes the need for tailored programs and services. Community ownership is an important predictor of program success and it is also important that program outcomes are community-generated. Strengthening and restoring relationships to traditional tobacco was considered an important strategy for a number of communities where tobacco is sacred. Continued community-based research to address and understand the root causes of commercial tobacco use in First Nations, Inuit and Métis communities was highlighted by forum participants.

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 *RETRAC: Research Progress and Preliminary Knowledge Synthesis Findings*. Project Newsletter. Toronto, On: Ontario Tobacco Research Unit. July 2015.



RETRAC Project Team

- Dr. Robert Schwartz, Executive Director, Ontario Tobacco Research Unit
- Dr. Janet Smylie, Director, Well Living House
- Dr. Michelle Firestone, Research Lead, Well Living House
- Jennisha Wilson, Research Coordinator, Well Living House
- Dr. Raglan Maddox, Postdoctoral Fellow, Well Living House
- Tracey Borland, Research Officer, Ontario Tobacco Research Unit

Newsletter Production

Sonja Johnston

Contact Information

Robert Schwartz
Ontario Tobacco Research Unit
Dalla Lana School of Public Health
University of Toronto
155 College Street, Unit 530
Toronto, ON
M5T 3M7
Telephone: 416-978-3901
robert.schwartz@utoronto.ca



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.

Acknowledgments

We express our gratitude to Clayton Shirt and Pauline Shirt, our KEAC and Knowledge Forum Knowledge Keepers for their guidance and wisdom. We also express thanks to our seven community partners, the Aboriginal Tobacco Program at Cancer Care Ontario and to members of RETRAC's Knowledge Exchange Advisory Committee (KEAC) for their time, hard work and support throughout the RETRAC project.

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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