THE ONTARIO TOBACCO RESEARCH UNIT
UNITÉ DE RECHERCHE SUR LE TABAC DE L'ONTARIO
Generating knowledge for public health

OTRU Update

January 2015

Research on Non-Traditional Tobacco Use Reduction in Aboriginal Communities

The prevalence of non-traditional tobacco use among First Nations both on reserve and off-reserve, Inuit and Métis populations in Canada is significantly higher than the general population. High rates of smoking have a significant impact on high rates of chronic disease among Ontario Aboriginal communities.

Key Message: OTRU and partners are studying which interventions best address non-traditional tobacco use in both First Nations on-reserve communities and urban Aboriginal Communities in Ontario.

OTRU together with the Well Living House at the Centre for Research on Inner City Health (CRICH) is studying how non-traditional tobacco use in the unique contexts of Aboriginal communities (including both First Nations on-reserve communities and urban Aboriginal communities) in Ontario can best be addressed through interventions. This project is being conducted in collaboration with the Aboriginal Cancer Unit and Cancer Care Ontario (CCO).

Research Activities

To determine which initiatives are most effective in reducing uptake and prevalence of non-traditional tobacco use among Aboriginal populations in Ontario, we are conducting a knowledge synthesis of tobacco control interventions with Indigenous peoples worldwide, an analysis of evidence from this synthesis, and primary research.

1. Knowledge Synthesis: Our knowledge synthesis, which incorporates a realist review, examines a variety of tobacco control interventions in a broad range of Indigenous communities, including those that limit physical and social exposure, interventions that limit access to and availability of commercial tobacco, and prevention and cessation initiatives.
2. Analysis of Synthesis: We will analyze evidence from studies identified in the synthesis to assess applicability to the demographic, non-traditional tobacco use and cultural contexts of Ontario's Aboriginal communities, and identify gaps in knowledge needed to develop interventions for Ontario.

3. Primary Research:
    a. Exemplary Communities: We will engage 5 Indigenous communities around the world that have demonstrated success in reducing non-traditional tobacco use and in establishing high levels of access and community engagement in tobacco reduction interventions to more fully understand how and why initiatives identified through knowledge synthesis and analysis have been effective.
    b. Ontario Communities: We will identify 7 Aboriginal communities in Ontario, including both First Nations on-reserve and urban Aboriginal communities, to learn about unique tobacco use contexts to understand the context and patterns of tobacco use and how and why past and current initiatives have been more and less effective.
    c. Knowledge Forum: We will convene a Knowledge Forum to generate new knowledge through sharing of experiences and ideas. The Forum will facilitate shared understanding, communication, a culture of innovation and change, and networking that will build capacity and broaden existing knowledge networks
    d. Designing Tailored and Effective Interventions: Seed money and research based support will be provided to the 7 Aboriginal communities in Ontario to develop effective initiatives tailored to each unique community context. These interventions will be informed by the evidence from the knowledge synthesis and analysis and primary research in both exemplary and partner Aboriginal communities in Ontario.

Knowledge Translation and Exchange

Knowledge translation and exchange (KTE) is intrinsic to the research design through the participatory action research approach and the active involvement of Indigenous community representatives, public health and tobacco control stakeholders, and decision makers in research activities.

The core KTE strategies include:

1. Active ongoing participation by Aboriginal community representatives, including Elders, community leaders, and a community peer researcher from each of the 7 Ontario communities. These community members will collect and interpret data, as well as design tailored evidence based interventions for their local contexts.
2. A Knowledge Exchange Advisory Committee (KEAC), which will inform research design, data collection, interpretation and dissemination. The KEAC will be made up of representatives of Aboriginal Cancer Unit at CCO, other provincial and regional and Aboriginal community organizations, and the 7 Ontario community partners.

Opportunities to Address Additional Research Questions (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.

What AHRQ Responses Can Provide to Knowledge Users

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 or 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 a 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.