



March 2016

RETRAC: Sharing Experiences and Knowledge Synthesis Update

Welcome to the third edition of the RETRAC newsletter. In this edition, we:

- Hear from a community peer researcher about their RETRAC experience
- Highlight a key article found in RETRAC's 2015 Knowledge Synthesis
- Speak with two guest Indigenous health researchers about their experiences working to improve Indigenous health and address commercial tobacco use in Australia
- Meet the new Manager of the Aboriginal Tobacco Program at Cancer Care Ontario

Sharing Experiences: Christine Lund

Over the last year and a half, Peer Researchers have been studying commercial and/or Sacred Tobacco in their communities and developing commercial tobacco reduction strategies. Below, Christine Lund, Peer Researcher from Tungasuvvingat Inuit, shares a bit about herself and her RETRAC experiences.

[Please share with our readers a few words about yourself and your community.](#)

My name is Christine Lund. I am dynamic team player with over twenty five years' experience in various service, program and research fields. I have been with Tungasuvvingat Inuit since August of 2004, twelve years of experience with the Inuit community of Ottawa in front line services.

I am an aboriginal woman of the Abenaki tribe from Eastern Quebec. Having grown up in Iqaluit NU, I have a close connection to the Inuit culture and traditions.



Tungasuvvingat Inuit

I learned the traditions and customs of Inuit at the knees of respected and revered Iqaluit elders. I have in-depth knowledge and experience in event and program management and knowledge of activities grounded in Inuit traditions. My creativity and ability to adapt to the changing needs of the Inuit community and to TI has created an opportunity for putting my experience into practice to form clear insights and informed decision making for community betterment.



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What is your most significant memory of working on the RETRAC project?



Tungasuvvingat Inuit's Christine Lund (Project Coordinator and RETRAC Peer Researcher) and Jason LeBlanc (Executive Director) at the RETRAC Knowledge Exchange Advisory Committee (KEAC) meeting in March, 2016.

This past year working with the RETRAC team has been a wonderful experience. The team was respectful and responsive to the unique needs of the Inuit of Ontario. I have made some lasting bonds with researchers across Ontario. In addition, I had the privilege of working with Susanne Singoorie (Elder) on the RETRAC project. Singoorie lived much of her life in Pond Inlet in Nunavut. She knew a lot about Inuit traditional methods (ways) as she lived by them for a large portion of her life. Until 1940 she lived with her husband in a sod house. Through life's many turns, Singoorie saw her life change from living in her sod house out on the land to an apartment on the 8th floor here in Ottawa. Through her journey through time she saw the swift change in Inuit lives and lived through many traumatic experiences with changes brought by traders, missionaries, RCMP and Education. Singoorie celebrated her 87th birthday this year. She was a well-respected Elder in our community and her knowledge and teachings were invaluable to us all. We had to pay

our last respects to Singoorie on August 6th of this year, when she passed away in her hometown. She will be missed by the community and her knowledge and wisdom will be forever held in our hearts.

What might be some next steps around commercial tobacco reduction in your community?

The short term goal of this project is to get the community thinking about tobacco reduction and cessation. There has been a 5 year gap in services for tobacco cessation projects and activities so our initial goal was to relink the community to the thoughts, and to review where the community stands given the time. Although our current smoking is still higher than most communities, the amount of cigarettes consumed has decreased. Many are linking the usage of tobacco and cigarettes to root causes of trauma. With the passage of time, people are moving towards addressing their root causes of trauma, and taking control of their lives. This includes letting go of vices such as cigarette smoking.

Our medium-term goal is to research further into the introduction of tobacco in our community. To discover the origins and how it was introduced. Exploring questions about trade, currency, dependency, social norms historically.

Our long-term goal is to pull all this information together to form an Inuit specific tobacco reduction strategy that addresses not only the current usage but historic usage, trauma, empowering our community to move the use of tobacco back to a place where it is addressed as a "habit" rather than as a coping tool for historic activities, empowering Inuit to overcome their usage of tobacco through traditions, cultural values and reclaiming social norms - a norm where Inuit don't smoke.



What's your favorite holiday/vacation destination or form of self-care?

I am an outdoors person at heart and celebrate Mother Nature in all she has to offer. I enjoy hiking, camping, swimming in natural waters (particularly the ocean) and enjoy back to basics of living – whether that be weaving, cooking with local products, gardening or creating crafts.

RETRAC Knowledge Synthesis Update: 2015



The RETRAC team repeated the knowledge synthesis/literature review that was conducted in 2014¹ to understand what has helped to reduce commercial tobacco use in Indigenous communities around the world. We came across five new reports/articles that met the study's inclusion criteria.^{2,3,4,5,6} Below, we profile a Māori smoking reduction/cessation program that was found in the 2015 literature search.

Aukati Kai Paipa

Aukati Kai Paipa is a smoking reduction/cessation program tailored to Māori women and their Whānau (extended families). Aukati Kai Paipa was piloted at seven health providers in a variety of locations in Aotearoa /New Zealand from 1999-2000. Interventions were tailored to community context, but generally consisted of free NRT (4-8 weeks) and counselling delivered by Māori quit coaches in Māori health settings. Counselling was offered frequently up to 12 weeks, and then monthly for up to 1 year.

Māori quit coaches were female, community/social workers, who were well known, active participants in their communities. They received training from a Māori training provider. A Māori steering committee advised on program development and roll-out and there were regular meetings between the 7 pilot providers.

Aukati Kai Paipa reached +3200 participants and helped participants reduce, quit and create smoke-free environments. The evaluation of Aukati Kai Paipa also found that the program was cost-effective and outlined many reasons for why it worked well. The program was considered acceptable by Māori women and their Whānau because it was accessible and culturally relevant. It was considered culturally-safe, and in line with Māori culture and values and effective as per the He Taura Tieke framework for measuring effective services for Māori. Service providers were an important part of the program. Ideal characteristics of service providers included:

- Māori identity
- Smoke-free
- Well known in the community
- Have a relevant background (i.e., health, social work), yet a wide range of skills and experience



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The evaluation also recommended having a core team of at least three quit coaches and a full-time coordinator per site. Other factors important for program success included:

- Tailoring to local need
- Accessibility and flexibility of services
- Offering intensive, long-term support and at least 8 weeks of free NRT
- Operating in a holistic health/social service, Māori setting
- Smoke-free environment approach
- Adequate administrative support

Aukati Kai Paipa is still offered today in many communities across Aotearoa. You can find out more by searching the internet, or by going to the following resources:

Website: <http://www.aukatikaipaipa.co.nz/>

Evaluation report: *Evaluation of a Culturally Appropriate Smoking Cessation Programme for Māori Women and their Whānau*

RETRAC at the National Conference on Commercial Tobacco or Health

On March 2nd, 2016, RETRAC team members, including Mallory McCormick and Amy Boyer (Batchewana First Nation), Christine Lund (Tungasuvvingat Inuit) and Jennisha Wilson, (Well Living House) presented at the National Conference on Commercial Tobacco or Health, as part of a 90-minute session called *Indigenous Commercial Tobacco Reduction Programs and Strategies*. The session went really well and the audience had many questions for the presenters. Congratulations everyone!



Jackie Moore (Aboriginal Tobacco Program) Mallory McCormick (Batchewana First Nation) and Tracey Borland (Ontario Tobacco Research Unit) travelling to the National Conference on Commercial Tobacco or Health in Ottawa.

RETRAC Webinar

On March 29, 2016 over 80 participants tuned in to hear RETRAC team members, including Paula Broeders (Kenora Chiefs Advisory/ Ve'ahavta) and Christine Lund

(Tungasuvvingat Inuit), talk about research findings as part of a webinar called *Commercial Tobacco Reduction in Aboriginal Communities: Community Driven Research and Strategies*. The presentation was hosted by the Aboriginal Tobacco Program at Cancer Care Ontario, with technical support from the Program Training and Consultation Centre.



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Sharing Experiences: Dr. Ray Lovett and Jan Chapman

The RETRAC Knowledge Exchange Advisory Committee (KEAC) welcomed Dr. Ray Lovett and Jan Chapman, Indigenous Health Researchers in Australia, to their March 2016 meeting. During the meeting, Ray and Jan graciously shared a bit about themselves as well as knowledge and experiences about addressing commercial tobacco use among Aboriginal and Torres Strait Islander Peoples.

Dr. Ray Lovett

Please share with our readers a few words about yourself and your community. Who's your mob and where do you come from? What's your passion?

Wongaibon (Ngiyampaa), far west New South Wales. Utilising the power of data to highlight resource requirements and achievements in Indigenous health.

What is your current role and what type of work do you do?

Researcher with the National Centre for Epidemiology and Population Health, ANU [Australian National University]. Cohort study development is my current primary work.

What are some important findings from your work and/or community experiences around improving health or reducing tobacco related health harms for Aboriginal and Torres Strait Islander populations?

Large policy changes including plain packaging have the power to affect change in Aboriginal populations in Australia, particularly among our young. Importantly, most Aboriginal smokers in Australia (70-80%) do not want to smoke. While the absolute smoking rates in the population are high, we are making significant inroads in cessation and reducing uptake in commercial tobacco use.

What's your favorite holiday/vacation destination?

My home country (Ngiyampaa). Reminds me of where I come from and reinforces my identity.



Dr. Ray Lovett

Jan Chapman

Please share with our readers a few words about yourself and your community. Who's your mob and where do you come from? What's your passion?

My people are Taungurong people, also known as the Daung Wurrung, they are comprised of thirteen clans and originate from south of Victoria, Australia. My passion is to help improve conditions for Indigenous people.



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What is your current role and what type of work do you do?

I work as a Project Manager with Dr. Ray Lovett on a large Aboriginal and Torres Strait Islander wellness cohort study at the National Centre for Epidemiology and Population Health, Australian National University. I also work at the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) as a Projects and Governance Officer.

What are some important findings from your work and/or community experiences around improving health or reducing tobacco related health harms for Aboriginal and Torres Strait Islander populations?

We know that there is no silver bullet to reducing commercial tobacco use. However, there are a range of programs, policies and strategies that can help support and facilitate smoke-free behaviours, particularly preventing commercial tobacco uptake among our young people.

Community members know their community best, and should be empowered and supported in providing wise, culturally and socially appropriate, programs and policies to prevent, reduce and cease commercial tobacco use and subsequently, preventable tobacco related death and disease.

What's your favorite holiday/vacation destination or form of self-care?

I enjoy being with family as this is my source of wellbeing. I can't say it's always relaxing though ☺



Jan Chapman and Ray Lovett exploring Niagara Falls, March 2016



Meet Cancer Care Ontario's new Aboriginal Tobacco Program Manager

In December, we welcomed Jackie Moore, Aboriginal Tobacco Program Manager, to the RETRAC team. It has been a pleasure working with Jackie over the last few months and we look forward to working together in the future.

Please share with our readers a few words about yourself and your community.

I am Cree and I was born and raised in Constance Lake First Nation in northern Ontario. My community is Oji-Cree, a mix of Ojibway and Cree. I grew up in a family of eight. My mother was a full-time mother who turned educator once her last child became old enough to attend school. She then attended adult education and completed her elementary and secondary education within four years and then went on to post-secondary learning to become a Native Language teacher. She started her teaching career when she was 40 years old. She was and continues to be an avid promoter and protector of the Cree language.

My mother is my role model in the same way as I am now, a role model for my two daughters. I am an educator and teaching has been my passion. My teaching career spanned from Kindergarten to grades one to grade eight to post-secondary education. After 16 years of elementary teaching I taught at the Faculty of Education at Queen's University and at the same time was the Coordinator of an Aboriginal Teacher Education community-based program. Besides a career in teaching, I have been involved in virtually every aspect of education as (curriculum developer, program developer, advisory roles, research capacity roles, program head and evaluator of programs).

Now, I am in the field of health and this field is not that much different from the work I did in education. The focus is still on improving lives of First Nations, Inuit and Métis nations and informing the wider public of our history and current lives.



What is your current role and what type of work do you do?

I am currently the Manager of the Aboriginal Tobacco Program. This program falls under the mandate of the Aboriginal Cancer Control Unit, Cancer Care Ontario. I oversee the operation of the tobacco cessation, prevention and protection program for the Aboriginal population across Ontario. The program has three Tobacco-Wise Leads who conduct Tobacco-Wise campaigns and workshops across the province. The work that we do is associated to health/education promotion and awareness.

Can you tell us a bit about the Aboriginal Tobacco Program at Cancer Care Ontario and its importance to community health and commercial tobacco reduction?

The Aboriginal Tobacco Program aims to reduce the high smoking rates amongst the Aboriginal population by enhancing the Aboriginal community's knowledge skills, capacity and behaviour by



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delivering programming that is aligned with the Smoke-Free Ontario (SFO) Strategy. Its primary goal is to build capacity towards Tobacco-Wise First Nations, Métis and Inuit (FNIM) communities among both FNIM and non-FNIM policy-makers, health care administrators and health and social care providers.

The program is uniquely suited to deliver services and resources to FNIM communities and to non-Aboriginal organizations through its ability to access and coordinate a culturally-based, sensitive knowledge system. ATP works to build and foster an atmosphere of mutual respect, co-operation and trust with Aboriginal and non-Aboriginal service providers, organizations and communities through education awareness and by honoring the grounded approaches of each FNIM nation. The ATP website (www.tobacchowise.com) demonstrates the acknowledgement and understanding of the diverse needs of the Aboriginal population through the creation of dedicated resource links that reflect each nation. Resources and delivery are distributed to honor each group and context.

Can you explain how the RETRAC project might be of use to the Aboriginal Tobacco Program?

The RETRAC project informs our program by providing the insights of where our efforts should be concentrating. The RETRAC project also informs us on the “best practices” utilized by our neighboring Indigenous nations that can be shared with the communities we work with. One community felt that there is a need to put greater effort in the policy making and protection and this has prompted our program to examine ways by which this can be assisted to communities.

What’s your favorite holiday/vacation destination or form of self-care?

I like the places that have numerous hiking places. I enjoy walking and hiking. I would say the southwest would be one of my favourite destinations for this.

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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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