

Final Report

ICE Grant: Creating an Aboriginal Community of Practice

Team members

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Proposed Research

The objectives guiding this research were:

- To bring together groups currently working in Aboriginal tobacco control (including practice, policy, research and "students"*) to share materials, resources, experiences across Canada.
- To ensure that resulting CoP remained consistent with principles of Aboriginal self-determination.
- To develop best practices for all tobacco researchers to work within Aboriginal communities.
- To create reciprocity of knowledge, practice and respect.
- To develop a grant proposal to support three annual invitational national conferences.

*Did not need to be an academic affiliation and could include people who were working in community and were involved in tobacco control and their knowledge and experience valued.

Our original intention was that this would evolve into a series of National gatherings under the title, "Aboriginal Communities and Tobacco Control: Holistic Approaches to Policy, Practice and Research" where Aboriginal representatives from each region across Canada would be invited to take part.

Method

We determined that, in keeping with our mandate, an Aboriginal research assistant should be hired and trained.

Individuals involved with Aboriginal health were identified. Letters were mailed to those working in the field of tobacco control via snowballing technique, and were followed up with a telephone call. The conversation guide used included the following questions:

- What do they do in the field of tobacco control?
- What resources/programs/etc do they use?
- What are their success stories?
- What are their frustrations?
- Would they be interested in being part of an Aboriginal CoP (eg., being part of a Canadian network and gathering once a year with others doing similar work)? What would they hope to gain from that?

Findings

We found that it is extremely difficult to identify and access Aboriginal tobacco control workers – especially at the grassroots level. There are several possible reasons for this which we have explored:

- The availability and time of health care workers in Aboriginal communities is very limited and tobacco control is not a high priority in the face of more acute problems.
- The organisation of Aboriginal health centres do not seem to allow for much involvement in building policies and practices from lay people (they have very little support). In some instances, people working within Aboriginal organizations had no knowledge of those individuals working at the grassroots level.
- Many health care workers have not been involved in the development of new visions/goals/programs and therefore cannot see the relevance or significance of community development in the field of tobacco control.
- Funding and job security is a major concern within Aboriginal community health – especially tobacco control. There is a sense that there is no real commitment from the federal government. This makes community involvement and program planning almost impossible.

We were also told that an Aboriginal perspective considers tobacco control as being only one strand interwoven into health and spirituality – not as a separate and complete entity as Western research tends to view it. An Aboriginal CoP aimed at tobacco control may therefore encompass several issues and look quite different from one occurring in the general population.

Conclusion

At this time, it seems that several intermediary steps are required before Aboriginal Communities of Practice to address tobacco control can arise across Canada. Further research into the ways in which awareness and ownership of tobacco control issues and strategies can be initiated and supported within Aboriginal communities could result in, for example, workshops for Health Managers and Aboriginal Leadership regarding the importance of involvement with research and practices relevant to their own situation. This in turn could lead to Aboriginal CoPs accessing their own funding within each region (whether determined by Aboriginal or geographic boundaries).

Outcomes

- Annotated bibliography of Aboriginal Tobacco Control research. This is currently being reviewed for posting on the BC Cancer Agency Prevention website.
- A database of the Aboriginal tobacco control workers we managed to contact across Canada – hopefully this will be added to over time.
- A CTCRI Research Planning Grant was submitted (*Creating an interdisciplinary team to promote collaborative tobacco control program research, development and sustainability within Aboriginal communities*). Reviewers suggested that this be re-submitted as a Workshop Grant. Accordingly, we collaborated with an existing Aboriginal women's health conference to propose a one-day workshop on girls and tobacco. The CTCRI Workshop Grant "*These girls are our future*": A

workshop to promote collaboration, support and Aboriginal ownership of tobacco control in female Aboriginal youth in BC was submitted.

- The research assistant hired for this project has decided to pursue her Master's in the field of tobacco control, with an interest to continue to PhD level.

Comments

There are very few Aboriginal tobacco control workers in the field and even fewer Aboriginal graduate students (in *any* public health arena) – for example, it took us 5 months to find our research assistant. Both groups find themselves overwhelmed by the demands placed upon them from all quarters. If we are to attract and encourage Aboriginal students to enter into tobacco control research, it may not be enough for CTCRI to mentor them, we may also find that they will need real protection from these demands in order to succeed.

In the instance of this research, communication was limited to progress reports being sent from BC out East. Response from other team members was limited to supportive comments. On the surface, the opportunity to develop research groups (interest tables) provided at the annual symposium is very exciting. However, perhaps this should be tempered both by the reality of isolated individuals at great geographic distance and by a lack of knowledge of personal interests and commitment – neither of which can be easily resolved once the process has been started.