2016 - 2017

A Report On The Findings From The Annual Outcome Reporting Process

The Federal Tobacco Control Strategy

Prepared for First Nations Inuit Health Branch, Health Canada

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1. BACKGROUND

1.1. INTRODUCTION

This report provides the findings for the First Nations and Inuit Component of the Federal Tobacco Control Strategy (FNIC-FTCS) projects for 2016-17. The FTCS operates through First Nations Inuit Health Branch, Health Canada. This FTCS Annual Outcome Report has been completed by Williams Consulting through the National Aboriginal Diabetes Association.

A separate report will be provided that documents the changes in these measures over the three years of available data (2014-15, 2015-16 and 2016-17).

1.2. FEDERAL TOBACCO CONTROL STRATEGY

The First Nations and Inuit Component of the Federal Tobacco Control Strategy (FTCS) aims to promote information and knowledge sharing. It supports the development and implementation of comprehensive tobacco control projects that are holistic, and socially and culturally appropriate. It also strives to reduce non-traditional tobacco use, while maintaining respect and recognition for traditional forms and uses of tobacco within communities.

The three main objectives are:

1. To prevent the use of tobacco among young people and adults.
2. To protect from exposure to environmental tobacco smoke (ETS).
3. To promote cessation among smokers.

The six essential elements of the Federal Tobacco Control Strategy are:

1. Protection
2. Reducing Access to Tobacco Products
3. Prevention
4. Education
5. Cessation
6. Data Collection and Monitoring

The goals of the FTCS are to support:

- a select number of First Nations and Inuit communities and organizations to establish comprehensive tobacco-control strategies and interventions aimed at reducing and preventing tobacco misuse, including reducing smoking rates; and,
- dissemination of successes and knowledge acquired in the project communities and organizations to other First Nations and Inuit communities to encourage and inform their tobacco-misuse reduction strategies.

The First Nations and Inuit component of the FTCS has adopted four related ***key success indicators***:

1. An increase in the percentage of smoke-free spaces in projects' communities
2. An increase in the number and type of smoking-related resolutions and policies that are in place
3. A decrease in the percentage of daily smokers in comparison to initial baselines
4. Developing promising practices, both new and existing, that can be shared with other communities

1.3. FTCS PROJECTS

The FTCS projects serve First Nations and Inuit Peoples and communities across Canada. While each project is responsible for undertaking evaluations of its own services and programs, this report provides an aggregated overview of the outcomes during the 2016-17 fiscal year of data collection across Canada. Table 1 identifies the Indigenous FTCS projects that informed this report for 2016-17:

Table 1: FTCS Projects

2016-17 Projects (Funded recipients)
1. Battle River Treaty 6 Health Centre
2. Beaver First Nation
3. British Columbia First Nations Health Authority Tobacco Strategy
4. Chemawawin Cree Nation/Chemawawin Health Authority
5. Cree Board of Health and Social Services of James Bay
6. Department of Health, Government of Nunavut, Tobacco Reduction
7. File Hills Qu'Appelle Tribal Council
8. First Nations of Quebec and Labrador Health and Social Services Commission
9. Fort Frances Tribal Area Health Services Inc
10. Keewatin Tribal Council
11. Mawiw Council
12. Northern Inter-Tribal Health Authority
13. Nunatsiavut Government Department of Health and Social Development
14. Nunee Health Board Society
15. Samson Community Wellness
16. Siksika Health Services
17. Southeast Resource Development Council

1.4. SUMMARY OF ANNUAL OUTCOME REPORTING FORM

The Annual Outcome Reporting Form was developed through a consultative process with the FTCS Indigenous Projects and has evolved over time. The following questions were included:

- Organization / Agency sponsoring the project
- Project name
- Contact person name and email
- Province or Territory served
- Number of communities served by each project
- The target populations served by each project as of March 31
- The community partners each project worked with as of March 31
- The number of Smoke-Free Spaces (indoor and outdoor) identified by each project as of March 31
- The number of smoking-related resolutions passed by governance bodies and the purpose of the resolutions
- The number of participants within identified target groups that:
  - Entered smoking-cessation programs or interventions
  - Completed the smoking cessation program or intervention
  - Reduced their daily smoking but did not quit (harm reduction)
  - Quit smoking during, or at the end of, the smoking-cessation program or intervention
  - When this data was collected
- Collection of information using a population or community-level survey, including:
  - A description of the population being surveyed
  - The status of each study
  - The actual or planned sample size
  - The response rate, if applicable
  - Whether there is a plan to replicate the baseline study and, if so, when this would be undertaken
- Types of activities or services delivered in 2016-17
- A description of each project's ***promising practices*** as these related to:
  - Leadership (Protection, Reducing access to tobacco products)
  - Health Promotion (Related to prevention and education)
  - Smoking Cessation
- A description of each project's ***barriers or challenges*** as these related to:
  - Leadership (Protection, Reducing access to tobacco products)
  - Health Promotion (Related to prevention and education)
  - Smoking Cessation
- A detailed description of ***one successful process*** that each project completed in 2016-17

2. QUANTITATIVE FINDINGS OF THE ANNUAL OUTCOME REPORTING FORM

2.1. NUMBER OF COMMUNITIES EACH PROJECT SERVES

In 2016-17 the FTCS projects served 363 First Nation communities across Canada (Table 2). The FTCS project in British Columbia serves the entire province while the other projects are more regional in nature. It is noteworthy that the project in Ontario was conducted by one organization in 2014-15 and 2015-16 (n=26), but provided by another organization in 2016-17 (n=10).

Table 2: Number of Communities served by Province or Territory

Year	Province or Territory									Total
	AB	BC	MB	NB	NL	NU	ON	PQ	SK	
2016-17	9	201	48	3	7	25	10	22	38	363

2.2. TARGET POPULATIONS PROJECTS REACHED

Respondents were asked to identify the populations their projects reached for each fiscal year (Table 3). All projects targeted adults in the general population and students in grades one to twelve.

Table 3: Target Populations that have been reached by the Projects in 2016-17

Target Population (N=17)	Count (N=)	Percent (%)
Adults in the general population	17	100.0
Students in Grades One to Twelve	17	100.0
Healthcare managers and staff	17	100.0
Elders/Other seniors	16	94.1
Children/youth in non-school settings	15	88.2
Chiefs and Band Councillors	15	88.2
School administrators and staff	14	82.4
Pregnant mothers	13	76.5
Caregivers** with children at home	13	76.5
Other community leadership	11	64.7
Residents with chronic diseases	11	64.7
Preschool children	10	58.8
Business owners/Retailers	10	58.8
Mental health clients	10	58.8
Recreation managers and staff	10	58.8
Clients in addictions treatment/rehab.	9	52.9
Infants	7	41.2

*** 'Caregivers' can include, but are not limited to: parents, other family members, foster parents, other legal guardians.*

2.3. PROJECTS' COMMUNITY PARTNERS

There were a broad number of community partners that have been involved in the project's activities for the fiscal year (Table 4). Activities held in the Schools and with Community Elders / Elder Councils reached 100.0% involvement with the projects in 2016-17.

Table 4: Community Partners that have been reached by the Projects in 2016-17

Community Partner (N=17)	Count (N=)	Percent (%)
Schools	17	100
Community Elders/Elder Councils	17	100
Educators	14	82.4
Youth role models	14	82.4
Nurses	14	82.4
Chiefs and Band Councillors	14	82.4
Addictions service providers (e.g. NNADAP)	14	82.4
Mental health service providers	13	76.5
Community media	11	64.7
Business owners/Retailers	11	64.7
Recreation Centres	10	58.8
Aboriginal Healers	10	58.8
Youth Councils	10	58.8
Other healthcare service providers	8	47.1
Aboriginal Head Start	8	47.1
Local Lung Association	8	47.1
Provincial/Territorial Government	8	47.1
Physicians	7	41.2
Pharmacists	6	35.3
Dental care specialists	6	35.3
Child and Family Services	6	35.3
CancerCare/Cancer treatment centres	5	29.4
Federal/Provincial police (RCMP, OPP, SQ)	4	23.5
Daycares	4	23.5
University/college instructors	4	23.5
Friendship Centres	4	23.5
First Nations police	4	23.5
Self-help organizations working with smokers	3	17.6
Bylaw Officers	2	11.8

2.4. SMOKE-FREE SPACES IN THE COMMUNITIES

Promoting and developing smoke-free spaces is a key indicator of the Federal Tobacco Control Strategy that has been tracked by the projects. Respondents were asked to identify the number of indoor and outdoor smoke-free spaces that exist within their catchment area and tracked annually. The combined totals from the projects reported four times as many indoor smoke-free spaces than outdoor (1192 and 386 respectively).

2.4.1. INDOOR SMOKE-FREE SPACES BY THE TYPES OF RELATED BUILDINGS AND SPACES

The top three indoor smoke-free spaces reported by all projects were Stores, Schools and Health Centres (Table 5).

Table 5: Number of Indoor Smoke-Free Spaces by Type of Building or Space

Type of Building or Space	Count (N=)
Stores	207
Schools	175
Health Centres	157
First Nations'/Band offices	151
Community/Recreation Centres	118
Daycares	114
Aboriginal Head Start sites	77
Restaurants	59
Outdoor sports facilities/arenas	51
Playgrounds	32
Bingo halls	30

2.4.2. SMOKE-FREE OUTDOOR SPACES BY THE TYPES OF RELATED BUILDINGS AND SPACES, OVER TIME

Projects were asked to count the number of outdoor smoke-free spaces within their catchment area (Table 6). When reporting on this section, projects were asked to consider the smoking regulation legislation in their province or territory (e.g. no smoking 9 metres from the entrance to a building). The top outdoor smoke-free areas were First Nations'/ Band offices, Schools and Health Centres.

Table 6: Number of Outdoor Smoke-Free Spaces by Type of Building or Space by Year

Type of Building or Space	Count (N=)
First Nations'/Band offices	59
Schools	53
Health Centres	51
Daycares	48
Community/Rec. Centres	36
Playgrounds	34
Stores	29
Outdoor sports facilities/arenas	25
Aboriginal Head Start sites	23
Restaurants	6
Bingo halls	4

Note: It is the opinion of the evaluator that having an "N" or taking the total number of buildings that are not smoke-free would greatly improve this data. At least some projects have collected additional information which is not reflected in this data.

2.5. COMMUNITIES PASSING SMOKING-RELATED RESOLUTIONS

The Indigenous FTCS projects reported that **48 smoking-related resolutions** that had been passed by Band Councils, Tribal Councils and other Governance bodies up to March 31, 2017. The nearly half of respondents identified resolutions had been passed designating smoke-free public spaces (Table 7).

Table 7: Types of Smoking-Related Resolutions Passed by Year

Type of Smoking-Related Resolution	Count (N=)	Percent (%)
Designating smoke-free public spaces?	8	47.1
Promoting smoke-free vehicles (i.e. when young children are in the vehicle)?	4	23.5
Enforcing smoke-free public spaces?	4	23.5
Expanding smoke-free perimeters surrounding smoke-free buildings and spaces?	4	23.5
Promoting smoke-free homes?	4	23.5
Using tobacco-related revenues to fund health promotion activities?	3	17.6

2.6. DECREASING THE NUMBER OF DAILY SMOKERS

More than four-fifths of projects (n=14) were undertaking a population or community-level survey. The majority of the projects had completed (n=6) or were in the process (n=8) of undertaking surveys in 2016-17.

The following are the aggregate responses from projects about smoking-related data they had obtained by intervention target group for the 2016-17 fiscal year (Table 8).

Table 8: Smoking Cessation Data from Projects from April 1, 2016 to March 31, 2017

Intervention Target Groups	Count (N=) starting program / intervention	Count (N=) completing program / intervention	Count (N=) reducing smoking	Count (N=) quitting smoking
Pregnant women	34	22	21	**4**
Caregivers of infants/young children (less than 3 years of age)	21	13	12	**2**
Program participants in community-based smoking cessation programs	1390	1216	631	**23**
School-aged children and youth	1107	530	10	**3**
Caregivers participating in community-based programs	8	6	5	
Health care workers in specific settings (e.g. community health centres)	305	26	29	**3**
Elders/Other seniors	81	60	11	**2**
Clients in addictions treatment/rehab	22	20	22	**3**
Adults in the general population	1101	64	74	**28**
Others	3562	3	4	**1**
Totals	**7,631**	**1,960**	**819**	**69**

2.6.1. THE STUDIES PROJECTED OR ACTUAL SAMPLE SIZES

Projects that are able to collect larger sample sizes to their population or community-level surveys are able to provide stronger smoking-cessation data. A number of projects that indicated they are collecting information using a population or community-level survey were able to provide the actual or planned sample size.

In 2016-17 there were 3 projects that identified a sample size of 300-999 respondents and another 3 projects seeking more than 1,000 respondents to their survey. Only one project had a sample size less than 300 participants.

2.6.2. THE STUDY POPULATIONS

The majority of projects are focusing their surveys on the Adults in the general population (n=10) and school-aged children and youth (n=9; Table 9). The FTCS projects identified the following study populations being surveyed in 2016-17:

Table 9: Study Populations

Populations being surveyed (N=17)	Count (N=)
Adults in the general population	10
School-aged children and youth	9
Pregnant women	2
Health care workers in specific settings (e.g. community health centres)	2
Caregivers of infants/young children (less than 3 years of age)	1
Program participants in community-based smoking cessation programs*	1
Elders/Other seniors	1
Clients in addictions treatment/rehab	1
Caregivers participating in community-based programs	1

The majority of projects identified they were planning to replicating their survey in the future (n=11). Two-thirds of the projects anticipated replicating their surveys in the fourth quarter of the 2017-2018 fiscal year (66.7%, n=9).

2.7. FTCS PROJECTS' SERVICES AND ACTIVITIES

The Annual Outcome Report asked projects to identify which activities or services were delivered in 2016-17, summarized in Table 10:

Table 10: Activities or Services delivered by the Projects

Activities or Services delivered (N=17)	Count (N=)	Percent (%)
Educating others about the negative effects of smoking	17	100.0
Developing smoking cessation/prevention poster campaigns	17	100.0
Educating high school students about the negative effects of smoking	17	100.0
Educating junior high school students about the negative effects of smoking	16	94.1
Sponsoring challenges/events/contests related smoking cessation/prevention	16	94.1
Developing smoking cessation programs	16	94.1
Educating parents/caregivers about the negative effects of smoking	16	94.1
Educating elementary school students about the negative effects of smoking	15	88.2
Developing partnerships with health care providers to promote smoking cessation/prevention	15	88.2
Training health care professionals in smoking prevention/cessation processes	14	82.4
Developing other promotional materials (e.g. calendars, t-shirts, cookbooks, etc.)	14	82.4
Providing smoking cessation programs/services	14	82.4
Developing partnerships with community leaders to promote smoking cessation/prevention	13	76.5
Developing partnerships with educators to promote smoking cessation / prevention	13	76.5
Participating in health fairs sponsored by other groups	13	76.5
Developing Facebook campaigns to promote smoking cessation / prevention	13	76.5
Developing smoking-related toolkits	13	76.5
Developing other partnerships to promote smoking cessation/prevention	13	76.5
Teaching community residents about the traditional use of tobacco	13	76.5
Promoting the use of Traditional tobacco	12	70.6
Encouraging business owners/retailers to implement smoke-free zones	12	70.6
Educating Chiefs and councils about the negative effects of smoking	12	70.6
Training others in smoking prevention/cessation processes	12	70.6
Encouraging smoke-free vehicles if children/youth are present	11	64.7
Educating school administrators and educators about the negative effects of smoking	11	64.7
Creating 'no smoking' signs and/or posters	11	64.7
Distributing 'no smoking' signs and/or posters	11	64.7
Training educators in smoking prevention/cessation processes	10	58.8
Meeting with Chiefs and Councils to promote smoking cessation/prevention initiatives in their communities	9	52.9
Promoting and/or facilitating Blue/Green Light Campaigns to encourage smoke-free houses	9	52.9
Hosting health fairs	8	47.1
Working to expand outdoor smoke-free zones (e.g. increase distances from entrances)	8	47.1
Monitoring smoke-free zones to ensure compliance	5	29.4
Working with bylaw officers and other officials to ensure compliance of smoke-free zones	4	23.5
Meeting with Chiefs and Councils to promote smoking-related resolutions	4	23.5
Meeting with Chiefs and Councils to explore increasing commercial tobacco prices to promote smoking cessation	3	17.6

3. QUALITATIVE FINDINGS OF THE ANNUAL OUTCOME REPORTING FORM

3.1. PROMISING PRACTICES

The Indigenous FTCS Projects were asked to describe any promising practices that had been developed or implemented during the 2016-17 fiscal year according to the following three pillars of the Federal Tobacco Control Strategy. These included lessons learned, innovative ideas, new concepts or successful activities. The three categories were:

1. Leadership (designated smoke-free spaces and/or smoking-related resolutions and policies),
2. Health Promotion (related to prevention and education), and
3. Smoking Cessation.

3.1.1. LEADERSHIP

- We continue to work with leadership and ask for support in having staff attend education sessions during work time and to be champions of the healthy lifestyle messaging. We have not had any new tobacco tax in the community. Although leadership has competing priorities, we are seeing that leadership is making more time to meet with health staff and this includes our program staff. Their focus on health broadly will help us link in the importance of tobacco cessation and prevention/education in the community.
- Currently working with Chief and Council and a Representative from Action on Smoking & Health to further develop policies regarding extension of designated smoking areas around public buildings and structures. We are also developing a proposal to instill a Tobacco fee that will apply to commercial tobacco sold on reserve lands from current reserve vendors.
- Need support from the Chief and Council to update the current "No Smoking" policies to include 'All forms of Tobacco'. First Nations and Inuit community leaders have to support local tobacco control initiatives. We need to engage the community leadership and support them in learning about commercial tobacco, voicing their opinions and supporting tobacco control strategies. Increasing the capacity of community leaders to be strong advocates can empower the community and foster development The support of NITHA leadership is needed in the area of enforcing smoke-free public policies/bylaws.
- Updating chief and council on a regular basis and asking for their input. Requesting that any newly erected rentals be deemed "smoke free" swellings (Housing authorities). Several efforts were put forth this year to encourage "detoxing" from nicotine and several tips and tricks were shared with the community. Face to face and via media/ social media.

- Recognizing community leadership for job well done in supporting any aspect of the tobacco project's initiative is a valuable lesson learned. With the completion of the Blue Light Campaign at the end of the 2015/16 fiscal year, in the 2016/17 fiscal year the project was able to present the community plague and 4ft x 8ft sign to the Chief and Council of the winning community, in partnership with The Lung Association, SK (now Breathe the Lung Association). This has put one foot in the door with that community leadership, with hope to explore in the 2016/17 year. Relationship building is key is proposing any sort of idea within leadership. This is time consuming but we find necessary for getting our project not pushed aside in the face of competing agenda items. With that is also sustaining the relationship built.
- We are taking input gathered from our initial staff survey surrounding smoking and the workplace and using this information to propose new smoking policies to include in the employee handbook. These policy recommendations have gone to HR and Nunatsiavut Executive Council for approval.
- With the present Chief and Council there is a clear understanding of the importance of Tobacco Control in regards to ensuring "smoke-free" buildings and public spaces within the community. Two areas of concern included the skating rink and the playground. Both areas are "outdoor" facilities and with that came the assumption by the smoking population that smoking would be allowed as both areas were not enclosed. Chief and Council have agreed to deem both of these areas "smoke free" including the area surrounding the outdoor facilities. Chief and Council has agreed to ban e-cigarettes and vaping as part of the "smoke-free" building and areas within the community. New signs have been ordered to clearly identify the "smoke -free areas".
    - As of July 2016, cultural camp and summer camp employees are no longer allowed to smoke near the camp kids. In fact, they cannot be seen by the children at all while smoking.
    - The leadership agreed that they will adapt the Quebec Laws concerning smoking near main entrances of establishments that serve the community. Also to make youth activities to be a smoke free environment.
    - Promising practice: Invite smokers to put up awareness posters, and include their children in the activity
- Our “Inside-Out” campaign, which aims to build awareness amongst families about second-hand smoke and how to work towards making the home a smoke free space, had a significant presence around British Columbia in 2016. Inside Out is an information campaign targeted towards parents and care-givers that have children present in their home to raise awareness of the harmful effects of second hand smoke. It is designed to be set up as an information table for health fairs and community gatherings. An magnetic game board was created as an interactive way for children to be drawn to the table, while the health promoters talk to the parents or care-givers about the harms of second hand smoke when children are present. The BC Lung Association Health Promoters, with the assistance of the

First Nations Health Authority Community Engagement Coordinators, participated in 24 events across the Fraser Salish, Interior and Northern regions in 2016. In total over 1,000 people visited our booths and we collected 415 feedback forms.

- Youth Engagement In the 11 Keewatin Tribal Council communities isolation in the 9 communities are long and difficult for young people.
  - Jr. Chiefs and Council with over 300 young people signed up from 3 different communities
  - Policy on Jr. C& C, is no smoking for young leaders
  - The KTC Youth Model Program; photo poster campaign with all 11 reserves
  - Newsletters with students, local elders, and other related events; along with Tobacco information
  - KTC Chiefs in Assembly passed resolution on the formation/implementation of Jr. Chiefs and Councils
  - Chiefs/Council/ health directors invitation in large community gatherings
- Developed community specific smoke free signs and materials used in community businesses and at school- elementary, high school, and health center.
- Designated staff completing courses offered by Alberta Health Services for tobacco reduction strategies
- The Tobacco Reduction Program has been working with key stakeholders at the Qikiqtani General Hospital in Iqaluit on a Tobacco and Smoke-Free Grounds Program, implemented June 30th, 2016. We have supported retail pharmacists in promoting the new NIHB policy in which pharmacists can recommend NRT after patient assessment and bill NIHB for the drug cost.
- There are over 30 Public spaces where FFTAHS smoke free banners and signage is posted within the 10 First Nation communities. Big Grassy, Big Island, Couchiching, Onigaming, Naicatchewenin, Lac La Croix, Seine River, Nigigoonsiminikaaning, Mitaanjigamiing and Rainy River First Nations.
- There have been no smoking-related resolutions or policies made in any of the 11 First Nations. Our project is focused on working with community members who want to reduce/quit smoking. The project has been directly targeting community members via community health staff - leadership is rarely involved in this process. We have had council members join the School of Tobacco Challenge and were able to bridge discussions that way but ultimately the focus is on the community members.
- Knowledge on the dangers of commercial tobacco in public spaces has been evident throughout all programming, including events where leadership is present. This knowledge increase was the first step in a strategy towards the drafting and implementation of band council resolutions (BCR). The second step in this strategy has been increasing capacity with program staff to become knowledgeable in the BCR making process. These developments are leading to the third step, which will be to engage Chief and Council's, and have new

BCR's enacted. With program staff proficient in the drafting process, assistance can be given to Chief and Council's when needed.

3.1.2. HEALTH PROMOTION (RELATED TO PREVENTION AND EDUCATION)

- We have had great success with promotion activities related to art and creativity. The youth enjoy participating in activities to allow them to be creative. We have had a successful partnership with the schools in participating in school events as well as leading events that occur at the school. We have partnered with BS heart and Stroke foundation to implement their health resources in the curriculum at the school- these resources focus on the complete view of health and include smoking as one component which complements our program ideology. We have found that this tool also relies a designated champion at the school to assist with training and to ensure resources are re-ordered for the following school year. We have found that adding prevention/education message to fun activities for both youth and adults works best- i.e. the main focus can be a fun event like a fishing derby but we add educational messaging that cannot be missed by participants. Even one day events like the "walk for health" that we did with the school had a lasting impression as we provided t-shirts to all students so that they would have a memory of that day. We have activities with Elders- we invite elder to teas and other events and provide them with a venue to enjoy themselves and then we use this opportunity to tell elders about our program and ask if they would participate as volunteers in working with youth. We have invested in monitors that are placed in key locations throughout the community such as our health building, the community store, the school, the band office, and the fitness center. These monitors have ongoing messaging about community activities as well as health related messages, particularly smoking related. By including scheduling and community update information that residents are looking for, we believe we increase both the frequency and amount of time spent viewing the health related messages.
- Engaged in numerous activities to educate on traditional tobacco usage. We are currently creating a film that is focused on Traditional tobacco specifically to our own Siksika/Blackfoot culture. This film is to be used for future presentations to all community members of Siksika and most especially to our youth. We are conducting a vigourous media campaign to promote awareness of the dangers and consequences of commercial tobacco usage through radio and newspaper.
- To spread the awareness and prevention of tobacco use in all areas/departments within the NITHA communities Planting Traditional tobacco in our community gardens to be use as gifts to elders. community members especially the youth should be educated about the uses of traditional tobacco and its cultural and historical significance. The maternal module designed to increase the knowledge and skill in brief interventions among front-line service providers who work with pregnant and new mothers so they will be well equipped to offer cessation support to their clients was revised. Health care workers in some NITHA

communities have been trained on the revised module As part of Northern Saskatchewan Breathe Easy multi-component awareness campaign, about 60 anti-tobacco messages were posted on Northern Saskatchewan Breathe Easy social media accounts. Messages centered on health effects/consequences of tobacco; tobacco industry deceptive practices; second hand smoke and its potential harm. The Northern Saskatchewan Breathe Easy Facebook page had 200+ likes, 18,000 people were reached and 600+ were engaged. A total of 147 radio spots were broadcasted through local community radio stations and MBC radio in English, Dene and Cree. Over 2000 promotional items were developed and distributed to Northern Inter-Tribal Health Authority partnership. These promotional items have anti-tobacco messages on them. Train the trainer on Retailers' toolkit completed. The goals of training retailers are: to reduce youth access to commercial tobacco products; to ensure that retailers are well equipped with all the information and are current with changes to all legislation surrounding tobacco sales to minor; to help retailers to develop policies surrounding the sale of tobacco; to train all staff members so as to ensure they are well versed in the sale of tobacco and associated products. The Green light project currently ongoing and many NITHA communities have embraced it. At the community level, implementing structured smoke-free challenges for the whole community will be worthwhile. This can encourage non-smokers – especially youth – not to start smoking, and motivates smokers to quit. Also an opportunity to educates the community about the health problems of commercial smoking.

- Educational booths have been set up at schools and community events. Education sessions for prenatal classes, family resource activities, and also sessions in the school. Information packages are handed out at community events and family activities.
- Youth Gathering 2017 - The project hosted its first Youth Gathering during the 2017 National Non Smoking Week. 8 schools participated sending a combined representation, over the two days, of approximately 150 youth and 15 chaperons. First Nations speakers, elder and youth role models shared their knowledge and experiences with the youth. We opted to showcase an adult and youth role model the youth would be able to relate to. Robert Falcon-Ouellette, MP from one of our communities and Savana Walkingbear a pro-volley ball player whose home community is around our communities were the invited role models. Key messages shared were on traditional tobacco, commercial tobacco, healthy lifestyle, envisioning the future and aspiring for more. There was also a female First Nations fashion designer who had her debut fashion show at the Gathering and a local youth band to promote youth talent and entrepreneurship. Infusing health promotion message with things that matter holistically to the population target is one way that effectively engages and connects with the group, while still getting the message across. The Wellness and Community Health departments of Battle River Treaty 6 Health; SWAT Manitoba and Tobacco Talking Circle all participated in making the Gathering a success, which speaks of collaboration within/across organizations and community members.

- National Non Smoking Week 2017 Leroy Kehler (also a speaker at the youth gathering) went to 4 community schools to speak to the Grade 5 - 12 about surviving laryngeal cancer, the ill effects of smoking and chew tobacco. Feedback suggests, not just with this presentation but other school and public education presentations that having a real person share their story is helpful and passes the message across more convincingly.
- Training of Health Professionals across departments - it was decided to facilitate the work of the project across board, staff across all departments would be trained to have a brief conversation with the clients the see on tobacco, using the 5 A's. 29 staff from 2 departments were trained and provided a tool to help facilitate that conversation with pregnant ladies and general population. Also a Motivational Interview training was held for staff with a renowned facilitator in MI. This was to equip staff with the skill to apply MI with clients.
- Culture as a healer - The project partnered with Kanaweyimik Child and Family service in running their summer youth camp; 138 youth and 17 chaperons were in attendance. Teachings on cultural and commercial tobacco were shared with the camp elders reiterating the sacred use of tobacco as the Creator designed way to respect and use tobacco.
- 2017 Calendars - The project partnered with the organization to produce a calendar for distribution to community members. 6 months were dedicated to the Tobacco Project and was used to showcase Tobacco Talking Circle members and short messages on tobacco use

` Community specific Smoking Prevention posters

- On the Land Community Health Gatherings led by Mental Health and Addiction and Community Health Staff: Smoke Free Fishing Derbies/Fun activities/Info Sessions on Tobacco
- Community Health Gatherings: Pancake Breakfasts/Community Health dinner/Talluk Making/Wooden Grub box making
- Youth and Elder Gatherings: On the Land workshops revolving around Inuit Culture and practices and discussions on Inuktitut language and storytelling/sharing circles, boil ups and fishing activities

` The ongoing promotion of tobacco cessation and the traditional use of tobacco. The promotion of planting and harvesting tobacco in a traditional manner. The youth have been thoroughly involved with the planting and harvesting tobacco, they understand the traditional uses and can explain the many traditional uses tobacco.

- One project focus is to 'Plant the Seed' of awareness of the health risks of commercial tobacco use and sacred tobacco use as a healthy practice (1) by engaging many partners (2) promotion in as many places and with as many people as possible. In this endeavor, here are a few examples: (1) Engaging many partners to support and widen our initiatives (a) 4 traditional spokespeople lent their

understandings of sacred tobacco use as a healthy spiritual practice in the creation of a poster series distributed on social media in digital form and throughout the community and (b) our hospital dental hygienist became an active part of the team, lending her expertise in oral health to presentations in schools, in community presentations and in one-on-one discussions during health screenings with children and youth.

- We have participated in many community social and physical activity opportunities (Flu clinics, community carnival, races, golf tournament, summer children's programs to mention a few), reaching all demographics to increase our health promotion exposure.
- As health promotion for adults, youth and children is delivered by other organizations, i.e. Kahnawake Shakotiia'takehnhas Community Services and the Kateri Memorial Hospital Center, many other opportunities to deliver commercial tobacco/sacred tobacco related information have been realized.
- Promotion of healthy lifestyle habits with our mascot, TOP SHAPE.

` In March of 2015 at the Gathering Our Voices youth conference, FNHA hosted a workshop called “Pitch us a commercial and we’ll make it”. Following the workshop, two of the ideas were chosen to be made into short public service announcements. We then worked with a consultant and film crew to develop two 30 second commercials. In 2016, we worked with a social marketing company to help leverage these videos into a broader campaign. This included producing trailer videos and outreach avenues with the purpose of directing youth towards our site. On this site, we host the two original commercials, important statistics and messaging that resonates with a youth audience, as well as instructions on how to enter our video contest. This whole project has maintained the theme of youth speaking with other youth in order to educate one another about the harmful impact of commercial tobacco.

- To build on the success of our “Smokestack Sandra” podcast series from 2015/16, our team developed a second season of podcasts. “Tobacco Nation” is a four-part podcast series that highlights important areas of the relationship between tobacco and First Nations communities. Each of the four episodes centers around a different theme: Cancer Prevention and Care, Community and Collaboration, Respecting Traditional Tobacco, and Prevention and Youth. This series, recorded with professional audio technology and podcast developers, contains many stories and interviews with a wide range of community members and healthcare professionals. By touching on various aspects of tobacco use via personal stories, Tobacco Nation strives to begin the practice of sharing our personal experiences with tobacco in order to inform, educate and inspire one another. We are in the process of implementing a communication and promotion strategy, which will include broadcasted radio segments and download accessibility on popular music platforms. Our hope is that listeners will be able to hear the stories of their fellow community

members and further understand and appreciate the role that tobacco plays for BC First Nations.

- A total of 108 program based activities reached 4166 participants.
  - 4 meetings with school staff were held to obtain support for the school based commercial tobacco cessation project.
  - Letters and meetings have been held with more than 31 business owners in the four Nations representing a 30% increase from last year. As noted last year, we utilize the Amazing Race – a short 4 hour cessation activity as the gateway for fun sponsorship and participation in the project. Businesses and organizations are actively participating and some have engaged in obtaining information on both federal and provincial Tobacco Control Legislation, and parameters regarding smoke-free entrances to the buildings. This translated particularly well when we did our safe spaces report this year (we were allowed on the premises – as opposed to last year).
  - 30 educational workshops were held in the schools for all participating Nations focusing on prevention with the younger children and education with the older children/youth on the Harmful Effects of Smoking. A total of 1264 participants were reached. Note this represents double the reach from last year. We are also in more schools this year as we have successfully developed better relationships with the schools. This number is good but represents under-reporting due to the fact that the senior Tobacco Educator is diligent at record keeping, but newer staff have not documented activities into the data entry software.
- Health promotion using Cree/ English Puppets
  - Through the Tobacco Program we invited two Cree Puppets, and included a third to tackle not only non-smoking but also bullying, and addictions (Xbox, PS4, iPods, iPads) staying up too late
  - We use Facebook / Youtube to promote humor and telling not only KTC, communities but also over 10,000 followers from across Canada.
  - Through Native Communication Incorporated (NCI)/ and Mcee different events as part of the dual role mention in commercial style of the harmful effects of Commercial tobacco smoking
- Implement teaching programs using purchased smoking models and displays at the elementary and high schools and in the community. Collaborate with public health and health promotion program to implement healthy activities.
- Health prevention initiative brought in school for tobacco prevention by AHS program included evening sessions for adults
- We continue to use the CO monitor (Smokerlyzer) and Simulated Smokers' Lungs, with youth in particular, as health promotion tools in all communities Nunavut. Nunavummiut are interested in the display and will approach the health promoter to ask questions. Smokey Sue Smokes for Two was provided to all CPNP programs to visualize the harm that

happens to the fetus related to tobacco use. Also, a prenatal tobacco reduction board game has been developed and piloted with CPNP, with distribution planned for 2017-18. Feedback so far has been positive. The COPD-6 non-diagnostic spirometry device has been used to measure FEV1/FEV6 and provide estimated lung age measurements to tobacco users as a way of demonstrating the harms of tobacco use and to encourage tobacco reduction or cessation.

- Created a brochure which supports education and promotion of traditional use of tobacco. Includes steps on how to give an Elder tobacco and the Traditional teaching of tobacco. Availability to clients. Developed and implemented a Face book page dedicated to the Minah'pug'it'na'mowin Strategy.
- Implementing of the Carbon Monoxide educational tool (Smokerlyzer) into the School of Tobacco Challenge has proven successful. Participants wanted to 'lower' their score' weekly and it had helped to reduce commercial tobacco use over the weeks. The use of the Smokerlyzer at community events (Treaty Day, Wellness Days) has also increased the discussion of cessation - following the Smokerlyzer reading, the community member will be given a handbook called Ready, Set, Quit from the Lung Association as well as a Cost of Smoking Handout. These interactions with community members are important in creating the discussion around tobacco cessation and reduction. Depending on the community size, there are approximately 10-15 interactions per Treaty Day/Community Gathering/Booth. Successful activities: working with younger children to begin the discussion around commercial tobacco use as early as possible. By focusing on lung health, importance of breath, importance of our body and using our lungs in various games and activities has been successful in creating the discussion around smoking. Children and Youth under 16 are given a SK Prevention handout that tells them that smoking with anyone under the age of 16 is illegal in Saskatchewan.
- In September of 2016, resource development was identified as key under the education pillar. The idea for a Community Resource Toolkit (CRT) was developed, not only for education but for capacity development for all health workers within all thirty-six First Nations. With the future of the program beyond 2017-18 being unknown, the program wanted to equip communities with the tools to carry out their own Tobacco-related programming. With five PowerPoints (Commercial, Traditional, Pregnancy and Smoking, Diabetes and Smoking, and Electronic Cigarettes), informational brochures and "How to" instructions. Community workers could utilize any resource within the kit and know how to use it. A checklist of CRT resources has been developed and the next step is the production of thirty-six CRT's for distribution to all communities within the strategy.

3.1.3. SMOKING CESSATION

- We have had ongoing challenges with encouraging participation in Smoking Cessation programs and would like to learn what has worked for other projects. We have tried prizes and contests with no participation. We have offered online links through Facebook with prizes for feedback about how people liked the online programs but with no feedback. We have learned we must have a stronger partnership with the Nurse In Charge to champion Smoking Cessation and to partner with experts at the Northern Health Region. We continue to try to achieve success in this area through innovative approaches and learning from other programs.
- Although our team has been trained and are ready to assist our community members towards smoking cessation, there is still a reluctance of individuals to commit to quitting smoking. We have had clients that have booked time to see us and have subsequently not shown up. This occurs even after we have contacted them to reschedule. We are currently working with our health partners (doctor's and nurse's) to further remedy this situation and to encourage individuals to take part in our program.
- Smoking cessation program was set up and one smoking cessation program was successfully completed. Most participants stayed in the program from beginning to end with 2 quitting in the process. Several presentations on the harmful effects of tobacco and quick cessation tips to students and interested community members. Northern Saskatchewan Breathe Easy developed an information and fitness Smoking Cessation Mobile App. The App was developed on two platforms: Apple iOS 8.0+ smartphones and Android 4.1+ smart phones. The Smoking Cessation Mobile App was launched on October 21, 2016 at Prince Albert. A total of 70 youth and elders from Northern Inter-Tribal Health Authority communities were in attendance. A process Evaluation of the Breathe Easy SCMA was developed using the four components of the Logic Model (inputs, activities, outputs and outcome) Quit smoking Kits were created and handed out to community members who have quit smoking and those trying to quit. We have received positive feedbacks from community members who have used this simple toolkit. They love it! Initiating a 5 day cultural camp challenge to support tobacco reduction by teaching land based skills; i.e., chopping wood, canoe paddling, portaging, set-up and take-down camp, hide fleshing, cutting and smoking dry meat. All activities require strenuous physical action and tobacco educator will monitor heart rates and breathing strength of participants.
- Quit kits have been developed and distributed. Incorporation of cessation programs into Addiction services at health center and healing lodges. Cessation classes offered to the community.
- From the lessons learned in the 2015/16 year the project decided to host a couple of cessation challenges in the 2016/17 year. We initiated a Let's Kick Butt Challenge for Youth in school and Be a Winner, Be a Quitter Challenge for Adults - June - Sept 2016. June-July for

cessation groups. July-Sept for follow-up to see who is able to stay quit and provide support with challenges. 71 adults registered during the Treaty Day events and via Facebook; and 26 youth in school registered. This indicated that there was interest in quitting or the thought of quitting had crossed these individuals minds. However 9 adults and 18 youth followed through the registration to actually starting a cessation group session. At the end of the 5 week session for adults and 3 sessions for youth, 5 adults completed and 9 youth did. There was a gift card draw for those who attended all or one less sessions, and we followed up with those who participated through the summer. We approached a local business to donate bikes for the youth as prizes, they donated 2 and we purchased an iPad Air for the adult winner. For the 2017/18 year we would explore other cessation challenges strategy to see how to better increase not just uptake with registration but also participation in the challenges. Probably reduce time frame of challenges.

- We held another Smokebusters Challenge and had more initial interest this time around with 34 participants. Word is getting around about the strategy as we are doing a lot of promotion through the face book page. The Facebook page includes such things as quit tips and culturally appropriate imagery and tips for dealing with cravings and general facts around tobacco use. Community Health and Mental Health and Addictions staff in all communities are more involved with promoting cessation and prevention with the general population through health promotion activities.
- Our smoking cessation support nurses have developed partnerships with other health-related professionals, i.e. physiotherapist, dentist, nutritionist, pharmacists to increase referrals for smoking cessation and further develop their cessation resource relationships.
    - A new smoking cessation clinic opened in January 2017. Clients who want to stop smoking can meet with a nurse and obtain a smoking cessation kit.
- Tobacco Timeout, our monthly provincial quit contest on the first Tuesday of each month, is an opportunity for contestants to sign up, quit commercial tobacco for 24 hours, and be entered into a draw to win a cash prize. For this program, we partner with QuitNow, which looks after BC's smoking cessation resources and is funded by the provincial government. Between April 2016 and March 2017, we had had 577 people sign up. Toward the end of that 12-month period, we modified our promotion strategy which resulted in us seeing higher participation numbers during the most recent contests.
    - At the Gathering Our Voices youth conference in March 2017, the QuitNow team participated in FNHA's health screening by bringing CO2 monitors. Youth were screened by measuring their current CO2 levels, which can be quite impactful for those that are current commercial tobacco users.
    - At Gathering Our Voices, we partnered with the Indigenous Sport, Physical Activity and Recreation Council to encourage attendees to have a conversation about commercial tobacco use and deposit their cigarettes into the Smoke Eater. We also asked youth to voluntarily provide us feedback about the reasons why they choose to or not to smoke. They received a small prize in return. In total, we collected 210

individual responses over the duration of the conference, with 201 answering the question “Why I choose not to smoke”, and nine answering the question “Why I choose to smoke”.

- Client based cessation activities reached more than 120 individuals. The project is documenting the work of all 6 elements: The Tobacco Educator recorded 8 meeting with businesses, 60 meetings to fulfill the FCTS detailed activity plan by element plan provided and monitored bi-weekly by the Project evaluator, and 108 program activities to meet the FCTS elements. As well as saw 49 clients for tobacco cessation for the 2016/17 fiscal year. In addition, to maintain certification, the Tobacco educator participated in 17 short training activities (often online webinars) to remain informed.
- Community walks Several communities took part in community walks, and then lead off to biggest loser contests. We promote this through the KTC Tobacco newsletter to show the different initiatives.
    - Through Children; I describe how good food is consumed, and that smoking stays in children start talking about telling their parents, grandparents what it does. We are a oral community and through children I communicate in a way that is easy and direct.
    - Tips done in newsletter that is distributed to 11 communities/ or community visits
    - Utilizing local non-smoking elders in posters
- Distribute 200 smoking cessation packages on average per 6 months at events and at the Health Center. Provide avenues of support specific to the individual in the process of quitting such as quit lines, doctor visit recommendation, health related information.
- Had 5 adults quit smoking during program
- We provided tobacco cessation education and tools to CPNP facilitators. We have found that demonstrating the use of the NRT gum and allowing people to try it out has broken down some of the pre-conceived ideas that people have about using medications with their quit attempts. When the Clinical Cessation Educator is present at an event, NRT is distributed to participants who are interested in trying it - they are generally provided with a two week starter supply of NRT. We have found that community radio is an excellent medium to allow Elders and others to tell their quit stories which then inspire others to try to quit. The program has been conducting ongoing telehealth sessions - to upgrade knowledge and skills on best practices in effective, culturally appropriate tobacco cessation interventions for different demographic and high risk populations including youth, pregnant women and young adults.
- The total number of participants in the FFTAHS Minah'pug'it'na'mowin Tobacco Strategy programming included over 460 participants from all 10 First Nation communities. The total number of participants who participated in smoking cessation programs included over 78 from all 10 First Nation communities.
- School of Tobacco Challenge focuses on reduction throughout the challenge by providing participants with the tools for cessation. The Challenge included the following tools:

- 1. Traditional Education and Growing Natural Ceremonial Tobacco. (Elder)
- 2. Journaling as own tracking tool
- 3. Catching Your Second Wind, Tobacco Addiction Recovery, Partnership to Assist with the Cessation of Tobacco and group discussions
- 4. Elder Video
- 5. Nutrition Education
- 6. Reduction and misuse of Commercialized Tobacco
- 7. Community vs Community Challenge
- 8. Manuals, Journals, registration release forms
- 9. Tobacco Planting (single modular greenhouses)
- 10. Implementation of the Smokerlyzer
- The School of Tobacco seen reduction of up to 50% in participants over the 8 week challenge in Little Black Bear. The group had 5 people registered in the challenge and each participant had attended every meeting except for one pregnant participant who had to miss 2 meetings. This was a very successful challenge. Little Black Bear won the challenge. The Challenge added in incentives for every time a participant attended a meeting their name was entered into the final draw for a FitBit as well as weekly nutrition door prizes for attending meetings and this was strongly linked to the increase in participation over the Challenge weeks. The School of Tobacco Challenge was completed by 4 communities this year: Little Black Bear vs. Okanese, Pasqua vs Standing Buffalo

` Smoking Cessation was a primary focus with seven community-focused cessation program sessions taking place from June to September of 2016, in Rolling River First Nation. This was defined as a success, with fifty percent of those completing the program recorded as successfully quitting during or by the end of the program. After the success of this community focused program, the primary focus shifted to the entirety of the southern Manitoba region. Specifically, NNADAP Workers within the thirty-six First Nation communities. A smoking cessation and intervention training for these community workers was then identified as the second step. MANTRA (Manitoba Tobacco Reduction Alliance) was identified as a key partner for this training, and consultations began along with structuring this training in November 2016.

3.2. BARRIERS OR CHALLENGES EXPERIENCED

The Indigenous FTCS Projects were asked to describe any barriers or challenges that the project experienced in 2016-17 according to the following three pillars of the Federal Tobacco Control Strategy:

1. Leadership (designated smoke-free spaces and/or smoking-related resolutions and policies),
2. Health Promotion (related to prevention and education), and
3. Smoking Cessation.

3.2.1. LEADERSHIP

- We had challenges with the previous Bylaw officer - not reporting complaints and infractions as we had requested. However, there is now a new Bylaw officer and we will continue to work with her to encourage ongoing monitoring and reporting of tobacco related Bi-law issues. Leadership has other priorities and focus, tobacco is not currently at the top. There are urgent issues related to housing and prevalent community social issues that divert time and attention from this topic.
- Chief and Council meetings are few and far between. It takes time for us to gain access to propose and present our program ideas. At this point our propositions have required additional research in order for our Chief and Council to fully understand the benefits of our proposals for our community.
- There is no enforcement of smoke free areas and smoking designated areas.
- Leadership has recommended that we put an even further distance on our signage- such as 25 metres instead of feet. They would also like for our signs to be bigger. Leadership has been supportive. There has been some reluctance from some agency supervisors about smoking restrictions.
- A major challenge is scheduling appointments with councilors and the transition time it takes to get new leadership wanting to engage with the project when it seems like they have more pressing community issues. While there is the recognition that the misuse of tobacco is concerning it seems to not be a pressing issue on some of the leadership's agenda in the face of issue like overdosing on drugs and suicide. Understandably so, but it makes putting tobacco policy on the agenda a non-issue. Trying to balance being a project name they recall so they consider having written tobacco use policies/by-law and not becoming a bother, is also a challenge. This year the project found itself taking a step back on promoting the policy agenda so as not to come across as insensitive to vibe coming off from some leadership on what they consider priority and find ways to strategize for the 2017/18 year.

- Timeframe for approval of proposed Smoking related policies is lengthy and a slow moving process.
- Although the prevention team has the support of Chief and Council in regards to our tobacco strategies it is difficult to have any changes or modifications made into a policy/resolution. It would further help to have it documented that designated areas are "smoke-free" so that should Chief and/or Council change during an election year, there is a clear band resolution or policy already in place in regards to certain aspects of tobacco control. We have highlighted the importance of addressing in the near future, the issue of not having a Band Bylaw/Resolution in regards to individuals opening up or being allowed to operate "Smoke Shacks".
    - We note that there is a seemingly lack to support as there are no obvious sanctions for smoking 'non designated areas'. Leadership is focused on other pressing issues and the health issue of smoking regulation is not a priority.
    - There is still a lot of work to be done to respect the 9-metre zone around buildings. We are currently having trouble marking off these 9-metre zones and getting the old ashtrays removed from the walls of the buildings. We submitted the request, but action has yet to be taken. An email was sent to employees, but there is no dedicated personnel to monitor the physical areas. In our schools, it is also difficult to enforce the law, which is particularly onerous as it prescribes a total smoking ban on site. School administrators will need to be more vigilant starting in the fall to ensure compliance with the law.
- Similar to last year’s reporting, difficulties relating to designated smoke-free spaces and tobacco policies originate from not having comprehensive baseline data at the community level and not having an approach for the enforcement of smoke-free spaces. Community-level information around tobacco taxation policies and tobacco tax funding priorities are areas we are gathering more data for, but there is still a gap to be filled.
- No barriers as such.
- Part of the challenge in working with KTC reserves is that any program going in has to encompass the entirety on the scope of delivery. The program on tobacco reduction needs recreational approach, and after hours, along with worker. Leadership often only have one designate worker and does not take into consideration the genders involved.
- Municipality's By-Law department: I have been contacting them regularly to enforce their smoke free space laws with no success at all. No resolution or enforcement of laws.
- distinction between traditional and ceremonial tobacco use
- Change in staff in the communities, headquarters and Health & Wellness Committees led to a slow down of the process of implementing community quit plans. This also means that training or presentations need to be repeated regularly. Proprietors of public places and workplaces (smoke-free places) often are unaware or are unwilling to ensure their obligations under the Tobacco Control Act, specifically with regards to the smoke-free buffer zones, are being followed by their staff or the public.

- Each 10 First Nation community is unique and has its own governance structure. This diverse structure resulted in communities' not passing any smoke free bylaws in their communities. However, they have posted the smoke free signage.
- There have been no resolutions or policies created in any of the 11 FHQ First Nations. Each Nation is different and have their own designated smoke-free spaces that are not directly influenced by FHQTC.
- With staff becoming knowledgeable in the BCR making process, one challenge became evident. Enforcement of these policies are not within the work plan, or in the job description of program staff. It was clear that although enforcement of the smoke-free by-laws could not be achieved by program staff, it was still important to begin structuring a strategy for the eventual drafting of smoke-free by-laws. This is because, these smoke-free by-laws would not otherwise begin being drafted if it were not for the work of this program.

3.2.2. HEALTH PROMOTION (RELATED TO PREVENTION AND EDUCATION)

- We have not had success with the nursing station in linking to our program. We have had no referrals, that we know of, to our programs and have not been provided information about what the nursing station might offer to program clients that we see. We have inconsistency in the nurse staffing- nurses come in periodically from other communities and even other provinces, so there is no on-going link to our program and the transiency of staff makes it difficult for us to get our program on the radar. We have provided the station with promotional items such as baby bibs but we have not had success in reporting back about how many bibs were given out and if materials related to our program were also given to patients.
- Although the project is on track in some elements in terms of activity implementation, it is unlikely that all intended project objectives will be accomplished by 2018. Given that smoking/tobacco control is complicated by a range of social, structural and individual level barriers there is a need to apply wholistic approach that is long-term, sustainable and proportionate-to-the-need. Tobacco control activities and effectiveness are left vulnerable if its funding is dependent on short-term funding. Tackling social determinants as it is related to smoking would require sufficient, predictable, and sustained funding beyond 2018. Most youth have easy access to commercial tobacco, they get it from older friends or from family members. There are high amount of health care workers who smoke, this is a barrier. Because they smoke (health care workers), it is difficult for them to offer cessation advice or support Limited knowledge on the extent of the problem. There are perceptions that high smoking rate is not a significant concern or priority Limited knowledge about the difference between commercial and traditional tobacco
- We need to find creative ways to encourage participation and attendance at our activities and contests, they seem to work well.

- Four months into the 2016/17 year the project was down to 1 staff as the other staff moved on to other things. This slowed down a lot of plans for the project, especially around school presentations and community events. A new staff was hired middle of February just before the 2016/17 year ended.
- Fiscal year funding time constraints for completion of activities/competing activities that need to be carried out by community staff; shortage of staff to run programming/staff turnover in some communities.
- We had planned to have a "blue light" campaign within the community however we could not find blue lights in reasonable priced bulk amount
    - Scheduling of health promotion delivery is always a challenge in some schools because of curriculum limitations and scheduling.
    - For some communities, it is difficult to promote health due to the distance of members and the lack of resources to go directly to the schools and other environments.
- We've enjoyed excellent collaboration from the health sector, with CHRs and other frontline health workers now leading the initiative. In previous years this was not the case, and we attribute the change to the Distance Education Program aimed at frontline health workers.
- When NADDAP was introduced in incorporated a strategy to educate and delivery quality service delivery, and care. With Tobacco Reduction the NADDAP workers need this Certified Tobacco Educators (CTE) program in order to meet the standards. As alcohol is detrimental to the Indigenous Community so is tobacco reduction. The community has type 2 epidemic and having a program delivery of CTE, is much needed desperately.
- Lack of storage space or space to conduct health related activities such as having no gym space available regularly and storage for supplies.
- increasing the understanding of the distinction between traditional use of tobacco- why it is used, how it is used, and what ceremony.
- Weather and travel to the communities continues to be a challenge with implementing and supporting communities. Missing or malfunctioning resources in the communities meant that not all communities have access to a consistent level of service. Poor internet connectivity and bandwidth, even in Iqaluit, means that we can’t take for granted that once we create a resource that it can be delivered electronically.
- A need for youth strategies and youth statistics could be collected to implement programming appropriate for youth in a classroom setting or in an after school setting.
- The challenge on health promotion is being unable to attend all community events to provide prevention and education information as some events coincide and having to choose the first community that requested tobacco information. We do send out information when our team is required to be in different communities but this way lacks having the interaction with the School of Tobacco Coordinator.
- Electronic cigarettes was once again the cause for concern within presentations. With information lacking during this period, it caused a lot of debate within educational sessions

within the community. Our project struggled to develop a standing position on the topic, with the lacking information.

3.2.3. SMOKING CESSATION

- We have had ongoing challenges with encouraging participation in Smoking Cessation programs and would like to learn what has worked for other projects. We have tried prizes and contests with no participation. We have offered online links through Facebook with prizes for feedback about how people liked the online programs but with no feedback. We have learned we must have a stronger partnership with the Nurse In Charge to champion Smoking Cessation and to partner with experts at the Northern Health Region. We continue to try to achieve success in this area through innovative approaches and learning from other programs. Due to challenges in linking with nursing station and ability to partner dispensing and education about medical smoking cessation aids, this program has been impacted. We are hoping with new leadership/ senior staffing at the nurse station, the next fiscal year will show more success in this area. Because of ongoing challenges and delays related to the renovation of the building that we had envisioned for our program in year one- we have had challenges in people knowing where to go for programs and in having sufficient space for programs. We think that perhaps if we had the building ready earlier with a nice, consistent space for meetings and education, we might have had more interest in people attending smoking cessation meetings.
- Only barriers we see are the reluctance of individuals to carry through with the appointments they have made with us. Nonetheless, we carry on with a heavy presence in the community by constantly educating and creating awareness of commercial tobacco usage and its inherent consequences.
- The support from staff to implement tobacco cessation programs is a challenge because the support staff use tobacco as well. The Indigenous people of Canada have a long history with traditional use of tobacco, therefore there is need to denormalize commercial tobacco use while being respectful of the traditional tobacco. This is built on the notion that traditional and commercial uses of tobacco are two opposing ideologies and practices. Lack of capacity to expand smoking cessation training for frontline health staff. Lack of accessible clinic-based practices such as NRT
- Challenges that were faced initially were to get a "time to do the cessation class" during the treatment cycle. This has since been resolved.
- Commitment of registered participants to attend sessions still is a challenge. Looking at ways to modify current cessation manual so it is not as lengthy but still providing enough information for participants to make their quit plan and stick with it. Cessation ultimately isn't a one size fit all, finding ways to be creative in support, using text messages, FB chats, one-on-one are some ways we try to be supportive. Accepting that despite cessation

challenges with prizes, various ways to support, it doesn't always result in a quit can be a challenge in itself to continue thinking of innovative ways for cessation. Yet knowing people are more conscious of their smoking habits, thinking of quitting and some actually reducing their use of cigarettes is a milestone not to be ignored.

- When running tobacco cessation programming/contests: getting enough interest in some communities, also difficulty with getting participants to want to access supportive programming to assist with quitting, high number of individuals initially signing up then dropping out of the contest.
- The issue with smoking cessation remains the same, the majority of community members who smoke have smoked for multiple years, even decades. We often find that the only incentive for these members to attempt to stop smoking is if they are experiencing health issues. We need to focus our prevention strategies with this target group to identify how quitting can impact their health before complications arise i.e.) how smoking plays a part in their diabetes care, heart health etc.
    - The local cigarette stores promote smoking because the success of their business relies on smokers. Also, some community members hinder tobacco control measures by continuing to smoke in non-smoking zones. 3-One challenge that our Smoking Cessation Support Nurses experience is that when people are referred by doctors and other health care professionals, they are not necessarily motivated to quit at that time. Professionals may not adequately prep patients (premotivate) due to time constraints or may overestimate their "readiness to quit" in assessment.
- A recurring challenge we are finding is when discussing current and potential tobacco-related activities with communities, the issue of tobacco cessation is often not near the top of their priority list. This results in a gap in capacity to adequately implement programs and projects. Mental health, substance abuse, and traditional wellness are often where resources are being allocated.
- The main barrier to smoking cessation is the lack of ongoing support for smokers trying to quit. We will tackle this issue in our upcoming projects.
- We might do our survey which will be time consuming and labour intensive but not challenging.
- The three deterrents are:
    - 1. Northern Stores prices are very high in comparison to urban sales
    - 2. Adults do not give out cigarettes to minors
    - 3. by word of mouth mom and pops sales are told not to sell single cigarettes
- No access to a pharmacist as we are isolated by fly in/ fly out or road only in the winter.
- focus on ceremonial and traditional role of tobacco
- Competing priorities (outbreaks, primary care, social issues, vaccination, etc.) for health care providers in community health centres is always a challenge when implementing brief tobacco interventions. Many of the health care providers and the community health representatives use tobacco. It takes time to build trust and partnerships with the health

care providers before we can start working with the community population. Tobacco prevalence is so high that tobacco use is the normative culture, even when pregnant.

- A smoking cessation training was delivered to 10 First Nation community CWW & NNADAP workers. The group initially had 16 participants and on the final day had 10 who received their certification.
- Access to Nicotine Replacement Therapies in communities along with access to information about NRT's
- Although the community focused cessation group was a success. Capacity for communities to carry out their own groups had not been raised in any way, as program staff were the ones delivering and facilitating the group. This was a lot of resources and time to commit to just one community we realized after this activity. This is when the vision was broadened to strengthen the capacity within smoking cessation, for the region.

3.3. SUCCESSFUL PROCESSES COMPLETED IN 2016-17

- Community Mental Wellness. Because of the reach (very young to very old, both in and out of school) and the scope of programming (surveys, activities in and out of school, music programs- HAPPY CELEBRATIONS bringing the community together), we feel we have made a significant impact on the overall health of our community residents. There is art and music in the community that would not have been here without the program funding. The amazing health resources developed by BC Heart and Stroke would not be enjoyed by our students and teachers. We know from research that mental health and unhealthy coping strategies are clearly linked. The more we can help people in mental well-being, the more likely they may be ready for change and the "norm" in the home will change for youth. We also know that communities with high rates of perceived norms related to smoking and substance use and community disconnection are at higher risk for more and more residents engaging in prescription drug abuse. We are hopeful that by changing how people feel about themselves that we will encourage people to not smoke but that this will have an even bigger impact on destructive lifestyle choices. We definitely see an increasing awareness in the community related to our program. The youth are especially engaged in our program- we know that they are our future leaders but we also know in the short term that a lot of change in the home is instigated by the youth educating and pushing parents to make changes.
- Our program has struggled the first year we started back in February of 2016. Since then, there has been much to learn and obstacles to overcome. We have a very good team and have established great pride and integrity since our inception and have continued to grow and engage with our community at an constant and competent rate. Beginning this year we have focused on our work-plan; that is an extension of the previous work-plan, and have been successful at nearing completion of our main activities. The one most challenging project we are currently involved with is our plan to mimic a film that showcased our own Siksika/Blackfoot tobacco ceremony held back in 1958. Our Beaver bundle society recently brought back and conducted that tobacco ceremony, and our team got the opportunity to film some parts of the ceremony akin to the one filmed in 1958. We plan to utilize this film in the future by presenting it to our community and most especially our youth. We are also in the plans of creating a traditional tobacco display at our own Blackfoot Crossing Historical Park (B.C.H.P.) and will be using part of the video as part of that display. Additionally, we are in the process of building a greenhouse that will house and grow both traditional plants and tobacco to be used for didactic purposes for our community schools. All these current projects are huge projects that take time to construct and eventually become common place in our community. As we are one of the first nations in Canada that lacks in Cultural teachings to our youth it is imperative and very important to bring back some of the aspects of cultural heritage and knowledge that our youth are in need of. We feel very confident

that our projects will be completed within the year. We find that our current progress is very much a success and anticipate the coming months towards the completion of our projects.

` The Smoking Cessation Mobile App (Breathe Easy) was developed by the Northern Saskatchewan Breathe Easy which is a commercial tobacco reduction initiative implemented by NITHA and Partners (Prince Albert Grand Council, Meadow Lake Tribal Council, Peter Ballantyne Cree Nation, and Lac La Ronge Indian Band). The App project was funded by Health Canada through the Federal Tobacco Control Strategy. Breathe easy App and as the name puts it is meant to help you quit smoking so you can breathe easy! Core features of the App include: -As a smoker, I want to see the Tobacco 101 • As a smoker, I want to learn about strategies for quitting • As a smoker, I want to learn about the benefits of quitting • As a smoker, I want to calculate how much I will save by quitting • As a smoker, I want to see the events feed • As a smoker, I want to fill out my quit plan • As a smoker, I want to fill out a weekly report • As a smoker, I want to see my progress once a month (without login) The App was launched on Friday, October 21st 2016, at the Travelodge hotel with selected youth from the NITHA communities. The guest speaker for the day was Michael Linklater. Michael is currently ranked number one 3 by 3 basketball player in North America who hails from Thunderchild First Nations in Saskatchewan. Mike provided insight to the youth on how culture shaped his life. “I urge you to listen to your elders not because they are always right, but because they have enough experience of being wrong” said Mike. Also in attendance was Marcia Mirasty a motivational speaker from MLTC; 5 elders from NITHA communities who delivered powerful motivational speeches and shared their stories with tobacco. The App launch provided an avenue for the elders to teach youth the history of smoking, quitting stories and the risks associated with commercial tobacco while passing information on the traditional cultural uses of tobacco. Also, during the SCMA launch , we conducted a tobacco awareness poster contest for the youth. A total number of 70 people from NITHA communities were in attendance. As part of the Flu Campaign, worked collaboratively with Northern Inter-Tribal Health Authority influenza committee in the development of the Flu campaign poster. The Flu campaign message is: “Are you a smoker? Smoking of chewing tobacco increases your risk of getting the flu and worsens your flu symptoms. Quit smoking and get the flu shot”! The notion behind the campaign is for primary health care nurses to maximize every interaction they have with their patients and use the flu shot appointment as an opportunity to discuss commercial tobacco use and offer brief tobacco cessation intervention. The target populations are: community members who are over 65; children between 6 months and 5 years old; pregnant women; health care workers and those who have chronic health conditions.

` Blue light campaign. 7 sacred teachings (banner) summer camp. Recognition day (hoodies and congratulation cards). National non-smoking week, all week wellness classes K-Grade 8. Booths inside and outside community. Family Photo day. The acknowledgement of the

quitters through multimedia (Facebook). Having dinners, prizes, and photos taken with their family once they quit. They also told me who quit in their family and how to acknowledge their success in the road of living smoke free. I had Brighter Futures helping with the event. Families were proud of their smoke-free home photos. The smoking cessation incorporated into the addictions programming. The objective was to educate people who have mental illness and/or substance abuse history about commercial tobacco and the harmful effect and to provide an opportunity to have support to quit. This population is often overlooked for smoking cessation by health care providers.

` Growing Traditional Tobacco: In the 2016/17 fiscal year the project decided to grow traditional tobacco. Objectives: Pilot growing tobacco, Document lesson learned and process to share with community members, If successful, distribute grown tobacco to elders for ceremonies. Community Partners: The Green house, Elders, Community members (who permitted use of some space to grow). Related activities: In the middle of April, a local greenhouse assisted the project to germinate tobacco seeds for planting. They were germinated for a 45 day period and they were transplanted once and when they were ready for planting they were picked from the greenhouse. The plants were planted in 7 different communities including a community garden. Different areas were chosen to see what area the plants grew best in and also the type of soil. There were a couple of locations they did not grow well at but for the most part we ended up with big beautiful tobacco plants. At the end of August the plants were harvested and hung to dry. It is suggested that they are dried in a fairly warm place but we hung them all over the office and they dried nicely. Once dried the plants were shared with many Elders within the communities and they were so happy to have chemical free tobacco. Outcomes: - All the Elders that took some of the plants are using the tobacco in their pipes and it is used in ceremonies. - Some of the Elders have requested for seeds and wish to grow them for themselves. - Project to look into growing more tobacco plants. - Cultural facilitator of BRT6HC goes about sharing her experience with growing tobacco for the project and encourage others to try it. - To document process and have it ready to hand out.

` One successful process carried out by our project this fiscal year was having individual communities run smoke free programming in the form of youth and elder events and community health events for the general public. These events were planned and carried out by Community Health Worker and Mental Health and Addictions Staff in our communities. We had discussions with staff in the communities regarding an outline of what we were looking for with regard to these activities and provided any support requested by communities. Some examples of some of the programming includes such things as: Smoke free fishing derby's, wooden grub box making/talluk making, community breakfasts/feasts, land based outing with info session on tobacco, intensive on the land events with promotion of traditional Inuit ways/language and storytelling. The objectives of the process were to promote being smoke free and raise awareness of the strategy, passing on traditional Inuit knowledge/skills, raising awareness of the dangers of tobacco and

community capacity building. The target populations for these activities were especially targeting youth and elders along with the general public in Nunatsiavut communities. The Community partners involved were local people in the communities who had the needed skills to assist with the related activities. These include individuals such as: individuals with specific traditional skills/knowledge (wooden grub box and talluk making, latchet hook making), guides, film crew, maintenance workers, cooks and cleaners. The related outcomes to date include more widespread knowledge of the Tobacco Control Strategy, greater awareness of the dangers of tobacco use, sharing of traditional Inuit knowledge/skills, greater uptake by staff in terms of making tobacco prevention/awareness a priority in terms of programming. Community staff were very enthusiastic in terms of planning great events for community members and there was a lot of participation from members of the community. It is our hope that successful programming in terms of tobacco prevention/awareness and harm reduction can continue well into the future.

` 1-• The Health Center Inc. has partnered with Terra Cycle a recycling company. Through the program with Terra Cycle we launched a cigarette butt recycling program within the community. The Health Center purchased 7 cigarette butt recycling receptacles that were set up at key establishments within the community, such as Band Council, Human Resources, The Healing Lodge, The Health Center, and two community halls. The program pays out $1per pound for each pound over 3 pounds. The money raised through the program will be reinvested into the tobacco cessation program to insure that the program is always ongoing to serve the community. We have also seen a decrease in the amount of smokers as the public is exposed to the truth about what cigarette butts are recycled into. The program extracts the plastic by products from the cigarette butts and uses it to build plastic benches and other plastic materials. Some chemicals in the cigarette butts are used in the making of jet fuel. We also have yearly planting and harvesting of traditional tobacco in which the youth of the youth center tend to. 2-• 1. We created poster series' for the following: (a) To showcase people's ability to quit smoking, 4 community members agreed to be role models and spokespeople. They were interviewed and key elements of their stories' were highlighted on the poster. The posters were circulated on social media in digital form, organizations' info lines and in hard poster form. The hard posters were rotated in community organizations, schools, workplaces and in the community. The adult population was our target. (b) To increase the awareness of sacred tobacco use as a healthy practice, 4 community spokespeople were engaged to share their understandings. The same process for creation and delivery was completed as noted in (1). The target population is the community. 2. We partnered with Kateri Memorial Hospital Center's Traditional Medicine Unit to deliver information and interactive activities with children's groups regarding Kanien™kehaka (Mohawks) practices and teachings around sacred medicines, tobacco being the focus. These activities have been welcomed and enthusiastically requested for a second time this summer 2017. 3. A youth tobacco use survey was developed. 137 Kahnawá:ke students answered our survey. The survey was

conducted at our community high school and on school buses that travel out of community to school. We advised the students that we would echo back the findings to them. Our Education Center agreed that we could survey the students, post "Inspire' type poster series indicating our findings in many places that the students were, i.e. buses, bathrooms, high traffic areas. 4. We delivered info sessions about our findings at our community high school and on some buses, as some of our students travelling out of community to other schools that are not regularly engaged in health promotion. 3- • The blue feather campaign is a great project: The population can declare their home or car to be a smoke-free zone thanks to the awareness campaign about second-hand smoke in homes and vehicles. Building on the awareness raised by the community radio station, an information pamphlet about the campaign and the possibility of affixing a blue feather on the windows of homes, doors or vehicles, the population is clearly taking a stand on the fight against second-hand smoke. 4- • The project to place signs around the community is a good example of several stakeholders (public safety, public works, schools, community organizations, among others) joining forces to meet a shared goal. All stakeholders perform their tasks, in keeping with their areas of competence. We are fortunate to have program directors who trust us and stay informed about our progress. We are excited to proudly display these signs in French and in nelhueun, which prohibit smoking in play areas and on public terraces. This process was made possible through multiple meetings with groups and subgroups, and several consultations to ensure the project was carried out in keeping with all the sectors of the organization.

` Recognizing that traditional government-produced smoke-free signage in communities do not capture the cultural importance of traditional tobacco, we have developed our own First Nations focused signage for communities to put on display. It began with one of our colleagues discovering an impressive piece of First Nations artwork that was produced by an artist from the Coast Salish area of British Columbia. The piece is an aboriginal adaption of the typical no-smoking sign, but with traditional design and west-coast wildlife. Our team developed the idea to produce new smoke-free signage that featured this art and would be more culturally appropriate to put on display in communities around BC. We contacted the artist, and he was more than happy to give us permission to use his artwork for this purpose. Our communications team drafted several designs, and we decided on a calming blue colour with the First Nations no-smoking symbol below the phrase “Our buildings and grounds are smoke-free”. Our goal was to make the sign appropriate for communities, instead of the usual directive language from the provincial authorities. We printed the sign on a decal material that can easily be displayed in windows, and the 1’ x 1’ size allows it to be mounted on to aluminum signs as well. These can be put on or around any smoke-free spaces located within communities. We have now sent a total of 1,000 decals and 320 aluminum signs to all BC First Nations communities, as well as Friendship Centres, band offices, health centres, treatment centres and First Nations Health Authority offices around

the province. We are confident that these signs will provide communities with the capacity to convey their smoke-free spaces in a culturally appropriate and non-judgmental manner.

` The NBTI initiative is implemented in 3 parts: No Butts To It Smoke-free Challenges, Smoking Sucks Workshops for community health teams (CMCs and Youth Councils), and the Distance Education Program for CHRs. In January 2017, Wemindji joined the No Butts To It Smoke-free Challenge and Chisasibi and Mistissini each implemented their second Challenges in January and February respectively. Next year – and in the years following – more communities will join the Challenge, until we eventually include all communities. Results for the Challenges showed a significant increase in participation compared to last year; details appear below in Section 2. We held 3 Smoking Sucks Workshops – in Wemindji in December 2016, in Chisasibi in January 2017, and in Mistissini in February 2017. The format of the workshops has evolved since they were first started with youth in high schools. We now cater to the CMC teams and Youth Councils. We also integrate the Smoking Sucks Workshops with the NBTI smoke-free Challenges so that each project becomes part of a more comprehensive community-based smoke-free campaign. The Distance Education Program (DEP) started with 14 participants during 2016. Five have since left the program due to maternity leave, medical reasons, or resignation as a CHR. Several of the participants who were not on vacation at the time of the Challenges played a key leadership role during the Challenges and were able to implement aspects of their learning programs as part of their work on the Challenge team. Our idea to tightly integrate learning with action for a community health project has proved to be well received. As one participant put it: “This is the first time we have had a training that actually results in something concrete that makes a difference in the community.” No Butts To It Challenges (NBTI Challenges) Results From November 2016 to February 2017, our team worked in 3 communities on No Butts To It (NBTI) Smoke-free Challenges: Wemindji did their first Challenge over the New Year period, and Chisasibi and Mistissini both did their second Challenges (after their first ones in early 2016). 1.Who had the highest percentage for overall participation? (Calculated by dividing the total number of entrants by the local community population aged 8 and up – statistics adapted from the relevant section in the 2016 Cree Report). Wemindji 28%; Mistissini 18%; Chisasibi 14% 2.Between Chisasibi and Mistissini (which both had a previous NBTI), which community made the greatest improvement in overall participation? Mistissini 8% increase (improved from 10% in 2016 to 18% in 2017) Chisasibi 5% increase (improved from 9% in 2016 to 14% in 2017) 3. Who had the greatest proportion of smokers enter the Challenge? (Add the number of adult and youth smoker entrants and divide by the total entrants.) Chisasibi 33% (down very slightly from 34% in 2016) Mistissini 27% (down from 43% in 2016) Wemindji 27% 4. Who had the highest quit rate among adult smoker entrants? (At the end of the Challenge, our teams tried to contact each smoker entrant to hear how they did during the Challenge. Response rates for adult smoker entrants were high. Normally researchers aim to get response rates of 70% or higher. Our response rates were 92% in Chisasibi, 86% in Wemindji, and 84% in

Mistissini. This means we can be very confident about the results. To calculate the quit rates, we divided the number of smoker entrants who said they stayed quit throughout the Challenge by the total number of smoker entrants we managed to contact.) Chisasibi 63% (down from 72% in 2016) Wemindji 51% Mistissini 46% (up from 39% in 2016) 5.Who had the highest quit rate among youth smoker entrants? (Please see note about response rates in #4 above. Unfortunately, in all 3 communities we had a very hard time following up with youth: they are not easy to track down, even on Facebook. Our response rates for this question were only 65% in Chisasibi, 57% in Wemindji and 45% in Mistissini. These results must therefore be interpreted with caution. Due to the very small sample size in Wemindji [only 7 youth smokers], we don't report on that here.) Mistissini 44% (down from 53% in 2016) Chisasibi 21% (same result as in 2016) 6. Who had the best gender balance of smoker entrants? (Add the female smoker and non-smoker entrants and divide by the total entrants; same for male entrants.) Ideally, we'd like to see an almost equal number of female and male entrants; in other words, about 50% females (and 50% males). The result was a virtual tie between all 3 communities: Wemindji 57% female Chisasibi 58% female (up slightly from 55% in 2016) Mistissini 60% female (same result as in 2016) Our analysis of the NBTI Challenges gives us a great deal of useful information that we will present in various formats, targeted to be relevant for specific groups, e.g. newsletters and radio quizzes for adults and youth in each community, email newsletters for CMC teams in each community and all CMC teams in Eeyou Istchee, posters, conference papers, etc. We know that the Challenges have been well received in the communities, and we can consolidate and extend the support for tobacco reduction by sharing the lessons we have learned to develop even more momentum towards our goals.

` • Training with staff is offered by the Ekaya Pihtwaw project staff. A major training session occurred with all Community Wellness Staff on September 29, 2016, Louis Bull Staff on Aug 24, 2016, Camp custodian on October 17, 2016 and School Staff on January 2017 to name a few. • Media Campaign: Tobacco education and cessation topics are shared every Thursday either at 9:00 to 9:30 a.m. or at 1:00 to 1:30 on Hawk radio. It could be listened to by up to 10,000 people in the Four Nations and is in the background playing in every office and home. Hawk radio also attends many events hosted by the project. They are a sponsor to many events. The project maintains a Facebook page. • Weekly Support Group is available every Wednesday from 3:00 – 4:00 •Amazing Race Cessation Activity: A highly successful smoking cessation initiative has been the Amazing Race activity which continues to date. It is a pre-contemplative event to raise awareness and illustrate that it is possible to stop smoking for a short period. For this event, participants only have to commit to stop smoking for 4 hours while they embark on an Amazing Race styled event. It was held three times this fiscal and continues to grow in popularity. It will lead to longer cessation events. • Ekaya Pihtwaw held a Commit to Quit contest from January 9th to March 31, 2017. Nineteen participants began and nine people managed to complete the process. One person is still non-smoking. Next fiscal we will be moving to the Monthly Quit contest. •

Quit Kits are available for distribution at booths and during counselling session. • One on One Cessation Talks: o Number of Clients: 49 o Number of client visits:146 • Smoke Free Spaces: Last fiscal, the Team visited 131 buildings to confirm smoke free spaces and found 20 spaces that were not smoke free. This fiscal the team visited 186 spaces – an increase of 55 and found 19 were not smoke free. Three building from last fiscal are now smoke free.

` Second hand smoking survey designed for the school presentations – administered verbally. Capturing the results of exposure in the home indicates that the overwhelming majority of children are exposed to second hand smoke so that is a priority moving forward with this project. • Project record keeping tools have been designed to better capture results this year to great results. • Project weekly activity sheet by pillar designed for project staff and improve monitoring by project evaluators • Smoking Cessation tools that successful engage community developed and implemented by Project Evaluators – i.e. Amazing race • Analysis of findings in PathDMS software is ongoing.

` 1. The KTC Chiefs passed a resolution supporting the formation of Jr. Chiefs and Councils in the Keewatin Tribal Council 11 reserves. This began our strategic approach and a legacy to leave for young people living in isolated communities. It encompasses not only commercial tobacco reduction but also delinquent behavior and suicide ideation. * Getting young people to run for Jr. Chief, and also to sign up to be Jr. councilors. We have ages 13-24 signing up to be part of Jr. council. Each community has young people signing up the lowest is 78 young people, and as high as 100. With 3 reserves and over 300 have signed up and growing. * KTC newsletter * KTC Model program with youth, a empowerment strategy * elders involvement with how young people, and how both can synergy

` Any event that I facilitate has a successful number of attendants. Our community hall can have 250 guests maximum and my events bring 150 plus community members. Events that I have held include: Family event= focused on addictions and health in partnership with public health- HIV/AIDS awareness teachings. Conference= taking back your health in partnership with Indian Residential Schools program with focus on Traditional Tobacco teachings, Youth Role modelling and breaking addictions workshops. Youth fitness program in the school. Another program was the Medicine Teachings program that we had which focused on teaching community members about traditional tobacco. The regular events that I have focus on traditional Tobacco teachings, anti-addictions, and healthy living are very successful.

` Program staff report gym nights and recreation for youth helped reduce the use of tobacco as 5 participants quit as a result the program continued in both Boyer and Childs Lake.

` In May 2016 in Iqaluit, the community tobacco cessation project targeting youth benefited from a creative partnership with Atsalualik Art & Skateboard Camp, a collaborative union for Iqaluit's Youth Arts Month. It was necessary to explore alternative partnerships for the community tobacco cessation projects, as the Community Health and Wellness Committee in Iqaluit was not meeting during this time. Tobacco cessation was well-integrated into the week-long camp activities, which included 40 youth between the ages of 13 - 30. There was

an emphasis on talking about chew tobacco, as it is becoming part of the skateboard culture in Iqaluit. The Skatepark was an ideal location for our target audience, given the "skate and dip" culture that was growing in the facility. The tobacco team worked with the coordinator for the week-long skateboarding event to focus resources and messaging around reducing the use of both smoking and chewing tobacco in this population. Eight youth took cessation quit aids (NRTs) and all reported reducing their tobacco use, with one youth reporting quitting entirely. This outreach initiative has impacted the participants to date, with many youth citing this camp as a positive, educational experience to learn more about tobacco cessation and reduction.

` OBJECTIVE: To increase the capacity of community and regional workers to promote smoking cessation and prevention activities. A success of the project is the promotion of the project. Our youth took a great interest in our Art Contest and the promotion of the smoke free environments in public places was a high success. The target populations were the youth of the 10 First Nation communities and the 10 First Nation community public buildings. The project worked with partnerships with 10 First Nation communities and encouraged smoke free air laws. An out come as to why the communities did not pass any bylaw resolutions can be due to the limited amount of time given to the communities to implement new policies and adopt which effect their membership. SEE ATTACHED EVALUATION.

` The School of Tobacco was also supported by the White Raven Healing Centre Knowledge Keeper Rick Favel in using the Medicine Room to grow tobacco in March and eventually it was transplanted to an area outside the All Nations Healing Hospital where it will grow until the end of the season and then harvested for the first batch of tobacco leaves that will be used for ceremonial purposes. This has been a successful process to connect with the Knowledge Keeper and learn more about the traditional uses of tobacco. Smokerlyzer - the implementation and use of the carbon monoxide monitor has helped to create many interactions and discussions with people who use commercial cigarettes. The smokerlyzer is available for use with adults, children and pregnant women. The interactions that happen at community gatherings are crucial as they can be the interaction that helps a person in the pre-contemplation stage of change - where they have not thought about quitting smoking to having a person go through the contemplation stage where they are thinking about changing in the future. The interaction always ends with the community member receiving a "Ready, Set, Quit' booklet and a FHQ Cost of Smoking handout that they can take home. The Smokerlyzer is also very effective for those that do not smoke and can see the effects of secondhand smoke by administering the carbon monoxide monitor to a non-smoker that lives with a smoker. This device is also used weekly in the School of Tobacco Challenge and has shown to motivate participants to lower their score weekly. Participants cut down their carbon monoxide score by 10PPM from Week 1 to Week 8 and by testing participants weekly. The communities that hosted the challenge this year were

very engaged and had active weekly participants - the community health staff have been very crucial to the success of the School of Tobacco Project.

` Consultations with Peguis First Nation Elder and Peguis Garden Supervisor, Carl McCorrister was carried out. A video was produced on how to grow traditional tobacco through consultations with Carl, and filming using contracted producers. This was partnered with an initiative to encourage communities to “Grow-A-Row”. Materials, including seeds and “How-to” instructions are currently in development to be distributed within the Community Resource Toolkits.

APPENDIX A: ESSENTIAL ELEMENTS

Essential Element #1: Protection

Actions on tobacco protection measures

- Community leadership implementing youth-focused tobacco protection measures within communities (e.g. prohibiting sales to minors).
- Policies to protect community members from second hand smoke (e.g. no smoking bylaws in public places, smoke-free workplaces, reducing exposure

Essential Element #2: Reducing Access to Tobacco Products

Actions to reduce access to and availability of tobacco products within communities

- First Nations and Inuit leadership to take action to reduce demand and accessibility of tobacco products within their communities by leveraging various strategies impacting access to and availability of tobacco products, including access to low cost cigarettes.
- In communities where measures to reduce access to tobacco products are already implemented or are in place by default (e.g. Inuit communities in remote locations), activities may focus on developing strategies to ensure access to tobacco products remains limited.

Essential Element #3: Prevention

Innovative approaches to prevent tobacco misuse at the group or population level that engage and target community members in relevant settings and environments

- Integration of healthy behaviours and smoking prevention messages and activities in different settings (e.g. family/home environment, school-based programs, community programs, media, and health, cultural and, sport, recreation and treatment centres), targeting specific age-groups.
- Strong focus on children, youth and families, including youth engagement/youth-led activities.
- Elder engagement/elder-led activities.

Essential Element #4: Education

Education and skill development activities directed to community members; and, training for community workers on health promotion and tobacco-related topics

- Age and gender-specific education on the dangers of tobacco misuse (e.g. activities that focus on the family environment, peer pressure, pregnancy, second-hand smoke exposure, etc.).
- Training of health workers on effective approaches to supporting smoking prevention.

Essential Element #5: Cessation

Tools, programs, training and activities to support community members to quit smoking

or quit other forms of tobacco misuse

- Services and supports to help people quit smoking, such as nicotine replacement therapy, brief-interventions, etc.
- Linking to existing federal/provincial programming and supports, such as quit-lines.
- Providing role models, mentors and support groups to help people quit smoking.
- Training for health care workers in smoking cessation

Essential Element #6: Data Collection and Monitoring

Use of tools and strategies to collect, analyze and report on data; and, share best/promising practices

- Collection of baseline data on smoking statistics within the region/communities (e.g. rates of smoking, views of community members toward tobacco use, community needs assessments, etc.), in order to inform the planning and design of the project, including performance reporting
- Integration of data collection strategies with provincial partners to prevent duplication of interventions
- Monitoring and reporting on the project, including data collection, reporting and analysis mechanisms that align with First Nations and Inuit principles for information and research governance, such as OCAP™ and others.
- Plans to report on trends and share best/promising practices and knowledge gained from the project with partners and other communities.
- Analysis of Four Key Success Indicators:
    - An increase in the % of smoke free public spaces
    - An increase in the # and type of smoking related resolutions and policies (by Band councils, Tribal councils, governance bodies, etc.) are in place
    - The # and type of promising practices that are identified (both new and existing) and shared with other communities
    - A decrease in the # of daily smokers (in one or more sample population groups, such as adults, youth, pregnant women, etc.) in comparison to initial baseline