A Report on the Findings from the Annual Outcome Reporting Process: 2018-2019

First Nations and Inuit Component of the Federal Tobacco Control Strategy

Prepared for Indigenous Services Canada

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1.0 Introduction

This report provides findings for the First Nations and Inuit Component of the Federal Tobacco Strategy (FNIC-FTCS) projects, 2018-2019. While the FTCS has been renamed to Canada's Tobacco Strategy, the FNIC-FTCS will continue to be used for purposes of reporting on activities for 2018-2019 and 2019-2020. The FNIC-FTCS operates through Indigenous Services Canada (formerly First Nations Inuit Health Branch, Health Canada). Findings are based upon the FTCS Annual Outcome Reporting Form 2018-2019, with activities reported from April 1, 2018 through March 31, 2019. 15 Annual Outcome Reports were submitted for inclusion in this report with projects from the following regions: Nunavut, British Columbia, Alberta, Saskatchewan, Manitoba, Quebec, New Brunswick, and Newfoundland and Labrador. More specifically, these include:

2018-2019 FTCS PROJECTS
1. Battle River Treaty 6 Health Centre
2. Beaver First Nation
3. British Colombia 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. Mawiw Council
10. Northern Inter-Tribal Health Authority
11. Nunavik Regional Board of Health and Social Services
12. Nunatsiavut Government Department of Health and Social Development
13. Samson Community Wellness
14. Siksika Health Services
15. Southeast Resource Development Council

Limitations of this report are:

- 15 of 18 Community of Practice Annual Report Forms were received.
- One project involving multiple sites included only the most recent site information and not all. This project noted that the current reporting process makes it difficult to capture such a situation.
- There were initial challenges with the format of FTCS Annual Report Form, which resulted in some Communities of Practice (CoPs, i.e. projects) using the previous year's form (2017-2018) which included questions not included in the current form (i.e. barriers or challenges experienced in the areas of leadership, health promotion, and smoking cessation).

2.0 Background

The FNIC-FTCS:

- Aims to promote information and knowledge sharing

- Supports the development and implementation of comprehensive tobacco control projects that are wholistic, and socially and culturally appropriate
- Strives to reduce non-traditional tobacco use while maintaining respect and recognition for traditional forms and uses of tobacco within communities.

A Community of Practice (CoP) are described as the selected First Nations and Inuit communities or organizations who received funding through the FTCS and its field of practice is the implementation of comprehensive commercial tobacco control strategies and interventions aimed at reducing or preventing tobacco misuse within these communities. In 2017, members of the CoP met in Tsuut'ina territory to develop a position paper entitled, "2017 FNI-FTCS Community of Practice: Respecting Tobacco – A Discussion Paper to Inform Future Federal Tobacco Control in Canada". This paper highlights important messaging of respecting sacred and natural tobacco.

The main objectives of the FNIC- FTCS 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 FTCS are[1]:

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

The National Aboriginal Diabetes Association (NADA) is an open, independent, grassroots organization that envisions diabetes-free healthy communities. Its mission is to lead the promotion of health environments to prevent and manage diabetes by working together with people, communities and organizations. NADA issued a Request for Proposals (RFP) for evaluation and support services for the FNIC-FTCS 2018-2019 Annual Reporting and to assist with the annual Face to Face (F2F) Gatherings and preparation of that event reporting. The independent evaluators who were successful applicants in this competitive process provide this and the F2F reporting for 2018-2019.

Earlier in the evaluation process, it was shared that improvements to reporting requirements would be obtained for future consideration. This was confirmed at the September 2019 Face to Face Gathering.

[1] Please see Appendix for more details of these six essential elements.

Feedback provided by CoPs through this 2018-2019 evaluation process, suggested next steps provided at the September 2019 Face to Face Gathering, additional outreach to CoPs not in attendance at that gathering, and an Evaluation Circle to be established, will be rolled up into additional reporting (i.e. addendum) before March 31, 2019 for inclusion in overall FNIC-FTCS reporting. These activities will be coordinated by the evaluators with support from NADA, and where appropriate, ISC.

3.0 Findings

3.1 Communities Served

The number of communities served range from 3 to 201, with a total number of 368. The following table provides more detail by region:

REGION	TOTAL # OF COMMUNITIES SERVED
Nunavut	25
British Columbia	201
Alberta	8
Saskatchewan	50
Manitoba	37
Quebec	37
New Brunswick	3
Newfoundland and Labrador	7

3.2 Target Populations Reached

The highest aggregate percentage of types of target populations reached are:

- Healthcare managers and staff: 100%
- Students in grades 1-12; pregnant mothers: 93%
- Residents with chronic diseases; children/youth in non-school settings; adults in general population; other community leadership; and elders: 87%

The following table provides the aggregate percentage of target populations reached by all types:

TARGET POPULATIONS PROJECTS REACHED, BY TYPE	PERCENT (%)
Infants	60
Preschool children	66
Students in grades 1 to 12	93
Children/youth in non-school settings	87
Pregnant mothers	93
Caregivers with children at home	73
Residents with chronic diseases	87

TARGET POPULATIONS PROJECTS REACHED, BY TYPE	PERCENT (%)
Adults in the general population	87
Mental health clients	53
Clients in addictions treatment/rehab	33
School administrators and staff	73
Healthcare mangers and staff	100
Chiefs and Band Councillors	73
Business owners/retailers	67
Other community leadership	87
Elders	87
Recreation managers and staff	73
Other(s): ▪ Inuit organizations ▪ Local school and children ▪ Prenatal mothers ▪ Regional/Provincial Partners	3 projects noted others

3.3 Community Partners

The highest aggregate percentage of community partners are:

- Schools; youth role models; community elders/elder councils: 93%
- Nurses: 87%
- Addictions services providers; educators: 80%

The following table provides the aggregate percentage of target populations reached by all types:

COMMUNITY PARTNERS	PERCENT (%)
Chiefs and Band Councillors	60
Community Elders/Elder Councils	93
Aboriginal Healers	53
Physicians	53
Nurses	87
CancerCare/Cancer treatment centres	27
Dental care specialists	40
Pharmacists	60
Other healthcare service providers	73
Mental health service providers	73
Local Lung Association	47
Addictions service providers e.g. NNADP	80
Self-help organizations working with smokers	20
Schools	93
Educators	80
Daycares	33
Aboriginal Head Start	60
Recreation Centres	73

COMMUNITY PARTNERS	PERCENT (%)
Friendship Centres	40
Youth Councils	60
Youth Role Models	93
Provincial/Territorial Governments	47
Federal/Provincial police	40
First Nation police	20
Bylaw Officers	27
Child and Family Services	53
Business owners/Retailers	53
University/College Instructors	27
Community Media	73
Other(s): ▪ Health and Wellness Workers ▪ Youth Adults/Colleges/University Students ▪ Nunavummiut ▪ Alberta Health Services ▪ Elders and Organizations outside current Region ▪ School teachers ▪ Health workers ▪ Recreation workers ▪ Health centres ▪ Canadian Cancer Society ▪ Canadian Support Group ▪ Community Wellness Worker ▪ Municipal Mayors ▪ Youth Fusion Coordinators	6 projects noted others

3.4 Smoke Free Spaces

The highest aggregate number of smoke free spaces (indoor/outdoor) in the communities are:

- Schools: 139/170
- Health Centres: 104/128
- Aboriginal Head Start Sites: 72/93

The following table provides the aggregate percentage of smoke free spaces in the communities:

TYPE OF BUILDING OR SPACE	SMOKE FREE OUTDOORS	SMOKE FREE INDOORS
First Nations/Band Offices	46	148
Aboriginal Head Start Sites	72	93
Daycares	45	70
Schools	139	170
Health Centres	104	128

TYPE OF BUILDING OR SPACE	SMOKE FREE OUTDOORS	SMOKE FREE INDOORS
Community/Rec Centres	20	59
Outdoor Sports Facilities	21	11
Playgrounds	23	17
Stores	27	58
Restaurants	20	45
Bingo Halls	5	10
Other(s):		
▪ Public Events		
▪ Concert		
▪ Feast		
▪ Learning Centre	3	3
▪ Friendship Centre	6	6
▪ RCMP	2	2
▪ Private Buildings	7	8
▪ Public Buildings	19	19
▪ Sweat Lodges		7
▪ Community Building	7	10
▪ Elder Centre		1
▪ Bar		1
▪ Municipal Office		4
▪ Church	3	3
▪ Fire Station	3	3
▪ Youth Centre	2	2
▪ Family Res	1	1
▪ Inuit community governments	5	5
▪ Supportive housing		10

3.5 Smoking-Related Resolutions

A total of 23 smoking-related resolutions were passed. The highest aggregate percentage of smoking-related resolutions are:

- Expanding smoke free perimeters surrounding smoke free buildings and spaces: 27%
- Designated smoke free public spaces: 20%
- Enforcing smoke free public spaces, promoting smoke free homes, promoting smoke free (when young children are in the vehicle): 13%

The following table provides the aggregate percentage of smoking related resolutions are:

TYPE OF SMOKE RELATED RESOLUTION	PERCENT (%)
Designated smoke free public spaces	20
Enforcing smoke free public spaces	13
Promoting smoke free homes	13

TYPE OF SMOKE RELATED RESOLUTION	PERCENT (%)
Promoting smoke free vehicles (when young children are in the vehicle)	13
Expanding smoke free perimeters surrounding smoke free buildings and spaces	27
Using tobacco related revenues to fund health promotion activities	
Other(s):	
▪ Changed the title of the Act to include smoke free spaces	6
▪ Changed the legal definition of smoke to include vaping and cannabis consumption	6

3.6 Daily Smokers

3.6.1 Decrease in the Percentage of Daily Smokers, By Target Group

The following table provides the aggregate responses from projects about smoking related data they had obtained by interventions target groups:

INTERVENTION TARGET GROUPS	COUNT STARTING PROGRAM INTERVENTION	COUNT COMPLETING PROGRAM	COUNT REDUCING SMOKING	COUNT QUITTING SMOKING
Pregnant women	131	36	19	18
Caregivers of infants, young children (< 3 years)	73	88	27	8
Program participants in community-based smoking cessation programs	3109	1304	30	20
School aged children and youth	3089	705	8	7
Caregivers participating in community-based programs	215	81	10	5
Health care workers in specific settings (i.e. community health centres)	140	100	23	2
Elders	68	50	15	11
Clients in addictions treatment/rehab	73	49	30	11
Adults in general population	3110	405	56	69
Other(s):	54			
▪ Tobacco Time Out		1110		1110
▪ Online phone in support	5			
▪ Families	1032	1032		
TOTALS	**11,099**	**4,960**	**218**	**1,261**

3.6.2 Population/Community Level Survey on Cessation Information

5 total projects indicated they collect smoking cessation data using a population/community level survey. This sub-section provides findings from these 5 projects that responded in the affirmative for question 8 of the Report Form and completed subsequent related questions (i.e. questions 8.1-8.6.1). The following table provides an overview of responses:

	Population(s) Surveyed	Study Status	Actual or Planned Sample	Response Rate (if data has been completed)	Baseline Prevalence of Daily Smokers (if known)	Plans to Replicate Study in the future (if so, next study date)
Project 1	▪ LQAS – General Population (Age 16+) ▪ Biological mothers of infants (Age 0-11 mos.)	In process	150/150	N/A	74%	Don't know; 2021
Project 2	▪ General Adult population ▪ Children/youth ▪ Caregivers	Completed	659	97%	42.3%	No
Project 3	▪ School-aged children and youth (Grades 5-12) ▪ General Adult population	In process	1000	100%	55.4% (last known)	Yes; ongoing
Project 4	*Information not provided in report form.*	*Information not provided in report form.*	200	98%	*Information not provided in report form.*	*Information not provided in report form.*
Project 5	▪ Household ▪ Youth	Completed	▪ 797 ▪ 112 (respectively)	55%	60% of households have 1+ smokers	Don't know

3.7 Promising Practices

Projects were asked to describe promising practices that have been developed or implemented during the 2018-2019 fiscal year under the three pillars of the Federal Tobacco Strategy – leadership, health promotion, and smoking cessation. For purposes of this report, promising practices are described as including, as examples: lessons learned, new concepts, or successful activities. Findings are presented thematically.

3.7.1 Leadership

The themes emerging from responses on promising practices for leadership are:

- Local leadership is essential, including Band leadership, staff, and health program leaders role-modelling.
- Distribution of signage and posters in high traffic areas.

Other promising practices are:

- Presentations on workplace policy changes
- A seat at the provincial health authority tobacco reduction council
- Taking the pledge challenge into homes and conducting home visits
- Development of a template for wide-use and its presentation at a national conference with other regions making inquiries about the template
- Community-based education and action – plan, implement and evaluate
- Community-led proposals for World No Tobacco Day with an emphasis on traditional and group activities to engage community members and keep their interest.

Some noted that there are various challenges to integrating smoking-related resolutions and policies. This includes that the policy change and decision-making processes take time. Others expressed this area is currently in development or ongoing efforts are being made.

3.7.2 Health Promotion

Themes emerging from responses regarding promising practices for health promotion (related to prevention and education) are:

- Quit Challenges/Tobacco Time-Out Challenges: These range in duration from 24 hours to longer periods of time and include health-related incentives and/or follow-up supports, e.g. Facebook support group or cultural support.
- Community Outreach: through community events, combining information with other issues, e.g. cannabis, meth, and opioids; youth gathering, including personal quit stories and interest in other areas such as vaping; information sessions in the schools on harmful effects of commercial tobacco and the traditional use of tobacco; and on NRT awareness.
- Resource Materials: focus on increasing education and undertaking targeted awareness, including on harmful effects and on traditional use of tobacco; training and manual development; health kits; toolkits, including a comprehensive community resource toolkit for use by frontline staff.
- Use of social media is effective.
- Partnerships are helpful: with local health programs and businesses; and use of role-modelling (including videos posted on social media).

Some noted the effectiveness of staff activities (e.g. monthly meetings with evaluator, training and the addition of new staff); and smoke free buildings, band-used vans, and buffers.

A couple of barriers and challenges were also identified: waiting for confirmation from certain departments to make presentations; and inability to attend all community events due to scheduling conflicts.

3.7.3 Smoking Cessation

Themes emerging from responses in the Annual Outcome Report regarding promising practices for smoking cessation are:

- Quit and School of Tobacco Challenges
- Partnerships and Collaboration: examples include - self-developed support groups at community and regional levels; smoking cessation program development with local health and wellness centre; and development of a referral processes.
- Community Outreach: in schools, to elders (e.g. at monthly bingo), and through community events.
- Nicotine Replacement Therapy (NRT): facilitated through collaborations, though a few CoPs reported there is little interest in NRT ("people are more likely to quit cold turkey inspired by collective momentum of the challenge").

Additional promising practices for smoking cessation are:

- *It's Time Inuit Smoking Cessation Toolkit* project pilot where training 2 facilitators from each community involved to ensure sustainability of project and to share workload were keys to success as well as having culturally relevant materials already available.
- Community-based cessation programs
- Increased human resources
- One-on-one cessation talks including home visits
- Tobacco cessation inner circle
- Ribbon skirt making
- More effective when done in the primary language of the participants
- Celebrating successes/harm reduction lens

A few barriers and challenges were identified:

- Turnover in personnel
- Resistance and ambivalence from those who smoke commercial tobacco
- Access to information about NRTs on-reserve and limited time for one-on-one cessation

3.7.4 Successful Processes

Key themes emerging from responses regarding promising practices for successful processes are:

- **Creativity**: examples include board game development, Amazing Race activity, and Community Champions Initiative.
- **Quit Challenges**. In one instance, it was noted that "the project expanded with more than double the people signing up for the quit challenges – exceptional community teams supported by the regional project team."
- **Use of Media/Communication**: examples include - telehealth, radio, social media platforms, and an overall media campaign.
- **Partnerships**: examples include - School of Tobacco; toolkit development; annual conference with partner First Nations with near 80% participation rate for the past 3 years and attendance from other regions.
- **Building/Using Evidence Base**: examples include - community research toward development of funding agreements; community surveys to develop next steps; and environmental scan on concurrent tobacco and cannabis use.
- **Community Engagement**: such as land-based activities for children, youth and families. It was stated, "Community involvement is a critical factor for success in a range of programs."

Additional promising practices for successful processes are:

- Demonstration of the use of NRT
- Youth recreation program
- Youth outreach and services in schools and expansion to all departments and staff
- Smoke-free homes
- Smokelyzer project as a tool to create awareness on impact of smoking
- Walking Challenge
- Wellness sessions/event (including specifically for men)

Appendix – Six 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 secondhand 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 of 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 programing 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.