

2019-
2020

A Report on the Findings from the Annual Outcome Reporting Process: 2019-2020

First Nations and Inuit Component of the Federal Tobacco Control Strategy

SUBMITTED TO INDIGENOUS SERVICES CANADA – SEPTEMBER 2020

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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, 2019-2020. 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 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 2019-2020, with activities reported from April 1, 2019 through March 31, 2020.

10 Annual Outcome Reports were submitted for inclusion in this report with projects from the following regions: Nunavut, British Columbia, Alberta, Saskatchewan, Manitoba, and New Brunswick. More specifically, these include:

2019-2020 FTCS PROJECTS
1. Battle River Treaty 6 Health Centre
2. British Columbia First Nations Health Authority Tobacco Strategy
3. Chemawawin Cree Nation/Chemawawin Health Authority
4. Department of Health, Government of Nunavut, Tobacco Reduction
5. File Hills Qu'Appelle Tribal Council
6. Mawiw Council
7. Northern Inter-Tribal Health Authority
8. Samson Community Wellness
9. Siksika Health Services
10. Southeast Resource Development Council

A limitation of this report is that 10 of 13 Community of Practice Annual Report Forms were received.

2.0 Background

The National Indigenous Diabetes Association (NIDA) 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. In 2018, NIDA 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 provided these services for the 2018-2019 and 2019-2020 fiscal years.

A Community of Practice (CoP) is described as the selected First Nation and Inuit community or organization which received funding through the FTCS. The CoP field of practice is the implementation of comprehensive commercial tobacco control strategies and interventions aimed at reducing or preventing tobacco misuse within these communities.

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, and
- Strives to reduce non-traditional tobacco use while maintaining respect and recognition for traditional forms and uses of tobacco within communities.

In 2017, CoP members developed 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. Protection
2. Reducing Access to Tobacco Products
3. Prevention
4. Education
5. Cessation
6. Data Collection and Monitoring

3.0 Findings

3.1 Communities Served

A total of 276 communities were served by the 10 projects in 6 regions included in this report. There are a range of communities involved in each project. As example, one project included 1 community while another included 150 communities. The following table provides the total number of communities served by each region:

REGION	TOTAL # OF COMMUNITIES SERVED
Nunavut	25
British Columbia	150
Alberta	6
Saskatchewan	49
Manitoba	43
New Brunswick	3

3.2 Target Populations Reached

Tobacco-reduction activities of projects were designed to reach a range of residents and service providers. The following table outlines specific types of targeted populations and the percentage of total projects that reported reaching each type:

TARGET POPULATIONS PROJECTS REACHED, BY TYPE	PERCENTAGE OF TOTAL PROJECTS (%)
Infants	50%
Preschool children	60%
Students in grades 1 to 12	90%
Children/youth in non-school settings	90%
Pregnant mothers	100%
Caregivers with children at home	90%
Residents with chronic diseases	70%
Adults in the general population	100%
Mental health clients	80%
Clients in addictions treatment/rehab	50%
School administrators and staff	90%
Healthcare managers and staff	100%
Chiefs and Band Councillors	90%
Business owners/retailers	60%
Other community leadership	90%
Elders	100%
Recreation managers and staff	80%
Other(s):	
▪ Inuit Organizations	10%
▪ Medical Boarding Home Clients	10%
▪ Friendship Centre	10%
▪ GED Students, English and French Schools	10%

This table highlights that all projects (100%) targeted and reached pregnant mothers, adults in the general population, health care managers and staff, and elders.

3.3 Community Partners

Projects involved in this report were each asked to identify their respective community partners to date and up to March 31, 2020. The following table lists community partners and provides the percentage of total number of projects that indicated a partnership with each type of partner in this listing:

COMMUNITY PARTNERS	PERCENTAGE OF TOTAL PROJECTS (%)
Chiefs and Band Councillors	80%

COMMUNITY PARTNERS	PERCENTAGE OF TOTAL PROJECTS (%)
Community Elders/Elder Councils	90%
Aboriginal Healers	70%
Physicians	50%
Nurses	90%
CancerCare/Cancer treatment centres	30%
Dental care specialists	50%
Pharmacists	60%
Other healthcare service providers	70%
Mental health service providers	100%
Local Lung Association	70%
Addictions service providers e.g. NNADP	90%
Self-help organizations working with smokers	10%
Schools	100%
Educators	90%
Daycares	70%
Aboriginal Head Start	70%
Recreation Centres	70%
Friendship Centres	40%
Youth Councils	70%
Youth Role Models	90%
Provincial/Territorial Governments	20%
Federal/Provincial police	20%
First Nation police	10%
Bylaw Officers	20%
Child and Family Services	50%
Business owners/Retailers	70%
University/College Instructors	50%
Community Media	80%
Other(s): as noted by 4 CoPs	
▪ Health and Wellness Workers	10%
▪ University/College Students	10%
▪ Nunavummiut	10%
▪ Maternal Child Health Workers	10%
▪ Elders and organization outside region that work in commercial tobacco	10%
▪ High Schools	10%
▪ Adult Education	10%
▪ Health Centres First Nations Help Desk	10%

This table highlights that all projects (100%) partnered with schools and mental health service providers. It also highlights that almost all projects (90%) partnered with elders/elders' councils, nurses, addictions service providers, educators, and role models.

3.4 Smoke Free Spaces

Projects included in this report were provided with a listing of locations within community and were asked to provide the number of these locations that were smoke-free regarding commercial tobacco inside and outside prior to March 31, 2020. Projects were instructed to leave reporting fields blank within the reporting form if they did not know about the smoke-free status of any one of these locations, or to enter a “0” if the answer is “none”. The following tables provide findings for outdoor and indoor smoke free spaces:

Smoke Free Outdoors

TYPE OF BUILDING OR SPACE	# OF TOTAL SPACES FOR ALL PROJECTS REPORTING #’S	# OF TOTAL PROJECTS REPORTING “DO NOT KNOW”	# OF TOTAL PROJECTS REPORTING “NONE”
First Nations/Band Offices¹		7	2
Aboriginal Head Start Sites	51	3	1
Daycares²	36	2	0
Schools	103	2	0
Health Centres	78	2	1
Community/Rec Centres³	18	4	1
Outdoor Sports Facilities⁴	12	5	1
Playgrounds	20	4	2
Stores	28	4	1
Restaurants	2	6	2
Bingo Halls⁵	10	4	1
Other(s):			
<ul style="list-style-type: none"> ▪ Public Events ▪ Concerts ▪ Feasts 	1 project reported “All” for each of these spaces but did not provide #s.		
<ul style="list-style-type: none"> ▪ RCMP 	1		
Private Buildings	26		
<ul style="list-style-type: none"> ▪ Clinics ▪ Cultural Centre ▪ Church ▪ Bar ▪ Gaming 	1 1 3 1 1		

¹ One project reported “N/A”.

² One project reported “All” but did not provide a specific number.

³ Same as above.

⁴ Same as above.

⁵ One project reported “N/A”.

TYPE OF BUILDING OR SPACE	# OF TOTAL SPACES FOR ALL PROJECTS REPORTING #’S	# OF TOTAL PROJECTS REPORTING “DO NOT KNOW”	# OF TOTAL PROJECTS REPORTING “NONE”
Entertainment			
▪ Learning Centre, Youth Centres Services Building	3		

Smoke Free Indoors

TYPE OF BUILDING OR SPACE	# OF TOTAL SPACES FOR ALL PROJECTS REPORTING #’S	# OF PROJECTS REPORTING “DO NOT KNOW”	# OF PROJECTS REPORTING “NONE”
First Nations/Band Offices ⁶	185	1	1
Aboriginal Head Start Sites ⁷	79	1	1
Daycares	36	1	1
Schools	128	1	1
Health Centres	109	1	1
Community/Rec Centres ⁸	18	2	2
Outdoor Sports Facilities	2	2 ⁹	
Playgrounds	19	7	0
Stores ¹⁰	46	2	1
Restaurants ¹¹	5	3	2
Bingo Halls	10	5	1
Other(s):			
▪ Public Events	1 project reported “All” for each of these spaces but did not provide #s.		
▪ Concerts			
▪ Feasts			
▪ RCMP	1		
Private Buildings	27		
▪ Clinics	1		
▪ Cultural Centre	1		
▪ Church	3		
▪ Bar	1		

⁶ One project reported “N/A”.

⁷ One project reported “All” but did not provide a specific number.

⁸ Same as above.

⁹ Two projects created fields within the reporting form to report numbers.

¹⁰ One project reported “All” but did not provide a specific number.

¹¹ Same as above.

TYPE OF BUILDING OR SPACE	# OF TOTAL SPACES FOR ALL PROJECTS REPORTING #'S	# OF PROJECTS REPORTING "DO NOT KNOW"	# OF PROJECTS REPORTING "NONE"
▪ Gaming Entertainment	1		
▪ Learning Centre, Youth Centres Services Building	3		

3.5 Smoking-Related Resolutions

Projects were asked to think about all communities involved in their initiative and how many smoking-related resolutions had been passed by the Band Councils, Tribal Councils, or other governance bodies of these communities prior to March 31, 2020. Further, projects were provided the following listing from which to choose to describe the purposes of these resolutions.

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

Only one project reported a smoking related resolution was passed prior to March 31, 2021. It related to designated smoke free public spaces.

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 all projects about smoking related data obtained by target group for interventions.¹²

¹² It must be noted that one project did not provide data but indicated they had conducted a survey. Also, in some instances, through data was provided for count starting or completing program, fields for counts in reduction and/or for quitting smoking were left blank.

INTERVENTION TARGET GROUPS	COUNT STARTING PROGRAM INTERVENTION	COUNT COMPLETING PROGRAM	COUNT REDUCING SMOKING	COUNT QUITTING SMOKING
Pregnant women	45	20	0	0
Caregivers of infants, young children (< 3 years)	72	72	0	0
Program participants in community-based smoking cessation programs	758	402	340	7
School aged children and youth	2,475	1,575	0	3
Caregivers participating in community-based programs	15	15	0	0
Health care workers in specific settings (i.e. community health centres)	611	32	12	9
Elders	120	70		
Clients in addictions treatment/rehab	46	33	9	1
Adults in general population	1,692	800		3
Other(s):				
▪ Tobacco Time Out				
▪ Online phone in support				
▪ Families				
▪ Friendship Centre	17	10	2	0
▪ GED/Adult Education	6	6		
▪ Tobacco Timeout Contest – Adults General Population	383	383	383	
TOTALS	6,240	3,418	746	23

3.6.2 Population/Community Level Survey on Cessation Information

9 total projects indicated collection of smoking cessation data using a population/community level survey by providing information in this section of the annual report form (i.e. questions 8.1-8.6.1). 6 of these 9 report their study status as “in process”. The following table provides an overview of project 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	General Population, aged 16 years and older (Random	In Process	150/150	N/A	74%	Don't know

	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)
	Sample)					
Project 2	General Public through annual flu clinics and community events	Completed	1085	100%	30%	Don't know
Project 3	<i>No Answer</i>	In Process	<i>No answer</i>	<i>No answer</i>	<i>No Answer</i>	<i>No Answer</i>
Project 4	<i>No Answer</i>	In Process	<i>No answer</i>	<i>No answer</i>	<i>No Answer</i>	<i>No Answer</i>
Project 5	Youth and Pre/Post Natal Mothers	In Process	5,000	No answer	47%	Yes, April 2022
Project 6	Students in grades 5-9, community residents in all 36 communities	In Process	Planned	Ongoing	55.4%	March 2020-March 2021
Project 7	Community surveys for all 7 reserves	In Process	10,000	0%	0%	May 2021
Project 8	5-70 years old	Completed	<i>No answer</i>	<i>No answer</i>	<i>No Answer</i>	N/A
Project 9	<i>No answer</i>	Completed	<i>No answer</i>	<i>No answer</i>	<i>No answer</i>	<i>No answer</i>

3.7 Promising Practices

Projects were asked to describe promising practices that have been developed or implemented during the 2019-2020 fiscal year under the three pillars of the Federal Tobacco Control Strategy – leadership, health promotion, and smoking cessation. For the purposes of this report, promising practices can be lessons learned, new concepts or successful activities. The findings regarding promising practice are presented thematically in this section.

3.7.1 Leadership

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

- The importance of leadership support and inclusion, ensuring standing item discussions on healthy programming and staff education sessions and enforcement of smoke free policies.
- Networking and engaging with political and health leadership at various regional events.
- No significant changes to policies or resolutions

Other promising practices are:

- Provincial partnership with Ministry of Health and other Health Authorities to respond to emergent needs to access smoke free resources during the pandemic, partnership will also contribute to higher level policy changes to decrease the gap between Indigenous and non-Indigenous smoking prevalence.
- Development of signage that incorporates culture, art and design and distribution of culturally safe smoke free signage to all communities the program serves.
- Inclusion of youth programming on traditional tobacco and commercial tobacco and the differences.
- Ongoing development of resources/materials such as flyers and surveys.
- Training of staff in various programming related to the position.
- Support from leadership for staff education sessions during work time and ongoing focus with community members seeking smoking cessation education.
- Data collection on commercial and traditional tobacco use resulted in good statistics.
- Networking and building trust and relationships with resources and businesses ensuring ongoing signage. Signage changes included vaping and cannabis misuse.
- New legislation on buffer zones around public buildings to 9 meters and creation of smoke free places and resources for public places.

Some programs noted that there were negative impacts to programming due to the pandemic.

3.7.2 Health Promotion

The themes emerging from responses on promising practices for health promotion are:

- Education Programming: in schools for various grades and providing presentations and educational materials, programs were adapted to grade level and included lung health games, visuals on difference in smoking and non-smoking lungs and carbon monoxide impacts to the body, and vaping.
- Community Programming: ongoing and regular meetings, and presentations and booths at various community events such as, health fairs, treaty days, powwows, wellness days, conferences and for various groups.
- New Programming: inclusion of vaping and cannabis use due to new legislation and increased use of vaping by youth, new campaigns such as door knockers program related to the butt our campaign, and a focus on youth and capacity building of youth in focussed programming.
- Increased requests for presentations on traditional tobacco for ceremonial use.
- Ongoing use of social media to educate and provide resources and materials.

Other promising practices included:

- Health promotion of keeping tobacco sacred and focussing on traditional tobacco use for successful in engagement of youth and communities.

- Partnerships with external resources such as Indigenous Sports Physical Activity and Recreation Council through events to leverage more sport and recreation initiatives as part of the lung health programming.
- Target audience education resources and providing swag.
- Ensuring a strong presence in Indigenous provincial youth events has led to strong partnerships with a goal to reach youth and create new provincial wide programming.
- Development of fact sheets on COVID-19. As an example, a “Smoking and Vaping: What’s the risk?” fact sheet was welcomed at the beginning of the pandemic when there was little information about smoking and the coronavirus. More information on these linkages is needed to support smoking reduction and cessation.
- Community-led programs included sewing programs for mothers and daughters, tobacco reduction concerts, and on the land programming.
- Group programming on traditional activities – inclusion of youth to elders.
- Implementation of specific wellness days working with other resources to provide health and wellness programming including traditional use of tobacco.
- Collaborating with other resources (internal and external to community) to redevelop tobacco cessation programming and use of programming such as Body Walk.
- Inclusion of First Nation language in signage in public places in the community.

A few programs shared that programming was impacted due to the pandemic and delayed funding or none to some communities.

3.7.3 Smoking Cessation

Themes emerging from promising practices on smoking cessation are:

- Focussed programming in areas of women, men, youth, or delivery of previous successful programming.
- Online programming through social media or online platforms promoting contests and highlighting of special days and events such as World No Tobacco Day and National Non-Smoking Week.
- Successful collaboration with other resources in smoking cessation programming.

Other promising practices for smoking cessation included:

- Successful strategies include challenges, smokerlyzer testings and one-on-one quitting tips.
- Development of culturally significant quit tools and resources based on traditional wellness and land-based teachings, including land based quit kits, prayers, traditional tea blends for lung health, etc.
- Training of health care professionals in smoking cessation led by Western and Indigenous presenters.
- Specialized Indigenous program developed with regional partners to train First Nation facilitators.
- Cessation booths at community events.

- Partnership with resources to implement new challenges.
- Utilization of School of Tobacco Challenge using various tools such as elder video, nutrition education, tobacco planning, journaling by participants, and community challenges.
- Providing smudge kits as an incentive for ongoing smoking cessation.
- Development of online programming and sharing of existing toolkit developed to other First Nation communities and also the finalization of program's educational video.
- Ongoing programming through a YouTube channel to provide community wellness programming.
- Conducting an open invitation group session that resulted in 9 of 12 employees to quit smoking and the other 3 reducing their cigarettes per day.
- Focused programming such as the Amazing Race continue to be delivered resulting in successful smoking cessation and in collaboration with other resources.
- Providing enhanced cessation programming in boarding homes that support medical travel on a weekly to bi-weekly basis. Nicotine replacement therapy and cessation tools were provided to interested clients.
- Evolution of the smoking cessation program has been monitored to create new challenges and interest.

Some programs noted challenges including:

- Low participation in smoking cessation programs. Contests and incentive have not worked. The programs will continue to re-evaluate, network with other resources, build stronger partnerships for campaigns, and look at new and innovative ways to achieve success.
- Programs with a large population and growing interest are finding it challenging to meet individually or provide enhanced intervention programming.
- The pandemic has also negatively impacted programming through loss of participants.

3.7.4 Successful Process

Projects were asked to describe one successful process that their project completed in 2019-2020. They were asked to share the objectives of the process, target populations and other community partners or champions involved, and the activities associated with this process and related outcomes to date. Project responses are as follows:

- Focus on youth through annual gathering to empower and encourage the youth to make positive healthy choices and receive educational information.
- Development of a dedicated YouTube channel for outreach during pandemic.
- New approach to educate youth on cessation by providing education on vaping and smoking and their effects on the brain and body.
- Partnership with external resources such as the Lung Association and Canadian Cancer Society and Youth to present to MLA's in the legislative building about vaping and impacts on youth on reserves.
- Increased classroom presence through increased monthly presentations and discussions on smoking and vaping.

- Planning and implementation of a 2-day North-wide Youth workshop with 144 participants from the program's northern communities with a focus on smoking cessation, education, prevention, and protection.
- Promotion of smoke free homes and utilizing of green bulbs at the front door to indicate smoke free. As a result many members are smoking outside their homes.
- Use of social media to engage and reach a wider audience through online education information and contests.
- Hosting of the 5th Annual Tobacco Conference bridging indigenous knowledge and providing information on commercial tobacco.
- Encouraging of youth and elders in programming through land-based teachings and gatherings.
- Utilization of webinars to provide information and sharing of established toolkit to other First Nation communities.
- Ensuring a project strong in collaboration between all resources, revamping campaigns, and messaging to address new and emerging issues. Programs understand that it is also important to meet and work with community members individually or per home to dive deep into concerns and provide enhanced support.
- The provision of Nicotine Replacement Therapy (NRT) and other cessation supports was provided in the preferred language and promotion on local radio, through social media, at events, and in materials. The program was able to provide information to counter the misconceptions regarding NRT. Samples were provided directly to clients through the events.
- Utilizing cultural and holistic approaches to traditional wellness, indigenous harm reduction, traditional uses of tobacco, and language helps to promote smoking cessation/reduction. Creation of traditional wellness quit kits, traditional teachings on tobacco use in smoking cessation training for health care professionals, presentations at regional wellness gatherings, and translation of the Inside/Out Game on second-hand smoke.
- Dad's in Gear Indigenous program for indigenous men to gain strength, motivation and tools needed to build healthy lifestyles for themselves and their families. The program uses the power of social connections and men's desire to be good dads and granddads to inspire their determination to stop smoking cigarettes and become more physically active.