2017 - 2018

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 2017-18. The FTCS operates through the Department of Indigenous Services Canada (formerly 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 four years of available data (2014-15, 2015-16, 2016-17, and 2017-2018).

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, 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 2017-18 fiscal year of data collection across Canada. Table 1 identifies the Indigenous FTCS projects that informed this report for 2017-18:

Table 1: FTCS Projects

2017-18 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 2017-18
- 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 2017-18

2. QUANTITATIVE FINDINGS OF THE ANNUAL OUTCOME REPORTING FORM

2.1. NUMBER OF COMMUNITIES EACH PROJECT SERVES

Based on the data received to date, in 2017-18 the FTCS projects served 361 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. According to the data received, there is no evidence that Ontario did not deliver the FN/I FCTS program.

Table 2: Number of Communities served by Province or Territory

Year	Province or Territory								Total
	AB	NB	NL	BC	MB	NU	PQ	SK	Total
2017-18	8	3	7	201	36	25	42	39	361

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 2017-18

Target Population	Count	Percent
Adults in the general population	**13**	100
Students in Grades One to Twelve	**13**	100
Healthcare managers and staff	**12**	92.3
Elders/Other seniors	**12**	92.3
School administrators and staff	**12**	92.3
Children/youth in non-school settings	**12**	92.3
Pregnant mothers	**11**	84.6
Chiefs and Band Councillors	**10**	76.9
Business owners/Retailers	**10**	76.9
Caregivers** with children at home	**10**	76.9
Recreation managers and staff	**10**	76.9
Preschool children	**9**	69.2
Other community leadership	**9**	69.2
Residents with chronic diseases	**9**	69.2
Mental health clients	**9**	69.2
Clients in addictions treatment/rehab.	**7**	53.8
Infants	**7**	53.8

*** '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, with Community Elders / Elder Councils, and Educators reached 92.3% involvement with the projects in 2017-18.

Table 4: Community Partners that have been reached by the Projects in 2017-18

Community Partner	Count	Percent
Schools	**12**	92.3
Community Elders/Elder Councils	**12**	92.3
Educators	**11**	84.6
Mental health service providers	**11**	84.6
Recreation Centres	**10**	76.9
Nurses	**10**	76.9
Chiefs and Band Councillors	**10**	76.9
Addictions service providers (e.g. NNADAP)	**10**	76.9
Other healthcare service providers	**10**	76.9
Youth role models	**10**	76.9
Child and Family Services	**9**	69.2
Daycares	**9**	69.2
Pharmacists	**9**	69.2
Aboriginal Head Start	**8**	61.5
Provincial/Territorial Government	**8**	61.5
Dental care specialists	**7**	53.8
Youth Councils	**7**	53.8
University/college instructors	**7**	53.8
Local Lung Association	**7**	53.8
Physicians	**7**	53.8
Bylaw Officers	**6**	46.2
Business owners/Retailers	**6**	46.2
Aboriginal Healers	**6**	46.2
Friendship Centres	**5**	38.5
Self-help organizations working with smokers	**5**	38.5
Federal/Provincial police (RCMP, OPP, SQ)	**4**	30.8
CancerCare/Cancer treatment centres	**4**	30.8
Other	**4**	30.8
First Nations police	**3**	23.1

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 resulted in 1,114 smoke-free areas. 725 are indoor smoke-free spaces and 389 are outdoor smoke-free spaces.

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
Stores	**95**
Schools	**94**
Health Centres	**91**
First Nations'/Band offices	**90**
Community/Recreation Centres	**74**
Daycares	**67**
Aboriginal Head Start sites	**58**
Outdoor sports facilities/arenas	**43**
Restaurants	**43**
Social Services	**36**
Infrastructure	**35**
Infrastructure	**24**
Other Businesses	**22**
Municipal Offices	**14**
Bingo halls	**11**
Playgrounds	**7**
Peacekeepers	**5**
Inuit Community	**5**

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 schools, daycares and First Nations'/ Band offices.

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

Type of Building or Space	Count
Schools	**69**
Daycares	**43**
First Nations'/Band offices	**40**
Health Centres	**37**
Stores	**34**
Playgrounds	**33**
Community/Rec. Centres	**28**
Aboriginal Head Start sites	**28**
Social Services	**22**
Other Businesses	**17**
Outdoor sports facilities/arenas	**15**
Restaurants	**15**
Infrastructure	**10**
Infrastructure	**10**
Inuit Community	**5**
Peacekeepers	**3**
Bingo halls	**2**

Note: It is the opinion of the evaluator that 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 **44 smoking-related resolutions** had been passed by Band Councils, Tribal Councils and other Governance bodies up to March 31, 2018. Almost half of respondents identified resolutions had been passed designating and enforcing smoke-free public spaces (Table 7).

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

Type of Smoking-Related Resolution	Count
Designating smoke-free public spaces?	**5**
Enforcing smoke-free public spaces?	**5**
Expanding smoke-free perimeters surrounding smoke-free buildings and spaces?	**4**
Promoting smoke-free homes?	**4**
Promoting smoke-free vehicles (i.e. when young children are in the vehicle)?	**4**
Using tobacco-related revenues to fund health promotion activities?	**1**
Other	**21**

Note: Some projects did not categorize what types of smoking-related resolutions were passed by Band Councils and other Governance bodies. As a result, they were placed in the 'Other' category.

2.6. DECREASING THE NUMBER OF DAILY SMOKERS

The following are the aggregate responses from projects about smoking-related data they had obtained by intervention target group for the 2017-18 fiscal year (Table 8).

Table 8: Smoking Cessation Data from Projects from April 1, 2017 to March 31, 2018

Intervention Target Groups	Count starting program / intervention	Count completing program / intervention	Count reducing smoking	Count quitting smoking
Pregnant women	77	75	46	2
Caregivers of infants/young children (less than 3 years of age)	111	111	10	3
Program participants in community-based smoking cessation programs	1,800	1,581	1,042	42
School-aged children and youth	1,887	1,322	8	4
Caregivers participating in community-based programs	195	195	0	0
Health care workers in specific settings (e.g. community health centres)	65	36	4	1
Elders/Other seniors	158	81	12	6
Clients in addictions treatment/rehab	49	45	23	7
Adults in the general population	1,654	843	36	78
Others	562	562	0	2
Totals	**6,558**	**4,851**	**1,181**	**145**

2.6.1. THE STUDIES PROJECTED OR ACTUAL SAMPLE SIZES

In 2017-18, five projects had previously completed surveys and planned to replicate while five other projects were in the process of collecting data.

In 2017-18 the total estimated sample size conducted by community projects was around 3,500.

2.6.2. THE STUDY POPULATIONS

The majority of projects are focusing their surveys on the Adults in the general population and school-aged children and youth (Table 9). The FTCS projects identified the following study populations being surveyed in 2017-18:

Table 9: Study Populations

Populations being surveyed	Count
Adults in the general population	**9**
School-aged children and youth	**6**
Pre/Post-natal women	**3**
Elders/Other seniors	**3**
Health care workers in specific settings (e.g. community health centres)	**1**
Caregivers of infants/ young children (less than 3 years of age)	**1**
Program participants in community-based smoking cessation programs*	**1**
Clients in addictions treatment/rehab	**1**
Caregivers participating in community-based programs	**1**

The majority of projects identified they were planning to replicate their survey in the future with an additional three projects stating that they are uncertain at this time.

2.7. FTCS PROJECTS' SERVICES AND ACTIVITIES

The Annual Outcome Report asked projects to identify which activities or services were delivered in 2017-18, summarized in Table 10:

Table 10: Activities or Services delivered by the Projects

Activities or Services delivered	Count	Percent
Educating junior high school students about the negative effects of smoking	**12**	92.3
Sponsoring challenges/events/contests related smoking cessation/prevention	**12**	92.3
Educating high school students about the negative effects of smoking	**12**	92.3
Developing smoking cessation/prevention poster campaigns	**11**	84.6
Educating parents/caregivers about the negative effects of smoking	**11**	84.6
Developing other partnerships to promote smoking cessation/prevention	**11**	84.6
Educating elementary school students about the negative effects of smoking	**10**	76.9
Distributing 'no smoking' signs and/or posters	**10**	76.9
Educating others about the negative effects of smoking	**10**	76.9
Developing other promotional materials (e.g. calendars, t-shirts, cookbooks, etc.)	**10**	76.9
Providing smoking cessation programs/services	**10**	76.9
Participating in health fairs sponsored by other groups	**10**	76.9
Educating Chiefs and councils about the negative effects of smoking	**10**	76.9
Creating 'no smoking' signs and/or posters	**10**	76.9
Developing partnerships with community leaders to promote smoking cessation/prevention	**10**	76.9
Promoting and/or facilitating Blue/Green Light Campaigns to encourage smoke-free houses	**10**	76.9
Educating school administrators and educators about the negative effects of smoking	**9**	69.2
Developing partnerships with health care providers to promote smoking cessation/prevention	**9**	69.2
Developing Facebook campaigns to promote smoking cessation / prevention	**9**	69.2
Developing smoking-related toolkits	**9**	69.2
Training health care professionals in smoking prevention/cessation processes	**9**	69.2
Developing partnerships with educators to promote smoking cessation / prevention	**9**	69.2
Training others in smoking prevention/cessation processes	**9**	69.2
Training educators in smoking prevention/cessation processes	**9**	69.2
Encouraging smoke-free vehicles if children/youth are present	**9**	69.2
Developing smoking cessation programs	**8**	61.5
Teaching community residents about the traditional use of tobacco	**8**	61.5
Hosting health fairs	**7**	53.8
Meeting with Chiefs and Councils to promote smoking-related resolutions	**7**	53.8
Promoting the use of Traditional tobacco	**7**	53.8
Meeting with Chiefs and Councils to promote smoking cessation/prevention initiatives in their communities	**7**	53.8
Working to expand outdoor smoke-free zones (e.g. increase distances from entrances)	**7**	53.8
Encouraging business owners/retailers to implement smoke-free zones	**6**	46.2
Monitoring smoke-free zones to ensure compliance	**5**	38.5
Other activities	**5**	38.5
Working with bylaw officers and other officials to ensure compliance of smoke-free zones	**3**	23.1
Meeting with Chiefs and Councils to explore increasing commercial tobacco prices to promote smoking cessation	**2**	15.4

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 2017-18 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.

3.2 LEADERSHIP

In this fiscal year, some projects had success in ensuring the passage of smoke free related resolutions. In certain cases, leadership was supportive of the goals of the projects and worked with them to pass BCR's, bylaws and bans of things like e-cigarettes and vaping in designated smoke free areas. One project reported,

> Adoption of a resolution to add the community's park to the list of smoke free zones , putting up an increasing number of signs on building health centres and schools reminding people to respect bill 44 which prohibits smoking within a nine metre radius of said buildings, schools administration have been notified of the law and how to adapt to it. We created briefing and letters to encourage council to adopt a bylaw concerning no smoking in Nation vehicles. We also created briefing to recommend that the 9m rule be enforced outside of each public building. Chief and Council supports the importance of Tobacco Controls in regards to ensuring smoke free buildings and public spaces within the community including all public buildings and Public spaces such as the skating rink and the playground. Chief and Council have agreed to identify all of these areas smoke free, Chief and Council has agreed to ban e cigarettes and vaping as part of the smoke free areas within the community. Signs were purchased and hung within the community to identify these spaces.

With the passage of these bylaws comes the question of enforcement. The bylaw is successful, if it is enforced. Even if leadership has been supportive of the overall goals of the projects, enforcement is not always a priority. In those instances, community members will see the

posted signs and smoke anyway. Projects must continue to work with leadership on these issues. One project stated,

> What we have learnt is this process is that if we want it to work 100% with regards to having a smoke free public places, then communities should have bylaw officers to enforce these policies. Our finding is that people in the communities know the building are smoke free and will smoke outside, but some smoke right outside the door. In reality it should be 9 meters from the doorway, most people do not comply with that. The support of NITHA community leadership is needed in the area of enforcing smoke free public policies bylaws.

A promising practice that has been shared by the projects has involved modeling and a rewards system. Modeling no-smoking behavior and encouraging key members of leadership to get on board with the projects has led to more efficient and effective roll-outs. This modeling behavior has been successful, not just with the involvement of Chief and Council, but community leadership as well. This has included, youth leadership, Elders and respected knowledge holders. On project shared,

> The Tobacco Reduction Program (TRP) works to identify community/tobacco champions. These champions receive training and 'champion' tobacco prevention/cessation activities in the communities.

One project has developed a unique rewards-based system that is still in its draft form. This approach involves rewarding those that do not smoke with additional leave days from work, in lieu of smoke breaks taken by smokers every day. They stated,

> A draft smoking policy has been submitted for review to the Policy Working Group and review by HR; once reviewed here it will proceed to Nunatsiavut Executive Council for approval. There has been some discussion in implementing a policy that would offer additional leave days to individuals who are smoke free to compensate for cigarette breaks. There has to be discussion and guidelines on how the policy would be implemented…this is still in initial planning stages.

It has been determined by many projects that relationships with community leadership is important to the overall success of the projects. Though some community leadership has competing priorities concerning tobacco, projects have found ways to connect with leadership around overall health goals for community wellness. This can involve less controversial goals, such as creating smoke-free homes in communities. Projects shared,

> The promising practices developed by the NBTI project are centered on community-based education and action. With regard to leadership, we approach key organizations and individuals in each community to plan, implement, and evaluate the NBTI Challenge in their community and to see where they stand in relation to results achieved in other

communities, and – if this was the second year of the Challenge – in relation to results achieved in the previous year. We have learned that the support of local leaders (Chiefs, Band Councillors, Elders, and senior staff in the health sector) is essential.

Based on feedback from running the Blue Light Community Challenge in 2016/17, we hosted a series of Blue Winter Community events this 2017/18 year. We involved community leadership by working with the Health Portfolio Councillors in organizing and promoting these events. We realize that while some of our leadership aren't high on the readiness scale to have by-laws and policies around smoke-free public spaces we can get them on board in promoting smoke-free homes in the communities. In creating more community awareness and conversation around smoke-free homes we hope to build on this to garner community support in lobbying leadership to create by-laws and policies for community smoke-free spaces.

3.1.1. HEALTH PROMOTION (RELATED TO PREVENTION AND EDUCATION)

One of the main targets of health promotion for the projects is the youth demographic. As a result, the projects have developed a number of promising practices in order to reach and educate this audience. They developed videos, literature, activity books, presentations and on the land activities. Projects said,

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. The TRP team developed a children and youth tobacco prevention/cessation curriculum. The curriculum was rooted in best-practices in tobacco control and applied a youth engagement lens. TRP produced four teaching videos to support community health workers in utilizing and applying tobacco reduction resources.

Our high school remains the ambassador of the DEFACTO program of which we are very proud. We are happy to recognize students for their sports efforts while remaining non-smokers by awarding students bursaries at the Meritas gala. We also helped 150 students receive Hero Training. This is an innovative and relevant project for our region, given the high number of smokers in the community and the risk of cardiac arrest. The training the health workers received helps better support people who would like to be accompanied through the process.

Kanawake Survival School Student Project was an initiative that we have been working on for 2+ years. The Kahnawake Tobacco Reduction Strategy (KTRS) team (Prevention

> Workers/Nurses) partnered with the local high school science teachers to identify/support/mentor Grade 10 students in the development of a mini-Tobacco Information Fair for grades 5/6 students at the local elementary schools. These students would create information booths that were interactive, culturally sensitive, and appropriate for the grade 5/6 elementary school students and that could be delivered in 15 minutes. 7 students (4 Teams) stepped forward and developed 4 theme booths (Sacred Tobacco, Smoking and Health, 2nd and 3rd Hand Smoke, Smokeless Tobacco). The mini-Tobacco Information Fair visited two schools in one day, one/half day each. 104 elementary school students visited the interactive booths.
>
> Developed a Child Friendly mascot "Sammy the Seal" with input for the mascot coming from a contest in the Nunatsiavut region. The mascot has been utilized at events in the communities of Rigolet, Makkovik, Nain and North West River so far. Smoking Prevention information available for mental health staff in communities targeting school aged youth. Tobacco Info Sessions working with Elders as providers of traditional tobacco knowledge with youth groups and youth centres. Smoke free on the Land Events: Community Sliding events, Community fishing events, traditional igloo making events, youth events, healing walks/outings, etc. Smoke free Community-based events; celebratory meals, health fairs, school education, etc. Smoke free Window Cling Campaign Offering new programs to provide teachings on various tobacco related topics which include = community event dinner and traditional tobacco teachings with elders. Offering Youth health and physical fitness classes to teach students what traditional tobacco is.
>
> Youth Gathering 2018: We hosted our 2nd annual Youth Gathering in recognition of National Non Smoking week 2018. We successfully gathered 136 youth and 28 chaperones from across 9 community schools - 6 on-reserve, 3 urban schools; and a youth correction center. We had local adult and youth role models come share …Our kamiyo yahehk project's KISS (Keep It Strictly Sacred) Youth Ambassadors did a presentation on tobacco with pig lungs.

In order to reach as many people as possible, the projects have had continued success with utilizing social media to amplify and spread their messages. This has been a great way to share and update community challenges, share upcoming event information, and pass along vital information on sacred tobacco use. Projects stated,

> As part of Northern Saskatchewan Breath Easy ongoing multi component awareness campaign about 75 anti-tobacco messages were posted on Northern Saskatchewan Breath Easy social media accounts…messages centered on health effects, consequences of tobacco, tobacco industry deceptive practices, second hand smoke and its potential harm. Northern Saskatchewan Breathe Easy Facebook Page has 1300 likes and 27000 people were reached and 600 plus were engaged. The Green Light project, currently on

> going in many NITHA communities, students were given brochures to read with their parents /guardian. The parents / Guardian are to sign the brochures to show that they all read together. The Student who got their brochure signed got presents. Social media marketing has been one of our best practices and innovation tools to engage and reach wider audiences. During the year under review, two contests were planned and implement in NSBE social media pages.

In addition to social media, connection across radio and face to face interactions were also key in successful health promotion for the projects in this fiscal year. It is important to emphasize relationships with all aspects of the community, where possible. Community events that are held by the projects, including booths at existing community events, allows project workers to connect with community members and answer their questions. Challenges and contests remain a fun way to provide community members with information, get them involved and have more conversations about smoking. One project said,

> Creating networks and developing relationships with stakeholders and local businesses to remove smoking advertisement in stores and have informational pamphlets available instead. Gathering testimonials of smokers who have passed due to lung related issues and sharing their stories. Attending community events and setting up informational booths. Holding events such as an amazing race and connecting to the community over radio to answer questions and provide resources. Working with prenatal moms and local elders and giving them alternative protocols for ceremonies using tobacco.

3.1.2. SMOKING CESSATION

Promising practices for smoking cessation vary across the projects. One target group often mentioned is that of pre-natal mothers. Many projects have adopted a number of strategies that attempt to make smoking cessation into a fun challenge or provide information by way of a game. One project said,

> All CPNP programs have been equipped with 'The Game of Tobacco-Free Life', a board game developed specifically for pregnant or new mothers which highlights evidence informed practices to quit smoking during pregnancy, as well as other healthy preventative/protective tips. A 'Tobacco Use in Pregnancy' fact sheet was finalized this past year. It can be used as a standalone resource or can also supplement the board game or Smokey Sue Smokes for Two resources.

Smoking cessation is not an easy task and many projects have recognized that, in some instances, merely beginning the conversation about quitting is a necessary first step. The projects have created a variety of opportunities to reach community members through conversations in low pressure situations. Some projects have found success with providing smoking cessation support groups, others have created networks of health care workers to begin conversations and offer referrals to the cessation worker. Another project has shared that removing the mystery around nicotine replacement therapy by allowing people to try it has removed important barriers. Projects shared,

> Increasing accessibility to cessation worker through community outreach- being present at prevention activities. Encouraging other health professionals ie; Physiotherapy and Nutrition to initiate cessation conversation and refer interested individuals. Most of present referrals are through the physio department- these individuals are audience to motivational interviewing, and are found to be more likely to pursue cessation efforts. Recruitment of local role models to initiate conversation

> We were able to start a cessation class at james smith, upon community request, so far we have had 5 sessions of smoking support group with an average of 6 people. In these session we share some the best practices that have been used in other cessation classes such as presentations body mapping and talking circle where by individual share their struggles and were are able to encourage each other to keep trying and work on various barriers to staying smoke free. Evaluation of the session was done and we were able to get some constructive feedback the uptake of this activity has been very encouraging and about 7 community members have quit smoking.

> We have found that demonstrating the use of the nicotine replacement therapy (NRT) 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 patch, gum, inhaler or lozenge.

As mentioned previously, challenges, contests and games have been used by many projects to help make smoking cessation fun with short-term goals. It is a high bar to only measure success in these challenges by people quitting smoking forever. Instead, if it is possible during these challenges to demonstrate to people that they are able to quit for a period of time, then that can be viewed as a step toward cessation for those participants. Projects have found, however, that challenges must be accompanied by other supports, in order to encourage cessation. Projects stated,

> To promote cessation within our health center we had a 30 Day Challenge; 6 people registered and 6 completed. The challenge way seems to increase uptake of cessation; however in the 2018/19 year we would like to implement more cultural activities and a lunch-and-craft style to host more cessation groups.
>
> Let's Kick Butt Season 2 was held for the youth in school. There were 29 registered and 6 that completed the whole challenge. There were two 7-Day Challenges - with a total of 48 people registering and 24 completing 4 hour Challenge for World No Tobacco Day - 37 registered and 4 completed.
>
> We tried 3 new things this year: 1) we offered an interactive workshop for youth smoker-entrants one day before the Challenge started. While the participants enjoyed it, unfortunately all of them relapsed during the Challenge. 2) We offered individual and group counselling with a professional smoking counsellor on our team. Only one person accepted the offer. Her nurse came with her to learn about smoking counselling so that the 2 of them could continue the counselling relationship after the NBTI support team had left the community. 3) The doctor in Waswanipi offered to run a special NRT clinic the day before the Challenge started. Our team called every smoker-entrant who said they smoked 8 or more cigarettes per day to invite them to the clinic. Many agreed to come, but only 2 showed up.

Some projects mentioned the importance of including those that do not smoke, or have quit, in their activities. In addition to modelling behaviour, projects have indicated that it is important to celebrate the successes of cessation. Many projects mentioned holding dinners or giving awards to showcase to others that this is an important milestone to mark. One project stated,

> We had smoking cessation celebration supper and events with certificates and testimonials over 50 people attended.

3.2. BARRIERS OR CHALLENGES EXPERIENCED

The Indigenous FTCS Projects were asked to describe any barriers or challenges that the project experienced in 2017-18 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

Though the projects have experienced success with working with leadership in communities, there remains some substantial challenges. One of the main challenges with leadership continues to be the fact that tobacco sales are an economic driver for many communities. This results in competing priorities not just for the leadership as a whole but even personally for individuals in leadership positions. This can result in a resistance by leadership to pass or enforce bylaws concerning smoking. In addition to this, retailers in communities may not be co-operative in receiving any of this information provided by the projects. In other cases, project goals may not be a priority for the leadership and it might take a long time to have any initiatives approved by council. Projects shared,

> Distinction between traditional and ceremonial tobacco use implementing retailers training with manager to band owned stores have been challenging. For example, trying to schedule training for their staff have been difficult, there appears to be a resistance to any training even when it is offered for free. It is also a huge revenue source and this may negatively impact any efforts to enforce smoking regulations and sales to minor.
>
> Also, we have experienced Implementing Smoking Shelters is under discussion, however has been slow to acquire all necessary approvals, meaning it must wait until next boat-shipping season. For smoking related policies it has been a slow moving process in terms of having the Policy Working Group dedicate time to discussing the draft policies.

These challenges with leadership remain a reality with which many projects must contend, however, with the imminent legalization of marijuana some leaders have reached out to the projects to have conversations. This could work to the benefit of some projects. For instance, one project said,

> A challenge remains getting leadership to create by-laws/policies and for those who have them to enforce the smoke free spaces policies. Some chief and council are more challenging to work with however we leverage the goodwill we have and try to work around more challenging leadership in getting program and project buy in. With the legalization of marijuana pending some leadership are reaching out to have

> conversations around that. It is hoped that sitting on that table to have the discussion on legalization we can create the space for tobacco as it deserves a place.

The regular turnover of staff in some projects has had a challenging impact on the completion of goals and objectives. Knowledgeable staff and confidence in funding is necessary to keep momentum in the projects on pace. When workers leave, the same training must be delivered once again to the new hire, which causes a slowdown in activities. One project said,

> The program officer that was responsible for the tobacco file passed away suddenly in the spring of 2017. Since then, there have been six unsuccessful job postings to fill the tobacco position. The Public Health Department will redistribute its files amongst the program officers in place for 2018-2019, in order to deliver the programs as planned.

Another major barrier faced by the majority of projects is enforcement. There remains an issue that, even when bylaws are passed and supported by leadership, there are no consequences to disobeying posted signs. In some community, the no smoking signs are stolen or not updated yet to include vaping. This is a continuing concern to the projects and potential solutions should be explored. Projects said,

> There are a lack of bylaw officers in the community. Without these officers there is no one to enforce the non-smoking areas near public buildings. They can only provide information but do not possess the power to remove people from the area.

> There are no enforcement policies in the provisions of the policy. Employees do not take heed of the signs since there are no enforcements in place. There have been no complaints to HR regarding noncompliance of the no smoking policies. The biggest barrier is lack of compliance with following directions well. Most people still smoke outside the door which leaves the building smelling like smoke inside.

> As reflected in the smoke free spaces inventory for 2017/18 one band office has gone back to allowing smoking indoors and people are freely smoking outside all the band offices by the doors - meaning no one is enforcing the policy on a community level. Two health centres attached to the band office are made to deal with the fact clients have to pass through a stream of smoke when they want to access health services if someone is smoking by the door.

3.2.2. HEALTH PROMOTION (RELATED TO PREVENTION AND EDUCATION)

The youth have been a target audience for much of the health promotion for the projects, however there are some challenges in that area that have occurred. For instance, many of the youth leaders that are counted upon by the project tend to age out and leave for other opportunities. This can leave the projects without youth leadership or connection to that

demographic, until another role model volunteers. Other challenges working with students were listed by one project as:

> Kahnawake Survival School Student Project…We experienced challenges with this project as (1) Accessing the students (their schedule and that of the KTRS Team) to collaborate on the framework, theme, criteria, appropriate information for creating the booths was difficult. Elementary schools schedules are very busy and scheduling was challenging.

It was stated by another project that though working with some schools was difficult, the longer the relationship lasted, the more successfully they were able to work together.

The logistics of working across a variety of communities, with different available resources, taking into account weather and infrastructure, is challenging. Consistent access to internet can be an issue in many communities, so the idea of creating one presentation and assuming it can be delivered online is not possible. The weather can impact intended activities, such as on the land activities, as well as travel for project workers to different communities. All of this can lead to cancelled activities and/or poor turn out. Projects stated,

> 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.
>
> Given that the community member are spread out over the territory, following up is difficult. Since the internet bandwidth is limited in certain regions, uses of social media to promote health is limited…Difficult to get people to attend to our event…For hosting on the Land Activities with Youth and Elders specifically and the general population the weather has been poor to host events this fiscal, also we have dealt with issues of staff shortage for planning and implementing programming therefore some programming has been cancelled. Some community events have been advertised and we haven't had enough interest to hold the event.

In some cases, it has been difficult mobilizing workers due to their heavy loads. One project mentioned that there was some resistance to it, as it might not have seemed a priority. In most communities, when an emergency occurs, all health workers turn their attention to that for as long as needed. One project stated,

> Brief intervention on tobacco cessation has been challenging for alternative health care giver. Most times they are either too busy with their own duties or it is a scheduling issue. More, so there seem to be a reluctance and resistance to having a discussion on tobacco cessation and its harmful effects even when their job mandates it. Limited

> Difficulty mobilizing the health workers from other sectors around the issue of tobacco use. In one community, prevention and promotion activities had to be set aside for a time since the team had urgent situations to handle (suicide and disappearance).

3.2.3. SMOKING CESSATION

All Indigenous communities face a variety of health challenges related to social determinants of health, such as environmental issues, poverty, colonization, housing problems, etc. As a result of these factors, quitting smoking may not be the first priority for people in the communities.

> There is still a lot of people who smoke…they smoke because they are addicted to the nicotine however they also have underlying issues they are dealing with…sometimes kicking the habit is the last thing on their minds and smoking cessation is put on the back burner to assist the participants deal with other issues such as depression stress etc.

> An ongoing challenge is follow up with clients who wish to quit but either due to conflicting schedules, other priorities or commitment level are unable to continue with cessation support or programming. Seeking help and getting to that place of readiness to quit can be a daunting process for many, so we extend patience, empathy, support and creativity in seeing how best to make the process less scary thus increasing an uptake and commitment to quit smoking.

Competing priorities can be an issue not only with community members, but health workers as well. Many of them also smoke but face urgent situations at their jobs every day. Building these relationships have been identified as important to projects as well. One project said,

> 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.

As a result, it can be challenging engaging with community members. Some projects maintain that they must improve the ways in which they seek engagement, while others find that having available support for those quitting individually is the answer. Projects stated,

> Concerning the cessation workshop for youth smoker-entrants: this should be offered earlier so they have time to prepare for quitting (e.g. start exercising, go for counselling, start NRT, etc.). Also, need to recruit more youth to attend the workshop. Consider adding a cessation workshop for adults. Concerning smoking counselling: need to promote these services more effectively and try to "normalise" smoking counselling:

> "It's okay to seek counselling about quitting smoking!" (Not a sign of "weakness"!) Concerning NRT clinic: need to advertise this better and also encourage smokers to start taking NRT about 2 weeks before their quit date as is currently recommended in the literature.
>
> With regard to holding individual/group support sessions for smoking cessation, there has not been a lot of interest from community members as we have found they would rather quit on their own or participate in quit smoking contests. Counsellors will support services as it arises.

Available supports, however, are necessary to move forward with all projects. One project mentioned that having a full-time cessation worker located in a central place, would be beneficial and encourage community members to have cessation conversations immediately rather than wait or be sent to another office. One project shared,

> One barrier is the lack of a full-time cessation worker, as well as the lack of office space in close proximity to the OPD clinic. The cessation workers office is on the second floor, and shared with other health professionals, ideally it should be located in close proximity to the clinic so to encourage individuals to continue the conversation in a timely manner. Receiving the referral a day later, or even a few hours later allows the client to go home and in many cases agonize over the stress of quitting, and the many perceived barriers so when the contact is made the conversation is rebuffed, or challenging to re-initiate.

3.3. SUCCESSFUL PROCESSES COMPLETED IN 2016-17

Each project was asked to describe one successful process from their project in the 2017-2018 fiscal year.

As mentioned previously, most of the activities planned did not take place in 2017 - 2018 and were deferred to 2018-2019. Hence it is difficult to identify a successful process or activity. An unexpected project for the Jeunes Karibus was funded to promote healthy living habits and a quit to win challenge was held. The challenge was promoted by community Liaison Wellness Workers across the region. It was also promoted on various web pages on the Internet (Facebook, NRBHSS Website, etc.) and in schools. The 2017/2018 challenge is still ongoing. Therefore the participation data is not available yet.

Blue Winter Community Event: In the 2017/18 fiscal year the project decided to host a community event across all 6 communities called Blue Winter Community Event. Objectives:- Promote smoke free homes.- Create community awareness on what the 'Blue Light' of the Blue Light Community Challenge signifies and community buy-in on smoke-free homes- Create community conversation on the importance of smoke-free homes/spaces.- Distribute a picture frame to attendees with their family picture as a souvenir for their homes. With hopes of nudging them in the direction of making their home smoke-free. Target Population: Community members across all age groups. Community Partners/Champions: Health -Portfolio Councillors, Tobacco Talking Circle Members, Community Elders. Related Activities: During our Tobacco Talking Circle Meeting in May 2018, our community project advisers provided input on the benefit of hosting community events under the umbrella of the CHR Training: Three regional in person trainings were held in the fall of 2017 and all Community Health Representatives (CHRs) were invited to attend. The Tobacco Reduction Program was allotted 2.5 days to go over current resources and their application, as well as seek feedback from the group about future projects. Evaluation results indicated that CHRs felt more knowledgeable and confident about delivering tobacco cessation activities in their communities following the training. Further support was provided via monthly teleconferences with the group to share ideas and troubleshoot.

We have continued with our regular activities blue light campaign, summer camps with youth, Wellness and cultural classes at the school, Wellness and cultural classes at the school, Information booth in communities and events, Family photo Day, Article in Elsipoqtogeiei. Organizing health centre staff sessions, drum making sessions with NAYSPS youth camps. All these activities are building strong relationships within our community. The goal throughout the course of the project is for the participating First Nations to move along a continuum of physical, social, emotional, and cultural wellness including being more smoke free and tobacco aware. Multi Media Page has been successful. People tend to share their struggles via facebook messenger. I have

someone to one home visit when people are struggling with personal issues and need some support instead of smoking that cigarette. Mobilizing all community stakeholders to implement the smoke free community project putting up signs reminding people to smoke a least nine metres from the doors , board resolution, awareness activities aimed at the population, radio campaign article in the newspaper youth involvement , the 28 smoke free challenge was a successful process because we reached our objective of encouraging smoking cessation in the community offering smoking cessation workshops making people aware of the health impacts of second hand smoke and offering information session on the effect of tobacco use and how to prepare to quit smoking . Spokespeople poster creation and short video vignettes on sacred tobacco, smoking cessation and smokeless tobacco. We continued to develop our poster series with a smokeless tobacco is a growing habit among our make youth, athletes and young adults men, we wanted to increase awareness of the health risks attribute to its use.

One successful process that our project completed this fiscal was developing a Smokefree Activity/Coloring Book for primary and elementary aged children in all 7 Nunatsiavut communities. The related objectives of the process were to encourage young children to remain smokefree and make healthy lifestyle choices. We decided to get creative with the way in which we developed the Coloring/Activity Book by encouraging children to get be actively involved by submitting smokefree drawings that would be included as images for the coloring book through a contest. Some community partners that were involved were the OK society and the Labradorian newspaper, which included advertising in the form of interviews and printed articles about the project encouraging youth to submit drawings for the contest. The children in the communities helped by submitting their creative drawings to the contest to be potentially included in the Coloring/Activity book. Once we received all of the submissions from the Our FN hosted a family wellness conference and the smokeless Tabaco cessation workshop was again one of the highlights all departments came together to share resources on different topics on healthy living, health promotion traditional teachings etc. Our NSBE campaign also conducted a video to advocate the natural use of tobacco while creating awareness on the harmful aspects of commercial tobacco. This is done through our Northern Inter Tribal Health Authority Partnership.

Our focus was on prevention and awareness in the community. Flyers and posters were created as a way to inform community members on smoking prevention and the risks. Every community household received prevention material through the community flyer, which was distributed on a weekly basis. The prevention posters were created to be placed in each community building (administration sector, education sector and health & social services sector) bathroom stalls. The bathroom prevention material was changed regularly. Using the bathroom as a place to display posters seem to be effective since many different community members of various ages were exposed to the material. Some of the prevention topics that were distributed in the flyers and posters were on smoking prevention, second hand smoke and third hand smoke. This is the first

time that material was presented to the community on what third hand smoke was and the effects of it.

Program staff report gym nights and recreation for youth helped reduce the use of tobacco as five participation quit as a result the program continued in both Boyer and Childs Lake Provided education on the harmful effects of commercial tobacco to grades 5-12 this was in line with objective prevent nicotine addiction among youth, community health representative , public health nurses and school principle collaboration with approx. 1000+ students were reached with the knowledge of their harmful effects of smoking. The 2017/2018 year saw milestone reached in the area of smoking cessation and education / awareness. A cessation class was piloted upon community request, with the plan to roll out the other NITHA communities. the pharmacy objective of the community visits were to educate community members on the harmful effects of commercial tobacco while being respectful of the traditional/ ceremonial sacred tobacco use: support smokers who had indicated interest in quitting create awareness on the importance of smoke free public places two cessation classes were set up for grade 6-12 and the Spokespeople poster creation and short video vignettes on sacred tobacco, smoking cessation and smokeless tobacco. We continued to develop our poster series with a smokeless tobacco prevention spokesperson. As smokeless tobacco is a growing habit among our male youth, athletes and young adult men, we wanted to increase awareness of the health risks attributed to its use. We identified a role model and spokesperson: this young man is a professional lacrosse player, father, and he lives a traditional way. He is very well known to men and male youth (target group) and he lives in our community. We expect his influence to have an impact. We will distribute the hard posters throughout the community (especially in areas where our target group is most present). The poster will be complete in 2018 Summer. Our present poster spokespeople in the area of sacred tobacco and smoking cessation agreed to support our project again by being videotaped.

The No Butts To It! (NBTI) tobacco reduction project implemented community education and smoke-free challenges in Wemindji, Ouje-Bougoumou and Waswanipi with excellent rates of participation: 30%, 44% and 30% respectively of the eligible populations (aged 8 and up) took part – a total of 1,203 signed-up participants. We also trained 21 frontline health workers as the local NBTI teams. Each Challenge starts with approximately 2 weeks of public awareness about the harms of smoking and how to quit (in schools, clinics, community organizations and on FM radio and in social media). The smoke-free Challenge itself lasts for 5 days, with follow-up calls to smokers, offers of individual and group counselling, and continuing tobacco education for the community. The work of NBTI will continue and be extended to new communities from the 5 communities already included since 2016 until all 9 communities in Eeyou Istchee have NBTI Challenges taking place (Chisasibi and Mistissini had Challenges in 2016). The project ran the Blue light community challenge from November 2017 to January 2018 and in February started hosting the Blue Winter events. 5 communities were able to have this executed before the end March 2018, one more was scheduled for April 2018.

The format for the event was an Elder from the community shared their cessation journey if they smoked at some point or why they chose to be smoke free. They shared on the health benefits of creating smoke free homes for everyone in the family especially for little children. They spoke on the sacredness of tobacco in First Nations culture. There was a meal served by a community caterer. Pictures were taken by a professional photographer and framed in a printed sign that read "tansi, welcome to my smoke free home" - community members were given a free framed picture. Based on what the community had decided there was either a talent show or a dance. The project staff also had a booth and distributed blue light bulbs. Data was collected at the event.

Amazing Race activity where community members are invited to promote awareness and show it is possible to quit smoking for a period of time.

APPENDICES

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