Version 3

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A THREE-YEAR REPORT ON THE FINDINGS FROM THE ANNUAL OUTCOME REPORTING PROCESS (2014-17)

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1. BACKGROUND

1.1. INTRODUCTION

This report provides the three-years findings for the First Nations and Inuit Component of the Federal Tobacco Control Strategy (FNIC-FTCS) projects for 2014-15, 2015-16 and 2016-17. The FTCS operates through First Nations Inuit Health Branch, Health Canada. This FTCS Annual Outcome Report has been completed by Williams Consulting through the National Aboriginal Diabetes Association.

1.2. FEDERAL TOBACCO CONTROL STRATEGY

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

The three main objectives are:

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

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

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

The goals of the FTCS are to support:

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

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

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

1.3. FTCS PROJECTS

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

Table 1: FTCS Projects by Year

2016-17 Projects (Funded recipients)	Year		
	2014-15	2015-16	2016-17
Battle River Treaty 6 Health Centre	✔	✔	✔
Beaver First Nation	✔	✔	✔
British Columbia First Nations Health Authority Tobacco Strategy	✔	✔	✔
Chemawawin Cree Nation/Chemawawin Health Authority	✔	✔	✔
Cree Board of Health and Social Services of James Bay	✔	✔	✔
Department of Health, Government of Nunavut, Tobacco Reduction	✔	✔	✔
File Hills Qu'Appelle Tribal Council	✔	*	✔
First Nations of Quebec and Labrador Health and Social Services Commission	*	✔	✔
Fort Frances Tribal Area Health Services Inc.	✔	✔	
Grand Council Treaty #3			✔
Keewatin Tribal Council	✔	✔	✔
Mawiw Council	✔	✔	✔
Northern Inter-Tribal Health Authority	✔	✔	✔
Nunavik Regional Board of Health and Social Services	✔	✔	
Nunatsiavut Government Department of Health and Social Development	✔	✔	✔
Nunee Health Board Society	✔	✔	✔
Samson Community Wellness	✔	✔	✔
Siksika Health Services	✔	✔	✔
Southeast Resource Development Council	✔	✔	✔

* *Note: This data was not provided by the previous evaluator during the file transfer.*

1.4. SUMMARY OF ANNUAL OUTCOME REPORTING FORM

The Annual Outcome Reporting Form was developed through a consultative process with the FTCS First Nation and Inuit 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 (*2015-16 and 2016-17 only*)
- 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

It is the opinion of the evaluators that in the next survey involve identified indicators that would more accurately capture the impact of First Nation and Inuit community programming including:

- Number of education and prevention presentations made to inform individual about commercial tobacco use and it's harmful effects
- # of participants attending these presentations
- # of quit attempts
- # of quit attempts by person

1.5. STATISTICAL ANALYSIS

The statistical analysis of this report included descriptive statistics and measures of association, including chi-squares for statistical significance. Descriptive statistics include frequency counts and percentage breakdown; mean; median; and standard deviation. 'N' designates the sample size (number of projects). Standard Deviation is the degree to which the range of scores clusters around the mean, or is more widely dispersed.

Measures of Association include statistical tests that show the direction and/or magnitude of a relationship between two or more variables. Depending upon the nature of the data, different statistical procedures are used to measure association. ***Chi-Square*** (χ^2) is a test of statistical significance based on a comparison of the observed cell frequencies of a cross-tabulation table. It compares to frequencies that would be expected under the null hypothesis (meaning the numbers presented happened due to random chance). When there is statistical significance, it means a relationship between the variables exists (i.e. not due to random chance). This test is used when comparing nominal variables (e.g. gender, marital status, and so on).

To test whether there is a significant statistical relationship between the variables under review, two additional factors must be examined. These include the degrees of freedom (df) associated with this table, and its level of probability (p). In this study, the degrees of freedom are usually 2 (when it compares three years of data) and indicates an increased potential for the data to be variable.

Probability asks the question: how likely is it that the relationship observed in the sample data could be obtained from a population in which there was no relationship between the two variables? If it can be shown that this probability is very high within the general population, then, even though a relationship exists in that larger sample, it is concluded that the two variables are not related (i.e. random chance). Only if the probability that the relationship being examined could have been created by sampling a population in which no relationship exists were small would it be concluded that a ***statistically significant*** relationship exists.

As a minimal standard, probability must be at least .05 or less ($P < .05$) in order for there to be a finding of significance. That is, in order for the data to be found significant, it would be expected that the results which were obtained would be found within the general population less than five times out of a hundred. In social research we can also determine when correlations have ***borderline significance***. These relate to values of P that range just above the .05.

2. QUANTITATIVE FINDINGS OF THE ANNUAL OUTCOME REPORTING FORM 2014-17

2.1. NUMBER OF COMMUNITIES EACH PROJECT SERVES

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

Table 2: Number of Communities served by Province or Territory by Year

Year	Province or Territory									Total
	AB	BC	MB	NB	NL	NU	ON	PQ	SK	
2014-15	9	203	43	3	0	32	26	23	38	377
2015-16	9	201	48	3	7	25	26	42	27	388
2016-17	9	201	48	3	7	25	10	22	38	363

2.2. TARGET POPULATIONS PROJECTS REACHED

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

Table 3: Target Populations that have been reached by the Projects by Year

Target Population (N=51)	2014-15	2015-16	2016-17	Statistically Significant
	Percent (%)	Percent (%)	Percent (%)	
Adults in the general population	17.6	94.1	100.0	Yes
Healthcare managers and staff	23.5	88.2	100.0	Yes
Elders/Other seniors	23.5	76.5	94.1	Yes
Children/youth in non-school settings	35.3	94.1	88.2	Yes
Chiefs and Band Councillors	41.2	82.4	88.2	Yes
Pregnant mothers	35.3	70.6	76.5	Yes
Caregivers** with children at home	23.5	64.7	76.5	Yes
Other community leadership	11.8	76.5	64.7	Yes
Business owners/Retailers	35.3	64.7	58.8	Yes
Mental health clients	41.2	58.8	58.8	Yes
Clients in addictions treatment/rehab.	58.8	41.2	52.9	Yes
Infants	17.6	35.3	41.2	Yes
Students in Grades One to Twelve	41.2	88.2	100	No
School administrators and staff	52.9	94.1	82.4	No
Residents with chronic diseases	23.5	52.9	64.7	No
Preschool children	11.8	58.8	58.8	No
Recreation managers and staff	23.5	47.1	58.8	No

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

2.3. PROJECTS' COMMUNITY PARTNERS

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

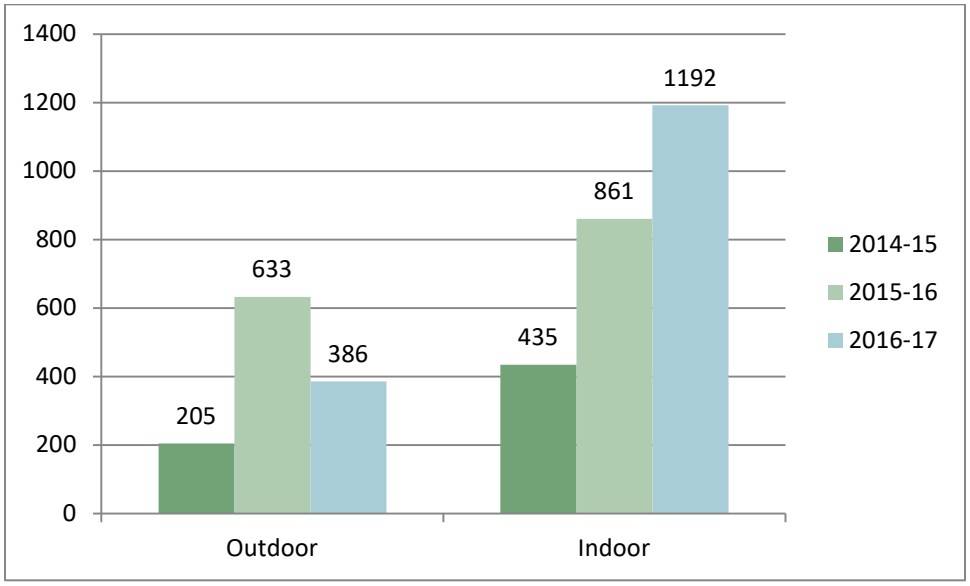
Table 4: Community Partners that have been reached by the Projects by Year

Community Partner (N=51)	2014-15	2015-16	2016-17	Statistically Significant
	Percent (%)	Percent (%)	Percent (%)	
Schools	47.1	88.2	100	Yes
Community Elders / Elder Councils	47.1	82.4	100	Yes
Educators	17.6	82.4	82.4	Yes
Youth role models	41.2	76.5	82.4	Yes
Mental health service providers	29.4	58.8	76.5	Yes
Community media	29.4	64.7	64.7	Yes
Business owners/Retailers	11.8	52.9	64.7	Yes
Recreation Centres	23.5	58.8	58.8	Yes
Aboriginal Healers	17.6	52.9	58.8	Yes
Youth Councils	11.8	47.1	58.8	Yes
Other healthcare service providers	23.5	76.5	47.1	Yes
Aboriginal Head Start	11.8	58.8	47.1	Yes
Federal/Provincial police (RCMP, OPP, SQ)	0.0	47.1	23.5	Yes
Nurses	82.4	76.5	82.4	No
Chiefs and Band Councillors	52.9	70.6	82.4	No
Addictions service providers (e.g. NNADAP)	58.8	58.8	82.4	No
Provincial/Territorial Government	17.6	41.2	47.1	No
Local Lung Association	23.5	41.2	47.1	No
Physicians	23.5	52.9	41.2	No
Pharmacists	23.5	52.9	35.3	No
Dental care specialists	11.8	35.3	35.3	No
Child and Family Services	5.9	23.5	35.3	No
CancerCare / Cancer treatment centres	11.8	29.4	29.4	No
Daycares	5.9	35.3	23.5	No
University/college instructors	23.5	29.4	23.5	No
Friendship Centres	5.9	17.6	23.5	No
First Nations police	0	11.8	23.5	No
Self-help organizations working with smokers	23.5	29.4	17.6	No
Bylaw Officers	0	23.5	11.8	No

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 number of indoor smoke-free spaces grew by approximately 400 locations year over year (Fig 1).

Figure 1: Total Number of Smoke-Free Spaces by Year



A limitation of this data is that there is no capacity to interpret a proportional (%) response as to how many smoke-free spaces currently exist. Each project needs to identify the number of buildings they counted and/or the number of buildings that are not smoke-free to make this calculation. Some projects physically counted more buildings each year and are not using the same number as year 1.

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	2014-15	2015-16	2016-17
	Count (N=)	Count (N=)	Count (N=)
Stores	11	11	207
Schools	71	166	175
Health Centres	80	127	157
First Nations'/Band offices	65	168	151
Community/Recreation Centres	31	84	118
Daycares	58	113	114
Aboriginal Head Start sites	21	60	77
Restaurants	17	21	59
Outdoor sports facilities/arenas	10	0	51
Playgrounds	67	79	32
Bingo halls	3	17	30

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

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

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

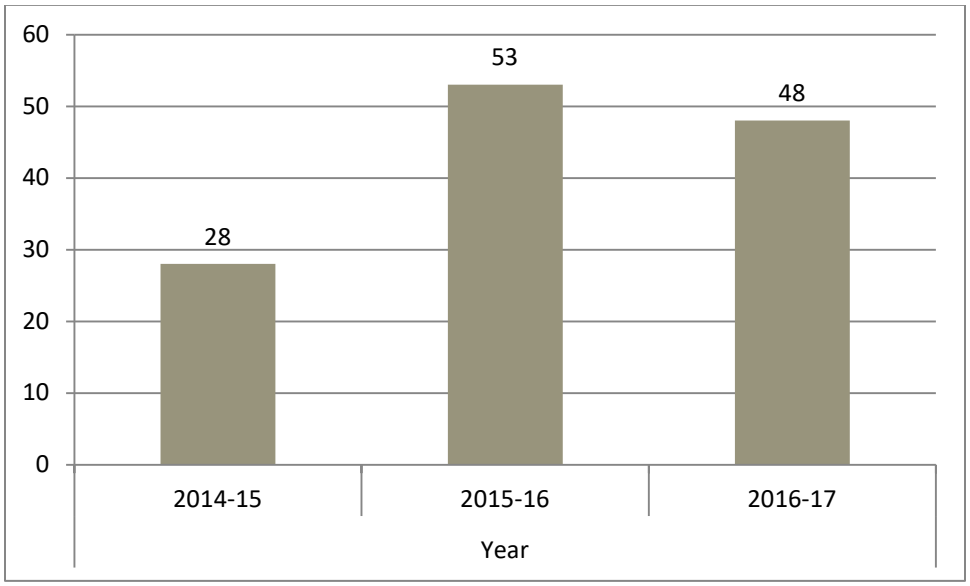
Table 6: Number of Outdoor Smoke-Free Spaces by Type of Building or Space by Year

Type of Building or Space	2014-15	2015-16	2016-17
	Count (N=)	Count (N=)	Count (N=)
First Nations'/Band offices	14	74	59
Schools	43	102	53
Health Centres	48	79	51
Daycares	40	75	48
Community/Rec. Centres	5	36	36
Playgrounds	2	28	34
Stores	1	95	29
Outdoor sports facilities/arenas	19	37	25
Aboriginal Head Start sites	15	30	23
Restaurants	16	51	6
Bingo halls	2	6	4

2.5. COMMUNITIES PASSING SMOKING-RELATED RESOLUTIONS

The First Nation and Inuit FTCS projects have consistently reported on the number of smoking-related resolutions being passed by Band Councils, Tribal Councils and other Governance bodies. The first year the projects focused on other areas, whereas in 2015-16 and 2016-17 they had the full year of operation to address resolutions, which accounts for the increase in numbers.

Figure 2: Number of Smoking-Related Resolutions Passed by Governance Bodies



Almost half of respondents identified resolutions had been passed designating smoke-free public spaces, which was also the only statistically significant response (Table 7).

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

	Projects who Passed Bylaws						
Type of Smoking-Related Resolution (N=51)	2014-15		2015-16		2016-17		Statistically Significant
	Count (N=)	Percent (%)	Count (N=)	Percent (%)	Count (N=)	Percent (%)	
Designating smoke-free public spaces?	4	23.5	7	41.2	8	47.1	Yes
Promoting smoke-free homes?	1	5.9	7	41.2	4	23.5	No
Expanding smoke-free perimeters surrounding smoke-free buildings and spaces?	1	5.9	6	35.3	4	23.5	No
Enforcing smoke-free public spaces?	1	5.9	4	23.5	4	23.5	No
Promoting smoke-free vehicles (i.e. when young children are in the vehicle)?	0	0	2	11.8	4	23.5	No
Using tobacco-related revenues to fund health promotion activities?	2	11.8	4	23.5	3	17.6	No

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 2016-17 fiscal year (Table 8).

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

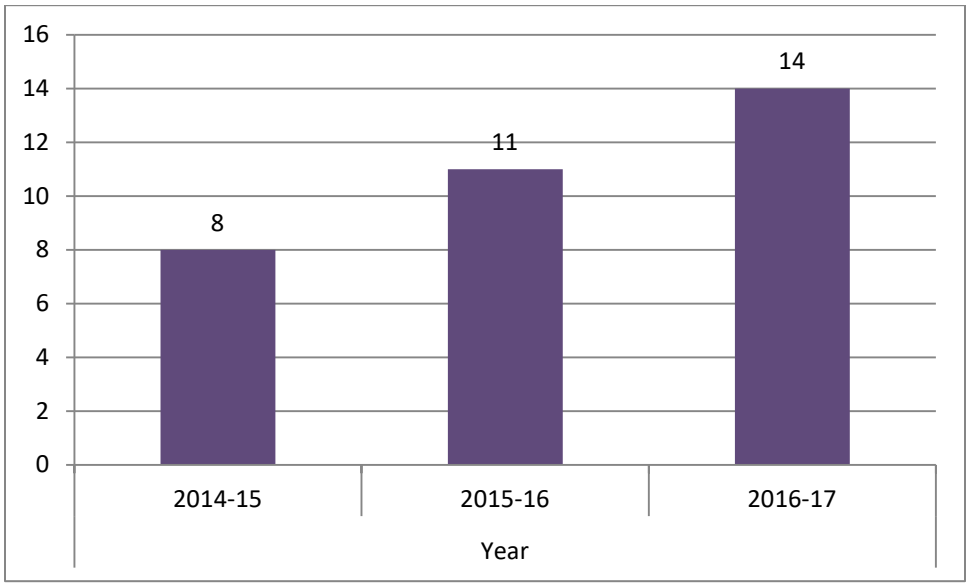
Intervention Target Groups	Count (N=) starting program / intervention		Count (N=) completing program / intervention		Count (N=) reducing smoking		Count (N=) quitting smoking	
	2015-16	*2016-17*	*2015-16*	*2016-17*	*2015-16*	*2016-17*	*2015-16*	*2016-17*
Pregnant women	61	34	48	22	4	21	6	4
Caregivers of infants / young children (less than 3 years of age)	17	21	4	13	1	12	3	2
Program participants in community-based smoking cessation programs	1,521	1,390	621	1,216	113	631	28	23
School-aged children and youth	372	1,107	359	530	10	10	0	3
Caregivers participating in community-based programs	0	8	0	6	0	5	0	0
Health care workers in specific settings (e.g. community health centres)	201	305	47	26	4	29	5	3
Elders/Other seniors	7	81	7	60	0	11	0	2
Clients in addictions treatment / rehab	0	22	0	20	12	22	0	3
Adults in the general population	0	1,101	0	64	0	74	0	28
Others	1,018	3,562	28	3	19	4	10	1
Totals	**3,197**	**7,631**	**1,141**	**1,960**	**163**	**824**	**52**	**69**
Two Year Totals	**10,828**		**3,074**		**985**		**121**	

The following Tobacco Cessation impacts have been documented through the First Nation and Inuit FTCS projects with data collected from 2015-16 and 2016-17:

- **10,828 people have started a cessation program / intervention**
- **3,074 people have completed a cessation program / intervention**
- **985 people have reduced smoking**
- **121 people have quit smoking**

The number of projects that are undertaking a population or community-level survey has been increasing over the implementation of the First Nation and Inuit FTCS. More than four-fifths of projects (n=14) were undertaking a population or community-level survey. The majority of the projects had completed (n=6) or were in the process (n=8) of undertaking surveys in 2016-17.

Figure 3: Number of Projects Collecting Smoking-Cessation Data using a Population / Community-level Survey by Year

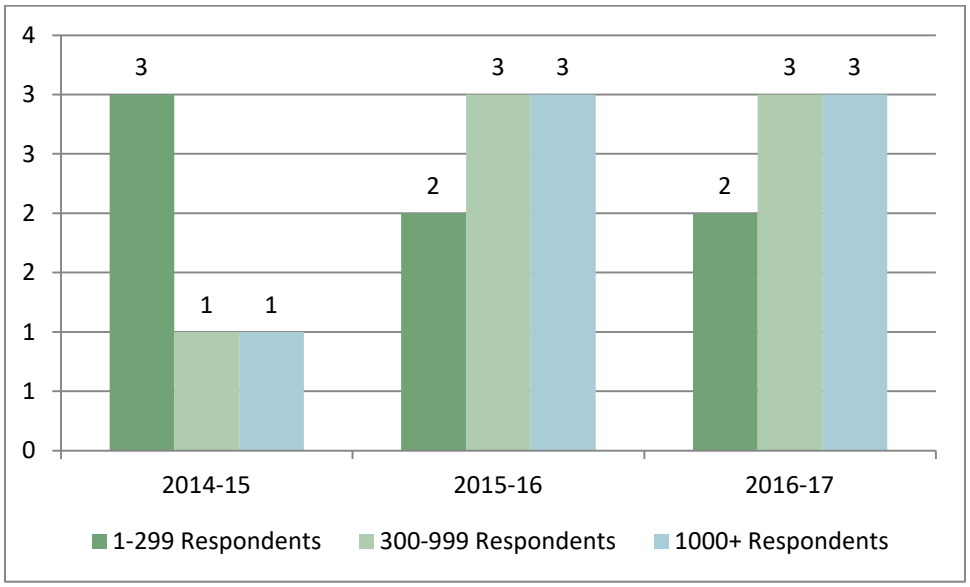


2.6.1. THE STUDIES PROJECTED OR ACTUAL SAMPLE SIZES

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

In the first year of FTCS implementation, five projects identified how many people would be taking the survey and the majority targeted 299 or fewer survey participants (n=3). However in the following years the projects were able to increase how many respondents they were targeting or completed surveys. For example, in 2015-16 and 2016-17 there were 3 projects that identified a sample size of 300-999 respondents and another 3 projects seeking more than 1,000 respondents to their survey. One project started with a smaller sample size in 2014-15 and increased to a larger sample in the following two years. This increase in projects or actual sample size over time is demonstrated in Fig 4 below.

Figure 4: Projects that identify the Actual or Planned Sample Sizes by Year



2.6.2. THE STUDY POPULATIONS

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

Table 9: Study Populations in 2016-17

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

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

2.7. FTCS PROJECTS' SERVICES AND ACTIVITIES

The Annual Outcome Report asked projects in 2015-16 and 2016-17 to identify which activities or services were delivered (Table 10):

Table 10: Activities or Services delivered by the Projects

Activities or Services delivered (N=34)	2015-16 Percent (%)	2016-17 Percent (%)	Statistically Significant
Educating others about the negative effects of smoking	76.5	100.0	Yes
Developing smoking cessation/prevention poster campaigns	82.4	100.0	Borderline
Meeting with Chiefs and Councils to promote smoking-related resolutions	52.9	23.5	Borderline
Educating high school students about the negative effects of smoking	94.1	100	No
Educating junior high school students about the negative effects of smoking	94.1	94.1	No
Developing smoking cessation programs	88.2	94.1	No
Sponsoring challenges/events/contests related smoking cessation/prevention	88.2	94.1	No
Educating parents/caregivers about the negative effects of smoking	76.5	94.1	No
Educating elementary school students about the negative effects of smoking	88.2	88.2	No
Developing partnerships with health care providers to promote smoking cessation/prevention	82.4	88.2	No
Training health care professionals in smoking prevention/cessation processes	82.4	82.4	No
Developing other promotional materials (e.g. calendars, t-shirts, cookbooks, etc.)	76.5	82.4	No
Providing smoking cessation programs / services	64.7	82.4	No
Developing partnerships with community leaders to promote smoking cessation / prevention	88.2	76.5	No
Developing partnerships with educators to promote smoking cessation / prevention	82.4	76.5	No
Developing Facebook campaigns to promote smoking cessation / prevention	76.5	76.5	No
Participating in health fairs sponsored by other groups	76.5	76.5	No
Developing other partnerships to promote smoking cessation/prevention	70.6	76.5	No
Developing smoking-related toolkits	70.6	76.5	No

Teaching community residents about the traditional use of tobacco	64.7	76.5	No
Educating Chiefs and councils about the negative effects of smoking	70.6	70.6	No
Encouraging business owners/retailers to implement smoke-free zones	70.6	70.6	No
Promoting the use of Traditional tobacco	70.6	70.6	No
Training others in smoking prevention/cessation processes	58.8	70.6	No
Creating 'no smoking' signs and/or posters	76.5	64.7	No
Educating school administrators and educators about the negative effects of smoking	76.5	64.7	No
Encouraging smoke-free vehicles if children/youth are present	76.5	64.7	No
Distributing 'no smoking' signs and/or posters	64.7	64.7	No
Training educators in smoking prevention/cessation processes	70.6	58.8	No
Meeting with Chiefs and Councils to promote smoking cessation/prevention initiatives in their communities	76.5	52.9	No
Promoting and/or facilitating Blue/Green Light Campaigns to encourage smoke-free houses	58.8	52.9	No
Hosting health fairs	64.7	47.1	No
Working to expand outdoor smoke-free zones (e.g. increase distances from entrances)	58.8	47.1	No
Monitoring smoke-free zones to ensure compliance	29.4	29.4	No
Working with bylaw officers and other officials to ensure compliance of smoke-free zones	29.4	23.5	No
Meeting with Chiefs and Councils to explore increasing commercial tobacco prices to promote smoking cessation	35.3	17.6	No

3. QUALITATIVE FINDINGS OF THE ANNUAL OUTCOME REPORTING FORM 2016-17

3.1. PROMISING PRACTICES

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

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

3.1.1. LEADERSHIP

One theme of promising practices discussed by the projects addressed engagement with community leadership on education about the importance of tobacco cessation. Though it is recognized that community leadership sometimes possesses competing priorities, projects are making strides toward working with leadership on their goals. One project stated:

> We continue to work with leadership and ask for support in having staff attend education sessions during work time and to be champions of the healthy lifestyle messaging. We have not had any new tobacco tax in the community…we are seeing that leadership is making more time to meet with health staff and this includes our program staff. Their focus on health broadly will help us link in the importance of tobacco cessation and prevention/education in the community.

The focus of education is not only on leadership but also community members and staff. For instance, some projects targeted the education of staff members in tobacco reduction strategies, while others focused on educating their staff on how to draft and implement a BCR, to aid in their ability to facilitate policy change at the leadership level. Other projects focused on educating community members or focusing on those community members who wish to quit smoking. One project shared,

> Our “Inside-Out” campaign, which aims to build awareness amongst families about second-hand smoke and how to work towards making the home a smoke free space, had a

> significant presence around British Columbia in 2016. Inside Out is an information campaign targeted towards parents and care-givers that have children present in their home to raise awareness of the harmful effects of second hand smoke. It is designed to be set up as an information table for health fairs and community gatherings. A magnetic game board was created as an interactive way for children to be drawn to the table, while the health promoters talk to the parents or care-givers about the harms of second hand smoke when children are present. The BC Lung Association Health Promoters, with the assistance of the First Nations Health Authority Community Engagement Coordinators, participated in 24 events across the Fraser Salish, Interior and Northern regions in 2016. In total over 1,000 people visited our booths and we collected 415 feedback forms.

Projects came to understand that though community members and youth might be a focus of their Tobacco projects, relationships with leadership are important and have great potential for enhancing their overall goals. One project shared,

> Recognizing community leadership for a job well done in supporting any aspect of the tobacco project's initiative is a valuable lesson learned. With the completion of the Blue Light Campaign at the end of the 2015/16 fiscal year, in the 2016/17 fiscal year the project was able to present the community plaque and 4ft x 8ft sign to the Chief and Council of the winning community, in partnership with The Lung Association, SK (now Breathe the Lung Association). This has put one foot in the door with that community leadership, with hope to explore in the 2016/17 year. Relationship building is key is proposing any sort of idea within leadership. This is time consuming but we find necessary for getting our project not pushed aside in the face of competing agenda items. With that is also sustaining the relationship built.

The support of leadership is necessary when seeking to improve or change tobacco-related policies in communities. One project supported retail pharmacists in promoting the new NIHB policy in which pharmacists can recommend NRT after patient assessment and bill NIHB for the drug cost. Another project developed new smoking policies for the employee handbook based on a staff survey. Yet another project stated that they,

> …[n]eed support from the Chief and Council to update the current "No Smoking" policies to include 'All forms of Tobacco'. First Nations and Inuit community leaders have to support local tobacco control initiatives. We need to engage the community leadership and support them in learning about commercial tobacco, voicing their opinions and supporting tobacco control strategies. Increasing the capacity of community leaders to be strong advocates can empower the community and foster development. The support of NITHA leadership is needed in the area of enforcing smoke-free public policies/bylaws.

One of the most common ways in which leadership has supported the tobacco projects is through smoke free designations. This has included ensuring that newly erected rentals are deemed “smoke free” dwellings, as well as working with leadership to develop policies on public buildings and structures. Though this may seem like a straightforward process, there are obstacles. One community shared,

> With the present Chief and Council there is a clear understanding of the importance of Tobacco Control in regards to ensuring "smoke-free" buildings and public spaces within the community. Two areas of concern included the skating rink and the playground. Both areas are "outdoor" facilities and with that came the assumption by the smoking population that smoking would be allowed as both areas were not enclosed. Chief and Council have agreed to deem both of these areas "smoke free" including the area surrounding the outdoor facilities. Chief and Council has agreed to ban e-cigarettes and vaping as part of the "smoke-free" building and areas within the community. New signs have been ordered to clearly identify the "smoke -free areas".

This same project was able to make additional changes to public smoking, such as:

> As of July 2016, cultural camp and summer camp employees are no longer allowed to smoke near the camp kids. In fact, they cannot be seen by the children at all while smoking. The leadership agreed that they will adapt the Quebec Laws concerning smoking near main entrances of establishments that serve the community. Also to make youth activities to be a smoke free environment.

Some projects were able to successfully encourage leadership to erect tobacco cessation or no smoking signage in their various communities. This also involved ensuring visible posters in places such as community businesses, schools and health centres.

One project has chosen to engage youth in leadership in a model program aimed at preventing tobacco use. This project states,

> Youth Engagement in the 11 Keewatin Tribal Council communities isolation in the 9 communities are long and difficult for young people.
>
> - Jr. Chiefs and Council with over 300 young people signed up from 3 different communities
> - Policy on Jr. C& C, is no smoking for young leaders
> - The KTC Youth Model Program; photo poster campaign with all 11 reserves
> - Newsletters with students, local elders, and other related events; along with Tobacco information

- KTC Chiefs in Assembly passed resolution on the formation/implementation of Jr. Chiefs and Councils
- Chiefs/Council/ health directors invitation in large community gatherings

Youth engagement

3.1.2. HEALTH PROMOTION (RELATED TO PREVENTION AND EDUCATION)

Health promotion for these projects has included standard things such as setting up educational booths, holding workshops, creating brochures and posters, as well as toolkits for use in the community. Some projects had innovative approaches to health promotion, such as:

> We have had great success with promotion activities related to art and creativity. The youth enjoy participating in activities to allow them to be creative. We have had a successful partnership with the schools in participating in school events as well as leading events that occur at the school. We have partnered with BS heart and Stroke foundation to implement their health resources in the curriculum at the school- these resources focus on the complete view of health and include smoking as one component which complements our program ideology. We have found that this tool also relies a designated champion at the school to assist with training and to ensure resources are re-ordered for the following school year. We have found that adding prevention/education message to fun activities for both youth and adults works best- i.e. the main focus can be a fun event like a fishing derby but we add educational messaging that cannot be missed by participants. Even one day events like the "walk for health" that we did with the school had a lasting impression as we provided t-shirts to all students so that they would have a memory of that day. We have activities with Elders- we invite elder to teas and other events and provide them with a venue to enjoy themselves and then we use this opportunity to tell elders about our program and ask if they would participate as volunteers in working with youth. We have invested in monitors that are placed in key locations throughout the community such as our health building, the community store, the school, the band office, and the fitness center. These monitors have ongoing messaging about community activities as well as health related messages, particularly smoking related. By including scheduling and community update information that residents are looking for, we believe we increase both the frequency and amount of time spent viewing the health related messages.

Also, many projects chose to emphasize culture and traditional tobacco usage. They include:

> Engaged in numerous activities to educate on traditional tobacco usage. We are currently creating a film that is focused on Traditional tobacco specifically to our own

Siksika/Blackfoot culture. This film is to be used for future presentations to all community members of Siksika and most especially to our youth. We are conducting a vigorous media campaign to promote awareness of the dangers and consequences of commercial tobacco usage through radio and newspaper.

To spread the awareness and prevention of tobacco use in all areas/departments within the NITHA communities planting Traditional tobacco in our community gardens to be use as gifts to elders. Community members especially the youth should be educated about the uses of traditional tobacco and its cultural and historical significance. The maternal module designed to increase the knowledge and skill in brief interventions among front-line service providers who work with pregnant and new mothers so they will be well equipped to offer cessation support to their clients was revised. Health care workers in some NITHA communities have been trained on the revised module. As part of Northern Saskatchewan Breathe Easy multi-component awareness campaign, about 60 anti-tobacco messages were posted on Northern Saskatchewan Breathe Easy social media accounts. Messages centered on health effects/consequences of tobacco; tobacco industry deceptive practices; second hand smoke and its potential harm. The Northern Saskatchewan Breathe Easy Facebook page had 200+ likes, 18,000 people were reached and 600+ were engaged. A total of 147 radio spots were broadcasted through local community radio stations and MBC radio in English, Dene and Cree. Over 2000 promotional items were developed and distributed to Northern Inter-Tribal Health Authority partnership. These promotional items have anti-tobacco messages on them. Train the trainer on Retailers' toolkit completed. The goals of training retailers are: to reduce youth access to commercial tobacco products; to ensure that retailers are well equipped with all the information and are current with changes to all legislation surrounding tobacco sales to minor; to help retailers to develop policies surrounding the sale of tobacco; to train all staff members so as to ensure they are well versed in the sale of tobacco and associated products. The Green light project currently ongoing and many NITHA communities have embraced it. At the community level, implementing structured smoke-free challenges for the whole community will be worthwhile. This can encourage non-smokers – especially youth – not to start smoking, and motivates smokers to quit. Also an opportunity to educate the community about the health problems of commercial smoking.

The ongoing promotion of tobacco cessation and the traditional use of tobacco. The promotion of planting and harvesting tobacco in a traditional manner. The youth have been thoroughly involved with the planting and harvesting tobacco, they understand the traditional uses and can explain the many traditional uses tobacco. One project focus is to 'Plant the Seed' of awareness of the health risks of commercial tobacco use and sacred tobacco use as a healthy practice (1) by engaging many partners (2) promotion in as many places and with as many people as possible. In this endeavor, here are a few examples: (1)

> Engaging many partners to support and widen our initiatives (a) 4 traditional spokespeople lent their understandings of sacred tobacco use as a healthy spiritual practice in the creation of a poster series distributed on social media in digital form and throughout the community and (b) our hospital dental hygienist became an active part of the team, lending her expertise in oral health to presentations in schools, in community presentations and in one-on-one discussions during health screenings with children and youth.

> Through the Tobacco Program we invited two Cree Puppets, and included a third to tackle not only non-smoking but also bullying, and addictions (Xbox, PS4, iPods, iPads) staying up too late. We use Facebook / YouTube to promote humor and telling not only KTC, communities but also over 10,000 followers from across Canada. Through Native Communication Incorporated (NCI)/ and Mcee different events as part of the dual role mention in commercial style of the harmful effects of Commercial tobacco smoking.

> The project partnered with Kanaweyimik Child and Family service in running their summer youth camp; 138 youth and 17 chaperons were in attendance. Teachings on cultural and commercial tobacco were shared with the camp elders reiterating the sacred use of tobacco as the Creator designed way to respect and use tobacco.

Some projects also had a number of youth gatherings, connecting youth with role models, Elders and speakers related to living a healthy life style. For example,

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

Technology has also helped the projects in assisting with health promotion. This has included:

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

To build on the success of our “Smokestack Sandra” podcast series from 2015/16, our team developed a second season of podcasts. “Tobacco Nation” is a four-part podcast series that highlights important areas of the relationship between tobacco and First Nations communities. Each of the four episodes centers around a different theme: Cancer Prevention and Care, Community and Collaboration, Respecting Traditional Tobacco, and Prevention and Youth. This series, recorded with professional audio technology and podcast developers, contains many stories and interviews with a wide range of community members and healthcare professionals. By touching on various aspects of tobacco use via personal stories, Tobacco Nation strives to begin the practice of sharing our personal experiences with tobacco in order to inform, educate and inspire one another.

We continue to use the CO monitor (Smokerlyzer) and Simulated Smokers' Lungs, with youth in particular, as health promotion tools in all communities Nunavut. Nunavummiut are interested in the display and will approach the health promoter to ask questions. Smokey Sue Smokes for Two was provided to all CPNP programs to visualize the harm that happens to the fetus related to tobacco use.

Implementing of the Carbon Monoxide educational tool (Smokerlyzer) into the School of Tobacco Challenge has proven successful. Participants wanted to 'lower' their score' weekly and it had helped to reduce commercial tobacco use over the weeks. The use of the Smokerlyzer at community events (Treaty Day, Wellness Days) has also increased the discussion of cessation - following the Smokerlyzer reading, the community member will be given a handbook called Ready, Set, Quit from the Lung Association as well as a Cost of Smoking Handout. These interactions with community members are important in creating the discussion around tobacco cessation and reduction.

3.1.3. SMOKING CESSATION

Smoking cessation initiatives have been an important focus of the tobacco projects. These can involve meeting with health professionals, referrals and the creation of toolkits. However, many projects ran unique programs and/or challenges that met with some success. For instance:

Smoking cessation program was set up and one smoking cessation program was successfully completed. Most participants stayed in the program from beginning to end with 2 quitting in the process. Several presentations on the harmful effects of tobacco and quick cessation tips to students and interested community members. Northern Saskatchewan Breathe Easy developed an information and fitness Smoking Cessation Mobile App. The App was developed on two platforms: Apple iOS 8.0+ smartphones and Android 4.1+ smart phones. The Smoking Cessation Mobile App was launched on October 21, 2016 at Prince Albert. A total of 70 youth and elders from Northern Inter-Tribal Health Authority communities were in attendance.

Initiating a 5 day cultural camp challenge to support tobacco reduction by teaching land based skills; i.e., chopping wood, canoe paddling, portaging, set-up and take-down camp, hide fleshing, cutting and smoking dry meat. All activities require strenuous physical action and tobacco educator will monitor heart rates and breathing strength of participants.

From the lessons learned in the 2015/16 year the project decided to host a couple of cessation challenges in the 2016/17 year. We initiated a Let's Kick Butt Challenge for Youth in school and Be a Winner, Be a Quitter Challenge for Adults - June - Sept 2016. June-July for cessation groups. July-Sept for follow-up to see who is able to stay quit and provide support with challenges. 71 adults registered during the Treaty Day events and via Facebook; and 26 youth in school registered. This indicated that there was interest in quitting or the thought of quitting had crossed these individuals' minds. However 9 adults and 18 youth followed through the registration to actually starting a cessation group session. At the end of the 5 week session for adults and 3 sessions for youth, 5 adults completed and 9 youth did. There was a gift card draw for those who attended all or one less sessions, and we followed up with those who participated through the summer. We approached a local business to donate bikes for the youth as prizes, they donated 2 and we purchased an iPad Air for the adult winner.

We held another Smokebusters Challenge and had more initial interest this time around with 34 participants. Word is getting around about the strategy as we are doing a lot of promotion through the face book page. The Facebook page includes such things as quit tips and culturally appropriate imagery and tips for dealing with cravings and general facts around tobacco use. Community Health and Mental Health and Addictions staff in all communities are more involved with promoting cessation and prevention with the general population through health promotion activities.

Tobacco Timeout, our monthly provincial quit contest on the first Tuesday of each month, is an opportunity for contestants to sign up, quit commercial tobacco for 24 hours, and be entered into a draw to win a cash prize. For this program, we partner with QuitNow, which looks after BC's smoking cessation resources and is funded by the provincial government. Between April 2016 and March 2017, we had had 577 people sign up. Toward the end of that 12-month period, we modified our promotion strategy which resulted in us seeing higher participation numbers during the most recent contests.

We provided tobacco cessation education and tools to CPNP facilitators. We have found that demonstrating the use of the NRT gum and allowing people to try it out has broken down some of the pre-conceived ideas that people have about using medications with their quit attempts. When the Clinical Cessation Educator is present at an event, NRT is distributed to participants who are interested in trying it - they are generally provided with a two week starter supply of NRT. We have found that community radio is an excellent medium to allow Elders and others to tell their quit stories which then inspire others to try to quit. The program has been conducting ongoing telehealth sessions - to upgrade knowledge and skills on best practices in effective, culturally appropriate tobacco cessation interventions for different demographic and high risk populations including youth, pregnant women and young adults.

School of Tobacco Challenge focuses on reduction throughout the challenge by providing participants with the tools for cessation. The Challenge included the following tools:

1. Traditional Education and Growing Natural Ceremonial Tobacco. (Elder)
2. Journaling as own tracking tool
3. Catching Your Second Wind, Tobacco Addiction Recovery, Partnership to Assist with the Cessation of Tobacco and group discussions
4. Elder Video
5. Nutrition Education
6. Reduction and misuse of Commercialized Tobacco
7. Community vs Community Challenge
8. Manuals, Journals, registration release forms
9. Tobacco Planting (single modular greenhouses)

10. Implementation of the Smokerlyzer

The School of Tobacco seen reduction of up to 50% in participants over the 8 week challenge in Little Black Bear. This was a very successful challenge and Little Black Bear won the challenge. The Challenge added in incentives for every time a participant attended a meeting their name was entered into the final draw for a FitBit as well as weekly nutrition door prizes for attending meetings and this was strongly linked to the increase in participation over the Challenge weeks.

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

Not all challenges have met with success. For some projects, these smoking cessation initiatives have been difficult to even get off the ground. They are taking the time to re-evaluate these activities to find ones which will work for their communities. Projects shared:

We have had ongoing challenges with encouraging participation in Smoking Cessation programs and would like to learn what has worked for other projects. We have tried prizes and contests with no participation. We have offered online links through Facebook with prizes for feedback about how people liked the online programs but with no feedback. We have learned we must have a stronger partnership with the Nurse In Charge to champion Smoking Cessation and to partner with experts at the Northern Health Region. We continue to try to achieve success in this area through innovative approaches and learning from other programs.

Although our team has been trained and are ready to assist our community members towards smoking cessation, there is still a reluctance of individuals to commit to quitting smoking. We have had clients that have booked time to see us and have subsequently not shown up. This occurs even after we have contacted them to reschedule. We are currently working with our health partners to further remedy this situation and to encourage individuals to take part in our program.

3.2. BARRIERS OR CHALLENGES EXPERIENCED

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

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

3.2.1. LEADERSHIP

Tobacco projects encountered a number of challenges related to leadership. The first challenge, which was expressed by a number of different projects, related to the enforcement of bylaws and tobacco restrictions. Staff members are restricted in their ability and authority to act and bylaw officers do not always see this enforcement as a priority. Projects shared:

> We had challenges with the previous Bylaw officer - not reporting complaints and infractions as we had requested. However, there is now a new Bylaw officer and we will continue to work with her to encourage ongoing monitoring and reporting of tobacco related Bi-law issues. Leadership has other priorities and focus, tobacco is not currently at the top. There are urgent issues related to housing and prevalent community social issues that divert time and attention from this topic.

> With staff becoming knowledgeable in the BCR making process, one challenge became evident. Enforcement of these policies are not within the work plan, or in the job description of program staff. It was clear that although enforcement of the smoke-free by-laws could not be achieved by program staff, it was still important to begin structuring a strategy for the eventual drafting of smoke-free by-laws. This is because, these smoke-free by-laws would not otherwise begin being drafted if it were not for the work of this program.

Another challenge encountered by the projects relates to the reality of working with community leadership. Chief and Council has many issues that they must deal with and a number of competing priorities to balance. Implementing policies and moving their items up the agenda have been challenging for some projects. Projects shared:

Change in staff in the communities, headquarters and Health & Wellness Committees led to a slowdown of the process of implementing community quit plans. This also means that training or presentations need to be repeated regularly. Proprietors of public places and workplaces (smoke-free places) often are unaware or are unwilling to ensure their obligations under the Tobacco Control Act, specifically with regards to the smoke-free buffer zones, are being followed by their staff or the public.

Chief and Council meetings are few and far between. It takes time for us to gain access to propose and present our program ideas. At this point our propositions have required additional research in order for our Chief and Council to fully understand the benefits of our proposals for our community.

A major challenge is scheduling appointments with councilors and the transition time it takes to get new leadership wanting to engage with the project when it seems like they have more pressing community issues. While there is the recognition that the misuse of tobacco is concerning it seems to not be a pressing issue on some of the leadership's agenda in the face of issue like overdosing on drugs and suicide. Understandably so, but it makes putting tobacco policy on the agenda a non-issue. Trying to balance being a project name they recall so they consider having written tobacco use policies/by-law and not becoming a bother, is also a challenge. This year the project found itself taking a step back on promoting the policy agenda so as not to come across as insensitive to vibe coming off from some leadership on what they consider priority and find ways to strategize for the 2017/18 year.

Although the prevention team has the support of Chief and Council in regards to our tobacco strategies it is difficult to have any changes or modifications made into a policy/resolution. It would further help to have it documented that designated areas are "smoke-free" so that should Chief and/or Council change during an election year, there is a clear band resolution or policy already in place in regards to certain aspects of tobacco control. We have highlighted the importance of addressing in the near future, the issue of not having a Band Bylaw/Resolution in regards to individuals opening up or being allowed to operate "Smoke Shacks". We note that there is a seemingly lack to support as there are no obvious sanctions for smoking 'non designated areas'. Leadership is focused on other pressing issues and the health issue of smoking regulation is not a priority. There is still a lot of work to be done to respect the 9-metre zone around buildings. We are currently having trouble marking off these 9-metre zones and getting the old ashtrays removed from the walls of the buildings. We submitted the request, but action has yet to be taken. An email was sent to employees, but there is no dedicated personnel to monitor the physical areas. In our schools, it is also difficult to enforce the law, which is particularly onerous as it

> prescribes a total smoking ban on site. School administrators will need to be more vigilant starting in the fall to ensure compliance with the law.

Projects working in regions which include a number of First Nations have also faced challenges. Though the organization is supportive in general, this does not necessarily translate into action at the leadership level of individual First Nations. Projects shared:

> Each 10 First Nation community is unique and has its own governance structure. This diverse structure resulted in communities' not passing any smoke free bylaws in their communities. However, they have posted the smoke free signage.

> There have been no resolutions or policies created in any of the 11 First Nations. Each Nation is different and have their own designated smoke-free spaces that are not directly influenced by FHQTC.

3.2.2. HEALTH PROMOTION (RELATED TO PREVENTION AND EDUCATION)

The projects have faced challenges related to health promotion. In some cases, these challenges were related to the complexity of inter-organizational relationships. One project shared:

> We have not had success with the nursing station in linking to our program. We have had no referrals, that we know of, to our programs and have not been provided information about what the nursing station might offer to program clients that we see. We have inconsistency in the nurse staffing- nurses come in periodically from other communities and even other provinces, so there is no on-going link to our program and the transiency of staff makes it difficult for us to get our program on the radar. We have provided the station with promotional items such as baby bibs but we have not had success in reporting back about how many bibs were given out and if materials related to our program were also given to patients.

Funding and staff challenges remain a consistent obstacle in health promotion. The lack of dependable funding and staff shortages have impacted the ability of some projects to achieve their goals within their projected timeline. Projects shared:

> Although the project is on track in some elements in terms of activity implementation, it is unlikely that all intended project objectives will be accomplished by 2018. Given that smoking/tobacco control is complicated by a range of social, structural and individual level

> barriers there is a need to apply wholistic approach that is long-term, sustainable and proportionate-to-the-need. Tobacco control activities and effectiveness are left vulnerable if its funding is dependent on short-term funding. Tackling social determinants as it is related to smoking would require sufficient, predictable, and sustained funding beyond 2018. Most youth have easy access to commercial tobacco, they get it from older friends or from family members. There are high amount of health care workers who smoke, this is a barrier. Because they smoke (health care workers), it is difficult for them to offer cessation advice or support Limited knowledge on the extent of the problem. There are perceptions that high smoking rate is not a significant concern or priority.

> Four months into the 2016/17 year the project was down to 1 staff as the other staff moved on to other things. This slowed down a lot of plans for the project, especially around school presentations and community events. A new staff was hired middle of February just before the 2016/17 year ended.

> Fiscal year funding time constraints for completion of activities/competing activities that need to be carried out by community staff; shortage of staff to run programming/staff turnover in some communities.

Some of the challenges encountered by the projects were part of the suite of challenges that come with working in certain First Nations communities. Weather, technology, and space limitations are common issues for those working in First Nations communities, no matter what the field. Projects stated,

> We had planned to have a "blue light" campaign within the community however we could not find blue lights in reasonable priced bulk amount. Scheduling of health promotion delivery is always a challenge in some schools because of curriculum limitations and scheduling. For some communities, it is difficult to promote health due to the distance of members and the lack of resources to go directly to the schools and other environments.

> Lack of storage space or space to conduct health related activities such as having no gym space available regularly and storage for supplies.

> 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.

> The challenge on health promotion is being unable to attend all community events to provide prevention and education information as some events coincide and having to choose the first community that requested tobacco information. We do send out information when our team is required to be in different communities but this way lacks having the interaction with the School of Tobacco Coordinator.

In addition, it is not possible for projects to create one health promotion plan and assume it will work consistently. Projects have to constantly update their information and reassess their strategies in order to reach their target audience, particularly the youth. This requires research and education. Projects shared,

> Electronic cigarettes was once again the cause for concern within presentations. With information lacking during this period, it caused a lot of debate within educational sessions within the community. Our project struggled to develop a standing position on the topic, with the lacking information.

> A need for youth strategies and youth statistics could be collected to implement programming appropriate for youth in a classroom setting or in an after school setting.

3.2.3. SMOKING CESSATION

Many challenges surrounding smoking cessation have revolved around participation. Though the projects have approached smoking cessation with creativity, having participants come out or follow through with programs/challenges can be difficult. Projects shared:

> We have had ongoing challenges with encouraging participation in Smoking Cessation programs and would like to learn what has worked for other projects. We have tried prizes and contests with no participation. We have offered online links through Facebook with prizes for feedback about how people liked the online programs but with no feedback. We have learned we must have a stronger partnership with the Nurse In Charge to champion Smoking Cessation and to partner with experts at the Northern Health Region. We continue to try to achieve success in this area through innovative approaches and learning from other programs. Due to challenges in linking with nursing station and ability to partner dispensing and education about medical smoking cessation aids, this program has been impacted. We are hoping with new leadership/ senior staffing at the nurse station, the next fiscal year will show more success in this area. Because of ongoing challenges and delays related to the renovation of the building that we had envisioned for our program in year one- we have had challenges in people knowing where to go for programs and in having sufficient space for

> programs. We think that perhaps if we had the building ready earlier with a nice, consistent space for meetings and education, we might have had more interest in people attending smoking cessation meetings.

> Only barriers we see are the reluctance of individuals to carry through with the appointments they have made with us. Nonetheless, we carry on with a heavy presence in the community by constantly educating and creating awareness of commercial tobacco usage and its inherent consequences.

> Commitment of registered participants to attend sessions still is a challenge. Looking at ways to modify current cessation manual so it is not as lengthy but still providing enough information for participants to make their quit plan and stick with it. Cessation ultimately isn't a one size fit all, finding ways to be creative in support, using text messages, FB chats, one-on-one are some ways we try to be supportive. Accepting that despite cessation challenges with prizes, various ways to support, it doesn't always result in a quit can be a challenge in itself to continue thinking of innovative ways for cessation. Yet knowing people are more conscious of their smoking habits, thinking of quitting and some actually reducing their use of cigarettes is a milestone not to be ignored.

Some challenges mentioned by the projects involve health care professionals and staff members using tobacco themselves. In this way, promoting tobacco cessation can be difficult. One project stated,

> The support from staff to implement tobacco cessation programs is a challenge because the support staff use tobacco as well. The First Nation and Inuit people of Canada have a long history with traditional use of tobacco, therefore there is need to denormalize commercial tobacco use while being respectful of the traditional tobacco. This is built on the notion that traditional and commercial uses of tobacco are two opposing ideologies and practices. Lack of capacity to expand smoking cessation training for frontline health staff.

Tobacco can be intertwined with business in many communities. Though projects have had success with prevention, the longtime smokers remain unreachable. One project shared,

> The issue with smoking cessation remains the same, the majority of community members who smoke have smoked for multiple years, even decades. We often find that the only incentive for these members to attempt to stop smoking is if they are experiencing health issues. We need to focus our prevention strategies with this target group to identify how

quitting can impact their health before complications arise i.e.) how smoking plays a part in their diabetes care, heart health etc. The local cigarette stores promote smoking because the success of their business relies on smokers. Also, some community members hinder tobacco control measures by continuing to smoke in non-smoking zones. One challenge that our Smoking Cessation Support Nurses experience is that when people are referred by doctors and other health care professionals, they are not necessarily motivated to quit at that time. Professionals may not adequately prep patients (pre-motivate) due to time constraints or may overestimate their "readiness to quit" in assessment.

In addition to this, some projects state that they lack information and access to NRTs and pharmacists due to funding and location. Particularly when targeting longtime smokers, having available supports, such as these, can make a real difference.

3.3. SUCCESSFUL PROCESSES COMPLETED IN 2016-17

Projects listed a diverse number of successful processes that were completed in 2016-17. This section of the report provides a synopsis of the in-depth knowledge that was shared by the projects.

Community Mental Wellness. Because of the reach (very young to very old, both in and out of school) and the scope of programming (surveys, activities in and out of school, music programs- HAPPY CELEBRATIONS bringing the community together), we feel we have made a significant impact on the overall health of our community residents. There is art and music in the community that would not have been here without the program funding. We know from research that mental health and unhealthy coping strategies are clearly linked. The more we can help people in mental well-being, the more likely they may be ready for change and the "norm" in the home will change for youth. We also know that communities with high rates of perceived norms related to smoking and substance use and community disconnection are at higher risk for more and more residents engaging in prescription drug abuse. We are hopeful that by changing how people feel about themselves that we will encourage people to not smoke but that this will have an even bigger impact on destructive lifestyle choices.

Our Beaver bundle society recently brought back and conducted that tobacco ceremony, and our team got the opportunity to film some parts of the ceremony akin to the one filmed in 1958. We plan to utilize this film in the future by presenting it to our community and most especially our youth.

The Smoking Cessation Mobile App (Breathe Easy) is meant to help you quit smoking so you can breathe easy! The App was launched on Friday, October 21st 2016, at the Travelodge hotel with selected youth from the NITHA communities. The guest speaker for the day was Michael Linklater. Michael is currently ranked number one 3 by 3 basketball player in North America who hails from Thunderchild First Nations in Saskatchewan. Mike provided insight to the youth on how culture shaped his life.

Growing Traditional Tobacco: In the 2016/17 fiscal year the project decided to grow traditional tobacco. When they were ready for planting they were picked from the greenhouse and planted in 7 different communities including a community garden. Different areas were chosen to see what area the plants grew best in and also the type of soil. There were a couple of locations they did not grow well at but for the most part we ended up with big beautiful tobacco plants. At the end of August the plants were harvested

and hung to dry. Once dried, the plants were shared with many Elders within the communities and they were so happy to have chemical-free tobacco.

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

The Health Center partnered with Terra Cycle a recycling company. Through the program with Terra Cycle we launched a cigarette butt recycling program within the community. The Health Center purchased 7 cigarette butt recycling receptacles that were set up at key establishments within the community, such as Band Council, Human Resources, The Healing Lodge, The Health Center, and two community halls. The program pays out $1per pound for each pound over 3 pounds. The money raised through the program will be reinvested into the tobacco cessation program to insure that the program is always ongoing to serve the community.

The Amazing Race Cessation Activity is a highly successful smoking cessation initiative has been the Amazing Race activity which continues to date. It is a pre-contemplative event to raise awareness and illustrate that it is possible to stop smoking for a short period. For this event, participants only have to commit to stop smoking for 4 hours while they embark on an Amazing Race styled event. It was held three times this fiscal and continues to grow in popularity. It lead to a longer cessation event whereby 9 people quit smoking.

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

Smokerlyzer - the implementation and use of the carbon monoxide monitor has helped to create many interactions and discussions with people who use commercial cigarettes. The smokerlyzer is available for use with adults, children and pregnant women. The interactions that happen at community gatherings are crucial as they can be the interaction that helps a person in the pre-contemplation stage of change - where they have not thought about quitting smoking to having a person go through the contemplation stage where they are thinking about changing in the future. The interaction always ends with the community member receiving a "Ready, Set, Quit' booklet and a FHQ Cost of Smoking handout that they can take home. The Smokerlyzer is also very effective for those that do not smoke and can see the effects of secondhand smoke by administering the carbon monoxide monitor to a non-smoker that lives with a smoker.

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