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FINAL REPORT

KNOWLEDGE EXCHANGE FORUM:

*PARTNERING FOR CHANGE,
PLANNING FOR ACTION!*

ABORIGINAL TOBACCO STRATEGY
Aboriginal Cancer Care Unit
Cancer Care Ontario

April 3, 2008



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EXECUTIVE SUMMARY

Background:

Tobacco remains a complex issue in Aboriginal communities. The scale of problems and appropriate solutions related to tobacco and health are quite distinct from the general population of Ontario. The Aboriginal Tobacco Strategy recognizes the complexities and is conscious of the high smoking rates in the Aboriginal population which are more than double the general population (Health Canada). Even more alarmingly, the smoking rates amongst Aboriginal youth 15-17 years of age are three times higher than the non Aboriginal youth in the same age category (Health Canada). In response to the high rates of smoking and associated health risks, the Aboriginal Tobacco Strategy program at the Aboriginal Cancer Care Unit developed and implemented a strategy to reduce the use of commercial tobacco among Ontario's Aboriginal population.

One goal of the strategy is to support Aboriginal communities along their developmental path to becoming commercial tobacco free by assisting them to build capacity at the community level, form collaborative partnerships with experts in the field of health promotion and tobacco cessation and facilitate knowledge exchange between the Aboriginal population and mainstream organizations in the field of tobacco control. One preferred method to facilitate knowledge exchange is to host a province wide forum to discuss current trends, practices and challenges in tobacco control.

The Knowledge Exchange Forum: *Partnering for Change, Planning for Action!*, convened by the Aboriginal Tobacco Strategy program was held in Toronto, Ontario April 3, 2008. The overall goal of the forum was to identify comprehensive strategies and programming initiatives to address the challenges in Aboriginal tobacco control in Ontario; to showcase and share promising practices in Aboriginal tobacco control programs and services; and to foster knowledge and skill development for Aboriginal service providers and front line workers in tobacco control. The Forum followed on the footsteps of the very successful Aboriginal Youth Summit held in March 2007 during which Aboriginal youth developed a five-year action plan to address the high use of commercial tobacco in Aboriginal communities.

The forum was a one day event that began with Elder Pauline Shirt conducting the traditional opening prayer. Dr. George Pasut, Vice-President Prevention and Screening Cancer Care Ontario, gave opening remarks on the role of the Aboriginal Cancer Care Unit in Aboriginal Tobacco Programming and in meeting the Cancer 2020 vision. The Honourable Margaret Best, Minister of Health Promotion, offered greetings and emphasized the importance of health promotion and the role it has on children, families and communities as a whole. After opening remarks and greetings, a keynote address on "Promising Practices in Aboriginal Tobacco Cessation" was given by Community Based Research which included an open discussion panel after the presentation.

After the keynote address, delegates were given the opportunity to participate in workshops on the following topics:

- Creating smoke free environments through by-laws
- How to integrate smoking prevention cessation messages into existing health promotion programs
- How social marketing strategies can be incorporated in media campaigns
- How to build in evaluation frameworks into existing programs
- Overview of the Centre for Addiction and Mental Health - Training Enhancement in Applied Cessation Counseling and Health Project, (CAMH-TEACH)

- Discussion on the issue of contraband cigarettes

The workshops were an opportunity for delegates to learn more about the challenges and issues facing Aboriginal communities in regards to tobacco control.

Forum registration totaled 115 participants, many attending on behalf of organizations serving First Nations (both on- and off-reserve), Métis and Inuit populations in Ontario such as urban Aboriginal social service agencies; First Nations health programs, recreation, and addiction outreach centres; regional hospitals and health district units; universities; tobacco research centres; provincial territorial organizations; education, mental health organizations; provincial government agencies; traditional teachers; Aboriginal youth action alliances; and a national Aboriginal health organization

In summary the forum was designed to identify comprehensive strategies, programming initiatives, showcase and share promising practices in Aboriginal tobacco control. It is hoped the forum provided delegates with various opportunities to network with others in the field of tobacco control, discuss challenges and lessons learned in protection, cessation and prevention efforts. It is important the ACCU/ATS continues to establish and support linkages between Aboriginal communities and appropriate organizations involved in tobacco control.

INTRODUCTION

The Knowledge Exchange Forum: *Partnering for Change, Planning for Action!* convened by the Aboriginal Tobacco Strategy and funded by the Ministry of Health Promotion, Smoke-Free Ontario Strategy and Cancer Care Ontario, was held in Toronto, Ontario April 3, 2008. The Forum was designed to identify comprehensive strategies and programming initiatives, opportunities and challenges in Aboriginal tobacco programming in Ontario; to showcase and share promising practices in Aboriginal tobacco programs and services; and to foster knowledge and skill development for Aboriginal service providers and front line workers in tobacco control. The Forum followed on the footsteps of the Aboriginal Tobacco Strategy Youth Summit in 2007 in which Aboriginal youth developed a five year action plan.

Conference registration totaled 115 participants, many attending on behalf of organizations serving First Nations (both on- and off-reserve), Métis and Inuit populations in Ontario such as urban Aboriginal social service agencies; First Nations health programs, recreation, and addiction outreach centres; regional hospitals and health district units; universities; tobacco research centres; provincial territorial organizations; education, mental health organizations; provincial government agencies; traditional teachers; Aboriginal youth action alliances; and a national Aboriginal health organization.

The Forum was designed to bring together Aboriginal tobacco control stakeholders and front line workers, in order to share knowledge, expertise, and resources. It was an ambitious event program packed with a host of interesting workshops, discussions, networking opportunities, exhibits, and educational entertainment.

The objectives of the forum were to:

1. Facilitate the sharing of information on existing tobacco projects, services and resources in the areas of cessation, prevention and protection, as well as community plans for increased development in these areas;
2. Present research findings on promising practices in community-based tobacco control, with a focus on Aboriginal cessation programs;
3. Explore opportunities and resources available for tobacco program integration into existing health program structures and strategies in both Aboriginal and non-Aboriginal organizations;
4. Examine media applications and practices for grassroots public education and social marketing purposes;
5. Raise awareness of effective evaluation strategies to adapt to Aboriginal tobacco program design and delivery;
6. Promote understanding of the process by which a First Nation could institute a smoke free policy;
7. Promote networking within the tobacco community for the purposes of relationship building and partnering; and
8. Coordinate implementation of a youth action plan on smoking cessation, prevention and protection in Aboriginal communities across Ontario.

Opening Remarks

The event launched with an opening prayer by Elder Pauline Shirt, drumming by Derrick Bressette, group presentations by the Youth Action Alliances of Thunder Bay (Brent Fuhr and Joshua DePerry) and Manitoulin Island (Marcie Tabobondung and Erica Hare) ,and a delegate welcome by the facilitator of the Forum, Perry McLeod-Shabogesis, Aboriginal Tobacco Strategy Working Group. Dr. George Pasut, Vice-President, Prevention and Screening, Cancer Care Ontario, gave opening remarks on the role of the ACCU in Aboriginal Tobacco Programming and in meeting the Cancer 2020 vision. Dr. Pasut introduced the Minister of Health Promotion, Margaret Best, who offered greetings and emphasized the role of health promotion in the future for children, families and communities as a whole.

General Sessions

Achievements of Youth Action Alliances in Aboriginal Tobacco Control

Two Youth Action Alliances presented their recent achievements in Aboriginal Tobacco programming with PowerPoint presentations. MAKWA Youth Action Alliance of Thunder Bay and the Youth Action Alliance of Manitoulin (YAA MAN) shared their experiences and successful outcomes that were designed to provide delegates with insight into how they might incorporate the lessons learned by the Alliances in their own community based tobacco control initiatives.

Presenters were Brent Fuhr and Joshua DePerry, MAKWA Youth Action Alliance, Thunder Bay; and Marcie Tabobondung and Erica Hare, YAA MAN Youth Action Alliance, Manitoulin Island. MAKWA's presentation provided background on the mandate of the YAA, how the Aboriginal

“The component of the Forum I enjoyed the most was the youth presentations.”

YAAAs incorporate traditional tobacco use education into their smoking prevention and protection programming, and showcase photos of some of the more physically active exercises executed by the YAAAs to unite communities in understanding about the negative impacts of commercial tobacco. MAKWA emphasized the need for building fun into the exercises to increase youth participation eg. a “Chalk Attack” on public walkways with anti-smoking messages; “Black Angels” (snow angels outlined in black spray paint) to raise awareness of lives lost to smoking; and working with environmental protection organizations such as Evergreen in coordinating a neighbourhood (butt) cleanup.

YAAMAN is the only on-reserve YAA; their presentation showed photos of some tobacco control activities including a paddling expedition through the North Channel in which stops were made at five First Nations for presentations on the impact of second hand smoke on young children; a “Drop Dead” event with 44 people lying on the ground in a public place to represent the number of people who die from tobacco use in Ontario every day; smoke-free karaoke night; smoke-free winter camping; an information booth set up at the Canadian Aboriginal Festival; and T-shirt giveaways with “I play sports smoke-free” messaging emblazoned on the back.

The youth presence was recognized as being important by participants at the Forum. Youth presenters succeeded in capturing the attention of the delegation, as commented by the Minister of Health Promotion in her greetings. Several evaluation form respondents mentioned that interaction with youth provided the most enjoyment at the Forum. One respondent wrote, “the youth presentations really gave a ‘talking with’ feel as opposed to ‘talking about’ youth.”

Keynote Address: Aboriginal Tobacco Cessation and Open Discussion Panel

The Keynote Address presented by Lorrilee McGregor, Research Director, and Mariette Sutherland, Research Associate, Community Based Research, focused on promising practices in tobacco cessation programming within Aboriginal communities. This presentation was a summary of a study initiated in early 2008 by the Aboriginal Tobacco Strategy on Aboriginal smoking cessation in Ontario. The research project incorporated multiple methods of data collection including a literature review, an environmental scan of Aboriginal and mainstream tobacco cessation programming, interviews and site visits with program managers and program participants at two community based Aboriginal programs and a mainstream training facility for smoking cessation counselor training.

The Keynote Address was designed to help prime communities to develop effective grassroots strategies for tobacco cessation programs in Aboriginal communities across Ontario. Main topics addressed in the keynote were the strengths, limitations, implementation challenges, and lessons learned by the Aboriginal communities researched as well as mainstream models suitable for Aboriginal adaptation.

A number of key attributes of emerging practices in Aboriginal cessation programs were identified in the presentation, including being sustainable, being holistic (in terms of linkages to health promotion programs for family and youth), supported in the community at large through smoke-free environment policy and enforcement, and culturally appropriate.

The Aboriginal programs profiled in the research and presentation was Sacred Smoke, at the Wabano Centre of Aboriginal Health in Ottawa, and the Sema Kenjigewin Aboriginal Tobacco Misuse Program at Anishnawbe Mushkiki Aboriginal Community Health Centre in Thunder Bay. Each program was described in terms of the number of clients served, their ages in general, their Aboriginal identity, the duration of the program, the nature of the pilot locations, and program features.

Sacred Smoke operates over an 8 week period, was piloted in three Aboriginal health access centres, and is viewed as being effective due to its multi-pronged approach to cessation through harm reduction and Seven Grandfathers Teachings, and its receptiveness and ability to meet participants' needs i.e. culturally appropriate in terms of its informality, child care provision, food and transportation provisions, evening schedule, and community base. Researchers emphasized the importance of conducting extensive planning and budgeting to operate a program like Sacred Smoke since its success lies in "wraparound blanket" support from the organization and passionate staff as a whole.

The design of Sema Kenjigewin Aboriginal Tobacco Misuse Program was established through intensive community consultation. Sema Kenjigewin incorporated curriculum from Health Canada's Quit 4 life program and the Nechi Institute's Medicine Bag: Help for Smokers. Positive features of the 12- week program include having an Aboriginal nurse and former smoker facilitate the groups using personal quit plans in which participants set their own target dates to quit smoking. Lessons learned from this program include the need to take an integrated approach within organizations and existing health programs to ensure long term sustainability, and providing client access to pharmacotherapies.

Working with established programs like TEACH (Training Enhancement in Applied Cessation Counselling and Health) at the Centre for Addictions and Mental Health to develop Aboriginal-specific cessation counselor training was also identified in order to reflect local culture while providing provincially-certified clinical practice training.

The Open Discussion Panel following the keynote address allowed delegates opportunity to pose questions. In addition to Lorrilee and Mariette, Allan Pelletier, Health Promotion Officer, Tobacco, De

dwa da dehs nye>s, and Connie Gail Crowder, Wabano Centre for Aboriginal Health, participated. Questions posed to the panel included:

- Sources of information on interventions for use with pregnant women in the arctic
- Non-insured health benefits coverage in relation to nicotine replacement therapies, and
- Importance of high quality staff and role modeling in cessation programming.

A good number of evaluation respondents found the keynote address to be the highlight of the day and since then, have expressed a keen interest in reading the final report on the research study.

Workshop Summaries:

Program Integration and Aboriginal Tobacco Control

This workshop explored opportunities to enhance frontline workers' knowledge of how to integrate smoking cessation, prevention and protection messages into existing health promotion programs and services.

“I believe that as a result of attending the Forum I will contact the agencies which have an existing program and implement their ideas when applicable to new clients.”

Rina Chua-Alamag, Manager of Health Promotion, and Doris Warner, Health Promotion Specialist, of the Aboriginal Cancer Care Unit, Cancer Care Ontario, focused their presentation on the rationale for educating about tobacco within Healthy Eating/ Active Living (HEAL) program frameworks. Participants were introduced to the major risk factors for cancer; the Cancer 2020 Action Plan; key findings of the 2002-2003 First Nations Regional Longitudinal Health Report; cancer incidences among First Nations in Ontario; and research findings on the determinants, risk factors, and prevention priorities in terms of obesity, smoking, unhealthy eating, alcohol and illicit drug use in Ontario. This information supported the rationale for including tobacco control in the Ministry of Health Promotion funded HEAL program frameworks despite the lack of information found on known integrated programs.

Action in your Community Against Tobacco (ACT) project in Nova Scotia was provided as an example in which best practices evidence supports change at the community level through integrated approaches; Tobacco Free Sport and Recreation, for instance. The Canadian Association for the Advancement of Women and Sport and Physical Activity (CAAWS) was cited for their development of a tool kit to provide the resources to address issues of tobacco use and active lifestyles for female youth.

Co-presenter Sara Johnson represented the Lifelong Care Program at the Ontario Federation of Indian Friendship Centres (OFIFC) - one of 13 Aboriginal organizations that was funded through HEAL to deliver programs developed and designed around healthy and active living and tobacco reduction. Her presentation, “Integrating Healthy Lifestyle Activities in Friendship Centre Communities” provided OFIFC’s definitions for Health Promotion and program integration and described Aboriginal health promotion in the Friendship Centre network. With references to the Aboriginal Healing and Wellness Strategy Healing Wheel as a teaching tool, Sara provided a profile of the Aboriginal Community Recreation Program (ACRP): a minimum of 4 ongoing physical activity programs for each target group (girls, women, older adults, and Friendship Centre

“Excellent! Being new to the field, I now have sound knowledge of programs, resources and initiatives.”

staff) as well as a minimum of 3 community wide events promoting healthy lifestyles. The Way of Life Forever (WOLF) tool kit was described with its application in the ACRP along with how training was delivered to program coordinators, the partnerships developed through ACRP implementation across Ontario, success stories, and future directions for the program.

The questions raised after the presentations reflect active engagement with the presenters and interest in the details of program delivery: receptivity of communities to deliver this program, locations of program delivery, and training needed to deliver a program like this. Nine evaluations were submitted on this workshop of which 5 indicated total agreement that evaluation criteria were met effectively. These criteria included:

- Increased awareness of resource sharing
- Potential links to tobacco control
- Motivation to take further action in reducing the use of commercial tobacco, and
- Presenter expertise and facilitation.

All of the respondents agreed or somewhat agreed that the workshop provided them with a useful perspective on current tobacco control initiatives.

Creating a Smoke Free Environment through By-laws

This workshop was designed to address the means by which a community can advocate for smoke free environments and collaborate on the development of smoking restrictions, bans, policies and by-laws. A video produced by the World Conference on Tobacco was aired that addressed tobacco product placement and its monetary value as compared to health care expenditures on a global scale to illustrate the magnitude of the tobacco industry and its impact on vulnerable individuals, children, and third world countries.

City of Ottawa Smoking By-law Creation:

Jane Brownrigg, of the University of Ottawa Heart Institute, presented on the steps taken by the City of Ottawa to establish municipal smoking by-laws. In her presentation, she emphasized the importance of collaboration as a community to approach the development of by-laws. Citing specific resources that figured prominently in Ottawa, she outlined the process involved, including the contracting of communications firms, the public education campaign created jointly through consultations with police officers, public health nursing staff, legal staff, city council, medical officers of health, etc., taking into account the views of those with the most potential for objection over income loss (bars, restaurants, legions, bingo halls, and billiards halls). Jane highlighted four components of the Ottawa campaign: political advocacy, public awareness, business owner education, and enforcement. She also described five key elements to the Ottawa plan: science (health and ventilation data translated for the lay person); fairness (eg. the waitress who suffers second-hand smoke every day); individual rights (rights of the worker to be protected); economics (the silent majority and misconceptions about the impact of smoking by-laws on bar revenues); and public awareness (provision of data to media and politicians and finding good spokespersons the public can relate to). The City also promoted those businesses that voluntarily established anti-smoking policies. The Ottawa by-law is now recognized as the “gold standard” in Canadian municipal smoking by-laws.

Jane’s presentation also included an overview of the many challenges Ottawa experienced in its by-law development such as community vocal opposition, legal loopholes, tobacco industry

fronts, and business owner criticism. She ended her presentation with specifics on the nature of enforcement of the Ottawa by-law by police officers and the need to plan ahead for backlash with legal funds to defend court cases.

Northwestern Health Unit Community Policing and Enforcement:

Wally Macleod, from the Northwestern Health Unit, then presented on his experiences in Aboriginal community policing and successes in tobacco enforcement on First Nations. His presentation included some examples of the communications strategies and messaging found to be effective on First Nations, including:

“We need the support of the Chief and Council via petition from community members...to make change. Facts are very much a factor...to promote change.”

- Providing accurate statistics and straight scientific data to present to Chief and Council and elders to convey the direct impact of second-hand smoke on the community
- Reminding council of their legal duty to provide for the health of residents as outlined in the Indian Act.

He also cited positive approaches to partnering with First Nations health care agencies to raise community awareness and integrate their health and education portfolios with tobacco control enforcement. One example provided was for health care workers to visit families with staple goods in hand to check up on their health (compliance with medications) and inject tobacco education into the conversation. He emphasized the need for First Nations to approach smoking by-law development with recognition of the diversity of the specific community's needs and not to assume that other community's by-laws can be replicated. A sample smoking by-law created by the By-law Advisory Service of Indian and Northern Affairs Canada was presented to help educate First Nations as to what a by-law looks like and how they could work with Indian Affairs for advice on specific issues. Kahkewistahaw First Nation and White Bear First Nation were cited as two smoke-free communities from which to learn.

Questions asked of these presenters were in reference to the flaws inherent in developing short term solutions for long-term problems, provincial legislation on policing both on- and off-reserves, the advantages of collaborating with other enforcement officers and communities/ jurisdictions, and the psychology behind encouraging effective community action.

Evaluation criteria for this workshop included questions as to the relevance of the information provided in terms of developing smoke free by-laws for Aboriginal communities, the challenges of doing so, recommended strategies for approaching by-law development, and motivation for taking further action in reducing the use of commercial tobacco through by-law creation and/or implementation. Ten of the eleven respondents agreed that the workshop was successful in reaching its objective; 9 felt that they gained some insight into strategies to use to implement smoke free legislation, 6 of the 11 indicated that they felt motivated to act upon by-law creation and implementation.

TEACH Training Workshop

The workshop on the Training Enhancement in Applied Cessation Counselling and Health Project (TEACH) was an overview of the training available to health care professionals in the public, private and non-profit sectors who provide counseling services to people who use tobacco. TEACH was created by the Centre for Addiction and Mental Health, is certified by the University of Toronto, and is

funded by the Ministry of Health Promotion. The workshop at the Forum was designed to give health care practitioners opportunity to learn about this training and its benefits in the field of tobacco control counselling.

Dr. Marilyn Herie, TEACH Project Director and Adjunct Professor, Faculty of Social Work, University of Toronto shared the goal of TEACH: to reduce the prevalence of tobacco use in Ontario by increasing identification and treatment capacity. The Project provides counseling for populations that may have increased difficulty, such as the mentally ill. The presentation identified the provision of access to smoking cessation aids as having better value than any other interventions, adding that intensive tobacco dependence treatment can be provided by any suitably trained clinician who has proper resources and fortunately Ontario candidates for training will no longer have to go to the U.S. to access this training. Candidate selection is based on geographical need to build capacity, ability to influence organizational change, level of clinical contact, and service to high prevalence populations.

The process for certification in TEACH was outlined along with an overview of the course curriculum and some background on the disciplines trained, in terms of their professions and personal views on the training. The specialty courses available include: Mental Health, Addiction and Tobacco; Pregnancy and Tobacco; Lesbian and Gay Populations; Eating Disorders; and Hospital Based Interventions. A course on Youth and Tobacco is in development. The community of practice that is being established through the ongoing training of cessation counselors across the province is supported through follow up trainings, updates, networks, and teleconferences; to date, TEACH has registered 1309 participants in 20 courses (140 registered work with the Aboriginal population). Follow up with graduates is done after 3 months and again after 6 months.

Brian Slegers, Aboriginal Cancer Prevention and Screening Coordinator, Hôpital régional de Sudbury Regional Hospital - Regional Cancer Program presented his experience as an Aboriginal person and trainee of the TEACH Project. The courses rely heavily on lectures for course delivery and the resource materials were very interesting and helpful for those in mainstream practice, however First Nations clientele might not be very responsive to the courses in their current design. Brian recommended ways in which program effectiveness might be enhanced through increased class discussions and networking opportunities as well as training curriculum specifically adapted to an Aboriginal context. It was also noted that TEACH's focus on mainstream cessation interventions posed a couple of challenges for the Aboriginal population: alternative cessation therapies that would likely be in use in Aboriginal communities were not addressed (traditional tobacco and healing ceremonies for example), and capacity for Aboriginal communities and organizations to deliver the counseling as prescribed by TEACH may be questionable in terms of having adequate staffing, funding, programming, and access to physicians.

“Very good overview of TEACH and excellent insight from an Aboriginal perspective. I hope an Aboriginal (program) is designed.”

Further, a number of barriers to effective cessation counseling in Aboriginal communities were identified such as easy access to contraband cigarettes, other more pressing issues such as unemployment and drug and alcohol addiction, confusion about the traditional use of tobacco, and the lack of enforcement of provincial smoking legislation in reserves. Brian commented that TEACH's plans to dedicate a course specifically to addressing youth and cessation was wise though he suggested that the voice of youth in the program itself would also be helpful. Additional recommendations Brian made were to offer incentives for smoke shop owners to take training; offering ongoing support and training to Aboriginal communities to help them build their capacity to provide the counseling; designing a culturally-appropriate course specifically for northern Aboriginal communities; and taking the “Train the Trainer” approach to help extend the reach of the training.

Workshop evaluations confirm overwhelmingly that the session demonstrated the benefits of seeking certification in the delivery of intensive tobacco cessation interventions. Thirteen of the 14 respondents indicated that they felt motivated to pursue more professional development in tobacco cessation after having participated in this workshop.

Evaluation Strategies and Community Capacity Building Projects in Aboriginal Tobacco Control

This workshop was designed to provide participants with insight as to how to build in evaluation frameworks to better guide program delivery and measure outcomes. Peggy Sattler, Project Coordinator and Communications Strategist, Academica Group Inc., presented with Theresa Sandy, the Project Coordinator of the ATS Community Capacity Building Projects (CCBPs). The evaluation framework recently established for the ATS Community Capacity Building Projects by Peggy was used as a model in the presentation.

The joint presentation began with the principles of community capacity building, various definitions of program evaluation, reasons for evaluation - including program delivery effectiveness and accountability – and four steps in evaluation: planning, gathering information, analysis, and sharing/ applying the results. It was explained that the importance of planning is often underestimated when in fact 6 of the 10 steps in proper program evaluation are specific to planning. These steps are 1) clarify program, 2) engage stakeholders, 3) assess resources, 4) design evaluation, 5) determine methods of measurement, 6) develop workplan, 7) collect data, 8) analyze data, 9) interpret and disseminate results, and 10) take action.

The process to complete each of these steps, as defined by the Health Communications Unit (THCU) at the Centre for Health Promotion at the University of Toronto, was presented in detail, using goals, objectives and success indicators for the CCBP evaluation framework as examples.

The types of evaluation compared were formative (planning stages), process (ongoing), impact/outcomes (one time), and summative (for those programs that have been operating over a period of time). Some of the evaluation principles implemented by the ACCU were highlighted, including being participatory through development, implementation and dissemination, being collaborative, inclusive, non-threatening, culturally competent, and conducive to learning. It was emphasized that each community has unique features and attributes that an evaluator must take into account when evaluating program delivery.

Presenters advised participants to clearly examine the reasons for evaluation in advance and build evaluation into program design, with appropriate timelines and resources – resources that could include partnerships with other organizations for program delivery and program evaluation.

“This could have been a boring session, however...The entire group of participants were engaged.”

The evaluation of the CCBPs revealed that projects need to invest more time in the planning phase in future projects of this nature. For instance, goals need to be specific in terms of who is involved, what is to be accomplished and how the project activity will be implemented. A brief group exercise was coordinated so that workshop participants could practice setting and writing tobacco program goals and objectives with the help of an expert.

Workshop evaluation criteria included the practicality of knowledge acquired on processes involved in program evaluation, the relevance of examples of evaluation criteria presented, and

understanding of the rationale for evaluation for which all of the respondents agreed or somewhat agreed that these objectives were met. The majority of participants found the information to be appropriate for their level of knowledge on this subject.

Sending Your Own Smoke Signals: A Workshop on Media Relations and Communications Training

This workshop was designed to address social marketing and how it can be applied through media campaigns to influence public opinion, advocate for tobacco control by government, and promote tobacco control programs and services while operating within a limited budget. Presenters were Matt Drennan-Scace, Media and Communications Coordinator, The Media Network for a Smoke-Free Ontario, Cancer Care Ontario; and Simon Hoad, Coordinator, Northwest Tobacco Control Area Network, Thunder Bay District Health Unit.

Media Relations:

Matt defined media advocacy as “the right combination of preparation and opportunism in the strategic use of mass media to advance an initiative,” adding that media has the power to help determine social priorities by setting public agendas, directing attention to particular issues, and influencing how we think about issues, and all that is needed is time, a computer, a phone, human resources, and an understanding of how best to communicate with media.

Participants learned how to create and apply communications tools such as media advisories, press releases, public service announcements, backgrounders, and fact sheets. Media advisories were described as one tool in a media campaign to attract the attention of media before issuing a press release that provides media with the data to write their story. Public service announcements were described as short radio or television spots to inform, change attitudes or ask for support – at no charge to the advertiser. Fact sheet content was presented as a useful means to supplying journalists with additional background for their research as compared to backgrounders which provide history relevant to the topic and not contained in the press release or fact sheet. Collectively these tools make up a media kit which although normally presented in a two pocket folder, is sometimes presented in a catchy way, such as packaging in a tiny coffin, chewing tobacco tin, etc. to get special attention.

The first step in running a media campaign is to determine the goal from which to build a strategy. Once messages and materials have been created, the story is “pitched” to media, with updates on progress, followed by evaluation of the campaign afterwards. It was emphasized the importance of ensuring that the topic is newsworthy at the outset (i.e. of interest to a large number of people) - something that is often overlooked – and repeating 2 to 3 key messages to make the campaign memorable. Well written materials, invitations to media events, photo opportunities and strong, clear and concise messaging helps to build relationships with local media. Some little things will make a difference such as providing physical help to the lone media person who arrives to take photos, video, and conduct interviews. Once established with the media as a reliable source of information, future media coverage is more likely.

Social Marketing:

Social marketing fundamentals were presented by Simon Hoad in which the key is to change behaviour, through awareness and responsiveness to the needs, preferences and lifestyles of the target audience – the intangibles that need to be addressed in order to achieve future awareness and

better health outcomes. The Cube Model was presented in order to illustrate the intertwining connections between different approaches, sites and populations of interest in social marketing for tobacco control. Approaches include awareness; education and skills; supportive environment; screening and intervention; policy and advocacy; and community development. Sites include home; school and daycare; media; health care; and community. Populations of interest include children 0 – 6 yrs; parents; families; caregivers; and professionals. The Cube Model illustrates that (like a Rubik's cube), the more angles you choose, the greater your chances of success are in creating change, especially with long term, multi-year initiatives.

Northwest Tobacco Control Area Network – Thunder Bay District Health Unit:

Tobacco Use by Native North Americans, by Joseph C. Winter, presents the origins, history and contemporary use (and misuse) of tobacco by Native North Americans along with medical data revealing the increasing rates of commercial tobacco use by Native youth and the rising rates of death among Native American elders from lung cancer, heart disease, and other tobacco-related illnesses and arguing for the preservation of traditional tobacco use in a limited, sacramental manner.

A British medical report cited shows that 1 out of 2 smokers will not die early by using commercial tobacco, but 1 out of 4 of these who do will lose 23 years of life before age 69 and 1 out of 4 will lose 7 years of life after age 69. Hoad suggested that using these statistics may not be personal enough to be effective so the key to using these statistics is to make it relevant; children and teens may not internalize the idea of “1 in 2 will eventually die” but the idea of losing 23 years of life might strike a better chord. Using data from local community populations is even more effective eg. 68% of adults on Six Nations of the Grand River Territory and 70% of adults on Whitefish Bay First Nation smoke; using that 1 out of 2 ratio means that 35% of the Whitefish Bay First Nation community members will be losing their life to commercial tobacco (statistics from the Northwestern Health Unit).

Social marketing was defined as commercial marketing adapted for non-profits and social purposes and described steps in applying Social Marketing:

- Defining the health problem to be addressed
- Determining what the audience thinks about the issue versus what experts say eg. does the community see smoke-free spaces as health issues
- Setting program goals and objectives that are realistic and contribute to behaviour change eg. creating smoking and non-smoking spaces to draw attention to second hand smoke before designating full indoor smoking bans
- Segmenting the audience eg. changing messaging for children, teens, parents
- Analyzing the findings in terms of the community's (audience) most pressing health problems
- Identifying the most effective communication channels to use based on what the community reads, watches, and listens to
- Defining the marketing strategy relevant to the audience's attitudes and expectations, and
- Developing process and outcome evaluations.

Some marketing tactics such as fear and humor were presented, such as an Australian drinking and driving campaign that was ineffective through a fear tactic of smashed cars, etc. but very effective with images of a person grieving the loss of someone they care about killed by a drunk driver. An Australian website referenced was www.quitnow.info.au for its evocative tobacco cessation campaign targeted towards males 20 to 35. Humour can be used to good effect if carefully designed; otherwise it can provoke public outcry and lose issue credibility. Two popular campaigns coordinated by the Thunder Bay District Health Unit were discussed “Take the Smoke Outside” and “Smoke the Fish –

Not the Kids” along with suggestions for others to plan similar campaigns with the help of Aboriginal community members of all ages to personalize messaging. Recommended planning tools include a Smart Chart for non-profits (www.smartchart.org) and www.thcu.ca for case studies, workshops, etc on promotion.

Seven of the twelve evaluations submitted confirmed total agreement with all the evaluation criteria:

- Insight as to how a community or organization can use social marketing to its advantage
- Understanding of the purpose and methodology in creating media tools
- Awareness of how media can influence decision makers to change policy relating to tobacco
- Practical knowledge as to resources for developing a social marketing campaign
- Awareness of who makes up the tobacco control community, etc.

“Great opportunity for open discussion and excellent “inside” information regarding media relations!”

Much like the evaluations from all the workshops, a number of people in this workshop were ambivalent about whether or not the workshop provided them with a better sense of “who makes up the tobacco control community.” Taken as a whole this would suggest that Forum participants potentially have little awareness as to who is involved in the tobacco control community. This suggests further education and promotion is required to impart this knowledge and impact on community action.

Discussion Group on Contraband Cigarettes:

Charles Fox, Charles Fox Consulting Inc., presented demographics and background on the political structures of Ontario First Nations as an introduction to the conflicting aspects of provincial tobacco legislation, jurisdiction and enforcement on reserves brought on by traditional culture, Aboriginal rights, Treaty rights, and Constitutional rights. This information was provided to help demonstrate the self-governing authority of First Nations, along with their respective areas of responsibilities that impact on tobacco control: health care services, employment, education, and justice.

Some of the ill effects of contraband on reserves were named such as illegal weaponry, violence, prostitution, drugs, organized crime, with some First Nations developing guidelines for the manufacturing, distribution and sales of tobacco as their “inherent right.” Participants were reminded that issues that take place on reserves are First Nations issues. However he stated that First Nations and government need to partner to battle contraband, establish strong leadership with the provincial territorial organizations, tribal councils, etc., and work to provide other legal sources of income, especially for youth. Charles suggested that both government and First Nations leadership could benefit by collaborating on solutions to the contraband problem. Solutions cannot be designed isolated from the Aboriginal communities.

The following question was posed: How can a community secure the interest and commitment from leaders to address this situation particularly in light of more visible issues like land rights issues? The response was for communities to stand strong and make a concerted effort to lobby, to bring awareness to politicians, to seek the support of elders, to identify champions, to set the public agenda, to conduct research, and to provide the facts to leadership in order to identify contraband as a priority issue, despite the fear of retaliation. Other options were presented,

such as approaching MPP's for support, working to establish other industries in order to create employment, and charging First Nations taxes.

Ontario Tobacco Research Unit:

Dr. Robert Schwartz, Director of Evaluation and Monitoring, Ontario Tobacco Research Unit, and Associate Professor, Department of Public Health Sciences, University of Toronto gave a presentation on anti-contraband measures with evidence for better practice, with colleague Jeff Sweeting of the Ontario Tobacco Research Unit. Jeff defined contraband as involving the purchase of cigarettes without all taxes paid, the production and sale of cigarettes from manufacturers without required licenses, and the importation of counterfeits – adding that this is not just about Aboriginal people on First Nations purchasing non-taxed cigarettes; in fact a large number of urban based non-Aboriginal people purchase non-taxed cigarettes.

Consumption of contraband cigarettes is estimated to be over 600 billion each year, representing approximately \$40 to \$50 billion dollars per year in lost government revenue (US data) with approximately one-third of all tobacco exports smuggled to the black market. It was explained that in most cases, cigarette exports are diverted (smuggled) into other markets and usually exports are duty-free while “in transit,” therefore increasing likelihood of diversion. Some of the anti-contraband measures discussed were licensing; package markings/stamps; tracking and tracing; regulatory controls and record keeping; memoranda of understanding; enforcement; export taxation; tax harmonization; public awareness; and First Nations taxation. Known impacts of these measures were discussed as well.

In terms of the Canadian context, statistics supplied by the Ontario Tobacco Research Unit (OTRU) were referenced on the percentage of smokers who purchase cigarettes on reserves, the percentage of illegal cigarettes consumed in Canada, and the volume of illegal cigarettes sold in Ontario and Quebec. The elevated smoking rates for First Nations were compared to those of the general population to help illustrate the connection between access to illegal cigarettes and smoking, particularly among First Nations youth. The seizure of contraband cigarettes was discussed as an action most frequently taken by RCMP in the Cornwall area but First Nations police forces are generally regarded as a vital asset to addressing contraband. Enforcement remains a topic of discussion but new approaches to smoking prevention were explored such as tobacco taxation by First Nations.

Tobacco taxation is seen by some as an extremely significant mechanism for smoking cessation providing communities with the funds necessary to invest in community programs and services of benefit to all. The movement toward First Nations taxation was addressed in the workshop as a promising avenue for health and revenue and is becoming more popular in First Nations in the western provinces. Some specific examples in which First Nations have created and enforced their own taxation agreement in partnership with the government were cited e.g., First Nations Tax and First Nations Goods and Services Tax. The Cowichan Tribe in British Columbia is an example of a Canadian First Nation currently enforcing provincial tobacco taxes to all consumers and retains the revenue generated. The Puyallup Tribe from Washington State was averse to imposing a tax but with government negotiation, agreed to cigarette tax at 80% of state tax, in which the community receives 70% of the revenue, state gets 30%. This tax generated \$14 million for the community.

Dr. Schwartz facilitated a discussion in which he responded to questions about the irony of taxing cigarettes for the purposes of raising

“Because there is not much literature out there it is understandable that the facilitators did not have all the answers. They were knowledgeable. It was a good discussion.”

funds for community health programming and the antagonism associated with the word “tax” on reserves. He reminded participants that taxing is not the only answer but it is an effective measure.

Data from the evaluations of the discussion group indicate that participants gained insight as to the prevalence of contraband cigarettes in Ontario (62% agreed; 38% somewhat agreed). Seventy-seven percent rated the discussion group as having effectively demonstrated methods to address contraband on First Nations, and 92% indicated that they gained practical knowledge as to successful interventions taking place on the issue of contraband (agreed/ somewhat agreed). In terms of taking further action on reducing the use of commercial tobacco, 100% agreed/ somewhat agreed that they felt motivated to do so as a result of attending this discussion group.

Action Planning Session for Youth in Aboriginal Tobacco Control

First Nations, Métis and Inuit youth involved in Aboriginal tobacco control collaborated in an action planning session to build upon the original “Tobacco Wise” education strategies developed through participation in “A Vision for the Future: Aboriginal Youth Summit.” This session was reserved for Aboriginal youth and focused on implementation of the 5 Year Youth Action Plan. A target of 20 youth was set for registration and paid sponsorship, with a primary objective of securing the participation of youth who attended the Aboriginal Youth Summit in March, 2007 that have demonstrated commitment to tobacco control in their communities, so as to proceed more efficiently with implementation of the five year action plan. Facilitators were Doug Bolger, Lead Designer, Michele Ferrari, Executive Vice President, and Heather Galambos, Researcher and Reporter, of L(earn)² Inc. Representatives from the Youth Action Alliances also participated in this session to help provide guidance to youth participants.

“I feel much better equipped to link my new health and youth program with First Nations communities.”

Facilitation of the group began with team building exercises after which youth were divided into three groups to focus on one of three tobacco programming areas: cessation, prevention or protection. As youth had been equipped with copies of the entire Aboriginal Youth Summit 5 Year Action Plan to review prior to attending the Knowledge Exchange Forum, facilitators focused discussions on some of the more prominent and popular ideas emanating from the 5 Year Action Plan that clearly address cessation, prevention and protection. Additional ideas were referenced for the youth to consider as examples of activities other youth groups are conducting across North America.

Under the guidance of the ATS, facilitators presented ideas that Aboriginal youth could implement in the year ahead without significant funds, adult input, leadership, or supervision. This point was emphasized to the youth to reinforce the importance of identifying all available resources in their own communities, activating their communities to take responsibility for smoking cessation, prevention and protection and seeking out other resources where needed.

Project ideas presented to the youth are described below:

Protection from second hand smoke:

- Partnering secondary school students with elementary school students on a commercial tobacco awareness campaign (letter writing to parents about second hand smoke)
- Organizing commercial tobacco free community sports events (partnering with Little NHL to establish a smoke-free environment at the hockey arena)

- Advocating for smoke-free environments in the home, at work, in cars, and in the community (policy and by-law development on First Nations)

Prevention:

- Project 200 (an awareness campaign of the 200 Canadians who die every day from commercial tobacco-related health issues through a community display of 200 pairs of collected shoes)
- Cigarette Butt Clean-up (ongoing clean-up of cigarette butts in specific community locations, with measures taken of butts collected over time, for factual presentation to city council)
- Anti-smoking (commercial tobacco) skits (elementary school performances and/or website video postings of anti-smoking theatrical performances)

Cessation:

- Local “Quit to Win” contest (engage local businesses in providing rewards for those who quit smoking, with public recognition for doing so)
- Adult Role-Modeling Posters (engage non-smoking adults and elders in role-modeling campaign)
- Buddy Support System (pairing smokers with non-smokers for one-on-one “sponsor” support)

Youth chose the commercial tobacco-free sports event and Project 200. For each of these projects the youth determined their target audience, timelines, resources and next steps in implementation.

Evaluation criteria of the youth action planning session included questions pertaining to the continuity of the work based on the Aboriginal Youth Summit; changes in the sense of belonging to the Aboriginal tobacco community; understanding as to specific projects youth could implement on commercial tobacco; awareness of potential applications for skills and knowledge in this field; and motivation to take action on tobacco programming at the grassroots level. Evaluation data suggest that the majority of participants (79%) found the session effective in meeting a number of its objectives; 22% found that it met all of its objectives. Fifteen out of sixteen participants agreed that they “believe there is opportunity...to contribute to community development in tobacco control.” Similarly, twelve of sixteen participants strongly agreed that this session helped to motivate them to take action in their home communities on tobacco.

Next Steps for the Aboriginal Tobacco Strategy

Marlene Finn, Acting Manager. Aboriginal Tobacco Strategy presented on the next steps for the Aboriginal Tobacco Strategy. Forum participants were introduced to new priorities in the Aboriginal Cancer Care Unit through the Aboriginal Tobacco Control Program, which stems from the groundwork of the Aboriginal Tobacco Strategy.

Closing Remarks

Caroline Lidstone-Jones, Aboriginal Cancer Care Unit, Cancer Care Ontario gave closing remarks and Elder Pauline Shirt closed the Forum with a prayer.

EVALUATION RESULTS

Evaluation Form

An overall evaluation form was designed to capture specific information on Forum goals, the keynote speaker session, the Forum format, Forum logistics, as well as narrative statements about the most and least enjoyable aspects of the Forum, and recommendations for planning future Knowledge Exchange Forums. Individual workshop evaluation forms were also used to collect information on the quality of the presentations, the practicality of the information shared, the awareness level of the tobacco control community, and the likelihood, or motivation, to take further action with the ideas and resources shared. Evaluation forms contained a couple of demographic questions: Aboriginal or non-Aboriginal identity and role (profession).

Participant Demographics

As the Forum was an exclusive event intended to serve the needs of Aboriginal tobacco control workers specifically, the Aboriginal Tobacco Strategy did not publicize the event: participants learned of the event through an “invitation only” process in which specific organizations and communities were contacted. These contacts were made directly by the ATS to its community partners and through its coordinating bodies, the Joint Ontario Aboriginal Cancer Committee (JOACC) and the Aboriginal Tobacco Strategy Working Group (ATSWG).

Invitations were extended for the registration of frontline health care and tobacco control workers, for an exhibition of tobacco control program and service resources, for the donation of information materials, posters, and other educational resources to distribute to the delegates, and for workshop presentations. Email was the most common venue by which people learned of the Forum although a notice was posted to the www.tobaccowise.com website. Telephone follow-up was conducted by the Aboriginal Tobacco Strategy to encourage registration and representation from First Nations, Inuit and Métis people, as well as Aboriginal front line workers and youth. Non-Aboriginal front line workers were also invited in order to promote better understanding and resource sharing between Aboriginal and mainstream health organizations, programs and services. A total of 115 people participated in the Knowledge Exchange Forum.

The table below provides a breakdown of Forum participants by geographic area of representation as well as cultural representation, i.e. employer organization and/or individual cultural identity.

Geographic area of representation	Aboriginal person or organization	Non-Aboriginal person or organization	Total number of participants
Toronto – Aurora – Thornhill	27	42	69
Thunder Bay -- Dryden	4	2	6
Sudbury – Sault Ste. Marie	7	1	8
Wkwemikong – M'Chigeeng	8	0	8
Hamilton – Six Nations	5	0	5
Ottawa	2	1	3
London – Southhampton – Warton – Owen Sound	3	4	7
Naughton – Valcaron – Timmins – Midland	6	0	6
Fort Albany	1	0	1
Iqaluit	1	0	1
Labrador	1	0	1
Total	65	50	115

Utility of Information

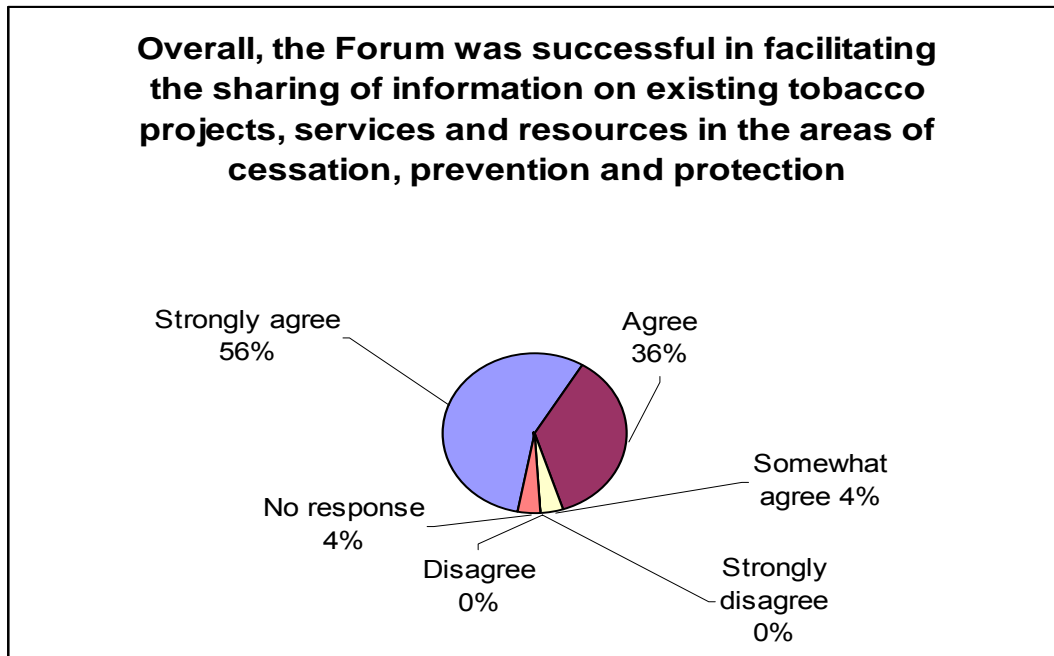
Conference participants received a number of surveys consisting of questions to evaluate their participation and satisfaction with the Forum. The overall evaluation form was closed-ended with 18 questions specific to the Forum program; 3 questions specific to the planning of the Forum; and 5 questions specific to the organization of the Forum. This form also posed 4 open-ended questions.

The Forum was a unique event for the Aboriginal Tobacco Strategy; there are no previous registration records to review to aid in further evaluation of the Forum outcomes.

Overall survey respondents gave the Forum a high utility rating with 92% indicating that they agree or strongly agree that the Forum was motivating and provided them with tools/information to take further developmental steps in their communities and organizations. Similarly, 80% of the respondents indicated that as a result of attending the Forum they agree or strongly agree that they have a number of new project ideas to pursue to increase development in tobacco programming.

“I believe that as a result of attending the Forum I will contact the agencies which have an existing program and implement their ideas when applicable to new clients.”

The Forum was deemed successful overall “in facilitating the sharing of information on existing tobacco projects, services and resources in the areas of cessation, prevention and protection” by 92% of the respondents (agree/strongly agree).



Networking Opportunities

Networking opportunities provided Forum participants with time to discuss their work and learn from their peers. There was a mixture of First Nations (on- and off-reserve), Métis and Inuit participants which was effective in engaging the Aboriginal community as a whole – the first time, in fact, that the

Aboriginal Tobacco Strategy had direct communications with the Inuit community. This contact proved very useful in learning about the notable accomplishments in Inuit tobacco programming.

As Aboriginal and non-Aboriginal frontline workers participated, respondents agreed that this mixture enhanced the transfer of knowledge and expertise in tobacco control. Networking opportunities were built into the program through the Networking Reception in which the ATS coordinated a number of innovative and fun social games to promote interaction between participants (including skits, arts and crafts, and “Smoke-ingo!”). Further networking took place during the breaks, in the exhibition area, and during lunch. Respondents were very satisfied with the networking opportunities when asked if their network contacts in the field of tobacco control increased as a result of attending the Forum. In addition, 100 % of the respondents who attended the Reception indicated that it was an excellent opportunity to socialize with others to learn what is happening in the field of tobacco control. ACCU staff participated in the networking exercises and observed a great deal of interaction and enjoyment among participants.

Numerous non-Aboriginal evaluation respondents indicated that they have plans to approach tobacco control differently in the future so as to incorporate Aboriginal-specific materials, expertise and community resources. Several indicated that they will attempt to incorporate a better awareness of cultural variables in their tobacco control activity.

Evaluation forms confirmed that relationship building and community partnering was effectively promoted through the delivery of the Forum program. This outcome is significant in that many of the stakeholders in Aboriginal tobacco control have had little, if any, personal contact with each other in the past. The ATS established a number of contacts through the Forum and was able to engage in brief discussions with participants seeking to follow-up on resources, meeting opportunities, and further community engagement.

Resources

An Exhibit area provided opportunities for participants to gather service and program information from exhibitors representing corporate, government, nonprofit, national, provincial, and local service sectors. Staff observed that participants found many opportunities to visit the Exhibit area, returning repeatedly to view the resources. The vast majority of respondents found the exhibits to be engaging and informative in addressing smoking cessation, prevention and protection.

The Aboriginal Cancer Care Unit set up an exhibit with a plethora of materials on cessation, prevention and protection for review:

- Best practices reports (Inuit, Australian Aborigine, American, Canadian)
- Aboriginal teacher resources (helping youth to quit smoking, teaching younger children about the dangers of smoking and second-hand smoke)
- Commercial “how-to” books, tapes, and DVDs to help a person stop smoking (youth/ adult/ female)
- Tobacco control policy reports and toolkits
- Traditional tobacco use posters, brochures, books
- Anti-smoking comic books, story books and colouring books
- Promotional items for household and car use in protection from second-hand smoke
- International youth tobacco control program ideas and contacts
- Aboriginal tobacco cessation strategies during pregnancy and motherhood
- Resource catalogues on health and healing books, videos and DVDs

- Guides for community activism on smoking
- Posters with anti-smoking and Tobacco-Wise messaging
- Cessation counselor training programs

These resources were complemented by those displayed by The Canadian Cancer Society (Smoker’s Help Line; the Centre for Addiction and Mental Health (TEACH Project); De dwa da dehs nye>e; the Ontario Federation of Indian Friendship Centres; the Smoke-Free Ontario Strategy; the Program Training and Consultation Centre; the Youth Action Alliances of Thunder Bay and Manitoulin Island; and Council Fire Native Cultural Centre.

An even number of Aboriginal and non-Aboriginal evaluation respondents strongly agreed or agreed that the resources acquired by attending the Forum are valuable to their community or organization.

Traditional Culture

The staff of the Aboriginal Tobacco Strategy felt it was important to have the participation of an elder and the drum at the Forum in respect of traditional Aboriginal culture and practices for opening and closing the event. The elder smudged the meeting rooms prior to the official proceedings.

References to tobacco were respectful of traditional Aboriginal beliefs and practices. It was understood by all that terms such as “reductions in tobacco use” and “tobacco-free lifestyle” and “smoke-free environment” refers to commercial tobacco, as opposed to traditional tobacco. This concern emanated from discussions with non-Aboriginal presenters and delegates who were unfamiliar not only with traditional tobacco itself, but also in how it is used by traditional Aboriginal people – certainly not a new concern for those working in Aboriginal tobacco programming.

Evaluations confirmed that references to traditional tobacco were made with respect at the Forum. Of the 10 non-Aboriginal participants who responded to this question, 7 strongly agreed that references were made with respect; of the 14 Aboriginal respondents to this question, 8 strongly agreed. There was a recommendation that there be a display of traditional tobacco so that people could see it up close and touch it, smell it, etc., although the exhibit by the ATS displayed prominent Tobacco Wise public education campaign photos of traditional tobacco. Understandably it may have been more informative for participants (non-Aboriginal in particular) to have access to traditional tobacco.

Aboriginal Tobacco Control Community Capacity Survey

The Community Capacity Survey (Appendix D) was included in the Forum package distributed to all Forum participants however the form was returned by only 15 individuals, providing a limited amount of information on the current status of Aboriginal tobacco control in Aboriginal communities – in terms of smoking policies, programs, and resources. This relatively low survey response rate suggests participants did not feel adequately informed to comment on the questions or that they were preoccupied with other evaluations and reading materials as a result of the Forum.

“One thing I would recommend Forum organizers to keep in mind in planning future Knowledge Exchange Forums is to make it longer or pack less in.”

This data reinforces the need for the Aboriginal Tobacco Strategy to conduct further investigations into the current capacity existing within Aboriginal communities to respond to tobacco programming needs.

CONCLUSIONS

The Knowledge Exchange Forum tackled issues relevant to Aboriginal tobacco control from both Aboriginal and non-Aboriginal perspectives and captured the voice of youth, frontline workers, and tobacco traditionalists. The Forum served to engage those who are actively involved in tobacco control as well as those new to the field in urban, rural, mainstream and reserve settings.

The evaluations demonstrate that the Forum goal relating to the effective sharing of knowledge and experience was attained. This level of agreement was expressed equally by Aboriginal and non-Aboriginal evaluation respondents. Research findings on Aboriginal tobacco cessation were well-received and have generated significant interest among Aboriginal community organizations seeking guidance to establish their own projects. Similarly, both Aboriginal and non-Aboriginal participants responded to the community examples of program integration and have expressed commitment to collaborating with their colleagues and Aboriginal community organizations to incorporate tobacco education into health programming. Networking opportunities were effectively built into the Forum program and enabled participants to interact in various ways.

In terms of social marketing, participants expressed satisfaction with the information presented at the Forum; attending the workshop enhanced their awareness of effective media strategies and communications. Program evaluation methodology appealed to workshop participants and provided hands-on guidance in community capacity building project goal development. Processes for smoking by-law development and implementation were effectively presented to demonstrate the importance of planning and establishing community support prior to meeting with political bodies at the grassroots. Awareness of the prevalence of contraband cigarettes in Ontario was increased through the discussion group, enabling participants to learn about successful measures taken by some First Nations in Canada and in the U.S. Lastly, Aboriginal youth tobacco programming was addressed through the development of work plans.

RECOMMENDATIONS

- Conduct a post-Forum follow up survey with all Forum participants to assess the impact of their attending the Forum (presenters, delegates, exhibitors, guests, etc.)
- Lead asset mapping exercise with communities on tobacco control and share this knowledge on an ongoing basis (programs, services, resources, trained counselors, etc)
- Pursue contact with information resources to start a dialogue on resource sharing
- Compile data on First Nations who have implemented smoking by-laws
- Revisit distribution of the Community Capacity Survey based on opportunities for face to face dialogue at upcoming Aboriginal health events
- Conduct further investigations into the current capacity existing within Aboriginal communities to respond to tobacco programming needs
- Follow-up with youth participants involved in the forum and provide each of them as well as the Youth Action Alliances with a copy of the workplan.

APPENDICES

Appendix A: PROGRAM AGENDA (Thursday, April 3, 2008)

7:00 am	<i>Foyer</i>	Registration		
7:30 am	<i>Courtyard A & B</i>	Breakfast		
8:15 am	<i>Courtyard A & B</i>	Achievements of Youth Action Alliances in Aboriginal Tobacco Control , Brent Fuhr and Joshua DePerry, MAKWA Youth Action Alliance, Thunder Bay, and Marcie Tabobondung and Erica Hare, YAA MAN Youth Action Alliance, Manitoulin Island		
8:45 am	<i>Courtyard A & B</i>	Opening Prayer , Elder Pauline Shirt		
8:50 am	<i>Courtyard A & B</i>	Drumming , Tall Pines Drum Group		
8:55 am	<i>Courtyard A & B</i>	Delegate Welcome , Perry McLeod-Shabogesic, Aboriginal Tobacco Strategy Working Group		
9:00 am	<i>Courtyard A & B</i>	Opening Remarks , Dr. George Pasut, Prevention and Screening, Cancer Care Ontario		
9:05 am	<i>Courtyard A & B</i>	Greetings , Honorable Margaret Best, Ontario Ministry of Health Promotion		
9:15 am	<i>Courtyard A & B</i>	Keynote Address: Promising Practices in Aboriginal Tobacco Control Cessation Lorrilee McGregor and Mariette Sutherland, Community Based Research Open Discussion Panel with Allan Pelletier, De dwa da dehs nye>s	<i>College Room</i> Action Planning Session for Youth in Aboriginal Tobacco Control Doug Bolger, Michele Ferrari, and Heather Galambos, L(earn) ² Inc.	
10:25 am	<i>Courtyard A & B</i>	Aerobic Energizer , Sara Johnson, Ontario Federation of Indian Friendship Centres		
10:30 am	<i>Foyer and Courtyard C</i>	Nutrition Break and Exhibitions <ul style="list-style-type: none"> • Aboriginal Cancer Care Unit, Cancer Care Ontario • Canadian Cancer Society (Smoker's Help Line) • Youth Action Alliances of Thunder Bay and Manitoulin Island • De dwa da dehs nye>s • Program Training and Consultation Centre • Ontario Federation of Indian Friendship Centres 		
11:00 am	<i>Courtyard A</i> Program Integration and Aboriginal Tobacco Control Sara Johnson, Ontario Federation of Indian Friendship Centres, with Rina Chua-Alamag and Doris Warner, Aboriginal Cancer Care Unit, Cancer Care Ontario	<i>Courtyard B</i> Creating a Smoke Free Environment through By-laws Jane Brownrigg, University of Ottawa Heart Institute, and Wally MacLeod, Northwestern Health Unit	<i>University Room</i> TEACH Training Workshop (Training Enhancement in Applied Cessation Counselling and Health) Dr. Marilyn Herie, Centre for Addiction and Mental Health, and Brian Slegers, Sudbury Regional Hospital	<i>College Room</i> Continued (Action Planning Session)
12:15 pm	<i>Courtyard A, B & C</i>	Lunch, Native Earth Performing Arts Theatre Production, and Exhibitions		
1:15 pm	<i>Courtyard A</i> Evaluation Strategies and Community Capacity Building Projects in Aboriginal Tobacco Control Peggy Sattler, Academica Group Inc. and Theresa Sandy, Aboriginal Cancer Care Unit, Cancer Care	<i>Courtyard B</i> Sending Your Own Smoke Signals: A Workshop on Media Relations and Communications Training Matt Drennan-Scace, The Media Network for a Smoke-Free Ontario, and Simon Hoad, Thunder Bay District Health Unit	<i>University Room</i> Discussion Group on Contraband Cigarettes Dr. Robert Schwartz, Ontario Tobacco Research Unit / University of Toronto, and Charles Fox, Charles Fox Consulting Inc.	<i>College Room</i> Continued (Action Planning Session)

	Ontario		
2:30 pm	<i>Foyer and Courtyard C</i>	Nutrition Break and Exhibitions	
2:45 pm	<i>Courtyard A & B</i>	Next Steps for the Aboriginal Tobacco Strategy , Marlene Finn, Aboriginal Cancer Care Unit, Cancer Care Ontario	
2:50 pm	<i>Courtyard A & B</i>	Closing Remarks , Caroline Lidstone-Jones, Aboriginal Cancer Care Unit, Cancer Care Ontario	
2:55 pm	<i>Courtyard A & B</i>	Closing Prayer , Elder Pauline Shirt	

APPENDIX B: EVALUATION FORMS (OVERALL AND WORKSHOPS)

Partnering for Change, Planning for Action!

EVALUATION

Your evaluation of the Knowledge Exchange Forum is helpful to the Aboriginal Cancer Care Unit as a means of identifying conference elements that were successful as well as those that could be improved in the future. We appreciate your time in completing this evaluation.

Please assess the Forum based on the criteria identified below by checking in the boxes that are most applicable. The survey is anonymous with the exception of some basic identifiers:

My identity	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Non-Aboriginal
My role/ profession	<input type="checkbox"/> Frontline worker in tobacco control <input type="checkbox"/> Aboriginal youth in tobacco control <input type="checkbox"/> Representative of an organization/ resource that supports tobacco control initiatives <input type="checkbox"/> Individual interested in learning more about Aboriginal tobacco control <input type="checkbox"/> Other _____

	Strongly agree	Agree	Some-what Agree	Disagree	Strongly Disagree	Not Applicable
PROGRAM						
The keynote address and open panel discussion served me well with insight as to how my community/ organization can apply promising, practices in Aboriginal tobacco control (smoking cessation).						
The issues discussed at the Forum were informative and educational.						
The Forum was motivating and provided me with tools/information to take further developmental steps in my community/ organization.						
My network of professional contacts in the field of tobacco control increased as a result of attending the Forum.						
References to tobacco were respectful to traditional Aboriginal beliefs and practices.						

The Reception was an excellent opportunity to socialize with others to learn what is happening in the field of tobacco control.						
Exhibits were engaging and informative in addressing smoking cessation, prevention and protection.						
The combination of mainstream and Aboriginal workshop presenters provided balanced perspectives on topic areas.						
The mixture of First Nations (on- and off-reserve), Métis and Inuit participants was effective in engaging the Aboriginal community as a whole.						
The participation of Aboriginal and non-Aboriginal frontline workers enhanced the transfer of knowledge and expertise in tobacco control.						
The resources I acquired by attending the Forum are valuable to my community/ organization.						
Representation by youth was meaningful in the development of a tobacco control community and something I want to learn more about.						
I am confident that my community/ organization can contribute to the work of the Aboriginal youth involved in tobacco control						
<i>"Partnering for Change, Planning for Action!"</i> effectively communicated the theme of the Forum as a call to action in Aboriginal tobacco control.						
Entertainment enhanced my enjoyment of the Forum.						
As a result of attending the Forum I have a number of new project ideas to pursue to increase development in tobacco control.						
Relationship building and community partnering has been effectively promoted through the delivery of the Forum program.						

Overall, the Forum was successful in facilitating the sharing of information on existing tobacco projects, services and resources in the areas of cessation, prevention, and protection.						
PLANNING						
Registration for the Forum was handled in a timely and professional manner.						
Hotel and travel arrangements were handled effectively.						
The format of the presentations encouraged full participation by participants.						
ORGANIZATION						
The agenda was clear and concise.						
The timing of events/ length of Forum was appropriate.						
The Forum organizers were helpful and cooperative.						
Food and beverages were enjoyable and nutritious.						
The Forum venue was suitable and functional for this event.						
OVERALL SUMMARY						
The component of the Forum I enjoyed the most was:						
The component of the Forum I least enjoyed was:						
I believe that as a result of attending the Forum I will do the following things differently in my community/organization:						
Last word – One thing I would recommend Forum organizers to keep in mind in planning future Knowledge Exchange Forums is:						

KNOWLEDGE EXCHANGE FORUM
Partnering for Change, Planning for Action!

WORKSHOP EVALUATION

SESSION: Action Planning Session for Youth in Aboriginal Tobacco Control

FACILITATORS: Doug Bolger, Michele Ferrari, and Heather Galambos, L(earn)² Inc.

OBJECTIVE: Coordinate the implementation of a youth action plan on cessation, prevention and protection in Aboriginal communities across Ontario.

	Agree	Somewhat Agree	Disagree
The youth action planning was successful in continuing the Tobacco Wise initiatives started at the Aboriginal Youth Summit (held last year)			
I found personal meaning in this session			
My time was well spent attending this session			
I believe there is opportunity for me to contribute to community development in tobacco control now			
This session provided me with relevant information on projects that youth can engage in to reduce the use of commercial tobacco			
I gained a sense as to how my skills and knowledge can be put to use in Aboriginal tobacco control			
This workshop has helped me to identify who makes up the tobacco control community			
This workshop has motivated me to take further action in reducing the use of commercial tobacco			
The facilitators were well prepared and knowledgeable in their topic area			
The youth action planning facilitators effectively guided group discussions to incorporate all points of view			
Overall, this session was successful in reaching its objective			
Comments			

KNOWLEDGE EXCHANGE FORUM
Partnering for Change, Planning for Action!

WORKSHOP EVALUATION

SESSION: Program Integration and Aboriginal Tobacco Control

FACILITATORS: Sara Johnson, Ontario Federation of Indian Friendship Centres, with Rina Chua-Alamag and Doris Warner, Aboriginal Cancer Care Unit, Cancer Care

OBJECTIVE: Explore opportunities and resources available for tobacco program integration into existing health program structures and strategies in both Aboriginal and non-Aboriginal organizations.

	Agree	Somewhat Agree	Disagree
I feel that I have a better understanding now of how tobacco control initiatives can enhance and complement other health promotion programs			
This session provided me with a useful perspective of current tobacco control initiatives			
I can now identify potential links to tobacco control through other health programs			
Resource sharing is an approach I will promote in future program initiatives			
My time was well spent attending this session			
This workshop has helped me to identify who makes up the tobacco control community			
This workshop has motivated me to take further action in reducing the use of commercial tobacco			
The presenters were well prepared and knowledgeable in their topic area			
The presenters effectively guided group discussions to incorporate all points of view			
Overall this session was successful in reaching its objective			
Comments			

KNOWLEDGE EXCHANGE FORUM
Partnering for Change, Planning for Action!

WORKSHOP EVALUATION

SESSION: TEACH Training Workshop (Training Enhancement in Applied Cessation Counselling and Health)

FACILITATORS: Dr. Marilyn Herie, Centre for Addiction and Mental Health, and Brian Slegers, Sudbury Regional Hospital

OBJECTIVE: Share opportunities for professional development and training for smoking cessation counselors.

	Agree	Somewhat Agree	Disagree
This session has demonstrated the benefits of seeking certification in the delivery of intensive tobacco cessation interventions			
This workshop has helped me to identify who makes up the tobacco control community			
The presenters were well prepared and knowledgeable in their topic area			
The presenters effectively guided group discussions to incorporate all points of view			
I feel motivated to pursue more professional development in tobacco control after participating in this workshop			
The sharing of an Aboriginal trainee's experience with the TEACH program was helpful for me to understand the importance of cessation counselling			
This workshop has motivated me to take further action in reducing the use of commercial tobacco			
Overall, this session was successful in reaching its objective			
Comments			

KNOWLEDGE EXCHANGE FORUM
Partnering for Change, Planning for Action!

WORKSHOP EVALUATION

SESSION: Evaluation Strategies and Community Capacity Building Projects in Aboriginal Tobacco Control

FACILITATORS: Peggy Sattler, Academica Group Inc. and Theresa Sandy, Aboriginal Cancer Care Unit, Cancer Care Ontario

OBJECTIVE: Raise awareness of effective evaluation strategies to adapt to Aboriginal tobacco control program design and delivery

	Agree	Somewhat Agree	Disagree
This session has demonstrated various means to design and evaluate programs			
I have gained practical knowledge as to the processes involved in evaluating a program			
This session provided me with relevant examples of evaluation criteria that can be applied to a tobacco control program			
My understanding of the rationale for developing an evaluation framework has been improved through this session			
I feel that I am able to successfully design evaluation tools that can measure program outcomes after having taken this workshop			
This workshop has helped me to identify who makes up the tobacco control community			
The presenters were well prepared and knowledgeable in their topic area			
The presenters effectively guided group discussions to incorporate all points of view			
This workshop has motivated me to take further action in reducing the use of commercial tobacco			
Overall, this session was successful in reaching its objective			
Comments			

KNOWLEDGE EXCHANGE FORUM
Partnering for Change, Planning for Action!

WORKSHOP EVALUATION

SESSION: Sending Your Own Smoke Signals: A Workshop on Media Relations and Communications Training

FACILITATORS: Matt Drennan-Scace, Media Network for a Smoke-Free Ontario, and Simon Hoad, Thunder Bay District Health Unit

OBJECTIVE: Examine media applications and practices for grassroots public education and social marketing purposes

	Agree	Somewhat Agree	Disagree
I gained useful insight as to how a community or organization can use social marketing to its advantage			
I now understand the purpose and methodology in creating media tools			
This session demonstrated how media can be used to influence decision makers to change policy relating to tobacco			
I have gained practical knowledge as to resources in developing a social marketing campaign			
Attending this session has enabled me to learn how to use the media to deliver messages about tobacco without overspending			
This workshop has helped me to identify who makes up the tobacco control community			
The presenters were well prepared and knowledgeable in their topic area			
The presenters effectively guided group discussions to incorporate all points of view			
This workshop has motivated me to take further action in reducing the use of commercial tobacco			
Overall, this session was successful in reaching its objective			
Comments			

KNOWLEDGE EXCHANGE FORUM
Partnering for Change, Planning for Action!

WORKSHOP EVALUATION

SESSION: Discussion Group on Contraband Cigarettes

FACILITATORS: Dr. Robert Schwartz, Ontario Tobacco Research Unit / University of Toronto, and Charles Fox, Charles Fox Consulting Inc.

OBJECTIVE: Explore issues related to contraband cigarettes including prevalence, impact, and community efforts to tackle this problem.

	Agree	Somewhat Agree	Disagree
I gained useful insight as to the prevalence of contraband cigarettes in Ontario			
I now better understand the impacts of contraband cigarettes			
This session demonstrated methods to address contraband on First Nations			
I have gained practical knowledge as to successful interventions taking place on the issue of contraband			
Attending this session has enabled me to learn of the challenges associated with implementing anti-contraband policies			
The presenters were well prepared and knowledgeable in their topic area			
The presenters effectively guided group discussions to incorporate all points of view			
This workshop has helped me to identify who makes up the tobacco control community			
This workshop has motivated me to take further action in reducing the use of commercial tobacco			
Overall, this session was successful in reaching its objective			
Comments			

KNOWLEDGE EXCHANGE FORUM
Partnering for Change, Planning for Action!

WORKSHOP EVALUATION

SESSION: Creating a Smoke Free Environment through By-laws

FACILITATORS: Jane Brownrigg, University of Ottawa Heart Institute, and Wally MacLeod,
Northwestern Health Unit

OBJECTIVE: Promote understanding of the process by which a First Nation could institute a
smoke free policy

	Agree	Somewhat Agree	Disagree
This workshop has provided information as to how to go about developing smoke free by-laws for Aboriginal communities			
This workshop identified challenges for Aboriginal communities when trying to design or implement smoke free by-laws			
I feel that I have some insight into strategies to use to implement smoke free legislation			
The facilitators were well prepared and knowledgeable in their topic area			
The presenters effectively guided group discussions to incorporate all points of view			
This workshop has helped me to identify who makes up the tobacco control community			
This workshop has motivated me to take further action in reducing the use of commercial tobacco through by-law creation and/or implementation			
Overall, this session was successful in reaching its objective			
Comments			

APPENDIX C: ABORIGINAL TOBACCO CONTROL CONTINUUM, “FROM TOBACCO WISE TO TOBACCO FREE,” COMMUNITY PARTICIPATION COMMITMENT FORM

Purpose of the Research

The Aboriginal Cancer Care Unit of Cancer Care Ontario has identified the need to conduct further research on Aboriginal tobacco control in Ontario and how it is defined, coordinated, and implemented through programs, resources and policies. The Aboriginal Cancer Care Unit is mandated to foster Aboriginal community capacity to articulate needs related to cancer health promotion and access to services. It is also mandated to increase the effective dollars spent on Aboriginal health promotions by linking stakeholders around meaningful projects and tangible outcomes. Furthermore the mission of the ACCU is to provide an Aboriginal-informed voice in cancer care health promotion planning in Ontario and to increase the capacity of Aboriginal communities to access culturally-competent communications, programs, and outcomes. A guiding principle in the mandate is improving the process of data collection about Aboriginal peoples with honour, cultural sensitivity, and respect for traditional practices. Primary research is but one means to accomplishing the ACCU’s objectives.

Background

In 2001, Cancer Care Ontario (CCO) was asked by the Ministry of Health and Long-Term Care to lead the development of a long-term plan for cancer prevention and early detection in Ontario. Based on stakeholder input from within the cancer control community (including cancer survivors and representatives from key organizations) a vision for the year 2020 was developed – a long term plan to make improvements in cancer prevention and screening (early detection). Our actions today will have important impacts on what needs to be put into place in the next few years as the foundation for reaching the Cancer 2020 targets. “Cancer 2020” is a Call to Action in Ontario with aggressive goals because lives are at stake. To achieve our goals we must have measurable goals and targets.

Further, in 2005, the Smoke-Free Ontario Strategy was launched with programs and policies aimed at young people to encourage them not to smoke, protection from exposure to second-hand smoke, and programs to help smokers quit. The Smoke-Free Ontario Act is a core element of the Strategy, with its protection from workers and the public from the harmful effects of tobacco by banning smoking in enclosed public places and enclosed work spaces.

Rationale of Research

About half of all cancer deaths in developing countries are related to tobacco use, diet and physical activity.¹ In Ontario, thirty percent of cancer deaths in men and almost one-quarter in women are due to lung cancer alone.² Sadly, new cancer rates in Ontario are on the rise. “Unless we take action the combined total number of newly diagnosed cancers will increase each year from 53,400 in 2002 to 91,000 in 2020. It is expected that the number of newly diagnosed cancers will grow from by about **two-thirds** by 2020 and **double** by 2028.³ Tobacco use ranks as the number one preventable cause of death in Ontario, responsible for 13,000 deaths each year.⁴

Statistics on the incidence of cancer among Aboriginal peoples in Ontario are sparse yet the Cancer 2020 plan rests on scientific evidence and precaution in the avoidance of cancer risk. As part of the tobacco use target, one important focus of activity will be on Aboriginal youth smoking with research plans to measure youth smoking behaviour now versus that of the future – without behavioural

¹ Adapted from Adami HO, Day NE, Trichopoulos NE & Willet WC (2001).

² National Cancer Institute of Canada (2002).

³ Canadian Cancer Society and Cancer Care Ontario, Targeting Cancer: An Action Plan for Cancer Prevention and Detection.

⁴ Ministry of Health Promotion website, Smoke-Free Ontario Legislation

changes cancer rates will remain the same or increase. It is estimated that implementing smoking interventions alone over 6,000 cumulative cancer cases will be prevented by 2020 (5,500 in lung cancer).⁵

Smoking is a major public health issue and a leading cause of premature death and illness affecting smokers and non-smokers in Canada. Aboriginal peoples in the Province have differing rates and risks associated with cancer but it is a fact that Aboriginal smoking rates are alarmingly high, and on the rise despite significant development in leadership, advocacy, policy, and education (including Aboriginal specific anti-smoking strategies). Tobacco-related illnesses and diseases are urgent issues in First Nations and Inuit communities, where smoking rates are more than double the rate for the rest of Canada.

The Aboriginal Cancer Care Unit is working within Cancer Care Ontario to further develop and implement the provincial Aboriginal Cancer Strategy (ACS) – a high priority for cancer prevention and screening. The Joint Cancer Care Ontario – Aboriginal Cancer Committee (JOACC) is a key player on this front – working together to integrate the Cancer 2020 Targets into the public health mandatory core programs under the Health Promotion and Protection Act.

Coordination is needed to effectively develop the infrastructure to address these priorities; the plan requires the Aboriginal Cancer Care Unit to collaborate with stakeholders and other community partners to:

- Invest in prevention research;
- Enhance risk factor surveillance activities;
- Establish a meaningful panel to review and assess new screening methods and approaches; and
- Establish mechanisms to coordinate and plan regional cancer prevention and screening activities.

The Aboriginal Cancer Care Unit is assuming a role of leadership to achieve the Cancer 2020 Vision for Aboriginal peoples in Ontario and is committed to leading and organizing the efforts of individuals and Aboriginal organizations and communities across the Province. We require community support to sustain this action.

History of Tobacco Control Activity in the ACCU

- In 1997 a report, “New Beginnings: Planning Cancer Care for Aboriginal Peoples,” was produced through a partnership between Cancer Care Ontario and Aboriginal organizations based in Ontario (led by JOACC).
- In 2001 a province wide analysis of cancer issues in the Aboriginal population was conducted; this report explored Aboriginal people’s attitudes and experience with cancer services, in order to establish an evidence based rationale for the development of an Aboriginal Cancer Strategy. From this an Aboriginal Tobacco Strategy was developed.
- The Aboriginal Tobacco Strategy in the Aboriginal Cancer Care Unit (ACCU) conducted an environmental scan in 2005 to determine the extent to which First Nation and Métis communities and organizations both on- and off-reserve are involved in tobacco control – specifically smoking prevention and understanding the differences between commercial and traditional tobacco.
- Since then, the ACCU has collected qualitative data through tobacco education workshops and community presentations, community capacity building projects oriented to family and

⁵ Ibid

youth education on tobacco, stakeholder communications, and program evaluations. The ACCU has taken the lead on developing an informative newsletter on cancer issues relevant to Aboriginal peoples.

- “A Vision for the Future: Aboriginal Youth Summit” was held in 2007 in which 150 Aboriginal youth came together from across the Province to develop a five-year youth action plan for tobacco control. They identified required areas of action to be in education; youth involvement and activity; parent/community involvement; elder involvement; and council involvement/policy change.
- From the recommendations in this report, the ACCU implemented a large public education campaign on the differences between commercial and traditional tobacco, with significant success in educating youth. The theme “Tobacco Wise” was carried through media messaging to First Nations communities (schools, community centres, and health centres), Friendship Centres, and Métis organizations. The campaign was instrumental in engaging communities in the study of the impact of commercial tobacco use.

Current Initiatives

The Aboriginal Cancer Care Unit has just completed community research on Aboriginal promising practices in smoking cessation programming with a focus on Ontario. This study will provide communities with a starting point in the development of an Aboriginal-specific smoking cessation program. These research findings are being presented at the Knowledge Exchange Forum for those involved in Aboriginal tobacco control.

The Knowledge Exchange Forum (April 2 and 3, 2008) has the theme, “Partnering for Change, Planning for Action!” and is a multi-purpose event. In addition to being the venue for the presentation of the promising practices research it also supports the efforts of Aboriginal youth who have formed Youth Action Alliances and those who are committed to working with the ACCU in reducing the use of tobacco. The ACCU deliberately called on First Nations, Inuit, Métis, urban-based, and non-aboriginal frontline workers in tobacco control for the meeting of minds at the Forum with an objective of facilitating the transfer of knowledge and sharing of resources and best practices.

Community awareness of the impacts of tobacco use has increased tremendously through the delivery of ACCU programs and services over the last eight years; however communities have a long way to go before they will reach the targets consistent with the Cancer 2020 plan. The ACCU is at the helm of guiding this transition by communities on the continuum of tobacco control from being unaware, to being “Tobacco Wise,” to becoming “Tobacco Free” in Ontario.

The ACCU is poised to conduct further community research in order to capture a sense of priorities through the investigation of gaps in programs/service as well as identify opportunities for future collaboration in resource development. A wholistic approach to achieving our goals is essential in order to ensure that the CCO approach to health promotion is informed by an Aboriginal health experience that the process towards becoming cancer free must address physical, mental, emotional, spiritual and cultural needs.

Communities willing and able to participate in the ACCU research will be asked to assist in the development of an **Aboriginal Tobacco Control Continuum**; to self-assess their standing as a community on the Continuum (at present); to provide community data to ACCU for information collection in a database; and to participate in training provided by the ACCU to implement the transition to reaching “Tobacco Free” status as a community.

Ongoing support from communities will allow for the collection and measurement of appropriate data and with that, verifiable proof of success in Aboriginal Tobacco Control. The Aboriginal Cancer Care Unit appreciates community support and looks forward to collaborating over the long term in achieving its mission.

ABORIGINAL TOBACCO CONTROL CONTINUUM
"From Tobacco Wise to Tobacco Free"

Aboriginal Cancer Care Unit
Cancer Care Ontario

COMMUNITY PARTICIPATION COMMITMENT FORM

This commitment form is designed to establish contact with those individuals and organizations that are willing to engage in participatory research to identify specific community needs in the areas of smoking cessation, prevention and protection.

The ACCU acknowledges the time and energy required to participate in this process. In recognition of community contributions it is developing an incentives program that will show appreciation for support in meaningful ways once the research is underway (eg. Draws for tobacco control resources, sponsorship for staff training in cessation counseling, sponsorship to participate in upcoming events, etc.)

The ACCU requires some contact information in order to conduct follow-up with subsequent surveys and interviews. By returning this form, communities demonstrate a willingness to commit time to responding to the research needs between April, 2008 and March, 2009. The contact name provided should be a person knowledgeable and/or available to speak for the organization as to programming objectives and priorities, etc. in order to properly complete our surveys.

Recommended Contact Person: _____

Title: _____

Employer (Organization Name): _____

Department/ Unit: _____

Telephone: _____

Email: _____

Type of Organization (select one below)

First Nation (Name, Location): _____

Métis Community (Name, Location): _____

Inuit Community: _____

THANK YOU VERY MUCH! WE LOOK FORWARD TO WORKING CLOSELY WITH YOU.

APPENDIX D: COMMUNITY CAPACITY SURVEY

Name of my Community: _____

Name of my Organization: _____

STATEMENTS	YES	NO	DON'T KNOW	NOT APPLICABLE
My community has access to tobacco cessation counselors for the Aboriginal community				
My community/organization has designed smoking cessation programs for Aboriginal youth				
My community/organization has designed smoking cessation programs for Aboriginal adults				
My community has a by-law/s that supports smoke free public places				
My community has a by-law/s that supports protection against second hand smoke for children and youth				
My community/organization has enforcement strategies in place to support approved by-laws				
My community/organization has access to the following smoke free resources:				
• Pamphlets/brochures				
• Posters				
• Radio public service announcements				
• Television public service announcements				
• Books				
• Telephone support lines				
• Visual aids (cancerous lung, phlegm jar etc.)				
• Nicotine Replacement Therapies (gum, patch)				
• Newsletters				
• Websites				
• Presentations on tobacco that can be delivered to children				
• Presentations on tobacco that can be delivered to youth				
• Presentations on tobacco that can be delivered to adults				
My community/organization integrates tobacco messaging into existing programs such as (Healthy Babies Healthy Children; youth initiatives; senior's programs etc)				
My community has access to traditional teachers who can educate about the traditional uses of tobacco				

My community leaders advocate for tobacco programs at the community level				
My community tries to address tobacco contraband through targeted strategies				
People within my organization/community have participated in tobacco-related training programs				
My community has submitted proposals to apply for tobacco programming funds				
My community has been successful in receiving tobacco programming funds in the past year				
My community promotes and provides healthy options to youth as a way to educate about tobacco alternatives				
My community is aware of the link between commercial tobacco use and cancer risk factors				

APPENDIX E: LIST OF ORGANIZATIONS CONTACTED TO PARTICIPATE OR PROVIDE RESOURCES

Aboriginal Healing and Wellness Strategy

Aboriginal Health Access Centres

N'Mninoeyaa: Community Health Access
Gizhewaadiziwin Access Centre
Anishnawbe-Mushkiki
De dwa da dehs nye>s Aboriginal Health Centre
Ganaan De We O Dis ^Yethi Yenahwahse (SOAHAC)
Shkagamik-Kwe Health Centre
Wabano Centre for Aboriginal Health
Wassay-Gezhig Na-Nahn-Dah-We-Igamig

Aboriginal Health Authorities

Paawidigong First Nations Forum Inc.
Fort Frances Tribal Area Health Authority
Kenora Chiefs Advisory
Noojimawin Health Authority

Aboriginal Nurses' Association of Canada

Aboriginal Tobacco Strategy Working Group (ATSWG):

Aundeck Omni Kaning First Nation
Grand Council Treaty 3
Sioux Lookout First Nation Health Authority
Six Nations Band Council - New Directions Group
Timmins Métis Council

Aboriginal Youth Network (resources)

Academica Group Inc.

Action on Women's Addictions – Research and Education (resources)

Alberta Alcohol and Drug Abuse Commission (resources)

American Institute for Cancer Research (resources)

Anishinawbeg of Kabapikotowangag Resource Council

Anishnawbe Health Toronto

Aukati Kai Paopa (National Health Committee) – Australia and New Zealand (resources)

British Columbia Ministry of Health and Ministry of Education (resources)

Building Leadership for Action in Schools Today (resources)

Canadian Association of School Health (resources)

Canadian Cancer Society (Smoker's Help Line)

Canadian Centre for Substance Abuse

Canadian Council for Tobacco Control (resources)

Canadian Public Health Association (resources)

Centre for Addiction and Mental Health (TEACH Project)

Centre for Addiction Research - British Columbia (resources)

Centre for Excellence in Indigenous Tobacco – Australia (resources)

Centre for Indigenous Sovereignty

Charles Fox Consulting Inc.

Chiefs of Ontario

Child Care Providers Association

Chippewas of Nawash Recreation Department

Clinical Tobacco Intervention (resources)

Community Based Research

Consultancy for Alternative Education (resources)

Council for a Tobacco Free Metro Toronto
 Council Fire Native Cultural Centre
 Dilico Anishnawbek Family Centre
 Enahtig Healing Lodge and Learning Centre
 Garden River First Nation Wellness Centre
 Georgian Bay Native Friendship Centre
 Government of Nunatsiavut
 Grey Bruce Health Unit
 Health Canada – Tobacco Control Program (resources)
 Healthy Lifestyles/ Heart Health, Department of Public Health for Central Montreal (resources)
 Heart and Stroke Foundation of Ontario
 HRSRH – Mental Health Primary Care Clinic
 Indigenous Physician's Association of Canada (resources)
 Inuit Tapiriit Kanatami
 Joint Cancer Care Ontario – Aboriginal Cancer Committee (JOACC):
 Association of Iroquois and Allied Indians
 Cancer Care Ontario
 Canadian Cancer Society, Ontario Division
 Independent First Nations
 Métis Nation of Ontario
 Nishnawbe Aski Nation Health Authority
 Northwestern Ontario Regional Cancer Centre
 Ontario Federation of Indian Friendship Centres
 Ontario Native Women's Association
 Sudbury Regional Hospital
 Union of Ontario Indians
 Juravinski Cancer Centre
 Keystone Child, Youth and Family Services
 L(earn)² Inc.
 Leave the Pack Behind (resources)
 Laichwiltach Family Life Society (resources)
 Mamaweswen – The North Shore Tribal Council
 M'Chigeeng Health Services
 Mnjikaning First Nation
 Misiway Eniniwuk Health Centre
 NASAWIN - Union of Ontario Indians (resources)
 National Aboriginal Health Organization
 National Association of Friendship Centres (resources)
 National Indian & Inuit Community Health Representatives Organization
 National Native Addictions Partnership Foundation
 Native Canadian Centre of Toronto
 Native Child and Family Services Toronto
 Native Earth Performing Arts
 Native Women's Resource Centre
 Native Women's Transition Centre (resources)
 Nechi Institute (Training Research and Health Promotions Institute)
 Ngwaagan Gamig Recovery Centre Inc.
 Nipissing Band Council
 Non-Smokers' Rights Association (resources)
 Northern California Indian Development Council, Inc. (resources)
 Northwestern Health Unit

Not to Kids! Coalition (resources)
Ontario Campaign for Action on Tobacco (resources)
Ontario Lung Association
Ontario Ministry of Health Promotion (Smoke-Free Ontario Strategy)
Ontario Physical and Health Education Association
Ontario Prevention Clearinghouse (resources)
Ontario Tobacco-Free Network (resources)
Ontario Tobacco Research Unit
Ottawa Public Health Unit
Pauktuutit Inuit Women's Organization
Peterborough Youth Action Alliance (resources)
Physicians for a Smoke-Free Canada (resources)
Pinegate Withdrawal Management Services
Program Training and Consultation Centre
Quit Net (resources)
Registered Nurses Association of Ontario
Saugeen First Nation
Simcoe Muskoka District Health Unit
Simcoe Muskoka District Health Unit
Six Nations Family Health Team
Smoke FX – the Youth Tobacco Vortal Project (resources)
Smoke Free Homes and Asthma (resources)
Smoking and Health Action Foundation (resources)
Smoking Stinks – Anne Arundel County (resources)
Sudbury District Health Unit
Teaming up for Tobacco Free Kids (resources)
The Media Network for a Smoke-Free Ontario
Thunder Bay District Health Unit
Tobacco Control Area Networks
Tobacco Don't Own Toronto (resources)
Tobacco Facts (resources)
Toronto Council Fire Native Cultural Centre
Toronto Public Health
University of Arizona - Tobacco Education and Prevention Program (resources)
University of Ottawa Heart Institute
University of Toronto Teenet Research Program (resources)
U.S. Centre for Disease Control and Prevention (Kick Butt Day resources)
Waasanaabin Youth Centre
World Cancer Research Fund (resources)
World Health Organization (resources)
Young Single Parent Support Network (resources)
Youth Action Alliance of Manitoulin Island (YAAMAN)
Youth Action Alliance of Thunder Bay (MAKWA)
Za-geh-do-win Information Clearinghouse (resources)



Aboriginal Cancer Care Unit

Honouring the **Aboriginal Path** of Well-being

Aboriginal Tobacco Strategy Forum Call for youth participants

ARE YOU...???

- First Nations (living on-and-off reserve), Métis or Inuit and between 16 and 24 years old?
- Active in tobacco control efforts in your community in Ontario?
- Interested in gaining skills and knowledge to develop leadership skills and apply what is learned in your community?
- A youth who participated in the Aboriginal Tobacco Strategy Youth Summit 2007?
- Able to attend a workshop in Toronto on April 3, 2008?

Apply Now!

Deadline for Applications is Friday, February 29, 2008

The Aboriginal Cancer Care Unit of Cancer Care Ontario is hosting a Knowledge Exchange Forum in Aboriginal Tobacco Control on **April 3, 2008**. The one-day Forum is designed to bring together professionals working in tobacco control in Aboriginal communities to facilitate the sharing of knowledge in areas including best or better practices in community-based tobacco control (cessation, prevention and protection). Research findings on tobacco cessation programming within Aboriginal communities will be presented at the Forum, and made publicly available.

The Forum will also give voice to **Aboriginal youth** and facilitate their development of a plan to implement tobacco control ideas in their communities. Their plan will be shared with community leaders, front line community workers, and First Nation, Métis and Inuit communities to help guide them in the creation of effective grassroots strategies for Aboriginal tobacco control.

WHAT? Aboriginal Tobacco Strategy Knowledge Exchange Forum. Includes action planning session for Aboriginal youth involved in tobacco control

WHEN? Thursday, April 3, 2008.

WHERE? Courtyard by Marriott– 475 Yonge Street, Toronto, Ontario.

How do you apply?

- 1) Complete the application form. Short answer questions can be answered on a separate sheet/file.
- 2) Send application to the attention of Laurie Legere, Public Affairs Coordinator – Aboriginal Tobacco Strategy. Email: laurie.legere@cancercare.on.ca. Fax: 416-971-6888. Subject line should be: **Knowledge Exchange Forum: Youth Application**. All interested youth must submit an application via email on or before **February 29th, 2008**.

Registration & Fees:

There is no fee to attend the Knowledge Exchange Forum, however only 20 seats are open to Aboriginal youth with an expressed interest in Aboriginal tobacco control. Selection of applicants will be based on responses to the questions asked on the application form. This selection process is designed to identify knowledgeable, motivated and action-oriented youth who are prepared to contribute to the mission of the Aboriginal Tobacco Strategy (ATS.) The ATS will make every endeavour to give equal opportunity to First Nations (on-and-off reserve), Métis and Inuit youth. Selected applicants will be sponsored to attend. The cost of travel and accommodations (only where necessary) will be covered by the ATS. Breakfast, lunch and snacks will be provided at the event. Participants will be reimbursed for other incidental costs in accordance with our Forum travel expense policy.

Requirements:

- Must be an Aboriginal youth between the ages of 16 and 24 living in Ontario.
- Must have been a participant at the Aboriginal Youth Summit held in Toronto on March 29-31, 2007.
- Must be able to speak up and voice an opinion about tobacco use in Aboriginal communities.
- Must be willing to participate in group activities with other youth.
- Must submit the attached application form and demonstrate an understanding of what is going on in your community relating to tobacco control and available resources. (It may be necessary to conduct some research or interviews to gather this information.)
- Chosen participants will receive an electronic copy of the 5 Year Action Plan developed at the Youth Summit and should be familiar with the plan before arriving at the Forum.
- Selected youth may be asked to have a parental consent form signed by a legal guardian.

Aboriginal Tobacco Strategy Knowledge Exchange Forum YOUTH APPLICATION

Last Name	First Name	Date of Birth (yyyy/mm/dd)	Grade	Gender
Mailing Address			Aboriginal Identity <input type="checkbox"/> First Nations <input type="checkbox"/> Living on reserve <input type="checkbox"/> Living off reserve) <input type="checkbox"/> Métis <input type="checkbox"/> Inuit	
City	Province	Postal Code		
Email * <i>important because your registration confirmation will be emailed to you</i>		Age Category <input type="checkbox"/> 16-18 <input type="checkbox"/> 19-21 <input type="checkbox"/> 22-26		
If under the age of 18, please complete parental consent form (attached)				
Telephone	Fax	Cell		
Special dietary restrictions:				
Special physical needs:				
Teacher Contact & Telephone				
Background Questions: 1. Did you attend the Aboriginal Tobacco Strategy Youth Summit? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2. How long have you had an interest in tobacco control? <input type="checkbox"/> have never had an interest <input type="checkbox"/> less than 2 years <input type="checkbox"/> longer than 2 years				
3. How would you benefit from attending the Knowledge Exchange Forum? (maximum 100 words)				
4. Have you ever been involved in any tobacco control projects or activities, and if so, can you describe the project and how you were involved? (maximum 100 words)				

<p>5. What kind of programs/projects are going on in your community to prevent people from starting to smoke (prevention), protect people from second hand smoke (protection) and/or help people to quit smoking (cessation)? If you don't know, please do a bit of research so you can provide an answer. (Maximum 100 words.)</p>	
<p>6. Are you requesting sponsorship? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Does your school, family or band council have any funding to support your travel and attendance at the conference? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, what would be the amount that could be contributed, or what arrangements could be made on your behalf? _____</p>	
<p>In case of an emergency at the Forum who should be contacted?</p> <p>Name: _____ Telephone: _____</p>	
<p>Youth signature : _____</p>	<p>Date: _____</p>

Please fill in application form and send via email or fax to:

Aboriginal Tobacco Strategy, Cancer Care Ontario
 FAX: 416-971-6888