

First Nations and Inuit Tobacco Control Strategy: A Framework

Collaborators - First Nations and Inuit Tobacco Control Strategy Advisory Circle:

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Introduction

- Misuse of tobacco is placing at high risk the health, quality of life and even life expectancy of a very large number of adults and children in First Nations and Inuit communities.
- The prevalence of regular smoking and smokeless tobacco habits among First Nations and Inuit people is more than double the rate for the rest of Canada.

Introduction

The First Nations and Inuit Tobacco Control (FNITC) Strategy is one component of the Federal Tobacco Control Strategy (FTCS). The latter Federal strategy builds upon the previous Tobacco Control Initiative, a three year program that ran until 1997, and emerges from the National Tobacco Control Strategy introduced in 1998, and adds substantially more resources to the Government of Canada's tobacco control efforts in First Nations and Inuit communities.

Target Population

- First Nations people living on reserves south of 60° latitude;
- First Nations communities north of 60° latitude; and
- Inuit in Inuit communities.

Within these population groups, the Strategy will give special emphasis to tobacco control among pregnant women and youth, as well as, to reducing the exposure of non-smokers to second-hand smoke.


Program Vision

The First Nations and Inuit Tobacco Control Strategy vision for the future can be stated as follows:

Healthier First Nations and Inuit communities free of tobacco misuse and addiction.

Program Mission

To promote and support policy, program and project initiatives designed to create healthy First nations and Inuit communities free of tobacco misuse and addiction.

A faint, semi-transparent image of two hands shaking is visible in the lower-left quadrant of the slide, serving as a background element.

Guiding Values

- Respect
- Trust
- Responsibility
- Freedom
- Holism
- Kindness
- Humility

Program Objectives

- To build capacity within First Nations and Inuit communities to develop and deliver comprehensive, culturally sensitive and effective tobacco control programs at a pace acceptable to those communities.
- To promote the health of First Nations and Inuit people by decreasing the prevalence of tobacco smoking and smokeless tobacco use among all age groups, but in particular among youth and pregnant women.

Program Objectives

- To decrease the uptake of smoking among youth.
- To decrease the impacts of environmental tobacco smoke on the health of First Nations and Inuit.
- To engage the leadership of First Nations and Inuit in learning about, voicing opinions and supporting tobacco control strategies.

Intended Program Impact

- Leadership support for tobacco control strategies will increase over the life of the FNITC Strategy and tobacco control will be increasingly recognized as a health priority in First Nations and Inuit communities.
- Over the years of the Strategy's implementation, smoking prevalence in Canada among adult First Nations people on-reserve and Inuit in Inuit communities will be reduced, with reductions occurring in each year of program operations.
- Youth smoking rates will be reduced over the life of the program.

Intended Program Impact

- The rates of smokeless tobacco use among youth will be reduced.
- Each region will witness substantially reduced smoking rates.
- Over the life of the program, an increasing percentage of residences and shared spaces on-reserves and in Inuit communities will be free of commercial tobacco smoke.

Development and Implementation Principles

- Staged Program Development
- Efficiencies and Economies should be Realized through Partnerships
- Emphasis on Capacity-Building – a Process Grounded in Relationship Building and Trust

Capacity-building should be realistic, with a view to “building best practices with communities” and to sustainable development within the community.

Building Best Practices with the Community

- The “Building Best Practices with Community” Model is based upon the traditional values of respect for others, building trust in relationships, responsibility of the individual and community, freedom of the individual, holism, kindness, compassion and humility.
- This model bridges a gap between science and community action by striving to build upon existing evidence and knowledge, and working with the community to raise the level of awareness regarding smoke-free spaces and the misuse of tobacco.

Building Best Practices with the Community

- The model stresses the use of fully participatory methods when working with communities.
- It respects First Nation and Inuit communities by recognizing that they have the knowledge and are capable of working out their own unique solutions to the challenges that they face, such as dealing with the health risks of tobacco use.

Building Best Practices with the Community

- It promotes teamwork among individuals, health workers, health care practitioners and other service agencies in the communities, both government and non-government.
- It offers the hope of holistic and innovative solutions that are made possible when individuals with all kinds of resources and skills work together to solve a problem.
- It offers opportunities for joint funding of innovative projects which are affordable, practical and accountable.

Context

“Health promotion is the process of enabling people to increase control over, and to improve their health.

Health is, therefore, seen as a resource for everyday life, not the objective of living.”

Ottawa Charter for Health Promotion, 1986

Context

Stories integrated into the world of logic/science add significance to the relationship, organization and individuals.

Trusting people to solve problems generates higher levels of motivation and better solutions.

Bolman LG & Deal TE (2001). Leading with soul: An uncommon journey of spirit. San Francisco, CA: Jossey-Bass.

Context

Moving from a hierarchical culture [competitive] to a culture of empowerment [collaborative] is and always has been a huge undertaking but it is possible.

Blanchard K, Carlos JP & Randolph A (2001). The 3 keys to empowerment: Release the power within people for astonishing results. San Francisco, CA: Berrett-Koehler Publishers, Inc.

Outcomes of Participatory Methods

- ♥ People gain a sense of confidence in their ability to make and facilitate change.
- ♥ People develop a wide range of skills - negotiation, reflection and “working with”.
- ♥ People begin to understand personal success and are then able to build upon what they know from their experiences.

Conclusions

- ♥ Changing behaviour is a process and not an outcome, thus, health care practitioners are often discouraged by "working with" due to the lack of predictable outcomes.
- ♥ The wisdom of the individual once recognized, respected and validated will support and enhance the capacity for transformation.

Conclusions

The strength of participatory methods of learning, evaluation and research are that we learn together what the reality in the community is not what we perceive it to be!

The “silent voices” of the community speak when invited to do so.

Development and Implementation Principles

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Capacity-building should be realistic, with a view to “building best practices with communities” and to sustainable development within the community.

Development and Implementation Principles

- Community-Based Project Initiatives will reflect local needs, National Guidelines and Regional Planning Priorities, while meeting Quality Assurance Standards
- The National Dimension of the Program Partnership is essential
- Emphasis on Regional Planning that is based on collaboration with communities

Development and Implementation Principles

- Project Funding will be Proposal Driven
- Contemporary health promotion approaches [evidence-based practice] will be utilized

In message diffusion, attempts to influence behavioral change should emphasize the positive rather than the negative, thus, the Strategy should build on the strengths rather than weaknesses. The “tone” of educational and information-sharing materials needs to be positive, candid and assertive.

Implementation Goals

1. Establishing a Strong Foundation
2. Facilitating Leadership Support

The FNITCS will engage in a facilitative process with First Nations and Inuit leaders and community influentials intended to identify tobacco as a health priority and to integrate appropriate tobacco control strategies into existing and future programs and policies.

Implementation Goals

3. Collaborative Strategy-Building and Program Development

Regional First Nations and Inuit Tobacco Control Plans will be developed in collaboration with First Nations and Inuit communities.

4. Common Program Elements in Distinctive Regional Strategies

All regional tobacco control plans will include the elements of prevention, cessation and protection.

Implementation Goals

5. Comprehensive Evaluation to Gain Knowledge of Effective Practices

All national plans, regional plans and community projects will include some elements that contribute to an evaluation process. An ongoing, comprehensive evaluation plan will be developed and its recommendations implemented. It will include both process and outcome dimensions.

Evaluation Plan

The FNITCS Evaluation Plan will include both *process* and *outcome* data-gathering processes and will guide evaluation processes in community-based projects, regions and the overall program. It will examine *how* and *how well* the program was implemented and how to measure outcomes prescribed by projects and targets.

The guidance given will include information on utilization of participatory research/evaluation methods integrated with action research.