First Nations & Inuit Tobacco Control Strategy

PROGRAM FRAMEWORK

August 6, 2002

Prepared by the First Nations and Inuit Health Branch and the
FNITCS Advisory Circle with the Assistance of *Socio-Tech Consulting Services*

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1. Introduction

Smoking is a major public health issue in Canada. Every year, over 45,000[1] Canadians die as a result of disease and illness caused by using tobacco. Over the next 30 years, in the absence of effective intervention, three million[2] Canadians will die prematurely as a result of smoking or exposure to second-hand smoke. In First Nations and Inuit communities the prevalence of smoking rates among First Nations and Inuit people is more than double the rate for the rest of Canada. Misuse of tobacco is placing at high risk the health, quality of life and life expectancy of a very large number of adults and children.

In April 2001, the government renewed its plan of action and announced Federal Tobacco Control Strategy (FTCS) which included an allocation of $50 million over a five-year period, 6 million in the first year, 10 million in each of the following two years, and 12 million in each of the last two years, to address the high rates of smoking tobacco use in First Nations and Inuit communities. This is a substantial increases for initiatives in First Nations and Inuit communities, where smoking rates are particularly high. The Program Framework described in this document conceptualizes the intentions of the Government of Canada and First Nations and Inuit regions and communities to lower those risks.

A National Advisory Circle and Regional First Nations and Inuit Advisory Circles will be active partners with FNIHB in the design and implementation of the Strategy.

2 Target Population

The population targeted for the First Nations and Inuit component of the Federal Tobacco Control Strategy includes:

- 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 all the First Nations and Inuit communities to second-hand smoke.

3. Program Purpose

The purpose of the program can be summed up in the following statements prepared by the FNITCS Advisory Circle:

3.1 Program Vision

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

3.2 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.

3.3 Guiding Values

The following core values will guide the way in which the Strategy unfolds:

Respect is a core value of traditional North American cultures. In conception and implementation, concerted efforts will be made to show respect for traditional tobacco use and reverence for its sacred qualities. Respect will also be shown for individual differences in values and needs, as well as for variations in cultural practices, sacred beliefs, and customary law. This core value will also be reflected in the expression of gratitude to all those who contribute to and participate in tobacco control prevention and education activities.

Trust. The strategy will be based upon capacity-building processes and training materials that build and enhance trusting relationships between tobacco control facilitators, leaders, administrators, human service providers and community members.

Responsibility for achieving the goals of the tobacco control strategy is situated in the choices of community leaders to support tobacco control efforts and to serve as role models. This responsibility even more fully rests with community members who can make the personal choice to practice life-styles free of tobacco misuse; it also rests with adults who can eliminate second hand smoke in their homes and work sites and parents who can discourage tobacco misuse among children and youth.

Freedom of the individual in making choices regarding tobacco use will be honored, as will the basic right of all people to be free of exposure to second hand tobacco smoke.

Holism in prevention and intervention will play a major influence in program development and service implementation decisions. A holistic perspective implies that everybody in the community has a role to play and this is expressed in several aspects of the strategy. The overall initiative is premised upon a population health approach in which tobacco control is viewed as one piece of an overall community health promotion strategy.

Kindness and compassion will have supremacy in the presentation of information and in providing counsel, although the health impacts of tobacco misuse will be presented consistently and clearly. Whatever actions taken as part of developing and implementing the tobacco control strategy should be done with kindness.

Humility will define the orientation to community leadership, community members, and to those in receipt of services by those delivering programs.

3.4 A CRITICAL DISTINCTION: CURRENT TOBACCO MISUSE vs. TRADITIONAL TOBACCO PRACTICES

Respect for the traditions of their cultures is extremely important for First Nations in Canada. Referring to traditional tobacco use among the indigenous peoples of the Americas, one writer has described it as "the primary sacred plant . . . throughout the Americas save for the Arctic" (Paper, J., 1988). In fact, tobacco has traditionally functioned in First Nations as both a purifying agent and as vehicle of spiritual communication; it has therefore been accorded a special, highly valued and sacred place in the heritage of First Nations.

While tobacco has had important healing and spiritual roles for most First Nations peoples in Canada, there is no similar Inuit tradition of tobacco use.

Over time tobacco has been taken up in other forms and for a variety of reasons other than its medicinal and spiritual uses; it has become a profitable, corporate commodity containing thousands of chemical additives and used routinely in habitual and addictive ways by millions of people around the world. Yet in some instances cigarette smoking and the habitual use of smokeless tobacco are mistakenly defended on the grounds of tradition. This defense contradicts the teachings of many Elders who make the critical distinction between traditional tobacco practices and other uses.

It is a premise of the First Nations and Inuit Tobacco Control Strategy that the contemporary, habitual use of commercial tobacco products has virtually nothing to do with the medicinal, ceremonial and sacred use of tobacco in First Nations cultures. Contemporary, habitual tobacco use is neither medicinal nor sacred and its negative impact on First Nations and Inuit communities is devastating, exacting an enormous toll on the health of very large numbers of Inuit and First Nations people.

The FNITC Strategy assumes that tobacco control should become a health priority in all First Nations and Inuit communities in Canada.

3.5 Program Objectives

The following are the objectives of the First Nations and Inuit Tobacco Control Strategy:

1. To build the 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.

2. To promote the health of First Nations and Inuit people by decreasing the prevalence of tobacco smoking and spit tobacco use among all age groups, but in particular among youth and pregnant women.

3. To decrease the uptake of smoking among youth. As smoking in First Nations and Inuit communities starts at a younger age, youth is considered to include children.

4. To decrease the impacts of environmental tobacco smoke on the health of FN & Inuit.

5. To engage the leadership of First Nations and Inuit in learning about, voicing opinions and supporting tobacco control strategies. This program includes Elders as leaders as they are holders of traditional knowledge and their opinions and support will be an important component in developing and building community capacity in Tobacco Control strategies.

3.6 Intended Program Impact

Consistent with measurable targets established by regional First Nations and Inuit Advisory Circles, assisted by a commissioned FNITCS evaluation team, the program will have the following impacts:

1. 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.

2. 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.

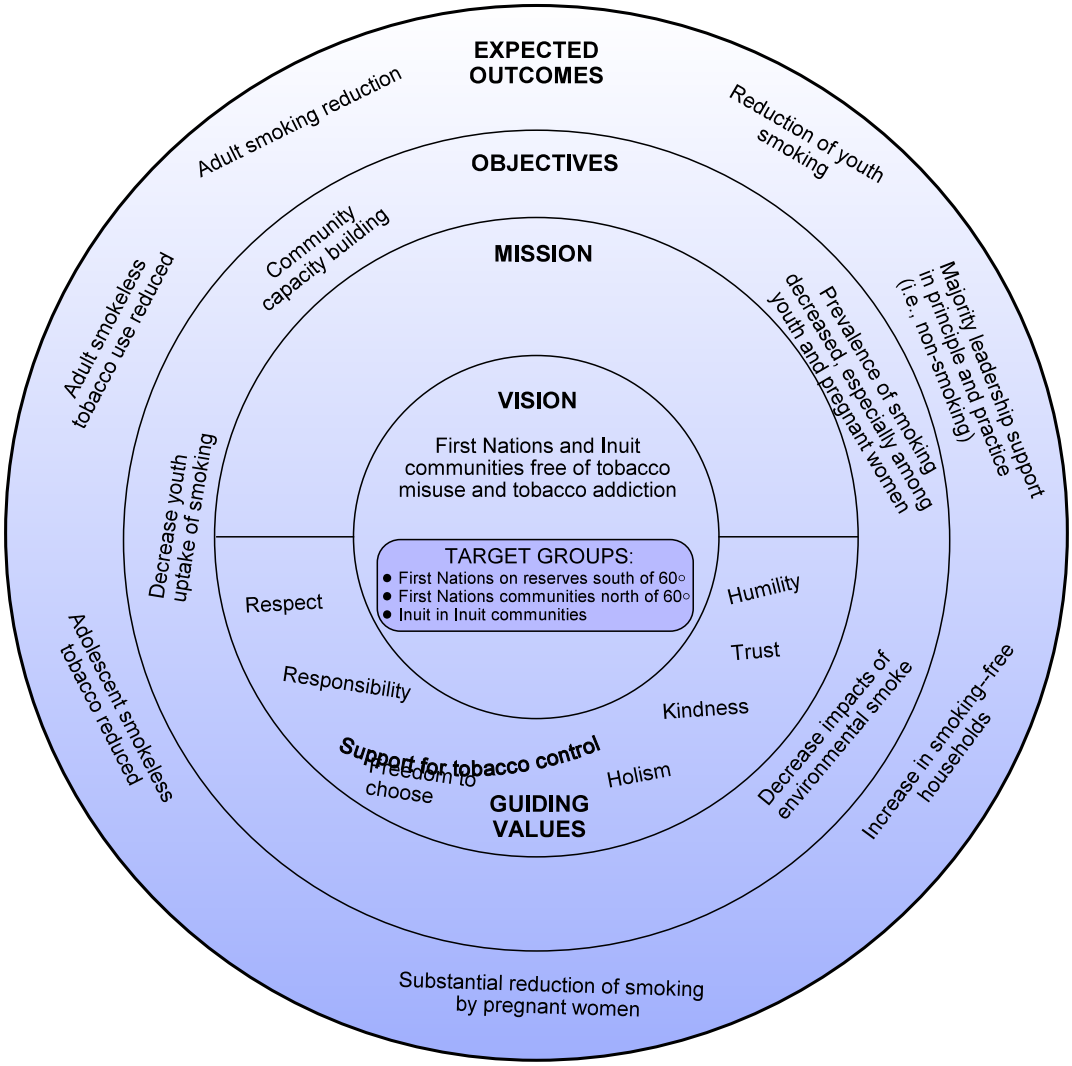
3. Youth smoking rates will be reduced over the life of the program.

4. The rates of spit tobacco use among youth will be reduced.

5. Each region will witness substantially reduced smoking rates.

6. Over the life of the program, an increasing percentage of residences and shared spaces on reserves and Inuit communities will be free of commercial tobacco smoke.

Figure 1
CIRCLE OF PURPOSE
First Nations & Inuit Tobacco Control Strategy



4. PROGRAM DELIVERY MODEL

The FNITCS is funded by the Government of Canada, as part of the Federal Tobacco Control Strategy and developed by the First Nations and Inuit Health Branch (FNIHB) of Health Canada.

Assisted by a National Advisory Circle, FNIHB has facilitated various program start-up activities and will fund and support regional planning undertaken as a collaboration between regional First Nations and Inuit organizations and communities and FNIHB Regional staff.

The First Nations and Inuit Tobacco Control Strategy will be primarily delivered through partnerships between health advocates and service personnel within communities. In the communities partnerships are envisioned among Chief and Council, Community Health Nurses, Community Health Representatives, Community Health Boards, Principals and teachers, Parent & School Boards/Committees, Youth workers, Addictions workers, and community police. Essential to this community-based delivery are supportive partnerships between FNIHB staff and regional First Nations and Inuit organizations and associations.

4.1 - Building a Foundation

The FNITCS program development process will begin with a Foundation-Building Period, including a Start-Up. In the Start-UP, planning and administrative and human resource development activities will be undertaken to establish the overall program foundation. The foundation will be built by conceptualizing the Strategy in a formal Program Framework document and through capacity development, engagement of leadership in tobacco control, the development of national, regional and local education and awareness tools and evaluation of current best practices to inform community-based programming.

The specific time frame for the foundation building will occur in the first year and a half of the program. The scheduled roll-out of the program is expected to be in the first year. However, time lines demarcating the development sequence for the foundation-building period cannot be "written in stone." First Nations and Inuit organizations and communities must collaborate in the development and delivery of the strategy and they will do so at their own pace. In addition, program development must accommodate the prior workload commitments and priorities of FNIHB Regions.

4.2 - The Start-up - "Framing-In" Phase

Key activities in the *Framing-In Phase* include the hiring of ***staff at the national level*** and the establishment of a ***National Advisory Circle*** to advise them. The Regional FNIHB staff will establish Regional First Nations and Inuit Advisory Circles to ensure that there is support provided to community-based initiatives.

The start-up period will

- Production of a ***Project Submission Guide***
- Regional ***Environmental Scans***,

- Initiation of work on ***Regional Tobacco Control Plans***,
- Call for proposals and evaluation designs for ***Demonstration Projects***
- ***Special Youth Consultations*** and, potentially, support for special projects proposed by youth.
- **Demonstration projects** designed to contribute to the base of knowledge regarding *best practices*, which are effective, cost-efficient with culturally- and socially-sensitive approaches to non-traditional tobacco control in First Nations and tobacco misuse in Inuit communities.
- ***Report on Best Practices*** As an interim knowledge-building endeavor, a will be commissioned during the start-up phase for use by communities when selecting local tobacco control methodologies.

In the first phase of implementation (Phase 1), First Nations and Inuit Health Branch (FNIHB) will be responsible for facilitating and assisting with the establishment of regional FNITCS project priorities and the preparation of work plans.

Each of the eight (8) FNIHB Regions will secure funding for and hire an ***FNITCS Program Consultant*** to assist with program start-up, to provide support to project sponsors during the proposal development stage, and to provide ongoing support, as jointly prescribed by FNIHB Regional management, the requirements of communities and the priorities established in regional plans for ongoing support.

A ***National Training Coordinator*** will also be hired during the Start-up Phase.

4.3 - Phase 1: The 'Framing-in' Phase of Program Foundation-Building

In the **Framing-in Phase (Phase 1)** of program foundation building, many of the activities initiated during the initial start-up phase will be completed or made operational. For more detailed Human Resources requirements see APPENDIX 4.

Phase 1 will be comprised of the following activities:

- ***Appointment of FNITCS Program Facilitators*** (Champions for the program) to work with Regional (Tobacco Control) Advisory Circles and provide support for communities in facilitating training and developing proposals and community tobacco control strategies.

- **Selections and Initiation of *Demonstration Projects*** with the dual aim of providing a service and evaluating and demonstrating the effectiveness of various tobacco control strategies.

- ***Selection of the National Training Coordinator and a National Training Team***

- ***Hiring and Training of Regional Facilitators/Trainers*** and preparation of awareness and education materials will begin during the start-up phase and extend well into Phase 1.

Also during Phase 1, ***Regional Tobacco Control Plans*** will be completed by Regional FNIHB staff , assisted by and the Regional Advisory Circles using Environmental Scans and Feedback from the Regional Information and Feedback processes.

Phase 1 will see an invitation to communities to submit ***community tobacco control proposals*** for the funding of community-based projects intended to create awareness and to influence positive changes in the tobacco-related behavior of individuals, families, leaders, service personnel, administrations and vendors. Potential sponsors will include communities acting independently or in conjunction with other communities through a newly established affiliation or through an appropriate, existing service organization serving a plurality of communities.

Finally, Phase 1 will see the ***completion of a Comprehensive FNITCS Evaluation Plan***.

4.4 - Phase 2: The Community Engagement Phase

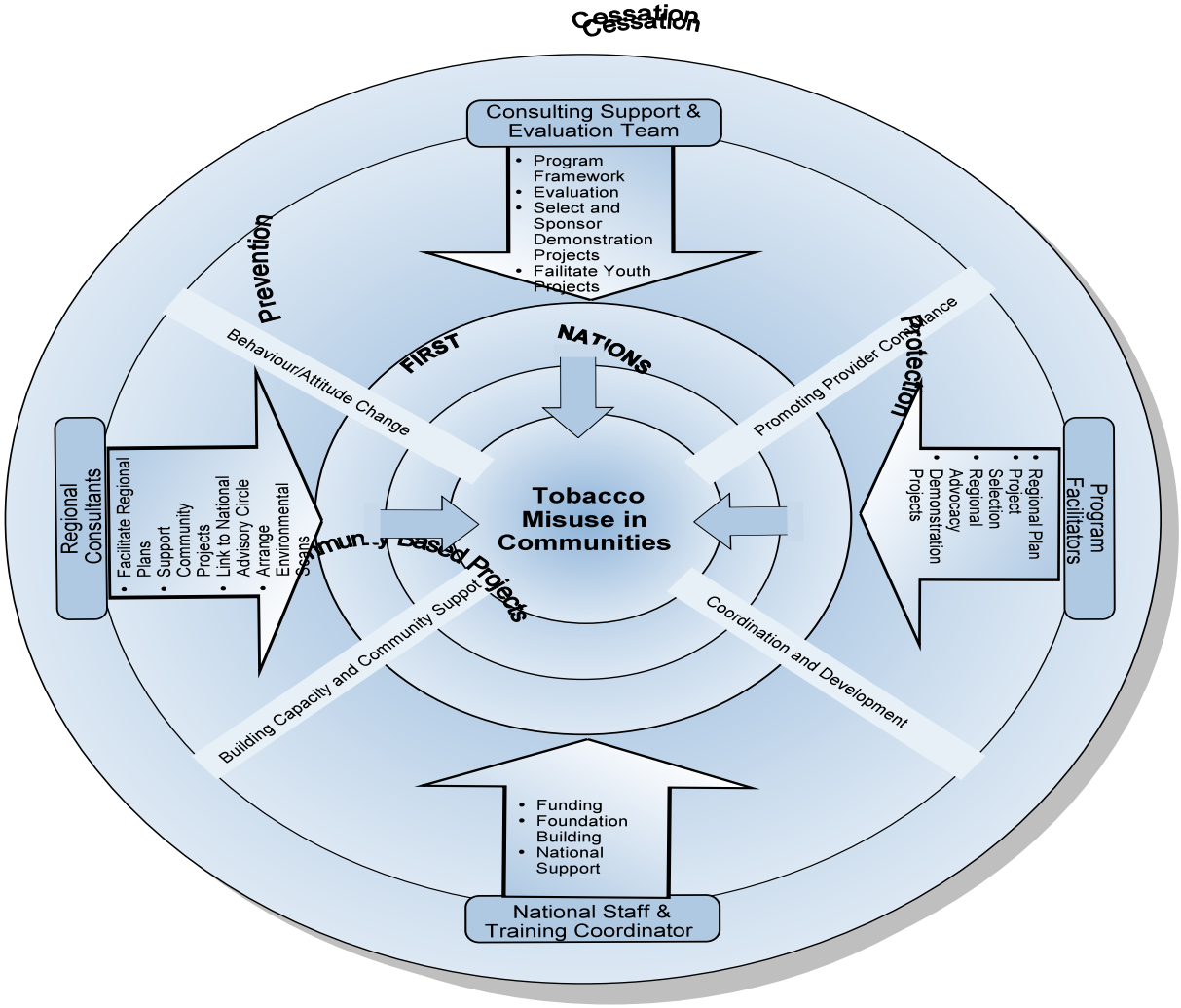
In the **Community Engagement Phase (*Phase* 2),** tobacco control projects will be implemented, supported, and evaluated. These will be projects that have been selected in the regions through decision-making processes jointly determined by FNIHB and the First Nations or Inuit organization.

Phase 2 is expected to be ongoing but the status of the FNITCS funding and the substance of the Strategy will be subject to review upon the completion of the comprehensive, 5-year evaluation.

Phase 2 will also see the ***Demonstration Projects*** underway that are intended to exemplify appropriate project designs and demonstrate evidence-based best practices of specific prevention or intervention approaches.

While some of the activities that began in Phase 1, such as the demonstration projects, may continue over the first 5 years of the program, the focus of the second phase will move from foundation-building to developing prevention and intervention approaches to community-based project operations. Phase 2 will emphasize support for proposal-driven projects that reflect local cultural distinctions and social realities and meet local and regional priorities for specific types of tobacco control activities. Strategic priorities for each FNIHB Health Region will be determined in advance of project submissions. The projects will also be expected to achieve national program goals and they will therefore be required to meet certain baseline criteria established by a national Advisory Circle to the FNITCS.

Figure 1
Schematic Overview of the First Nations and Inuit Tobacco Control Strategy



5. Funding

The funding for the FNITCS is to be expended strategically, with a keen eye fixed on potential impact, service quality, and sustainability. National program criteria have been selected to support health promotion projects that will maximize the sustained effectiveness of invested project funding and human resource allocations. To be successful, a project submission will have to meet specific criteria, including quality assurance requirements.

Funding allocated by Treasury Board to the First Nations and Inuit Tobacco Control Strategy is $50 million over 5 years, which is expected to be followed by an initially committed, on-going, annual allocation of $10 million in Year 2 & 3 and $12 million for Year 4 & 5. In keeping with the principle that new programming should not only provide a service but should engage a process that strengthens the knowledge base and human resources in First Nations and Inuit communities contributing to evidence based best practices, all years of program funding will emphasize capacity-building.

Based on feedback from the Advisory Circle consultation and Regional FNIHB staff, the factors considered in the funding formula to allocate resources out to regions were:

- First Nations on-reserve and Inuit population;
- remoteness of communities; and
- capacity within the community/region to deliver services

A **National FNITCS Control Advisory fund allocation** will also be established, to be expended under the guidance of the National (FNITCS) Advisory Circle. The fund will enable the Circle to meet, participate in teleconference calls, to contract consultants, and to propose and give special guidance to the evaluation and demonstration project elements of the program, as well as to assist in selecting special youth projects.

6. Program Implementation

This section frames the practical side of the program. It will describe how and what existing, evidence-based, best prevention and intervention practices will be referenced and how new, culturally appropriate practices will demonstrated and integrated into future programming. It will also identify and describe the functions of key players, describe the methods encouraged in delivery, the program implementation principles, the expected characteristics of the demonstration and community-based projects, an the key elements of program development and delivery. Finally, it will briefly describe how an evaluation process will be established.

6.1 Primary Program Delivery Methods

The principal methods that the FNITC Strategy will encourage to foster and enable the realization of the stated outcomes include activities in the following areas:

- ❑ activities that ***influence behavior and attitudes***—whether directly as an activity or set of activities dedicated solely to tobacco control or as part of a more multi-dimensional healthy lifestyle program that engages the time, energy and use of physical space in ways that promote health and divert adults and youth from smoke and smokeless tobacco use;

- ❑ activities which ***build capacity*****,** such as developing and distributing culturally appropriate community tobacco control strategies with curriculum guides, information packages and "training-the-trainers" and "training-the-counselors" who will provide prevention and cessation programs within communities and ***facilitate community support***;

- ❑ activities which ***ensure provider compliance***; such as education programs for vendors inside and near First Nations and Inuit communities or enforced community bylaws regulating the sales and promotion of commercial tobacco products;

- ❑ activities which involve ***coordination and development,*** such as curriculum development, preparation of training-the-trainer sessions, the coordination and hosting of seminars of several communities or regional or age group-specific conferences and which attempt to engage ***community support*** for the tobacco control strategies. Examples of community support activities include leadership consultations and seminars and the formation of local tobacco control advocacy and education groups.

6.2 Advisory and Guidance Bodies

The program will be overseen by the following policy-making and monitoring groups, namely:

- FNIHB
- The FNITCS Advisory Circle
- Regional Advisory Circles
- Area and Local Coordinating and/or Advisory Groups, either mandated to existing community organizations or newly established bodies being struck when appropriate and at the discretion of project sponsors.

6.3 Development and Implementation Principles

Program principles that will guide the development and implementation of the FNITC Strategy include the following:

1. Staged Program Development

The FNITCS program will develop in stages. It will begin by establishing a solid administrative and human resource foundation and strong support from community leadership. It will then advance through training and information processes, from the development of training packages, information and the supplementation of the existing resource base of educational materials, through training-the-trainers to the training of community health service staff and, ultimately, to direct service delivery.

2. Efficiencies and Economies should be Realized through Partnerships

The Strategy will be built on partnerships, within Health Canada, between FNIHB and the Regions, between the Regions and communities, and between health and education delivery systems within communities.. It is expected that, when appropriate and feasible, the Strategy will also be carried out in coordination with provincial and territorial governments and other First Nations and Inuit associations and organizations embarked on tobacco control strategies.

Through training-the-trainer sessions and prepared curriculum materials, all health service personnel, substance abuse and addictions staff, education personnel, Elders, youth groups and volunteers will be encouraged to work together in mounting and carrying out a strategy.

3. Emphasis on Capacity-building: A Process Grounded in Relationship-building and Trust

Greatest emphasis in the Strategy, especially during the start-up phase and Phase 1 and Phase 2, will be given to capacity building. Capacity-building should be realistic, with a view to sustaining of local capacities to deliver health promotion, prevention and cessation programming in communities for many years hence.

Capacity-building is a community development process as well as an information and training process. At the core of this process is *relationship building* and *trust* and these emphases should be reflected in the types of written materials, training curriculum and training strategies that are supported.

Community health, human service, and education workers are the primary targets of the capacity-building process, including Community Health Representatives (CHRs), substance abuse and addictions workers funded by the National Native Alcohol and Drug Abuse Program (NNADAP), Youth Workers and CHNs (i.e., Community Health Nurses), social development workers, guidance counselors and teachers.

To ensure that capacity vacuums are not created by the turnover of knowledgeable community health staff, special efforts will be made to make the training of community personnel inclusive of *all* interested community services staff, as well as any individuals interested in gaining knowledge and training skills.

4. Community-based Project Initiatives will reflect Local Needs, National Guidelines and Regional Planning Priorities, while Meeting Quality Assurance Standards

While local proposal development will be the core of the strategy and those proposals will reflect local ideas, local needs and local creativity, these community-based projects are also part of a strategy based on a program framework that is built upon specific principles and guidelines determined at the national and regional levels. The program is also accountable as a strategic, public investment in health promotion and the quality of the projects, as determined by contemporary administrative standards and "best practices" in tobacco control strategies, is also vital to the effectiveness of the FNITCS. Therefore, in addition to reflecting locally-tailored project designs that respond to locally-determined needs, eligibility for community-based, tobacco control project funding will also be determined by the "fit" of the project with (1) the requirements set in national guidelines (2) regional planning priorities; and (3) principles of merit indicated by the quality assurance standards reflected in the proposal and its supporting documentation.

5. The National Dimension of the Program Partnership is Essential

The FNITCS is a national program and it is therefore conceptualized in a strategic framework. That framework establishes certain common elements for all regional and community-based dimensions of programming. These common elements are set out in this Program Framework and they include the following:

- a VISION statement

- a MISSION statement

- IMPLEMENTATION GOALS

- OBJECTIVES

- Expected IMPACT GOALS.

In addition, the FNITCS is supported by the guidance of a National Advisory Circle which will engage in various advisory, planning and evaluation activities.

6. Emphasis on Regional Planning that is based on Collaboration with Communities

While the national dimension is critical to the mounting of a comprehensive tobacco control strategy, the regional partners are also key to its efficiency and effectiveness. With the exception of initial program development, national administrative support and a set of overseeing and evaluative responsibilities, regional priorities and projects will be selected through regional decision-making processes. In turn, the regional planning process will be built on a collaboration with First Nations and communities.

7. Project Funding will be Proposal-driven

In keeping with the principal that community interest and community initiative must be honored and rewarded, projects will be proposal driven. Experience of the past would indicate that the success of a community-based project supported by national funding depends at least in part on the community's initial investment of time and thought in advance of start-up. Extensive consultations, a clear consensus and a strong commitment to a new program initiative are important to the launching of successful project and program initiatives. For this reason, the community-based dimension of the program is *proposal-driven*.

8. Contemporary Health Promotion Approaches will be Utilized

Health promotion approaches that have been evaluated as appropriate and effective in a current context will be utilized. The full range of health risks and costs associated with smoking and smokeless tobacco must be presented with candor and clarity rather than being exaggerated or diminished in order to cater to local pro-tobacco sentiments.

In message diffusion, attempts to influence behavioural change should emphasize the positive rather than the negative: The Strategy should build on strengths rather than weaknesses. The "tone" of educational and information-sharing materials should be positive, candid and assertive rather than righteous, condemning and judgmental.

6.4 Implementation Goals

While evidence of the effectiveness of tobacco strategies within First Nations and Inuit communities is lacking, creating evidence-based best practices in tobacco control activities and achieving the following goals would have a significant impact on reducing risks, eliminating illness and saving and prolonging many lives:

Establishing a Strong Foundation

1. After Phase 1, the FNITCS program will be established, with staff in place nationally and in the regions, with a Program Framework prepared, with demonstration projects, including projects focused on youth, underway, and with regional tobacco control plans and project priorities established

Facilitating Leadership Support

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

Collaborative Strategy-Building and Program Development

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

Common Program Elements in Distinctive Regional Strategies

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

Comprehensive Evaluation to Gain Knowledge of Effective Practices

5. All national and 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. The plan will be established by the end of Year 1 A *Summary Evaluation Report* on the strategy and program implementation will be submitted by the end of Year 5.

6.5 Program Implementation in Sequence

The outline below briefly describes the program delivery model for the First Nations and Inuit Tobacco Control Strategy.

It should be emphasized that the foundation of the entire FNITC Strategy is built on the establishment within First Nations and Inuit communities and their representative, regional organizations and associations, a *sustainable capacity* to implement an effective tobacco misuse prevention and cessation strategy. This emphasis will be reflected in the proportion of overall funding dedicated to capacity-building, as well as in the criteria and priorities given to project selection.

6.5.1 - Building a Program Foundation: Start-up Phase (Year 1 - 2001/2002)

- After the selection of national program staff, a series of other events will occur to set the stage for program implementation. These include:
- Providing staff positions (Tobacco Control Consultants) for all FNIHB Health Regions, with special accommodations potentially being made for the unique geographic/organizational circumstances of the Inuit
- Providing funding for First Nations and Inuit "Tobacco Control Facilitators"
- Establishment of Regional Work Plan Guidelines
- Providing funding for and initiating and beginning to facilitate discussions about the Program Framework in each region
- Beginning the preparation of Regional Work Plans and project priorities
- Consulting with regional First Nations and Inuit partners regarding the Program Framework
- Providing financial support for youth conferences that will be utilized as a consultation on potentially effective tobacco prevention and cessation strategies among First Nations and Inuit communities.
- Providing funding for each region to conduct an Environmental Scan
- Creating culturally adapted curriculum and information packages describing the health effects of smoking and smokeless tobacco
- Preparing a report on "best practices" that address each of the following: (a) community prevention programming (b) cessation programming ©) protection programming
- An FNITCS Training Group will be selected and will work together to organize the logistics of Training-the-Trainer workshops in all FNIHB Health Regions
- Finalization and translation of the Program Framework.

6.5.2 - Phase 1 of the Building the Foundation: 'Framing-in' (Years 2002-2003)

Several activities will occur during the first phase of implementation.

- A culturally-sensitive, training-the-trainers curricula will be completed, including prevention, cessation protection and harm reduction methodologies. Separate Inuit curriculum previously developed or newly prepared may be utilized for Inuit training.
- At the discretion of Regional Advisory Circle, Regional Training Groups may be trained or self-organized in the presentation process developed for the Prevention and Cessation Curricula.
- Considerable effort will be made to engage the support of leaders and Elders as policy-makers and as exemplars of tobacco control practices.
- Resource packages containing information and education and training tools will be prepared and distributed through the regional tobacco control Facilitators to all reserves and Inuit communities.
- The Clearing House of the Canadian Council on Tobacco Control in Ottawa will be approached to make available information and materials collected for and generated by the First Nations and Inuit Tobacco Control Strategy.
- FNIHB staff will liaise with Federal Tobacco Control Strategy communications and marketing staff in the Office of Marketing and Creative Services and the Office of Mass Media to on the communication of appropriate, First Nations and Inuit-oriented tobacco control messages.
- During Phase 1, *Demonstration Projects* will be initiated that will provide a service over a period of up to 5 years, as well as evaluating and demonstrating one or more potential evidence-based best project methodologies. Eligible projects will meet the following criteria:
- They will respond to either (a) regionally-identified priorities or (b) nationally-determined research needs (e.g., such as empirical research on the potential effectiveness of different kinds of youth programs)
- They will *demonstrate* some aspect of program delivery that could be borrowed widely by other First Nations and Inuit communities.
- They will meet FNITCS project guidelines, although some flexibility will be shown during Phase 1, given the more general scope of the projects.
- The Project Submission Guidebook will be completed and circulated to all communities, covered by a letter issuing a call for Demonstration Project proposals, as well as community-based project proposals.
- With assistance and guidance from FNIHB staff, the National Advisory Council and consulting resources supported by its development fund, FNIHB staff, and one or more specialized Youth Projects of a national, regional or local scale will be initiated.

6.5.3 - Implementation Phase 2: Community Engagement (Year 2003-Ongoing)

Phase 2 will build on the lessons learned in Phase 1; it will focus on community-based programming through the extension and expansion of the scope and reach of community-based prevention, education and smoking cessation projects in line with regional priorities and the National Program Framework.. Essentially, Phase 2 involves the ongoing project approval and delivery process, implemented through community, group service and regional Sponsors.

Projects must match proposed activities to measurable goals which are results-based and be prepared to undertake and participate in program evaluation.

- Demonstration projects and special youth projects will also be underway.
- Regional staff and FNITCS Facilitators will lend support to projects in an ongoing way.
- Regional Advisory Circles will meet at least once yearly to review priorities on Tobacco Control.

6.6 Project Submission and Approval Process

The proposal submission process will involve a call for proposals by the Regional FNIHB office to all potential sponsors who meet the criteria. Proposals and workplans should be developed according to a **Project Submission Guidebook,** and review and approval by a Regional decision-making mechanism that follows the established regional process and meets the FNITCS requirements.

6.7 Evaluation

Internal project evaluation will be built into the project design and implementation process, with the Project Submission Guide indicating the requirements for both process evaluation and summative evaluation. Baseline outcome measurements linked to project objectives will be required.

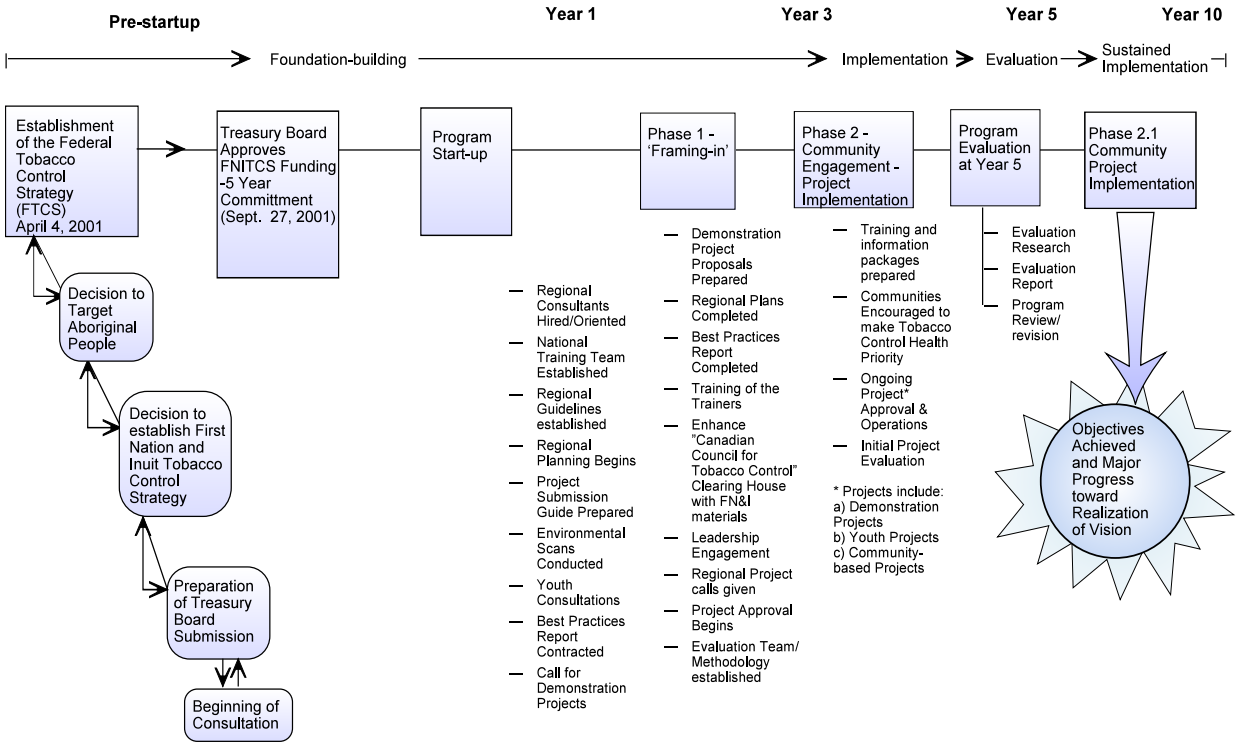
An independent Evaluation Team (a single consultant or a consulting firm) may be hired to assist regions with their efforts to **establish a regional data base on tobacco use patterns**. This will allow for progress bench marks to be utilized both regionally and nationally.

A community readiness profile with informants interview and a survey instrument to establish community baseline date will be made available to project sponsors.

The evaluation will also include a macroscopic assessment of program implementation. It is expected that a random selection of projects will be undertaken rather than full project coverage within the evaluation but all projects will be expected to gather data that can be utilized by the evaluators.

A flow diagram describing the development and substance of the program model is presented below (Fig-5

Figure 4
OUTLINE OF FNITCS PROGRAM MODEL
AND DEVELOPMENT FLOW



A final report will be submitted to Treasury Board at the conclusion of the FNITCS (2006), reporting on whether and how the program met its identified objectives, and accounting for all FNITCS funding.