

# STRENGTHENING CESSATION ACTIVITIES IN NUNAVUT

2015



Government of Nunavut  
Department of Health



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# Introduction

Developed in 2011, the Tobacco Reduction Framework for Action is a comprehensive tobacco strategy that guides the tobacco reduction efforts within Nunavut. In 2015, the Government of Nunavut Department of Health, together with the support of Health Canada's First Nations and Inuit Health Branch, committed to the strengthening tobacco cessation activities within the Tobacco Reduction Framework for Action. The Framework highlighted:

**As more Nunavummiut are encouraged to quit smoking, the Department of Health and Social Services will continue to work together with Federal and community partners to ensure effective cessation supports are in place that will help to improve their success. This will include building capacity among health care professionals in communities to integrate smoking cessation best practices into their daily patient interactions.**

This plan for Strengthening Tobacco Cessation Activities in Nunavut is based on the synthesis of a literature review, key informant interviews and extensive community consultation in nine communities that occurred between April and August 2015.

The Tobacco Cessation Program and its five priority action areas describe collaborative action that is needed to help Nunavummiut take steps on the journey towards quitting smoking by March 2017.

## **Nunavut Tobacco Cessation Goal**

The Nunavut Tobacco Cessation goal is to improve the health of Nunavummiut by reducing the harm caused by tobacco.

**Target: Reduce the number of Nunavummiut who smoke by 1000 via targeted activities with youth, young adults and pregnant women.**

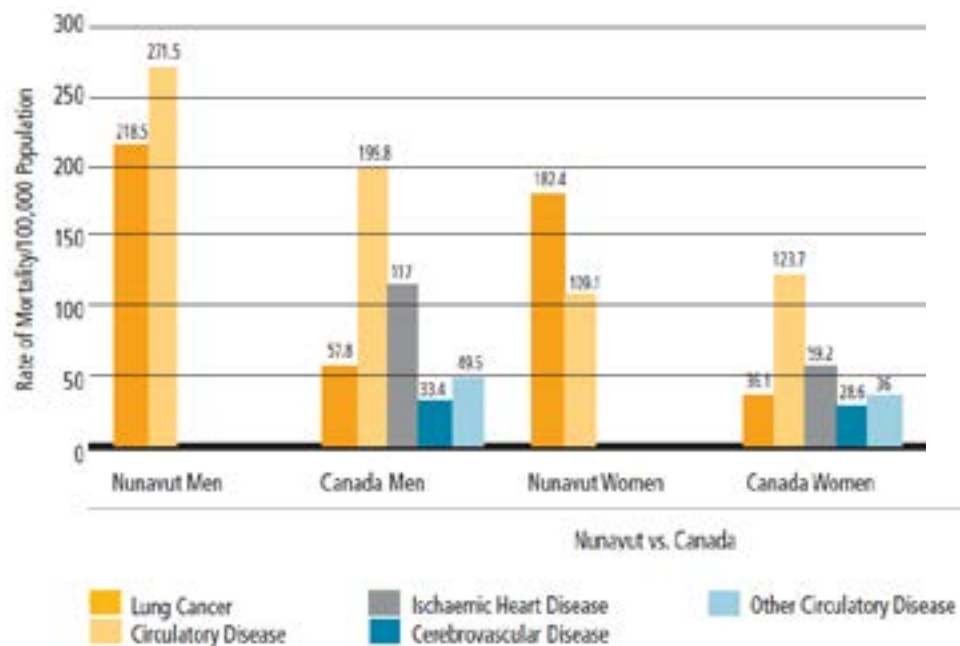
# The Tobacco Challenge in Nunavut

## Tobacco and Health in Nunavut

Inuit experience poorer health than other Canadians, with higher rates of youth suicide, chronic illness, food insecurity, infectious disease and addictions.<sup>1</sup>

Circulatory diseases, including heart problems and stroke are associated with heavy use of tobacco in Nunavut. The incidence rates for lung cancer and chronic obstructive pulmonary disease among Nunavummiut are at least three times the rate reported for the rest of Canada.<sup>2</sup> Tobacco use in pregnant women can affect their babies' health. Nunavut has the highest incidence of low birth weight and highest rate of premature births in Canada, and smoking is a contributing factor to both. For Inuit children, second-hand smoke exposure is related to chronic ear infections, lower respiratory tract infections, and sudden infant death syndrome.<sup>2</sup>

Nunavut territory spans over 2.2 million square kilometers, with its 35,000 residents living in 25 communities. Given how remotely located the population is in Nunavut and the limited primary health care available, the government has recognized the need to partner with, and provide training to all health care providers and community members who are poised to support tobacco cessation interventions.



1 Nelson C. Smoking behaviours among pregnant women in the Baffin Region of Nunavut. 2012.

2 Department of Health and Social Services. Nunavut Tobacco Reduction Framework for Action. Iqaluit; 2011.

## Smoking Rates in Nunavut

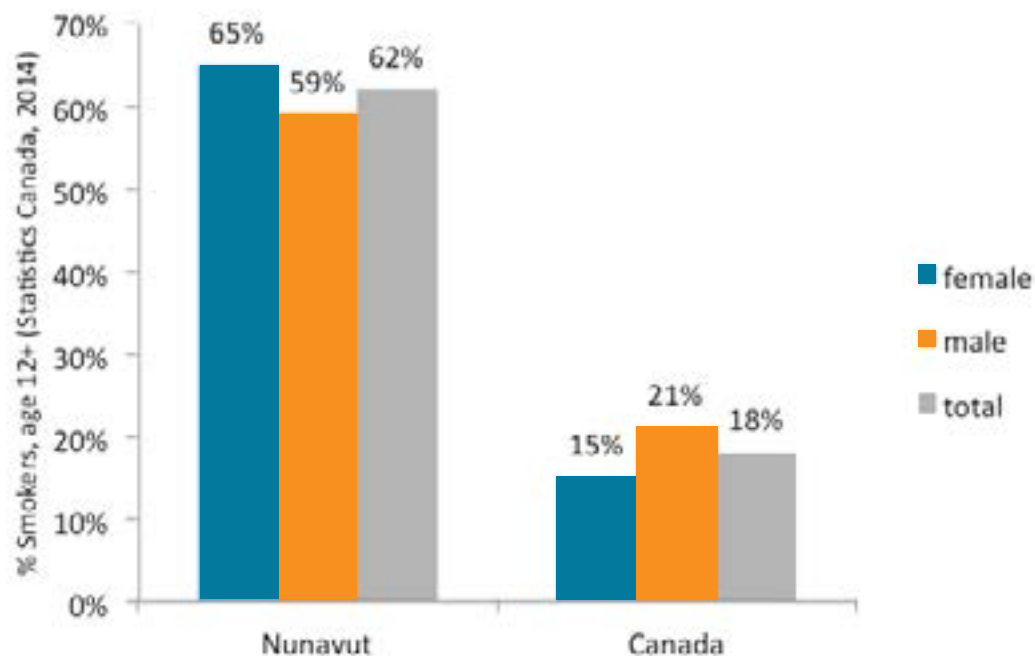
With 62% of Nunavummiut smoking cigarettes, Nunavut has the highest smoking rates in Canada.<sup>3</sup>

## Youth and Young Adults

Just over half of 12 to 17 year olds in Nunavut are smokers, compared to 10% for Canada.<sup>4</sup> More girls [65%] than boys [40%] smoke daily or occasionally in Nunavut.<sup>5</sup> Although prevalence rates are not available, anecdotal evidence has shown that the use of chewing tobacco [snuff] is high within certain regions of Nunavut. While smoking rates for young adults [18-35 years] in Nunavut are not available, observations of the young adult population in Nunavut indicate a continuation of the high smoking rates observed in youth.

## Pregnant Women

60 to 80% of pregnant women in Nunavut smoke, a rate that is at least four times higher than anywhere else in Canada.<sup>6</sup> Nunavut also has the highest proportion of mothers under the age of 25 in Canada,<sup>7</sup> which may account partly for the high smoking rate in pregnant Nunavummiut, as young women tend to smoke more than older women.



3 Statistics Canada, Canadian Community Health Survey data 2014. Available from: <http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/health74b-eng.htm>

4 Shields M. Youth Smoking. 2005. Available from: <http://www.statcan.gc.ca/pub/82-003-x/2004003/article/7840-eng.pdf>

5 Statistics Canada. Current daily or occasional smokers among children and youth, by province and territory, 2007 to 2010. 2010. Available from: <http://www.statcan.gc.ca/pub/11-402-x/2012000/chap/c-e/tbl/tbl09-eng.htm>

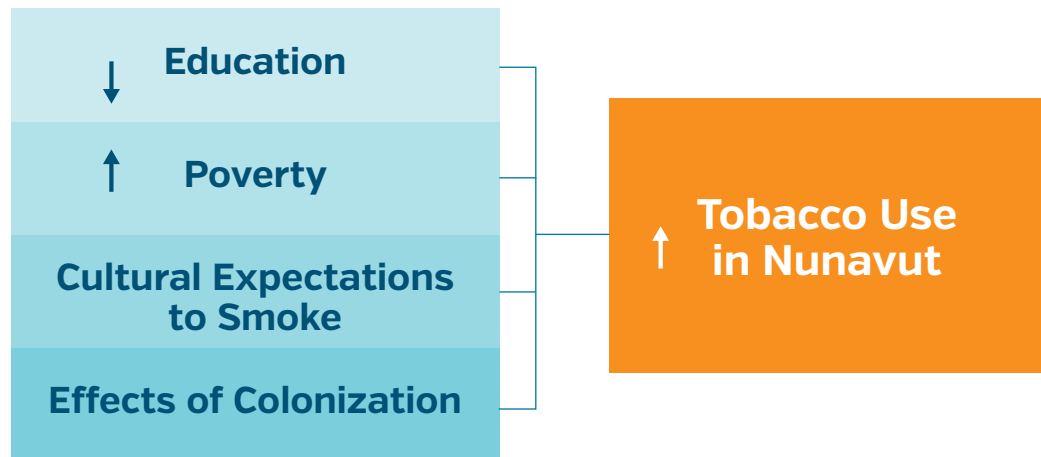
6 Department of Health and Social Services. Nunavut Tobacco Reduction Framework for Action. Iqaluit; 2011.

7 Public Health Agency of Canada. Canadian Perinatal Health Report - 2008 edition. 2008 Nov. Available from: <http://www.phac-aspc.gc.ca/publicat/2008/cphr-rspc/index-eng.php>

## Factors Influencing Tobacco Use in Nunavut

The contextual factors related to smoking – including poverty, income, education, the expectation to smoke within a culture and the continued effects of colonization – are essential considerations in strengthening tobacco cessation in Nunavut.<sup>8, 9, 10, 11</sup>

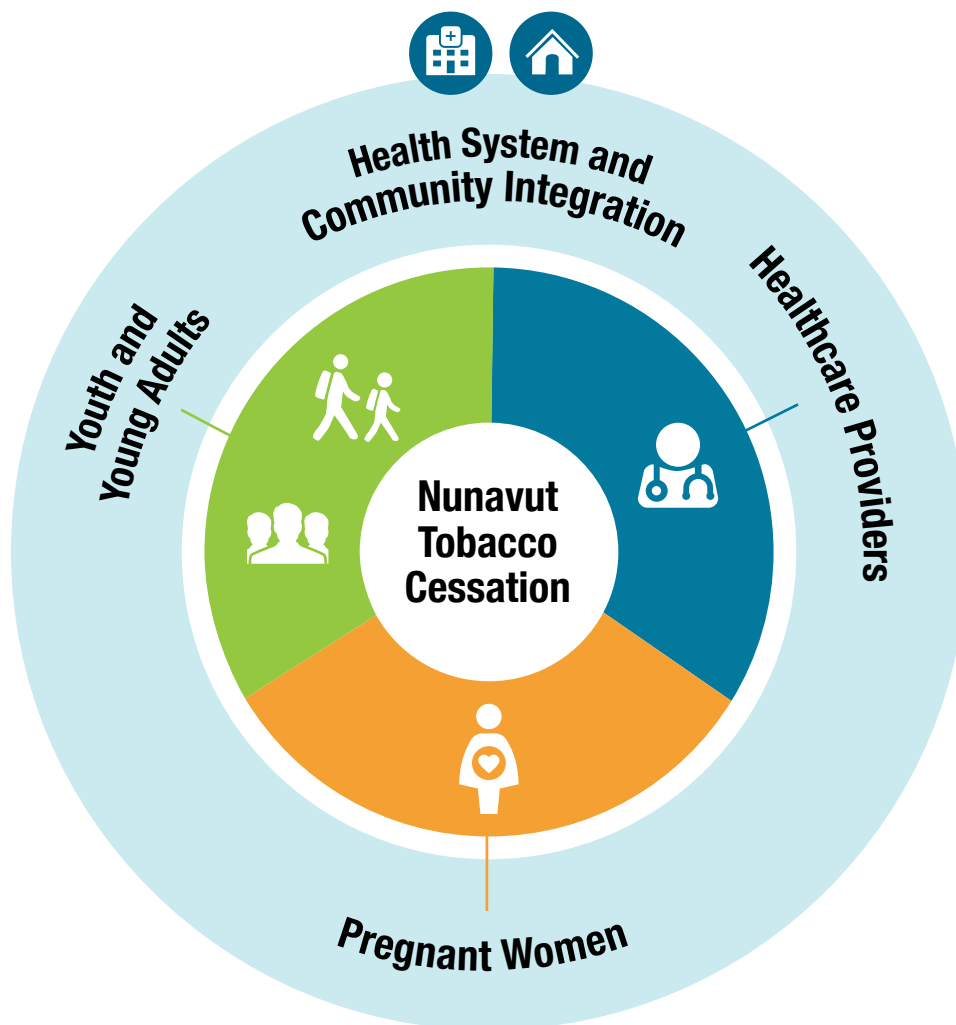
In Nunavut, there is a general expectation of many to use tobacco, and a culture of tobacco use that involves socializing and sharing which makes smoking (and use of chew tobacco in many communities) commonplace and even comfortable. Although many Inuit understand the risks of tobacco use, the very real challenges to quitting – including the stress of poverty, poor housing, and unemployment – serve to continue the tobacco cycle in Nunavut.



- 8 Passey ME, Gale JT, Sanson-Fisher RW. "It's almost expected": Rural Australian Aboriginal women's reflections on smoking initiation and maintenance: A qualitative study. *BMC Womens Health*. 2011 Jan;11:55.
- 9 Lemstra M, Mackenbach J, Neudorf C, Nannapaneni U, Kunst A. Daily smoking in Saskatoon: The independent effect of income and cultural status. *Can J Public Health*. 100(1):51-4.
- 10 Wagenknecht LE, Perkins LL, Cutter GR, Sidney S, Burke GL, Manolio TA, et al. Cigarette smoking behavior is strongly related to educational status: The CARDIA study. *Prev Med [Baltim]*. 1990 Mar;19(2):158-69.
- 11 Statistics Canada. Inuit in Canada: Selected findings of the 2006 Census. [www.statcan.gc.ca/pub/11-008-x/2008002/article/10712-eng.htm](http://www.statcan.gc.ca/pub/11-008-x/2008002/article/10712-eng.htm)

# Tobacco Cessation Priorities

Given the significant tobacco challenge in Nunavut, and the association with high smoking rates in specific populations, the GN has placed priority on intervening where the need is greatest, and where there is the best opportunity to change the culture of smoking. Pregnant smokers, youth and young adult smokers, and their health care providers and community health representatives are important focus populations for strengthened tobacco cessation activities.





# Strengths and Assets

There is a commitment by the Department of Health to invest in tobacco cessation as a component of the comprehensive tobacco strategy. The accomplishments during the early stages of implementation are a considerable asset to strengthening tobacco cessation activities. The activities have focused on increasing community awareness and targeting youth and schools, largely under the banner of “Tobacco Has No Place Here” [THNPH], a broad-based tobacco education and awareness initiative.

There has been significant public engagement through THNPH, which serves as a foundation to build on for the strengthening of tobacco cessation. Already, and likely attributable to policy and attitude shifts related to the Blue Light Campaign, more Nunavummiut are going outdoors to smoke. The evaluation of the Blue Light Campaign showed that after the campaign, 16% more participating households had restrictions around smoking, as compared to before the campaign.<sup>12</sup>

Another significant milestone was the Government of Nunavut’s action to increase taxes on tobacco products in 2012, with revenues committed to tobacco reduction efforts. Further, the “Time to Quit Challenge”, which ran in 2014 and 2015, attracted 1132 and 1090 “quitters and quit buddies” in 2014 and 2015, respectively.

There are some resources available to help Nunavummiut quit smoking, including professional Quit Coaches available through a 24/7 telephone Quitline, a Facebook page affiliated with the THNPH campaign, and live chat and email on the [www.nuquits.ca](http://www.nuquits.ca) site. Smoking cessation medications are available (although not perfectly accessible) to all Nunavut Land Claims Beneficiaries through the Non-Insured Health Benefits (NIHB) program. Further, unique cessation resources in Nunavut are the Elders who have quit smoking and give their time in speaking out about the harms of tobacco addiction.

Of benefit to the Tobacco Cessation Program are the ways of thinking embedded within Inuit Quajimajatuqangit [IQ] – Indigenous knowledge of the Inuit. The Nunavut Elders are committed to teaching about IQ, and it is finding its way into the school curriculum as well. IQ works to guide health and wellness, and supports tobacco cessation through its four big laws: working for the common good; respecting all living things; maintaining harmony and balance; continually planning and preparing for the future.

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<sup>12</sup> Blue Light Campaign Data Comparison 2011. Inuit Tapiriit Kanatami. Available here: <http://www.inuitknowledge.ca/content/blue-light-campaign-results-nunavut>

# A Made in Nunavut Approach

This program will engage ten diverse pilot communities to bring together a variety of perspectives in the planning and implementation of tobacco cessation solutions within a tailored, “made in Nunavut” approach. Pilot communities include Cambridge Bay, Gjoa Haven, Baker Lake, Arviat, Chesterfield Inlet, Iqaluit, Pangnirtung, Clyde River, Taloyoak, and Artic Bay. To reach the tobacco cessation goal of 1000 quitters, the pilots include large and small communities, with a range of tobacco cessation needs and opportunities. Piloting various community-selected tobacco cessation approaches will afford the opportunity to develop, evaluate and refine solutions, so that they may later be offered to other communities in Nunavut.

This program will evolve in each pilot community, where planning and development will take place with the Wellness Committees, Community Health Centres, Schools and Youth Centres. Tobacco cessation and improved health and wellness are collective responsibilities for all in Nunavut.

The program also aims to improve health care providers’ ability to provide tobacco cessation advice and referrals, and improve the availability of cessation supports, to increase access to tobacco cessation services for everyone.

## Guiding Principles

- + Nunavummiut will be critical participants in the design, development and implementation of tobacco cessation interventions.
- + Tobacco cessation program development and implementation will be guided by Inuit societal values.
- + Tobacco cessation in Nunavut will require creative solutions in which a wide range of partners, organizations and communities work together.
- + Approaches to tobacco cessation in Nunavut will be lasting, develop skills, and will look to build on existing programs and initiatives.
- + Tobacco cessation solutions will require a balance of new ideas and resourcefulness.
- + Tobacco cessation services must be relevant and accessible for everyone.
- + The tobacco cessation program will involve developing services and supports for all forms of tobacco products (including cigarettes and chew or snuff).
- + The history and culture of tobacco use should inform all tobacco cessation approaches.

# Target and Objectives

Reduce the number of Nunavummiut who smoke by 1000 via targeted activities with youth, young adults and pregnant women.

Priority Areas	Objectives
<b>Tobacco Cessation Integration Into Health System</b>	<ul style="list-style-type: none"> <li>+ To integrate tobacco cessation into the Nunavut health system, so that all Nunavummiut who smoke have access to cessation support.</li> <li>+ To empower Health Care Practitioners (HCP) to help smokers quit.</li> </ul>
<b>Cessation Medication Use</b>	<ul style="list-style-type: none"> <li>+ To improve the access to cessation medications.</li> <li>+ To increase the number of Nunavummiut smokers using cessation medications to help them quit.</li> </ul>
<b>Tobacco Cessation for Youth and Young Adults</b>	<ul style="list-style-type: none"> <li>+ To engage tobacco users in quitting.</li> <li>+ To increase access to tobacco cessation services for youth and young adults.</li> <li>+ To establish a system of community-focused cessation support for youth and young adults.</li> </ul>
<b>Tobacco Cessation for Pregnant Women</b>	<ul style="list-style-type: none"> <li>+ To engage tobacco users in quitting.</li> <li>+ To increase access to tobacco cessation services for pregnant women.</li> <li>+ To establish a system of community-focused cessation support for pregnant women.</li> </ul>
<b>Mass Media to Inspire Quitting*</b> [*a separate but complementary strategy]	<ul style="list-style-type: none"> <li>+ To utilize mass media to inspire youth, young adult and pregnant smokers to quit.</li> <li>+ To improve awareness of tobacco cessation services and resources.</li> </ul>

# Tobacco Cessation Logic Model

Priority Areas	Actions	Outcomes
<b>Health System</b>	System of training for health care practitioners (HCPs). Quitline improvements.	<ul style="list-style-type: none"> <li>+ Increased access to cessation support for Nunavummiut smokers.</li> <li>+ Increased confidence in and knowledge of tobacco cessation for HCPs.</li> <li>+ Increased number of brief interventions by HCPs.</li> <li>+ Increased number of calls and fax referrals to the NU Quitline.</li> <li>+ Increased numbers of Nunavummiut smokers who use the Quitline.</li> </ul>
<b>Medication Use</b>	Develop model, training, resources for increasing availability/use of medications.	<ul style="list-style-type: none"> <li>+ Increased numbers of Nunavummiut smokers using NRT/cessation medications.</li> <li>+ Increased number of quit attempts.</li> <li>+ Increased numbers of Nunavummiut who quit.</li> </ul>
<b>Youth and Young Adults</b>	Strengthen existing partnerships and programs, for collaborative development of new and needed cessation supports.	<ul style="list-style-type: none"> <li>+ Increased utilization of existing partnerships and programs for tobacco cessation support.</li> <li>+ Strengthened and new partnerships developed. Increased utilization of tobacco cessation services for youth and young adult smokers.</li> <li>+ Increased numbers of youth and young adults who have made quit attempts, reduced smoking or are tobacco-free.</li> </ul>
<b>Pregnant Women</b>	Strengthen existing partnerships and programs, for collaborative development of new and needed cessation supports.	<ul style="list-style-type: none"> <li>+ Increased utilization of existing partnerships and programs for tobacco cessation support.</li> <li>+ Strengthened and new partnerships developed</li> <li>+ Increased utilization of tobacco cessation services for pregnant smokers.</li> <li>+ Increased numbers of pregnant women who have made quit attempts, reduced smoking, or are tobacco-free.</li> </ul>

# Priority Area 1: Health System

## Tobacco Cessation Integration Into Health System



### Vision

All Nunavummiut who smoke have access to, and routinely receive, cessation support through confident and knowledgeable health care providers in their communities, health centres, hospitals and via the Quitline.

### Rationale

Tobacco cessation is not routinely addressed within the health care system in Nunavut, where there is low capacity to intervene consistently with patients. Health care providers – including both health professionals and community health workers - require a culturally relevant system of training to improve their confidence and knowledge to intervene on tobacco, and specifically with youth, young adults and pregnant women. Many factors, including a preference for text, email and Facebook, as well as hesitation towards phoning a non-local, non-Inuk “Quit Coach”, limit the relevancy, accessibility, and use of the current Quitline. Modifications are required so that the Quitline can be a useful tool for tobacco cessation in Nunavut.

### Activities and Potential Partnerships

- + Develop and implement system of training and certification for all health care providers in Nunavut that ensures cultural competency, routine identification of tobacco (including chew) use status, and specific training on working with youth, young adults and women who are pregnant.
- + Develop resources for health care providers to assist in discussing tobacco use with patients.
- + Improve the referral system to the Quitline to ensure that Health Centres, Hospital and Northern Stores can do fax and online Quitline referrals.
- + Enhance the Quitline to increase relevancy for Nunavummiut and opportunities for client feedback (i.e., include an Inuk Quit Coach, integrate better use of text messaging, email Facebook and radio, and include client satisfaction survey after each Quitline call).
- + Leverage and strengthen partnerships: maternal child programs (Canadian Prenatal Nutrition Program [CPNP], prenatal classes), mental health and addictions team, clinical educators, Northwest Company, Sykes, Arctic College.

# Priority Area 2:

## Cessation Medication

### Cessation Medication Use



#### Vision

All Nunavummiut who smoke have access to cessation medications to help them quit with knowledgeable support from their health care providers.

#### Rationale

Tobacco cessation medications, which make quitting easier and more successful, are inconsistently available to smokers in Nunavut. To compound this problem, the Nunavut health system is lacking a standard medications protocol for cessation medications, the accompanying training for health care providers, and cessation medications resources for patients. Further, a distribution protocol is needed to ensure that cessation medications get to remote communities and are associated with the Quitline.

#### Activities and Potential Partnerships

- + Develop and deliver a model and associated training plan (with standard medications protocol) for increasing the availability and use of medications in remote communities.
- + Develop patient resources for medications.
- + Enhance medications distribution protocols for Quitline.
- + Leverage and strengthen partnerships: Acute Care Services, Northwest Company, Sykes, clinical educators.

# Priority Area 3: Youth & Young Adults

## Tobacco Cessation for Youth and Young Adults



### Vision

All youth and young adult smokers in Nunavut have access to cessation supports in an integrated sense, through organizations, programs and settings with which they are already affiliated.

### Rationale

There is a gap in tobacco cessation services and supports at both the community level and within the health system for youth and young adult smokers in Nunavut. The actions within this priority area of the Tobacco Cessation Program address this gap through strengthening partnerships and existing programs and integrating tobacco cessation into services, supports and initiatives young people are already a part of. Tobacco cessation needs to be integrated for it to work in Nunavut.

### Activities and Potential Partnerships

Leverage and strengthen existing partnerships (e.g., Department of Environment, Mental Health Teams, Qaujigiartiit Health Research Centre [QHRC], Community Health and Wellness Committees, Department of Education, Arctic College), programs (e.g., youth centres and clubs, empowerment camps, code clubs, Breathing Space, Youth Action Teams), and initiatives (e.g., Community Clean Up) to collaboratively develop and implement complementary, relevant tobacco cessation activities and resources.

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Identify, develop and implement new and needed cessation services, activities, and community supports (e.g., cessation games, art- or sports-based cessation group, cost calculator for snuff, community radio coaching conversations, Quit Support Groups, Quit Coach podcasts, face-to-face delivery of brief tobacco intervention and Quit Kits).

# Priority Area 4:

## Pregnant Women

### Tobacco Cessation for Pregnant Women



#### Vision

All pregnant smokers in Nunavut have access to cessation supports in an integrated sense, through organizations, programs and settings with which they are already affiliated.

#### Rationale

There is a gap in tobacco cessation services and supports at both the community level and within the health system for pregnant smokers in Nunavut. Given the high rate of tobacco use by pregnant women in Nunavut, well-targeted and well-integrated cessation supports are critically needed. Similar to the approach with youth and young adults, the actions within this priority area the Tobacco Cessation Program seek to strengthen partnerships and existing programs, and integrate tobacco cessation into services and supports pregnant women are already using.

#### Activities and Potential Partnerships

Leverage and strengthen existing partnerships (e.g., Prenatal Health Teams, Mental Health and Addictions Teams, Community Health and Wellness Committees), programs (e.g., Prenatal Nutrition Programs, continuity of care between southern boarding homes and Nunavut), and initiatives to collaboratively develop and implement complementary, relevant tobacco cessation activities and resources.

Identify, develop and implement new and needed cessation services, activities, and community supports (e.g., enhanced service for pregnant women at boarding homes, resource on quitting smoking and wellness, a take-home Quit Kit, board game with integrated tobacco messaging, community radio coaching conversations, Quit Coach podcasts, face-to-face delivery of brief tobacco intervention and Quit Kits).



# Tobacco Cessation Timeline

	2015			2016												2017		
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Develop Training	+	+	+	+	+	+	+	+										
Implement training system for HCPs	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Quitline Improvements						+	+	+	+	+	+							
Develop medications model, training, resources				+	+													
Implement medication model and protocols						+	+	+	+									
Strengthen partnerships for youth and young adult programs				+	+	+	+	+	+									
Develop and implement programming for youth, young adults									+	+	+	+	+	+	+	+	+	+
Strengthen partnerships for pregnant women				+	+	+	+	+	+									
Develop and implement programming for pregnant women									+	+	+	+	+	+	+	+	+	+
Monitoring and evaluation				+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

# Tobacco Cessation Evaluation

**Goal:** The Nunavut Tobacco Cessation goal is to improve the health of Nunavummiut by reducing the harm caused by tobacco.

**Target:** Reduce the number of Nunavummiut who smoke by 1000 via targeted activities with youth, young adults and pregnant women.

Inputs	Activities	Outputs to Track (via project managers)
<ul style="list-style-type: none"> <li>+ Tobacco Reduction Framework for Action.</li> <li>+ Funding from FNIHB, HC.</li> <li>+ Funding from Government of Nunavut.</li> <li>+ Community Stakeholders.</li> <li>+ Materials and resources.</li> </ul>	<ul style="list-style-type: none"> <li>+ Develop and implement system of training for HCPs.</li> <li>+ Develop resources for health care providers to assist in discussing tobacco use with patients.</li> <li>+ Quitline improvements: improve referral system, increase relevancy and client feedback.</li> </ul>	<ul style="list-style-type: none"> <li>+ Multi-tiered system of training developed, and continuing education developed.</li> <li>+ # of training sessions, # of continuing education sessions delivered.</li> <li>+ # of HCPs trained.</li> <li>+ Supporting resources developed.</li> <li>+ # supporting resources distributed to whom.</li> <li>+ Improvements made to Quitline referral system.</li> <li>+ Changes made to Quitline to increase relevancy.</li> <li>+ Changes made to Quitline to increase opportunities for client feedback.</li> </ul>

Outcomes to Measure	Indicators	Methods
<ol style="list-style-type: none"> <li>1. Increased confidence in and knowledge of tobacco cessation for HCPs and health workers.</li> <li>2. Increased access to cessation support for Nunavummiut smokers.</li> <li>3. Increased number of brief interventions by health care providers.</li> <li>4. Increased number of calls and fax referrals to the NU Quitline.</li> <li>5. Increased numbers of Nunavummiut smokers who use the Quitline.</li> </ol>	<ol style="list-style-type: none"> <li>1. HCPs report increased confidence and knowledge following training.</li> <li>2. Smokers report increased access to cessation support.</li> <li>3. HCPs report # of patients offered and provided treatment, and offered and provided follow-up [# BIs delivered].</li> <li>4. Number of calls and fax referrals to NU Quitline</li> <li>5. Quitline use statistics.</li> </ol>	<ol style="list-style-type: none"> <li>1. Pre-post training survey and baseline data collection [brief survey] via October 2015 session for HCPs; follow-up October 2016.</li> <li>2. Lot Quality Assurance Sampling [LQAS] Survey.</li> <li>3. Brief survey [email weekly] monitoring technique via trained health providers. ICD code tracking [tobacco abuse counselling] from all health centres for one month each in 2015, 2016, 2017.</li> <li>4. Call and referral data from Quitline, usage statistics.</li> </ol>

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<ul style="list-style-type: none"> <li>+ Tobacco Reduction Framework for Action.</li> <li>+ Funding from FNIHB, HC.</li> <li>+ Funding from Government of Nunavut.</li> <li>+ Community Stakeholders.</li> <li>+ Materials and resources.</li> </ul>	<ul style="list-style-type: none"> <li>+ Develop and deliver a model and associated training plan (with standard medications protocol) for increasing the availability and use of medications in remote communities.</li> <li>+ Develop patient resources for medications.</li> <li>+ Enhance medications distribution protocols for Quitline.</li> </ul>	<ul style="list-style-type: none"> <li>+ Model, protocol and associated training developed.</li> <li>+ # of training sessions, # of people trained.</li> <li>+ Patient resource developed.</li> <li>+ # of patient resources distributed.</li> <li>+ Changes made to medications distribution protocol for Quitline.</li> </ul>

Outcomes to Measure	Indicators	Methods
<ol style="list-style-type: none"> <li>1. Increased numbers of Nunavummiut smokers using NRT/cessation medications.</li> <li>2. Increased number of quit attempts.</li> <li>3. Increased numbers of Nunavummiut who quit or reduced smoking.</li> </ol>	<ol style="list-style-type: none"> <li>1. Report of patients' NRT/cessation medication use from HCPs.</li> <li>2. Report of patients' quit attempts/ reduced tobacco use from HCPs.</li> <li>3. Report of patients quitting from HCPs.</li> <li>4. Number of NRT starter packs at various locations.</li> <li>5. Pharmacies report of cessation medication script fill counts.</li> <li>6. Decrease in % smokers in Nunavut; increase in % smokers who have reduced smoking in certain timeframe.</li> </ol>	<ol style="list-style-type: none"> <li>1. [2] [3] Brief survey (email weekly) monitoring technique via HCPs.</li> <li>4. Electronic tracking of NRT quantities sent monthly to each community from regional pharmacies/ utilized.</li> <li>5. Script fill counts from retail and independent pharmacies.</li> <li>6. LQAS.</li> </ol>

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Inputs	Activities	Outputs to Track
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Outcomes to Measure	Indicators	Methods
<ol style="list-style-type: none"> <li>1. Increased utilization of existing partnerships and programs for tobacco cessation support.</li> <li>2. Strengthened and new partnerships developed for tobacco cessation.</li> <li>3. Increased utilization of tobacco cessation services for youth and young adult smokers.</li> <li>4. Increased numbers of youth and young adults who are using less tobacco, and increased numbers of youth and young adults who are tobacco-free.</li> </ol>	<ol style="list-style-type: none"> <li>1. Partners and stakeholders report increased utilization of existing partnerships and programs.</li> <li>2. Partners and stakeholders report strengthened and new partnerships for tobacco cessation in youth and young adults.</li> <li>3. Reports of demographics of service/program users, from service providers.</li> <li>4. Number of youth and young adult smokers, and number who have reduced tobacco use, comparisons over time.</li> </ol>	<ol style="list-style-type: none"> <li>1. [2] Interviews with partners and stakeholders.</li> <li>2. Quick survey/monitoring mechanism with service/program providers.</li> <li>3. Health Behaviour in School Aged Children (HSBC) Survey – to be confirmed.</li> <li>4. LQAS (15 years – 30 years age segment). Back-up (if LQAS isn't an option): quick survey ballot with Arctic College Students.</li> </ol>

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**Target:** Reduce the number of Nunavummiut who smoke by 1000 via targeted activities with youth, young adults and pregnant women.

Inputs	Activities	Outputs to Track
<ul style="list-style-type: none"> <li>+ Tobacco Reduction Framework for Action.</li> <li>+ Funding from FNIHB, HC.</li> <li>+ Funding from Government of Nunavut.</li> <li>+ Community Stakeholders.</li> <li>+ Materials and resources.</li> </ul>	<ul style="list-style-type: none"> <li>+ Leverage and strengthen existing partnerships, programs, and initiatives to collaboratively develop and implement complementary, relevant tobacco cessation activities and resources.</li> <li>+ Identify, develop and implement new and needed cessation services, activities, and community supports.</li> </ul>	<ul style="list-style-type: none"> <li>+ Partnerships and programs identified and developed (#, type).</li> <li>+ Activities and resources developed (#, type).</li> <li>+ Activities and resources implemented (#, type).</li> </ul>

Outcomes to Measure	Indicators	Methods
<ol style="list-style-type: none"> <li>1. Increased utilization of existing partnerships and programs for tobacco cessation support.</li> <li>2. Strengthened and new partnerships developed for tobacco cessation.</li> <li>3. Increased utilization of tobacco cessation services by pregnant women.</li> <li>4. Increased numbers of pregnant women who are using less tobacco, and increased numbers of pregnant women who are tobacco-free.</li> </ol>	<ol style="list-style-type: none"> <li>1. Partners and stakeholders report increased utilization of existing partnerships and programs.</li> <li>2. Partners and stakeholders report strengthened and new partnerships for tobacco cessation for pregnant women.</li> <li>3. Reports of demographics of service/program users, from service providers.</li> <li>4. Number of pregnant women who smoke, and number who are using less tobacco, comparisons over time.</li> </ol>	<ol style="list-style-type: none"> <li>1. [2] Interviews with partners and stakeholders.</li> <li>3. Quick survey/monitoring mechanism with service/program providers.</li> <li>4. Tracking number of pregnant smokers through midwives for set period of time (i.e., Feb 2016, Feb 2017), or through GPs or nurses who are trained in priority area 1. And/or tracking pregnant smokers at boarding homes for set period of time. To be confirmed with further conversations with QGH, boarding homes and HCPs.</li> </ol>

# Tobacco Cessation Evaluation: Summary of Methods and Timing

Method	To Assess	Approximate Timing
<ul style="list-style-type: none"> <li>+ Brief survey (email weekly) monitoring technique via trained health providers.</li> <li>+ ICD code tracking (tobacco abuse counselling) from all health centres.</li> </ul>	<ul style="list-style-type: none"> <li>+ HCPs confidence and knowledge, brief interventions provided; patients' quit attempts; patients' NRT/cessation medication use.</li> </ul>	<ul style="list-style-type: none"> <li>+ Ongoing (weekly) after March 2016 (or after first substantial training is implemented). ICD code tracking (tobacco abuse counselling) from all health centres for one month each in 2015, 2016, 2017.</li> </ul>
<ul style="list-style-type: none"> <li>+ Electronic tracking of NRT quantities sent monthly to each community from regional pharmacies/ utilized.</li> <li>+ Script fill counts from retail and independent pharmacies.</li> </ul>	<ul style="list-style-type: none"> <li>+ Quantity of NRT sent (available) and utilized at various locations.</li> </ul>	<ul style="list-style-type: none"> <li>+ Ongoing (monthly) starting March 2016.</li> </ul>
<ul style="list-style-type: none"> <li>+ LQAS review.</li> </ul>	<ul style="list-style-type: none"> <li>+ Smoker's perspective of increased access to cessation support; number (%) of smokers in Nunavut; number (%) who has reduced smoking in certain timeframe.</li> </ul>	<ul style="list-style-type: none"> <li>+ Review 2016 data collection as baseline.</li> <li>+ Review 2017 data collection as follow-up.</li> </ul>
<ul style="list-style-type: none"> <li>+ Pre-post training survey and baseline data collection (brief survey) via October 2015 session for HCPs; follow-up October 2016.</li> </ul>	<ul style="list-style-type: none"> <li>+ HCPs confidence and knowledge.</li> </ul>	<ul style="list-style-type: none"> <li>+ October 2015 baseline.</li> <li>+ Pre: before any training starts.</li> <li>+ Post: after completion of training (within 1 week, and after 6 months).</li> </ul>
<ul style="list-style-type: none"> <li>+ Call and referral data from Quitline, usage statistics.</li> </ul>	<ul style="list-style-type: none"> <li>+ Number of calls and fax referrals to Quitline; use statistics/demographics.</li> </ul>	<ul style="list-style-type: none"> <li>+ Ongoing, January 2016 – March 2017.</li> </ul>

Method	To Assess	Approximate Timing
<ul style="list-style-type: none"> <li>+ Interviews with partners and stakeholders [re: services and programs for youth, young adults, pregnant women].</li> </ul>	<ul style="list-style-type: none"> <li>+ Utilization of partnerships and programs, new and strengthened partnerships.</li> </ul>	<ul style="list-style-type: none"> <li>+ April 2016, October 2016, February 2017.</li> </ul>
<ul style="list-style-type: none"> <li>+ Quick survey/monitoring mechanism with service/program providers.</li> </ul>	<ul style="list-style-type: none"> <li>+ Demographics, numbers of service users.</li> </ul>	<ul style="list-style-type: none"> <li>+ Ongoing, after any new program/service starts.</li> </ul>
<ul style="list-style-type: none"> <li>+ HBSC Survey.</li> <li>+ Back-up method for young adults, should LQAS not be an option: Quick survey ballot at Arctic College [Nunatta, Kivalliq, Kitikmeot campuses] in common area or online.</li> </ul>	<ul style="list-style-type: none"> <li>+ Assess smoking rate and number who have reduced smoking in grade 5-12 students in nine pilot communities.</li> </ul>	<ul style="list-style-type: none"> <li>+ Timing to be confirmed.</li> </ul>
<ul style="list-style-type: none"> <li>+ Tracking number of pregnant smokers through midwives for set period of time [i.e., Feb 2016, Feb 2017], or through GPs or nurses who are trained in priority area 1. And/or tracking pregnant smokers at boarding homes for set period of time. To be confirmed with further conversations with QGH, boarding homes and HCPs.</li> </ul>	<ul style="list-style-type: none"> <li>+ Assess smoking rate and number who have reduced smoking in youth/young adults at Arctic College in nine pilot communities.</li> <li>+ Assess smoking rate and number who have reduced smoking in pregnant women.</li> </ul>	<ul style="list-style-type: none"> <li>+ To be explored: February 2016, September 2016, and February 2017.</li> </ul>

**STRENGTHENING  
CESSATION  
ACTIVITIES  
IN NUNAVUT**

**2015**



**Government of Nunavut**  
Department of Health