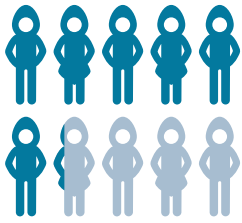
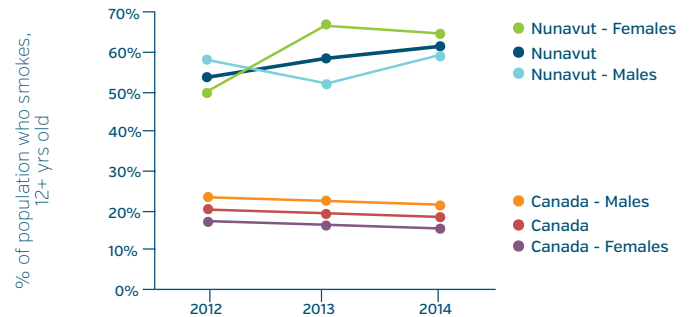


TOBACCO CESSATION



62% of Nunavummiut over the age of 12 smoke.

Smoking is associated with circulatory diseases, lung cancer, COPD, low birth weight, and premature births. Many of these health problems occur at higher rates in Nunavut compared to the rest of Canada.



BUILDING THE PLAN



Community Consultations

- + Arctic Bay
- + Arviat
- + Baker Lake
- + Cambridge Bay
- + Chesterfield Inlet
- + Clyde River
- + Gjoa Haven
- + Iqaluit
- + Pangnirtung
- + Taloyoak



Literature Review

The literature showed that it is important to involve and consult with smokers and health care providers when developing the plan and implementing it.



Expert Interviews

Interviews highlighted the importance of:

- + Learning values of identified groups.
- + Speaking in familiar/cultural terms.
- + Integrating cessation holistically into Inuit health and wellness.



Approach

- + Community based program.
- + Individualized for each community.
- + Building on the strengths and opportunities of each community and their people.

PRINCIPLES FOR A MADE IN NUNAVUT APPROACH

- + Nunavummiut led.
- + Guided by Inuit Societal Values.
- + Balances innovation with resourcefulness.

- + Collaborative solutions.
- + Sustainable approaches.
- + Builds capacity.
- + Leverages existing programs.

- + Accessible for everyone.
- + Addresses all forms of tobacco.
- + Culturally informed.

Pilot Communities



Possible Interventions for Pregnant Women

- + Tobacco cessation integrated into Community Prenatal Nutrition Program.
- + Cessation resources at boarding homes.
- + Games.
- + Local Support Groups.
- + Cessation Coaching on community radio.
- + Quit Coach Podcasts.



Possible Interventions for Youth and Young Adults

- + Youth on the Land Empowerment Camps.
- + Computer Code Clubs.
- + Peer-Led Support Groups.
- + Sport Cessation Groups.
- + Cessation Coaching on community radio.
- + Quit Coach Podcasts.
- + Community Clean Up.



Health System

- + Tobacco cessation training.
- + Tobacco cessation resources.
- + Improved Quitline.
- + Helping Health Care Provider's quit.



Medications

- + Cessation medications protocol and distribution.
- + Medication resources for patients.

THE TIMELINE

April - Sept 2015

Program development.

Sept - Nov 2015

Planning start-up.

Oct 2015 - March 2017

Design and implement health system changes.

Jan - March 2016

Strengthen partnerships for youth, young adults and pregnant women.

April 2016 - March 2017

Develop and implement programming for youth, young adults and pregnant women.

Jan 2016 - March 2017

Monitoring and evaluation.